CHD Cohort Surveillance

Informant Interview Form

Data set name: C23IFIA1_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.

CONTYR		*Record Sequence Number*
N	*Value*	*Description*
2080	1	
222	2	
33	3	

ID		*ARIC Occurrence ID*
N	*Value*	*Description*
2335	Present	Text suppressed

IFIA00		*Result Code* *Q0*
N	*Value*	*Description*
1340	01	Complete
13	02	Partially complete
40	03	Unknowledgeable
195	04	Refusal
233	05	Informant away or can't be found
3	06	Language barrier
25	07	No one home
142	09	Other (specify in Notes)
344		Missing

IFIA01		*Informant's Relationship To Deceased Q1*
N	*Value*	*Description*
746	C	Daughter/son
60	F	Friend
36	O	Other
12	P	Parent
198	R	Other relative
638	S	Spouse
1	W	Workmate
644		Missing

CHD Cohort Surveillance

IFIA02		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
N	Value	Description
1	=	Data management code, treat as missing
558	N	Normally active
1123	R	Sick/ill/limited activities
7	U	Unknown
646		Missing

IFIA03		Was ( ) being cared for at a nursing home, or at another place at the time of death? Q3
N	Value	Description
60	A	Yes, assisted living *[skip to Q5]*
104	F	Yes, Hospice facility *[skip to Q5]*
620	H	Yes, at home *[skip to Q5]*
526	N	No *[skip to Q5]*
39	O	Yes, other *[skip to Q5]*
338	R	Yes, nursing home
2	U	Data entry error
646		Missing

IFIA04		Could you tell me the name and location of the nursing home? Q4
N	Value	Description
13	N	No *[skip to Q5]*
320	Y	Yes
2002		Missing

IFIA05		Hospitalized In Past Four Week Q5
N	Value	Description
1141	N	No *[skip to Q9]*
33	U	Unknown *[skip to Q9]*
515	Y	Yes
646		Missing

CHD Cohort Surveillance

IFIA06A		Hospitalized For Heart Attack or Chest Pain Q6a
N	Value	Description
430	N	No *[skip to Q9]*
15	U	Unknown *[skip to Q9]*
65	Y	Yes
1825		Missing

IFIA06B		Hospitalized For Heart Surgery Q6b
N	Value	Description
485	N	No *[skip to Q9]*
8	U	Unknown *[skip to Q9]*
16	Y	Yes
1826		Missing

IFIA06C		Hospitalized For Other Reason Q6c
N	Value	Description
65	N	No
11	U	Unknown
217	Y	Yes
2042		Missing

IFIA07_FOLLOWUPDAYS		Days Of Follow Up From Visit 1 To Date Of Hospital Admission Q7
N	Value	Description
56	Range	5 - 12464 (median=8451 mean=7364.4 std=3621.4)
2279		Missing

IFIA07_YEAR		Year Of Date Of Hospital Admission Q7
N	Value	Description
56	Range	1988 - 2023 (median=2010.5 mean=2008.16 std=10.08)
2279		Missing

IFIA08		Could you tell me the name and location of the hospital? Q8
N	Value	Description
2	N	No
67	Y	Yes
2266		Missing

CHD Cohort Surveillance

IFIA09		Was ( ) seen by a physician anytime in the last four weeks prior to death? Q9
N	Value	Description
536	N	No *[skip to Q11]*
150	U	Unknown *[skip to Q11]*
1000	Y	Yes
649		Missing

IFIA10		Could you tell me the name and address of this physician? Q10
N	Value	Description
347	N	No
569	Y	Yes
1419		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
435	N	No
1093	Y	Yes
807		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
1034	N	No *[skip to Q14]*
119	U	Unknown
535	Y	Yes
647		Missing

IFIA13		Did ( ) ever take nitroglycerin for this pain? Q13
N	Value	Description
190	N	No
126	U	Unknown
331	Y	Yes
1688		Missing

CHD Cohort Surveillance

IFIA14		Did a doctor ever say that ( ) had a heart attack prior to his/her final illness? Q14
N	Value	Description
1175	N	No *[skip to Q16]*
71	U	Unknown *[skip to Q16]*
439	Y	Yes
650		Missing

IFIA15		Was ( ) hospitalized for a heart attack? Q15
N	Value	Description
58	N	No
9	U	Unknown
370	Y	Yes
1898		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
1166	N	No
46	U	Unknown
474	Y	Yes
649		Missing

IFIA17		Did ( ) ever have any other heart disease or heart condition before his/her final illness? Q17
N	Value	Description
966	N	No
113	U	Unknown
607	Y	Yes
649		Missing

IFIA18		Did ( ) ever have a stroke? Q18
N	Value	Description
1243	N	No *[skip to Q19b]*
65	U	Unknown *[skip to Q19b]*
377	Y	Yes
650		Missing

CHD Cohort Surveillance

IFIA19		Ifi19. Stroke In Four Weeks Before Death
N	Value	Description
292	N	No
25	U	Unknown
59	Y	Yes
1959		Missing

IFIA19A		Stroke In Four Weeks Before Death Q19a
N	Value	Description
223	N	No
22	U	Unknown
53	Y	Yes
2037		Missing

IFIA19B		Have A History Of Cigarette Smoking Q19b
N	Value	Description
721	N	No
16	U	Unknown
798	Y	Yes
800		Missing

IFIA19C		Have A History Of Diabetes? Q19c
N	Value	Description
960	N	No
16	U	Unknown
557	Y	Yes
802		Missing

IFIA20		Dummy Field Q20
N	Value	Description
32	N	No
2	U	Unknown
1507	Y	Yes
794		Missing

CHD Cohort Surveillance

IFIA21		Informant Witnessed Death Q21
N	Value	Description
1050	N	No
635	Y	Yes
650		Missing

IFIA22		Anyone Witnessed Death Q22
N	Value	Description
496	N	No
103	U	Unknown
447	Y	Yes
1289		Missing

IFIA23		Stroke In Four Weeks Before Death Q23 Could you please tell me what you can of ( )'s general health, on the day he/she died, and of the death itself? Q23 Were you present when ( ) died? Q23 Did anyone see or hear ( ) when he/she died? Q23 Was anyone close enough to hear ( ) if he/she had called out? Q23 "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.
N	Value	Description
280	N	No
95	U	Unknown
222	Y	Yes
1738		Missing

IFIA24		How long after ( ) was last known to be alive was he/she found dead? Q24
N	Value	Description
9	A	5 minutes or less
71	B	1 hour or less
193	C	24 hour or less
40	D	more than 24 hours
59	U	Unknown
1963		Missing

CHD Cohort Surveillance

IFIA25		Where was ( ) when he/she died? Q25
N	Value	Description
883	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
26	F	In an automobile
347	G	In a nursing home
150	H	In an emergency room
16	I	In an ambulance
36	J	In the hospital
178	O	Other
14	U	Unknown
652		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
N	Value	Description
1109	N	No *[skip to Q30]*
400	U	Unknown *[skip to Q30]*
175	Y	Yes
651		Missing

IFIA27		Did ( )'s last episode of pain or discomfort specifically involve the chest? Q27
N	Value	Description
35	N	No
26	U	Unknown
113	Y	Yes
2161		Missing

IFIA28		Did he/she take nitroglycerin because of this last episode of pain or discomfort? Q28
N	Value	Description
109	N	No
34	U	Unknown
31	Y	Yes
2161		Missing

CHD Cohort Surveillance

IFIA29		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
N	Value	Description
15	A	5 minutes or less
8	B	10 minutes or less
37	C	1 hour or less
57	D	24 hour or less
30	E	more than 24 hours
27	U	Unknown
2161		Missing

IFIA30A		Shortness of breath Q30a
N	Value	Description
1186	N	No
218	U	Unknown
277	Y	Yes
654		Missing

IFIA30B		Dizziness Q30b
N	Value	Description
1261	N	No
335	U	Unknown
85	Y	Yes
654		Missing

IFIA30C		Palpitations (pounding in the chest) Q30c
N	Value	Description
1276	N	No
373	U	Unknown
32	Y	Yes
654		Missing

CHD Cohort Surveillance

IFIA30D		Marked or increased fatigue,tiredness, or weakness Q30d
N	Value	Description
875	N	No
227	U	Unknown
579	Y	Yes
654		Missing

IFIA30E		Headache Q30e
N	Value	Description
1304	N	No
317	U	Unknown
60	Y	Yes
654		Missing

IFIA30F		Sweating Q30f
N	Value	Description
1284	N	No
256	U	Unknown
140	Y	Yes
655		Missing

IFIA30G		Paralysis Q30g
N	Value	Description
1409	N	No
240	U	Unknown
31	Y	Yes
655		Missing

IFIA30H		Loss of speech Q30h
N	Value	Description
1309	N	No
197	U	Unknown
175	Y	Yes
654		Missing

CHD Cohort Surveillance

IFIA30I		Attack of indigestion or nausea or vomiting Q30i
N	Value	Description
1278	N	No
224	U	Unknown
179	Y	Yes
654		Missing

IFIA30J		Other symptoms Q30j
N	Value	Description
1247	N	No
164	U	Unknown
270	Y	Yes
654		Missing

IFIA31		Was a physician, ambulance, or other emergency medical team called? Q31
N	Value	Description
694	N	No *[skip to Q35]*
59	U	Unknown *[skip to Q35]*
928	Y	Yes
654		Missing

IFIA32		Was (the physician, ambulance, or EMS team) called because of symptoms ( ) was having or after he/she was already dead? Q32
N	Value	Description
533	D	Dead
387	S	Symptoms
1415		Missing

CHD Cohort Surveillance

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
196	A	5 minutes or less
55	B	10 minutes or less
45	C	1 hour or less
13	D	6 hours or less
5	E	24 hour or less
2	F	more than 24 hours
73	U	Unknown
1946		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
131	B	10 minutes or less
63	C	1 hour or less
2	D	6 hours or less
78	U	Unknown
2	X	Did not come
1947		Missing

IFIA35		Were resuscitation measures, such as closed chest massage or CPR, attempted at the time? Q35
N	Value	Description
999	N	No *[skip to Q38]*
131	U	Unknown *[skip to Q38]*
549	Y	Yes
656		Missing

CHD Cohort Surveillance

IFIA36		Who started the resuscitation or CPR? Q36
N	Value	Description
128	A	Bystander, non-health professional
19	B	M. D.
348	C	Ambulance attendant, paramedic, or other health professional
16	D	Fireman or policeman
11	O	Other
25	U	Unknown
1788		Missing

IFIA37		Where was resuscitation or CPR started? Q37
N	Value	Description
391	A	Home (or other private residence)
10	B	Work
35	C	Public place
14	D	Ambulance or other emergency vehicle
18	E	Emergency room *[skip to Q39]*
6	F	Hospital *[skip to Q39]*
63	O	Other
10	U	Unknown
1788		Missing

IFIA38		Was ( ) taken to a hospital? Q38
N	Value	Description
1147	N	No *[skip to Q40]*
25	U	Unknown *[skip to Q40]*
485	Y	Yes
678		Missing

IFIA39		Could you tell me the name and location of this hospital? Q39
N	Value	Description
5	N	No
399	Y	Yes
1931		Missing

CHD Cohort Surveillance

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
1393	N	No *[skip to Q43]*
2	U	Unknown *[skip to Q43]*
118	Y	Yes
822		Missing

IFIA41		Could you tell me the name, address, and telephone number of this person? Q41
N	Value	Description
3	N	No
115	Y	Yes
2217		Missing

IFIA42		How was he/she related to the deceased? Q42
N	Value	Description
41	C	Daughter/son
10	F	Friend
46	O	Other
1	P	Parent
15	R	Other relative
4	S	Spouse
2218		Missing

IFIA43		Did the respondent frequently contradict himself/herself or give information that he/she would have no way of knowing? Q43
N	Value	Description
1670	N	No
15	Y	Yes
650		Missing

IFIA44		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
N	Value	Description
1653	N	No
30	Y	Yes
652		Missing

CHD Cohort Surveillance

IFIA45		On the basis of these questions, give your rating of reliability of the interview Q45
N	Value	Description
266	F	Fair
1378	G	Good
42	P	Poor
649		Missing

IFIA46		Would you like to add other details concerning the quality of the interview? Q46
N	Value	Description
1373	N	No
160	Y	Yes
802		Missing

IFIA47		Informant agreed to provide consent to gather further information? Q47
N	Value	Description
700	A	Not applicable
359	N	No
469	Y	Yes
807		Missing

IFIA48_FOLLOWUPDAYS		Days Of Follow Up From Visit 1 To Date Of Data Collection Q48
N	Value	Description
2322	Range	38 - 13835 (median=9193.5 mean=8485.72 std=3400.43)
13		Missing

IFIA48_YEAR		Year Of Date Of Data Collection Q48
N	Value	Description
2322	Range	1987 - 2025 (median=2013 mean=2011.4 std=9.3)
13		Missing

IFIA50		Interviewer Code Number Q50
N	Value	Description
2321	Present	Text suppressed
14		Missing

CHD Cohort Surveillance

IFIA51		Second IFI Form Needed Q51
N	Value	Description
122	A	
2213		Missing

IFIA52		PHQ Nursing Home Needed Q52
N	Value	Description
321	B	
2014		Missing

IFIA53		PHQ Recent MD Q53
N	Value	Description
622	C	
1713		Missing

IFIA54		PHQ Usual MD PHQ Needed Q54
N	Value	Description
1131	D	
1204		Missing

IFIA55		HRA Most Recent Hospitalization Needed Q55
N	Value	Description
72	E	
2263		Missing

IFIA56		HRA Other Hospitalization Needed Q56
N	Value	Description
2335		Missing