♥ARIC   DEATH INFORMATION

ID NUMBER:	☐☐☐☐☐☐☐	FORM CODE:	D	E	C	DATE: 01/05/15 Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐   0b. Staff ID: ☐☐☐
  Month   Day   Year

> **Instructions:** *This form is completed during the interview portion of the participant's follow up in the event of the participant's death. The Date is the day the contact is made, or is the date the status determination is made. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.*

INTRODUCTION SCRIPT: **"Hello, this is [your name] from the ARIC Study. May I please speak with [name of contact]?"**

"Hello [name of respondent]. My name is [your name] and I am from the ARIC Study. We were saddened to learn of [participant's name] death. Please accept our condolences for your loss. Would you be willing to answer a few questions about [participant's name]?"

A. DEATH INFORMATION

1. Death reported by: (select one)

   Relative/Spouse/Acquaintance... ☐
   Surveillance .... ☐
   Other (e.g., Obituary, Social Security Administration).......... ☐

2. Date of death: ☐☐/☐☐/☐☐☐☐
   Month   Day   Year

3. Location of death:
   a. City: _____   c. State: ☐☐
   b. County: _____

4. Are you able to answer some questions about any hospitalizations that occurred since our last contact with [name] on [mm/dd/yyyy]?

   Yes ....☐ → **GO TO QUESTION 6**
   No ....☐

5. Is there someone else who could answer these questions?

   Yes - person located .... ☐
   Yes - reschedule remainder of interview........... ☐ → **GO TO QUESTION 13**
   No .... ☐ → **GO TO QUESTION 13**

B. HOSPITALIZATIONS FOR HEART ATTACK / HEART CONDITION / STROKE

6. Was [name] hospitalized for a heart attack, or heart condition, or stroke since our last contact on [mm/dd/yyyy]?

Yes ....☐
No ....☐→ **GO TO QUESTION 8**

6a. Hospital Name, City, State: ☐▼

6a1. Specify hospital name, city, and state if not in drop down list: _____

6b. Approximate date of hospitalization: ☐☐/☐☐☐☐
                                        Month   Year

Second hospitalization, if applicable

7a. Hospital Name, City, State: ☐▼

7a1. Specify hospital name, city, and state if not in drop down list: _____

7b. Approximate date of hospitalization ☐☐/☐☐☐☐
                                       Month   Year

C. OTHER HOSPITALIZATIONS

8. Was [name]) hospitalized or did [name] stay in a hospital observation unit for any other reason since our last contact?

Yes ....☐
No ....☐→ **GO TO QUESTION 11**

8a. Hospitalization Reason: _____

8b. Hospital Name, City, State: ☐▼

8b1. Specify hospital name, city, and state if not in drop down list: _____

8c. Approximate date of hospitalization ☐☐/☐☐☐☐
                                     Month   Year

Second hospitalization, if applicable

9a. Hospitalization Reason: _____

9b. Hospital Name, City, State: ☐▼

9b1. Specify hospital name, city, and state if not in drop down list: _____

9c. Approximate date of hospitalization ☐☐/☐☐☐☐
                                        Month   Year

Third hospitalization, if applicable

10a. Hospitalization Reason: _____

10b. Hospital Name, City, State: ☐☐☐☐☐☐☐▼

10b1. Specify hospital name, city, and state if not in drop down list: _____

10c. Approximate date of hospitalization ☐☐/☐☐☐☐
                                         Month   Year

D. OUTPATIENT TREATMENT

11. Was [name] seen at an emergency room or a medical facility for outpatient treatment since our last contact?

Yes ....☐
No ....☐→ **GO TO QUESTION 13**

12. Was this related to a heart problem or difficulty breathing?

Yes ....☐
No ....☐→ **GO TO QUESTION 13**

12a. ER/Facility Name, City, State: ☐☐☐☐☐▼

12a1. Specify ER/facility name, city, and state if not in drop down list: _____

12b. Approximate date: ☐☐/☐☐☐☐ → **GO TO QUESTION 13**
                       Month   Year

CLOSURE SCRIPT:

"Thank you very much for answering these questions."

E. ADMINISTRATIVE INFORMATION

13. Death Information Completion Status:

    a. Complete .... ☐
    b. Partially complete; contact again within window (interruptions) .. ☐
    c. Partially complete; unable to complete within window (done) ..... ☐