

CHD Cohort Surveillance**Informant Interview Form****Data set name: C19IFIA1**

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> |
| 1626 | 1 | |
| 169 | 2 | |
| 29 | 3 | |

| <i>ID</i> | | <i>ARIC Occurrence ID</i> |
|-----------|--------------|---------------------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 1824 | Present | Text suppressed |

| <i>IFIA00</i> | | <i>Result Code</i> | <i>Q0</i> |
|---------------|--------------|----------------------------------|-----------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 1032 | 01 | Complete | |
| 9 | 02 | Partially complete | |
| 33 | 03 | Unknowledgable | |
| 154 | 04 | Refusal | |
| 159 | 05 | Informant away or can't be found | |
| 3 | 06 | Language barrier | |
| 25 | 07 | No one home | |
| 70 | 09 | Other (specify in Notes) | |
| 339 | | Missing | |

| <i>IFIA01</i> | | <i>Informant's Relationship To Deceased Q1</i> |
|---------------|--------------|--|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 547 | C | Daughter/son |
| 55 | F | Friend |
| 26 | O | Other |
| 11 | P | Parent |
| 166 | R | Other relative |
| 574 | S | Spouse |
| 1 | W | Workmate |
| 444 | | Missing |

CHD Cohort Surveillance

| 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 |
| 488 | N | Normally active |
| 885 | R | Sick/ill/limited activities |
| 4 | U | Unknown |
| 446 | | 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> |
| 37 | A | Yes, assisted living [skip to Q5] |
| 64 | F | Yes, Hospice facility [skip to Q5] |
| 488 | H | Yes, at home [skip to Q5] |
| 483 | N | No [skip to Q5] |
| 33 | O | Yes, other [skip to Q5] |
| 271 | R | Yes, nursing home |
| 2 | U | Data entry error |
| 446 | | 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] |
| 253 | Y | Yes |
| 1558 | | Missing |

| IFIA05 | | <i>Hospitalized In Past Four Week Q5</i> |
|----------|--------------|--|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 945 | N | No [skip to Q9] |
| 29 | U | Unknown [skip to Q9] |
| 404 | Y | Yes |
| 446 | | Missing |

CHD Cohort Surveillance

| <i>IFIA06A</i> | | <i>Hospitalized For Heart Attack or Chest Pain</i> <i>Q6a</i> |
|----------------|--------------|---|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 327 | N | No [<i>skip to Q9</i>] |
| 15 | U | Unknown [<i>skip to Q9</i>] |
| 57 | Y | Yes |
| 1425 | | Missing |

| <i>IFIA06B</i> | | <i>Hospitalized For Heart Surgery</i> <i>Q6b</i> |
|----------------|--------------|--|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 376 | N | No [<i>skip to Q9</i>] |
| 7 | U | Unknown [<i>skip to Q9</i>] |
| 15 | Y | Yes |
| 1426 | | Missing |

| <i>IFIA06C</i> | | <i>Hospitalized For Other Reason</i> <i>Q6c</i> |
|----------------|--------------|---|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 59 | N | No |
| 10 | U | Unknown |
| 215 | Y | Yes |
| 1540 | | Missing |

| <i>IFIA07</i> | | <i>Date Of Hospital Admission</i> <i>Q7</i> |
|---------------|--------------|---|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 49 | Range | 02/03/1988 - 03/01/2019 |
| 1775 | | 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 |
| 58 | Y | Yes |
| 1764 | | Missing |

CHD Cohort Surveillance

| IFIA09 | | Was () seen by a physician anytime in the last four weeks prior to death? Q9 |
|--------|-------|---|
| N | Value | Description |
| 433 | N | No [skip to Q11] |
| 122 | U | Unknown [skip to Q11] |
| 821 | Y | Yes |
| 448 | | Missing |

| IFIA10 | | Could you tell me the name and address of this physician? Q10 |
|--------|-------|---|
| N | Value | Description |
| 241 | N | No |
| 496 | Y | Yes |
| 1087 | | 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 |
| 369 | N | No |
| 850 | Y | Yes |
| 605 | | 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 |
| 815 | N | No [skip to Q14] |
| 105 | U | Unknown |
| 458 | Y | Yes |
| 446 | | Missing |

| IFIA13 | | Did () ever take nitroglycerin for this pain? Q13 |
|--------|-------|--|
| N | Value | Description |
| 161 | N | No |
| 102 | U | Unknown |
| 293 | Y | Yes |
| 1268 | | 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 |
| 926 | N | No [skip to Q16] |
| 61 | U | Unknown [skip to Q16] |
| 388 | Y | Yes |
| 449 | | Missing |

| IFIA15 | | Was () hospitalized for a heart attack? Q15 |
|--------|-------|--|
| N | Value | Description |
| 53 | N | No |
| 9 | U | Unknown |
| 324 | Y | Yes |
| 1438 | | 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 |
| 962 | N | No |
| 41 | U | Unknown |
| 373 | Y | Yes |
| 448 | | Missing |

| IFIA17 | | Did () ever have any other heart disease or heart condition before his/her final illness? Q17 |
|--------|-------|--|
| N | Value | Description |
| 815 | N | No |
| 107 | U | Unknown |
| 454 | Y | Yes |
| 448 | | Missing |

| IFIA18 | | Did () ever have a stroke? Q18 |
|--------|-------|---------------------------------|
| N | Value | Description |
| 1020 | N | No [skip to Q19b] |
| 55 | U | Unknown [skip to Q19b] |
| 301 | Y | Yes |
| 448 | | Missing |

CHD Cohort Surveillance

| IFIA19 | | Stroke In Four Weeks Before Death Q19 |
|--------|-------|---------------------------------------|
| N | Value | Description |
| 240 | N | No |
| 19 | U | Unknown |
| 41 | Y | Yes |
| 1524 | | Missing |

| IFIA19A | | Did he/she have a stroke within four weeks of his/her final illness? Q19a |
|---------|-------|---|
| N | Value | Description |
| 171 | N | No |
| 16 | U | Unknown |
| 35 | Y | Yes |
| 1602 | | Missing |

| IFIA19B | | Did he/she have a history of cigarette smoking? Q19b |
|---------|-------|--|
| N | Value | Description |
| 545 | N | No |
| 10 | U | Unknown |
| 670 | Y | Yes |
| 599 | | Missing |

| IFIA19C | | Did he/she have a history of diabetes? Q19c |
|---------|-------|---|
| N | Value | Description |
| 760 | N | No |
| 13 | U | Unknown |
| 450 | Y | Yes |
| 601 | | Missing |

| IFIA20 | | Could you please tell me what you can of ()'s general health, on the day he/she died, and of the death itself? Q20 "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 |
| 29 | N | No |
| 2 | U | Unknown |
| 1201 | Y | Yes |
| 592 | | Missing |

CHD Cohort Surveillance

| IFIA21 | | Were you present when () died? Q21 |
|--------|-------|-------------------------------------|
| N | Value | Description |
| 877 | N | No |
| 499 | Y | Yes [skip to Q25] |
| 448 | | Missing |

| IFIA22 | | Did anyone see or hear () when he/she died? Q22 |
|--------|-------|--|
| N | Value | Description |
| 419 | N | No |
| 80 | U | Unknown |
| 375 | Y | Yes [skip to Q25] |
| 950 | | Missing |

| IFIA23 | | Was anyone close enough to hear () if he/she had called out? Q23 |
|--------|-------|---|
| N | Value | Description |
| 240 | N | No |
| 78 | U | Unknown |
| 179 | Y | Yes [skip to Q25] |
| 1327 | | Missing |

| IFIA24 | | How long after () was last known to be alive was he/she found dead? Q24 |
|--------|-------|--|
| N | Value | Description |
| 7 | A | 5 minutes or less |
| 61 | B | 1 hour or less |
| 165 | C | 24 hour or less |
| 34 | D | more than 24 hours |
| 49 | U | Unknown |
| 1508 | | Missing |

CHD Cohort Surveillance

| IFIA25 | | Where was () when he/she died? Q25 |
|--------|-------|-------------------------------------|
| N | Value | Description |
| 729 | 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 |
| 279 | G | In a nursing home |
| 129 | H | In an emergency room |
| 16 | I | In an ambulance |
| 30 | J | In the hospital |
| 120 | O | Other |
| 13 | U | Unknown |
| 450 | | 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 |
| 868 | N | No [skip to Q30] |
| 352 | U | Unknown [skip to Q30] |
| 155 | Y | Yes |
| 449 | | Missing |

| IFIA27 | | Did ()'s last episode of pain or discomfort specifically involve the chest? Q27 |
|--------|-------|--|
| N | Value | Description |
| 29 | N | No |
| 26 | U | Unknown |
| 99 | Y | Yes |
| 1670 | | Missing |

| IFIA28 | | Did he/she take nitroglycerin because of this last episode of pain or discomfort? Q28 |
|--------|-------|---|
| N | Value | Description |
| 99 | N | No |
| 31 | U | Unknown |
| 24 | Y | Yes |
| 1670 | | Missing |

CHD Cohort Surveillance

| <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 |
| 34 | C | 1 hour or less |
| 50 | D | 24 hour or less |
| 23 | E | more than 24 hours |
| 24 | U | Unknown |
| 1670 | | Missing |

| <i>IFIA30A</i> | | <i>Shortness of breath Q30a</i> |
|----------------|--------------|---------------------------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 955 | N | No |
| 189 | U | Unknown |
| 230 | Y | Yes |
| 450 | | Missing |

| <i>IFIA30B</i> | | <i>Dizziness Q30b</i> |
|----------------|--------------|-----------------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 1018 | N | No |
| 278 | U | Unknown |
| 78 | Y | Yes |
| 450 | | Missing |

| <i>IFIA30C</i> | | <i>Palpitations (pounding in the chest) Q30c</i> |
|----------------|--------------|--|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 1026 | N | No |
| 320 | U | Unknown |
| 28 | Y | Yes |
| 450 | | Missing |

CHD Cohort Surveillance

| <i>IFIA30D</i> | | <i>Marked or increased fatigue, tiredness, or weakness</i> <i>Q30d</i> |
|----------------|--------------|--|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 705 | N | No |
| 190 | U | Unknown |
| 479 | Y | Yes |
| 450 | | Missing |

| <i>IFIA30E</i> | | <i>Headache</i> <i>Q30e</i> |
|----------------|--------------|-----------------------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 1060 | N | No |
| 267 | U | Unknown |
| 47 | Y | Yes |
| 450 | | Missing |

| <i>IFIA30F</i> | | <i>Sweating</i> <i>Q30f</i> |
|----------------|--------------|-----------------------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 1037 | N | No |
| 215 | U | Unknown |
| 121 | Y | Yes |
| 451 | | Missing |

| <i>IFIA30G</i> | | <i>Paralysis</i> <i>Q30g</i> |
|----------------|--------------|------------------------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 1149 | N | No |
| 199 | U | Unknown |
| 25 | Y | Yes |
| 451 | | Missing |

| <i>IFIA30H</i> | | <i>Loss of speech</i> <i>Q30h</i> |
|----------------|--------------|-----------------------------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 1076 | N | No |
| 165 | U | Unknown |
| 133 | Y | Yes |
| 450 | | Missing |

CHD Cohort Surveillance

| <i>IFIA30I</i> | | <i>Attack of indigestion or nausea or vomiting</i> | <i>Q30i</i> |
|----------------|--------------|--|-------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 1024 | N | No | |
| 189 | U | Unknown | |
| 161 | Y | Yes | |
| 450 | | Missing | |

| <i>IFIA30J</i> | | <i>Other symptoms</i> | <i>Q30j</i> |
|----------------|--------------|-----------------------|-------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 1006 | N | No | |
| 142 | U | Unknown | |
| 226 | Y | Yes | |
| 450 | | 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> | |
| 498 | N | No [<i>skip to Q35</i>] | |
| 48 | U | Unknown [<i>skip to Q35</i>] | |
| 827 | Y | Yes | |
| 451 | | 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> | |
| 464 | D | Dead | |
| 355 | S | Symptoms | |
| 1005 | | Missing | |

CHD Cohort Surveillance

| <i>IFIA33</i> | | <i>How long was it from the time the last episode of symptoms started to the time that medical assistance was called for? Q33</i> |
|---------------|--------------|---|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 186 | A | 5 minutes or less |
| 48 | B | 10 minutes or less |
| 38 | C | 1 hour or less |
| 12 | D | 6 hours or less |
| 5 | E | 24 hour or less |
| 1 | F | more than 24 hours |
| 67 | U | Unknown |
| 1467 | | Missing |

| <i>IFIA34</i> | | <i>How long was it from the time that medical care was called to the time when it arrived? Q34</i> |
|---------------|--------------|--|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 109 | A | 5 minutes or less |
| 120 | B | 10 minutes or less |
| 53 | C | 1 hour or less |
| 2 | D | 6 hours or less |
| 70 | U | Unknown |
| 2 | X | |
| 1468 | | Missing |

| <i>IFIA35</i> | | <i>Were resuscitation measures, such as closed chest massage or CPR, attempted at the time? Q35</i> |
|---------------|--------------|---|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 756 | N | No [<i>skip to Q38</i>] |
| 117 | U | Unknown [<i>skip to Q38</i>] |
| 499 | Y | Yes |
| 452 | | Missing |

CHD Cohort Surveillance

| IFIA36 | | Who started the resuscitation or CPR? | Q36 |
|--------|-------|--|-----|
| N | Value | Description | |
| 114 | A | Bystander, non-health professional | |
| 17 | B | M. D. | |
| 322 | C | Ambulance attendant, paramedic, or other health professional | |
| 14 | D | Fireman or policeman | |
| 10 | O | Other | |
| 21 | U | Unknown | |
| 1326 | | Missing | |

| IFIA37 | | Where was resuscitation or CPR started? | Q37 |
|--------|-------|---|-----|
| N | Value | Description | |
| 358 | A | Home (or other private residence) | |
| 9 | B | Work | |
| 34 | C | Public place | |
| 12 | D | Ambulance or other emergency vehicle | |
| 14 | E | Emergency room <i>[skip to Q39]</i> | |
| 6 | F | Hospital <i>[skip to Q39]</i> | |
| 56 | O | Other | |
| 9 | U | Unknown | |
| 1326 | | Missing | |

| IFIA38 | | Was () taken to a hospital? | Q38 |
|--------|-------|------------------------------|-----|
| N | Value | Description | |
| 873 | N | No <i>[skip to Q40]</i> | |
| 24 | U | Unknown <i>[skip to Q40]</i> | |
| 456 | Y | Yes | |
| 471 | | Missing | |

| IFIA39 | | Could you tell me the name and location of this hospital? | Q39 |
|--------|-------|---|-----|
| N | Value | Description | |
| 5 | N | No | |
| 366 | Y | Yes | |
| 1453 | | Missing | |

CHD Cohort Surveillance

| IFIA40 | | <i>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?</i> Q40 |
|----------|--------------|---|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 1109 | N | No [skip to Q43] |
| 2 | U | Unknown [skip to Q43] |
| 106 | Y | Yes |
| 607 | | Missing |

| IFIA41 | | <i>Could you tell me the name, address, and telephone number of this person?</i> Q41 |
|----------|--------------|--|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 3 | N | No |
| 103 | Y | Yes |
| 1718 | | Missing |

| IFIA42 | | <i>How was he/she related to the deceased?</i> Q42 |
|----------|--------------|--|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 34 | C | Daughter/son |
| 10 | F | Friend |
| 44 | O | Other |
| 1 | P | Parent |
| 12 | R | Other relative |
| 4 | S | Spouse |
| 1719 | | Missing |

| IFIA43 | | <i>Did the respondent frequently contradict himself/herself or give information that he/she would have no way of knowing?</i> Q43 |
|----------|--------------|---|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 1365 | N | No |
| 10 | Y | Yes |
| 449 | | Missing |

| IFIA44 | | <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?</i> Q44 |
|----------|--------------|--|
| <i>N</i> | <i>Value</i> | <i>Description</i> |
| 1348 | N | No |
| 26 | Y | Yes |
| 450 | | Missing |

CHD Cohort Surveillance

| <i>IFIA45</i> | | <i>On the basis of these questions, give your rating of reliability of the interview</i> | <i>Q45</i> |
|---------------|--------------|--|------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 205 | F | Fair | |
| 1135 | G | Good | |
| 36 | P | Poor | |
| 448 | | Missing | |

| <i>IFIA46</i> | | <i>Would you like to add other details concerning the quality of the interview?</i> | <i>Q46</i> |
|---------------|--------------|---|------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 1102 | N | No | |
| 122 | Y | Yes | |
| 600 | | Missing | |

| <i>IFIA47</i> | | <i>Informant agreed to provide consent to gather further information?</i> | <i>Q47</i> |
|---------------|--------------|---|------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 582 | A | Not applicable | |
| 298 | N | No | |
| 344 | Y | Yes | |
| 600 | | Missing | |

| <i>IFIA48</i> | | <i>Date Of Data Collection</i> | <i>Q48</i> |
|---------------|--------------|--------------------------------|------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 1818 | Range | 12/07/1987 - 11/18/2020 | |
| 6 | | Missing | |

| <i>IFIA49</i> | | <i>Method Of Data Collection</i> | <i>Q49</i> |
|---------------|--------------|----------------------------------|------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 300 | C | Computer | |
| 1514 | P | Paper | |
| 10 | | Missing | |

| <i>IFIA50</i> | | <i>Interviewer Code Number</i> | <i>Q50</i> |
|---------------|--------------|--------------------------------|------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 1818 | Present | Text suppressed | |
| 6 | | Missing | |

CHD Cohort Surveillance

| <i>IFIA51</i> | | <i>Second IFI Form Needed</i> | <i>Q51</i> |
|---------------|--------------|-------------------------------|------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 110 | A | | |
| 1714 | | Missing | |

| <i>IFIA52</i> | | <i>PHQ Nursing Home Needed</i> | <i>Q52</i> |
|---------------|--------------|--------------------------------|------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 254 | B | | |
| 1570 | | Missing | |

| <i>IFIA53</i> | | <i>PHQ Recent MD</i> | <i>Q53</i> |
|---------------|--------------|----------------------|------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 549 | C | | |
| 1275 | | Missing | |

| <i>IFIA54</i> | | <i>PHQ Usual MD PHQ Needed</i> | <i>Q54</i> |
|---------------|--------------|--------------------------------|------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 888 | D | | |
| 936 | | Missing | |

| <i>IFIA55</i> | | <i>HRA Most Recent Hospitalization Needed Q55</i> | |
|---------------|--------------|---|--|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 63 | E | | |
| 1761 | | Missing | |

| <i>IFIA56</i> | | <i>HRA Other Hospitalization Needed</i> | <i>Q56</i> |
|---------------|--------------|---|------------|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 1824 | | Missing | |

| <i>IFIAFLAG</i> | | <i>=1 If IFIA (Or Later Version) Is Present</i> | |
|-----------------|--------------|---|--|
| <i>N</i> | <i>Value</i> | <i>Description</i> | |
| 1824 | 1 | | |