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OMB#: 0925-0584  
Exp. 08/31/2017

## HCHS/SOL Informant Interview

ID NUMBER:	<input type="text"/>							
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FORM CODE: IIE  
VERSION: 1, 1/15/2014

Contact Occasion	<input type="text" value="0"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
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### ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /      
Month Day Year

0b. Staff ID:

**Instructions:** The informant interview form is completed for each informant for an eligible death as determined by the HCHS/SOL event investigation protocol.

Decedent's name: \_\_\_\_\_

Informant name: \_\_\_\_\_

Date of death:   /   /

Age at death:

Date of birth:   /   /

Place of death: \_\_\_\_\_

*“Hello, my name is (interviewer’s name) with the HCHS/SOL study. I’m calling (name of informant) regarding (name of decedent) involvement with the HCHS/SOL study, a medical study in which (name of decedent) was enrolled.*

[Once it is established you are speaking with the informant, continue with the script below. If the informant is not available determine a time to call back. If the interviewer determines that the person they are speaking with is knowledgeable of the circumstances surrounding the decedent’s death, the interview with this person should continue. See procedure manual for more details.]

*“I want to express our condolences for your loss. We understand that you have been identified as someone who can help us complete our documents for (decedent name). I need to ask you a few questions about the circumstances surrounding (name)’s death. Would now be a good time to talk?”*

No —————> When would be convenient to call back? \_\_\_\_\_

Yes —————> Thank you. If you have any questions, please ask me.







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No 0   
 Yes 1   
 Unknown 9

18. Were these episodes new or had they occurred previously?

New symptoms 1  **Skip to question 23**  
 Previous symptoms 2   
 Unknown 9

19. Were the episodes getting longer or more frequent?

No 0   
 Yes 1   
 Unknown 9  \*\*

20. Were the episodes getting more severe?

No 0   
 Yes 1   
 Unknown 9  \*\*

**\*\*If No or Unknown to Questions 19 and 20, skip to Question 22\*\***

21. Over what period of time did these episodes become longer, more frequent, or more severe?

Days 1   
 Weeks 2   
 Months 3   
 Unknown 9

22. Did s/he experience shortness of breath?

No 0  **Skip to item 23**  
 Yes 1   
 Unknown 9  **Skip to item 23**

22a. Did s/he have shortness of breath while at rest?

No 0   
 Yes 1   
 Unknown 9

*“I apologize if this question sounds hard or if it makes you uncomfortable. Please be assured we respect your feelings about this unfortunate event.”*



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26. Was (insert decedent's name) taken to the hospital, emergency room or any other emergency car facility?

- No 0   
 Yes 1   
 Unknown 9

**E. ADDITIONAL INFORMANTS**

27. Is there anyone else we could contact who might be able to provide additional information about the circumstances surrounding (insert decedent's name) death or his/her usual state of health?

- No 0  **Skip to Closing Script**  
 Yes 1   
 Unknown 9  **Skip to Closing Script**

28. How is s/he related to (insert decedent's name)?

- Spouse 1   
 Daughter/Son 2   
 Parent 3   
 Friend 4   
 Workmate 5   
 Other relative 6   
 Other 7   
 Specify relationship of other: \_\_\_\_\_

29. What is the name and address of this person?

\_\_\_\_\_  
 \_\_\_\_\_

**F. CLOSING SCRIPT**

*“Thank you very much for your assistance in this study. Do you have any questions? Thanks again for your help.”*

**G. RELIABILITY** (To be completed after the interview)

30. On the basis of these questions, give your rating of reliability of the interview.

- Poor 1   
 Fair 2   
 Good 3