**DEATH INFORMATION**

**ADMINISTRATIVE INFORMATION**

0a. Completion Date: [Month] / [Day] / [Year]

0b. Staff ID: [ ]

**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: __________________________
   b. County: ________________________
   c. State: [ ]

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:  

   Month  |  Year  ▶ GO TO QUESTION 13

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) ..... □