

FORM **NMF-1**  
(7-1-94)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U. S. PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR HEALTH STATISTICS

**RESPONDENT QUESTIONNAIRE  
NATIONAL MORTALITY  
FOLLOWBACK SURVEY**

**NOTICE** - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to be 55 minutes per response. Send comments regarding this burden to PHS Reports Clearance Officer; ATTN: PRA; Humphrey Building, Room 721-B, 200 Independence Ave, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20503.

**Section I - DECEDENT INFORMATION**

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**Section II - MODE AND TYPE OF INTERVIEW**

<b>PGM 3</b>		
<b>1. Mode</b>	<b>0001</b>	1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit
<b>2a. Type of respondent</b>	<b>0002</b>	1 <input type="checkbox"/> Original 2 <input type="checkbox"/> Alternate 3 <input type="checkbox"/> Multiple - <i>Mark 2b</i>
<b>b. Type of multiple</b>	<b>0003</b>	1 <input type="checkbox"/> Type 1 2 <input type="checkbox"/> Type 2

**Section III - FINAL STATUS FOR ORIGINAL OR ALTERNATE INTERVIEW**

<b>0004</b>	1 <input type="checkbox"/> Complete Interview 2 <input type="checkbox"/> Partial interview 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Consent not given on NMF-16(PM) - Pennsylvania 5 <input type="checkbox"/> Consent not given on NMF-16(PM) - Maryland 6 <input type="checkbox"/> Consent not given on NMF-16(PM) - Rhode Island 7 <input type="checkbox"/> Could not contact by telephone, and lives outside PSU, no alternate respondent located 8 <input type="checkbox"/> Could not contact - other reason, no alternate respondent located	9 <input type="checkbox"/> Could not locate, and no alternate respondent located 10 <input type="checkbox"/> Other noninterview - <i>Specify</i> <u>      </u> <u>      </u>
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**Section IV - FINAL STATUS FOR MULTIPLE INTERVIEW**

<b>0005</b>	1 <input type="checkbox"/> Complete Interview 2 <input type="checkbox"/> Partial interview 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> Consent not given on NMF-16(PM) - Pennsylvania 5 <input type="checkbox"/> Consent not given on NMF-16(PM) - Maryland 6 <input type="checkbox"/> Consent not given on NMF-16(PM) - Rhode Island 7 <input type="checkbox"/> Could not contact by telephone, and lives outside PSU 8 <input type="checkbox"/> Could not contact - other reason	9 <input type="checkbox"/> Could not locate 10 <input type="checkbox"/> Other noninterview - <i>Specify</i> <u>      </u> <u>      </u>
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**Section V - ADMINISTRATIVE**

RO code	Field representative name	FR code	Date of interview Month   Day   Year
Beginning time		Ending time	
1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.		1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.	

**IF A RESPONDENT INDICATED ON THE NMF-16(PM) THAT THEY DO NOT WANT TO PARTICIPATE IN THE SURVEY, DO NOT CONTACT THAT RESPONDENT.**

**Section VI - ORIGINAL RESPONDENT**

<p><b>1.</b> Respondent name (<i>First, Middle initial, Last</i>)</p> <p>_____   _____   _____</p>	<p><b>5.</b> Were the forms listed below received from the original respondent?</p> <p><b>a.</b> NMF-15 or NMF-16(PM) Contact Form? ..... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>b.</b> Did the respondent refuse on the NMF-16(PM)? ..... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> NA</p> <p><b>c.</b> NMF-20 Authorization Form? ..... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>d.</b> Was authorization given? ..... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>2.</b> Address (<i>Number and street</i>)</p> <p>_____</p>	
<p><b>3.</b> City _____ State _____ ZIP Code _____</p>	
<p><b>4.</b> Area code/telephone number _____</p>	

**Section VII - ALTERNATE RESPONDENT**

<p><b>1.</b> Respondent name (<i>First, Middle initial, Last</i>)</p> <p>_____   _____   _____</p>	<p><b>5.</b> Were the forms listed below received from the alternate respondent?</p> <p><b>a.</b> NMF-15 or NMF-16(PM) Contact Form? ..... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>b.</b> Did the respondent refuse on the NMF-16(PM)? ..... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> NA</p> <p><b>c.</b> NMF-20 Authorization Form? ..... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>d.</b> Was authorization given? ..... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>2.</b> Address (<i>Number and street</i>)</p> <p>_____</p>	
<p><b>3.</b> City _____ State _____ ZIP Code _____</p>	
<p><b>4.</b> Area code/telephone number _____</p>	

**Section VIII - MULTIPLE RESPONDENT**

<p><b>1.</b> Respondent name (<i>First, Middle initial, Last</i>)</p> <p>_____   _____   _____</p>	<p><b>5.</b> Were the forms listed below received from the multiple respondent?</p> <p><b>a.</b> NMF-15 or NMF-16(PM) Contact Form? ..... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p><b>b.</b> Did the respondent refuse on the NMF-16(PM)? ..... 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> NA</p>
<p><b>2.</b> Address (<i>Number and street</i>)</p> <p>_____</p>	
<p><b>3.</b> City _____ State _____ ZIP Code _____</p>	
<p><b>4.</b> Area code/telephone number _____</p>	

**Section IX - RECORD OF CALLS**

Month	Day	Begin time	End time	Mode	Comments
		a.m. p.m.	a.m. p.m.	T P	
		a.m. p.m.	a.m. p.m.	T P	
		a.m. p.m.	a.m. p.m.	T P	
		a.m. p.m.	a.m. p.m.	T P	
		a.m. p.m.	a.m. p.m.	T P	
		a.m. p.m.	a.m. p.m.	T P	
		a.m. p.m.	a.m. p.m.	T P	
		a.m. p.m.	a.m. p.m.	T P	
		a.m. p.m.	a.m. p.m.	T P	
		a.m. p.m.	a.m. p.m.	T P	

**Section A - INTRODUCTORY**

<p><b>1. Hello, my name is (Your name) from the U.S. Bureau of the Census. I'm calling for the United States Public Health Service in Washington, DC. May I please speak to (Name of respondent)?</b></p>	<p><input type="checkbox"/> Respondent not available  <i>Make arrangements to call back; STOP</i></p> <p><input type="checkbox"/> Respondent available</p>
<p><b>2a. Did you receive a letter from the Public Health Service about (Name of decedent)?</b></p>	<p><input type="checkbox"/> Yes - Go to question 2b</p> <p><input type="checkbox"/> No - Skip to question 2c</p> <p><input type="checkbox"/> Don't know - Skip to question 2c</p>
<p><b>b. Again, the purpose of this study is to prevent illness, fatal accidents and injuries, and to improve care for sick and dying persons. All of your answers to this survey, which will take about 55 minutes, are STRICTLY CONFIDENTIAL. The information you give will be used only to prepare data summaries.</b></p>	<p align="center"><i>Skip to question 3</i></p>
<p><i>If personal visit, HAND copy of letter.</i></p> <p><b>c. You or another person provided some of the information that was included on the death certificate for (Name of decedent). The information on death certificates is helpful in understanding about deaths from various causes. Still, we need to learn more about ways to prevent illness, fatal accidents and injuries, and to improve care for sick and dying persons. (Name of decedent) was randomly selected as part of a sample of persons dying in the United States in 1993. This survey, which will take about 55 minutes, is voluntary and is authorized by the Public Health Service Act (Title 42, United States Code, Section 242k). There are no penalties or loss of benefits for failing to reply although each unanswered question reduces the usefulness of the survey. All of your answers are STRICTLY CONFIDENTIAL. The identity of individuals will not be disclosed without your approval. We will not include any information that could identify an individual or family in the data we release.</b></p>	<p align="center"><i>Go to question 3</i></p>
<p><b>3. How was -- related to you?</b></p> <p><i>Mark (X) only ONE box.</i></p>	<p>PGM 5 0010</p> <p>1 <input type="checkbox"/> Respondent's spouse</p> <p>2 <input type="checkbox"/> Respondent's parent</p> <p>3 <input type="checkbox"/> Respondent's step-parent</p> <p>4 <input type="checkbox"/> Respondent's child</p> <p>5 <input type="checkbox"/> Respondent's sibling</p> <p>6 <input type="checkbox"/> Respondent's in-law</p> <p>7 <input type="checkbox"/> Other relative - <i>Specify</i> _____</p> <p>8 <input type="checkbox"/> Respondent's friend</p> <p>9 <input type="checkbox"/> Respondent's neighbor</p> <p>10 <input type="checkbox"/> Staff person at institution</p> <p>11 <input type="checkbox"/> Other - <i>Specify</i> _____</p>
<p><b>4a. How old was -- at the time of death?</b></p>	<p>0011    <input type="text"/> <input type="text"/> <input type="text"/> Age in years</p>
<p><b>CHECK ITEM A1</b>    <i>Refer to question 4a.</i></p>	<p><input type="checkbox"/> Decedent was less than 15 years -  <i>Go to question 4b</i></p> <p><input type="checkbox"/> Decedent was 15 or more years -  <i>Skip to question 5</i></p>
<p><b>4b. For the purposes of this study, we are only interested in persons who were at least 15 years old at the time of death. However, I thank you very much for your time.</b></p>	<p align="center"><i>End Interview</i>  <i>Complete cover page items</i></p>
<p><i>Ask or verify -</i></p> <p><b>5. Was -- a male or female?</b></p>	<p>0012    1 <input type="checkbox"/> Male</p> <p>          2 <input type="checkbox"/> Female</p>
<p>Notes</p>	

**Section A – INTRODUCTORY – Continued**

**6. During -- last year of life, that is, between (Date one year prior to date of death) and (Date of death) did -- usually live in a private home or apartment, a nursing home, or somewhere else?**

*Read if necessary – Private home includes a room in a house, a condominium, a trailer, private group quarters, and so forth.*

*If necessary, probe for type of place lived longest in last year of life. Mark (X) only one box.*

0013

- 1  Private home
- 2  Nursing home
- 3  Other health care facility – *Specify* \_\_\_\_\_
- 4  Other institution not health care (including prison) – *Specify* \_\_\_\_\_
- 5  Other – *Specify* \_\_\_\_\_

**7a. In what city, county, and state was this?**

City

County

State or Country

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0014

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**CHECK ITEM A2**

*Refer to question 7a.*

- Decedent's usual residence during the last year of life was outside the U.S. or territories – *Go to question 7b*
- Decedent's usual residence was inside U.S. or territories – *Skip to question 8*

**7b. For the purposes of this study, we are only interested in persons who lived in the United States. However, I thank you very much for your time.**

*End Interview  
Complete cover page items*

**8. How long did -- live in (City (or county) and state in 7a)?**

*If more than once, refer to last time, rather than total time.*

0015

888  Entire life

0016

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 Number – *Mark (X) unit below*

0017

- 3  Days
- 4  Weeks
- 5  Months
- 6  Years

**CHECK ITEM A3**

*Refer to question 6.*

- Health care facility, including nursing home, or other institution (box 2, 3, or 4) marked – *Skip to question 10b*
- NOT health care facility or other institution (box 1 or 5) marked – *Go to question 9*

**9. At any time during -- last year of life, did -- live in a nursing home, another type of health care facility, or any other type of institution?**

0018

- 1  Yes – *Go to question 10a*
- 2  No – *Skip to question 12a*

**10a. During the last year of life, how long did -- live in any type of health care facility, hospice, or any type of institution?**

*Mark (X) box OR enter time.*

0019

888  Entire last year of life in facility or institution – *Skip to question 11*

0020

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 Number – *Mark (X) unit below*

0021

- 3  Days
  - 4  Weeks
  - 5  Months
- } *Skip to Check Item A4*

**b. During the last year of life, how long did -- live in the (Type of health care facility or institution in 6) or any (other) type of health care facility, or any type of institution?**

*Mark (X) box OR enter time.*

0022

888  Entire last year of life in facility or institution – *Go to question 11*

0023

--	--	--

 Number – *Mark (X) unit below*

0024

- 3  Days
  - 4  Weeks
  - 5  Months
- } *Go to question 11*

**Section A – INTRODUCTORY – Continued**

**11. Even though -- spent time in (Type of place in 6) or other health care facilities or institutions, did -- have a private home or apartment?**  
*Read if necessary – Private home includes a room in a house, a condominium, a trailer, private group quarters, and so forth.*

- 0025    1  Yes – Skip to question 12c  
 2  No – Go to Check Item A5

**CHECK ITEM A4**    Refer to question 6, page 4.

- "Private home" or "Other" (box 1 or box 5) marked – Go to question 12a  
 Other – Skip to question 12b

**12a. I'd like to get the relationship of the people -- lived with in the last year of life. That is, if they lived with -- for at least 3 months during that year. For example, -- (husband/wife), son, friend, and so forth.**

- 0026    1  Lived alone – Skip to Check Item A5  
 2  Lived with others – Enter relationships in question 12d

**b. I'd like to get the relationship of the people -- lived with in the last year of life when -- was not in the (Type of place in 6). That is, if they lived with -- for at least 3 months during that year. For example, -- (husband/wife), son, friend, and so forth.**

- 0027    1  Lived alone – Skip to Check Item A5  
 2  Lived with others – Enter relationships in question 12d

**c. I'd like to get the relationship of the people who lived at this home during -- last year of life. That is, if they lived in -- home for at least 3 months during that year. For example, -- (husband/wife), son, friend, and so forth.**

- 0028    1  Home unoccupied – Skip to Check Item A5  
 2  Occupied by others – Enter relationships in question 12d

**d. Enter relationships of all other persons.**

*If more room is needed to list additional persons, continue on the last page of this questionnaire.*

Person	Relationship	OFFICE USE ONLY
1		0029
2		0030
3		0031
4		0032
5		0033
6		0034
7		0035
8		0036
9		0037
10		0038
11		0039
12		0040

**CHECK ITEM A5**    Refer to question 3, page 3.

- Respondent staff person (box 10 marked) – Skip to Section B, page 7  
 Other – Go to question 13a

*Ask or verify –*

**13a. Did you ever live in the same home with --?**

- 0041    1  Yes  
 2  No – Skip to Check Item A6

*Refer to question 10a or 10b, page 4. If entire last year of life (box 888 marked), skip to question 13c; otherwise, verify or ask –*

**b. Did you and -- live in the same home at any time during -- last year of life?**

- 0042    1  Yes  
 2  No

**c. Altogether, during -- entire life, how long did you and -- live in the same home together?**

- 0043    888  Decedent's entire life – Skip to Check Item A7  
 0044    889  Respondent's entire life – Skip to Check Item A7

*Mark (X) box OR enter time.*

0045       Number – Mark (X) unit below

- 0046    3  Days  
 4  Weeks  
 5  Months  
 6  Years

**Section A - INTRODUCTORY - Continued**

<b>CHECK ITEM A6</b>	Refer to question 3, page 3.	<input type="checkbox"/> Respondent is related to decedent (box 1, 2, 3, 4, 5, 6, or 7 marked) – Skip to Check Item A7 <input type="checkbox"/> Other – Go to question 14
<b>14. Altogether, how long did you know --?</b>		
	0047 <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Number – Mark (X) unit below  0048	<input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Weeks <input type="checkbox"/> 5 Months <input type="checkbox"/> 6 Years
<b>CHECK ITEM A7</b>	Refer to Type of Respondent, Section II on cover.	<input type="checkbox"/> Multiple (box 3) marked – Go to Check Item A8 <input type="checkbox"/> Other – Skip to Section B
<b>CHECK ITEM A8</b>	Refer to Type of Multiple, Section II on cover.	<input type="checkbox"/> Type 1 (box 1) marked – Skip to Section K, page 35 <input type="checkbox"/> Type 2 (box 2) marked – Go to Section B

Notes

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<b>0049</b>	
<b>0050</b>	
<b>0051</b>	
<b>0052</b>	

**Section B – UTILIZATION OF SERVICES**

*READ – The next questions are about medical and health care.*

**CHECK  
ITEM B1**

*Refer to Section A, question 6, page 4.*

- Nursing home (box 2 ) marked – *Skip to question 1b*
- Other – *Go to question 1a*

**1a. During -- entire life, was -- ever admitted to a nursing home?**

0053

- 1  Yes
- 2  No – *Skip to "Read" above question 2a*

**b. What was the total amount of time -- spent in a nursing home over -- entire lifetime?**

0054

Number – *Mark (X) unit below*

0055

- 3  Days
  - 4  Weeks
  - 5  Months
  - 6  Years
  - 9  Don't know – *Go to question 1c*
- } *Skip to "Read" above question 2a*

**c. Was it –**

*Read answer categories.*

0056

- 1  **Less than 3 months?**
- 2  **3 months to less than 1 year?**
- 3  **1 year to less than 5 years?**
- 4  **5 years or more?**

*READ – Now I'm going to ask about health and medical care -- received during the LAST YEAR OF -- LIFE, that is, from (1 year prior to date of death) to (Date of death).*

**2a. Was -- an overnight patient or resident of any (other) nursing home during -- last year of life?**

0057

1  Yes – *Go to question 2b*

0058

2  No – *Skip to question 3a*

**b. What was the name and address of the nursing home?**

*Enter name and address in 6a, complete 6b for the facility, and then reask 2a until you receive a "No."*

**3a. Was -- an overnight patient in (a/any other) hospital in the last year of life?**

0059

1  Yes – *Go to question 3b*

0060

2  No – *Skip to question 4a*

**b. What was the name and address of the hospital?**

*Enter name and address in 6a, complete 6b for the facility, and then reask 3a until you receive a "No."*

**4a. During the last year of life, did -- stay overnight at (a/any other) residential hospice, skilled nursing facility, or long stay hospital?**

0061

1  Yes – *Go to question 4b*

0062

2  No – *Skip to question 5a*

**b. What was the name and address of that place?**

*Enter name and address in 6a, complete 6b for the facility, and then reask 4a until you receive a "No."*

**5a. During the last year of life, did -- receive any care as an overnight patient in any (other) alcohol or drug treatment facility, psychiatric facility, or mental health facility?**

0063

1  Yes – *Go to question 5b*

0064

2  No – *Skip to question 7 on page 11*

**b. What was the name and address of that place?**

*Enter name and address in 6a, complete 6b for the facility, and then reask 5a until you receive a "No."*

Notes

**Section B - UTILIZATION OF SERVICES - Continued**

PGM 6 OFFICE USE ONLY	OFFICE USE ONLY																				
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<b>6a(1).</b> Facility name	<b>6a(2).</b> Facility name																				
Address	Address																				
City	City																				
State                                  ZIP Code	State                                  ZIP Code																				
<b>6b(1). How many nights did -- stay in (Name of facility in 6a(1)) during -- last year of life?</b>	<b>6b(2). How many nights did -- stay in (Name of facility in 6a(2)) during -- last year of life?</b>																				
0075 <table border="1" style="display:inline-table; width:40px; height: 20px; vertical-align: middle;"></table> Number of nights  <i>If necessary, probe - Was it -</i>  <i>Read answer categories.</i>	0077 <table border="1" style="display:inline-table; width:40px; height: 20px; vertical-align: middle;"></table> Number of nights  <i>If necessary, probe - Was it -</i>  <i>Read answer categories.</i>																				
0076 1 <input type="checkbox"/> <b>Less than 1 week?</b> 2 <input type="checkbox"/> <b>1 week to less than 1 month?</b> 3 <input type="checkbox"/> <b>1 month to less than 2 months?</b> 4 <input type="checkbox"/> <b>2 months to less than 6 months?</b> 5 <input type="checkbox"/> <b>6 months to less than 9 months?</b> 6 <input type="checkbox"/> <b>9 months to 1 year?</b> 9 <input type="checkbox"/> Don't know	0078 1 <input type="checkbox"/> <b>Less than 1 week?</b> 2 <input type="checkbox"/> <b>1 week to less than 1 month?</b> 3 <input type="checkbox"/> <b>1 month to less than 2 months?</b> 4 <input type="checkbox"/> <b>2 months to less than 6 months?</b> 5 <input type="checkbox"/> <b>6 months to less than 9 months?</b> 6 <input type="checkbox"/> <b>9 months to 1 year?</b> 9 <input type="checkbox"/> Don't know																				
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<b>6a(3).</b> Facility name	<b>6a(4).</b> Facility name																				
Address	Address																				
City	City																				
State                                  ZIP Code	State                                  ZIP Code																				
<b>6b(3). How many nights did -- stay in (Name of facility in 6a(3)) during -- last year of life?</b>	<b>6b(4). How many nights did -- stay in (Name of facility in 6a(4)) during -- last year of life?</b>																				
0079 <table border="1" style="display:inline-table; width:40px; height: 20px; vertical-align: middle;"></table> Number of nights  <i>If necessary, probe - Was it -</i>  <i>Read answer categories.</i>	0081 <table border="1" style="display:inline-table; width:40px; height: 20px; vertical-align: middle;"></table> Number of nights  <i>If necessary, probe - Was it -</i>  <i>Read answer categories.</i>																				
0080 1 <input type="checkbox"/> <b>Less than 1 week?</b> 2 <input type="checkbox"/> <b>1 week to less than 1 month?</b> 3 <input type="checkbox"/> <b>1 month to less than 2 months?</b> 4 <input type="checkbox"/> <b>2 months to less than 6 months?</b> 5 <input type="checkbox"/> <b>6 months to less than 9 months?</b> 6 <input type="checkbox"/> <b>9 months to 1 year?</b> 9 <input type="checkbox"/> Don't know	0082 1 <input type="checkbox"/> <b>Less than 1 week?</b> 2 <input type="checkbox"/> <b>1 week to less than 1 month?</b> 3 <input type="checkbox"/> <b>1 month to less than 2 months?</b> 4 <input type="checkbox"/> <b>2 months to less than 6 months?</b> 5 <input type="checkbox"/> <b>6 months to less than 9 months?</b> 6 <input type="checkbox"/> <b>9 months to 1 year?</b> 9 <input type="checkbox"/> Don't know																				



**Section B - UTILIZATION OF SERVICES - Continued**

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**Section B - UTILIZATION OF SERVICES - Continued**

**7. During the last year of life, (when -- was not an overnight patient in (Names of places in 6a)), about how many days did illness or injury keep -- in bed more than half a day?**

*If necessary, probe by reading answer categories.*

PGM 7  
0100

- 1  None
- 2  1-6 days
- 3  7-13 days
- 4  14 days to under 1 month
- 5  1 up to 3 months
- 6  3 up to 6 months
- 7  6 up to 9 months
- 8  9 up to 12 months
- 9  Entire year

**8. (Not counting visits while an overnight patient), during the last year of life, about how many times altogether did -- see a medical doctor of any kind?**

*If necessary, probe by reading answer categories.*

0101

- 1  None
- 2  1 time
- 3  2 to 4 times
- 4  5 to 9 times
- 5  10 to 14 times
- 6  15 to 24 times
- 7  25 to 49 times
- 8  50 times or more

**9. (Not counting visits while an overnight patient), during the last year of life, did -- see a psychiatrist, psychologist, or any other mental health professional about any personal, emotional, behavioral, or mental problem?**

0102

- 1  Yes
- 2  No

*If decedent under age 18, skip to Section C; otherwise ask --*

**10. Did -- ever sign a paper stating NOT to use life-sustaining equipment or procedures if -- was definitely dying? This paper is sometimes called a "living will."**

0103

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

Notes

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0104

0105

**Section C – PAYMENT SOURCES**

**READ – We are interested in all of the sources that were used to help pay for health care in hospitals, (nursing homes), physician services, or health care in the home. Please include sources that helped pay for dental, optical, medicines, and other health expenses.**

<p><b>1. During -- last year of life, did (Read each source below) help pay for care?</b>  <i>Mark (X) one box for each source.</i></p> <p><b>a. -- own money or savings?</b>  <i>Read after asking question –</i>  <b>Include out-of-pocket payments that were not reimbursed by health insurance and include payments made for health insurance.</b></p>	<p>0106</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><i>Mark "No" without asking if no family members listed in Section A, question 12d, page 5; otherwise ask –</i></p> <p><b>b. Family members living with --?</b></p>	<p>0107</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>c. Family members not living with --?</b></p>	<p>0108</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>d. A prepaid Health Maintenance Organization?</b></p>	<p>0109</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>e. Blue Cross/Blue Shield?</b></p>	<p>0110</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>f. Any other private health insurance?</b></p>	<p>0111</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>g. Medicare?</b>  <i>Read if necessary – Medicare is a health insurance program for persons 65 years or over and certain disabled persons.</i></p>	<p>0112</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<i>FR, refer to Card C1 for State Medicaid names.</i>		
<p><b>h. Medicaid or (State name for Medicaid)?</b></p>	<p>0113</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>i. VA or Department of Veteran's Affairs?</b></p>	<p>0114</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>j. Worker's Compensation?</b></p>	<p>0115</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>k. Another government program?</b></p>	<p>0116</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p> <p><i>If "Yes," ask – What was this program?                  Specify <u>      </u></i></p>
<p><b>l. Any other source?</b></p>	<p>0117</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p> <p><i>If "Yes," ask – What was the source?                  Specify <u>      </u></i></p>
<p><b>m. If all sources a-l marked "No," mark (X) "No payments" box.</b></p>	<p>0118</p>	<p>1 <input type="checkbox"/> No payments</p>
<i>Refer to question 1. If only one source of payments marked "Yes", mark (X) the same source in question 2 without asking. If "no payments" marked, mark (X) box 13 in question 2. Otherwise, ask –</i>		
<p><b>2. Which source, that is (Names of all sources marked "Yes" in question 1) paid MOST of the costs of health care during -- last year of life?</b>  <i>Mark (X) only ONE box.</i></p>	<p>0119</p>	<p>1 <input type="checkbox"/> <b>a.</b> Decedent's own money or savings                  2 <input type="checkbox"/> <b>b.</b> Family members living with decedent                  3 <input type="checkbox"/> <b>c.</b> Family members NOT living with decedent                  4 <input type="checkbox"/> <b>d.</b> Prepaid HMO                  5 <input type="checkbox"/> <b>e.</b> Blue Cross/Blue Shield                  6 <input type="checkbox"/> <b>f.</b> Other private health insurance                  7 <input type="checkbox"/> <b>g.</b> Medicare                  8 <input type="checkbox"/> <b>h.</b> Medicaid or (State name for Medicaid)                  9 <input type="checkbox"/> <b>i.</b> VA                  10 <input type="checkbox"/> <b>j.</b> Worker's Compensation                  11 <input type="checkbox"/> <b>k.</b> Another government program                  12 <input type="checkbox"/> <b>l.</b> Other source                  13 <input type="checkbox"/> <b>m.</b> No payments</p>

**Section C – PAYMENT SOURCES – Continued**

<p><i>Refer to question 1. If source d, e, or f marked "Yes", mark (X) the "Yes" box without asking; otherwise ask –</i></p>	
<p><b>3. During the last year of life, did -- have any health insurance or did -- belong to any prepaid Health Maintenance Organization?</b></p>	<p>0120    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No</p>
<p><i>Refer to question 1, source g. If Medicare marked "Yes", mark (X) the "Yes" box without asking; otherwise ask –</i></p>	
<p><b>4a. During the last year of life, was -- covered by Medicare?</b></p>	<p>0121    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No</p>
<p><i>Refer to question 1, source h. If Medicaid marked "Yes", mark (X) the "Yes" box without asking; otherwise ask –</i></p>	
<p><b>b. During the last year of life, was -- covered by Medicaid/(State name for Medicaid)?</b></p>	<p>0122    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No</p>
<p><i>Refer to question 1, source i. If VA marked "Yes", mark (X) the "Yes" box without asking; otherwise ask –</i></p>	
<p><b>c. During the last year of life, was -- covered by the VA or Department of Veterans Affairs?</b></p>	<p>0123    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No</p>
<p><i>Refer to question 1, source j. If Worker's Compensation marked "Yes", mark (X) the "Yes" box without asking; otherwise ask –</i></p>	
<p><b>d. During the last year of life, was -- covered by Worker's Compensation?</b></p>	<p>0124    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM C1</b></p>	<p><i>Refer to question 1, sources a and b, page 12.</i></p> <p><input type="checkbox"/> "No" marked in BOTH source a and b – Skip to Section D, page 15 <input type="checkbox"/> Other – Go to question 5</p>
<p><i>If personal visit, HAND Card C2.</i></p>	
<p><b>5. What was the total amount of -- OWN money (and money provided by family members living with --) that was used to pay for -- medical care during the last year of life? Include expenses for doctors, hospitals, nursing homes, dental, optical, medicines, and other health expenses. Also include payments or payroll deductions made for Medicare and any other health insurance premiums. DO NOT include any amounts paid by or received from insurance, Medicare, or Medicaid.</b></p> <p><i>Verify person's/family's OWN money spent, NOT total bill.</i></p>	<p>0125    1 <input type="checkbox"/> Less than \$200           2 <input type="checkbox"/> \$200–\$499           3 <input type="checkbox"/> \$500–\$999           4 <input type="checkbox"/> \$1,000–\$1,999           5 <input type="checkbox"/> \$2,000–\$2,999           6 <input type="checkbox"/> \$3,000–\$4,999           7 <input type="checkbox"/> \$5,000–\$9,999           8 <input type="checkbox"/> \$10,000–\$14,999           9 <input type="checkbox"/> \$15,000–\$19,999          10 <input type="checkbox"/> \$20,000–\$24,999          11 <input type="checkbox"/> \$25,000–\$49,999          12 <input type="checkbox"/> \$50,000 or more</p>
<p><i>Probe if necessary –</i></p>	
<p><b>a. Was it less than \$1,000 or more than \$1,000?</b></p>	<p><input type="checkbox"/> Less – Go to question 5b <input type="checkbox"/> More – Skip to question 5d <input type="checkbox"/> Exactly \$1,000 – Mark (X) box 4</p>
<p><b>b. Was it less than \$500 or more than \$500?</b></p>	<p><input type="checkbox"/> Less – Go to question 5c <input type="checkbox"/> More <input type="checkbox"/> Exactly \$500 } Mark (X) box 3</p>
<p><b>c. Was it less than \$200 or more than \$200?</b></p>	<p><input type="checkbox"/> Less – Mark (X) box 1 <input type="checkbox"/> More <input type="checkbox"/> Exactly \$200 } Mark (X) box 2</p>
<p><b>d. Was it less than \$2,000 or more than \$2,000?</b></p>	<p><input type="checkbox"/> Less – Mark (X) box 4 <input type="checkbox"/> More – Go to question 5e <input type="checkbox"/> Exactly \$2000 – Mark (X) box 5</p>
<p><b>e. Was it less than \$3,000 or more than \$3,000?</b></p>	<p><input type="checkbox"/> Less – Mark (X) box 5 <input type="checkbox"/> More – Go to question 5f <input type="checkbox"/> Exactly \$3,000 – Mark (X) box 6</p>
<p><b>f. Was it less than \$5,000 or more than \$5,000?</b></p>	<p><input type="checkbox"/> Less – Mark (X) box 6 <input type="checkbox"/> More – Go to question 5g <input type="checkbox"/> Exactly \$5,000 – Mark (X) box 7</p>

CONTINUE WITH QUESTION 5g ON PAGE 14

**Section C - PAYMENT SOURCES - Continued**

**5g. Was it less than \$10,000 or more than \$10,000?**

- Less - Mark (X) box 7
- More - Go to question 5h
- Exactly \$10,000 - Mark (X) box 8

**h. Was it less than \$15,000 or more than \$15,000?**

- Less - Mark (X) box 8
- More - Go to question 5i
- Exactly \$15,000 - Mark (X) box 9

**i. Was it less than \$20,000 or more than \$20,000?**

- Less - Mark (X) box 9
- More - Go to question 5j
- Exactly \$20,000 - Mark (X) box 10

**j. Was it less than \$25,000 or more than \$25,000?**

- Less - Mark (X) box 10
- More - Go to question 5k
- Exactly \$25,000 - Mark (X) box 11

**k. Was it less than \$50,000 or more than \$50,000?**

- Less - Mark (X) box 11
- More
- Exactly \$50,000 } Mark (X) box 12

Notes

**Section D - ACCESS TO CARE**

**1a. Were there any times during the last year of life that -- needed health care but didn't get it?**

- 0126 1  Yes  
 2  No – Skip to question 1c

**b. Why was this?**

Mark (X) ALL that apply.

- 0127 1  Difficulties finding or getting into a facility  
 0128 2  Difficulties finding or getting treatment from a doctor  
 0129 3  Problems getting help at home  
 0130 4  Problems paying bills  
 0131 5  Problems with transportation  
 0132 6  Other – Specify         
 0133 7  Other – Specify

**c. Were there any times during the last year of life that -- needed health care but avoided it or refused it?**

- 0134 1  Yes  
 2  No

**2a. During -- last year of life, did -- or -- family have any (other) trouble getting any health care for --?**

- 0135 1  Yes  
 2  No – Skip to Check Item D1

**b. What were the (other) problems -- or the family had in getting care for -- during the last year of -- life?**

Mark (X) ALL that apply.

Probe – Were there any other problems?

- 0136 1  Finding or getting into a facility – Specify type of facility         
 0137 2  Finding or getting treatment from a doctor  
 0138 3  Getting help at home  
 0139 4  Paying the medical bills  
 0140 5  Transportation  
 0141 6  Other – Specify         
 0142 7  Other – Specify

**CHECK ITEM D1**

Refer to Type of Multiple, Section II on cover.

- Multiple Respondent, Type 2 – Skip to Section G, page 23  
 Other – Go to Section E

Notes

**Section E - CONDITIONS**

*READ* - The next questions are about medical conditions many people have at some time during their lives. Even though they may not apply to --, for accurate information, we need to ask them of everyone.

**CHECK ITEM E1**

Refer to Section A, question 4a on page 3.

- Decedent under 35 years - Go to question 1  
 Other - Skip to question 2a

**1. AT ANY TIME IN -- LIFE, did -- ever have high blood pressure or hypertension, a heart attack, chest pains or angina pectoris, or a stroke?**

0143

- 1  Yes  
 2  No - Skip to question 8a, page 19

**2a. AT ANY TIME IN -- LIFE, did -- ever have high blood pressure or hypertension? For female decedents read - Exclude high blood pressure or hypertension which was limited to pregnancy.**

0144

- 1  Yes  
 2  No - Skip to question 3a

**b. When was the high blood pressure or hypertension first noticed?**

Mark age, OR date, OR time before.

Probe if necessary - About how old was --, or about how long before death, or in about what month and year?

0145

Age in years

0146

Month Year  
    Date

0147

- 1  Time before death  
 2  Time before interview } Specify number and unit below

0148

Number

0149

- 1  Minutes  
 2  Hours  
 3  Days  
 4  Weeks  
 5  Months  
 6  Years

**c. Did a doctor ever prescribe medicine for the high blood pressure or hypertension?**

0150

- 1  Yes  
 2  No

**3a. At any time in -- life, did -- ever have a heart attack?**

0151

- 1  Yes  
 2  No - Skip to question 4a

**b. When did -- have the FIRST heart attack?**

Mark age, OR date, OR time before.

Probe if necessary - About how old was --, or about how long before death, or in about what month and year?

0152

Age in years

0153

Month Year  
    Date

0154

- 1  Time before death  
 2  Time before interview } Specify number and unit below

0155

Number

0156

- 1  Minutes  
 2  Hours  
 3  Days  
 4  Weeks  
 5  Months  
 6  Years

CONTINUE WITH QUESTION 3c ON PAGE 17

Notes



**Section E - CONDITIONS - Continued**

**3c. When did -- have -- MOST RECENT heart attack?**

Mark (X) "Only one heart attack", OR age, OR date, OR time before.

Probe if necessary - About how old was --, or about how long before death, or in about what month and year?

0157  Only one heart attack - Go to question 4a

0158    Age in years

0159 

Month	Year
<input type="text"/>	<input type="text"/>

 Date

0160  Time before death } Specify number and unit below  
 Time before interview }

0161    Number

0162  Minutes  
 Hours  
 Days  
 Weeks  
 Months  
 Years

**4a. At any time in -- life, did -- ever have chest pains or angina pectoris?**

0163  Yes  
 No - Skip to question 5a

**b. When were the chest pains or angina pectoris first noticed?**

Mark age, OR date, OR time before.

Probe if necessary - About how old was --, or about how long before death, or in about what month and year?

0164    Age in years

0165 

Month	Year
<input type="text"/>	<input type="text"/>

 Date

0166  Time before death } Specify number and unit below  
 Time before interview }

0167    Number

0168  Minutes  
 Hours  
 Days  
 Weeks  
 Months  
 Years

**5a. At any time in -- life, did -- have a stroke in which any resulting conditions such as paralysis, or loss of vision or speech lasted AT LEAST ONE DAY OR LONGER? Include strokes which resulted in death.**

0169  Yes  
 No - Skip to question 6a

**b. When did -- have the FIRST stroke in which there were resulting conditions lasting at least one day?**

Mark age, OR date, OR time before.

Probe if necessary - About how old was --, or about how long before death, or in about what month and year?

0170    Age in years

0171 

Month	Year
<input type="text"/>	<input type="text"/>

 Date

0172  Time before death } Specify number and unit below  
 Time before interview }

0173    Number

0174  Minutes  
 Hours  
 Days  
 Weeks  
 Months  
 Years

CONTINUE WITH QUESTION 5c ON PAGE 18

Notes

**Section E – CONDITIONS – Continued**

**5c. When did -- have the MOST RECENT stroke in which there were resulting conditions lasting at least one day?**

Mark (X) "Only one stroke", OR age, OR date, OR time before.

Probe if necessary – About how old was --, or about how long before death, or in about what month and year?

0175 1  Only one stroke – Skip to question 6a

0176    Age in years

0177 

Month	Year
<input type="text"/>	<input type="text"/>

 Date

0178 1  Time before death } Specify number and unit below  
2  Time before interview }

0179    Number

0180 1  Minutes  
2  Hours  
3  Days  
4  Weeks  
5  Months  
6  Years

**CHECK ITEM E2**

Refer to Section A, question 4a on page 3.

Decedent under 25 years – Skip to question 8a  
 Other – Go to question 6a

**6a. AT ANY TIME IN -- LIFE, did a doctor say that -- had Alzheimer's disease?**

0181 1  Yes  
2  No – Skip to question 7a

**b. When was this diagnosis first made?**

Mark age, OR date, OR time before.

Probe if necessary – About how old was --, or about how long before death, or in about what month and year?

0182    Age in years

0183 

Month	Year
<input type="text"/>	<input type="text"/>

 Date

0184 1  Time before death } Specify number and unit below  
2  Time before interview }

0185    Number

0186 1  Minutes  
2  Hours  
3  Days  
4  Weeks  
5  Months  
6  Years

**7a. AT ANY TIME IN -- LIFE, did a doctor say that -- had (any other type of) organic brain syndrome, dementia, senility, or any other serious memory impairment?**

0187 1  Yes  
2  No – Skip to question 8a

**b. When was this diagnosis first made?**

Mark age, OR date, OR time before.

Probe if necessary – About how old was --, or about how long before death, or in about what month and year?

0188    Age in years

0189 

Month	Year
<input type="text"/>	<input type="text"/>

 Date

0190 1  Time before death } Specify number and unit below  
2  Time before interview }

0191    Number

0192 1  Minutes  
2  Hours  
3  Days  
4  Weeks  
5  Months  
6  Years

Notes

**Section E - CONDITIONS - Continued**

**8a. At any time in -- life, did -- have any (OTHER) mental health, nervous, or emotional problem?**

- 0193    1  Yes  
 2  No - Skip to Check Item E3

**b. When was the (other) mental health, nervous, or emotional problem first noticed?**

Mark age, OR date, OR time before.

Probe if necessary - About how old was --, or about how long before death, or in about what month and year?

0194       Age in years

0195    

Month	Year
<input type="text"/>	<input type="text"/>

 Date

- 0196    1  Time before death } Specify number and  
 2  Time before interview } unit below

0197       Number

- 0198    1  Minutes  
 2  Hours  
 3  Days  
 4  Weeks  
 5  Months  
 6  Years

**CHECK ITEM E3**

Refer to Section A, question 4a on page 3.

- Decedent under 35 years - Go to question 9  
 Other - Skip to question 10a

**9. AT ANY TIME IN -- LIFE, did -- ever have diabetes, cancer, asthma, emphysema, bronchitis, cirrhosis of the liver, or arthritis?**

- 0199    1  Yes - Go to question 10a  
 2  No - Skip to Section F, page 22

**10a. At any time during -- life, did -- have diabetes? For female decedents, read - Exclude diabetes which was limited to pregnancy or "gestational diabetes."**

- 0200    1  Yes  
 2  No - Skip to question 11a

**b. When was the diabetes first noticed?**

Mark age, OR date, OR time before.

Probe if necessary - About how old was --, or about how long before death, or in about what month and year?

0201       Age in years

0202    

Month	Year
<input type="text"/>	<input type="text"/>

 Date

- 0203    1  Time before death } Specify number and  
 2  Time before interview } unit below

0204       Number

- 0205    1  Minutes  
 2  Hours  
 3  Days  
 4  Weeks  
 5  Months  
 6  Years

**c. Did a doctor ever prescribe medicine for the diabetes?**

- 0206    1  Yes  
 2  No

Notes

**Section E – CONDITIONS – Continued**

**11a. At any time during -- life, did -- have cancer of any kind, except skin cancer?**

- 0207    1  Yes  
           2  No – Skip to question 12a

**b. When was cancer, except skin cancer, first noticed?**

*Mark age, OR date, OR time before.*

*Probe if necessary – About how old was --, or about how long before death, or in about what month and year?*

0208       Age in years

0209    

Month	Year
<input type="text"/>	<input type="text"/>

 Date

- 0210    1  Time before death } Specify number and  
           2  Time before interview } unit below

0211       Number

- 0212    1  Minutes  
           2  Hours  
           3  Days  
           4  Weeks  
           5  Months  
           6  Years

**12a. At any time during -- life, did -- have asthma?**

- 0213    1  Yes  
           2  No – Skip to question 13a

**b. When was the asthma first noticed?**

*Mark age, OR date, OR time before.*

*Probe if necessary – About how old was --, or about how long before death, or in about what month and year?*

0214       Age in years

0215    

Month	Year
<input type="text"/>	<input type="text"/>

 Date

- 0216    1  Time before death } Specify number and  
           2  Time before interview } unit below

0217       Number

- 0218    1  Minutes  
           2  Hours  
           3  Days  
           4  Weeks  
           5  Months  
           6  Years

**c. Did -- have asthma during -- last year of life?**

- 0219    1  Yes  
           2  No

**13a. AT ANY TIME DURING -- LIFE, did -- have any other lung condition, such as emphysema or bronchitis, lasting 3 months or longer?**

- 0220    1  Yes  
           2  No – Skip to question 14a

**b. When was the first lung condition first noticed?**

*Mark age, OR date, OR time before.*

*Probe if necessary – About how old was --, or about how long before death, or in about what month and year?*

0221       Age in years

0222    

Month	Year
<input type="text"/>	<input type="text"/>

 Date

- 0223    1  Time before death } Specify number and  
           2  Time before interview } unit below

0224       Number

- 0225    5  Months  
           6  Years

**c. Did -- have the lung condition during -- last year of life?**

- 0226    1  Yes  
           2  No

Notes

**Section E - CONDITIONS - Continued**

**14a. AT ANY TIME IN -- LIFE, did -- have cirrhosis of the liver?**

- 0227    1  Yes  
           2  No - Skip to question 15a

**b. When was the cirrhosis first noticed?**

*Mark age, OR date, OR time before.*

*Probe if necessary - About how old was --, or about how long before death, or in about what month and year?*

0228        Age in years

0229    

Month	Year
<input type="text"/>	<input type="text"/>

 Date

- 0230    1  Time before death } Specify number and  
           2  Time before interview } unit below

0231        Number

- 0232    1  Minutes  
           2  Hours  
           3  Days  
           4  Weeks  
           5  Months  
           6  Years

**15a. At any time during -- life, did a doctor say that -- had arthritis of any kind?**

- 0233    1  Yes  
           2  No - Skip to Section F

**b. When did a doctor first say that -- had arthritis?**

*Mark age, OR date, OR time before.*

*Probe if necessary - About how old was --, or about how long before death, or in about what month and year?*

0234        Age in years

0235    

Month	Year
<input type="text"/>	<input type="text"/>

 Date

- 0236    1  Time before death } Specify number and  
           2  Time before interview } unit below

0237        Number

- 0238    1  Minutes  
           2  Hours  
           3  Days  
           4  Weeks  
           5  Months  
           6  Years

Notes

**Section F - COGNITIVE FUNCTIONING**

**READ - The following questions do not apply to all persons, but we need to ask them of everyone for informational purposes.**

**1a. During the last year of life, did -- have any trouble understanding where -- was?**

0239

- 1  Yes
- 2  No - Skip to question 2a

**b. During the last year of life, how often did -- have trouble understanding where -- was? Was it -**

0240

- 1  **All or most of the time?**
- 2  **Some of the time?**
- 3  **Only in the last few hours or days before death?**

*Read all answer categories.*

*Mark (X) only ONE box.*

**2a. During the last year of life, did -- have any trouble remembering what year it was?**

0241

- 1  Yes
- 2  No - Skip to question 3a

**b. During the last year of life, how often did -- have trouble remembering what year it was? Was it -**

0242

- 1  **All or most of the time?**
- 2  **Some of the time?**
- 3  **Only in the last few hours or days before death?**

*Read all answer categories.*

*Mark (X) only ONE box.*

**3a. During the last year of life, did -- have any trouble recognizing family members or good friends?**

0243

- 1  Yes
- 2  No - Skip to Section G

**b. During the last year of life, how often did -- have trouble recognizing family members or good friends? Was it -**

0244

- 1  **All or most of the time?**
- 2  **Some of the time?**
- 3  **Only in the last few hours or days before death?**

*Read all answer categories.*

*Mark (X) only ONE box.*

Notes

**Section G – ACTIVITIES OF DAILY LIVING (ADL) AND INSTRUMENTAL ADL**

**READ** – The next questions are about how well -- was able to do certain activities. Even though these questions may not apply to --, for accurate information it is important to ask them of everyone.

**CHECK ITEM G1**

Refer to Section A, question 4a on page 3.

- Decedent under 35 years – Go to question 1
- Other – Skip to question 2a

**1. During the last year of life, because of any physical or mental condition, did -- have any difficulty taking care of (himself/herself) or doing routine chores?**

0245

- 1  Yes
- 2  No – Skip to Check Item G3 on page 26

Ask all of question 2a before going to 2b.

If "Didn't do," ask before marking a box:

Ask 2b for each activity marked "Yes" in 2a.

**2a. At any time during the last year of life, because of any physical or mental condition, did -- have any difficulty –**

**Was this because of a PHYSICAL OR MENTAL HEALTH condition?**

**2b. Now thinking about -- ENTIRE LIFE, during -- entire life, how long did -- have difficulty in (activity in 2a)?**

If "Yes," mark (X) "Yes."  
If "No," mark (X) "Didn't do."

**(1) Lifting and carrying something as heavy as 10 lbs?**

0246

- 1  Yes
- 2  No
- 3  Didn't do

0247

0  Entire life

0248

Number  
Mark (X) unit below

0249

- 3  Days
- 4  Weeks
- 5  Months
- 6  Years

**(2) Climbing a flight of stairs without resting?**

0250

- 1  Yes
- 2  No
- 3  Didn't do

0251

0  Entire life

0252

Number  
Mark (X) unit below

0253

- 3  Days
- 4  Weeks
- 5  Months
- 6  Years

**(3) Walking a quarter of a mile, about 3 city blocks?**

0254

- 1  Yes
- 2  No
- 3  Didn't do

0255

0  Entire life

0256

Number  
Mark (X) unit below

0257

- 3  Days
- 4  Weeks
- 5  Months
- 6  Years

**(4) Doing heavy work around the house, such as scrubbing floors or washing windows?**

0258

- 1  Yes
- 2  No
- 3  Didn't do

0259

0  Entire life

0260

Number  
Mark (X) unit below

0261

- 3  Days
- 4  Weeks
- 5  Months
- 6  Years

**(5) Shopping for personal items, such as food or medication?**

0262

- 1  Yes
- 2  No
- 3  Didn't do

0263

0  Entire life

0264

Number  
Mark (X) unit below

0265

- 3  Days
- 4  Weeks
- 5  Months
- 6  Years

**Section G – ACTIVITIES OF DAILY LIVING (ADL) AND INSTRUMENTAL ADL – Continued**

2a. At any time during the last year of life, because of any physical or mental condition, did -- have any difficulty --	If "Didn't do," ask before marking a box:  <b>Was this because of a PHYSICAL OR MENTAL HEALTH condition?</b>  If "Yes," mark (X) "Yes." If "No," mark (X) "Didn't do."	Ask 2b for each activity marked "Yes" in 2a.
<p><b>(6) Going OUTSIDE the home ALONE, such as to shop or visit a doctor's office?</b></p>	<p>0266    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No           3 <input type="checkbox"/> Didn't do</p>	<p>0267    0 <input type="checkbox"/> Entire life</p> <p>0268    <input type="text"/> <input type="text"/> <input type="text"/> Number           Mark (X) unit below</p> <p>0269    3 <input type="checkbox"/> Days           4 <input type="checkbox"/> Weeks           5 <input type="checkbox"/> Months           6 <input type="checkbox"/> Years</p>
<p><b>(7) Doing light work around the house, such as washing dishes or doing light yard work?</b></p>	<p>0270    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No           3 <input type="checkbox"/> Didn't do</p>	<p>0271    0 <input type="checkbox"/> Entire life</p> <p>0272    <input type="text"/> <input type="text"/> <input type="text"/> Number           Mark (X) unit below</p> <p>0273    3 <input type="checkbox"/> Days           4 <input type="checkbox"/> Weeks           5 <input type="checkbox"/> Months           6 <input type="checkbox"/> Years</p>
<p><b>(8) Preparing -- meals?</b></p>	<p>0274    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No           3 <input type="checkbox"/> Didn't do</p>	<p>0275    0 <input type="checkbox"/> Entire life</p> <p>0276    <input type="text"/> <input type="text"/> <input type="text"/> Number           Mark (X) unit below</p> <p>0277    3 <input type="checkbox"/> Days           4 <input type="checkbox"/> Weeks           5 <input type="checkbox"/> Months           6 <input type="checkbox"/> Years</p>
<p><b>(9) Managing -- money, such as keeping track of expenses or paying bills?</b></p>	<p>0278    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No           3 <input type="checkbox"/> Didn't do</p>	<p>0279    0 <input type="checkbox"/> Entire life</p> <p>0280    <input type="text"/> <input type="text"/> <input type="text"/> Number           Mark (X) unit below</p> <p>0281    3 <input type="checkbox"/> Days           4 <input type="checkbox"/> Weeks           5 <input type="checkbox"/> Months           6 <input type="checkbox"/> Years</p>
<p><b>(10) Using a telephone?</b></p>	<p>0282    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No           3 <input type="checkbox"/> Didn't do</p>	<p>0283    0 <input type="checkbox"/> Entire life</p> <p>0284    <input type="text"/> <input type="text"/> <input type="text"/> Number           Mark (X) unit below</p> <p>0285    3 <input type="checkbox"/> Days           4 <input type="checkbox"/> Weeks           5 <input type="checkbox"/> Months           6 <input type="checkbox"/> Years</p>
<p><b>(11) Getting around INSIDE the home?</b></p>	<p>0286    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No           3 <input type="checkbox"/> Didn't do</p>	<p>0287    0 <input type="checkbox"/> Entire life</p> <p>0288    <input type="text"/> <input type="text"/> <input type="text"/> Number           Mark (X) unit below</p> <p>0289    3 <input type="checkbox"/> Days           4 <input type="checkbox"/> Weeks           5 <input type="checkbox"/> Months           6 <input type="checkbox"/> Years</p>



**Section G - ACTIVITIES OF DAILY LIVING (ADL) AND INSTRUMENTAL ADL - Continued**

**2a. At any time during the last year of life, because of any physical or mental condition, did -- have any difficulty --**

*If "Didn't do," ask before marking a box:*

**Was this because of a PHYSICAL OR MENTAL HEALTH condition?**

*If "Yes," mark (X) "Yes."  
If "No," mark (X) "Didn't do."*

*Ask 2b for each activity marked "Yes" in 2a.*

**2b. (Now thinking about -- ENTIRE LIFE,) during -- entire life, how long did -- have difficulty in (activity in 2a)?**

**(12) Walking?**

**0290** 1  Yes  
2  No  
3  Didn't do

**0291** 0  Entire life

**0292**    Number  
*Mark (X) unit below*

**0293** 3  Days  
4  Weeks  
5  Months  
6  Years

**(13) Getting in and out of bed or chairs?**

**0294** 1  Yes  
2  No  
3  Didn't do

**0295** 0  Entire life

**0296**    Number  
*Mark (X) unit below*

**0297** 3  Days  
4  Weeks  
5  Months  
6  Years

**(14) Eating?**

**0298** 1  Yes  
2  No  
3  Didn't do

**0299** 0  Entire life

**0300**    Number  
*Mark (X) unit below*

**0301** 3  Days  
4  Weeks  
5  Months  
6  Years

**(15) Using the toilet, including getting to and from the toilet?**

**0302** 1  Yes  
2  No  
3  Didn't do

**0303** 0  Entire life

**0304**    Number  
*Mark (X) unit below*

**0305** 3  Days  
4  Weeks  
5  Months  
6  Years

**(16) Bathing or showering?**

**0306** 1  Yes  
2  No  
3  Didn't do

**0307** 0  Entire life

**0308**    Number  
*Mark (X) unit below*

**0309** 3  Days  
4  Weeks  
5  Months  
6  Years

**(17) Dressing?**

**0310** 1  Yes  
2  No  
3  Didn't do

**0311** 0  Entire life

**0312**    Number  
*Mark (X) unit below*

**0313** 3  Days  
4  Weeks  
5  Months  
6  Years

**Section G – ACTIVITIES OF DAILY LIVING (ADL) AND INSTRUMENTAL ADL – Continued**

**CHECK ITEM G2**

Refer to question 2a, Section G and question 11, Section A, page 5. Mark (X) first box which applies.

- "No" or "Didn't do" to ALL activities in question 2a.(1)–(17) – Skip to Check Item G3
- "No" (box 2) marked in question 11, Section A, had no private home – Skip to Check Item G3
- Other – Go to question 3

**3. During -- last year of life, did -- receive help AT -- HOME from anyone in (Read all activities with "Yes" marked in question 2a)?**

0314

- 1  Yes
- 2  No – Skip to Check Item G3

**4. Who helped -- AT HOME during the last year of life?**

Mark (X) ALL that apply.

PROBE: Anyone else?

0315

1  Decedent's spouse

0316

2  Decedent's mother

0317

3  Decedent's father

0318

4  Decedent's son

0319

5  Decedent's daughter

0320

6  Other relative

0321

7  Neighbor or friend

0322

8  Home hospice care

0323

9  Visiting nurse

0324

10  Visiting homemaker

0325

11  Personal care aide

0326

12  Other – Specify       

If only spouse and/or parent (box 1, 2, or 3) marked in question 4, skip to question 6; otherwise ask:

**5a. Did -- or anyone else pay for any of the help -- received AT HOME during the last year of life in (Read all activities with "Yes" marked in 2a)?**

0327

- 1  Yes
- 2  No – Skip to question 6

**b. During the last year of life, for how long did -- receive any paid help at home?**

0328

888  Entire year – Go to question 6

0329

Number – Mark (X) unit below

0330

- 3  Days
- 4  Weeks
- 5  Months

**6. (Including both paid and unpaid help) during -- ENTIRE LIFE, how long did -- receive help AT HOME in (Read all activities with "Yes" marked in 2a)?**

0331

Number – Mark (X) unit below

0332

- 3  Days
- 4  Weeks
- 5  Months
- 6  Years

**CHECK ITEM G3**

Refer to Type of Respondent, Section II on cover.

- Multiple respondent, Type 2 – Skip to Section N on page 42
- Other – Go to Section H

Notes

**Section H - ASSISTIVE DEVICES**

*READ - The next questions are about the use of devices to help people with physical disabilities or impairments. Even though they may not apply to --, for accurate information we need to ask them of everyone.*

**CHECK ITEM H1**

*Refer to Section A, question 4a on page 3.*

- Decedent under 35 years - Go to question 1
- Other - Skip to question 2

**1. During the last year of life, did -- use any kind of device for a physical disability or impairment such as a brace, crutches, wheelchair, vision or hearing aid, or artificial limb?**

0333

- 1  Yes - Go to question 2
- 2  No - Skip to Section I

**2. During -- last year of life, did -- use --**

**(1) A brace of any kind?**

0334

- 1  Yes
- 2  No

**(2) Any special equipment for getting around, such as crutches, a cane, a walker, or a wheelchair?**

0335

- 1  Yes
- 2  No

**(3) Any special equipment for hearing problems, such as a hearing aid, a special telephone, or other special equipment for hearing problems?**

0336

- 1  Yes
- 2  No

**(4) Any special equipment for vision problems, such as a white cane? Do not count eyeglasses or contact lenses.**

0337

- 1  Yes
- 2  No

**(5) An artificial leg, foot, arm, or hand?**

0338

- 1  Yes
- 2  No

**(6) A communications aid for speech problems?**

0339

- 1  Yes
- 2  No

Notes

**Section I - MEDICAL DEVICES**

*READ - The next questions are about medical devices that are used to help the body function or treat an illness or injury. Even though these questions may not apply to --, for accurate information it is important to ask them of everyone.*

<p><b>1a. Did -- EVER have an artificial joint, such as an artificial hip, knee or finger joint implanted?</b></p>	<p>0340    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No - Skip to question 2a</p>					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">OFFICE USE ONLY</th> <th style="width:50%;">OFFICE USE ONLY</th> </tr> <tr> <td>0341    <input type="text"/> <input type="text"/></td> <td>0342    <input type="text"/> <input type="text"/></td> </tr> </table>	OFFICE USE ONLY	OFFICE USE ONLY	0341 <input type="text"/> <input type="text"/>	0342 <input type="text"/> <input type="text"/>	
OFFICE USE ONLY	OFFICE USE ONLY					
0341 <input type="text"/> <input type="text"/>	0342 <input type="text"/> <input type="text"/>					
<p><b>b. Which joints did -- have implanted?</b></p> <p><i>Ask for each joint specified in 1b.</i></p>	<p>(1) _____ <i>Specify joint</i></p>	<p>(2) _____ <i>Specify joint</i></p>				
<p><b>c. Was the (joint) implanted during the LAST YEAR OF LIFE?</b></p> <p><i>Ask for each joint specified "Yes" in 1c; otherwise, skip to question 1e:</i></p>	<p>0343    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No</p>	<p>0344    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No</p>				
<p><b>d. In what month was the (joint) implanted?</b></p> <p><i>Ask for each joint specified in 1b:</i></p>	<p>0345    <input type="text"/> <input type="text"/> Month</p>	<p>0346    <input type="text"/> <input type="text"/> Month</p>				
<p><b>e. Was the (joint) removed or replaced during the LAST YEAR OF LIFE?</b></p> <p><i>Ask for each joint specified "Yes" in 1e; otherwise, skip to question 2a:</i></p>	<p>0347    1 <input type="checkbox"/> Yes, removed 0348    2 <input type="checkbox"/> Yes, replaced 0349    3 <input type="checkbox"/> No</p>	<p>0350    1 <input type="checkbox"/> Yes, removed 0351    2 <input type="checkbox"/> Yes, replaced 0352    3 <input type="checkbox"/> No</p>				
<p><b>f. In what month was the (joint) (removed/replaced)?</b></p>	<p>0353    <input type="text"/> <input type="text"/> Month</p>	<p>0354    <input type="text"/> <input type="text"/> Month</p>				

<p><b>2a. Did -- EVER have any implants, such as pins, screws, nails, wires, rods, or plates that were surgically inserted into the body?</b></p>	<p>0355    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No - Skip to question 3a</p>					
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">OFFICE USE ONLY</th> <th style="width:50%;">OFFICE USE ONLY</th> </tr> <tr> <td>0356    <input type="text"/> <input type="text"/></td> <td>0357    <input type="text"/> <input type="text"/></td> </tr> </table>	OFFICE USE ONLY	OFFICE USE ONLY	0356 <input type="text"/> <input type="text"/>	0357 <input type="text"/> <input type="text"/>	
OFFICE USE ONLY	OFFICE USE ONLY					
0356 <input type="text"/> <input type="text"/>	0357 <input type="text"/> <input type="text"/>					
<p><b>b. In what part of the body were the pins, screws, nails, wires, rods or plates located?</b></p> <p><i>Ask for each body site specified in 2b:</i></p>	<p>(1) _____ <i>Specify body site</i></p>	<p>(2) _____ <i>Specify body site</i></p>				
<p><b>c. Was the device for (body site) implanted during the LAST YEAR OF LIFE?</b></p> <p><i>Ask for each body site specified "Yes" in 2c; otherwise, skip to 2e:</i></p>	<p>0358    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No</p>	<p>0359    1 <input type="checkbox"/> Yes           2 <input type="checkbox"/> No</p>				
<p><b>d. In what month was the device for (body site) implanted?</b></p> <p><i>Ask for each body site specified in 2b:</i></p>	<p>0360    <input type="text"/> <input type="text"/> Month</p>	<p>0361    <input type="text"/> <input type="text"/> Month</p>				
<p><b>e. Was the device for (body site) removed or replaced during the LAST YEAR OF LIFE?</b></p> <p><i>Ask for each body site marked "Yes" in 2e; otherwise, skip to question 3a:</i></p>	<p>0362    1 <input type="checkbox"/> Yes, removed 0363    2 <input type="checkbox"/> Yes, replaced 0364    3 <input type="checkbox"/> No</p>	<p>0365    1 <input type="checkbox"/> Yes, removed 0366    2 <input type="checkbox"/> Yes, replaced 0367    3 <input type="checkbox"/> No</p>				
<p><b>f. In what month was the device for (body site) (removed/replaced)?</b></p>	<p>0368    <input type="text"/> <input type="text"/> Month</p>	<p>0369    <input type="text"/> <input type="text"/> Month</p>				

Notes

**Section I - MEDICAL DEVICES - Continued**

**3a. Did -- EVER have an artificial heart valve?**

0370     Yes  
            No - Skip to question 4a

**b. There are four different types of heart valves; the mitral valve, the aortic valve, the tricuspid valve, and the pulmonic valve. Which of these different types of artificial heart valves did -- ever have?**

OFFICE USE ONLY		OFFICE USE ONLY	
0371	<input type="text"/>	0372	<input type="text"/>
(1)	Specify valve type	(2)	Specify valve type
OFFICE USE ONLY		OFFICE USE ONLY	
0373	<input type="text"/>	0374	<input type="text"/>
(3)	Specify valve type	(4)	Specify valve type

Enter the NUMBER of valve types below and specify the valve number (1, 2, 3, or 4) on the lines above.

If DK ask - How many different types of heart valves did -- ever have?

0375     Number

Ask for each valve or valve type specified in 3b.

**c. Was the (valve type) implanted during the LAST YEAR OF LIFE?**

(1) Valve one		(2) Valve two	
0376	<input type="checkbox"/> Yes <input type="checkbox"/> No	0377	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Valve three		(4) Valve four	
0378	<input type="checkbox"/> Yes <input type="checkbox"/> No	0379	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ask for each valve type specified "Yes" in 3c; otherwise, skip to question 3e:

**d. In what month was the (valve type) implanted?**

(1) Valve one		(2) Valve two	
0380	<input type="text"/> Month	0381	<input type="text"/> Month
(3) Valve three		(4) Valve four	
0382	<input type="text"/> Month	0383	<input type="text"/> Month

Ask for each valve type specified in 3b:

**e. Was the (valve type) removed or replaced during the LAST YEAR OF LIFE?**

(1) Valve one		(2) Valve two	
0384	<input type="checkbox"/> Yes, removed	0387	<input type="checkbox"/> Yes, removed
0385	<input type="checkbox"/> Yes, replaced	0388	<input type="checkbox"/> Yes, replaced
0386	<input type="checkbox"/> No	0389	<input type="checkbox"/> No
(3) Valve three		(4) Valve four	
0390	<input type="checkbox"/> Yes, removed	0393	<input type="checkbox"/> Yes, removed
0391	<input type="checkbox"/> Yes, replaced	0394	<input type="checkbox"/> Yes, replaced
0392	<input type="checkbox"/> No	0395	<input type="checkbox"/> No

Mark (X) ALL that apply.

Ask for each valve type marked "Yes" in 3e; otherwise, skip to question 4a:

**f. In what month was the (valve type) (removed/replaced)?**

(1) Valve one		(2) Valve two	
0396	<input type="text"/> Month	0397	<input type="text"/> Month
(3) Valve three		(4) Valve four	
0398	<input type="text"/> Month	0399	<input type="text"/> Month

Notes

**Section I – MEDICAL DEVICES – Continued**

<p><b>4a. Did -- EVER have an annuloplasty ring?</b> <i>Read if necessary – Annuloplasty rings are devices used to strengthen the base of heart valves.</i></p>	0400	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to question 5a
<p><b>b. Was the ring implanted during the LAST YEAR OF LIFE?</b></p>	0401	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to question 4d
<p><b>c. In what month was the ring implanted?</b></p>	0402	<input type="text"/> <input type="text"/> Month
<p><b>d. Was the ring removed or replaced during the LAST YEAR OF LIFE?</b> <i>Mark (X) ALL that apply.</i></p>	0403	1 <input type="checkbox"/> Yes, removed
	0404	2 <input type="checkbox"/> Yes, replaced
	0405	3 <input type="checkbox"/> No – Skip to question 5a
<p><b>e. In what month was the ring (removed/replaced)?</b></p>	0406	<input type="text"/> <input type="text"/> Month

<p><b>5a. Did -- EVER have a lens implant? Do not include corneal transplants.</b> <i>Read if necessary – Sometimes the lenses of the eyes can be replaced with artificial ones called intraocular lenses, which are sewn into place during surgery.</i></p>	0407	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to question 6a
--	------	---

OFFICE USE ONLY	OFFICE USE ONLY
0408 <input type="text"/> <input type="text"/>	0409 <input type="text"/> <input type="text"/>

<p><b>b. In which eye did -- have the lens implanted?</b></p> <p><i>Ask for each eye specified in 5b:</i></p>		<input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye
<p><b>c. Was the (right/left) eye lens implanted during the LAST YEAR OF LIFE?</b></p> <p><i>Ask for each eye marked "Yes" in 5c; otherwise, skip to question 5e:</i></p>	0410	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p><b>d. In what month was the (right/left) lens implanted?</b></p> <p><i>Ask for each eye specified in 5b; otherwise, skip to question 6a:</i></p>	0412	<input type="text"/> <input type="text"/> Month
<p><b>e. Was the (right/left) lens removed or replaced during the LAST YEAR OF LIFE?</b></p>	0414	1 <input type="checkbox"/> Yes, removed
	0415	2 <input type="checkbox"/> Yes, replaced
	0416	3 <input type="checkbox"/> No
<p><b>f. In what month was the (right/left) lens (removed/replaced)?</b></p>	0420	<input type="text"/> <input type="text"/> Month

Notes

**Section I – MEDICAL DEVICES – Continued**

<p><b>6a. Did -- EVER have a silicone implant?</b></p> <p><i>Read if necessary – Silicone implants are used to reconstruct or enhance parts of the body, such as breasts, ears, fingers, a scrotum, a chin, or a nose.</i></p>	<p>0422    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to question 7a</p>						
<p><b>b. In what part of the body was the silicone implanted? Was it in the (if female; breasts), nose, chin, or some other part of the body?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">OFFICE USE ONLY</th> <th style="width:50%;">OFFICE USE ONLY</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0423    <input type="text"/> <input type="text"/></td> <td style="text-align: center;">0424    <input type="text"/> <input type="text"/></td> </tr> <tr> <td style="text-align: center;">(1) _____ <i>Specify body site</i></td> <td style="text-align: center;">(2) _____ <i>Specify body site</i></td> </tr> </tbody> </table>	OFFICE USE ONLY	OFFICE USE ONLY	0423 <input type="text"/> <input type="text"/>	0424 <input type="text"/> <input type="text"/>	(1) _____ <i>Specify body site</i>	(2) _____ <i>Specify body site</i>
OFFICE USE ONLY	OFFICE USE ONLY						
0423 <input type="text"/> <input type="text"/>	0424 <input type="text"/> <input type="text"/>						
(1) _____ <i>Specify body site</i>	(2) _____ <i>Specify body site</i>						
<p><i>Ask if female with breast implant; otherwise skip to 6d:</i></p> <p><b>c. Did -- have the silicone originally implanted for breast reconstruction after a mastectomy?</b></p>	<p>0425    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>						
<p><b>d. Was any silicone for (body site) implanted during the LAST YEAR OF LIFE?</b></p>	<table style="width:100%;"> <tr> <td style="width:50%;">0426    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td style="width:50%;">0427    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> </table>	0426    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0427    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
0426    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0427    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						
<p><b>e. In what month was the silicone for (body site) implanted?</b></p>	<table style="width:100%;"> <tr> <td style="width:50%;">0428    <input type="text"/> <input type="text"/> Month</td> <td style="width:50%;">0429    <input type="text"/> <input type="text"/> Month</td> </tr> </table>	0428 <input type="text"/> <input type="text"/> Month	0429 <input type="text"/> <input type="text"/> Month				
0428 <input type="text"/> <input type="text"/> Month	0429 <input type="text"/> <input type="text"/> Month						
<p><b>f. Was the silicone for (body site) removed or replaced during the LAST YEAR OF LIFE?</b></p>	<p align="center"><i>Mark (X) ALL that apply.</i></p> <table style="width:100%;"> <tr> <td style="width:50%;">                     0430    1 <input type="checkbox"/> Yes, removed                      0431    2 <input type="checkbox"/> Yes, replaced                      0432    3 <input type="checkbox"/> No                 </td> <td style="width:50%;">                     0433    1 <input type="checkbox"/> Yes, removed                      0434    2 <input type="checkbox"/> Yes, replaced                      0435    3 <input type="checkbox"/> No                 </td> </tr> </table>	0430    1 <input type="checkbox"/> Yes, removed 0431    2 <input type="checkbox"/> Yes, replaced 0432    3 <input type="checkbox"/> No	0433    1 <input type="checkbox"/> Yes, removed 0434    2 <input type="checkbox"/> Yes, replaced 0435    3 <input type="checkbox"/> No				
0430    1 <input type="checkbox"/> Yes, removed 0431    2 <input type="checkbox"/> Yes, replaced 0432    3 <input type="checkbox"/> No	0433    1 <input type="checkbox"/> Yes, removed 0434    2 <input type="checkbox"/> Yes, replaced 0435    3 <input type="checkbox"/> No						
<p><b>g. Was the reason for removal in order to relieve physical symptoms believed to be due to the implant?</b></p>	<table style="width:100%;"> <tr> <td style="width:50%;">0436    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> <td style="width:50%;">0437    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</td> </tr> </table>	0436    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0437    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
0436    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	0437    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						
<p><b>h. In what month was the silicone for (body site) (removed/replaced)?</b></p>	<table style="width:100%;"> <tr> <td style="width:50%;">0438    <input type="text"/> <input type="text"/> Month</td> <td style="width:50%;">0439    <input type="text"/> <input type="text"/> Month</td> </tr> </table>	0438 <input type="text"/> <input type="text"/> Month	0439 <input type="text"/> <input type="text"/> Month				
0438 <input type="text"/> <input type="text"/> Month	0439 <input type="text"/> <input type="text"/> Month						

<p><b>7a. Did -- EVER have a pacemaker?</b></p>	<p>0440    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to question 8a</p>
<p><b>b. Was the pacemaker implanted during the LAST YEAR OF LIFE?</b></p>	<p>0441    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to question 7d</p>
<p><b>c. In what month was the pacemaker implanted?</b></p>	<p>0442    <input type="text"/> <input type="text"/> Month</p>
<p><b>d. Was the pacemaker removed or replaced during the LAST YEAR OF LIFE?</b></p> <p><i>Mark (X) ALL that apply.</i></p>	<p>0443    1 <input type="checkbox"/> Yes, removed                      0444    2 <input type="checkbox"/> Yes, replaced                      0445    3 <input type="checkbox"/> No – Skip to question 8a</p>
<p><b>e. In what month was the pacemaker (removed/replaced)?</b></p>	<p>0446    <input type="text"/> <input type="text"/> Month</p>

Notes

**Section I – MEDICAL DEVICES – Continued**

<p><b>8a. Did -- EVER have an infusion pump?</b> <i>Read if necessary – Infusion pumps are implants that pump medication such as insulin or chemotherapy into the body.</i></p>	0447	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to Check Item 11
<p><b>b. Was the infusion pump implanted during the LAST YEAR OF LIFE?</b></p>	0448	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to question 8d
<p><b>c. In what month was the infusion pump implanted?</b></p>	0449	<input type="text"/> <input type="text"/> Month
<p><b>d. Was the infusion pump removed or replaced during the LAST YEAR OF LIFE?</b> <i>Mark (X) ALL that apply.</i></p>	0450 0451 0452	1 <input type="checkbox"/> Yes, removed 2 <input type="checkbox"/> Yes, replaced 3 <input type="checkbox"/> No – Skip to Check Item 11
<p><b>e. In what month was the infusion pump (removed/replaced)?</b></p>	0453	<input type="text"/> <input type="text"/> Month

<b>CHECK ITEM 11</b>	Refer to question 10a or 10b, Section A, page 4.	<input type="checkbox"/> Entire last year of life in facility or institution (box 888) marked – Skip to Section J, page 34 <input type="checkbox"/> Other – Go to "Read" above question 9a
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**READ – These next questions are about medical devices used by -- WHILE -- was living AT HOME DURING THE LAST YEAR OF LIFE.**

<p><b>9a. Did -- have a shunt, catheter, or tube in place at any time while at home during the last year of life?</b> <i>Read if necessary – A SHUNT is a man-made tube through which blood or body fluid is diverted from its natural path. A CATHETER is a flexible tube placed into the body to remove or put in fluid.</i></p>	0454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to "Read" above question 10
<p><b>b. Did -- have a shunt that drained fluid away from the brain or spinal column?</b></p>	0455	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to question 9d
<p><b>c. Was the shunt implanted during the last year of life?</b></p>	0456	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p><b>d. Did -- have a TEMPORARY intravenous (I.V.) catheter while living at home during the last year of life?</b></p>	0457	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p><b>e. Did -- have an access device SURGICALLY INSERTED in (his/her) vein to allow infusion of fluids, medication or intravenous feedings?</b></p>	0458	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to question 9g
<p><b>f. Was the access device implanted during the last year of life?</b></p>	0459	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p><b>g. Did -- have a bladder drainage catheter?</b></p>	0460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to question 9i
<p><b>h. Was the use of the catheter started during the last year of life?</b></p>	0461	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p><b>i. Did -- have a feeding-tube while at home during the last year of life?</b></p>	0462	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to question 9l
<p><b>j. Was the tube surgically inserted into the abdomen or placed through the nose or mouth?</b></p>	0463	1 <input type="checkbox"/> Abdomen 2 <input type="checkbox"/> Nose/mouth
<p><b>k. Were tube feedings started during the last year of life?</b></p>	0464	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p><b>l. Did -- have a tube in the windpipe or trachea to assist breathing while at home during the last year of life?</b></p>	0465	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to "Read" above question 10
<p><b>m. Was the tube inserted during the last year of life?</b></p>	0466	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No



**Section I – MEDICAL DEVICES – Continued**

*READ – These next questions are about medical equipment used by -- WHILE AT HOME DURING THE LAST YEAR OF LIFE.*

**10. Did -- use --**

**a. Dialysis equipment?**

0467

- 1  Yes  
2  No

**b. A hospital bed?**

0468

- 1  Yes  
2  No

**c. A blood glucose monitor?**

0469

- 1  Yes  
2  No

**d. Protective restraints, such as vests or belts?**

0470

- 1  Yes  
2  No

*Ask or verify:*

**e. An infusion pump?**

0471

- 1  Yes  
2  No – *Skip to question 10g*

**f. For what purpose was the pump used?**

*Mark (X) ALL that apply.*

0472

1  Pain medication

0473

2  Chemotherapy

0474

3  Insulin

0475

4  Intravenous feeding

0476

5  Tube feeding

0477

6  Other – *Specify* \_\_\_\_\_

**g. Did -- use oxygen or any devices for breathing therapy?**

0478

- 1  Yes  
2  No – *Skip to Section J*

**h. Which breathing devices did -- use?**

*Mark (X) ALL that apply.*

0479

1  Oxygen supplies in any form

0480

2  Respirator or ventilator

0481

3  Nebulizer

0482

4  Other – *Specify* \_\_\_\_\_

Notes

**OFFICE USE ONLY**

0483

0484

0485

0486

**Section J – HEALTH INDICATORS**

**1a. During MOST of -- life, was -- overweight, underweight, or just about right?**

0487

- 1  Overweight
  - 2  Underweight
  - 3  About right
- } Skip to question 2

**b. Was -- very overweight, somewhat overweight, or only a little overweight?**

0488

- 1  Very overweight
- 2  Somewhat overweight
- 3  Only a little overweight

**2. Was -- right-handed or left-handed?**

0489

- 1  Right-handed
- 2  Left-handed
- 3  Ambidextrous

*Read if necessary – There has been research which has found a relationship between handedness and premature mortality.*

Notes

**Section K – MOTOR VEHICLE**

**CHECK ITEM K1**

*Refer to cause of death on cover.*

- Other injury/accident – *Go to question 1*  
 Other – *Skip to Section L on page 37*

**1. Did -- ever drive a motor vehicle?**

0490

- 1  Yes  
2  No

**2. During the last year of life, how often did -- wear a safety belt when driving or riding in a car?**

0491

- 1  Always  
2  Most of the time  
3  Some of the time  
4  Rarely  
5  Never  
6  Didn't ride or drive in last year  
7  Don't know

**CHECK ITEM K2**

*Refer to question 1.*

- Yes (box 1) marked – *Go to question 3*  
 No (box 2) marked – *Skip to Section L, page 37*

**3. Did -- drive a motor vehicle in the last year of life?**

0492

- 1  Yes  
2  No – *Skip to question 10*

**4. Did you ever ride with -- while -- drove during the last year of life?**

0493

- 1  Yes  
2  No – *Skip to question 6*

**5. How often during the last year of life did you ride with -- when -- drove? Was it –**

0494

- 1  **Every day?**  
2  **3–6 times a week?**  
3  **1–2 times a week?**  
4  **1–3 times a month?**  
5  **Less than once a month?**

*Read answer categories.*

*If personal visit, HAND Card K1.*

**READ – I'm going to read a list of places and would like to know how often -- typically drove to these places in the last year of life. The answer categories are: At least 3 times per week, 1–2 times per week, 1–3 times per month, less than once per month, or never.**

**6. How often did -- typically drive to –**

*Read each place.*

**a. Work or school?**

	At least 3 times per week	1–2 times per week	1–3 times per month	Less than once per month	Never	Don't know
0495						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
<b>b. Shopping, banking or personal business?</b>						
0496						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
<b>c. Visiting family or friends?</b>						
0497						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
<b>d. Other social or recreational activities?</b>						
0498						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
<b>e. Volunteer activities?</b>						
0499						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
<b>f. A Bar, tavern, or nightclub?</b>						
0500						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
<b>g. A restaurant?</b>						
0501						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
<b>h. Church or religious activities?</b>						
0502						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
<b>i. Any other places? Specify <math>\surd</math></b>						
0503						
_____						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
<b>j. Any other places? Specify <math>\surd</math></b>						
0504						
_____						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	

**Section K – MOTOR VEHICLE – Continued**

*If personal visit, HAND Card K1.*

**7. In the last year of life, how often did -- drive in each of the following situations?**

Read each situation.	At least 3 times per week	1-2 times per week	1-3 times per month	Less than once per month	Never	Don't know
	<b>a. After dark?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b. On expressways or interstate highways?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>c. On rural two-lane roads?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>d. On unfamiliar routes?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>e. On trips greater than 50 miles each way?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>f. During rush hours?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**8. In the last year of life, about how many total miles did -- drive?**

*Use answer categories as probes if necessary.*

- 0511
- 1  Under 5,000
  - 2  Between 5,000 and less than 10,000
  - 3  Between 10,000 and less than 15,000
  - 4  Between 15,000 and less than 20,000
  - 5  20,000 or more
  - 6  Don't know

**9. Compared to most other drivers on the road, how fast did -- usually drive in the last year of life? Would you say a lot faster, a little faster, about the same speed, a little slower, or a lot slower?**

- 0512
- 1  A lot faster
  - 2  A little faster
  - 3  About the same speed
  - 4  A little slower
  - 5  A lot slower
  - 6  Don't know

**10. Based on what you knew or heard, how often did -- do the following things while driving a motor vehicle? Would you say often, sometimes, rarely, or never?**

How often did --	Often	Sometimes	Rarely	Never	Don't know
<i>Read each item.</i>					
<b>a. Pass a car in a no-passing zone?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b. Cut in front of another car at full speed so that -- could make a turn or exit the road?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c. Drive ten to nineteen miles an hour over the posted speed limit?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d. Drive twenty miles an hour or more over the posted speed limit?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>e. Make a U-turn where a sign said not to?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>f. Tail-gate another car to get it to go faster or to get it to pull over into a slower lane?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>g. Drive through an intersection just as the light changed from yellow to red?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>h. Drive through a stop sign without coming to a full stop?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>i. Speed through slower traffic by switching quickly back and forth between lanes?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Section L - TOBACCO USE**

**1. Did -- smoke at least 100 cigarettes IN -- ENTIRE LIFE?**

0522

- 1  Yes  
2  No - Skip to Section M

*If asked - About 5 packs.*

**2. How long did -- smoke cigarettes fairly regularly?**

0523

Years

*Enter years OR mark (X) a box.*

- 00  Less than 1 year  
99  Never smoked regularly

**3. During the period -- smoked the most, on the average, about how many cigarettes a day did -- usually smoke?**

0524

- 1  Less than 5 cigarettes a day  
2  5 to 14 a day  
3  15 to 24 a day  
4  25 to 34 a day  
5  35 to 44 a day  
6  45 or more a day

*If asked - One pack equals 20 cigarettes.*

*Mark (X) only ONE box.*

*Read answer categories, if necessary.*

**4. Did -- ever stop smoking and not start again?**

0525

- 1  Yes  
2  No - Skip to Section M

**5. When did -- stop smoking?**

*Mark age, OR date, OR time before.*

*Probe if necessary - About how old was --, or about how long before death, or in about what month and year?*

0526

Age in years

0527

Month Year  
    Date

0528

- 1  Time before death  
2  Time before interview } *Specify number and unit below*

0529

Number

0530

- 3  Days  
4  Weeks  
5  Months  
6  Years

Notes

**Section M – ALCOHOLIC BEVERAGES**

**READ – These next questions are about drinking alcoholic beverages. Included are liquor, such as whiskey, rum, gin, or vodka; beer; wine or wine coolers; or any other type of alcoholic beverage.**

<p><b>1a. In -- ENTIRE LIFE, did -- have at least 12 drinks of any kind of alcoholic beverage? By a drink, I mean a 12 ounce bottle or can of beer or a wine cooler, a one and one-half ounce shot of liquor, or a 5 ounce glass of wine.</b></p>	<p>0531</p>	<p>1 <input type="checkbox"/> Yes – Skip to question 2                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know</p>
<p><b>b. In -- ENTIRE LIFE, did -- ever take a drink of any kind of alcoholic beverage?</b></p>	<p>0532</p>	<p>1 <input type="checkbox"/> Yes – Skip to Check Item M2, page 40                  2 <input type="checkbox"/> No – Skip to Check Item M4, page 41                  3 <input type="checkbox"/> Don't Know – Skip to Check Item M2, page 40</p>
<p><b>2. During the last year of life, did -- have at least 12 drinks of any kind of alcoholic beverage?</b></p>	<p>0533</p>	<p>1 <input type="checkbox"/> Yes – Skip to question 4                  2 <input type="checkbox"/> No</p>
<p><b>3. In ANY ONE YEAR of -- entire life, did -- have at least 12 drinks of ANY kind of alcoholic beverage?</b></p>	<p>0534</p>	<p>1 <input type="checkbox"/> Yes – Skip to question 10                  2 <input type="checkbox"/> No – Skip to question 7</p>
<p><b>4. During the last year of -- life, about how often did -- drink any alcoholic beverages? Was it –</b>  <i>Read answer categories.</i></p>	<p>0535</p>	<p>1 <input type="checkbox"/> <b>Every day?</b>                  2 <input type="checkbox"/> <b>3 to 6 times a week?</b>                  3 <input type="checkbox"/> <b>1 or 2 times a week?</b>                  4 <input type="checkbox"/> <b>1 to 3 times a month?</b>                  5 <input type="checkbox"/> <b>Less than once a month?</b></p>
<p><b>5. ON THE DAYS THAT -- DRANK during the last year of life, about how many drinks did -- usually have in a day?</b>  <i>If necessary, probe by reading answer categories.</i></p>	<p>0536</p>	<p>1 <input type="checkbox"/> 12 or more drinks                  2 <input type="checkbox"/> 7 to 11 drinks                  3 <input type="checkbox"/> 5 to 6 drinks                  4 <input type="checkbox"/> 3 or 4 drinks                  5 <input type="checkbox"/> 2 or 3 drinks                  6 <input type="checkbox"/> 2 drinks                  7 <input type="checkbox"/> 1 or 2 drinks                  8 <input type="checkbox"/> 1 drink</p>
<p><i>If personal visit, HAND Card M1.</i></p> <p><b>6. During the last year of life, WHERE did -- usually drink alcoholic beverages?</b>  <i>If more than one place, ask for the place the person drank most often.</i>  <i>Mark (X) only ONE box.</i></p>	<p>0537</p>	<p>1 <input type="checkbox"/> Decedent's home                  2 <input type="checkbox"/> Other people's home(s)                  3 <input type="checkbox"/> Restaurant                  4 <input type="checkbox"/> Bar/tavern/nightclub                  5 <input type="checkbox"/> Stadiums/arenas                  6 <input type="checkbox"/> Picnic areas/beach/playground                  7 <input type="checkbox"/> Parking lots/sidewalks/alleyways                  8 <input type="checkbox"/> Inside a motor vehicle (parked or moving)                  9 <input type="checkbox"/> Other – <i>Specify</i> _____</p>
<p><b>CHECK ITEM M1</b> Refer to question 5.</p>		<p><input type="checkbox"/> Five or more drinks (box 1, 2, or 3) marked – Skip to question 9  <input type="checkbox"/> Other – Go to question 7</p>
<p><b>7. During the last year of life, did -- EVER have 5 or more drinks at one time?</b></p>	<p>0538</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – Skip to question 9</p>
<p><b>8. During the last year of life, how often did -- have at least 5 or more drinks at one time?</b>  <i>If necessary, probe by reading answer categories.</i></p>	<p>0539</p>	<p>1 <input type="checkbox"/> Every day                  2 <input type="checkbox"/> 3 to 6 times a week                  3 <input type="checkbox"/> 1 or 2 times a week                  4 <input type="checkbox"/> 1 to 3 times a month                  5 <input type="checkbox"/> Less than once a month</p>
<p><b>9. Was there ever a period in -- life when -- drank more than -- did in the last year of -- life?</b></p>	<p>0540</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – Skip to question 14</p>

Notes

**Section M – ALCOHOLIC BEVERAGES – Continued**

<p><b>10. About how old was -- during the period when -- drank the most?</b>  <i>Enter age OR mark (X) box for age range.</i>   <i>If necessary, probe for age range.</i></p>	<p>0541 <input type="text"/> <input type="text"/> <input type="text"/> Age in years</p> <p>0542 1 <input type="checkbox"/> Younger than 20 years old                  2 <input type="checkbox"/> 20 to 29 years old                  3 <input type="checkbox"/> 30 to 39 years old                  4 <input type="checkbox"/> 40 to 49 years old                  5 <input type="checkbox"/> 50 to 59 years old                  6 <input type="checkbox"/> 60 to 69 years old                  7 <input type="checkbox"/> 70 years or older</p>
<p><b>11. During this period when -- was (answer in 10), and when -- drank the most, about how often did -- drink alcoholic beverages?</b>   <i>If necessary, probe by reading answer categories.</i></p>	<p>0543 1 <input type="checkbox"/> Every day                  2 <input type="checkbox"/> 3 to 6 times a week                  3 <input type="checkbox"/> 1 or 2 times a week                  4 <input type="checkbox"/> 1 to 3 times a month                  5 <input type="checkbox"/> Less than once a month</p>
<p><b>12. During this period when -- drank the most, on the days that -- drank, about how many drinks did -- usually have in a day?</b>   <i>If necessary, probe by reading answer categories.</i></p>	<p>0544 1 <input type="checkbox"/> 12 or more drinks                  2 <input type="checkbox"/> 7 to 11 drinks                  3 <input type="checkbox"/> 5 to 6 drinks                  4 <input type="checkbox"/> 3 or 4 drinks                  5 <input type="checkbox"/> 2 or 3 drinks                  6 <input type="checkbox"/> 2 drinks                  7 <input type="checkbox"/> 1 or 2 drinks                  8 <input type="checkbox"/> 1 drink</p>
<p><b>13. For how many years did -- drink about (number in question 12) drink(s) (frequency in 11)?</b>   <i>Mark (X) "Under one year," OR enter number of months and years.</i></p>	<p>0545 00 <input type="checkbox"/> Under one year</p> <p>0546 <input type="text"/> <input type="text"/> Months and</p> <p>0547 <input type="text"/> <input type="text"/> Years</p>
<p><b>14. The next few questions refer to -- ENTIRE LIFE. Do you think -- EVER spent a lot of time drinking or hungover?</b></p>	<p>0548 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>15. Did -- ever try to cut back or feel the need to cut back on -- drinking?</b></p>	<p>0549 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>16. Was -- ever annoyed by criticism of -- drinking?</b></p>	<p>0550 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>17. Did -- ever seem to feel guilty about -- drinking?</b></p>	<p>0551 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>18. Did -- ever take a morning drink or "eye opener?"</b></p>	<p>0552 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>19a. Did a doctor ever recommend that -- stop or decrease -- alcohol consumption?</b></p>	<p>0553 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>Skip to question 20a</i></p>
<p><b>b. Was this because of a drinking problem, or because of a health problem, or something else?</b>   <i>Mark (X) ALL that apply.</i></p>	<p>0554 1 <input type="checkbox"/> Drinking problem                  0555 2 <input type="checkbox"/> Health problem                  0556 3 <input type="checkbox"/> Pregnancy                  0557 4 <input type="checkbox"/> Other – <i>Specify</i> <input style="width: 50px;" type="text"/></p>

Notes

**Section M – ALCOHOLIC BEVERAGES – Continued**

**20a. In your judgement, was -- an alcoholic or problem drinker ANY time in -- life? By alcoholic or problem drinker, I mean a person who has physical or emotional problems because of drinking, problems with a spouse, family or friends because of drinking, problems at work or school because of drinking, problems with money because of drinking, or problems with the police because of drinking, such as drunk driving.**

- 0558    1  Yes  
 2  No – Skip to Check Item M2

**b. Was -- a problem drinker during the last MONTH of life?**

- 0559    1  Yes  
 2  No

**CHECK ITEM M2**    Refer to cause of death on cover.

- Other injury/accident – Go to Check Item M3  
 Other – Skip to Check Item M4, page 41

**CHECK ITEM M3**    Refer to Section K, question 3, page 35.

- Yes (box 1) marked, decedent drove during last year of life – Go to question 21  
 Other – Skip to Check Item M4, page 41

**21. During the last year of life, did -- ever drive a motor vehicle within two hours of having a drink?**

- 0560    1  Yes  
 2  No – Skip to Check Item M4, page 41

**22. During the last year of life, how often did -- drive or operate a motor vehicle within two hours after having a drink? Was it –**  
 Read answer categories.

- 0561    1  Every day?  
 2  About 2 to 6 times a week?  
 3  Once a week?  
 4  About 1 to 3 times a month?  
 5  About 6 to 11 times a year?  
 6  About 2 to 5 times a year?  
 7  Only once?  
 9  Don't know

**23. When -- drove within two hours of drinking, WHERE did -- usually drink?**  
 If more than one place, ask for the place person drank most often.  
 Mark (X) only ONE box.

- 0562    1  Decedent's home  
 2  Other people's home(s)  
 3  Restaurant  
 4  Bar/tavern/nightclub  
 5  Stadiums/arenas  
 6  Picnic areas/beach/playgrounds  
 7  Parking lots/sidewalks/alleyways  
 8  Inside a motor vehicle (parked or moving)  
 9  Other – Specify

**24. About how long after the last drink did -- typically leave the place where -- was drinking and drive?**

- 0563    1  Less than 15 minutes  
 2  15–29 minutes  
 3  30–59 minutes  
 4  At least 1 hour, but less than 2 hours  
 5  At least 2 hours, but less than 3 hours  
 6  3 or more hours

**25. When -- drove within two hours of drinking, what did -- usually drink?**  
 Mark (X) ALL that apply.

- 0564    1  Beer, not including malt liquor  
 0565    2  Malt liquor  
 0566    3  Wine, not including wine cooler  
 0567    4  Wine cooler  
 0568    5  Liquor such as whiskey, rum, gin, or vodka  
 0569    6  Other – Specify

Notes



**Section M – ALCOHOLIC BEVERAGES – Continued**

<p><b>26. During the last year of life, when -- drove within two hours of drinking, how many drinks did -- typically have?</b></p>	<input type="checkbox"/> 0570	<input type="checkbox"/> 12 or more drinks <input type="checkbox"/> 7 to 11 drinks <input type="checkbox"/> 5 to 6 drinks <input type="checkbox"/> 3 or 4 drinks <input type="checkbox"/> 2 or 3 drinks <input type="checkbox"/> 2 drinks <input type="checkbox"/> 1 or 2 drinks <input type="checkbox"/> 1 drink
--	-------------------------------	--

<p><b>27. When -- drove within two hours of drinking, with whom did -- usually drink?</b> <i>Mark (X) ALL that apply.</i></p>	<input type="checkbox"/> 0571 <input type="checkbox"/> 0572 <input type="checkbox"/> 0573 <input type="checkbox"/> 0574 <input type="checkbox"/> 0575	<input type="checkbox"/> Drank alone <input type="checkbox"/> Friends <input type="checkbox"/> Relatives <input type="checkbox"/> Work acquaintances <input type="checkbox"/> Other
---	---	---

<p><b>28. During the last year of life, when did -- typically drive after drinking? Was it during the day or at night, weekdays or weekends, or when?</b> <i>Mark (X) ALL that apply.</i></p>	<input type="checkbox"/> 0576 <input type="checkbox"/> 0577 <input type="checkbox"/> 0578  <input type="checkbox"/> 0579 <input type="checkbox"/> 0580 <input type="checkbox"/> 0581  <input type="checkbox"/> 0582 <input type="checkbox"/> 0583 <input type="checkbox"/> 0584	<p align="center">During the day:</p> <input type="checkbox"/> Weekday (Monday – Friday) <input type="checkbox"/> Weekend (Saturday or Sunday) <input type="checkbox"/> Every day  <p align="center">At night:</p> <input type="checkbox"/> Weekday (Monday – Thursday) <input type="checkbox"/> Weekend (Friday, Saturday, or Sunday) <input type="checkbox"/> Every night  <input type="checkbox"/> After a regularly scheduled event <input type="checkbox"/> No particular pattern <input type="checkbox"/> Other
---	---	---

<p><b>CHECK ITEM M4</b> Refer to question 4a, Section A, page 3 and cause of death on cover. Mark (X) first box which applies.</p>	<input type="checkbox"/> Decedent under age 35 – Go to question 29 <input type="checkbox"/> Homicide, suicide, or other injury/accident – Go to question 29 <input type="checkbox"/> Other – Skip to Section N
--	--

<p><b>29. Do you think -- drinking alcohol was related in any way to -- death?</b></p>	<input type="checkbox"/> 0585	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	-------------------------------	---

<p><b>30. Do you think the drinking of alcoholic beverages by someone other than -- was related in any way to -- death?</b></p>	<input type="checkbox"/> 0586	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	-------------------------------	---

Notes

OFFICE USE ONLY	
0587	
0588	
0589	
0590	

**Section N - DRUGS**

**READ - The next questions are about medicines and drugs that -- may have used DURING THE LAST YEAR OF LIFE.**

Ask all of question 1a before going to questions 1b-f.

If "Yes" marked for (drug in 1a), ask question 1b.

**1a. At any time during the last year of life did -- use --**

**1b. Were the (drug in 1a) prescribed by a medical doctor?**

**1c. During the last year of life, at any time did -- take the (drug in 1a) more often than the doctor prescribed or in larger doses?**

**(1) Pain killers, such as Darvon, Percodan, or codeine with or without tylenol?**

0591 1  Yes  
2  No  
3  DK

0592 1  Yes - Go to 1c  
2  No - Skip to 1e

0593 1  Yes - Go to 1d  
2  No } Skip to 1e  
3  DK }

**(2) Sedatives, such as barbiturates, sleeping pills, Seconal, or downers?**

0594 1  Yes  
2  No  
3  DK

0595 1  Yes - Go to 1c  
2  No - Skip to 1e

0596 1  Yes - Go to 1d  
2  No } Skip to 1e  
3  DK }

**(3) Tranquilizers, such as Librium, Valium, or Xanax?**

0597 1  Yes  
2  No  
3  DK

0598 1  Yes - Go to 1c  
2  No - Skip to 1e

0599 1  Yes - Go to 1d  
2  No } Skip to 1e  
3  DK }

**(4) Antidepressants, such as Prozac or Elavil?**

0600 1  Yes  
2  No  
3  DK

0601 1  Yes - Go to 1c  
2  No - Skip to 1e

0602 1  Yes - Go to 1d  
2  No } Skip to 1e  
3  DK }

**(5) Steroids?**

0603 1  Yes  
2  No  
3  DK

0604 1  Yes - Go to 1c  
2  No - Skip to 1e

0605 1  Yes - Go to 1d  
2  No } Skip to 1e  
3  DK }

**(6) Methadone?**

0606 1  Yes  
2  No  
3  DK

0607 1  Yes - Go to 1c  
2  No - Skip to 1e

0608 1  Yes - Go to 1d  
2  No } Skip to 1e  
3  DK }

**(7) Heroin?**

0609 1  Yes  
2  No  
3  DK

**(8) Stimulants, such as amphetamines, Preludin, uppers, or speed?**

0610 1  Yes  
2  No  
3  DK

**(9) Marijuana or hashish?**

0611 1  Yes  
2  No  
3  DK

**(10) Cocaine, crack cocaine, free base, or coca paste?**

0612 1  Yes  
2  No  
3  DK

**(11) Hallucinogens, such as LSD, PCP, peyote, or mescaline?**

0613 1  Yes  
2  No  
3  DK

If "No" or "DK" to ALL drugs (1)-(11) in 1a, skip to Check Item N-1. →

**Section N - DRUGS - Continued**

**1d. How often did -- take the (drug in 1a) more often than the doctor prescribed or in larger doses than prescribed? Would you say frequently or occasionally?**

**1e. How often (altogether) did -- use the (drug in 1a)? Would you say frequently or occasionally?**

**1f. How often did -- drive or operate a motor vehicle within 2 hours of using (drug in 1a)? Would you say frequently or occasionally?**

**0614** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0615** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0616** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0617** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0618** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0619** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0620** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0621** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0622** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0623** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0624** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0625** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0626** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0627** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0628** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0629** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0630** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0631** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0632** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0633** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0634** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0635** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0636** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0637** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0638** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0639** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0640** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**0641** 1  Frequently  
2  Occasionally  
3  Other - Specify \_\_\_\_\_  
4  DK

**CHECK ITEM N1** Refer to Type of Respondent, Section II on cover.

Multiple respondent, Type 2 - Skip to Section T, page 58  
 Other - Go to Section O

**SECTION O – FIREARMS**

**CHECK ITEM O1**

Refer to Section A, question 6, page 4.

- Private home (box 1) marked – Skip to "Read" above question 1
- Other – Go to Check Item O2

**CHECK ITEM O2**

Refer to Section A, question 11, page 5.

- No (box 2) marked – Skip to Check Item O3
- Other – Go to "Read" above question 1

**READ – The next questions are about safety and firearms. Firearms include pistols, shotguns, rifles, and other types of guns. Do not include guns that cannot fire, starter pistols, or BB guns.**

**1. At any time during the last year of life, were there any firearms kept in or around (– home/the home where – stayed)? Include those kept in a garage, outdoor storage area, truck or car.**

0642

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

} Skip to Check Item O3

**2. Was there one or more than one firearm?**

0643

- 1 One
- 2 More than one
- 3 Don't know

} Skip to question 4a

**3a. What kind of firearm was it?**

0644

- 1 Handgun, including pistol or revolver
- 2 Shotgun
- 3 Rifle
- 4 Other – Specify \_\_\_\_\_

- 5 Don't know

*If personal visit, HAND Card O1. Read the answer categories if telephone interview.*

**b. Which of these statements best describes the PLACE the firearm was kept?**

0645

- 1 The firearm was kept in a **LOCKED PLACE**, such as a drawer, cabinet, or closet
- 2 The firearm was kept in an **UNLOCKED place**
- 3 Don't know

*If personal visit, HAND Card O2. Read answer categories if telephone interview.*

**c. Which of these statements best describes the WAY the firearm was kept?**

0646

- 1 **Taken apart** – Skip to question 3f
- 2 **With a trigger lock or other locking mechanism**
- 3 **Assembled without a locking mechanism**
- 4 **Some other way** – Specify \_\_\_\_\_

- 5 Don't know

**d. Was the firearm kept loaded or unloaded?**

0647

- 1 Loaded
- 2 Unloaded
- 3 Don't know

} Skip to question 3f

**e. Besides the ammunition in the firearm, was there any other ammunition kept in or around (– home/the home where – stayed)?**

0648

- 1 Yes – Skip to question 3g
- 2 No
- 3 Don't know

} Skip to Check Item O3

**f. Was there any ammunition kept in or around the home?**

0649

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

} Skip to Check Item O3

**g. Was this ammunition kept in a locked place?**

0650

- 1 Yes, all
- 2 Yes, some
- 3 No, none
- 4 Don't know

**h. Where was this ammunition kept? Was it kept with the firearm, or kept in a separate place away from the firearm?**

0651

- 1 With the firearm
- 2 In a separate place
- 3 Don't know

} Skip to Check Item O3

**SECTION O – FIREARMS – Continued**

**4a. What kinds of firearms were they?**

Mark (X) ALL that apply.

- 0652 1  Handgun, including pistol or revolver
- 0653 2  Shotgun
- 0654 3  Rifle
- 0655 4  Other – Specify
- 0656 5  Don't know

*If personal visit, HAND Card Q3. Read answer categories if telephone interview.*

**b. Which of these statements best describe the PLACES the firearms were kept?**

- 0657 1  **ALL the firearms were kept in LOCKED PLACES, such as drawers, cabinets, or closets**
- 2  **One or more firearms were kept in an UNLOCKED place**
- 3  Don't know

*If personal visit, HAND Card Q2. Read answer categories if telephone interview.*

**c. Which of these statements best describe the WAYS in which the firearms were kept?**

Mark (X) ALL that apply.

- 0658 1  **Taken apart** – Skip to question 4f
- 0659 2  **With a trigger lock or other locking mechanism**
- 0660 3  **Assembled without a locking mechanism**
- 0661 4  **Some other way** – Specify
- 0662 5  Don't know

**d. Were the firearms kept loaded or unloaded?**

- 0663 1  One or more were kept loaded
- 2  All were kept unloaded } Skip to question 4f
- 3  Don't know

**e. Besides the ammunition kept in a firearm, was there any other ammunition kept in or around -- home?**

- 0664 1  Yes – Skip to question 4g
- 2  No
- 3  Don't know } Skip to Check Item 03

**f. Was any ammunition kept in or around (-- home/the home where -- stayed)?**

- 0665 1  Yes
- 2  No
- 3  Don't know } Skip to Check Item 03

**g. Was this ammunition kept in a locked place?**

- 0666 1  Yes, all
- 2  Yes, some
- 3  No, none
- 4  Don't know

**h. Where was this ammunition kept? Was it kept with a firearm, or kept in a separate place away from all firearms?**

- 0667 1  With a firearm
- 2  In a separate place
- 3  Both
- 4  Don't know

**CHECK ITEM 03**

*Refer to Type of Respondent, Section II, on cover.*

- Multiple respondent, Type 1 – Skip to Section R, page 51
- Other – Go to Section P

Notes

**SECTION P – DEMOGRAPHIC INFORMATION**

<p><b>1. At the time of -- death, was -- married, widowed, divorced, separated, or NEVER married?</b></p>	<p>0668    1 <input type="checkbox"/> Married                  2 <input type="checkbox"/> Widowed                  3 <input type="checkbox"/> Divorced                  4 <input type="checkbox"/> Separated                  5 <input type="checkbox"/> Never married – Skip to question 3a</p>
<p><b>2. When did -- become (marital status in 1)?</b>                  Enter year OR age.</p>	<p>0669    1 9    Year                  0670          Age in years</p>
<p><b>3a. Was -- born in the United States?</b></p>	<p>0671    1 <input type="checkbox"/> Yes – Skip to question 4a                  2 <input type="checkbox"/> No</p>
<p><b>b. In what country was -- born?</b></p>	<p>Country _____</p> <p align="center"><b>OFFICE USE ONLY</b></p> <p>0672         </p>
<p><b>4a. What was -- race?</b>                  Enter response verbatim.</p>	<p>Race _____</p> <p align="center"><b>OFFICE USE ONLY</b></p> <p>0673         </p>
<p><i>Refer to question 4a. If more than one answer in question 4a, ask 4b; otherwise skip to question 4c.</i></p> <p><b>b. Which of those groups; that is (entries in 4a) would you say BEST represents -- race?</b>                  Enter only one race.</p> <p><i>Refer to questions 4a and 4b. If only one answer in either questions 4a or 4b AND that answer is the same as an answer category in question 4c, mark (X) the appropriate box without asking 4c; otherwise ask:</i></p> <p><i>If personal visit, HAND Card P1.</i></p> <p><b>c. Which of these groups BEST represents -- race? Was -- race –</b>                  Read answer categories. Mark (X) only ONE box.</p>	<p>Race _____</p> <p align="center"><b>OFFICE USE ONLY</b></p> <p>0674         </p> <p>0675    1 <input type="checkbox"/> White?                  2 <input type="checkbox"/> Black?                  3 <input type="checkbox"/> Indian (American)?                  4 <input type="checkbox"/> Eskimo?                  5 <input type="checkbox"/> Aleut?                  6 <input type="checkbox"/> Chinese?                  7 <input type="checkbox"/> Filipino?                  8 <input type="checkbox"/> Hawaiian?                  9 <input type="checkbox"/> Korean?                  10 <input type="checkbox"/> Vietnamese?                  11 <input type="checkbox"/> Japanese?                  12 <input type="checkbox"/> Asian Indian?                  13 <input type="checkbox"/> Samoan?                  14 <input type="checkbox"/> Guamanian?                  15 <input type="checkbox"/> Other Asian/Pacific Islander? – Specify <math>\nabla</math>                  _____                  16 <input type="checkbox"/> Other race? – Specify <math>\nabla</math>                  _____</p>
<p><b>5a. Was -- of Spanish or Hispanic origin or descent?</b></p> <p><i>If personal visit, HAND Card P2.</i></p>	<p>0676    1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – Skip to question 6a</p>
<p><b>b. Which of these groups was -- national origin or ancestry? (Where did -- ancestors come from?) Was it –</b>                  Read answer categories. Mark (X) ALL that apply.</p>	<p>0677    1 <input type="checkbox"/> Puerto Rican?                  0678    2 <input type="checkbox"/> Cuban?                  0679    3 <input type="checkbox"/> Mexican/Mexicano?                  0680    4 <input type="checkbox"/> Mexican American?                  0681    5 <input type="checkbox"/> Chicano?                  0682    6 <input type="checkbox"/> Other Latin American?                  0683    7 <input type="checkbox"/> Other Spanish? – Specify <math>\nabla</math>                  _____</p>

**SECTION P - DEMOGRAPHIC INFORMATION - Continued**

**6a. What was the highest grade or year of regular school -- ever attended?**

0684 00  Never attended or only kindergarten -  
Skip to Section Q

0685   Elementary/secondary

Circle grade AND enter grade in boxes.

1 2 3 4 5 6 7 8 9 10 11 12

0686  College

Circle year AND enter year in box.

1 2 3 4 5 6 or more

**b. Did -- finish the (number in 6a) (grade/year)?**

0687 1  Yes  
2  No

**CHECK  
ITEM P1**

Refer to Section A, question 4a, page 3  
and question 6a above. Mark (X) first  
box which applies.

Decedent 22 or more years  
of age } Skip to  
 Decedent finished at } Section Q  
least 12th grade  
 Other - Go to question 6c

**6c. At the time of death was -- either going to school or on vacation from school?**

0688 1  Yes, going to school } Skip to  
2  Yes, on vacation } Section Q  
3  No

**d. When did -- stop going to school?**

Mark age, OR date, OR time before.

0689    Age in years

Probe if necessary - About how old was --, or  
about how long before death, or in about what  
month and year?

0690       Date

0691 1  Time before death } Specify number and  
2  Time before interview } unit below

0692    Number

0693 3  Days  
4  Weeks  
5  Months  
6  Years

Notes

**SECTION Q - INDUSTRY AND OCCUPATION**

<p><b>1. Did -- EVER work at a job or business not counting work around the house? Include unpaid work in a family farm or business.</b></p>	<p>PGM 8 0694</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to Check Item Q1, page 49</p>
<p><b>2. Of all the jobs or businesses -- ever had, what KIND of work did -- do the longest? (For example, electrical engineer, stock clerk, typist, farmer, etc.) Do not include homemaking.</b></p>	<p>0695</p>	<p><b>OFFICE USE ONLY</b></p>
<p><b>3. For how many years did -- do this kind of work?</b>  <i>Mark (X) only ONE box.</i></p>	<p>0696</p>	<p>1 <input type="checkbox"/> Less than one year 2 <input type="checkbox"/> 1 to less than 5 years 3 <input type="checkbox"/> 5 to less than 10 years 4 <input type="checkbox"/> 10 to less than 20 years 5 <input type="checkbox"/> 20 to less than 30 years 6 <input type="checkbox"/> 30 to less than 40 years 7 <input type="checkbox"/> 40 years or more</p>
<p><b>4. For whom did -- work the longest as a (occupation in 2)?</b>  <i>Enter name of company, business, organization, or other employer, OR mark (X) the "Armed Forces" box.</i></p>	<p>0697</p>	<p>1 <input type="checkbox"/> Armed Forces - Skip to question 7 2 <input type="checkbox"/> Other - Specify _____</p>
<p><b>5. What kind of business or industry is this? (For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm, etc.)</b></p>	<p>0698</p>	<p><b>OFFICE USE ONLY</b></p>
<p><b>6a. As a (occupation in 2) what were -- most important activities or duties? (For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete, etc.)</b></p> <p><i>Complete from entries in 4-6a. If not clear, ask:</i></p>	<p>0699</p>	<p>1 <input type="checkbox"/> an employee of a PRIVATE company, business or individual for wages, salary, or commission? 2 <input type="checkbox"/> a FEDERAL government employee? 3 <input type="checkbox"/> a STATE government employee? 4 <input type="checkbox"/> a LOCAL government employee?</p> <p><b>self-employed in (his/her) OWN business, professional practice, or farm? If "Yes," ask:</b></p> <p><b>Was the business incorporated?</b></p> <p>5 <input type="checkbox"/> Yes, the business was incorporated 6 <input type="checkbox"/> No, the business was not incorporated</p> <p>7 <input type="checkbox"/> working WITHOUT PAY in a family business or farm? 8 <input type="checkbox"/> or did (he/she) never work at a job lasting 2 weeks or more?</p>
<p><b>7. Did -- work at any time during the last year of life?</b></p>	<p>0700</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to question 9</p>
<p><b>8. Did -- have a job or business up until -- died?</b></p>	<p>0701</p>	<p>1 <input type="checkbox"/> Yes - Skip to question 11 2 <input type="checkbox"/> No</p>
<p><b>9. Why did -- stop working?</b>  <i>If necessary, probe by reading answer categories.</i></p>	<p>0702</p>	<p>1 <input type="checkbox"/> Because of a health problem or disability 2 <input type="checkbox"/> Because of loss of job 3 <input type="checkbox"/> Normal retirement 4 <input type="checkbox"/> Family responsibilities 5 <input type="checkbox"/> Didn't like job 6 <input type="checkbox"/> Other reason - Specify _____</p>



**SECTION Q - INDUSTRY AND OCCUPATION - Continued**

**10. When did -- last work even for a few days?**  
*Mark age, OR date, OR time before.*

PGM 9  
 0703    Age in years

*Probe if necessary - About how old was --, or about how long before death, or in what month and year?*

0704     Date

0705 1  Time before death } *Specify number and unit*  
 2  Time before interview }

0706    Number

0707 3  Days  
 4  Weeks  
 5  Months  
 6  Years

*Ask or verify -*

**11. Did -- ever serve on active duty in the Armed Forces of the United States?**

0708 1  Yes  
 2  No - *Skip to Check Item Q1*

**12a. When did -- serve?**  
*Mark (X) ALL that apply.*

0709 1  Gulf War Era (Aug '90 to present)  
 0710 2  Vietnam Era (Aug '64 to April '75)  
 0711 3  Korean War (June '50 to Jan '55)  
 0712 4  World War II (Sept '40 to July '47)  
 0713 5  World War I (April '17 to Nov '18)  
 0714 6  Other Service (All other periods)

*Ask or verify -*

**b. Was -- on full-time active duty with the armed forces at the time of death?**

0715 1  Yes  
 2  No

**13. Was -- EVER an active member of a National Guard or military reserve unit?**

0716 1  Yes  
 2  No  
 3  Don't know } *Skip to Check Item Q1*

**14. Was ALL of -- active duty service related to National Guard or military reserve training?**

0717 1  Yes  
 2  No  
 3  Don't know

**CHECK ITEM Q1** *Refer to Section P, question 1, page 46.*

Never Married (box 5) marked - *Skip to Section R, page 51*  
 Other - *Go to question 15*

**15. Did (If respondent is decedent's spouse: you/- 's husband/- 's wife) EVER work at a job or business not counting work around the house? Include unpaid work in a family farm or business.**

0718 1  Yes  
 2  No - *Skip to Section R, page 51*

*If decedent had more than one spouse, ask about the most recent.*

**16. Of all the jobs or businesses (you/- husband/- wife) ever had, what KIND of work did (you/he/she) do the longest? (For example, electrical engineer, stock clerk, farmer, etc.) Do not include homemaking.**

**OFFICE USE ONLY**

0719

**17. For whom did (you/he/she) work the longest as a (occupation in 16)?**

*Enter name of company, business, organization, or other employer, or mark (X) the "Armed Forces" box.*

0720 1  Armed Forces - *Skip to Section R, page 51*  
 2  Other - *Specify*

Notes

**SECTION Q - INDUSTRY AND OCCUPATION - Continued**

**18. What kind of business or industry is this?**  
 (For example, TV and radio manufacturing,  
 retail shoe store, State Labor Department,  
 farm, etc.)

**OFFICE USE ONLY**

0721

**19a. As a (occupation in 16) what were (your/- - husband's/- - wife's) most important activities or duties?** (For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete, etc.)

*Complete from entries in 16-19a. If not clear, ask:*

0722

**b. (Were/Was) (you/- - husband/- - wife) -**

*Read answer categories.*

*Mark (X) only ONE box.*

1  **an employee of a PRIVATE company, business or individual for wages, salary, or commission?**

2  **a FEDERAL government employee?**

3  **a STATE government employee?**

4  **a LOCAL government employee?**

**self-employed in (your/his/her) OWN business, professional practice, or farm? If "Yes," ask:**

**Was the business incorporated?**

5  Yes, the business was incorporated

6  No, the business was not incorporated

7  **working WITHOUT PAY in a family business or farm?**

8  **or did (you/he/she) never work at a job lasting 2 weeks or more?**

Notes

**SECTION R – PLACE OF DEATH AND CIRCUMSTANCES OF INJURY**

<p><b>1. What was the cause of -- death?</b></p>	<p align="center">0723</p> <p>1 <input type="checkbox"/> Homicide          2 <input type="checkbox"/> Suicide          3 <input type="checkbox"/> Injury involving motor vehicle          4 <input type="checkbox"/> Other injury or accident          5 <input type="checkbox"/> Other cause – <i>Skip to question 11, page 53</i></p>
<p><b>2. Was -- working when the (homicide/suicide/fatal accident or injury) happened? (If motor vehicle add: Include going to or from a work place, if -- was being paid for that time.)</b></p> <p><i>Include unpaid work in a family farm or business. Exclude housework.</i></p>	<p align="center">0724</p> <p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No</p>
<p><b>3. Where did the (homicide/suicide/fatal accident or injury) happen?</b></p>	<p align="center">0725</p> <p>1 <input type="checkbox"/> Home or private area around the home          2 <input type="checkbox"/> Farm          3 <input type="checkbox"/> Mine or quarry          4 <input type="checkbox"/> Industrial site          5 <input type="checkbox"/> Place of recreation or sport          6 <input type="checkbox"/> Street or highway          7 <input type="checkbox"/> Public building          8 <input type="checkbox"/> Residential institution          9 <input type="checkbox"/> School          10 <input type="checkbox"/> Other</p>
<p><b>4. How did the (homicide/suicide/fatal accident or injury) happen?</b></p> <p><i>Enter verbatim response.</i></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><i>If no firearm involved (from description in question 4), mark (X) box 0 without asking; otherwise ask:</i></p> <p><b>5. What kind of firearm was it?</b></p>	<p align="center">0726</p> <p>0 <input type="checkbox"/> No firearm involved          1 <input type="checkbox"/> Handgun, including pistol or revolver          2 <input type="checkbox"/> Shotgun          3 <input type="checkbox"/> Rifle          4 <input type="checkbox"/> Military firearm          5 <input type="checkbox"/> Other – <i>Specify</i> _____</p>
<p><b>CHECK ITEM R1</b> Refer to question 1.</p>	<p><input type="checkbox"/> Homicide (box 1) marked – <i>Go to question 6</i>  <input type="checkbox"/> Other – <i>Skip to question 8a</i></p>
<p><b>6. Did -- know -- assailant?</b></p>	<p align="center">0727</p> <p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No</p>
<p><b>7. Did the homicide happen during a robbery, an abduction, a family argument or a drug deal?</b></p> <p><i>Mark (X) ALL that apply.</i></p>	<p align="center">0728</p> <p align="center">0729</p> <p align="center">0730</p> <p align="center">0731</p> <p align="center">0732</p> <p>1 <input type="checkbox"/> Robbery          2 <input type="checkbox"/> Abduction          3 <input type="checkbox"/> Family argument          4 <input type="checkbox"/> Drug deal          5 <input type="checkbox"/> Other</p>

**SECTION R – PLACE OF DEATH AND CIRCUMSTANCES OF INJURY – Continued**

If fall not involved (from description in question 4), mark (X) box 00 without asking; otherwise ask:

**8a. Where did -- fall from or into?**

If necessary, probe by reading answer categories.

Mark (X) only ONE box.

0733 00  Fall not involved – Skip to question 9a

On or down:

- 1  Escalator
- 2  Stairs or steps

From:

- 3  Ladder
- 4  Scaffolding
- 5  Building or other structure
- 6  Playground equipment
- 7  Cliff
- 8  Chair or bed
- 9  Other place

Into:

- 10  Swimming pool
- 11  Well
- 12  Storm drain or manhole
- 13  Other hole or opening in surface

**b. What caused -- to fall? Was it due to --**

Read answer categories.

- 0734
- 1  Slipping, tripping, or stumbling?
  - 2  Jumping or diving?
  - 3  Collision, pushing or shoving by another person?
  - 4  Other

**c. At the time of the fall was -- impaired in any way because of a disability, a health condition, or intoxication?**

- 0735
- 1  Yes
  - 2  No – Skip to question 9a

**d. How was -- impaired?**

- 0736
- 1  Disability
  - 2  Health condition
  - 3  Intoxication
  - 4  Other

If no machinery involved (from description in question 4), mark (X) box 0 without asking; otherwise ask:

**9a. What kind of machine was involved in the (homicide/suicide/fatal accident or injury)?**

If necessary, probe by reading answer categories.

- 0737
- 0  No machinery involved – Skip to question 10
  - 1  Agricultural or farming
  - 2  Mining or earth drilling
  - 3  Lifting machinery
  - 4  Metalworking
  - 5  Woodworking or framing
  - 6  Turbines, steam or internal combustion engines
  - 7  Belt, cable, chain, gear, or pulley
  - 8  Earth moving, scraping, or other excavating
  - 9  Other

**b. Was the machinery operating at the time of the fatal incident?**

- 0738
- 1  Yes
  - 2  No

If drowning not involved (from description in question 4), mark (X) box 0 without asking; otherwise ask:

**10. Where did -- drown? Was it in --**

Read answer categories.

- 0739
- 0  Drowning not involved – Skip to question 11
  - 1  A bay or estuary?
  - 2  A harbor or marina?
  - 3  A swimming pool?
  - 4  A bathtub or shower?
  - 5  An ocean?
  - 6  A lake or pond?
  - 7  A river?
  - 8  Some other place? – Specify *z*

**SECTION R – PLACE OF DEATH AND CIRCUMSTANCES OF INJURY – Continued**

**11. Where did -- die? Was it --**

*Read answer categories.*

0740

- 1  In a hospital emergency room?
- 2  In a hospital, not in an emergency room?
- 3  On the way to a hospital?
- 4  In a nursing home or personal care home?
- 5  In his or her own home? (Regardless of ownership of home)
- 6  In another person's home?
- 7  In a hospice?
- 8  Some other place? – Specify

**CHECK ITEM R2**

*Refer to Section R, question 1, page 51.*

- Homicide (box 1) marked } *Skip to Check*
- Suicide (box 2) marked } *Item R4, page 54*
- Injury involving motor vehicle (box 3) marked – *Go to question 12*
- Other injury or accident (box 4) marked – *Skip to Check Item R4, page 54*
- Other cause (box 5) marked – *Skip to Check Item R5, page 55*

**12. Was the accident on the roadway or shoulder, or some other place?**

0741

- 1  Roadway or shoulder
- 2  Some other place

**13. Was -- the driver, a passenger, or a pedestrian?**

0742

- 1  Driver
- 2  Passenger
- 3  Pedestrian – *Skip to question 20*

**14a. What type of vehicle was -- driving or riding in?**

0743

- 1  Passenger car or van
- 2  Motorcycle
- 3  Truck
- 4  Bus
- 5  Other

**b. Was it a private or commercial vehicle?**

0744

- 1  Private
- 2  Commercial
- 3  Don't know

**CHECK ITEM R3**

*Refer to question 14a.*

- Motorcycle (box 2) marked – *Go to question 15*
- Other – *Skip to question 16*

**15. Was -- wearing a helmet at the time of the accident?**

0745

- 1  Yes
  - 2  No
  - 3  Don't know
- } *Skip to question 20*

*Ask or verify –*

**16. Where in the (type of motor vehicle in question 14a) was -- sitting at the time of the accident?**

0746

- 1  Front – driver's seat
- 2  Front – middle
- 3  Front – passenger's seat
- 4  Back seat – driver's side
- 5  Back Seat – middle
- 6  Back seat – passenger's side
- 7  Truck bed
- 8  Other
- 9  Don't know

**17. Was -- wearing a safety belt at the time of the accident?**

0747

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

Notes

**SECTION R - PLACE OF DEATH AND CIRCUMSTANCES OF INJURY - Continued**

<b>18. Was the (type of vehicle in question 14a) equipped with air bags?</b>	0748	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <i>Skip to question 20</i>
<b>19. Was the seat that -- was sitting in equipped with an air bag?</b>	0749	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>20. Just prior to the (crash/fatal injury/accident), where was -- (driving from/if pedestrian: walking from)?</b>	0750	1 <input type="checkbox"/> Decedent's home 2 <input type="checkbox"/> Other people's home(s) 3 <input type="checkbox"/> Restaurant 4 <input type="checkbox"/> Bar/tavern/nightclub 5 <input type="checkbox"/> Stadiums/arenas 6 <input type="checkbox"/> Picnic areas/beach/playgrounds 7 <input type="checkbox"/> Place of work or school 8 <input type="checkbox"/> Shopping, banking, or personal business 9 <input type="checkbox"/> Church or religious activities 10 <input type="checkbox"/> Volunteer activities 11 <input type="checkbox"/> Other - <i>Specify</i> <input checked="" type="checkbox"/>
<b>21. Where was -- (driving to/if pedestrian: walking to)?</b>	0751	1 <input type="checkbox"/> Decedent's home 2 <input type="checkbox"/> Other people's home(s) 3 <input type="checkbox"/> Restaurant 4 <input type="checkbox"/> Bar/tavern/nightclub 5 <input type="checkbox"/> Stadiums/arenas 6 <input type="checkbox"/> Picnic areas/beach/playgrounds 7 <input type="checkbox"/> Place of work or school 8 <input type="checkbox"/> Shopping, banking, or personal business 9 <input type="checkbox"/> Church or religious activities 10 <input type="checkbox"/> Volunteer activities 11 <input type="checkbox"/> Other - <i>Specify</i> <input checked="" type="checkbox"/>
<b>CHECK ITEM R4</b> <i>Refer to Section M, question 1b, page 38.</i>		<input type="checkbox"/> No (box 2) marked, Never drank - <i>Skip to question 28a</i> <input type="checkbox"/> Other - <i>Go to question 22</i>
<i>READ - Earlier I asked several questions about -- general drinking habits. These next questions focus on the four hour period before the (homicide/suicide/fatal accident or injury) and -- drinking behavior during that time.</i>		
<b>22. Within four hours of the (homicide/suicide/fatal accident or injury), had -- been drinking any alcoholic beverages?</b>	0752	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to question 28a</i>
<b>23. Prior to the (homicide/suicide/fatal accident or injury), with whom was -- drinking?</b>  <i>Mark (X) ALL that apply.</i>	0753 0754 0755 0756	1 <input type="checkbox"/> Drank alone 2 <input type="checkbox"/> Friends 3 <input type="checkbox"/> Spouse/other relatives 4 <input type="checkbox"/> Other - <i>Specify</i> <input checked="" type="checkbox"/>
<b>24. What was -- drinking prior to the (homicide/suicide/fatal accident or injury)?</b>  <i>Mark (X) ALL that apply.</i>	0757 0758 0759 0760 0761 0762	1 <input type="checkbox"/> Beer, not including malt liquor 2 <input type="checkbox"/> Malt liquor 3 <input type="checkbox"/> Wine, not including wine coolers 4 <input type="checkbox"/> Wine coolers 5 <input type="checkbox"/> Liquor such as whiskey, rum, gin, or vodka 6 <input type="checkbox"/> Other - <i>Specify</i> <input checked="" type="checkbox"/>

Notes

**SECTION R - PLACE OF DEATH AND CIRCUMSTANCES OF INJURY - Continued**

<p><b>25. Where was -- last drinking prior to the (homicide/suicide/fatal accident or injury)?</b></p>	<p>0763</p>	<p>1 <input type="checkbox"/> Decedent's home                  2 <input type="checkbox"/> Other people's home(s)                  3 <input type="checkbox"/> Restaurant                  4 <input type="checkbox"/> Bar/tavern/nightclub                  5 <input type="checkbox"/> Stadiums/arenas                  6 <input type="checkbox"/> Picnic areas/beach/playgrounds                  7 <input type="checkbox"/> Parking lots/sidewalks/alleyways                  8 <input type="checkbox"/> Inside a motor vehicle (parked or moving)                  9 <input type="checkbox"/> Other - <i>Specify</i> _____</p>
--	-------------	---

<p><b>26. How long before (becoming fatally injured/fatally injuring (himself/herself)) did -- take the last drink of any alcoholic beverage?</b></p>	<p>0764</p>	<p>1 <input type="checkbox"/> Less than 15 minutes                  2 <input type="checkbox"/> 15 - 29 minutes                  3 <input type="checkbox"/> 30 - 59 minutes                  4 <input type="checkbox"/> At least 1 hour but less than 2 hours                  5 <input type="checkbox"/> At least 2 hours but less than 3 hours                  6 <input type="checkbox"/> 3 hours or more</p>
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<p><b>27. How many drinks had -- drunk within 4 hours of the (homicide/suicide/fatal accident or injury)?</b></p>	<p>0765</p>	<p>1 <input type="checkbox"/> 12 or more drinks                  2 <input type="checkbox"/> 7-11 drinks                  3 <input type="checkbox"/> 5-6 drinks                  4 <input type="checkbox"/> 3-4 drinks                  5 <input type="checkbox"/> 2 drinks                  6 <input type="checkbox"/> 1 drink</p>
---	-------------	--

<p><b>28a. Had -- taken or used any drugs or medicines of any kind within 24 hours of (becoming fatally injured/fatally injuring (himself/herself))?</b></p>	<p>0766</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know } <i>Skip to Check Item R5</i></p>
--	-------------	--

<p><b>b. Which of the following drugs did -- take or use within 24 hours of (becoming fatally injured/fatally injuring (himself/herself))? Did -- take or use --</b></p> <p><i>Read answer categories.</i></p> <p><i>Mark (X) ALL that apply.</i></p> <p><i>If "No" to all categories/drugs, mark (X) box 12, "Other."</i></p>	<p>0767</p> <p>0768</p> <p>0769</p> <p>0770</p> <p>0771</p> <p>0772</p> <p>0773</p> <p>0774</p> <p>0775</p> <p>0776</p> <p>0777</p> <p>0778</p>	<p>1 <input type="checkbox"/> <b>Pain killers, such as Darvon, Percodan, or codeine with or without tylenol?</b></p> <p>2 <input type="checkbox"/> <b>Sedatives, such as barbiturates, sleeping pills, Seconal, or downers?</b></p> <p>3 <input type="checkbox"/> <b>Tranquilizers, such as Librium, Valium, or Xanax?</b></p> <p>4 <input type="checkbox"/> <b>Antidepressants, such as Prozac or Elavil?</b></p> <p>5 <input type="checkbox"/> <b>Steroids?</b></p> <p>6 <input type="checkbox"/> <b>Methadone?</b></p> <p>7 <input type="checkbox"/> <b>Heroin?</b></p> <p>8 <input type="checkbox"/> <b>Stimulants, such as amphetamines, Preludin, uppers or speed?</b></p> <p>9 <input type="checkbox"/> <b>Marijuana or hashish?</b></p> <p>10 <input type="checkbox"/> <b>Cocaine, crack cocaine, free base or coca paste?</b></p> <p>11 <input type="checkbox"/> <b>Hallucinogens, such as LSD, PCP, peyote, or mescaline?</b></p> <p>12 <input type="checkbox"/> <b>Other</b></p>
--	---	---

<p><b>CHECK ITEM R5</b> Refer to Type of Respondent, Section II, on cover.</p>	<p><input type="checkbox"/> Multiple Respondent, Type 1 - Skip to Section T, page 58</p> <p><input type="checkbox"/> Other - Go to Section S</p>
--	--

Notes

OFFICE USE ONLY	
0779	_____
0780	_____

**Section S – ORGAN DONOR**

**CHECK ITEM S1**

Refer to Section A, question 4, page 3.

- Decedent under age 35 – Go to Check Item S2
- Decedent aged 35 years or older – Skip to Section T, page 58

**CHECK ITEM S2**

Refer to cause of death, Section I, on cover.

- Homicide, Suicide, or other injury/accident – Go to Check Item S3
- Other – Skip to Section T, page 58

**CHECK ITEM S3**

Refer to Section A, question 3, page 3.

- Respondent related to decedent (box 1, 2, 3, 4, 5, 6 or 7 marked) – Go to question 1
- Other – Skip to Section T, page 58

**1. We are interested in how people learn about the opportunity to become donors of body organs and tissues and bones. Where have you heard about organ donorship?**

Mark (X) ALL that apply.

- |                               |   |
|-------------------------------|---|
| <input type="checkbox"/> 0781 | 1 <input type="checkbox"/> Decedent                                   |
| <input type="checkbox"/> 0782 | 2 <input type="checkbox"/> (Other) family                             |
| <input type="checkbox"/> 0783 | 3 <input type="checkbox"/> Friends                                    |
| <input type="checkbox"/> 0784 | 4 <input type="checkbox"/> School                                     |
| <input type="checkbox"/> 0785 | 5 <input type="checkbox"/> Work                                       |
| <input type="checkbox"/> 0786 | 6 <input type="checkbox"/> Media (radio, TV, newspapers or magazines) |
| <input type="checkbox"/> 0787 | 7 <input type="checkbox"/> Church or clergy                           |
| <input type="checkbox"/> 0788 | 8 <input type="checkbox"/> Physician                                  |
| <input type="checkbox"/> 0789 | 9 <input type="checkbox"/> Other health professional                  |
| <input type="checkbox"/> 0790 | 10 <input type="checkbox"/> Clubs                                     |
| <input type="checkbox"/> 0791 | 11 <input type="checkbox"/> Department of Motor Vehicles              |
| <input type="checkbox"/> 0792 | 12 <input type="checkbox"/> Other – Specify <i>z</i>                  |
| _____                         |   |
| <input type="checkbox"/> 0793 | 13 <input type="checkbox"/> Never heard about                         |

**2. Did -- have a donor card or a drivers license stating that -- wanted to be a donor when -- died?**

- |                               |                                       |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> 0794 | 1 <input type="checkbox"/> Yes        |
|                               | 2 <input type="checkbox"/> No         |
|                               | 3 <input type="checkbox"/> Don't know |

**3. Did -- ever tell you or another family member that -- would like to donate -- organs when -- died?**

- |                               |                                       |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> 0795 | 1 <input type="checkbox"/> Yes        |
|                               | 2 <input type="checkbox"/> No         |
|                               | 3 <input type="checkbox"/> Don't know |

**4a. At the time of death, were any of -- body organs, tissue, or bone removed in order to give them to another person?**

- |                               |   |
|-------------------------------|---|
| <input type="checkbox"/> 0796 | 1 <input type="checkbox"/> Yes                                |
|                               | 2 <input type="checkbox"/> No – Skip to question 5            |
|                               | 3 <input type="checkbox"/> Don't know – Skip to Check Item S4 |

**b. What was removed? Was this organs, tissue or bone?**

Mark (X) ALL that apply.

- |                               |  |                     |
|-------------------------------|--|---------------------|
| <input type="checkbox"/> 0797 | 1 <input type="checkbox"/> Organ(s)    | } Skip to Section T |
| <input type="checkbox"/> 0798 | 2 <input type="checkbox"/> Tissue/bone |                     |

**5. What were the reasons -- organs or tissue or bone were not donated?**

Mark (X) ALL that apply.

- |                               |   |
|-------------------------------|---|
| <input type="checkbox"/> 0799 | 1 <input type="checkbox"/> Decedent hadn't expressed desire to be a donor |
| <input type="checkbox"/> 0800 | 2 <input type="checkbox"/> Decedent did not want to be a donor            |
| <input type="checkbox"/> 0801 | 3 <input type="checkbox"/> Family did not want it                         |
| <input type="checkbox"/> 0802 | 4 <input type="checkbox"/> No one thought about it                        |
| <input type="checkbox"/> 0803 | 5 <input type="checkbox"/> Never asked                                    |
| <input type="checkbox"/> 0804 | 6 <input type="checkbox"/> Body too damaged                               |
| <input type="checkbox"/> 0805 | 7 <input type="checkbox"/> Otherwise ineligible to be a donor             |
| <input type="checkbox"/> 0806 | 8 <input type="checkbox"/> Other – Specify <i>z</i>                       |
| _____                         |   |

**CHECK ITEM S4**

Refer to questions 2 and 3. Mark (X) first box that applies.

- Yes (box 1) marked in BOTH questions 2 and 3 – Skip to question 7a
- Yes (box 1) marked in question 2, and No or Don't know (box 2 or 3) marked in question 3 – Skip to question 6a
- No or Don't know (box 2 or 3) marked in question 2 and Yes (box 1) marked in question 3 – Skip to question 6b
- Other – Skip to question 6c



**Section S - ORGAN DONOR - Continued**

**6a. Would you or the family have chosen to donate -- organs, tissue, or bone if -- had said to you or another family member that -- wanted to be a donor?**

0807

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

} Skip to question 7a

**b. Would you or the family have chosen to donate -- organs, tissue, or bone if -- had a donor card or driver's license stating that -- wanted to be a donor?**

0808

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

} Skip to question 7a

**c. Would you or the family have chosen to donate -- organs, tissue, or bone if -- had said to you or another family member that -- wanted to be a donor, or if -- had a donor card or driver's license stating that -- wanted to be a donor?**

0809

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

**7a. When -- died, did anyone talk to you or another family member about donating --'s body organs, tissue, or bone?**

0810

- 1  Yes - Go to question 7b
- 2  No
- 3  Don't know

} Skip to Section T

**b. Who talked to you or the family about donating -- body organs, tissue, or bone?**

Mark (X) ALL that apply.

0811

1  A friend or relative

0812

2  Clergy

0813

3  Nurse

0814

4  Doctor

0815

5  Transplant coordinator

0816

6  Other - Specify         

Notes

**Section T – ACTIVITIES**

*If personal visit, HAND Card T1.*

**READ – Now I'm going to read a list of activities. Please tell me whether, IN THE LAST YEAR OF LIFE, -- did them every day, 3 to 6 times a week, 1 to 2 times a week, 1 to 3 times a month, less than once a month, or if -- didn't do the activity at all during the last year of life.**

<p><b>1. How often did -- go outdoors during the last year of life? Was it every day, 3 to 6 times a week, 1 to 2 times a week, 1 to 3 times a month, less than once a month, or -- didn't go outside at all during the last year of life?</b></p>	<p align="center">0817</p> <p>1 <input type="checkbox"/> Every day                  2 <input type="checkbox"/> 3 to 6 times a week                  3 <input type="checkbox"/> 1 to 2 times a week                  4 <input type="checkbox"/> 1 to 3 times a month                  5 <input type="checkbox"/> Less than once a month                  6 <input type="checkbox"/> Never/didn't do</p> <p align="right">} <i>Skip to question 4</i></p>
<p><b>2. Where did -- spend most of -- time during the last year of life? In -- bedroom or some other place?</b></p>	<p align="center">0818</p> <p>1 <input type="checkbox"/> Bedroom                  2 <input type="checkbox"/> Other place – <i>Specify</i> _____</p>
<p><b>3. During the last year of life, how often did -- leave the (place in 2)? Was it –</b>  <i>Read answer categories.</i></p>	<p align="center">0819</p> <p>1 <input type="checkbox"/> <b>Everyday?</b>                  2 <input type="checkbox"/> <b>3 to 6 times a week?</b>                  3 <input type="checkbox"/> <b>1 to 2 times a week?</b>                  4 <input type="checkbox"/> <b>1 to 3 times a month?</b>                  5 <input type="checkbox"/> <b>Less than once a month?</b>                  6 <input type="checkbox"/> <b>Never/didn't go outside?</b></p>
<p><b>4. How often did -- visit or talk on the telephone with family or friends?</b></p>	<p align="center">0820</p> <p>1 <input type="checkbox"/> Every day                  2 <input type="checkbox"/> 3 to 6 times a week                  3 <input type="checkbox"/> 1 to 2 times a week                  4 <input type="checkbox"/> 1 to 3 times a month                  5 <input type="checkbox"/> Less than once a month                  6 <input type="checkbox"/> Never/didn't do</p>
<p><b>5. (How often did --) do vigorous physical activity, such as jogging, tennis, aerobics, swimming laps, bicycling, or other active sports?</b></p>	<p align="center">0821</p> <p>1 <input type="checkbox"/> Every day                  2 <input type="checkbox"/> 3 to 6 times a week                  3 <input type="checkbox"/> 1 to 2 times a week                  4 <input type="checkbox"/> 1 to 3 times a month                  5 <input type="checkbox"/> Less than once a month                  6 <input type="checkbox"/> Never/didn't do</p>
<p><b>6. (How often did --) do moderate physical activities, such as walking for exercise, golfing, gardening, heavy housework, or home maintenance activities?</b></p>	<p align="center">0822</p> <p>1 <input type="checkbox"/> Every day                  2 <input type="checkbox"/> 3 to 6 times a week                  3 <input type="checkbox"/> 1 to 2 times a week                  4 <input type="checkbox"/> 1 to 3 times a month                  5 <input type="checkbox"/> Less than once a month                  6 <input type="checkbox"/> Never/didn't do</p>
<p><b>7. (How often did --) read, listen to music, write, watch the news or other educational television?</b></p>	<p align="center">0823</p> <p>1 <input type="checkbox"/> Every day                  2 <input type="checkbox"/> 3 to 6 times a week                  3 <input type="checkbox"/> 1 to 2 times a week                  4 <input type="checkbox"/> 1 to 3 times a month                  5 <input type="checkbox"/> Less than once a month                  6 <input type="checkbox"/> Never/didn't do</p>
<p><b>8. (How often did --) do activities such as baking, playing a musical instrument, needlework, fishing, painting, drawing, collecting, or photography?</b></p>	<p align="center">0824</p> <p>1 <input type="checkbox"/> Every day                  2 <input type="checkbox"/> 3 to 6 times a week                  3 <input type="checkbox"/> 1 to 2 times a week                  4 <input type="checkbox"/> 1 to 3 times a month                  5 <input type="checkbox"/> Less than once a month                  6 <input type="checkbox"/> Never/didn't do</p>

Notes

**Section T - ACTIVITIES - Continued**

**9. How often did -- participate in religious activities?**

0825

- 1  Every day
- 2  3 to 6 times a week
- 3  1 to 2 times a week
- 4  1 to 3 times a month
- 5  Less than once a month
- 6  Never/didn't do

**10. (How often did --) participate in volunteer organizations or activities?**

0826

- 1  Every day
- 2  3 to 6 times a week
- 3  1 to 2 times a week
- 4  1 to 3 times a month
- 5  Less than once a month
- 6  Never/didn't do

Notes

**SECTION U – LIFE EVENTS**

**CHECK ITEM U1**

Refer to cause of death, Section I, on cover.

- Suicide – Skip to question 1
- Other injury/accident – Skip to question 1
- Homicide – Skip to Check Item U3
- All other causes – Go to Check Item U2
- Pending – Skip to Check Item U9, page 61

**CHECK ITEM U2**

Refer to Section E, question 11a, page 20.

- Yes (box 1) marked – Go to Check Item U3
- Other – Skip to Check Item U9, page 61

**CHECK ITEM U3**

Refer to Section A, question 4a, page 3.

- Decedent under age 50 – Skip to Check Item U9, page 61
- Decedent age 50 or more – Go to question 1

**READ – Please tell me if any of the following events happened to -- during -- last year of life.**

**1. During the last year of life, did -- move or have a change in residence?**

0827

- 1  Yes
- 2  No

**CHECK ITEM U4**

Refer to Section P, question 1, page 46.

- Decedent widowed, divorced, or never married (box 2, 3, or 5) marked – Go to question 2
- Other – Skip to Check Item U5

**2. During the last year of life, did -- become engaged?**

0828

- 1  Yes
- 2  No

**CHECK ITEM U5**

Refer to Section A, question 4a, page 3.

- Decedent under age 18 – Skip to Check Item U7
- Other – Skip to Check Item U6

**CHECK ITEM U6**

Refer to Section Q, question 1, page 48; and Section Q, question 7, page 48. Mark (X) first box that applies.

- No (box 2) marked in question 1, Section Q, decedent never worked – Skip to Check Item U7
- No (box 2) marked in question 7, Section Q, decedent didn't work in last year – Skip to Check Item U7
- Other – Go to question 3

**3. During the last year of life, did -- receive a promotion in a job?**

0829

- 1  Yes
- 2  No

**4. (During the last year of life,) did -- have a demotion in a job?**

0830

- 1  Yes
- 2  No

**5. (During the last year of life,) did -- get or begin a new job?**

0831

- 1  Yes
- 2  No

**6. (During the last year of life,) was -- laid off from a job?**

0832

- 1  Yes
- 2  No

**7. (During the last year of life,) did -- quit a job?**

0833

- 1  Yes
- 2  No

*If decedent under 50 years old, skip to Check Item U7; otherwise ask:*

**8. During the last year of life, did -- retire from work?**

0834

- 1  Yes
- 2  No

Notes

**SECTION U - LIFE EVENTS**

**CHECK ITEM U7**

*Refer to Section P, question 1, page 46.*

- Decedent married (box 1) marked - Go to question 9a
- Decedent divorced or separated (box 3 or 4 marked) - Skip to question 9b
- Other - Skip to question 10a

**9a. During -- last year of life, did (if respondent is decedent's spouse: you/ -- husband/ -- wife) have a very serious illness?**

0835

- 1  Yes } Skip to question 10a  
 2  No }

**b. During -- last year of life, did -- have a (husband/wife) die?**

0836

- 1  Yes  
 2  No

**10a. During -- last year of life, did -- have any (other) close family member who had a very serious illness?**

0837

- 1  Yes  
 2  No

**b. (During -- last year of life), did any (other) close family member die?**

0838

- 1  Yes  
 2  No

**11a. (During -- last year of life,) did -- have any close friend or significant other who had a very serious illness?**

0839

- 1  Yes  
 2  No

**b. (During -- last year of life,) did -- have any close friend or significant other die?**

0840

- 1  Yes  
 2  No

**CHECK ITEM U8**

*Mark (X) first box which applies.*

- Decedent male - Skip to Check Item U9
- Decedent 55 years old or older - Skip to Check Item U9
- Other - Go to question 12

**12. During -- last year of life, did -- have a pregnancy, a miscarriage, or give birth to a child?**

0841

- 1  Yes  
 2  No

**CHECK ITEM U9**

*Refer to Respondent Type, Section II, on cover.*

- Multiple Respondent, Type 2 - Skip to Section W, page 65
- Other - Go to Section V

Notes

**SECTION V – PROBLEM BEHAVIORS**

*READ* – Now I’m going to read a list of behaviors. Please tell me how frequently -- engaged in these behaviors during the last year of life. We would like to know if -- engaged in the behavior often, sometimes, rarely, or never.

**1. During the last year of -- life, how often did -- have temper tantrums? Was it often, sometimes, rarely, or never?**

0842    1  Often  
           2  Sometimes  
           3  Rarely  
           4  Never  
           5  Don't know

**2. How often did -- make violent threats or attempts?**

0843    1  Often  
           2  Sometimes  
           3  Rarely  
           4  Never  
           5  Don't know

**3. (How often did --) destroy property?**

0844    1  Often  
           2  Sometimes  
           3  Rarely  
           4  Never  
           5  Don't know

**4. (How often did --) cause complaints from the community?**

0845    1  Often  
           2  Sometimes  
           3  Rarely  
           4  Never  
           5  Don't know

**5. (How often did --) engage in bizarre behavior?**

0846    1  Often  
           2  Sometimes  
           3  Rarely  
           4  Never  
           5  Don't know

**6. (How often did --) cause complaints from -- family?**

0847    1  Often  
           2  Sometimes  
           3  Rarely  
           4  Never  
           5  Don't know

*Read* – For the next set of questions, please tell me if -- showed any of the following behaviors DURING THE LAST MONTH OF LIFE. Please tell me if it was often, sometimes, rarely, or never.

**7. During the last month of life, did -- seem worried or apprehensive often, sometimes, rarely, or never?**

0848    1  Often  
           2  Sometimes  
           3  Rarely  
           4  Never  
           5  Don't know

**8. (How often did --) seem drowsy or sluggish?**

0849    1  Often  
           2  Sometimes  
           3  Rarely  
           4  Never  
           5  Don't know

**9. (How often did) -- seem unresponsive or withdrawn?**

0850    1  Often  
           2  Sometimes  
           3  Rarely  
           4  Never  
           5  Don't know

**10. (How often did --) seem impatient or annoyed?**

0851    1  Often  
           2  Sometimes  
           3  Rarely  
           4  Never  
           5  Don't know

**SECTION V - PROBLEM BEHAVIORS - Continued**

<p><b>11. How often did -- seem suspicious of others or not trust other people?</b></p>	<p>0852    1 <input type="checkbox"/> Often          2 <input type="checkbox"/> Sometimes          3 <input type="checkbox"/> Rarely          4 <input type="checkbox"/> Never          5 <input type="checkbox"/> Don't know</p>
<p><b>12. (How often did --) have delusions or beliefs not in keeping with reality?</b></p>	<p>0853    1 <input type="checkbox"/> Often          2 <input type="checkbox"/> Sometimes          3 <input type="checkbox"/> Rarely          4 <input type="checkbox"/> Never          5 <input type="checkbox"/> Don't know</p>
<p><b>13. (How often did --) have hallucinations, or see or hear things that weren't there?</b></p>	<p>0854    1 <input type="checkbox"/> Often          2 <input type="checkbox"/> Sometimes          3 <input type="checkbox"/> Rarely          4 <input type="checkbox"/> Never          5 <input type="checkbox"/> Don't know</p>
<p><b>14. (How often did --) say things like "I'm no good," or "I'm worthless?"</b></p>	<p>0855    1 <input type="checkbox"/> Often          2 <input type="checkbox"/> Sometimes          3 <input type="checkbox"/> Rarely          4 <input type="checkbox"/> Never          5 <input type="checkbox"/> Don't know</p>
<p><b>15. (How often did --) cry for long periods of time for no apparent reason?</b></p>	<p>0856    1 <input type="checkbox"/> Often          2 <input type="checkbox"/> Sometimes          3 <input type="checkbox"/> Rarely          4 <input type="checkbox"/> Never          5 <input type="checkbox"/> Don't know</p>
<p><b>16. (How often did --) have trouble sleeping, or did -- sleep more or less than usual?</b></p>	<p>0857    1 <input type="checkbox"/> Often          2 <input type="checkbox"/> Sometimes          3 <input type="checkbox"/> Rarely          4 <input type="checkbox"/> Never          5 <input type="checkbox"/> Don't know</p>
<p><b>17. During the last month of life, did -- eat more or less than usual so that -- weight changed?</b></p>	<p>0858    1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No          3 <input type="checkbox"/> Don't know } <i>Skip to question 19</i></p>
<p><b>18. How often did -- eat more or less than usual? Was it often, sometimes, rarely, or never?</b></p>	<p>0859    1 <input type="checkbox"/> Often          2 <input type="checkbox"/> Sometimes          3 <input type="checkbox"/> Rarely          4 <input type="checkbox"/> Never          5 <input type="checkbox"/> Don't know</p>
<p><b>19. How often did -- have trouble concentrating or have difficulty in making decisions?</b></p>	<p>0860    1 <input type="checkbox"/> Often          2 <input type="checkbox"/> Sometimes          3 <input type="checkbox"/> Rarely          4 <input type="checkbox"/> Never          5 <input type="checkbox"/> Don't know</p>
<p><b>20. During the last month of life, did -- express a wish to die, or say that -- wished that death would come quickly?</b></p>	<p>0861    1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No          3 <input type="checkbox"/> Don't know } <i>Skip to question 22</i></p>
<p><b>21. How often did -- express a wish to die? Was it often, sometimes, rarely, or never?</b></p>	<p>0862    1 <input type="checkbox"/> Often          2 <input type="checkbox"/> Sometimes          3 <input type="checkbox"/> Rarely          4 <input type="checkbox"/> Never          5 <input type="checkbox"/> Don't know</p>

Notes

**SECTION V - PROBLEM BEHAVIORS - Continued**

<b>22. At any time in the last month of life, did -- ever talk about taking -- own life?</b>	0863	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <i>Skip to question 24a</i>
<b>23. How often did -- talk about taking -- own life? Was it often, sometimes, rarely, or never?</b>	0864	1 <input type="checkbox"/> Often 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Don't know
<i>READ - These next questions are about attitudes toward different behaviors. As well as you can recall, please tell me how wrong -- thought each of the following behaviors was. Did -- think it was not wrong, a little bit wrong, wrong, or very wrong?</i>		
<b>24a. How wrong did -- think it was to give a fake excuse for missing work, not showing up for a meeting, or cutting class? Did -- think it was -</b>  <i>Read answer categories.</i>	0865	1 <input type="checkbox"/> <b>Not wrong?</b> 2 <input type="checkbox"/> <b>A little bit wrong?</b> 3 <input type="checkbox"/> <b>Wrong?</b> 4 <input type="checkbox"/> <b>Very wrong?</b>
<b>b. To borrow money from someone without any intention of paying it back?</b>	0866	1 <input type="checkbox"/> Not wrong 2 <input type="checkbox"/> A little bit wrong 3 <input type="checkbox"/> Wrong 4 <input type="checkbox"/> Very wrong
<b>c. To start a fight or hit someone because you don't like what the person said or did?</b>	0867	1 <input type="checkbox"/> Not wrong 2 <input type="checkbox"/> A little bit wrong 3 <input type="checkbox"/> Wrong 4 <input type="checkbox"/> Very wrong
<b>d. To give false information in filling out an application for a job, or a loan, or something else like that?</b>	0868	1 <input type="checkbox"/> Not wrong 2 <input type="checkbox"/> A little bit wrong 3 <input type="checkbox"/> Wrong 4 <input type="checkbox"/> Very wrong
<b>e. To take something of value from a store without paying for it? Did -- think it was -</b>  <i>Read answer categories.</i>	0869	1 <input type="checkbox"/> <b>Not wrong?</b> 2 <input type="checkbox"/> <b>A little bit wrong?</b> 3 <input type="checkbox"/> <b>Wrong?</b> 4 <input type="checkbox"/> <b>Very wrong?</b>
<b>f. To start an argument or use insulting language even though it wasn't really called for?</b>	0870	1 <input type="checkbox"/> Not wrong 2 <input type="checkbox"/> A little bit wrong 3 <input type="checkbox"/> Wrong 4 <input type="checkbox"/> Very wrong
<b>g. To deliberately damage something that belongs to someone else because you are angry with that person?</b>	0871	1 <input type="checkbox"/> Not wrong 2 <input type="checkbox"/> A little bit wrong 3 <input type="checkbox"/> Wrong 4 <input type="checkbox"/> Very wrong

<b>CHECK ITEM V1</b>	<i>Refer to Type of respondent, Section II on cover.</i>	<input type="checkbox"/> Multiple respondent, Type 1 - <i>Skip to Section X, page 72</i> <input type="checkbox"/> Other - <i>Go to Section W</i>
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Notes



**SECTION W - INCOME AND ASSETS**

Refer to Section A, question 12d, page 5.

**READ - We are interested in learning about sources of income for all of calendar year 1992 for persons who died (Read if related persons living with decedent listed in Section A, question 12d: and their family members living in the same home). I am going to ask about SOURCES of income.**

**1a. During 1992, did -- (or (Persons listed in Section A, question 12d who were related to decedent)) receive any income from wages, salary, commissions, bonuses, or tips from any jobs, or any self-employment income from a farm or non-farm business, including proprietorships and partnerships, and including any earnings as a tenant farmer or sharecropper?**

0872    1  Yes  
          2  No - Skip to question 2a

If "lived alone" or "home unoccupied" (box 1 marked) or no related persons living with decedent in Section A, question 12a, b, c, or d, skip to question 2a; otherwise ask:

**b. During 1992, did -- (himself/herself) receive any income from wages, salary, commissions, bonuses, or tips from any jobs, or any self-employment income from a farm or non-farm business, including proprietorships and partnerships, and including any earnings as a tenant farmer or sharecropper?**

0873    1  Yes  
          2  No

**2a. During 1992, did -- (or (Persons listed in Section A, question 12d who were related to decedent)) receive any Social Security or Railroad Retirement?**

0874    1  Yes  
          2  No - Skip to question 3a

If "lived alone" or "home unoccupied" (box 1 marked) or no related persons living with decedent in Section A, question 12a, b, c, or d, skip to question 3a; otherwise ask:

**b. During 1992, did -- (himself/herself) receive any Social Security or Railroad Retirement?**

0875    1  Yes  
          2  No

**3a. During 1992, did -- (or (Persons listed in Section A, question 12d who were related to decedent)) receive any money from Supplemental Security Income or SSI?**

0876    1  Yes  
          2  No - Skip to question 4a

If "lived alone" or "home unoccupied" (box 1 marked) or no related persons living with decedent in Section A, question 12a, b, c, or d, skip to question 4a; otherwise ask:

**b. During 1992, did -- (himself/herself) receive any money from Supplemental Security Income or SSI?**

0877    1  Yes  
          2  No

**4a. During 1992, did -- (or (Persons listed in Section A, question 12d who were related to decedent)) receive any money from any other retirement, survivor or disability pensions, NOT including Social Security, Railroad Retirement or Supplemental Security Income retirement or disability?**

0878    1  Yes  
          2  No - Skip to question 5a

If "lived alone" or "home unoccupied" (box 1 marked) or no related persons living with decedent in Section A, question 12a, b, c, or d, skip to question 5a; otherwise ask:

**b. During 1992, did -- (himself/herself) receive any money from any other retirement, survivor or disability pensions, NOT including Social Security, Railroad Retirement or Supplemental Security Income retirement or disability?**

0879    1  Yes  
          2  No

Notes

**SECTION W - INCOME AND ASSETS - Continued**

**5a. During 1992, did -- (or (Persons listed in Section A, question 12d who were related to decedent)) receive any money from the VA or Department of Veterans Affairs?**

0880    1  Yes  
 2  No - Skip to question 6a

*If "lived alone" or "home unoccupied" (box 1 marked) or no related persons living with decedent in Section A, question 12a, b, c, or d, skip to question 6a; otherwise ask:*

**b. During 1992, did -- (himself/herself) receive any money from the VA or Department of Veterans Affairs?**

0881    1  Yes  
 2  No

**6a. During 1992, did -- (or (Persons listed in Section A, question 12d who were related to decedent)) receive any money from any public assistance or public welfare including Aid to Families with Dependent Children or AFDC?**

0882    1  Yes  
 2  No - Skip to question 7a

*If "lived alone" or "home unoccupied" (box 1 marked) or no related persons living with decedent in Section A, question 12a, b, c, or d, skip to question 7a; otherwise ask:*

**b. During 1992, did -- (himself/herself) receive any money from Aid to Families with Dependent Children or AFDC or other public assistance or public welfare payments?**

0883    1  Yes  
 2  No

**7a. During 1992, did -- (or (Persons listed in Section A, question 12d who were related to decedent)) receive any money from interest, dividends, net rental income or royalty income, or income from estates and trusts, even if it was small amounts credited to an account?**

0884    1  Yes  
 2  No - Skip to question 8a

*If "lived alone" or "home unoccupied" (box 1 marked) or no related persons living with decedent in Section A, question 12a, b, c, or d, skip to question 8a; otherwise ask:*

**b. During 1992, did -- (himself/herself) receive any money from interest, dividends, net rental income or royalty income, or income from estates and trusts, even if it was small amounts credited to an account?**

0885    1  Yes  
 2  No

**8a. During 1992, did -- (or (Persons listed in Section A, question 12d who were related to decedent)) receive any other sources of income which were received regularly, such as unemployment compensation, child support, or alimony, NOT including any lump-sum payments such as money from an inheritance or the sale of a home?**

0886    1  Yes  
 2  No - Skip to question 9a

*If "lived alone" or "home unoccupied" (box 1 marked) or no related persons living with decedent in Section A, question 12a, b, c, or d, skip to question 9a; otherwise ask:*

**b. During 1992, did -- (himself/herself) receive any other sources of income which were received regularly, such as unemployment compensation, child support, or alimony, NOT including any lump-sum payments such as money from an inheritance or the sale of a home?**

0887    1  Yes  
 2  No

Notes

**SECTION W - INCOME AND ASSETS - Continued**

If personal visit, HAND Card W1.

**9a. Including money from all sources that we have just talked about, what was the TOTAL income of -- (and (Persons listed in Section A, question 12d who were related to decedent)) in 1992 BEFORE deductions. If you are unsure please give an estimate.**

0888 \$           .00

Enter nearest whole dollar amount AND mark (X) the appropriate box.

If necessary, probe using question 9b; otherwise skip to question 10a.

- 0889
- 1  Less than \$1,000
  - 2  \$1,000 to \$1,999
  - 3  \$2,000 to \$2,999
  - 4  \$3,000 to \$3,999
  - 5  \$4,000 to \$4,999
  - 6  \$5,000 to \$5,999
  - 7  \$6,000 to \$6,999
  - 8  \$7,000 to \$8,999
  - 9  \$9,000 to \$11,499
  - 10  \$11,500 to \$13,999
  - 11  \$14,000 to \$16,499
  - 12  \$16,500 to \$18,999
  - 13  \$19,000 to \$20,999
  - 14  \$21,000 to \$23,499
  - 15  \$23,500 to \$24,999
  - 16  \$25,000 to \$49,999
  - 17  \$50,000 to \$74,999
  - 18  \$75,000 or more

**b. Probe using specific number of RELATED persons in household, including decedent:**

Household = 1 person:

**(1) Was the total 1992 income less than \$7,000 or more than \$7,000?**

- 0890
- 1  Less - Skip to question 10a
  - 2  More - Skip to question 9b(9)

Household = 2 persons:

**(2) Was the total 1992 income less than \$9,000 or more than \$9,000?**

- 0891
- 1  Less - Skip to question 10a
  - 2  More - Skip to question 9b(9)

Household = 3 persons:

**(3) Was the total 1992 income less than \$11,500 or more than \$11,500?**

- 0892
- 1  Less - Skip to question 10a
  - 2  More - Skip to question 9b(9)

Household = 4 persons:

**(4) Was the total 1992 income less than \$14,000 or more than \$14,000?**

- 0893
- 1  Less - Skip to question 10a
  - 2  More - Skip to question 9b(9)

Household = 5 persons:

**(5) Was the total 1992 income less than \$16,500 or more than \$16,500?**

- 0894
- 1  Less - Skip to question 10a
  - 2  More - Skip to question 9b(9)

Household = 6 persons:

**(6) Was the total 1992 income less than \$19,000 or more than \$19,000?**

- 0895
- 1  Less - Skip to question 10a
  - 2  More - Skip to question 9b(9)

Household = 7 persons:

**(7) Was the total 1992 income less than \$21,000 or more than \$21,000?**

- 0896
- 1  Less - Skip to question 10a
  - 2  More - Skip to question 9b(9)

Household = 8 persons:

**(8) Was the total 1992 income less than \$23,500 or more than \$23,500?**

- 0897
- 1  Less - Skip to question 10a
  - 2  More - Skip to question 9b(9)

Household = 9 persons:

**(9) Was the total 1992 income less than \$25,000 or more than \$25,000?**

- 0898
- 1  Less - Skip to question 10a
  - 2  More - Skip to question 9b(10)

Household = 10 persons:

**(10) Was the total 1992 income less than \$50,000 or more than \$50,000?**

- 0899
- 1  Less - Skip to question 10a
  - 2  More - Skip to question 9b(11)

Household = 11 persons:

**(11) Was the total 1992 income less than \$75,000 or more than \$75,000?**

- 0900
- 1  Less
  - 2  More

**SECTION W - INCOME AND ASSETS - Continued**

If there were no related persons listed in Section A, question 12d, skip to Check Item W1; otherwise ask 10a:

If personal visit, HAND Card W1.

**10a. The (answer to 9) was for** (Persons listed in Section A, question 12d who were related to decedent) **and --. Now I'd like to ask for just -- total individual income in 1992. What was -- total income in 1992?**

Enter nearest whole dollar amount AND mark (X) the appropriate box.

If necessary, probe using question 10b; otherwise skip to Check Item W1.

0901 \$ 

--	--	--	--	--	--	--	--

 .00

- 0902
- 1  Less than \$1,000
  - 2  \$1,000 to \$1,999
  - 3  \$2,000 to \$2,999
  - 4  \$3,000 to \$3,999
  - 5  \$4,000 to \$4,999
  - 6  \$5,000 to \$5,999
  - 7  \$6,000 to \$6,999
  - 8  \$7,000 to \$8,999
  - 9  \$9,000 to \$11,499
  - 10  \$11,500 to \$13,999
  - 11  \$14,000 to \$16,499
  - 12  \$16,500 to \$18,999
  - 13  \$19,000 to \$20,999
  - 14  \$21,000 to \$23,499
  - 15  \$23,500 to \$24,999
  - 16  \$25,000 to \$49,999
  - 17  \$50,000 to \$74,999
  - 18  \$75,000 or more

**b. (1) Was -- total 1992 income less than \$7,000 or more than \$7,000?**

- 0903
- 1  Less - Go to question 10b(2)
  - 2  More - Skip to Check Item W1

**(2) Was -- total 1992 income less than \$3,000 or more than \$3,000?**

- 0904
- 1  Less
  - 2  More

**CHECK ITEM W1**

Refer to Section A, question 10a and 10b, page 4.

- Decedent in facility or institution entire last year of life (box 888) marked - Skip to Check Item W2
- Other - Go to question 11a

**11a. DURING THE LAST YEAR OF LIFE, was -- a participant in AFDC, Aid to Families with Dependent children?**

- 0905
- 1  Yes
  - 2  No

**b. DURING THE LAST YEAR OF LIFE, was -- a participant in WIC, supplemental food for Women, Infants and Children?**

- 0906
- 1  Yes
  - 2  No

**c. DURING THE LAST YEAR OF LIFE, was -- a participant in the food stamp program?**

- 0907
- 1  Yes
  - 2  No

**CHECK ITEM W2**

Refer to Section P, question 1, page 46.

- Decedent married (box 1) marked - Skip to question 12b
- Other - Go to Check Item W3

**CHECK ITEM W3**

Refer to Section A, question 4a, page 3.

- Decedent 21 years or older - Skip to question 12c
- Other - Go to Check Item W4

**CHECK ITEM W4**

Refer to Section A, question 12d, page 5.

- Decedent lived with 1 or both parents - Go to question 12a
- Other - Skip to question 12c

Notes

**SECTION W - INCOME AND ASSETS - Continued**

*If personal visit, HAND Card W2.*

**12a. At the time of death, what was the total value of things, including a home, if any, owned by -- and -- parents or legal guardians? Subtract any debts and mortgages. Include cash in bank accounts, stocks, bonds, cars, jewelry, business interests and so forth. If unsure, please make your best estimate.**

0908

- 1  Zero net worth (or loss)
- 2  \$1 to \$999
- 3  \$1,000 to \$1,999
- 4  \$2,000 to \$2,999
- 5  \$3,000 to \$3,999
- 6  \$4,000 to \$4,999
- 7  \$5,000 to \$24,999
- 8  \$25,000 to \$49,999
- 9  \$50,000 to \$99,999
- 10  \$100,000 to \$249,999
- 11  \$250,000 to \$499,999
- 12  \$500,000 or more
- 13  \$1 to \$4,999

*Skip to Check Item W5*

*Probe if necessary -*

**(1) Was it less than \$5,000 or more than \$5,000?**

- Less - Go to question 12a(2)
- More - Skip to question 12a(3)
- Exactly \$5,000 - Mark (X) box 7

**(2) Was it a loss, zero net worth, or was there some monetary value to the things owned by -- and -- parents or legal guardians?**

- Zero or loss - Mark (X) box 1
- Some value - Mark (X) box 13

**(3) Was it less than \$25,000 or more than \$25,000?**

- Less - Mark (X) box 7
- More - Go to question 12a(4)
- Exactly \$25,000 - Mark (X) box 8

**(4) Was it less than \$50,000 or more than \$50,000?**

- Less - Mark (X) box 8
- More - Go to question 12a(5)
- Exactly \$50,000 - Mark (X) box 9

**(5) Was it less than \$100,000 or more than \$100,000?**

- Less - Mark (X) box 9
- More - Go to question 12a(6)
- Exactly \$100,000 - Mark (X) box 10

**(6) Was it less than \$250,000 or more than \$250,000?**

- Less - Mark (X) box 10
- More - Go to question 12a(7)
- Exactly \$250,000 - Mark (X) box 11

**(7) Was it less than \$500,000 or more than \$500,000?**

- Less - Mark (X) box 11
- \$500,000 or more - Mark (X) box 12

*If personal visit, HAND Card W2.*

**12b. At the time of death, what was the total value of things, including a home, if any, owned by -- (and (if respondent is decedent's spouse: you)/ -- husband/ -- wife)? Subtract any debts and mortgages. Include cash in bank accounts, stocks, bonds, cars, jewelry, business interests and so forth. If unsure, please make your best estimate.**

0909

- 1  Zero net worth (or loss)
- 2  \$1 to \$999
- 3  \$1,000 to \$1,999
- 4  \$2,000 to \$2,999
- 5  \$3,000 to \$3,999
- 6  \$4,000 to \$4,999
- 7  \$5,000 to \$24,999
- 8  \$25,000 to \$49,999
- 9  \$50,000 to \$99,999
- 10  \$100,000 to \$249,999
- 11  \$250,000 to \$499,999
- 12  \$500,000 or more
- 13  \$1 to \$4,999

*Skip to Check Item W5*

*Probe if necessary -*

**(1) Was it less than \$5,000 or more than \$5,000?**

- Less - Go to question 12b(2)
- More - Skip to question 12b(3)
- Exactly \$5,000 - Mark (X) box 7

**(2) Was it a loss, zero net worth, or was there some monetary value to the things owned by -- (and (if respondent is decedent's spouse: you)/ -- husband/ -- wife)?**

- Zero or loss - Mark box 1
- Some value - Mark (X) box 13

**(3) Was it less than \$25,000 or more than \$25,000?**

- Less - Mark (X) box 7
- More - Go to question 12b(4)
- Exactly \$25,000 - Mark (X) box 8

**SECTION W - INCOME AND ASSETS - Continued**

<b>12b. (4) Was it less than \$50,000 or more than \$50,000?</b>	<input type="checkbox"/> Less - Mark (X) box 8 <input type="checkbox"/> More - Go to question 12b(5) <input type="checkbox"/> Exactly \$50,000 - Mark (X) box 9
<b>(5) Was it less than \$100,000 or more than \$100,000?</b>	<input type="checkbox"/> Less - Mark (X) box 9 <input type="checkbox"/> More - Go to question 12b(6) <input type="checkbox"/> Exactly \$100,000 - Mark (X) box 10
<b>(6) Was it less than \$250,000 or more than \$250,000?</b>	<input type="checkbox"/> Less - Mark (X) box 10 <input type="checkbox"/> More - Go to question 12b(7) <input type="checkbox"/> Exactly \$250,000 - Mark (X) box 11
<b>(7) Was it less than \$500,000 or more than \$500,000?</b>	<input type="checkbox"/> Less - Mark (X) box 11 <input type="checkbox"/> \$500,000 or more - Mark (X) box 12

*If personal visit, HAND Card W2.*

<b>12c. At the time of death, what was the total value of things, including a home, if any, owned by --? Subtract any debts and mortgages. Include cash in bank accounts, stocks, bonds, cars, jewelry, business interests and so forth. If unsure, please make your best estimate.</b>	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0910</div> <div style="flex-grow: 1;"> <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Zero net worth (or loss)</li> <li>2 <input type="checkbox"/> \$1 to \$999</li> <li>3 <input type="checkbox"/> \$1,000 to \$1,999</li> <li>4 <input type="checkbox"/> \$2,000 to \$2,999</li> <li>5 <input type="checkbox"/> \$3,000 to \$3,999</li> <li>6 <input type="checkbox"/> \$4,000 to \$4,999</li> <li>7 <input type="checkbox"/> \$5,000 to \$24,999</li> <li>8 <input type="checkbox"/> \$25,000 to \$49,999</li> <li>9 <input type="checkbox"/> \$50,000 to \$99,999</li> <li>10 <input type="checkbox"/> \$100,000 to \$249,999</li> <li>11 <input type="checkbox"/> \$250,000 to \$499,999</li> <li>12 <input type="checkbox"/> \$500,000 or more</li> <li>13 <input type="checkbox"/> \$1 to \$4,999</li> </ul> </div> <div style="font-size: 3em; margin-left: 10px; line-height: 1;">}</div> <div style="margin-left: 10px; text-align: center;"> <p><i>Skip to Check Item W5</i></p> </div> </div>
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*Probe if necessary -*

<b>(1) Was it less than \$5,000 or more than \$5,000?</b>	<input type="checkbox"/> Less - Go to question 12c(2) <input type="checkbox"/> More - Skip to question 12c(3) <input type="checkbox"/> Exactly \$5,000 - Mark (X) box 7
<b>(2) Was it a loss, zero net worth, or was there some monetary value to the things owned by --?</b>	<input type="checkbox"/> Zero or loss - Mark (X) box 1 <input type="checkbox"/> Some value - Mark (X) box 13
<b>(3) Was it less than \$25,000 or more than \$25,000?</b>	<input type="checkbox"/> Less - Mark (X) box 7 <input type="checkbox"/> More - Go to question 12c(4) <input type="checkbox"/> Exactly \$25,000 - Mark (X) box 8
<b>(4) Was it less than \$50,000 or more than \$50,000?</b>	<input type="checkbox"/> Less - Mark (X) box 8 <input type="checkbox"/> More - Go to question 12c(5) <input type="checkbox"/> Exactly \$50,000 - Mark (X) box 9
<b>(5) Was it less than \$100,000 or more than \$100,000?</b>	<input type="checkbox"/> Less - Mark (X) box 9 <input type="checkbox"/> More - Go to question 12c(6) <input type="checkbox"/> Exactly \$100,000 - Mark (X) box 10
<b>(6) Was it less than \$250,000 or more than \$250,000?</b>	<input type="checkbox"/> Less - Mark (X) box 10 <input type="checkbox"/> More - Go to question 12c(7) <input type="checkbox"/> Exactly \$250,000 - Mark (X) box 11
<b>(7) Was it less than \$500,000 or more than \$500,000?</b>	<input type="checkbox"/> Less - Mark (X) box 11 <input type="checkbox"/> \$500,000 or more - Mark (X) box 12

Notes

**SECTION W - INCOME AND ASSETS - Continued**

**CHECK ITEM W5**

Refer to Section A, question 4a, page 3 and Section P, question 1, page 46. Mark (X) first box which applies.

- Decedent under 18 years old - Skip to Check Item W6
- Decedent married (box 1 marked in Section P, question 1) - Go to question 13a
- Other - Skip to question 13b

**13a. At the time of death, did -- or (you/-- husband/-- wife) own a home?**

0911

- 1  Yes - Skip to question 13c
- 2  No - Skip to Check Item W6

**b. At the time of death, did -- own a home?**

0912

- 1  Yes
- 2  No - Skip to Check Item W6

**c. What was the approximate value of the home at the time of -- death?**

0913

\$             .00

Enter nearest whole dollar amount or mark (X) box.

0914

- 0  \$1 million or more

**d. Were there any mortgages or home equity loans on the home at the time of -- death?**

0915

- 1  Yes
- 2  No
- 3  Don't know } Skip to Check Item W6

**e. At the time of -- death, what was the total amount of any mortgages or home equity loans on the home?**

0916

\$             .00

Enter nearest whole dollar amount.

**CHECK ITEM W6**

Refer to Section C, question 4a, page 13.

- "Yes", (box 1) marked, covered by Medicare - Go to "Read" before question 14a
- Other - Go to "Read" before question 14a

**READ - Now I would like to ask for -- Social Security (if covered, read: and Medicare) number(s). Giving (this/these) number(s) is voluntary and failure to provide the number(s) will not have any effect on the receipt of any benefits. This information we receive will be used only for informational purposes and to help find health care records. Data from this survey may be combined with data supplied by the Health Care Financing Administration (Medicare), the Social Security Administration, the VA, and other Federal agencies. This information is collected under the authority of Section 306 of the Public Health Service Act.**

**14a. What was -- Social Security Number?**

0917

0918

-   -

0919

- 0  Not available
- 1  Refused

If covered by Medicare, ask 14b; otherwise, skip to Section X.

**b. What was -- Medicare claim number?**

0920

0921

-   -       -

0922

- 0  Not available
- 1  Refused

Read if necessary - This number may be found on the Medicare card which is white with a red and blue stripe. The number may also be found on the Explanation of Medicare Benefits Forms that are sent after each service used.

If no alphabetic suffix, leave last two boxes blank.

Notes

**SECTION X - RESPONDENT BACKGROUND**

*READ - Before we end this interview, I would like to ask just a few questions about you.*

**1. What is your age?**

0923

Age in years

**2. Gender - Mark (X) box.**

0924

- 1  Male  
2  Female

**3a. What is the highest grade or year of regular school you ever attended?**

0925

- 0  Never attended or only kindergarten -  
*Skip to Check Item X1*

0926

Elementary/Secondary

*Circle grade below AND enter grade in boxes.*

1 2 3 4 5 6 7 8 9 10 11 12

0927

College

*Circle year below AND enter year in box*

1 2 3 4 5 6 or more

**b. Did you finish the (number in 3a) (grade/year)?**

0928

- 1  Yes  
2  No

**CHECK  
ITEM X1**

*Refer to Type of Respondent,  
Section II, on cover.*

- Multiple Respondent, Type 1 or 2 -  
*END INTERVIEW, Thank respondent*  
 Other - *Go to Section Y*

Notes



**SECTION Y - MULTIPLE RESPONDENTS**

<b>CHECK ITEM Y1</b>	Refer to Multiple Eligibility, Section I, on cover.	<input type="checkbox"/> Eligible, Type 1 – Go to Check Item Y2 <input type="checkbox"/> Eligible, Type 2 – Go to Check Item Y3 <input type="checkbox"/> NOT Eligible – Skip to Check Item Y5
<b>CHECK ITEM Y2</b>	Refer to Section A, question 3, page 3.	<input type="checkbox"/> Respondent's Child (box 4) marked – Skip to Check Item Y4 <input type="checkbox"/> Other – Skip to Check Item Y5
<b>CHECK ITEM Y3</b>	Refer to Section A, question 3, page 3.	<input type="checkbox"/> Respondent's Spouse (box 1) marked – Skip to Check Item Y5 <input type="checkbox"/> Other – Skip to question 1
<b>CHECK ITEM Y4</b>	Refer to Section A, question 4a, page 3.	<input type="checkbox"/> Decedent less than 35 years of age – Go to question 1 <input type="checkbox"/> Decedent aged 35 or older – Skip to Check Item Y5
<b>1. In some cases, we may need to get some additional information about decedents from others who knew them well. Did -- have a good friend or any (other) close relative about -- own age who knew -- well?</b>  <i>Read if decedent under 21 years – Someone who's at least 18 years old?</i>		0929 <input type="checkbox"/> 1 Yes, friend – Skip to question 3 <input type="checkbox"/> 2 Yes, relative – Go to question 2 <input type="checkbox"/> 3 No – Skip to Check Item Y5
<b>2. How was this person related to --?</b>		0930 <input type="checkbox"/> 1 Decedent's step-parent <input type="checkbox"/> 2 Decedent's sibling <input type="checkbox"/> 3 Decedent's in-law <input type="checkbox"/> 4 Other relative – Specify _____
<b>3. What is this person's full name?</b> <i>PRINT full name.</i>		PGM 10  First name _____ Middle name _____  Last name _____
<b>4. What is (Name of person listed in question 3) complete address, city, state, and zip code?</b>		Address (Number and street) _____  City _____  State <input type="text"/> <input type="text"/> ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>5. What is (Name of person listed in question 3) telephone number, including area code?</b>		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1000 <input type="checkbox"/> 1 Refused <input type="checkbox"/> 2 Don't know
<b>6. If we contact (Name of person listed in question 3) may we tell (him/her) that you gave us (his/her) name?</b>		1001 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
<b>CHECK ITEM Y5</b>	Refer to Section VI or VII, question 5d on page 2.	<input type="checkbox"/> Authorization already given by this respondent ("Yes," box 1 marked) – Skip to question 7 on page 75 <input type="checkbox"/> Other – Go to Check Item Y6
<b>CHECK ITEM Y6</b>	Mark (X) mode of interview.	<input type="checkbox"/> Telephone – Go to Introduction A on page 74 <input type="checkbox"/> Personal visit – Skip to Introduction B on page 74

**SECTION Y - MULTIPLE RESPONDENTS - Continued**

**INTRODUCTION A**

**I'd like to read a short statement which will conclude our interview.**

*Go to Proxy Authorization Statement below.*

**INTRODUCTION B**

**Please read and fill out this form and that will conclude our interview.**

*Hand an NMF-20, Authorization Form to the respondent.  
Answer any questions the respondent has concerning the form.*

**OFFICE USE ONLY**

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**NATIONAL MORTALITY FOLLOWBACK SURVEY**

**AUTHORIZATION TO OBTAIN INFORMATION  
FROM MEDICAL RECORDS**

*Proxy Authorization Statement*

*READ TO RESPONDENT -*

**I hereby give my consent for hospitals, nursing homes, medical examiners, coroners, and other medical sources that maintain records on the person named below to provide information to the National Center for Health Statistics through the U.S. Bureau of the Census. I understand that the National Center for Health Statistics will use this information only for statistical purposes which may include combining information with the Health Care Financing Administration (Medicare), the Social Security Administration, the VA, the National Highway and Traffic Safety Administration and other Federal agencies. No information which identifies me, the person named below, or the medical facility will ever be released or published without my permission.**

**Do you agree with the authorization statement which I just read?**

**1002**    1  Yes  
                  2  No

*I read the above statement to the survey respondent and he/she agreed or disagreed to the authorization as noted above.*

\_\_\_\_\_  
*Print Today's date*

\_\_\_\_\_  
*Print Decedent's Name*

\_\_\_\_\_  
*Field Representative's Signature*

\_\_\_\_\_  
*Print Respondent's Name*

\_\_\_\_\_  
*Print Respondent's Relationship to Decedent*

*This authorization expires one year from date of signature.*

**SECTION Y - MULTIPLE RESPONDENTS - Continued**

7. Mark (X) whether authorization given or refused.

1003

- 1  Authorization given
- 2  Authorization refused - *Specify reason* z

\_\_\_\_\_  
\_\_\_\_\_

**THANK RESPONDENT. END INTERVIEW. Complete cover page items.**

Notes

**OFFICE USE ONLY**

1004

1005

1006

1007