The Irish Longitudinal Study on Ageing

End-of-Life Questionnaire

(Exit Interview)

Irish Longitudinal Study of Ageing,
Chemistry Extension,

Trinity College,
Dublin 2,
Ireland

Telephone: +353 1 896 2509 Fax: +353 1 896 2451

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Irish Life

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TILDA End-of-life interview
COVER-SCREEN

XTCS001 INTRODUCTION TO EXIT INTERVIEW

You may be aware that [Name of deceased] generously participated in the TILDA (The Irish Longitudinal Study on Ageing) study before [his/her] death. [His/her] contribution was very valuable. I appreciate that this may upset or distress you, but we would find it extremely helpful to have some information about the final year of [Name of deceased]'s life. All the information collected is completely confidential, and will be held anonymously.

This interview is completely voluntary. If we should come to any question that you don't want to answer, just let me know and I will go on to the next question.
[ELSA/SHARE/HRS]

XTCF001: CONSENT

IWER: Has the proxy signed the End of life interview consent form ?
1. Yes
5. No (IWER: Ask respondent to sign consent form and tick 'Yes')

XTCS002n PROXY RESPONDENT NAME

What is the proxy's name?

Text: Up to 60 characters

XTCS002 PROXY RESPONDENT'S SEX

IWER: Code proxy respondent's sex.
1. Male
2. Female
[SHARE]

XTCS002m PROXY RESPONDENT AGE

What is the age of the proxy respondent?
0-120
-98 Don't know
-99 Refused

XTCS003 RELATIONSHIP TO THE DECEASED

Before we start asking questions about [Name of deceased]'s last year of life, would you please tell me what was your relationship to him/her?
1. Spouse/Partner
2. Child/ adopted child
3. Step Child
4. Child-in-law (daughter-in-law, son-in-law)
5. Parent
6. Parent-in-law
7. Brother or sister

8. Brother-in-law/Sister-in-law
9. Grandparent
10. Grandparent-in-law
11. Grandchild
12. Other relative (specify) **XTCS003_a**
13. Non-relative (specify) **XTCS003_b**

[ELSA/SHARE]

IF XTCS003 = 12 (Other Relative) GO TO XTCS003_a

XTCS003_a SPECIFY RELATIVE

Please specify how you are related to the deceased?

IF XTCS003 = 13(Non-relative) GO TO XTCS003_b

XTCS003_b SPECIFY HOW KNOW THE DECEASED

Please specify how you know the deceased?

IF XTCS003 not Family member GO TO XTCS004

XTCS004 HOW LONG PROXY KNEW DECEASED

How long had you known [him/her]?

IWER: *Code how the question is answered*.

1 Number of years and/or months (*Enter the number of years and months the respondent has known the deceased*.)

2 Since specific age of deceased (Enter the age of deceased when they met, if known since birth enter 0*.)*

3 Date they met (*month and year*)

[ELSA]

IF XTCS003 not Spouse/Partner Ask XTCS005

XTCS005 HOW OFTEN IN CONTACT

IWER: SHOW CARD CS1

Please look at card CS1. During the last twelve months of [his/her] life, how often did you have contact with [Name of deceased], either personally, by phone, mail or email?

1. Daily
2. Several times a week
3. About once a week
4. About every two weeks
5. About once a month
6. Less than once a month
7. Never

[SHARE]

XTDM009: MAIN RESIDENCE

In the year prior to [Name of deceased]'s death, where was [his/her] primary residence ?
1. In their own home
2. At another person's home,
3. In hospital,
4. In a hospice,
5. In a nursing home,
6. In a residential home,
7. In a mixed nursing /residential home,
8. In sheltered housing
97. At some other place (Please Specify)
98. DK
99. RF

IF XTDM009=97 GO TO XTDM010

XTDM010: Other principal residence

What was this other place?
IWER: Write in

XTDM002 DECEASED MARRIED AT TIME OF DEATH

IWER: SHOW CARD CS2

At the time [he/she] died, was [he/she] ...?
1. Married
2. Living with a partner as if married
3. Single (never married)
4. Separated
5. Divorced
6. Widowed

IF XTDM002 = 4, 5 GO TO XTDM002_1

XTDM002_1 WHEN STOPPED LIVING TOGETHER

In what month and year did [you/they] stop living together?
_____ YEAR
-98 DK
-99 RF

XTDM003 ILL BEFORE DEATH

IWER: SHOW CARD CS3

I would now like to ask you a few questions about things that happened at the time of [Name of deceased]'s death. How long had [he/she] been ill before [he/she] died?
1 Was not ill, died suddenly
2 One or two hours
3 Less than 24 hours
4 One day or more, but less than one week
5 One week or more but less than one month

6 One month or more but less than 6 months
7 6 months or more but less than a year
8 One year or more
97 DK
98 RF
[ELSA/HRS]

XTDM004 DEATH UNEXPECTED

Was the death expected at about the time it occurred, or was it unexpected?
1 Expected
2 Unexpected
3 Other
97. DK
98. RF
[ELSA/HRS]

XTDM005 THE MAIN CAUSE OF DEATH

IWER: SHOW CARD CS4

Please look at card CS4. What was the main cause of [his/her] death?
IWER: Read out if necessary

1. Cancer
2. A heart attack
3. A stroke
4. Other cardiovascular related illness such as heart failure, arrhythmia
5. Respiratory disease
6. Disease of the digestive system such as gastrointestinal ulcer, inflammatory bowel disease
7. Severe infectious disease such as pneumonia, septicaemia or flu
8. Accident
9. Suicide
10. Other (Please specify...) **GO TO XTCS010a**
11. DK
12. RF

[ELSA/SHARE/HRS]

IF XTDM005=10 GO TO XTCS010a

XTCS010a OTHER MAIN CAUSE OF DEATH

What was the cause of death?
IWER: Write in
……..

XTDM006 DATE OF DEATH

What was the date on which [Name of deceased] died?
(HRS)

DN006_b.What was the month in which [Name of deceased] died?
MONTH:
01. JAN
02. FEB
03. MAR
04. APR
05 MAY
06. JUN
07. JUL
08. AUG
09. SEP
10. OCT
11. NOV
12. DEC
98. DK
99. RF
(HRS)

DN006_c.What was the year in which [Name of deceased] died?
YEAR _ _ _ _
[HRS, ELSA]

XTDM007 WHERE DIED

IWER: SHOW CARD CS5

Please look at card CS5. And where did [Name of deceased] die? Was it ...READ OUT...

1. At home,
2. At another person's home,
3. In hospital,
4. In a hospice,
5. In a nursing home,
6. In a residential home,
7. In a mixed nursing /residential home,
8. In sheltered housing
9. In an ambulance/en route to hospital/en route to hospice etc?

97. At some other place (Please Specify)
98. DK
99 RF
[HRS/ELSA/SHARE]

***IF XTDM007 = 1, 9, 98, 99 GO TO* XTDM008**

***IF XTDM007 = 97 GO TO* XTDM007a**

IF XTDM007 = 2 GO TO XTDM007b

OTHERWISE GO TO XTDM007d

XTDM007a OTHER PLACE DIED

What was this other place?

IWER: Write in

***GO TO* XTCS013c**
[ELSA]

XTDM007b WHOSE HOME DIED

In whose home did [Name of deceased] die?
1 Relative
2 Non-relative
[ELSA]

XTCS013c OCCASIONS STAYED OTHERS HOME/SHELTERED HOME/ OTHER PLACE

On how many different occasions did [Name of deceased] stay in [this other persons home (if XTDM007=2) / XTDM007a (if XTDM007=97)] in the last two years before [he/she] died?
IWER: If appropriate include more than one person's home and specify the number of times.
Range: 1..95
-98 DK
-99 RF

XTDM007d LENGTH OF TIME IN PLACE BEFORE DIED

IWER: SHOW CARD CS6
In total, how long did [Name of deceased] stay in [XTDM007 **/** XTDM007a *(if XTDM007=97)*] in the last two years before [he/she] died?
IWER: If stayed on more than one occasion add the times together.
1 Less than 24 hours
2 One day or more, but less than one week
3 One week or more but less than one month
4 One month or more but less than 3 months
5 3 months or more but less than 6 months
6 6 months or more but less than a year
7 A year or more
98 DK
99 RF
[ELSA]

I would now like to ask you some questions about where [Name of deceased] lived or stayed overnight as a result of [his/her] health in the two years before [he/she] died.

XTDM008 WHERE LIVED BEFORE DIED- MULT RESPONSE

IWER: SHOW CARD CS7
Did [he/she] stay in any of these places at any stage in the two years before [he/she] died?
IWER: Include HSE and privately-owned establishments CODE ALL THAT APPLY
1. At home

2. Other person's home
3. In hospital
4. In a hospice
5. In a nursing home
6. In a residential home
7. In a mixed nursing /residential home
8. In sheltered housing
9. Stayed at no other places
97. Other place (Specify)
98. DK
99. RF
[ELSA]

***IF XTDM008 = 1,9,98,99 GO TO* XT_ FL002**
IF XTDM008 = 2 (Another's home) GO TO XTDM008_2_1
IF XTDM008 = 3 (In hospital) GO TO XTDM008_3_1
IF XTDM008 = 4 (In a hospice) GO TO XTDM008_4_1
IF XTDM008 = 5 (In a nursing home) GO TO XTDM008_5_1
IF XTDM008 = 6 (In a residential home) GO TO XTDM008_6_1
IF XTDM008 = 7 (In a mixed nursing/residential home) GO TO XTDM008_7_1
IF XTDM008 = 8 (In sheltered housing) GO TO XTDM008_8_1
***IF XTDM008 = 97 (In other place) GO TO* XTDM008_Oth**

XTDM008_2_1 WHOSE HOME

In whose home did [Name of deceased] stay?
1 Relative
2 Non-relative
[ELSA]

XTDM008_2_2 TIMES STAYED IN ANOTHER'S HOME

On how many different occasions did [Name of deceased] stay in another person's home in the last two years before [he/she] died?
IWER: Enter the number of times
Range: 1..95
-98 DK
-99 RF
[ELSA]

XTDM008_2_3 TIME STAYED IN ANOTHER'S HOME

IWER: SHOW CARD CS6
In total, how long did [Name of deceased] stay in another person's home in the last two years before [he/she] died?
IWER: If stayed on more than one occasion add the times together
1 Less than 24 hours

2 One day or more, but less than one week
3 One week or more but less than one month
4 One month or more but less than 3 months
5 3 months or more but less than 6 months
6 6 months or more but less than a year
7 A year or more
98 DK
99 RF
[ELSA]

IF XTDM008 = 3 (*In hospital*) GO TO XTDM008_3_1
IF XTDM008 = 4 (In a hospice) GO TO XTDM008_4_1
IF XTDM008 = 5 (In a nursing home) GO TO XTDM008_5_1
IF XTDM008 = 6 (In a residential home) GO TO XTDM008_6_1
IF XTDM008 = 7 (In a mixed nursing/residential home) GO TO XTDM008_7_1
IF XTDM008 = 8 (In sheltered housing) GO TO XTDM008_8_1
***IF XTDM008 = 97 (In other place) GO TO* XTDM008_Oth**
***OTHERWISE GO TO* XT_ FL002**

XTDM008_3_1 TIMES STAYED IN HOSPITAL

On how many different occasions did [Name of deceased] stay in a hospital in the last two years before [he/she] died?
IWER: Enter the number of times
Range: 1..95
-98 DK
-99 RF
[ELSA]

XTDM008_3_2 TIME STAYED IN HOSPITAL

IWER: SHOW CARD CS6
In total, how long did [Name of deceased] stay in a hospital in the last two years before [he/she] died?
IWER: If stayed on more than one occasion add the times together
1 Less than 24 hours
2 One day or more, but less than one week
3 One week or more but less than one month
4 One month or more but less than 3 months
5 3 months or more but less than 6 months
6 6 months or more but less than a year
7 A year or more
98 DK
99 RF
[ELSA]

IF XTDM008 = 4 (In a hospice) GO TO XTDM008_4_1
IF XTDM008 = 5 (In a nursing home) GO TO XTDM008_5_1

IF XTDM008 = 6 (In a residential home) GO TO XTDM008_6_1
IF XTDM008 = 7 (In a mixed nursing/residential home) GO TO XTDM008_7_1
IF XTDM008 = 8 (In sheltered housing) GO TO XTDM008_8_1
IF XTDM008 = 97 (In other place) GO TO **XTDM008_Oth**
OTHERWISE GO TO **XT_ FL002**

XTDM008_4_1 TIMES STAYED IN HOSPICE

On how many different occasions did [Name of deceased] stay in a hospice in the last two years before [he/she] died?
IWER: Enter the number of times
Range: 1..95
-98 DK
-99 RF
[ELSA]

XTDM008_4_2 TIME STAYED IN HOSPICE

IWER: SHOW CARD CS6
In total, how long did [Name of deceased] stay in a hospice in the last two years before [he/she] died?
IWER: If stayed on more than one occasion add the times together
1 Less than 24 hours
2 One day or more, but less than one week
3 One week or more but less than one month
4 One month or more but less than 3 months
5 3 months or more but less than 6 months
6 6 months or more but less than a year
7 A year or more
98 DK
99 RF
[ELSA]

IF XTDM008 = 5 (In a nursing home) GO TO XTDM008_5_1
IF XTDM008 = 6 (In a residential home) GO TO XTDM008_6_1
IF XTDM008 = 7 (In a mixed nursing/residential home) GO TO XTDM008_7_1
IF XTDM008 = 8 (In sheltered housing) GO TO XTDM008_8_1
IF XTDM008 = 97 (In other place) GO TO **XTDM008_Oth**
OTHERWISE GO TO **XT_ FL002**

XTDM008_5_1 TIMES STAYED IN NURSING HOME

On how many different occasions did [Name of deceased] stay in a nursing home in the last two years before [he/she] died?
IWER: Enter the number of times
Range: 1..95

-98 DK
-99 RF
[ELSA]

XTDM008_5_2 TIME STAYED IN NURSING HOME

IWER: SHOW CARD CS6

In total, how long did [Name of deceased] stay in a nursing home in the last two years before [he/she] died?
IWER: If stayed on more than one occasion add the times together
1 Less than 24 hours
2 One day or more, but less than one week
3 One week or more but less than one month
4 One month or more but less than 3 months
5 3 months or more but less than 6 months
6 6 months or more but less than a year
7 A year or more
98 DK
99 RF
[ELSA]

IF XTDM008 = 6 (In a residential home) GO TO XTDM008_6_1
IF XTDM008 = 7 (In a mixed nursing/residential home) GO TO XTDM008_7_1
IF XTDM008 = 8 (In sheltered housing) GO TO XTDM008_8_1
***IF XTDM008 = 97 (In other place) GO TO* XTDM008_Oth**
***OTHERWISE GO TO* XT_ FL002**

XTDM008_6_1 TIMES STAYED IN RESIDENTIAL HOME

On how many different occasions did [Name of deceased] stay in a residential home in the last two years before [he/she] died?
IWER: Enter the number of times
Range: 1..95
-98 DK
-99 RF
[ELSA]

XTDM008_6_2 TIME STAYED IN RESIDENTIAL HOME

IWER: SHOW CARD CS6

In total, how long did [Name of deceased] stay in a residential home in the last two years before [he/she] died?
IWER: If stayed on more than one occasion add the times together
1 Less than 24 hours
2 One day or more, but less than one week
3 One week or more but less than one month
4 One month or more but less than 3 months
5 3 months or more but less than 6 months

6 6 months or more but less than a year
7 A year or more
98 DK
99 RF
[ELSA]

IF XTDM008 = 7 (In a mixed nursing/residential home) GO TO XTDM008_7_1
IF XTDM008 = 8 (In sheltered housing) GO TO XTDM008_8_1
***IF XTDM008 = 97 (In other place) GO TO* XTDM008_Oth**
***OTHERWISE GO TO* XT_ FL002**

XTDM008_7_1 TIMES STAYED IN MIXED NURSING/RESIDENTIAL HOME

On how many different occasions did [Name of deceased] stay in mixed nursing/residential home in the last two years before [he/she] died?
IWER: Enter the number of times
Range: 1..95
-98 DK
-99 RF
[ELSA]

XTDM008_7_2 TIME STAYED IN MIXED NURSING/RESIDENTIAL HOME

IWER: SHOW CARD CS6
In total, how long did [Name of deceased] stay in mixed nursing/residential home in the last two years before [he/she] died?
IWER *: If stayed on more than one occasion add the times together*
1 Less than 24 hours
2 One day or more, but less than one week
3 One week or more but less than one month
4 One month or more but less than 3 months
5 3 months or more but less than 6 months
6 6 months or more but less than a year
7 A year or more
98 Don't know
99 RF
[ELSA]

IF XTDM008 = 8 (In sheltered housing) GO TO XTDM008_8_1
***IF XTDM008 = 97 (In other place) GO TO* XTDM008_Oth**
***OTHERWISE GO TO* XT_ FL002**

XTDM008_8_1 TIMES STAYED IN MIXED SHELTERED HOUSING

On how many different occasions did [Name of deceased] stay in sheltered housing in the last two years before [he/she] died?

IWER: Enter the number of times
Range: 1..95
98 DK
99 RF
[ELSA]

XTDM008_8_2 TIME STAYED IN MIXED SHELTERED HOUSING

IWER: SHOW CARD CS6

In total, how long did [Name of deceased] stay in sheltered housing in the last two years before [he/she] died?

IWER*: If stayed on more than one occasion add the times together*

1 Less than 24 hours
2 One day or more, but less than one week
3 One week or more but less than one month
4 One month or more but less than 3 months
5 3 months or more but less than 6 months
6 6 months or more but less than a year
7 A year or more
98 Don't know
99 RF
[ELSA]

IF XTDM008 = 97 (In other place) GO TO* XTDM008_Oth*(1-5) Loop

***OTHERWISE GO TO* XT_ FL002**

XTDM008_Oth TIMES STAYED IN MIXED OTHER PLACE

How many other types of places did [he/she] stay in during the two years before [he/she] died?

IWER*: If more than one other place, record each place as a separate question*

Range: 1..5
98 DK
99 RF
[ELSA]

FOR XTDM008_Oth = 1 to 5

XTDM008_Oth1_(1-5) Loop WHAT OTHER PLACE

What was this other place?

IWER: *Write in the other place*

STRING 100
[ELSA]

XTDM008_Oth2_(1-5) Loop TIMES IN OTHER PLACE (#I)

On how many different occasions did [Name of deceased] stay in this place in the last two years before [he/she] died?

IWER*: Enter the number of times*

Range: 1..95
98 DK
99 RF
[ELSA]

XTDM008_Oth3_(1-5) Loop TIME IN OTHER PLACE (#I)

IWER: SHOW CARD CS6

In total, how long did [Name of deceased] stay in this place in the last two years before [he/she] died?

IWER: If stayed on more than one occasion add the times together

1 Less than 24 hours
2 One day or more, but less than one week
3 One week or more but less than one month
4 One month or more but less than 3 months
5 3 months or more but less than 6 months
6 6 months or more but less than a year
7 A year or more
98 Don't know
99 RF
[ELSA]

***GO TO* XT_ FL002**

I(ADL) & HELPERS (FL)

XT_ FL002(A to L) HELP WITH ADL

IWER: SHOW CARD FL1

I would now like to ask you about problems [Name of deceased] might have had in [his/her] everyday life, in the three months before [he/she] died. Because of a health or memory problem, did [Name of Deceased] have difficulty doing any of the activities on this card

A.	Dressing?	YES	NO	DK
B.	Getting across a room?	YES	NO	DK
C.	Bathing or showering?	YES	NO	DK
D.	Eating their food or preparing the food to be eaten (e.g. cutting it up)?	YES	NO	DK
E.	Getting in or out of bed?	YES	NO	DK
F.	Using the toilet, including getting up and down?	YES	NO	DK

97. None of these
98. DK
99. RF

IF XT_FL002A = 1 (Dressing) GO TO XT_ FL002A1
IF XT_FL002B = 1 (Getting across a room) GO TO XT_ FL002B1
IF XT_FL002C = 1 (Bathing) GO TO XT_ FL002C1
IF XT_FL002D = 1 (Eating) GO TO XT_ FL002D1
IF XT_FL002E = 1 (Getting in and out of bed) GO TO XT_ FL002E1
IF XT_FL002F= 1 (Using the toilet) GO TO XT_ FL002F1
***IF XT_FL002 = 97,98,99 GO TO* XT_FL025**

XT_ FL002A1 TIME HELPED WITH DRESSING

In total, for how long had [he/she] needed help with dressing?
IWER: Code how the answer is given.
1 In months and years
2 Since a specified age
3 Don't know
[ELSA]

{
(XT_FL002LOOP_#)
XT_FL002(#)2A YEARS HELPED WITH ...
INTERVIEWER: Enter the number of years.
Range: 0..110
XT_FL002(#)2B MONTHS HELPED WITH ...
INTERVIEWER: Enter the number of months.
XT_FL002(#)2C AGE SINCE HELPED WITH ...

INTERVIEWER: Enter the age.
}

XT_FL002LOOP_A
[ELSA]

IF XT_FL002B = 1 (Getting across a room) GO TO XT_ FL002B1
IF XT_FL002C = 1 (Bathing) GO TO XT_ FL002C1
IF XT_FL002D = 1 (Eating) GO TO XT_ FL002D1
IF XT_FL002E = 1 (Getting in and out of bed) GO TO XT_ FL002E1
IF XT_FL002F= 1 (Using the toilet) GO TO XT_ FL002F1
OTHERWISE GO TO XT_FL020

XT_FL002B1 TIME HELPED WITH WALKING
For how long had [he/she] needed help with getting across a room?
IWER: Code how the answer is given.
1 In months and years
2 Since a specified age
3 Don't know
[ELSA]

XT_FL002LOOP_B

IF XT_FL002C = 1(Bathing) GO TO XT_FL002C1
IF XT_FL002D = 1 (Eating) GO TO XT_ FL002D1
IF XT_FL002E = 1 (Getting in and out of bed) GO TO XT_ FL002E1
IF XT_FL002F= 1 (Using the toilet) GO TO XT_ FL002F1
OTHERWISE GO TO XT_FL020

XT_FL002C1 TIME HELPED WITH BATHING
In total, for how long had [he/she] needed help with bathing or showering?
IWER: Code how the answer is given.
1 In months and years
2 Since a specified age
3 Don't know
[ELSA]

XT_FL002LOOP_C

IF XT_FL002D = 1 (Eating) GO TO XT_ FL002D1
IF XT_FL002E = 1 (Getting in and out of bed) GO TO XT_ FL002E1
IF XT_FL002F= 1 (Using the toilet) GO TO XT_ FL002F1
OTHERWISE GO TO XT_FL020

XT_FL002D1 TIME HELPED WITH EATING

In total, for how long had [he/she] needed help with eating?
IWER: Code how the answer is given.
1 In months and years
2 Since a specified age
3 Don't know
[ELSA]

XT_FL002LOOP_D

IF XT_FL002E = 1 (Getting in and out of bed) GO TO XT_ FL002E1
IF XT_FL002F= 1 (Using the toilet) GO TO XT_ FL002F1
OTHERWISE GO TO XT_FL020

XT_FL002E1 TIME HELPED WITH GETTING INTO BED

In total, for how long had [he/she] needed help getting in or out of bed?
IWER: Code how the answer is given.
1 In months and years
2 Since a specified age
3 Don't know
[ELSA]

XT_FL002LOOP_E

IF XT_FL002F= 1 (Using the toilet) GO TO XT_ FL002F1
OTHERWISE GO TO XT_FL020

XT_FL002F1 TIME HELPED WITH USING TOILET

In total, for how long had [he/she] needed help with using the toilet?
IWER*: Code how the answer is given.*
1 In months and years
2 Since a specified age
3 Don't know
[ELSA]

XT_FL002LOOP_F

IF XT_FL002A/B/C/D/E/F = 1 GO TO XT_FL020
***ELSE GO TO* XT_FL025**

XT_FL020_1:

Thinking about the activities [getting across a room/ dressing/ bathing/ eating/ getting in/ out of bed/ using the toilet] that [Name of deceased] had problems with, who usually helped [Name of deceased] with these activities?

Note: Please begin by providing the name of the person who provided most help to [Name of deceased].

What is her/his first name?

XT_FL020_1a:

Is this helper male or female?
1.Male
2.Female
98. DK
99. RF

XT_FL020_1b:

What was that person's relationship to {[Name of the deceased}]?
1. Spouse
2. Child/ adopted child
3. Step Child
4. Child-in-law (daughter-in-law, son-in-law)
5. Parent
6. Parent-in-law
7. Brother or sister
8. Brother-in-law/Sister-in-law
9. Grandparent
10. Grandparent-in-law
11. Other blood relative
12. Other in-law
13. Grandchild
14. Non-relative
95: Paid helper [Paid by {name of deceased} or by other sources]
96: Employee of Nursing home
98: DK
99: RF

IF XT_FL020_1b = 1 - 14 ask XT_FL020_1c

XT_FL020_1c: How old is [Helper]?

0…120
-98. DK
-99. RF

XT_FL022:

Did anyone else help with this activity/these activities?
REPEAT XT_FL022 FOR UP TO 3 HELPERS
1. Yes **[Go to XT_FL023_i]**
5. No **GO TO XT_FL025**
98. DK **GO TO XT_FL025**

99. RF **GO TO XT_FL025**

XT_FL023_i: Helper # Name
What is her/his first name?

XT_FL023_ia: HELPER # GENDER
Is <helper > male or female?
1.Male
2.Female

XT_ FL023_ib: HELPER # RELATION TO THE DECEASED
What was that person's relationship to {name of deceased}]?
1. Spouse
2. Child/ adopted child
3. Step Child
4. Child-in-law (daughter-in-law, son-in-law)
5. Parent
6. Parent-in-law
7. Brother or sister
8. Brother-in-law/Sister-in-law
9. Grandparent
10. Grandparent-in-law
11. Other blood relative
12. Other in-law
13. Grandchild
14. Non-relative
95: Paid helper [Paid by {name of deceased} or by other sources]
96: Employee of Nursing home
98: DK
99: RF

IF FL023_ib = 1 - 14 ask XT_FL023_ic
XT_FL023_ic: How old is [Helper]?
0…120
-98. DK
-99. RF

CAPI: TOTAL NUMBER OF HELPERS FOR THIS SECTION CAN EQUAL 4 (I.E. INITIAL PERSON NOMINATED AT XT_FL020_1 AND UP TO 3 REPEATS AT XT_FL022.
FOR EXAMPLE:

Person	Name	Sex	Relationship	Age
1.	XT_FL020_1	XT_FL020_1a	XT_FL020_1b	XT_FL020_1c
2.	XT_FL023_1	XT_FL023_1a	XT_FL023_1b	XT_FL023_1b
3.	XT_FL023_2	XT_FL023_2a	XT_FL023_2b	XT_FL023_2b
4	XT_FL023_3	XT_FL023_3a	XT_FL023_3b	XT_FL023_3b

Helper name(s)
Note: all subsequent lists will also include the name of any helper(s) previously named.

XT_FL025(A to F)

IWER: SHOW CARD FL2

Please look at card FL2. Because of a health or memory problem during the last three months of [his/her] life, did [Name of deceased] have difficulty doing any of the activities on this card?

A.	Preparing hot meals?	YES	NO	DK
B.	Doing household chores (laundry, cleaning)	YES	NO	DK
C.	Shopping for groceries?	YES	NO	DK
D.	Making Telephone calls?	YES	NO	DK
E.	Taking medication?	YES	NO	DK
F.	Managing money, such as paying bills and keeping track of expenses?	YES	NO	DK

97. None of these
98. DK
99. RF

IF XT_FL025A = 1(Preparing Meals) GO TO XT_FL025A1
IF XT_FL025B = 1 (*Doing household chores*) GO TO XT_FL025A1
IF XT_FL025C = 1 (*Shopping for groceries*) GO TO XT_FL025A1
IF XT_FL025D = 1 (*Making Telephone calls*) GO TO XT_FL025D1
IF XT_FL025E = 1 (*Taking medication*) GO TO XT_FL025E1
IF XT_FL025F = 1 (*Managing money*) GO TO XT_FL025F1
IF XT_FL025 = 97,98,99 GO TO XT_PH001

XT_FL025A1 REASON HELPED WITH PREPARING HOT MEALS/ HOUSEHOLD CHORES/ SHOPPING

You said earlier that during the last three months of [his/her] life [Name of deceased] received help to prepare hot meals, doing household chores or shopping for groceries. Was that because of a health or memory problem?
IWER: If the respondent gives an actual reason, decide whether this was a problem with either their health or memory.
1 Yes
2 No
98 DK
99 RF
[ELSA]

XT_FL025A2 TIME HELPED WITH PREPARING HOT MEALS/ HOUSEHOLD CHORES/SHOPPING

In total, for how long had [he/she] needed help with preparing hot meals, doing household chores or shopping for groceries up until
[he/she] died?
IWER: Code how the answer is given.
1 In months and years
2 Since a specified age
98 DK
99 RF
[ELSA]

XT_FL002LOOP_G

IF XT_FL025D = 1 (*Making Telephone calls*) GO TO XT_FL025D1
IF XT_FL025E = 1 (*Taking medication*) GO TO XT_FL025E1
IF XT_FL025F = 1 (*Managing money*) GO TO XT_FL025F1
OTHERWISE GO TO XT_FL032

XT_FL025D1 REASON HELPED WITH PHONE CALLS

You said earlier that during the last three months of [his/her] life [Name of deceased] received help to make phone calls. Was that because of a health or memory problem?
IWER: If the respondent gives an actual reason, decide whether this was a problem with either their health or memory.
1 Yes
2 No
98 DK
99 RF
[ELSA]

XT_FL025D2 TIME HELPED WITH PHONE CALLS

In total, for how long had [he/she] needed help making telephone calls, when [he/she] died?
IWER: Code how the answer is given.
1 In months and years
2 Since a specified age
98 DK
99 RF
[ELSA]

XT_FL002LOOP_H

IF XT_FL025E = 1 (*Taking medication*) GO TO XT_FL025E1
IF XT_FL025F = 1 (*Managing money*) GO TO XT_FL025F1
OTHERWISE GO TO XT_FL032

XT_FL025E1 REASON HELPED WITH TAKING MEDICATION

You said earlier that during the last three months of [his/her] life [Name of deceased] received help with taking medication. Was that because of a health or memory problem?

IWER: If the respondent gives an actual reason, decide whether this was a problem with either their health or memory.
1 Yes
2 No
98 DK
99 RF
[ELSA]

XT_FL025E2 TIME HELPED WITH TAKING MEDICATION

In total, for how long when [he/she] died had [he/she] needed help when taking medication?
IWER: Code how the answer is given.
1 In months and years
2 Since a specified age
98 DK
99 RF
[ELSA]

XT_FL002LOOP_I

IF XT_FL025F = 1 (*Managing money*) GO TO XT_FL025F1
OTHERWISE GO TO XT_FL032

XT_FL025F 1 REASON HELPED WITH MANAGING MONEY

You said earlier that during the last three months of [his/her] life [Name of deceased] received help with managing money, such as paying bills and keeping track of expenses. Was that because of a health or memory problem?
IWER: If the respondent gives an actual reason, decide whether this was a problem with either their health or memory.
1 Yes
2 No
98 DK
99 RF
[ELSA]

XT_FL025F 2 TIME HELPED WITH TAKING MANAGING MONEY

In total, for how long when [he/she] died had [he/she] needed help with managing money?
IWER: Code how the answer is given.
1 In months and years
2 Since a specified age
98 DK
99 RF
[ELSA]

XT_FL002LOOP_J

IF XT_FL025A/B/C/D/E= 1 GO TO XT_FL032
ELSE GO TO XT_FL037

XT_FL032_1

Thinking about the activities [preparing meals/doing household chores/shopping for groceries/making telephone calls/ medications] that [Name of deceased] had problems with, who usually helped [Name of deceased] with these activities?

Note: Please begin by providing the name of the person who provided most help to [Name of deceased]

What is her/his first name?

[SHOW LIST OF HELPERS COMPILED FROM QUESTIONS FL020_1, FL023_1, FL023_2 FL023_3]
***CAPI: IF XT_FL032_1 "NOT ON LIST" GO TO XT_FL032_1*:**

XT_FL032_1a:
Is this helper male or female?
1.Male
2.Female
98. DK
99. RF

XT_FL032_1b:
What was that person's relationship to {[Name of the deceased}]?
1. Spouse
2. Child/ adopted child
3. Step Child
4. Child-in-law (daughter-in-law, son-in-law)
5. Parent
6. Parent-in-law
7. Brother or sister
8. Brother-in-law/Sister-in-law
9. Grandparent
10. Grandparent-in-law
11. Other blood relative
12. Other in-law
13. Grandchild
14. Non-relative
95: Paid helper [Paid by {name of deceased} or by other sources]
96: Employee of Nursing home
98: DK
99: RF

IF FL032_ib = 1 - 14 ask XT_FL032_ic
XT_FL032_1c: How old is [Helper]?
0…120
-98. DK

-99. RF

XT_FL034: ANYONE ELSE HELPER

Did anyone else help with this activity/these activities?

REPEAT XT_FL034 TO FOR UP TO 3 HELPERS

1. Yes **[Go to XT_FL035_i]**
5. No **GO TO XT_FL037**
98. DK **GO TO XT_FL037**
99. RF **GO TO XT_FL037**

(HRS)

XT_FL035_i: Helper # Name

What is her/his first name?

XT_FL035_ia: HELPER # GENDER

Is <helper > male or female?

1.Male
2.Female

XT_ FL035_ib: HELPER # RELATION TO THE DECEASED

What was that person's relationship to {name of deceased}]?

1. Spouse
2. Child/ adopted child
3. Step Child
4. Child-in-law (daughter-in-law, son-in-law)
5. Parent
6. Parent-in-law
7. Brother or sister
8. Brother-in-law/Sister-in-law
9. Grandparent
10. Grandparent-in-law
11. Other blood relative
12. Other in-law
13. Grandchild
14. Non-relative

95: Paid helper [Paid by {name of deceased} or by other sources]
96: Employee of Nursing home
98: DK
99: RF

IF FL035_ib = 1 - 14 ask XT_FL035_ic

XT_FL035_ic: How old is [Helper]?

0…120
-98. DK
-99. RF

CAPI: TOTAL NUMBER OF HELPERS FOR THIS SECTION CAN EQUAL 4 (I.E. INITIAL PERSON NOMINATED AT XT_FL032_1 AND UP TO 3 REPEATS AT XT_FL034.

Person	Name	Sex	Relationship	Age
1.	XT_FLO32_1	XT_FLO32_1a	XT_FLO32_1b	XT_FLO32_1c
2.	XT_FLO35_1	XT_FLO35_1a	XT_FLO35_1b	XT_FLO35_1c
3.	XT_FLO35_2	XT_FLO35_2a	XT_FLO35_2b	XT_FLO35_2c
4.	XT_FLO35_3	XT_FLO35_3a	XT_FLO35_3b	XT_FLO35_3c

Helper name(s)
Note: all subsequent lists will also include the name of any helper(s) previously named.

IF XT_FL025F = 1 GO TO XT_FL037
ELSE GO TO XT_FL042

XT_FLO37_1:

Who most often helped [Name of deceased] to manage their money?

CAPI: SHOW LIST OF HELPERS COMPILED FROM QUESTIONS FL020_1, FL023_1, FL023_2 FL023_3 AND FL032_1, FL035_1, FL035_2 FL035_3

***CAPI: IF XT_FL037_i "NOT ON LIST" GO TO XT_FL037_1*:**

Note: Please begin by providing the name of the person who provided most help to [Name of deceased]

What is her/his first name?

XT_FL037_1a:
Is this helper male or female?
1.Male
2.Female
98. DK
99. RF

XT_FL037_1b:
What was that person's relationship to {[Name of the deceased}]?
1. Spouse
2. Child/ adopted child
3. Step Child
4. Child-in-law (daughter-in-law, son-in-law)
5. Parent
6. Parent-in-law
7. Brother or sister
8. Brother-in-law/Sister-in-law
9. Grandparent

10. Grandparent-in-law
11. Other blood relative
12. Other in-law
13. Grandchild
14. Non-relative
95: Paid helper [Paid by {name of deceased} or by other sources]
96: Employee of Nursing home
98: DK
99: RF

IF FL037_ib = 1 - 14 ask XT_FL037_ic

XT_FL037_1c: How old is [Helper]?
0…120
-98. DK
-99. RF

XT_FL039: ANYONE ELSE HELPER

Did anyone else help with this activity/these activities?
REPEAT XT_FL039 TO FOR UP TO 3 HELPERS
1. Yes **[Go to XT_FL040_i]**
5. No **GO TO XT_FL042**
98. DK **GO TO XT_FL042**
99. RF **GO TO XT_FL042**
(HRS)

XT_FL040_i: Helper # Name
What is her/his first name?

XT_FL040_ia: HELPER # GENDER

Is <helper > male or female?
1.Male
2.Female

XT_ FL040_ib: HELPER # RELATION TO THE DECEASED

What was that person's relationship to {name of deceased}]?
1. Spouse
2. Child/ adopted child
3. Step Child
4. Child-in-law (daughter-in-law, son-in-law)
5. Parent
6. Parent-in-law
7. Brother or sister
8. Brother-in-law/Sister-in-law
9. Grandparent
10. Grandparent-in-law
11. Other blood relative
12. Other in-law
13. Grandchild

14. Non-relative
95: Paid helper [Paid by {name of deceased} or by other sources]
96: Employee of Nursing home
98: DK
99: RF

IF FL040_ib = 1 - 14 ask XT_FL040_ic

XT_FL040_ic: How old is [Helper]?

0…120
-98. DK
-99. RF

CAPI: TOTAL NUMBER OF HELPERS FOR THIS SECTION CAN EQUAL 4 (I.E. INITIAL PERSON NOMINATED AT XT_FL037_1 AND UP TO 3 REPEATS AT XT_FL040.

Person	Name	Sex	Relationship	Age
1.	XT_FLO37_1	XT_FLO37_1a	XT_FLO37_1b	XT_FLO37_1c
2.	XT_FLO40_1	XT_FLO40_1a	XT_FLO40_1b	XT_FLO40_1c
3.	XT_FLO40_2	XT_FLO40_2a	XT_FLO40_2b	XT_FLO40_2c
4.	XT_FLO40_3	XT_FLO40_3a	XT_FLO40_3b	XT_FLO40_3c

IF XT_FL025A/B/C/D/E/F= 1 GO TO XT_FL042
ELSE GO TO XT_PH001

HELPER ROSTER

Note: at this point a list is compiled by capi of all helpers mentioned in this section. The list will compile up to 12 names, excluding employees of facilities [i.e. exclude if code = 96].

XT_FL042_i: HOW MANY DAYS DID HELPER'S NAME HELP

Let's think for a moment about the help [name of deceased] received with the difficulties that we just talked about. During his/her last three months, on average about how many days did HELPER's NAME help [him/her] per month?

0… 31
-98. DK
-99. RF
(HRS)

XT_FL043_i: HOW MANY HOURS PER DAY DID HELPER'S NAME HELP

On the days when HELPER's NAME helped [name of deceased], about how many hours per day was that?
IWER: IF HELPER PROVIDES LESS THAN AN HOUR PER DAY CODE 1
1…24
-98. DK
-99. RF
(HRS)

XT_FL045_i: HELPER NAME RECEIVED ALLOWANCE

Did HELPER's NAME receive the State Carer's Allowance or Carer's Benefit?
1. Yes
5. No
98. DK
99. RF

CAPI: DO NOT ASK QUESTIONS XT_FL046_ib to XT_FL053_i IF THE HELPER IS THE SPOUSE/PARTNER OF THE DECEASED

XT_FL045_ib: HELPER NAME RECEIVED PAYMENT FROM DECEASED

Did HELPER's NAME receive regular payment from [name of deceased] or from you, your family or from an agency or organisation to help care for [Name of deceased]?
1. Yes GO TO XT_FL046
2. No GO TO XT_FL042 (next helper)

XT_FL046_i: HELPER NAME ORIGIN XT_FL046

Is this person [helper's name]:
1. From a private agency
2. From a non-profit organization (such as the Irish Wheelchair Association, the Alzheimer's Society of Ireland, etc)
3. From the HSE (local health board)
4. Family or Friend who is paid to help
5. Other
(SHARE)

XT_FL047_i: PERCENTAGE COST PAID BY HSE/HEALTHBOARD

Thinking now about the cost of this paid help, about what percentage of this cost did the HSE/health board cover per month?
0…100
-98. DK
-99. RF

XT_FL048_i: AMOUNT PAID TO HELPER BY DECEASED

Not counting costs paid by the HSE/health board, about how much did [name of deceased] (and you/their XT_HUsband/wife/partner) end up paying HELPER's NAME per month?
€0.00 … €99,999.99
-98. DK
-99. RF
(TILDA)

XT_FL049_i: DID OTHER PAY FOR HELP COST

Did any other person help [name of deceased] (and you/their [XT_HUsband/wife/partner]) pay for this cost?
1. Yes
5. No GO TO FL042
98. DK
99. RF
(TILDA)

XT_FL050_i: DID CHILD HELP #

Is that a (child or other) relative of [name of deceased] (and you/their [XT_HUsband/ wife/ partner]), or is that someone else?
1. Child/child in-law/grandchild GO TO XT_FL051
2. Other relative LOOP XT_FL042
3. Someone else LOOP XT_FL042
98. DK
99. RF
(TILDA)

XT_FL051_i: WHICH CHILD HELPED? (CHILD ROSTER)

Which child is that?
IF Grandchild
Which of [his/her] children is the parent of that grandchild?
Child name(s) [displayed by CAPI from previous responses]
3. Through 52. Child (& spouse/partner) name(s)
[Rows provided by CAPI as necessary]
92. Deceased child
98. DK
99. RF
IWER: ENTER NAME OF CHILD
Text: up to 60 characters
(HRS)

XT_FL052_i: OTHER CHILD HELPED_#

Any other child?
1. Yes
5. No GO TO THE NEXT HELPER

IF XT_FL052_i = Yes Ask XT_FL053

XT_FL053_i WHICH CHILD HELPED? (CHILD ROSTER)

What is her/his name?
Child name(s) [displayed by CAPI from previous responses]
3. Through 52. Child (& spouse/partner) name(s)
[Rows provided by CAPI as necessary]
92. Deceased child
98. DK
99. RF

END OF LOOP QUESTION
IF (XT_FL001 = None of these or RF OR XT_FL002 = None of these, DK or RF) AND (XT_FL025 = None of these, RF) then skip XT_FL054 (and XT_FL055) and go to XT_PH001

XT_FL054: HOW MANY DIFFERENT PAID HELPERS

How many different paid helpers – in total - were involved in taking care of [Name of Deceased] in the last two years? (If all helpers are unpaid relatives or friends code 0)
0… 10
98. DK
99. RF

XT_FL055: HOW MANY IRISH PAID HELPERS

How many of the paid helpers were Irish?
0… 10
98. DK
99. RF
(TILDA)

PHYSICAL HEALTH

IWER: SHOW CARD PH1

XT_PH001 DESCRIPTION OF PHYSICAL HEALTH

We'd like to ask you about [Name of Deceased]'s physical health and activity. During [his/her] last year, which of these descriptions fits [his/her] experience best?
1 [he/she] was active and disability free, and died suddenly
2 [he/she] was mostly active and disability free, but declined during the last few months before [he/she] died
3 [he/she] had times of being seriously disabled, mixed with times of being active
4 [he/she] gradually become more and more disabled, without times of being active
96 None of these
98 DK
99 RF
(ELSA)

IWER: SHOW CARD PH2

XT_PH002 HEART CONDITIONS

Since we last talked to [him/her] did a doctor ever tell [him/her] that [he/she] had any of the conditions on this card? PROBE : What others? CODE ALL THAT APPLY.

01 High blood pressure or hypertension	[XT_PH002_01]
02 Angina	[XT_PH002_02]
03 A heart attack (including myocardial infarction or coronary thrombosis)	[XT_PH002_03]
04 Congestive heart failure	[XT_PH002_04]
05 A heart murmur	[XT_PH002_05]
07 Diabetes or high blood sugar	[XT_PH002_07]
08 A stroke (cerebral vascular disease)	[XT_PH002_08]
09 Mini-stroke or TIA	[XT_PH002_09]
10 High cholesterol	[XT_PH002_10]
11 Atrial fibrillation	[XT_PH002_11]
12 An abnormal heart rhythm (not atrial fibrillation)	[XT_PH002_12]
95 Any other heart trouble (SPECIFY)	[XT_PH002_95] [XT_PH002oth]
96 None of these	[XT_PH002_96]
98 DK	[XT_PH002_98]
99 RF	[XT_PH002_99]

(ELSA)

IF XT_PH002_01/02/03/04/05/08/09/10/11/12/95 = 1, ASK XT_PH003 to XT_PH005, ELSE GO TO XT_PH006

XT_PH003 MEDICATION FOR HEART

Was [he/she] taking medication for [his/her] heart problem?
(HRS)
1. Yes
5. No
98. DK

99. RF

XT_PH004 HEART PROCEDURES

In the last two years before [his/her]death], did [he/she] have a special test or treatment of [his/her] heart where tubes were inserted into [his/her] veins or arteries such as

1. cardiac catheterization	[XT_PH004_01]
2. coronary angiogram	[XT_PH004_02]
3. angioplasty	[XT_PH004_03]
4. bypass graft notation	[XT_PH004_04]
95. other (SPECIFY)	[XT_PH004_95] [XT_PH004oth]
96. None of these	[XT_PH004_96]
98. DK	[XT_PH004_98]
99. RF	[XT_PH004_99]

(HRS)

XT_PH005 HEART SURGERY

In the last two years before [his/her] death], did [he/she] have surgery on [his/her] heart?

1. Yes
5. No
98. DK
99. RF

(HRS)

IWER: SHOW CARD PH3

XT_PH006 OTHER CONDITIONS

Since we last talked to [Name of Deceased] did a doctor ever tell [him/her] that [he/she] had any of the conditions on this card?

INTERVIEWER PROBE - 'What others?' CODE ALL THAT APPLY.

01 Chronic lung disease such as chronic bronchitis or emphysema	[XT_PH006_01]
02 Asthma	[XT_PH006_02]
03 Arthritis (including osteoarthritis , or rheumatism)	[XT_PH006_03]
04 Osteoporosis, sometimes called thin or brittle bones	[XT_PH006_04]
05 Cancer or a malignant tumour (excluding minor skin cancers)	[XT_PH006_05]
06 Parkinson's disease	[XT_PH006_06]
07 Any emotional, nervous or psychiatric problems	[XT_PH006_07]
08 Alzheimer's disease	[XT_PH006_08]
09 Dementia, organic brain syndrome, senility or any other serious memory impairment	[XT_PH006_09]
10 Cirrhosis or serious liver damage	[XT_PH006_10]
11 Thyroid problems	[XT_PH006_11]
12 Chronic kidney disease	[XT_PH006_12]
95 Any other condition (SPECIFY)	[XT_PH006_95] [XT_PH006oth]
96 None of these	[XT_PH006_96]
98 DK	[XT_PH006_98]
99 RF	[XT_PH006_99]

(ELSA)

IF XT_PH006_05 =1 (Cancer) GO TO XT_PH007
IF XT_PH006_07 =1 (Any emotional, nervous or psychiatric) GO TO XT_PH011
ELSE GO TO XT_PH014

XT_PH007 CANCER TREATMENTS

In the last two years before [his/her] death], had [he/she] received any treatment for cancer?

1. Yes
5. No **GO TO XT_PH009**
98. DK **GO TO XT_PH009**
99. RF **GO TO XT_PH009**

XT_PH008 CANCER TREATMENT TYPES

IWER: SHOW CARD PH4

Please look at this card. What sort of treatments had [he/she] received for cancer?

1. Chemotherapy [XT_PH008_01]
2. Medication [XT_PH008_02]
3. Surgery [XT_PH008_03]
4. Biopsy [XT_PH008_04]
5. Radiation/X-Ray [XT_PH008_05]
6. Treatment for symptoms (pain, nausea, rashes) [XT_PH008_06]
95. Other (specify) [XT_PH008_95] [XT_PH008oth]
96. None of these [XT_PH008_96]
98. DK [XT_PH008_98]
99. RF [XT_PH008_99]

XT_PH009 ORGAN CANCER STARTED

IWER: SHOW CARD PH5

In which organ or part of [his/her] body did [his/her] cancer(s) start?

1. Lung [XT_PH009_01]
2. Breast [XT_PH009_02]
3. Colon or rectum [XT_PH009_03]
4. Stomach [XT_PH009_04]
5. Oesophagus [XT_PH009_05]
6. Prostate [XT_PH009_06]
7. Bladder [XT_PH009_07]
8. Liver [XT_PH009_08]
9. Brain [XT_PH009_09]
10. Ovary [XT_PH009_10]
11. Cervix [XT_PH009_11]
12. Endometrium [XT_PH009_12]
13. Thyroid [XT_PH009_13]
14. Kidney [XT_PH009_14]
15. Testicle [XT_PH009_15]
16. Pancreas [XT_PH009_16]
17. Malignant melanoma (skin) [XT_PH009_17]

18. Oral cavity [XT_PH009_18]
19. Larynx [XT_PH009_19]
20. Other pharynx (including nasopharynx, oropharynx, laryngopharynx or hypopharynx) [XT_PH009_20]
21. Non-Hodgkin Lymphoma [XT_PH009_21]
22. Leukaemia [XT_PH009_22]
95. Other organ [XT_PH009_95]
98. DK [XT_PH009_98]
99. RF [XT_PH009_99]

XT_PH010 YEAR CANCER DIAGNOSED

In what year was [his/her] (most recent) cancer diagnosed?
Range 1900.....2014
98. DK
99. RF

IF XT_PH006_07 =1 (Any emotional, nervous or psychiatric) GO TO XT_PH011
ELSE GO TO XT_PH014

XT_PH011 EMOTIONAL, NERVOUS OR PSYCHIATRIC TYPE

IWER: SHOW CARD PH6

What type of emotional, nervous or psychiatric problems did [Name of deceased] have?
PROBE: What others? CODE ALL THAT APPLY.

1. Hallucinations [XT_PH011_01]
2. Anxiety [XT_PH011_02]
3. Depression [XT_PH011_03]
4. Emotional problems [XT_PH011_04]
5. Schizophrenia [XT_PH011_05]
6. Psychosis [XT_PH011_06]
7. Mood swings [XT_PH011_07]
8. Manic depression [XT_PH011_08]
95. Something else [XT_PH011_95]
98. DK [XT_PH011_98]
99. RF [XT_PH011_99]

(ELSA)

XT_PH012 PSYCHIATRIC TREATMENT

In the last two years before [his/her] death], had [name of deceased] received psychiatric treatment for [his/her] problems, such as attending a psychiatrist?

1. Yes
5. No
98. DK
99. RF

XT_PH013 PSYCHOLOGICAL TREATMENT

In the last two years before [his/her] death], had [he/she] received psychological treatment for [his/her] problems, such as counselling?

1. Yes
5. No
98. DK
99. RF

XT_PH014 FALLS

Had [name of deceased] fallen down in the last year?

1. Yes
5. No
98. DK
99. RF

IF XT_PH014 = 1 (Yes) Ask XT_PH015
***ELSE GO TO* XT_PH017**

XT_PH015 TIMES FALLEN

How many times had [he/she] fallen in the last year?
(HRS)

_____

-98. DK
-99. RF

XT_PH016 INJURED FALLING

[In that fall/In any of those falls], did [he/she] injure [himself/herself] seriously enough to need medical treatment?

1. Yes
5. No
98. DK
99. RF

(HRS)

XT_PH017 FRACTURED HIP

Did [name of deceased] fracture [his/her] hip in the last two years?

1. Yes
5. No
98. DK
99. RF

(HRS)

XT_PH018 TROUBLED BY PAIN

Was [he/she] often troubled with pain?

1. Yes
5. No
98. DK
99. RF
(HRS)

IF XT_PH018 = Yes Ask XT_PH019
***ELSE GO TO* XT_PH020**

XT_PH019 HOW BAD WAS PAIN

How bad was the pain most of the time: mild, moderate or severe?
1. MILD
2. MODERATE
3. SEVERE
98. DK
99. RF
(HRS)

XT_PH020 OTHER MAJOR ILLNESSES

Did [he/she] have any (other) major illnesses in the last two years?
1. Yes
5. No
98. DK
99. RF
(HRS)

***IF XT_PH020 = 1 (Yes) GO TO* XT_PH021**
ELSE GO TO XT_BH001

XT_PH021 WHAT OTHER ILLNESS

What illness was that?

_____
98. DK
99. RF
(HRS)

BEHAVIOURAL HEALTH

XT_BH001 SMOKE CIGARETTES

Did [Name of Deceased] ever smoke cigarettes in the last two years of [his/her] life?
1. Yes ***GO TO XT_BH002***
5. No ***GO TO XT_BH003***

98. DK ***GO TO XT_BH003***
99. RF ***GO TO XT_BH003***
(HRS)

XT_BH002 HOW MANY CIGARETTES

About how many cigarettes or packs did [he/she] usually smoke in a day?
IWER: Code how the answer is given.
1. Cigarettes
2. Packs
98. DK
99. RF

_____ Cigarettes **[XT_BH002c]**
_____ Packs **[XT_BH002p]**
(HRS)

XT_BH003 DRINK ALCOHOL

In the last two years before [his/her] death, did [he/she] ever drink any alcoholic beverages such as beer, wine, or liquor?
1. Yes
5. No
98. DK
99. RF
(HRS)

XT_BH004 WHAT WEIGHT

About how much did [he/she] weigh at the time of [his/her] death?
IWER: Code how the answer is given.
1. KILOGRAMS
2. STONES AND POUNDS
98. DK
99. RF

____ Kilograms / _____ **[XT_BH004k]**
____ Stone / _____ Pounds **[XT_BH004s] [XT_BH004p]**
(HRS)

XT_BH005 LOSE OR GAIN 10 POUNDS

Did [Name of Deceased] gain or lose ten or more pounds in the last 2 years of [his/her] life?
1. Yes
5. No
98. DK
99. RF
(HRS)

COGNITIVE FUNCTION

XT_PH117: How long have you known (Name of Deceased)?
IWER: CODE THE ONE THAT APPLIES
1. Less than two years
2. Two years or more but less than five years
3. Five years of more but less than ten years
4. years or more
98. DK
99. RF

IQCODE

IWER: INTRO "Now we want you to remember what [Name of Deceased] was like about 3 months before they died and to compare it with [(IF XT_PH117=4) 10 years ago **OR** (IF XT_PH117=1,2,3,98,99) when you first got to know him/her]. Below are situations where he/she had to use his/her memory or intelligence and we want you to indicate whether this had improved, stayed the same, or got worse over this period.

Note the importance of comparing his/her performance [10 years ago/when you first got to know Name of Deceased]. So if he/she forgot where he/she had left things in the 3 months before they died, but had been the same [10 years before/when you first got to know him/her, this would be considered "Not much changed".

IWER: SHOW CARD PH7

XT_PH118: Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at: Remembering things about family and friends, such as occupations, birthdays, and addresses.
Was this much improved, a bit improved, not much changed, a bit worse or much worse?
IWER: CODE THE ONE THAT APPLIES
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH119: Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at: Remembering things that had happened recently?
Was this much improved, a bit improved, not much changed, a bit worse or much worse?
IWER: CODE THE ONE THAT APPLIES
1. Much Improved

2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE /HRS in modified form)

IWER: SHOW CARD PH7

XT_PH120: (Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at): Recalling conversations a few days later?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH121: (Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at:) Remembering [his/her] address and telephone number?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH122: (Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at: Remembering what day and month it is?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse

6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH123: (Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at:) Remembering where things are usually kept?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(HRS in modified form)

IWER: SHOW CARD PH7

XT_PH124: (Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at:) Remembering where to find things which have been put in a different place than usual?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH125:(Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at:) Knowing how to work familiar machines around the house?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF

(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH125: (Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at:)
Learning to use a new gadget or machine around the house?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH126: (Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at:)
Learning new things in general?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH127: (Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at:)
Following a story in a book or on TV?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH128: (Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at:)Making decisions on everyday matters?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH129: (Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at:) Handling money for shopping?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH130:(Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at:)Handling financial matters, that is, [his/her] pension or dealing with the bank?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH131: (Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at:)Handling other everyday arithmetic problems, such as, knowing how much food to buy, knowing how long between visits from family or friends?

(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

IWER: SHOW CARD PH7

XT_PH132: (Compared with [(IF XT_PH117=4) 10 years ago/(IF XT_PH117=1,2,3,98,99) when you first got to know Name of Deceased], in the last 3 months of his/her life how was [he/she] at:)
Using [his/her] intelligence to understand what's going on and to reason things through?
(Was this much improved, a bit improved, not much changed, a bit worse or much worse?)
1. Much Improved
2. A bit Improved
3. Not much changed
4. A bit worse
5. Much worse
6. Does not apply/[Name of Deceased] didn't do the activity
98. DK
99. RF
(IQCODE/HRS in modified form)

MOOD

I would now like to ask you a few questions about [Name of Deceased]'s mood during the last year of [his/her] life.
(ELSA)

XT_MH001 DEPRESSED IN LAST YEAR

Do you think [Name of Deceased] was depressed during [his/her] last year of life?
IWER: IF YES, PROBE: Was [he/she] depressed sometimes or frequently?

1 No	**GO TO XT_MH003**
2 Yes, sometimes	**GO TO XT_MH002**
3 Yes, frequently	**GO TO XT_MH002**
98 Don't know	**GO TO XT_MH003**
99 Refused	

(ELSA)

IF XT_MH001 = 2,3 GO TO XT_MH002

XT_MH002 HOW LONG DEPRESSED

How long had [Name of Deceased] felt like this, when [he/she] died?
IWER: Code how the answer is given.

1. In months and years
2. Since a specified age

98 Don't know
99 Refused
(ELSA)

____ MONTHS / _____ YEARS	**[XT_MH002m] [XT_MH002y]**
_____AGE_____	[**XT_MH002a]**

SHOW CARD MH1

XT_MH003 HOW OFTEN HAPPY

How often do you think [Name of Deceased] felt happy during [his/her] last year of life?
1 Often
2 Sometimes
3 Rarely
4 Never
98 Don't know
99 Refused
(ELSA)

SHOW CARD MH1

XT_MH004 HOW OFTEN FELT CONTENTED

And how about the last three months of [his/her] life, how often do you think [Name of Deceased] felt contented or at peace during this time?
1 Often
2 Sometimes
3 Rarely
4 Never

5 Don't know
99 Refused
(ELSA)

HEALTHCARE UTILISATION (XT_HU)

INTRO: I'd now like to ask you some questions about any health care services which [Name of Deceased] used in the year before [he/she] died. Before I do that, though, I'd like to assure you again that everything you have already told me and anything else you tell me will be kept completely confidential.

XT_HU001: MEDICAL CARD

Was [Name of deceased] covered by…

IWER: CODE THE ONE THAT APPLIES

1. Full Medical Card or equivalent?
2. GP Visit Card?
96. Neither of these
98. DK
99. RF

Note: This question is asked even of those covered by private medical insurance (EU-SILC)

XT_HU070: LONG TERM ILLNESS SCHEME HEALTH ACT AMENDMENT CARD

Was [Name of deceased] covered by?

IWER: option 2 applies to females only

1 The Long term illness scheme
2 A Health Act Amendment card
3 Neither of these
98 DK
99 RF

XT_HU002. PRIVATE MEDICAL INSURANCE

Did [Name of the deceased] have private medical insurance cover (VHI etc.) in their own name or through another family member?

1. Yes, in their own name **GO TO XT_HU003**
2. Yes, as the spouse of a subscriber **GO TO XT_HU003**
3. Yes, as the relative of a subscriber **GO TO XT_HU003**
5. No **GO TO XT_HU005**
98. DK **GO TO XT_HU005**
99. RF **GO TO XT_HU005**

(HEALTH INSURANCE AUTHORITY 2005 SURVEY)

XT_HU003: WHICH PRIVATE INSURANCE

Which company was [Name of the deceased] insured with?

IWER: CODE THE ONE THAT APPLIES

1. LAYA / BUPA / QUINN **GO TO XT_HU005**
2. VHI Healthcare **GO TO XT_HU005**
3. AVIVA / Hibernian Healthcare/VIVAS Health **GO TO XT_HU005**
4. GLO Health **GO TO XT_HU005**
95. Other **GO TO XT_HU004**

98. DK **GO TO XT_HU005**
99. RF **GO TO XT_HU005**
(HEALTH INSURANCE AUTHORITY 2005 SURVEY)

XT_HU004: WHAT OTHER PRIVATE INSURANCE COMPANY

Which other company was [Name of the deceased] insured with?
Text: Up to 60 Characters
98. DK
99. RF
(HEALTH INSURANCE AUTHORITY 2005 SURVEY)

XT_HU005: NUMBER OF GP VISITS

In the last 12 months, about how often did [Name of the deceased] visit [his/her] GP?
IWER: IF RESPONDENT HAD NOT VISITED GP IN THE LAST 12 MONTHS CODE 0
0…200
-98. DK **GO TO XT_HU062**
-99. RF **GO TO XT_HU062**

IF XT_HU005=0 GO TO XT_HU062
IF XT_HU005>0 AND XT_HU001=1, 2 GO TO XT_HU062
IF XT_HU005>0 AND XT_HU002= 2 GO TO XT_HU062
IF XT_HU005>0 AND XT_HU001~=1, 2 GO TO XT_HU006
IF XT_HU005>0 AND XT_HU00~=2 GO TO XT_HU006
(SHARE)

XT_HU006: GP OUT-OF-POCKET PAYMENT

About how much did [Name of deceased] pay for <u>each visit</u> to the GP, after any health insurance reimbursement?'
IWER: IF R CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE
€0.00 … €9,999.99
-98. DK
-99. RF

XT_HU062: CONSULTANT VISITS

Did [Name of deceased] visit a consultant in the last 12 months?
IWER: Code the one that applies
1 Yes
5 No
98 DK
99 RF

IF XT_HU062==1 GO TO XT_HU039
ELSE GO TO XT_HU007

XT_HU039: CONSULTANT OUT OF POCKET PAYMENT

In total, how much did [Name of deceased] pay for [his/her] visit(s) to consultant(s) in the last 12 months, after any health insurance reimbursement?'

IWER: IF R CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE

€0 … €20,000

-98. DK

-99. RF

XT_HU007: A&E VISITS

Can you tell me how many times did [Name of the deceased] visit a hospital Emergency Department (sometimes called A&E or Accident and Emergency) in the last 12 months?

IWER: IF RESPONDENT HAD NOT VISITED AN A&E DEPARTMENT IN THE LAST 12 MONTHS, CODE 0

0… 50

-98. DK

-99. RF

(HARP)

IF (XT_HU007>0 AND XT_HU001==1) GO TO XT_HU008

IF (XT_HU007>0 AND XT_HU002==2) GO TO XT_HU008

IF (XT_HU007 > 0 AND XT_HU001≠1) GO TO XT_HU038

IF (XT_HU007 > 0 AND XT_HU002≠2) GO TO XT_HU038

IF (XT_HU007=0, -98, -99) GO TO XT_HU008

XT_HU038: A&E OUT OF POCKET PAYMENT

In total, how much did [Name of deceased] pay for [his/her] visit(s) to A&E in the last 12 months, after any health insurance reimbursement?'

IWER: IF R CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE

€0 … €20,000

-98. DK

-99. RF

XT_HU008: OUTPATIENT/ DAY PATIENT VISITS

In the last 12 months, about how many visits did [Name of the deceased] make to a hospital as an out-patient/day patient? (Include all types of consultations, tests, operations, procedures or treatments, including chemotherapy and kidney dialysis)

IWER: IF RESPONDENT HAS NOT MADE ANY OUT-PATIENT VISITS/DAY PATIENT VISITS, CODE 0

0…50

-98. DK GO TO XT_HU010

-99. RF GO TO XT_HU010

IF XT_HU008=0, -98, -99- GO TO XT_HU010

IF XT_HU008>0 - GO TO XT_HU009

XT_HU009: NUMBER OF SUBSTANTIAL PROCEDURES AS OUTPATIENT/DAY PATIENT

On how many of these visits as on outpatient/ day patient did [Name of the deceased] have a substantial procedure, operation or test i.e. one which took a considerable amount of time to perform?

Note: These are sometimes called day-case procedures.

IWER: IF RESPONDENT HAS NOT UNDERGONE ANY OUTPATIENT DAY-CASE PROCEDURES CODE 0

0… 50

-98. DK

-99. RF

XT_HU075: OUTPATIENT/DAY PATIENT OUT OF POCKET PAYMENTS

In total, how much did [Name of deceased] pay for [his/her] outpatient/day patient visits in the last 12 months, after any health insurance reimbursement?'

IWER: IF R CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE

€0 … €20,000

-98. DK

-99. RF

XT_HU010: ADMITTED TO HOSPITAL OVERNIGHT

In the 12 months before [Name of deceased] died, on how many occasions was [he/she] admitted to hospital overnight?

Note: These are sometimes called in-patient admissions.

IWER: IF RESPONDENT WAS NOT ADMITTED TO HOSPITAL OVERNIGHT IN THE LAST 12 MONTHS CODE 0

0…50

-98. DK **GO TO XT_HU076**

-99. RF **GO TO XT_HU076**

IF XT_HU010=0 - GO TO XT_HU076

IF XT_HU010>0 - GO TO XT_HU011

XT_HU011: NUMBER OF FULL ANAESTHETIC OPERATIONS

During these hospital stays in the last 12 months of [Name of the deceased]'s life, about how many operations (procedures) involving a full anaesthetic did [he/she] have?

IWER: IF RESPONDENT DID NOT HAVE ANY OPERATIONS (PROCEDURES) INVOLVING A FULL ANAESTHETIC IN THE LAST 12 MONTHS OF LIFE CODE 0

0…50

-98. DK

-99. RF

XT_HU013: OVERNIGHT PRIVATE OR PUBLIC PATIENT

When [Name of the deceased] stayed overnight in hospital, was this

IWER: IF THE RESPONDENT HAS HAD INPATIENT ADMISSIONS AS BOTH A PUBLIC AND A PRIVATE PATIENT PLEASE CODE THE MOST USUAL
1. As a public patient
2. As a private patient
98. DK
99. RF

XT_HU01: OVERNIGHT PRIVATE OR PUBLIC HOSPITAL

When [Name of the deceased] stayed overnight in hospital, was this in a
IWER: IF THE RESPONDENT HAS HAD INPATIENT ADMISSIONS AS BOTH A PUBLIC AND A PRIVATE HOSPITAL PLEASE CODE THE MOST USUAL
1. Public Hospital
2. Private Hospital
98. DK
99. RF

XT_HU040: INPATIENT OUT OF POCKET PAYMENTS

In total, how much did [Name of deceased] pay for [his/her] overnight hospital stay (s) in the last 12 months, after any health insurance reimbursement?'
IWER: IF R CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE
€0 … €20,000
-98. DK
-99. RF

HOME CARE

XT_HU076: PRIVATE HOME CARE
In the last 12 months of [his/her] life, did [Name of the deceased] pay an individual or private company to provide home help or personal care
1 Yes
5 No
98 DK
99 RF

STATE HOME CARE

XTHU15A
In the last 12 months of [his/her] life, did [Name of the deceased] receive any of the following State services?
IWER: CODE ALL THAT APPLY
1. Home help (a person employed by State to help [him/her] with household chores such as cleaning and cooking) **GO TO XTHU15A1 through XTHU15A4**
2. Personal care attendant (a person employed by the State to assist [him/her] with bathing, showering, bodily care etc.) **GO TO XTHU15B1**
3. Meals-on-Wheels **GO TO XTHU15C1**
4. Home Care Package (a package of state services which may include nurses, home help and various therapies tailored to the person) **GO TO XTHU015_D1**

95. None of these **GO TO XTHU15**
98. DK **GO TO XTHU15**
99. RF **GO TO XTHU15**

XTHU15A1:HOME HELP DAYS
Let's think for a moment about the home help [Name of deceased] received. On average per month, on about how many days did [he/she] receive home help?
0… 31
-98. RF
-99. DK

XTHU15A2: HOME HELP HOURS
On the days when [Name of deceased] received home help, for about how many hours per day did [he/she] receive help?
1…24
-98. DK
-99. RF

IWER SHOW CARD HU1
XTHU015A3: HOME HELP SATISFACTION
Please look at show card HU1. Was [Name of deceased] satisfied with this home help service?
IWER: CODE THE ONE THAT APPLIES
1. Yes - satisfied
2. No – dissatisfied because service was not supplied frequently enough

3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XTHU15A4: HOME HELP OUT OF POCKET PAYMENTS
Not counting costs paid by the HSE/health board, about how much did [Name of deceased] [and [you/his/her] [husband/wife/partner]) pay for this home help in the last month? (May be zero)
€0 … €10,000
-98. DK
-99. RF

GO TO XTHU15

XTHU15B1: PERSONAL CARE DAYS
Let's think for a moment about the help [Name of deceased] received from a personal care attendant. .On average per month, on about how many days did [he/she] receive this service?
0… 31
-98. RF
-99. DK

XTHU15B2: PERSONAL CARE HOURS
On the days when [Name of deceased] received help from a personal care attendant, for about how many hours per day did [he/she] receive help?
1…24
-98. DK
- 99. RF

IWER SHOW CARD HU1
XTHU015B3: PERSONAL CARE SATISFACTION
Please look at show card HU1. Was [Name of deceased] satisfied with this personal care service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XTHU15B4: PERSONAL CARE OUT OF POCKET PAYMENTS
Not counting costs paid by the HSE/health board, about how much did [Name of deceased] (and [you/his/her] [husband/wife/partner]) pay this personal care attendant per month? (May be zero)
€0 … €10,000
-98. DK
-99. RF

GO TO XTHU15

XTHU15C1: MEALS SERVICES DAYS
Let's think for a moment about Meals-on-Wheels [Name of deceased] received. On average per month, on about how many days did [he/she] receive Meals-on-Wheels?
0… 31
-98. RF
-99. DK

IWER SHOW CARD HU1
XTHU015C3: MEALS SERVICES SATISFACTION
Please look at show card HU1. Was [Name of deceased] satisfied with this meals service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XTHU15C4: MEALS SERVICES OUT OF POCKET PAYMENTS
Not counting costs paid by the HSE/health board, about how much did [Name of deceased] (and [you/his/her] [husband/wife/partner]) pay for Meals-on-Wheels per month?
€0 … €10,000
-98. DK
-99. RF

GO TO XTHU15

XTHU015D1: HOME CARE PACKAGE DAYS
Let's think for a moment about the home care package [Name of deceased] received. On average per month, on about how many days did [he/she] receive this service?
0… 31
-98. RF
-99. DK

XTHU015D2: HOME CARE PACKAGE HOURS
On the days when [Name of deceased] received help from the Home Care Package, for about how many hours per day did [he/she] receive help?
1…24
-98. DK
-99. RF

IWER SHOW CARD HU1
XTHU015D3: HOME CARE PACKAGE SATISFACTION
Please look at show card HU1. Was [Name of deceased] satisfied with this home care package?
IWER: CODE THE ONE THAT APPLIES

1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XTHU015D4: HOME CARE PACKAGE OUT OF POCKET EXPENSES

Not counting costs paid by the HSE/health board, about how much did [Name of deceased] (and [your/his/her] [husband/wife/partner]) pay for this Home Care Package per month? (May be zero)
€0 … €10,000
-98. DK
-99. RF

IWER: SHOW CARD HU2

XT_HU015 USE OF STATE SERVICES

Please look at card HU2
In the last 12 months of [his/her] life, did [Name of the deceased] receive any of the following State services?
Exclude any services that [{Name of the deceased}] paid for.
IWER: READ OUT AND CODE ALL THAT APPLY

1. Public Health or Community Nurse	**GO TO XT_HU016**
2. Occupational therapy	**GO TO XT_HU017**
3. Chiropody services	**GO TO XT_HU018**
4. Physiotherapy services	**GO TO XT_HU019**
5. Speech & Language Therapist	**GO TO XT_HU031a**
6. Social work services	**GO TO XT_HU020**
7. Psychological/counselling services	**GO TO XT_HU021**
8. Day centre services	**GO TO XT_HU026**
9. Optician service	**GO TO XT_HU027**
10.. Dental services	**GO TO XT_HU028**
11. Hearing services	**GO TO XT_HU029**
12. Dietician services	**GO TO XT_HU030**
13. Respite services	**GO TO XT_HU031**
14. None of these	**GO TO XT_HU031B**
98. DK	**GO TO XT_HU031B**
99. REF	**GO TO XT_HU031B**

IWER: Category 1 includes Public Health Nurses, Community RGNs, Community Mental Health Nurses, Clinical Nurse Specialists and Advanced Nurse Practitioners

XT_HU016_1 NUMBER OF TIMES WITH PUBLIC HEALTH OR COMMUNITY NURSE

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____
Please write number

IWER: SHOW CARD HU1

XT_HU016_2 SATISFACTION WITH PUBLIC HEALTH OR COMMUNITY NURSE

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XT_HU017_1 NUMBER OF TIMES WITH OCCUPATIONAL THERAPY

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____
Please write number

IWER: SHOW CARD HU1

XT_HU017_2 SATISFACTION WITH OCCUPATIONAL THERAPY

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XT_HU018_1 NUMBER OF TIMES WITH CHIROPODY SERVICES

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____
Please write number

IWER: SHOW CARD HU1

XT_HU018_2 SATISFACTION WITH CHIROPODY SERVICES

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XT_HU019_1 NUMBER OF TIMES WITH PHYSIOTHERAPY SERVICES

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____

Please write number

IWER: SHOW CARD HU1

XT_HU019_2 SATISFACTION WITH PHYSIOTHERAPY SERVICES

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XT_HU031A_1 NUMBER OF TIMES WITH SPEECH & LANGUAGE THERAPIST

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____

Please write number

IWER: SHOW CARD HU1

XT_HU031A_2 SATISFACTION WITH SPEECH & LANGUAGE THERAPIST

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4. No – dissatisfied for other reason
98. DK
99. RF

XT_HU020_1 NUMBER OF TIMES WITH SOCIAL WORK SERVICES

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____

Please write number

IWER: SHOW CARD HU1

XT_HU020_2 SATISFACTION WITH SOCIAL WORK SERVICES

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XT_HU021_1 NUMBER OF TIMES WITH PSYCHOLOGICAL/COUNSELLING SERVICES

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____
Please write number

IWER: SHOW CARD HU1

XT_HU021_2 SATISFACTION WITH PSYCHOLOGICAL/COUNSELLING SERVICES

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XT_HU026_1 NUMBER OF TIMES WITH DAY CENTRE SERVICES

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____
Please write number

IWER: SHOW CARD HU1

XT_HU026_2 SATISFACTION WITH DAY CENTRE SERVICES

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XT_HU027_1 NUMBER OF TIMES WITH OPTICIAN SERVICE

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____

Please write number

IWER: SHOW CARD HU1

XT_HU027_2 SATISFACTION WITH OPTICIAN SERVICE

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?

IWER: CODE THE ONE THAT APPLIES

1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XT_HU028_1 NUMBER OF TIMES WITH DENTAL SERVICES

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____

Please write number

IWER: SHOW CARD HU1

XT_HU028_2 SATISFACTION WITH DENTAL SERVICES

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?

IWER: CODE THE ONE THAT APPLIES

1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XT_HU029_1 NUMBER OF TIMES WITH HEARING SERVICES

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____

Please write number

IWER: SHOW CARD HU1

XT_HU029_2 SATISFACTION WITH HEARING SERVICES

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XT_HU030_1 NUMBER OF TIMES WITH DIETICIAN SERVICES

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____
Please write number

IWER: SHOW CARD HU1

XT_HU030_2 SATISFACTION WITH DIETICIAN SERVICES

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

XT_HU031_1 NUMBER OF TIMES WITH RESPITE SERVICES

In the last 12 months of [his/her] life how many times did [he/she] use this service

_____
Please write number

IWER: SHOW CARD HU1

XT_HU031_2 SATISFACTION WITH RESPITE SERVICES

Do you feel that [Name of the deceased] and [his/her] family were satisfied with this service?
IWER: CODE THE ONE THAT APPLIES
1. Yes- satisfied
2. No – dissatisfied because service was not supplied frequently enough
3. No – dissatisfied because service was hard to access
4 No – dissatisfied for other reason
98. DK
99. RF

IWER: SHOW CARD HU2

XT_HU031B COMMUNITY SERVICES DECEASED NEEDED BUT NOT PROVIDED

Thinking of all these services, are there any that [Name of deceased] did not receive which you feel [he/she] had a need for?

IWER: CODE ALL THAT APPLY

1. Public health or Community Nurse
2. Occupational therapy
3. Chiropody services
4. Physiotherapy services
5. Speech and Language Therapy
6. Social work services
7. Psychological/counselling services
8. Day centre services
9. Optician service
10. Dental services
11. Hearing services
12. Dietician services
13. Respite services
14. None of these

IWER: SHOW CARD HU3

XT_HU031c: BARRIERS TO COMMUNITY SERVICES ACCESS

You have said [Name of deceased] didn't receive …… but would like to. Could you say what is the main thing that prevented [him/her] from receiving it?

IWER: Code main reason not receiving for each service selected in XT_HU031b.

1. Never heard of service
2. Did not know it was available
3. Did not have suitable transport
4. It was too costly
5. He/she was reluctant to apply/ [he/she] didn't have time to apply
6. He/she was not eligible for it
7. Other
98. DK
99. RF

IF XTDM008 = 5 (Nursing Home) GO TO XT_HU_NEW012

ELSE GO TO XT_HU034

You told me earlier that [Name of deceased] had stayed in a Nursing Home in the 12 months before [his/her] death...

IWER SHOW CARD HU4

XT_HU_NEW012 NURSING HOME STAY COSTS

How was [Name of deceased]'s nursing home care paid for?

(Tick all boxes that apply)

1. Out of [his/her] own resources
2. By Health Insurance
3. By the government Fair Deal scheme (or its replacement)

4. By Children or Relatives
5. Paid for in another way
98 DK
99 RF

XT_HU033: NURSING HOME OUT-OF-POCKET COSTS

Not counting health insurance refunds, about how much did [Name of Deceased] pay out-of-pocket for the time [he/she] spent in a nursing home in the last 12 months of [his/her] life?
IWER: IF RESPONDENT CANNOT GIVE EXACT VALUE, ACCEPT APPROXIMATE VALUE
€0 … and €50,000
-98. DK
-99. RF

IWER: SHOW CARD HU5

XT_HU034: PRESCRIPTION COSTS

Please look at card HU5. Think of [Name of Deceased]'s last prescription. Was [he/she] charged for this?
IWER: CODE THE ONE THAT APPLIES
1. No. [He/She] was covered by the Long Term Illness scheme, Health Act Amendment Card or by the High Tech Drugs Scheme **GO TO XTHU37**
2. Yes, but [he/she] had a Medical Card and paid only the €2.50 cent per prescribed item charge **GO TO XTHU35**
3. Yes, but [he/she] only paid part of the cost. The rest was paid through the Drug Payment Scheme. **GO TO XTHU37**
4. Yes, but [he/she] claimed back part of it from [his/her] health insurance **GO TO XTHU35**
5. Yes, and [he/she] paid the full payment out of pocket **GO TO XTHU35**
98. DK **GO TO XTHU35**
99. RF **GO TO XTHU35**

Now we wish to ask you about any other medical expenses which the deceased may have had but which we have not asked you about….'

XT_HU037 HOW PAID FOR MEDICAL EXPENSES

How did [Name of Deceased] pay their medical expenses?
1 Paid using savings/earnings
2 Took out a loan
3 Have not yet paid
95 Other (specify)
96 Don't know

XT_HU038 RECEIVE ANY FINANCIAL HELP WITH MEDICAL EXPENSES

[Did] [Name of the deceased] receive any financial help to pay any of these medical

expenses?
1 Yes
5 No
98 DK
99 RF
[ELSA]

***IF XT_HU038 = 1 GO TO* XT_HU038a_i**
***ELSE GO TO* XT_HU_HM01**

XT_HU038a_i WHO HELPED WITH MEDICAL EXPENCES (ROSTER)
Who [else] did [Name of the deceased] receive financial help from?
IWER CODE ALL THAT APPLY.
[Household roster is presented to the interviewer to select names]
1….
2….
97. IF not on List
98. RF

IF other IN else did receive financial [Other IN EiFWho]

XT_HU038b_i HOW MUCH MONEY
How much money in total did [Name of deceased] receive from [helper's name] to pay these medical expenses?

IWER: Enter amount to the nearest €.
Range: 0..9999997
-98 DK
-99 RF

XT_HU_HM01 : HOME MODIFICATIONS
Did [Name of deceased] ever add features to [his/her] home to make it easier or safer for an older person to live there? This includes changes to the home to make it easier to get around like grab bars, railings or ramps or larger modifications including remodelling existing buildings to make it easier or safer for an older person to live there.
1 Yes
5 No
98 DK
99 RF

IF XT_HU_HM01=1 GO TO XT_HU_02
IF XT_HU_HM01≠1 GO TO XT_AS001

XT_HU_HM02: HOME MODIFICATIONS COST
Were any of the costs of the modifications to [Name of deceased]'s home covered by the State?

1 Yes, all of the costs
2 Yes, some of the costs
3 No, none of the costs

IF XT_HU_HM02=2,3 GO TO XT_HU_HM03

XT_HU_HM03: HOME MODIFICATIONS OUT OF POCKET PAYMENTS
How much did [Name of deceased] pay for the home modifications?
IWER: Enter amount to the nearest €
0-500,000
-98 DK
-99 RF

ASSETS AND LIFE INSURANCE

The next questions are about the assets and life insurance policies the deceased may have owned and what happened to those assets after [he/she] died. I appreciate that this may upset or distress you, but we would find it very helpful to have some information about the financial issues surrounding death. Before I continue, though, I'd like to assure you again that everything you have already told me and anything else you tell me will be kept completely confidential. [SHARE]

XT_AS001 THE DECEASED HAD A WILL

Some people make a will to determine who receives what parts of the estate. Did [Name of deceased] have a will?

1. Yes
5. No
98 DK
99 RF

IF XT_AS001 = 1 and spouse/child is answering on behalf of deceased Ask XT_AS002_i

ELSE GO TO XT_AS003

XT_AS002 BENEFICIARIES OF ESTATE

CAPI: [REPEAT XT_AS002_i through XTAS002_ic for each beneficiary of the estate]

Who were the beneficiaries of the estate, including yourself?	Name	Sex	RELATIONSHIP TO THE DECEASED?
PERSON 1			
PERSON 2			
PERSON 3			
PERSON i			

XT_AS002_i: What is her/his first name?

XT_AS002_ia:
Is this person male or female?
1.Male
2.Female
98. DK
99. RF

XT_AS002_ib:
What was that [person's relationship to {[Name of the deceased}]?
1. Spouse
2. Child/ adopted child
3. Step Child
4. Child-in-law (daughter-in-law, son-in-law)

5. Parent
6. Parent-in-law
7. Brother or sister
8. Brother-in-law/Sister-in-law
9. Grandparent
10. Grandparent-in-law
11. Other blood relative
12. Other in-law
13. Grandchild
14. Non-relative
98. DK
99. RF

XT_AS002_ic:

Was anyone else a beneficiary of the estate?

1. Yes [loop]
5. No **GO TO XT_AS003**
98. DK **GO TO XT_AS003**
99. RF **GO TO XT_AS003**

XT_AS003 THE DECEASED OWNED ANY LIFE INSURANCE POLICIES

Did the [Name of deceased] own any life insurance policies that were paid out on [his/her] death?

1. Yes
5. No
98 DK
99 RF

IF XT_AS003 = Yes and spouse/child is answering on behalf of deceased Ask XT_AS004
***ELSE GO TO* NEXT SECTION**

XT_AS004 VALUE OF ALL LIFE INSURANCE POLICIES

In total, about what was the value of all life insurance policies owned by the deceased?
IWER: Enter an amount in [Euro]
0_____ (0..50000000)
-98 DK
-99 RF

XT_AS005 BENEFICIARIES OF INSURANCE

[CAPI: Display list of beneficiaries declared at XT_AS002_i]

Who were the beneficiaries of the life insurance policies, including yourself?

CAPI: [REPEAT XT_AS005_i through XTAS005_ic for each beneficiary of the estate if not already listed]

Who were the beneficiaries of the	Name	Sex	RELATIONSHIP TO THE DECEASED?

life insurance policy, including yourself?			
PERSON 1			
PERSON 2			
PERSON 3			
PERSON i			

XT_AS005_$_i$: What is her/his first name?

XT_AS005_$_i$b:
Is this person male or female?
1.Male
2.Female
98. DK
99. RF

XT_AS005_$_i$c:
What was that [person's relationship to {[Name of the deceased}]?
1. Spouse
2. Child/ adopted child
3. Step Child
4. Child-in-law (daughter-in-law, son-in-law)
5. Parent
6. Parent-in-law
7. Brother or sister
8. Brother-in-law/Sister-in-law
9. Grandparent
10. Grandparent-in-law
11. Other blood relative
12. Other in-law
13. Grandchild
14. Non-relative
98. DK
99. RF

XT_AS005_$_i$d:
Was anyone else a beneficiary of the life insurance policy?
1. Yes [loop]
5. No **GO TO next section**
98. DK **GO TO next section**
99. RF **GO TO next section**

***GO TO* Next Section**

AFTER DEATH

The following questions will help us to learn about the preferred place of death of adults in Ireland and how Ireland is changing in terms of funeral traditions and practices. We hope that you will be able to answer the questions and do not find them too intrusive.

XT_AD01 PLACE OF DEATH PREFERENCE

Where did [Name of deceased] wish to die?

1. At home
2. At another person's home,
3. In hospital,
4. In a hospice,
5. In a nursing home,
6. In a residential home,
7. In a mixed nursing /residential home,
8. In sheltered housing

97. At some other place (Please Specify)
98 DK
99 RF

IF XT_AD01==97 (At some other place) GO TO XT_AD01a

XT_AD01a: OTHER PLACE WISHED TO DIE

What was this other place?
IWER: Write in

_____

XT_AD02: WAKE

Was a wake held for [Name of deceased]?
1 Yes
5 No
98 DK
99 RF
Note: A wake is a gathering of family and friends of the deceased usually with the body of the deceased present

IF XT_AD02==1 GO TO XT_AD03

XT_AD03: LOCATION OF WAKE

Was the wake held
1 At the home of [Name of deceased]
2 At the home of a relative of [Name of deceased]
3 At a funeral home
4 At another location
98 DK
99 RF

XT_AD04: FUNERAL SERVICE

What type of funeral service was held for [Name of deceased] after [he/she] died?

1 Religious service

2 Non-religious service

3 No service

98 DK

99 RF

XT_AD05: FUNERAL

Was [Name of deceased]

1 Buried

2 Cremated

98 DK

99 RF

XT108_ ANYTHING ELSE TO SAY ABOUT THE DECEASED

We have asked you many questions about numerous aspects of [Name of the deceased]'s life, health service use, need for help and finances, and we want to thank you very much for your assistance with them. Is there anything else you would like to add about the life circumstances of [Name of the deceased] in [his/her] last year of life?

IWER:If nothing to say, type none and press enter _____

XT_Qxx3

INTERVIEWER:

Now complete a promissory note by writing on the 5 character Tilda serial number (<Tilda_Serial>) and hand it over to the person completing the interview

1. Continue with promissory note details [GO TO XT_Qxx5]
2. Person completing interview does not want to receive cheque [GO TO XT042]

XT_Qxx5:

As we are going to be sending you out a cheque for the 20 Euros, can I just confirm the name that you want the cheque made payable to?

NAME - Text: Up to 60 characters

XT_Qxx6:

Can I also confirm the address that you want the cheque sent to?

ADDRESS - Text: Up to 100 characters

XT042_ THANKS FOR THE INFORMATION

This is the end of the interview. Thank you once again for all the information you have given us. It will prove extremely useful in helping us to understand how people fare at the end of their lives

Thank You