

DECEASED QUESTIONNAIRE

TRANSCRIBE FROM SCREENER LABEL OR CONTROL CARD

1. Control Number

Sample ID  
NOT GIVEN

PSU  
NOT GIVEN

Serial  
NOT GIVEN

R. O. code  
NOT GIVEN

2. Sample component

NOT GIVEN

3. Interviewer code

DEC\_IC Col. 141 Char 3

A-Z   
01-99

4. Name of person

NOT GIVEN

5. Record of Calls/Visits

NOT GIVEN

6. Record if Interview

a. Date

DEC\_RI\_MM Col. 144 Char 2

01-12

Day

DEC\_RI\_DD Col. 146 Char 2

01-31

b. Time

NOT GIVEN

c. Total time

DEC\_RI\_TT Col. 148 Char 3

001-120

d. Record of Interview - telephone or personal visit.

DEC\_VISIT Col. 151 Char 1

1  Telephone  
2  Personal  
3  Both

d. Comments

NOT GIVEN

7. Noninterview reasons

a. TELEPHONE

DEC\_NIR\_PH Col. 152 Char 1

1  No telephone number  
2  No answer after repeated calls  
3  Proxy unavailable - Temporarily absent  
4  Proxy refused  
5  Proxy unavailable - Unable to respond  
6  Other

b. PERSONAL VISIT

DEC\_NIR\_PV Col. 153 Char 1

1  Unable to locate proxy  
2  Proxy - No one home  
3  Proxy unavailable - Temporarily absent  
4  Proxy refused  
5  Proxy unavailable - Unable to respond  
6  Other

INTRODUCTION

(Hello, I am (*your name*) from the United States Bureau of the Census. (Here is my identification card.) We are conducting a survey on the health conditions and physical activities of persons who live in the United States)

8. Proxy Information

a. Do you know about . . . 's general care?

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*If no, obtain name and telephone number of a proxy.*

b. We sent a letter to . . . at (address on Screener label), was this letter received?

What is your name?  
NOT GIVEN

c. What is your relationship to . . . ?

DEC\_REL Col. 154 Char 2

- 02  Spouse
- 03  Son/Daughter
- 04  Son-in-law/Daughter-in-law
- 05  Parent
- 06  Parent-in-law
- 07  Brother/Sister
- 08  Brother-in-law/Sister-in-law
- 09  Grandchild
- 10  Other relative
- 11  Employee
- 12  Other nonrelative
- 13  Unable to be determined

d. What is your address?  
NOT GIVEN

### Section A - HEALTH CARE

1. When did . . . die?

DEC\_1A Col. 156 Char 2  
DEC\_1B Col. 158 Char 2  
DEC\_1C Col. 160 Char 1

- 01-12  Month
- 75-84  Year
- 1  Don't know

2a. Where did . . . die - in a hospital, in a nursing home, in (his/ (his/her) own home, the home of a relative or friend, in a rest home, or somewhere else?

DEC\_2A Col. 161 Char 1

- 1  Hospital - Ask b
  - 2  Nursing or convalescent home - SKIP to d
  - 3  Own home
  - 4  Home of a relative or friend
  - 5  Rest home or home for the aged or needy
  - 6  Other
  - 7  Don't know
- } SKIP to 3a
- } SKIP to 3B

b. Was this a short stay general hospital or was it a long stay hospital such as a mental hospital?

DEC\_2B Col. 162 Char 1

- 1  Short stay
- 2  long stay
- 3  Don't know

NOTE:

A "short stay" general hospital is defined as a hospital that has an average length of stay of less than 30 days.

A "long stay" general hospital is defined as a hospital that has an average length of stay of 30 days or longer.

c. When was . . . admitted to the hospital?

DEC\_2C\_MM Col. 163 Char 2  
DEC\_2C\_YY Col. 165 Char 2  
DEC\_2C\_DK Col. 167 Char 1

- 01-12  MM
- 70-84  YY
- 1  Don't know - SKIP to f

d. When was . . . admitted to the nursing or convalescent home?

DEC\_2D\_MM Col. 168 Char 2  
DEC\_2D\_YY Col. 170 Char 2  
DEC\_2D\_DK Col. 172 Char 1

- MM
- YY
- 1  Don't know - SKIP to f

e. About how long was (he/she) there?

DEC\_2F Col. 173 Char 2

- 1  1 day or less
- 2  2 days to less than 1 week

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- 3  1 week to less than 2 weeks
- 4  2 weeks to less than 1 month
- 5  1 month to less than 3 months
- 6  3 months to less than 6 months
- 7  6 months to less than 1 year
- 8  1 year to less than 2 years
- 9  2 years and over
- 10  Don't know

Refer to 2a.

f. How was . . . 's stay at (entry in 2a) paid for? Did Medicare, Medicaid, private health insurance, veteran's benefits, . . . (himself/herself), any members of . . . 's family, or any person's not related to (him/her) pay any of the charges?

Anyone else?

Mark (1) all that apply.

Medicare

DEC\_2F1 Col. 175 Char 1 1  Marked

Medicaid

DEC\_2F2 Col. 176 Char 1 1  Marked

Private health insurance

DEC\_2F3 Col. 177 Char 1 1  Marked

Veteran's benefits

DEC\_2F4 Col. 178 Char 1 1  Marked

Sample person

DEC\_2F5 Col. 179 Char 1 1  Marked

Spouse

DEC\_2F6 Col. 180 Char 1 1  Marked

Child(ren)

DEC\_2F7 Col. 181 Char 1 1  Marked

Other relative(s)

DEC\_2F8 Col. 182 Char 1 1  Marked

Other nonrelative(s)

DEC\_2F9 Col. 183 Char 1 1  Marked

Other

DEC\_2F10 Col. 184 Char 1 1  Marked

Don't know

DEC\_2F11 Col. 185 Char 1 1  Marked

CHECK ITEM A

Refer to 2f.

Is box 1, Medicare, marked in 2f?

DEC\_CKA Col. 186 Char 1 1  Yes - Ask g

2  No - SKIP to 2h

Refer to item 2a.

g. About how long did Medicare pay for . . . 's stay at (entry in 2a)?

Mark (1) only one

DEC\_2G Col. 187 Char 2

- 1  1 day or less
- 2  2 days to less than 1 week
- 3  1 week to less than 2 weeks
- 4  2 weeks to less than 1 month
- 5  1 month to less than 3 months
- 6  3 months to less than 6 months
- 7  6 months to less than 1 year
- 8  1 year to less than 2 years
- 9  2 years and over

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10  Don't know

Refer to item 2a.

h. You said . . . Died in (entry in 2a). Where was (he/she) living prior to that time?

Mark (1) only one

DEC\_2H Col. 189 Char 1

- 1  Own Home
  - 2  Home of relative or friend
  - 3  Rest home or home for the aged
  - 4  Nursing or convalescent home - SKIP to 3e
  - 5  Hospital - SKIP to 3c
  - 6  Other
  - 7  Don't know
- } SKIP to 5a  
} SKIP to 5a

Refer to item 2a.

3a. You said . . . died in (entry in 2a). Is this where (he/she) lived just prior to (his/her) death?

DEC\_3A Col. 190 Char 1

- 1  Yes - Ask 5a
- 2  No

b. Where was . . . living just prior to (his/her) death?

Mark (1) only one

DEC\_3B Col. 191 Char 1

- 1  Own Home
  - 2  Home of relative or friend
  - 3  Rest home or home for the aged
  - 4  Nursing or convalescent home - SKIP to 3e
  - 5  Hospital - SKIP to 3c
  - 6  Other
  - 7  Don't know
- } SKIP to 5a  
} SKIP to 5a

c. Was this a short stay general hospital or was it a long stay hospital such as a mental hospital?

DEC\_3C Col. 192 Char 1

NOTE:

A "short stay" general hospital is defined as a hospital that has an average length of stay of less than 30 days.

A "long stay" general hospital is defined as a hospital that has an average length of stay of 30 days or longer.

- Short stay
- long stay
- Don't know

d. When was . . . Admitted to the hospital?

DEC\_3D\_MM Col. 193 Char 2

DEC\_3D\_YY Col. 195 Char 2

DEC\_3D\_DK Col. 197 Char 1

- 01-12  MM
- 70-84  YY - SKIP to 3g
- 1  Don't know - Ask 3f.

e. When was . . . admitted to the nursing or convalescent home?

DEC\_3E\_MM Col. 198 Char 2

DEC\_3E\_YY Col. 200 Char 2

DEC\_3E\_DK Col. 202 Char 1

- 01-12  MM
- 70-84  YY - SKIP to 3g
- 1  Don't know - Ask 3f.

f. About how long was (he/she) there?

Mark only one.

DEC\_3F Col. 203 Char 1

- 1  Less than 1 week
- 2  1 week to less than 2 weeks
- 3  2 weeks to less than 1 month
- 4  1 month to less than 3 months
- 5  3 months to less than 6 months
- 6  6 months to less than 1 year
- 7  1 year to less than 2 years
- 8  2 years and over
- 9  Don't know

Refer to item 2h or 3b.

g. How was . . .'s stay at (entry in 2h or 3b) paid for?

Did Medicare, Medicaid, private health insurance, veteran's benefits, . . . (himself/herself), any members of . . .'s family, or any persons not related to (him/her) pay any

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part of the charge?

Anyone else?

Mark (1) all that apply.

Medicare

DEC\_3G1 Col. 204 Char 1 1  Marked

Medicaid

DEC\_3G2 Col. 205 Char 1 1  Marked

Private health insurance

DEC\_3G3 Col. 206 Char 1 1  Marked

Veteran's benefits

DEC\_3G4 Col. 207 Char 1 1  Marked

Sample person

DEC\_3G5 Col. 208 Char 1 1  Marked

Spouse

DEC\_3G6 Col. 209 Char 1 1  Marked

Child(ren)

DEC\_3G7 Col. 210 Char 1 1  Marked

Other relative(s)

DEC\_3G8 Col. 211 Char 1 1  Marked

Other nonrelative(s)

DEC\_3G9 Col. 212 Char 1 1  Marked

Other

DEC\_3G10 Col. 213 Char 1 1  Marked

Don't know

DEC\_3G11 Col. 214 Char 1 1  Marked

CHECK ITEM B

Refer to 3g.

Is box 1, Medicare marked in 3g?

DEC\_CKB Col. 215 Char 1 1  Yes - Ask 3h  
2  No - SKIP to 4a

Refer to item 2h or 3b.

h. About how long did Medicare pay for . . . 's stay at (entry in 2h or 3b)?

DEC\_3H Col. 216 Char 1 1  Less than 1 week  
2  1 week to less than 2 weeks  
3  2 weeks to less than 1 month  
4  1 month to less than 3 months  
5  3 months to less than 6 months  
6  6 months to less than 1 year  
7  1 year to less than 2 years  
8  2 years and over  
9  Don't know

4a. Just before that where was . . . living?

Mark only one.

DEC\_4A Col. 217 Char 1 1  Own Home  
2  Home of relative or friend } SKIP to 5a  
3  Rest home or home for the aged }  
4  Nursing or convalescent home - SKIP to 4d  
5  Hospital - Ask 4b  
6  Other } SKIP to 5a  
7  Don't know }

b. Was this a short stay general hospital or was it a long stay hospital such as a mental hospital?

DEC\_3C Col. 218 Char 1 1  Short stay  
2  long stay  
3  Don't know

NOTE:

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A "short stay" general hospital is defined as a hospital that has an average length of stay of less than 30 days.  
 A "long stay" general hospital is defined as a hospital that has an average length of stay of 30 days or longer.

c. When was . . . admitted to the hospital?

DEC_4C_MM	Col.	219	Char	2	01-12	<input type="checkbox"/>	MM
DEC_4C_YY	Col.	221	Char	2	70-84	<input type="checkbox"/>	YY - <i>SKIP to 4f</i>
DEC_4C_DK	Col.	223	Char	1	1	<input type="checkbox"/>	Don't know - <i>Ask 4e.</i>

d. When was . . . admitted to the nursing or convalescent home?

DEC_4D_MM	Col.	224	Char	2	01-12	<input type="checkbox"/>	MM
DEC_4D_YY	Col.	226	Char	2	70-84	<input type="checkbox"/>	YY - <i>SKIP to 4f</i>
DEC_4D_DK	Col.	228	Char	1	1	<input type="checkbox"/>	Don't know - <i>Ask 4e.</i>

e. About how long was (he/she) there?

*Mark only one.*

DEC_4E	Col.	229	Char	1	1	<input type="checkbox"/>	Less than 1 week
					2	<input type="checkbox"/>	1 week to less than 2 weeks
					3	<input type="checkbox"/>	2 weeks to less than 1 month
					4	<input type="checkbox"/>	1 month to less than 3 months
					5	<input type="checkbox"/>	3 months to less than 6 months
					6	<input type="checkbox"/>	6 months to less than 1 year
					7	<input type="checkbox"/>	1 year to less than 2 years
					8	<input type="checkbox"/>	2 years and over
					9	<input type="checkbox"/>	Don't know

*Refer to item 4a.*

f. How was . . . 's stay at (*entry in 4a*) paid for?

Did Medicare, Medicaid, private health insurance, veteran's benefits, . . . (himself/herself), any members of . . . 's family, or any persons not related to (him/her) pay any part of the charge?

Anyone else?

*Mark (1) all that apply.*

Medicare					1	<input type="checkbox"/>	Marked
DEC_4F1	Col.	230	Char	1			
Medicaid					1	<input type="checkbox"/>	Marked
DEC_4F2	Col.	231	Char	1			
Private health insurance					1	<input type="checkbox"/>	Marked
DEC_4F3	Col.	232	Char	1			
Veteran's benefits					1	<input type="checkbox"/>	Marked
DEC_4F4	Col.	233	Char	1			
Sample person					1	<input type="checkbox"/>	Marked
DEC_4F5	Col.	234	Char	1			
Spouse					1	<input type="checkbox"/>	Marked
DEC_4F6	Col.	235	Char	1			
Child(ren)					1	<input type="checkbox"/>	Marked
DEC_4F7	Col.	236	Char	1			
Other relative(s)					1	<input type="checkbox"/>	Marked
DEC_4F8	Col.	237	Char	1			
Other nonrelative(s)					1	<input type="checkbox"/>	Marked
DEC_4F9	Col.	238	Char	1			

Other

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DEC\_4F10 Col. 239 Char 1 1  Marked  
 Don't know  
 DEC\_4F11 Col. 240 Char 1 1  Marked

CHECK ITEM C

Refer to item 4f.

Is box 1, Medicare marked in 4f?  
 DEC\_CK1 Col. 241 Char 1 1  Yes - Ask 4g  
 2  No - SKIP to 5e

Refer to item 4a.

g. About how long did Medicaid pay for . . .'s stay at  
 (entry in 4a)?

Mark only one.

DEC\_4G Col. 242 Char 1

1  Less than 1 week  
 2  1 week to less than 2 weeks  
 3  2 weeks to less than 1 month  
 4  1 month to less than 3 months  
 5  3 months to less than 6 months  
 6  6 months to less than 1 year  
 7  1 year to less than 2 years  
 8  2 years and over  
 9  Don't know

5a. (Besides the times you have already told me about) Was . . .  
 ever a patient in a nursing or convalescent home?

DEC\_5A Col. 243 Char 1

1  Yes - Ask 4b  
 2  No  
 3  Don't know } SKIP to 6a

b. How many times?

DEC\_5B Col. 244 Char 2 01-99   
 DEC\_5B\_DK Col. 246 Char 1 1  Don't know

Ask cc and d for each time.

c1. When was . . . admitted (that time/the last of those times/the  
 next to last of those times/the time before that)?

That time/Last time

DEC\_5C\_MM1 Col. 247 Char 2 01-12  Month  
 DEC\_5C\_YY1 Col. 249 Char 2 15-84  Year  
 DEC\_5C\_DK1 Col. 251 Char 1 1  Don't know

d1. How long was . . . in the nursing or convalescent home?

That time/Last time

DEC\_5D\_MM1 Col. 252 Char 2 01-12  Month  
 DEC\_5D\_YY1 Col. 254 Char 2 15-84  Year  
 DEC\_5D\_DK1 Col. 256 Char 1 1  Don't know

c2. When was . . . admitted (that time/the last of those times/the  
 next to last of those times/the time before that)?

Next to last time

DEC\_5C\_MM2 Col. 257 Char 2 01-12  Month  
 DEC\_5C\_YY2 Col. 259 Char 2 15-84  Year  
 DEC\_5C\_DK2 Col. 261 Char 1 1  Don't know

d2. How long was . . . in the nursing or convalescent home?

Next to last time

DEC\_5D\_MM2 Col. 262 Char 2 01-12  Month  
 DEC\_5D\_YY2 Col. 264 Char 2 15-84  Year  
 DEC\_5D\_DK2 Col. 266 Char 1 1  Don't know

c3. When was . . . admitted (that time/the last of those times/the

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next to last of those times/the time before that)?

Time before that

DEC\_5C\_MM3 Col. 267 Char 2  
 DEC\_5C\_YY3 Col. 269 Char 2  
 DEC\_5C\_DK3 Col. 271 Char 1

01-12  Month  
 15-84  Year  
 1  Don't know

d3. How long was . . . in the nursing or convalescent home?

Time before that

DEC\_5D\_MM3 Col. 272 Char 2  
 DEC\_5D\_YY3 Col. 274 Char 2  
 DEC\_5D\_DK3 Col. 276 Char 1

01-12  Month  
 15-84  Year  
 1  Don't know

6a. Are you familiar with the term hospice?  
 ("Hospice" is a service for the terminally ill.)

DEC\_6A Col. 277 Char 1

1  Yes - Ask 6b  
 2  No  
 3  Don't know } SKIP to 7a

Refer to item 1 and chart below.

b. During the last 6 months before . . . 's death, that is, from (entry in item 1) did . . . receive hospice care either at home, in a hospital or in a freestanding hospice?

DEC\_6B Col. 278 Char 1

1  Yes  
 2  No  
 3  Don't know

6 months prior to month in 1

Month in item 1

01 - January July  
 02 - February August  
 03 - March September  
 04 - April October  
 05 - May November  
 06 - June December  
 07 - July January  
 08 - August February  
 09 - September March  
 10 - October April  
 11 - November May  
 12 - December June

Refer to item 1

7a. During the last month before . . . died, that is from (month and year 1 month before entry in item 1) to (entry in item 1) was anyone HIRED (outside of the facilities you have told me about) to take care of (him/her) because of poor health?

DEC\_7A Col. 279 Char 1

1  Yes - Ask 7b  
 2  No  
 3  Don't know } SKIP to 8a

b. What kind of help was given? Was it help with personal care, like bathing or dressing?

DEC\_7B Col. 280 Char 1

1  Yes  
 2  No  
 3  Don't know

c. Was it (also) help with things like cooking or housework?

DEC\_7B Col. 281 Char 1

1  Yes  
 2  No  
 3  Don't know

d. Was it (also) nursing care such as giving injections?

DEC\_7C Col. 282 Char 1

1  Yes  
 2  No  
 3  Don't know

8a. (Besides those persons) Did you or anyone else, like a relative, (spouse,) or friend help to take care of . . . because of (his/her) poor health?

DEC\_8A Col. 283 Char 1

1  Yes - Ask 8b  
 2  No  
 3  Don't know } SKIP to 9



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b. Who was this?

Was it (his/her) spouse, a relative who usually lived with (him/her), a relative who did not live with (him/her), a nonrelative who usually lived with (him/her), or a nonrelative who did not live with (him/her)?

Mark (1) all that apply.

- Spouse  
DEC\_8B1 Col. 284 Char 1  Marked
- Relative who lived with sample person  
DEC\_8B2 Col. 285 Char 1  Marked
- Relative who did not live with sample person  
DEC\_8B3 Col. 286 Char 1  Marked
- Nonrelative who lived with sample person  
DEC\_8B4 Col. 287 Char 1  Marked
- Nonrelative who did not live with sample person  
DEC\_8B5 Col. 288 Char 1  Marked
- Don't know  
DEC\_8B6 Col. 289 Char 1  Marked

Section B - PERSONAL INFORMANTION

Now I have some questions about . . .

9. At the time of (his/her) death, was . . . married, widowed, separated, divorced, or never married?

Mark only one.

DEC\_9A Col. 290 Char 1

- 1  Married
- 2  Widowed
- 3  Separated
- 4  Divorced
- 5  Never married
- 6  Don't know

10. What was . . .'s race?

Read answer categories.

DEC\_10 Col. 291 Char 1

- 1  White
- 2  Black
- 3  Asian or Pacific Islander
- 4  American Indian, Eskimo, or Aleut
- 5  Other

11. Was . . . of Spanish or Hispanic origin or descent?

DEC\_11 Col. 292 Char 1

- 1  Yes
- 2  No
- 3  Don't know

CHECK ITEM D

Refer to item 9.

Is box 1, married, in item 9?

DEC\_CKD Col. 293 Char 1

- 1  Yes - Include the phrase "and . . .'s spouse" when asking 12a
  - 2  No - Ask only about the sample person's income when asking 12a.
- } Ask 12a

Refer to item 1.

12a. From (month and year prior to entry in item 1) to (entry in item 1) was . . .'s (and . . .'s spouse's) income \$10,000 or more?

Include money from jobs, net income, rent, Social Security payments and any other money income?

DEC\_12A Col. 294 Char 1

- 1  Yes - SKIP to 12c.
  - 2  No - Ask 12b
  - 3  Refused
  - 4  Don't know
- } END INTERVIEW  
Thank Respondent

b. Was it . . . ?

READ CATEGORIES

Mark only one.

DEC\_12B Col. 295 Char 1

- 1  Under \$3,000
  - 2  Between \$3,000 and \$4,999
  - 3  Between \$5,000 and \$6,999
  - 4  Between \$7,000 and \$9,999
- } END INTERVIEW  
Thank Respondent

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c. Was it . . . ?

*READ CATEGORIES*

*Mark only one.*

DEC\_12C

Col. 296 Char 1

- 1  Between \$10,000 and \$14,999
- 2  Between \$15,000 and \$24,999
- 3  Between \$25,000 and \$49,999
- 4  Between \$50,000 and over

} *END INTERVIEW*  
Thank Respondent