

Sharelife: 50+ in Europe - Exit Questionnaire version 3.9.4

XT104_ SEX OF DECEDENT

IWER:note sex of decedent (ask if unsure)

1. Male
2. Female

XT001_ INTRODUCTION TO EXIT INTERVIEW

[{Name of deceased}] has participated in the [m]50+ in Europe[/m] study before [his/her] death. [His/Her] contribution was very valuable. 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 strictly confidential, and will be held anonymously.

1. Continue

XT006_ PROXY RESPONDENT'S SEX

IWER:Code proxy respondent's sex.

1. Male
2. Female

XT002_ RELATIONSHIP TO THE DECEASED

Before we start asking questions about the last year of life of [{Name of deceased}], would you please tell me what was your relationship to the deceased?

1. Husband or wife or partner
2. Son or Daughter
3. Son- or Daughter-in-law
4. Son or Daughter of husband, wife or partner
5. Grandchild
6. Sibling
7. Other relative (specify)
8. Other non-relative (specify)

IF XT002_ (RELATIONSHIP TO THE DECEASED) = 7. Other relative (specify)

|

| **XT003_ OTHER RELATIVE**

|

| IWER:Specify other relative

| _____

|

ENDIF

IF XT002_ (RELATIONSHIP TO THE DECEASED) = 8. Other non-relative (specify)

|

| **XT004_ OTHER NO-RELATIVE**

|

| IWER:Specify other non-relative

| _____

|
ENDIF

XT005_ HOW OFTEN CONTACT LAST TWELVE MONTHS

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

XT007_ YEAR OF BIRTH PROXY

Can you tell me your year of birth?

_____ (1900..1990)

XT101_ CONFIRMATION DECEASED YEAR OF BIRTH

Let us now talk about the deceased. Just to make sure that we have the correct information about [him/her], can I just confirm that [he/she] was born in [{month of birth deceased} {year of birth deceased }]?

1. Yes
5. No

IF XT101_ (CONFIRMATION DECEASED YEAR OF BIRTH) = 5. No

|

| **XT102_ DECEASED MONTH OF BIRTH**

| In which month and year was [{Name of deceased}] born?MONTH: YEAR:

| IWER:Month

- | 1. January
- | 2. February
- | 3. March
- | 4. April
- | 5. May
- | 6. June
- | 7. July
- | 8. August
- | 9. September
- | 10. October
- | 11. November
- | 12. December

|

| **XT103_ DECEASED YEAR OF BIRTH**

| In which month and year were [{Name of deceased}] born?MONTH:

[XT102_DecMonthBirthYEAR]:

| IWER:Year

| _____ (1900..2008)

|

ENDIF

XT008_ MONTH OF DECEASE

We would like to know more about the circumstances of [{name of the deceased}]. In what month and year did [he/she] pass away?MONTH: YEAR:

IWER:month

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

XT009_ YEAR OF DECEASE

In what month and YEAR did [he/she] pass away?MONTH: [{Month of death}] YEAR:

IWER:Year

1. 2004
2. 2005
3. 2006
4. 2007
5. 2008
6. 2009

XT010_ AGE AT THE MOMENT OF DECEASE

How old was [{Name of deceased}] when [he/she] passed away?

IWER:Age in years

_____ (20..120)

XT109_ DECEASED MARRIED AT TIME OF DEATH

Was [{name of the deceased}] married at the time of [his/her] death?

1. Yes
5. No

XT039_ NUMBER OF CHILDREN THE DECEASED HAD AT THE END

How many children did [{Name of deceased}] have that were still alive at the time of [his/her] death? Please include adopted children.

XT011_ THE MAIN CAUSE OF DEATH

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, septicemia or flu
8. Accident
97. Other (Please specify)

IF XT011_ (THE MAIN CAUSE OF DEATH) = 97. Other (Please specify)

| **XT012_ OTHER CAUSE OF DEATH**

| IWER:Specify other cause of death

| _____
|
ENDIF

IF XT011_ (THE MAIN CAUSE OF DEATH) <> 8. Accident

| **XT013_ HOW LONG BEEN ILL BEFORE DECEASE**

| How long had [{Name of deceased}] been ill before [he/she] died?

| IWER:Read out

- | 1. Less than one month
- | 2. One month or more but less than 6 months
- | 3. 6 months or more but less than a year
- | 4. One year or more

| **XT014_ PLACE OF DYING**

| Did [he/she] die ...

| IWER:Read out

- | 1. at [his/her] own home
- | 2. at another person's home
- | 3. in a hospital
- | 4. in a nursing home
- | 5. in a residential home or sheltered housing
- | 6. in a hospice
- | 97. at some other place (Please specify)

| *IF XT014_ (PLACE OF DYING) = 97. at some other place (Please specify)*

|| **XT045_ OTHER PLACE OF DYING**

|| IWER:Specify other place of death

|| _____

||

| *ENDIF*

|

| **XT015_ TIMES IN HOSPITAL LAST YEAR BEFORE DYING**

| In the last year before [he/she] died, on how many different occasions did [{Name of deceased}] stay in a hospital, hospice or nursing home?

| IWER:Do NOT read out

- | 1. Not at all
- | 2. 1 to 2 times
- | 3. 3 to 5 times
- | 4. More than 5 times

|

|

| *IF XT015_ (TIMES IN HOSPITAL LAST YEAR BEFORE DYING) > 1. Not at all*

||

|| **XT016_ TOTAL TIME IN HOSPITAL LAST YEAR BEFORE DYING**

|| During the last year of [his/her] life, for how long altogether did [{Name of deceased}] stay at hospitals, hospices or nursing homes?

|| IWER:Do NOT read out

- || 1. Less than one week
- || 2. One week or more but less than one month
- || 3. One month or more but less than 3 months
- || 4. 3 months or more but less than 6 months
- || 5. 6 months or more but less than a year
- || 6. A full year

||

||

| *ENDIF*

|

ENDIF

XT017_ INTRODUCTION EXPENSES MEDICAL CARE

We would now like to ask you some questions about any expenses which [{Name of deceased}] incurred as a result of the medical care [he/she] received in the last 12 months before [he/she] died. For each of the types of care I will now read out, please indicate whether the deceased received the care and, if so, give your best estimate of the costs incurred from that care. Please include only costs not paid or reimbursed by the health insurance or the employer.

1. Continue

LOOP cnt:= 1 TO 8

|

| *IF cnt < 3 OR cnt > 5 OR XT015_ (TIMES IN HOSPITAL LAST YEAR BEFORE DYING) <> 1. Not at all*

||

|| **XT018_ HAD TYPE OF MEDICAL CARE IN THE LAST TWELVE MONTHS**

|| Has [{Name of deceased}] had any [care from a general practitioner/care from specialist physicians/hospital stays/care in a nursing home/hospice

|| stays/medication/aids and appliances/home care or home help due to disability] (in the last 12 months of [his/her] life)?

||

|| 1. Yes

|| 5. No

||

|| *IF XT018_ (HAD TYPE OF MEDICAL CARE IN THE LAST TWELVE MONTHS) = 1. Yes*

||

|| **XT019_ COSTS OF TYPE OF MEDICAL CARE IN THE LAST TWELVE MONTHS**

|| About how much did [his/her] [care from a general practitioner/care from specialist physicians/hospital stays/care in a nursing home/hospice

|| stays/medication/aids and appliances/home care or home help due to disability] cost (in the last 12 months of [his/her] life)?

|| IWER:If a type of care was received and all costs were paid or reimbursed by the health insurance, fill in "0" as amount incurred; enter amount in

|| [Pounds]

|| _____ (0..980000)

||

|| *IF XT019_ (COSTS OF TYPE OF MEDICAL CARE IN THE LAST TWELVE MONTHS) = REFUSAL OR XT019_ (COSTS OF TYPE OF MEDICAL CARE IN THE*

|| *LAST TWELVE MONTHS) = DONTKNOW*

||

||

|| *IF Index = 4*

||

|| BRACKETS (FL_XT019_UNFOLDING, BRs.Brackets[1].BR1, BRs.Brackets[1].BR2, BRs.Brackets[1].BR3)

||

|| *ELSE*

||

|| *IF Index = 8*

||

|| BRACKETS (FL_XT019_UNFOLDING, BRs.Brackets[2].BR1, BRs.Brackets[2].BR2, BRs.Brackets[2].BR3)

||

|| *ELSE*

||

|| BRACKETS (FL_XT019_UNFOLDING, BRs.Brackets[3].BR1, BRs.Brackets[3].BR2, BRs.Brackets[3].BR3)

||

|| *ENDIF*

||

|| *ENDLOOP*

XT105_ DIFFICULTIES REMEMBERING WHERE

We would like to know more about the difficulties people have in their last year of life because of a physical, mental, emotional or memory problems.

During the last year of [his/her] life, did [{name of the deceased}] have any difficulty remembering where [he/she] was? Please name only difficulties that lasted at least three months.

- 1. Yes
- 5. No

XT106_ DIFFICULTIES REMEMBERING THE YEAR

During the last year of [his/her] life, did [{name of the deceased}] have any difficulty remembering what year it was? Please name only difficulties that lasted at least three months.

- 1. Yes
- 5. No

XT107_ DIFFICULTIES RECOGNIZING

During the last year of [his/her] life, did [{name of the deceased}] have any difficulty recognizing family members or good friends? Please name only difficulties that lasted at least three months.

- 1. Yes
- 5. No

XT020_ INTRODUCTION DIFFICULTIES DOING ACTIVITIES

Because of a physical, mental, emotional or memory problem, did [{Name of deceased}] have difficulty doing any of the following activities during the last twelve months of [his/her] life? Please name only difficulties that lasted at least three months.

IWER:Read out. @\ Code all that apply.

- 1. Dressing, including putting on shoes and socks
- 2. Walking across a room
- 3. Bathing or showering
- 4. Eating, such as cutting up your food
- 5. Getting in or out of bed
- 6. Using the toilet, including getting up or down
- 7. Preparing a hot meal
- 8. Shopping for groceries
- 9. Making telephone calls
- 10. Taking medication
- 96. None of these

IF XT020_IntroDiffADL.CARDINAL > 0 AND NOT 96. None of these IN XT020_(INTRODUCTION DIFFICULTIES DOING ACTIVITIES)

|

| **XT022_ ANYONE HELPED WITH ADL**

| Thinking about the activities that the deceased had problems with during the last twelve months of [his/her] life, has anyone helped regularly with

| these activities?

| 1. Yes

| 5. No

| *IF XT022_ (ANYONE HELPED WITH ADL) = 1. Yes*

|| **XT023_ WHO HAS HELPED WITH ADL**

|| Who, including yourself, has helped mainly with these activities? Please name at most three persons.

|| IWER:do not read out at most three answers!code relationship to deceased!

|| 1. Yourself (proxy respondent)

|| 2. Husband or wife or partner of the deceased

|| 3. Mother or father of the deceased

|| 4. Son of the deceased

|| 5. Son-in-law of the deceased

|| 6. Daughter of the deceased

|| 7. Daughter-in-law of the deceased

|| 8. Grandson of the deceased

|| 9. Granddaughter of the deceased

|| 10. Sister of the deceased

|| 11. Brother of the deceased

|| 12. Other relative

|| 13. Unpaid volunteer

|| 14. Professional helper (e.g. nurse)

|| 15. Friend or neighbor of the deceased

|| 16. Other person

|| **XT024_ TIME THE DECEASED RECEIVED HELP**

|| Overall, during the last twelve months of [his/her] life, for how long did the deceased receive help?

|| IWER:read out

|| 1. Less than one month

|| 2. One month or more but less than 3 months

|| 3. 3 months or more but less than 6 months

|| 4. 6 months or more but less than a year

|| 5. A full year

|| **XT025_ HOURS OF HELP NECESSARY DURING TYPICAL DAY**

|| And about how many hours of help were necessary during a typical day?

|| _____ (0..24)

| *ENDIF*

ENDIF

XT026a_ INTRODUCTION TO ASSETS

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.

1. Continue

XT026b_ THE DECEASED HAD A WILL

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

1. Yes
5. No

XT027_ THE BENEFICIARIES OF THE ESTATE

Who were the beneficiaries of the estate, including yourself?

IWER:read outcode all that apply

1. Yourself (proxy)
2. Husband or wife or partner of the deceased
3. Children of the deceased
4. Grandchildren of the deceased
5. Siblings of the deceased
6. Other relatives (specify) of the deceased
7. Other non-relatives (specify)
8. Church, foundation or charitable organization
9. Deceased did not leave anything at all (SPONTANEOUS)

IF 6. Other relatives (specify) of the deceased IN XT027_(THE BENEFICIARIES OF THE ESTATE)

|
| **XT028_ OTHER RELATIVE BENEFICIARY**

|
| IWER:specify other relative

| _____

|
ENDIF

IF 7. Other non-relatives (specify) IN XT027_(THE BENEFICIARIES OF THE ESTATE)

|
| **XT029_ OTHER NON-RELATIVE BENEFICIARY**

|
| IWER:specify other non-relative

| _____

|
ENDIF

XT030_ THE DECEASED OWNED HOME

Did the deceased own [his/her] home or apartment - either in total or a share of it?

- 1. Yes
- 5. No

IF XT030_ (THE DECEASED OWNED HOME) = 1. Yes

| **XT031_ VALUE HOME AFTER MORTGAGES**

| After any outstanding mortgages, what was the value of the home or apartment or the share of it owned by the deceased?

| IWER:Enter an amount in [Pounds].

| _____ (-50000000..50000000)

| *IF XT031_ (VALUE HOME AFTER MORTGAGES) = REFUSAL OR XT031_ (VALUE HOME AFTER MORTGAGES) = DONTKNOW*

||

||

|| BRACKETS (FL_XT031_UNFOLDING, BRs.Brackets[4].BR1, BRs.Brackets[4].BR2, BRs.Brackets[4].BR3)

||

| *ENDIF*

| **XT032_ WHO INHERITED THE HOME OF THE DECEASED**

| Who inherited the deceased's home or apartment, including yourself?

| IWER:Code relationship to deceased, all that apply

- | 1. Yourself (proxy respondent)
- | 2. Husband or wife or partner
- | 3. Sons or daughters (ASK FOR FIRST NAMES)
- | 4. Grandchildren
- | 5. Siblings
- | 6. Other relatives (specify)
- | 7. Other non-relatives (specify)

| *IF 6. Other relatives (specify) IN XT032_(WHO INHERITED THE HOME OF THE DECEASED)*

||

|| **XT051_ OTHER RELATIVE**

||

|| IWER:Specify other relative

|| _____

||

| *ENDIF*

| *IF 7. Other non-relatives (specify) IN XT032_(WHO INHERITED THE HOME OF THE DECEASED)*

||

|| **XT052_ OTHER NO-RELATIVE**

||

|| IWER:Specify other non-relative

|| _____

||

| *ENDIF*

|
| *IF 3. Sons or daughters (ASK FOR FIRST NAMES) IN XT032_(WHO INHERITED THE HOME OF THE DECEASED)*

||
| **XT053_ FIRST NAMES CHILDREN**

||
| IWER:First names of children who inherited home
| _____

||
| *ENDIF*

|
ENDIF

XT033_ THE DECEASED OWNED ANY LIFE INSURANCE POLICIES

Did the deceased own any life insurance policies?

- 1. Yes
- 5. No

IF XT033_ (THE DECEASED OWNED ANY LIFE INSURANCE POLICIES) = 1. Yes

|
| **XT034_ 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 [Pounds]
| _____ (0..50000000)

| **XT035_ BENEFICIARIES OF THE LIFE INSURANCE POLICIES**

| Who were the beneficiaries of the life insurance polices, including yourself.

| IWER:Code relationship to deceased, all that apply.

- | 1. Yourself (proxy respondent)
- | 2. Husband or wife or partner
- | 3. Sons or daughters (ASK FOR FIRST NAMES)
- | 4. Grandchildren
- | 5. Siblings
- | 6. Other relatives (specify)
- | 7. Other non-relatives (specify)

|
| *IF 6. Other relatives (specify) IN XT035_(BENEFICIARIES OF THE LIFE INSURANCE POLICIES)*

||
| **XT054_ OTHER RELATIVE**

||
| IWER:Specify other relative
| _____

||
| *ENDIF*

|
| *IF 7. Other non-relatives (specify) IN XT035_(BENEFICIARIES OF THE LIFE INSURANCE POLICIES)*

||

|| **XT055_ OTHER NO-RELATIVE**

||

|| IWER:Specify other non-relative

|| _____

||

| *ENDIF*

|

| *IF 3. Sons or daughters (ASK FOR FIRST NAMES) IN XT035_(BENEFICIARIES OF THE LIFE INSURANCE POLICIES)*

||

|| **XT056_ FIRST NAMES CHILDREN**

||

|| IWER:First names of children who were beneficiaries

|| _____

||

| *ENDIF*

|

ENDIF

XT036_ INTRODUCTION TYPES OF ASSETS

I will now read out a few types of assets people may have. For each item, please tell me whether the deceased owned them at the time of [his/her] death and, if so, please give your best estimate of their value after any outstanding debts.

1. Continue

LOOP cnt:= 1 TO 5

|

| **XT037_ THE DECEASED OWNED TYPE OF ASSETS**

| Did [he/she] own any [businesses, including land or premises/other real estate/cars/financial assets, e.g. cash, money or stocks/jewelry or antiquities]?

|

| 1. Yes

| 5. No

|

| *IF XT037_ (THE DECEASED OWNED TYPE OF ASSETS) = 1. Yes*

||

|| **XT038_ VALUE TYPE OF ASSETS**

|| About what was the value of the [businesses, including land or premises/other real estate/cars/financial assets, e.g. cash, money or stocks/jewelry

|| or antiquities] owned by [{Name of deceased}] at the time of [his/her] death?

|| IWER:Enter an amount in [Pounds]

|| _____ (-50000000..50000000)

||

|| *IF XT038_ (VALUE TYPE OF ASSETS) = DONTKNOW OR XT038_ (VALUE TYPE OF ASSETS) = REFUSAL*

|||

|||

||| *IF Index = 1*

||||

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|||| BRACKETS (FL_XT038_UNFOLDING, BRs.Brackets[5].BR1, BRs.Brackets[5].BR2,
BRs.Brackets[5].BR3)
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||| ELSE
||||
|||| IF Index = 2
||||
|||| BRACKETS (FL_XT038_UNFOLDING, BRs.Brackets[6].BR1, BRs.Brackets[6].BR2,
BRs.Brackets[6].BR2)
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||| ELSE
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|||| IF Index = 3
||||
|||| BRACKETS (FL_XT038_UNFOLDING, BRs.Brackets[7].BR1,
BRs.Brackets[7].BR2, BRs.Brackets[7].BR3)
||||
||| ELSE
||||
|||| IF Index = 4
||||
|||| BRACKETS (FL_XT038_UNFOLDING, BRs.Brackets[8].BR1,
BRs.Brackets[8].BR2, BRs.Brackets[8].BR3)
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||| ELSE
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|||| IF Index = 5
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|||| BRACKETS (FL_XT038_UNFOLDING, BRs.Brackets[9].BR1,
BRs.Brackets[9].BR2, BRs.Brackets[9].BR3)
||||
|||| ENDIF
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| ENDIF
|
ENDLOOP

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IF XT039_ (NUMBER OF CHILDREN THE DECEASED HAD AT THE END) > 1 AND NOT 9. Deceased did not leave anything at all (SPONTANEOUS) IN XT027_(THE BENEFICIARIES OF THE ESTATE)

|

| **XT040a_ TOTAL ESTATE DIVIDED AMONG THE CHILDREN**

| How would you say was the total estate divided among the deceased's children?

| IWER:Please read out

- | 1. Some children received more than others
- | 2. The estate was divided about equally among all children
- | 3. The estate was distributed exactly [m]equally[/m] among the children
- | 4. The children have not received anything

| *IF XT040a_ (TOTAL ESTATE DIVIDED AMONG THE CHILDREN) = 1. Some children received more than others*

|| **XT040b_ SOME CHILDREN RECEIVED MORE FOR CARING**

|| Would you say that some children received more than others to make up for previous gifts?

- || 1. Yes
- || 5. No

|| **XT040c_ SOME CHILDREN RECEIVED MORE TO GIVE THEM FINANCIAL SUPPORT**

|| Would you say that some children received more than others to give them financial support?

- || 1. Yes
- || 5. No

|| **XT040d_ SOME CHILDREN RECEIVED MORE FOR CARING**

|| Would you say that some children received more than others because they helped or cared for the deceased towards the end of [his/her] life?

- || 1. Yes
- || 5. No

|| **XT040e_ SOME CHILDREN RECEIVED MORE FOR OTHER REASONS**

|| Would you say that some children received more than others because of other reasons?

- || 1. Yes
- || 5. No

|| *IF XT040e_ (SOME CHILDREN RECEIVED MORE FOR OTHER REASONS) = 1. Yes*

||| **XT040f_ REASONS SOME CHILDREN RECEIVED MORE**

||| What other reasons do you mean?

||| _____

|| *ENDIF*

| *ENDIF*

| *ENDIF*

XT041_ THE FUNERAL WAS ACCOMPANIED BY A RELIGIOUS CEREMONY

Finally, we would like to know about the deceased's funeral. Was the funeral accompanied by a religious ceremony?

1. Yes
5. No

XT108_ ANYTHING ELSE TO SAY ABOUT THE DECEASED

We have asked you many questions about numerous aspects of [{name of the deceased}]'s health 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

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

1. Continue

XT043_ INTERVIEW MODE

IWER:Please state mode of interview

1. Face-to-face
2. Telephone

XT044_ INTERVIEWER ID

IWER:Your interviewer id.
