THE STRONG HEART STUDY VII
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

MORTALITY SURVEY
INFORMANT INTERVIEW

ID number: |___|___|___|___|___|___|

A. DECEDENT (*Completed by study center staff prior to interview.)*

1. Name: _____
   Last First Middle

2. Date of death: |___|___|/|___|___|/|___|___|___|___|
   month day year

B. RECORD OF CALLS or HOME VISIT TO COMPLETE INTERVIEW

DATE (mo/day/yr)	TIME (24 hr clock)	Method of contact 1=Phone 2=Home Visit 3=Other	Contact successful 1=Yes 2=No	Interview Completed 1=Yes 2=No 9=Refused
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

C. Person Providing Information (*Completed by study center staff prior to interview.)*

3. a. Name: _____
   Last First Middle

   b. Address: _____

   c. Telephone: ( ) _____

4. Before we get started, could you please tell me what was your relationship to the deceased?

   You are the _____ of the deceased.

5. What did the patient die from?

   _____
_

6. Were you present when he/she died?

   Yes |___|1 (Go to Q8) No |___|2 Unknown |___|9

7. If no, how long before he/she died did you last see him/her?

1 hour or less	|___|1	More than 24 hours	|___|3
24 hours or less	|___|2	Unknown	|___|9

8. Do you know of anyone else who may have been present at about the time of his/her death?

Yes |___|1 No |___|2 Unknown |___|9

If yes can you give me that person's name and contact information:
Contact information_____
_____
_____

9. Please describe the events that occurred at the time of death, specifically, did he/she manifest any of the following conditions: chest pain, shortness of breath, agitation, sudden collapse or loss of consciousness, sudden weakness, slurred speech, etc. Please tell me what you know of his/her general health, health on the day he/she died, and of the death itself. This information will be reviewed by a physician and will help to better understand the cause of your loved one's death. ***(Record summary verbatim and ask pertinent questions when appropriate attach additional sheet if needed)*** Probing Questions: Are you aware of any illnesses the individual had prior to death? If yes – how long did the person have the illness? Was the individual involved in any accidents or trauma prior to death? If yes – what type and how long prior to death.

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The next set of questions deal specifically with the last episode of pain or discomfort that occurred before his/her death. This is defined as starting at the time you noticed discomfort that caused him/her to stop or change what he/she was doing. ***NOTE TO INTERVIEWERS: If the informant has already answered these questions in the description of circumstances, just fill out the correct answer(s) as noted below.*** **Respect the informant's wishes about continuing the interview and record answers to as many of the following questions as possible.**

10. Did his/her last episode of pain or discomfort specifically involve the chest?
Yes |___|1 No |___|2 Unknown |___|9

11. Did he/she 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?
Yes |___|1 No |___|2 Unknown |___|9
(If NO or Unknown go to Q15)

12. Did he/she take nitroglycerine because of this last episode of pain or discomfort?
Yes |___|1 No |___|2 Unknown |___|9

13. Did he/she take any other medicine for chest discomfort prior to death? Yes_____ No____
If yes what?_____

14. How long was it from the beginning of his/her last episode of pain or discomfort to the time he/she stopped breathing on his/her own? ***(use the shortest interval known to be true)***

5 minutes or less	|___|1	24 hours or less	|___|4
10 minutes or less	|___|2	More than 24 hours	|___|5
1 hour or less	|___|3	Unknown	|___|9

15. Did he/she ever have dialysis for kidney failure? Yes No Unknown
|___|1 |___|2 |___|9

a. If yes, what year did he/she start dialysis? |___||___||___||___|

b. How many times per week did he/she receive dialysis? |___||___|

c. Did he/she stop dialysis before death? Yes No Unknown
|___|1 |___|2 |___|9

If yes, how long before death? |___||___|/ |___||___|/ |___||___|
days months years

16. <u>Within 3 days of death</u>, or just before he/she died, did any of the following symptoms begin for the first time or did the patient complain of any of these symptoms:

Yes No Unknown

a.	Shortness of breath?	|___|1	|___|2	|___|9
b.	Dizziness?	|___|1	|___|2	|___|9
c.	Palpitations (pounding in the chest)?	|___|1	|___|2	|___|9
d.	Marked or increased fatigue, tiredness, or weakness?	|___|1	|___|2	|___|9
e.	Headache?	|___|1	|___|2	|___|9
f.	Sweating?	|___|1	|___|2	|___|9
g.	Paralysis?	|___|1	|___|2	|___|9
h.	Loss of speech?	|___|1	|___|2	|___|9
i.	Attack of heartburn or indigestion or abdominal discomfort?	|___|1	|___|2	|___|9
j.	nausea or vomiting?	|___|1	|___|2	|___|9
k.	Other? specify: _____	|___|1	|___|2	|___|9

<u>These next questions are about his/her medical history</u>
<u>Please provide as much information as possible</u>

17. Before his/her final illness, had he/she ever had pains in the chest from heart disease, for example, angina pectoris?
Yes |___|1 No |___|2***(If no, go to Q20?)*** Unknown |___|9

18. Did he/she ever take nitroglycerin for this pain?
Yes |___|1 No |___|2 Unknown |___|9

19. Any other medications such as aspirin, tums or other antacids?
Yes |___|1 No |___|2 Unknown |___|9

20. Did he/she ever have any of the following medical condition or procedures before his/her final illness?

		Yes	No	Unknown
a.	heart attack?	|___|1	|___|2	|___|9
b.	stroke?	|___|1	|___|2	|___|9
c.	heart failure?	|___|1	|___|2	|___|9
d.	any other heart disease or heart condition If yes, specify:_____	|___|1	|___|2	|___|9
e.	coronary bypass surgery (CABBAGE)	|___|1	|___|2	|___|9
f.	coronary angioplasty (balloon angioplasty)	|___|1	|___|2	|___|9
g.	insertion of pace maker (defibrillator)	|___|1	|___|2	|___|9
h.	any other heart surgery?	|___|1	|___|2	|___|9

The next few questions are about his/her health in the <u>year</u> prior to death

21. Was he/she hospitalized or taken to a clinic

	Yes	No	Unknown
In the year prior to death?	|___|1	|___|2	|___|9
In the month prior to death?	|___|1	|___|2	|___|9
In the 7 days prior to death?	|___|1	|___|2	|___|9

22. Were any hospitalizations for heart attack or chest pain?
Yes |___|1 No |___|2 Unknown |___|9

23. Was a hospitalization for heart surgery? Yes |___|1 No |___|2 Unknown |___|9

24. What was the date of the ***last*** hospital admission? |___|___|/|___|___|/|___|___|___|___|
(If unknown, draw two lines across the boxes) month day year

If the information in questions 25- 28 is already known to you, skip to Q29.

25. Can you tell me the name and location of the hospital? ***(If unknown, check the box.)*** |___|

a. Name: _____

b. Address: _____

City/town: _____

State-Zip: _____

26. Was he/she seen by a physician anytime in the year prior to death?

Yes |___|1 No |___|2 Unknown|___|9

27. Can you tell me the name and address of this physician or healthcare facility? |___|
IHS only

a. Name: _____

b. Address: _____

City/town: _____

State-Zip: _____

28. Can you tell me the name and address of his/her usual physician?

If same as Q27, check here. |___|

a. Name: _____

b. Address: _____

City/town: _____

State-Zip: _____

29. Now, think back to about <u>one month</u> before he/she died. At that time, was he/she sick or ill; were his/her activities limited, or was he/she normally active for the most part?

Sick/ill/limited activities |___|1 Normally active |___|2 Unknown |___|9

30. Was he/she being cared for at a nursing home or at another place at the time of death?

Yes, nursing home, specify |___|1_____
Yes, at home |___|2
Yes, other, specify |___|3 _____
No |___|4
Unknown |___|9

The next few questions are concerned specifically with emergency medical care he/she may have received just prior to or at the time of death.

31. Was he/she taken to a hospital/clinic in the week before his/her death? Yes |___|1 |___|2 No

32. If Yes, could you tell me the name and location of this facility:

a. Name: _____

b. Address: _____

City/town: _____

State-Zip: _____

33. Is there someone else whom we could contact, who might know more about the circumstances surrounding his/her death or his/her usual state of health?

Yes |___|1 No |___|2 Unknown |___|9

(If Yes, complete the front of the second Informant Interview)

34. Did informant provide consent to gather further information?

Yes |___|1 No |___|2 Not applicable |___|3

(If Yes, ask the informant to sign the consent form for us to review the decedent's medical records)

35. How reliable was the participant in completing the questionnaire?

Very reliable |___|1 Reliable |___|2 Unreliable |___|3 Very unreliable |___|4 Uncertain |___|5

ADMINISTRATIVE INFORMATION:

36. Interviewer code: |___|___|___|

37. Interview date: |___|___|/|___|___|/|___|___|___|___|

month day year