

## UNITE RESPONDENT INFORMATION

### Interview Participants (Adapted from the NACC UDS)

7. Number of people participating in the interview?

(1,2,3,4,5,6,7)

Interview Participant #1

First Name:

Last Name:

Relationship:

- ☐ 1. Spouse/Partner  
☐ 2. Child  
☐ 3. Sibling  
☐ 4. Parent  
☐ 5. Other Relative  
☐ 6. Friend/Neighbor  
☐ 7. Professional Caregiver  
☐ 8. Teammate  
☐ 9. Other  
☐

Other (Specify):

For how long did you know [decedent]?\* ( [# of years  
allow 1 decimal point]

7.1 Did you live with decedent at time of death?

☐ 0. No ☐ 1. Yes

	1. Daily	2. At least 3x/week	3. Weekly	4. At least 3x/month	5. Monthly	6. Less than 1x/month)
(If no to 7.1) frequency of in person visits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(If no to 7.1) frequency of in telephone contact?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interview Participant #2

First Name:

Last Name:

Relationship:

- ☐ 1. Spouse/Partner  
☐ 2. Child  
☐ 3. Sibling  
☐ 4. Parent  
☐ 5. Other Relative  
☐ 6. Friend/Neighbor  
☐ 7. Professional Caregiver  
☐ 8. Teammate  
☐ 9. Other  
☐

Other (Specify):

\_\_\_\_\_

For how long did you know [decedent]?\* ( [# of years  
allow 1 decimal point]

\_\_\_\_\_

7.2 Did you live with decedent at time of death?

☐ 0. No ☐ 1. Yes

1. Daily

2. At least  
3x/week

3. Weekly

4. At least  
3x/month

5. Monthly

6. Less than  
1x/month)

(If no to 7.2) frequency of in  
person visits?

☐

☐

☐

☐

☐

☐

(If no to 7.2) frequency of in  
telephone contact?

☐

☐

☐

☐

☐

☐

Interview Participant #3

First Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Relationship:

- ☐ 1. Spouse/Partner  
☐ 2. Child  
☐ 3. Sibling  
☐ 4. Parent  
☐ 5. Other Relative  
☐ 6. Friend/Neighbor  
☐ 7. Professional Caregiver  
☐ 8. Teammate  
☐ 9. Other  
☐

Other (Specify):

\_\_\_\_\_

For how long did you know [decedent]?\* ( [# of years  
allow 1 decimal point]

\_\_\_\_\_

7.3. Did you live with decedent at time of death?

☐ 0. No ☐ 1. Yes

	1. Daily	2. At least 3x/week	3. Weekly	4. At least 3x/month	5. Monthly	6. Less than 1x/month)
(If no to 7.3) frequency of in person visits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(If no to 7.3) frequency of in telephone contact?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interview Participant #4

First Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Relationship:

- ☐ 1. Spouse/Partner  
☐ 2. Child  
☐ 3. Sibling  
☐ 4. Parent  
☐ 5. Other Relative  
☐ 6. Friend/Neighbor  
☐ 7. Professional Caregiver  
☐ 8. Teammate  
☐ 9. Other  
☐

Other (Specify):

\_\_\_\_\_

For how long did you know [decedent]?\*([# of years allow 1 decimal point]

\_\_\_\_\_

7.4. Did you live with decedent at time of death?

☐ 0. No ☐ 1. Yes

	1. Daily	2. At least 3x/week	3. Weekly	4. At least 3x/month	5. Monthly	6. Less than 1x/month)
(If no to 7.4) frequency of in person visits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(If no to 7.4) frequency of in telephone contact?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interview Participant #5

First Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Relationship:

- ☐ 1. Spouse/Partner  
☐ 2. Child  
☐ 3. Sibling  
☐ 4. Parent  
☐ 5. Other Relative  
☐ 6. Friend/Neighbor  
☐ 7. Professional Caregiver  
☐ 8. Teammate  
☐ 9. Other  
☐

Other (Specify):

\_\_\_\_\_

For how long did you know [decedent]?\* ( [# of years  
allow 1 decimal point]

\_\_\_\_\_

7.5. Did you live with decedent at time of death?

☐ 0. No ☐ 1. Yes

1. Daily

2. At least  
3x/week

3. Weekly

4. At least  
3x/month

5. Monthly

6. Less than  
1x/month)

(If no to 7.5) frequency of in  
person visits?

☐

☐

☐

☐

☐

☐

(If no to 7.5) frequency of in  
telephone contact?

☐

☐

☐

☐

☐

☐

Interview Participant #6

First Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Relationship:

- ☐ 1. Spouse/Partner  
☐ 2. Child  
☐ 3. Sibling  
☐ 4. Parent  
☐ 5. Other Relative  
☐ 6. Friend/Neighbor  
☐ 7. Professional Caregiver  
☐ 8. Teammate  
☐ 9. Other  
☐

Other (Specify):

\_\_\_\_\_

For how long did you know [decedent]?\* ( [# of years  
allow 1 decimal point]

\_\_\_\_\_

7.6. Did you live with decedent at time of death?

☐ 0. No ☐ 1. Yes

	1. Daily	2. At least 3x/week	3. Weekly	4. At least 3x/month	5. Monthly	6. Less than 1x/month)
(If no to 7.6) frequency of in person visits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(If no to 7.6) frequency of in telephone contact?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Interview Participant #7

First Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Relationship:

1. Spouse/Partner
2. Child
3. Sibling
4. Parent
5. Other Relative
6. Friend/Neighbor
7. Professional Caregiver
8. Teammate
9. Other

☐

Other (Specify):

\_\_\_\_\_

For how long did you know [decedent]?\* ( [# of years allow 1 decimal point]

\_\_\_\_\_

7.7. Did you live with decedent at time of death?

☐ 0. No ☐ 1. Yes

	1. Daily	2. At least 3x/week	3. Weekly	4. At least 3x/month	5. Monthly	6. Less than 1x/month)
(If no to 7.7) frequency of in person visits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(If no to 7.7) frequency of in telephone contact?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Living Situation

8. What was the [decedent's] living situation at time of death?

1. Lived alone
2. Lived with Spouse or Partner
3. Lived with relative/friend
4. Lives with Group
5. Other(Specify)
99. Unknown

Other (Specify):

\_\_\_\_\_

9. Decedent's primary residence: first three digits  
of zip code:

( ZIP Code (i.e., 021). ZIP Code can be blank if  
unknown, in the range 006-999)

Notes: