

# NEXT OF KIN INTERVIEW

1	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> NAMES (S)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> PATERNAL SURNAME	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> MATERNAL SURNAME
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2	<b>CODE OF RESPONDENT:</b>  RESPONDENT-2001 ..... 1  SPOUSE OF RESPONDENT-2001 ..... 2	<input style="width: 20px; height: 20px;" type="text"/>
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4	<b>DATE OF INTERVIEW</b>  DAY .....  __   __  MONTH .....  __   __	<input style="width: 20px; height: 20px;" type="text"/>  <input style="width: 20px; height: 20px;" type="text"/>	5  NUMBER OF VISITS NEEDED TO OBTAIN INTERVIEW .....  __   __	<input style="width: 20px; height: 20px;" type="text"/>
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6	<b>RESULT OF INTERVIEW</b>  COMPLETE ..... 01 INCOMPLETE ..... 20 <div style="text-align: center; margin: 5px 0;">↓</div> LAST SECTION COMPLETED .....  __	<input style="width: 20px; height: 20px;" type="text"/>  <input style="width: 20px; height: 20px;" type="text"/>
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7	NAME OF RESPONDENT: _____  RELATIONSHIP TO DECEASED: _____	<input style="width: 20px; height: 20px;" type="text"/>
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**SECTION SA. DEMOGRAPHIC DATA**

FINISH TIME | | : | |

**SA.1 INTERVIEWER: INDICATE IF THE INFORMANT IS THE WIDOW(ER) OF THE DECEASED PERSON**

YES ..... 1 → Go to SA.8a

NO ..... 2 → Go to SA.2

**GENERAL DATA**

**SA.2 Approximately how old was (NAME) upon passing away?**

YEARS ..... | |

RF ..... 88

DK ..... 99

**SA.3 INTERVIEWER: NOTE THE SEX OF (NAME)**

Male ..... 1

Female ..... 2

**SA.4 Did (NAME) die in a private house or in a hospital or institution?**

Private house ..... 1

Hospital or institution ..... 2

RF ..... 8

DK ..... 9

**SA.5 In what community did (NAME) pass away?**

In this community ..... 1

Other community in this state ..... 2

Other state in Mexico ..... 3

United States ..... 4

Other country not the United States ..... 5

RF ..... 8

DK ..... 9

**SA.6 What was the cause of (NAME'S) death?**

Sickness ..... 1 → Go to SA.7

Accident or violence ..... 2

Other cause ..... 3

RF ..... 8 → Go to SA.9

DK ..... 9

**SA.7 What was the primary sickness that caused the death of (NAME)?**

Cancer ..... 1

Diabetes ..... 2

Stroke ..... 3

Heart ..... 4

Other ..... 5

RF ..... 8

NO SABE ..... 9

**SA.8a Please remind me, when did (NAME) pass away?**

MONTH ..... | |

YEAR ..... 2 0 0 | |

RF ..... 88/2008

DK ..... 99/2009

**SA.8b INTERVIEWER: NOTE THE NUMBER OF MONTHS THAT PASSED BETWEEN THE LAST VISIT (APPROXIMATELY JUNE, 2001) AND THE DATE OF DEATH.**

MONTHS ..... | |

RF ..... 88

DK ..... 99

**INTERVIEWER: SOME QUESTIONS IN THIS QUESTIONNAIRE WILL REFER TO THE LAST " " MONTHS OF LIFE OF THE DECEASED (SEE SA.8B), SINCE THIS IS THE TIME THAT ELAPSED BETWEEN THE LAST INTERVIEW AND HIS/HER DEATH**

**MIGRATION**

**SA.9 Not counting vacations and short visits, did (NAME) ever live in the U.S.?**

YES ..... 1 → Go to SA.10

NO ..... 2 } → Go to SA.15

RF ..... 8

DK ..... 9

**SA.10 In the last \_\_ months of his/her life, not counting vacations or short visits, did (NAME) work or live in the U.S.?**

YES ..... 1

NO ..... 2

RF ..... 8

DK ..... 9

**MARITAL STATUS**

SA.11 Think about the last time that (NAME) returned from the U.S to Mexico - he/she returned because...

**CIRCLE ALL THAT APPLY**

- (NAME) was sick ..... 01
- (NAME) missed his/her family ..... 02
- It was difficult to stay in the U.S. .... 03
- It was very expensive to stay in the U.S. .... 04
- Didn't earn enough there ..... 05
- Had migration problems ..... 06
- Had family problems in Mexico ..... 07
- Other ..... 08
  
- RF ..... 88
- DK ..... 99

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SA.12 INDICATE IF MORE THAN ONE REASON WAS MARKED IN SA.11

- YES ..... 1 → Go to SA.13
- NO ..... 2 → Go to SA.14

<input type="checkbox"/>
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SA.13 What would you say was the primary reason for (NAME'S) return?

- (NAME) was sick ..... 01
- (NAME) missed his/her family ..... 02
- it was difficult to stay in the U.S. .... 03
- it was very expensive to stay in the U.S. .... 04
- didn't earn enough there ..... 05
- had migration problems ..... 06
- had family problems in Mexico ..... 07
- other ..... 08
  
- RF ..... 88
- DK ..... 99

<input type="checkbox"/>	<input type="checkbox"/>
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SA.14 The last time that he/she returned from the U.S. to Mexico, would you say that (NAME's) health was:

- Excellent ..... 1
- Very good ..... 2
- Good ..... 3
- Normal ..... 4
- Bad ..... 5
  
- RF ..... 8
- DK ..... 9

<input type="checkbox"/>
--------------------------

SA.15 Was (NAME) married or in union at the moment of passing away?

- YES ..... 1 → Go to SA.16
  - NO ..... 2
  - RF ..... 8
  - DK ..... 9
- } → Go to Section SB

<input type="checkbox"/>
--------------------------

SA.16 When he/she passed away, did (NAME) live in the same home as his/her spouse or partner?

- YES ..... 1 → Go to Section SB
  - NO ..... 2 → Go to SA.17
  - RF ..... 8
  - DK ..... 9
- } → Go to Section SB

<input type="checkbox"/>
--------------------------

SA.17 In what month and year did they cease to live in the same home?

- MONTH ..... | | | |
- YEAR ..... | | | | | | | |
- RF ..... 88/2008
- DK ..... 99/2009

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GO TO SECTION SB**

**SECTION SB - TEMPORARY LIVING ARRANGEMENTS**

Introduction: We are interested in whatever temporary living arrangements may have occurred, whether for (NAME) or other people, that might have been made with the intention of helping (NAME) and that might have happened between the last interview and the moment in which (NAME) passed away, that is to say, in the last \_\_ months of his/her life.

**SB.1 In the last \_\_ months of his/her life, did someone temporarily move to live in the home where (NAME) was living in order to help out, and later moved out again?**

YES ..... 1 → Go to SB.2  
 NO ..... 2 }  
 RF ..... 8 } → Go to SB.5  
 DK ..... 9 }

**SB.2 Who was (were) this (these) person(s)?**

Child or grandchild of (NAME) ..... 1 → Go to SB.3  
 Other relatives of (NAME) ..... 2 }  
 Other non-relative ..... 3 } → Go to SB.5  
 RF ..... 8 }  
 DK ..... 9 }

**SB.3 Which child(ren) or grandchild(ren) were these?**

**NOTE THE REGISTRATION NUMBER MHAS-2001**

[IF IT IS A SON/DAUGHTER-IN-LAW OR A GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED]

_____	_____	_____
NAME	REGISTRATION NUMBER	
_____	_____	_____
NAME	REGISTRATION NUMBER	
_____	_____	_____
NAME	REGISTRATION NUMBER	

ALL ..... 781  
 RF ..... 888  
 DK ..... 999

**SB.4 If it was more than one (grand)child, who stayed the longest?**

**NOTE THE REGISTRATION NUMBER MHAS-2001**

_____	_____	_____
NAME	REGISTRATION NUMBER	

**IF IT IS A GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED**

It was only one ..... 777  
 All the same ..... 781

**SB.5 In the last \_\_ months of his/her life, did (NAME) temporarily move in to live with someone?**

YES ..... 1 → Go to SB.6  
 NO ..... 2 }  
 RF ..... 8 } → Go to Section SC  
 DK ..... 9 }

**SB.6 Whose house did he/she move into?**

Child or grandchild of (NAME) ..... 1 → Go to SB.7  
 Other relatives of (NAME) ..... 2 }  
 Other non-relative ..... 3 } → Go to Section SC  
 RF ..... 8 }  
 DK ..... 9 }

**SB.7 Which child(ren) or grandchild(ren) were they?**

**NOTE THE REGISTRATION NUMBER MHAS-2001**

_____	_____	_____
NAME	REGISTRATION NUMBER	
_____	_____	_____
NAME	REGISTRATION NUMBER	
_____	_____	_____
NAME	REGISTRATION NUMBER	

ALL ..... 781  
 RF ..... 888  
 DK ..... 999

**SB.8 If it was more than one (grand) child, with whom did she/he stay the longest?**

**NOTE THE REGISTRATION NUMBER MHAS-2001**

_____	_____	_____
NAME	REGISTRATION NUMBER	

**IF IT IS A GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED**

It was only one ..... 777  
 All the same ..... 781

**GO TO SECTION SC**

**SECTION SC - HEALTH**

We would like to know the health problems that (NAME) had before passing away, even when the death may not have been related to said health problems.

**HYPERTENSION**

SC.1 In the last \_\_ months of his/her life, did a doctor or medical personnel diagnose (NAME) with hypertension or high blood pressure?

- YES ..... 1 → Go to SC.2
- NO ..... 2
- RF ..... 8 → Go to SC.3
- DK ..... 9

SC.2 Before passing away, was (NAME) taking some medicine to lower blood pressure?

- YES ..... 1
- NO ..... 2
- RF ..... 8
- DK ..... 9

**DIABETES**

SC.3 In the last \_\_ months of his/her life, did a doctor or medical personnel diagnose (NAME) with diabetes or high blood sugar?

- YES ..... 1 → Go to SC.4
- NO ..... 2
- RF ..... 8 → Go to SC.8
- DK ..... 9

SC.4 Before passing away, was (NAME) taking some oral medicine to his/her diabetes?

- YES ..... 1
- NO ..... 2
- RF ..... 8
- DK ..... 9

SC.5 Before passing away, was (NAME) taking injections or using an insulin pump ?

- YES ..... 1
- NO ..... 2
- RF ..... 8
- DK ..... 9

SC.6 Was (NAME) following a special diet to control his/her diabetes?

- YES ..... 1
- NO ..... 2
- RF ..... 8
- DK ..... 9

SC.7 How frequently did (NAME) measure the level of sugar in his/her blood or urine?

NUMBER OF TIMES ..... [ ][ ][ ][ ]

BY PERIOD:

- Week ..... 1
- Month ..... 2
- Year ..... 3
- NEVER ..... 5

RF ..... 88  
DK ..... 99



**CANCER**

SC.8 In the last \_\_ months of his/her life, did a doctor or medical personnel diagnose (NAME) with cancer or a malignant tumor, excluding minor skin cancer?

- YES ..... 1 → Go to SC.9
- NO ..... 2
- RF ..... 8 → Go to SC.11
- DK ..... 9

SC.9 During the last \_\_ months of his/her life, what kind of treatment did (NAME) receive for his/her cancer(s)?

MARK ALL THAT APPLY

- Chemotherapy/ Medication ..... 1
- Surgery or Biopsy ..... 2
- Radiation or X-Ray ..... 3
- Medication or Treatment for Symptoms (Pain, Nausea, Rash) ..... 4
- NONE ..... 5
- OTHER \_\_\_\_\_ 7
- SPECIFY \_\_\_\_\_
- RF ..... 8
- DK ..... 9






SC.10 In what year was (NAME's) most recent cancer diagnosed?

YEAR ..... [ ][ ][ ][ ][ ]

RF ..... 8888  
DK ..... 9999

**PULMONARY ILLNESS**

SC.11 In the last \_\_ months of his/her life, did a doctor or medical personnel diagnose (NAME) with a respiratory illness, like asthma or emphysema?

YES ..... 1 → Go to SC.12  
 NO ..... 2  
 RF ..... 8 → Go to SC.13  
 DK ..... 9

SC.17 Before passing away, was (NAME) taking medicine due to the stroke or its complications?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

SC.12 Before passing away, was (NAME) taking medicine or some treatment to for his/her respiratory illness?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

SC.18 About in what year did (NAME) have his/her most recent stroke?

YEAR ..... | | | | |  
 RF ..... 8888  
 DK ..... 9999

| | | | |

**HEART PROBLEMS**

SC.13 In the last \_\_ months of his/her life, did a doctor or medical personnel tell (NAME) that he/she had a heart attack?

YES ..... 1 → Go to SC.14  
 NO ..... 2  
 RF ..... 8 → Go to SC.16  
 DK ..... 9

SC.19 During the last \_\_ months of his/her life, did a doctor or medical personnel diagnose (NAME) with...?

	YES	NO	RF	DK
An illness that affects the memory?	1	2	8	9
Liver or kidney infection?	1	2	8	9
Tuberculosis?	1	2	8	9
Pneumonia?	1	2	8	9

SC.14 Before passing away, was (NAME) taking medicine for his/her heart problems?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

SC.15 Before passing away, was (NAME) taking medicine for chest pain?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

**FALL AND PAIN**

SC.20 Did (NAME) fall down in the last \_\_ months of his/her life?

YES ..... 1 → Go to SC.21  
 NO ..... 2  
 RF ..... 8 → Go to SC.23  
 DK ..... 9

**STROKE**

SC.16 In the last \_\_ months of his/her life, did a doctor or medical personnel tell (NAME) that he/she had a stroke?

[VOL] POSSIBLE STROKE OR TIA (TRANSIENT ISCHEMIC ATTACK)

YES ..... 1 → Go to SC.17  
 NO ..... 2  
 RF ..... 8 → Go to SC.19  
 DK ..... 9

SC.21 About how many times?

NUMBER OF TIMES... ..... | | | | |  
 RF ..... 88  
 DK ..... 99

| | | | |

SC.22 Was (NAME) hurt in these falls such that he/she needed medical treatment?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

SC.23 In the last \_\_ months of his/her life, did (NAME) fracture any bones including the hip?

↓

YES ..... 1  
 NO ..... 2

RF ..... 8  
 DK ..... 9

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SC.24 In the last \_\_ months of his/her life, did (NAME) often suffer physical pain?

YES ..... 1 → Go to SC.25  
 NO ..... 2

RF ..... 8 → Go to SC.26  
 DK ..... 9

---

SC.25 How was the physical pain most of the time?

↓

Mild ..... 1  
 Moderate ..... 2  
 Severe ..... 3

RF ..... 8  
 DK ..... 9

SC.28 About how many cigarettes or packs did (NAME) smoke in a typical day?

**ASK FOR AN AVERAGE**

CIGARETTES/DAY ..... [ ][ ]  
 OR  
 PACKS/DAY ..... [ ][ ]

87 OR MORE CIGARETTES ..... 87  
 RF ..... 88  
 DK ..... 99

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SC.29 In the last \_\_ months before death, about how many days a week did (NAME) have an alcoholic drink like beer, wine, liquor, or pulque (spirit made from fermented cactus pulp)?

**FOR NONE OR LESS THAN ONE MARK "0"**

↓

NUMBER OF DAYS ..... [ ][ ]

RF ..... 8  
 DK ..... 9

**SMOKING AND ALCOHOL**

**WEIGHT AND HEIGHT**

SC.26 Did (NAME) smoke in the last \_\_ months of his/her life?

YES ..... 1 → Go to SC.27  
 NO ..... 2

RF ..... 8 → Go to SC.29  
 DK ..... 9

---

SC.27 How often did (NAME) smoke?

↓

Daily ..... 1  
 Not daily ..... 2

RF ..... 8  
 DK ..... 9

SC.30 Compared to \_\_ months before death, when (NAME) died, his/her weight...

↓

Had increased by 5 or more kilos ..... 1  
 Had decreased by 5 or more kilos ..... 2  
 Was more or less the same ..... 3

RF ..... 8  
 DK ..... 9

**SYMPTOMS**

SC.31 During the last \_ \_ months of his/her life, did (NAME) often have any of the following problems?

	YES	NO	RF	DK
SC.31a Frequent swelling in your feet or ankles	1	2	8	9
SC.31b Difficulty breathing while lying down	1	2	8	9
SC.31c Fainting spells or vertigo	1	2	8	9
SC.31d Intense thirst	1	2	8	9
SC.31e Severe fatigue or exhaustion	1	2	8	9
SC.31f Wheezing, cough, or phlegm	1	2	8	9
SC.31g Pain in lower limbs while (or after) walking	1	2	8	9
SC.31h Stomach pain, indigestion, diarrhea	1	2	8	9
SC.31i Involuntary loss of urine	1	2	8	9
SC.31j Pain or burning when urinating	1	2	8	9
SC.31k Bleeding when urinating or defecating	1	2	8	9
SC.31l Sweating while sleeping	1	2	8	9
SC.31m Bleeding while coughing	1	2	8	9
SC.31n Very little appetite	1	2	8	9
SC.31o Frequent vomit	1	2	8	9
SC.31p Depression	1	2	8	9
SC.31q Frequent confusion	1	2	8	9
SC.31r Out of control temper	1	2	8	9



















**GO TO SECTION SD**

**SECTION SD - HEALTH SERVICES**

**SD.1 (NAME) had the right to medical service in...**

**(MARK ALL THAT APPLY)**

↓

Social Security (IMSS) ..... 1

ISSSTE ..... 2

Pemex, Defense or Navy ..... 3

Private Medical Insurance ..... 4

OTHER ..... 5

RF ..... 8

DK ..... 9

**GO TO SD.3**

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**SD.3 Including all of the hospital stays in the last \_\_ months of his/her life, about how many nights did (NAME) stay in a hospital overnight?**

NUMBER OF NIGHTS .....

↓

Go to SD.4

NONE ..... 000

RF ..... 888

DK ..... 999

→ Go to SD.7

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**SD.4 Where did (NAME) receive the service(s)?**

READ ALL OPTIONS AND CIRCLE ALL THAT APPLY

↓

IMSS ..... 1

ISSSTE ..... 2

Department of Health ..... 3

IMSS Solidaridad ..... 4

Private clinic or hospital ..... 5

Red Cross, Green Cross ..... 6

OTHER ..... 7

RF ..... 8

DK ..... 9

**SD.5 Altogether, about how much did (NAME) pay for these hospitalizations?**

QUANTITY .....

IF A QUANTITY IS REGISTERED, SKIP TO SD.7

NOTHING ..... 000000 → Go to SD.7

RF ..... 888888

DK ..... 999999

→ Go to SD.6

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**SD.6 Would you say that it was...**

**SD.6a...more than \$4000 pesos?**

Yes ..... 1 → Go to SD.6c

No ..... 2 → Go to SD.6b

DK ..... 9 → Go to SD.7

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**SD.6b ...more than \$2000 pesos?**

Yes ..... 1

No ..... 2 → Go to SD.7

DK ..... 9

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**SD.6c ...more than \$16,000 pesos?**

↓

Yes ..... 1

No ..... 2

DK ..... 9

**UTILIZATION OF SERVICES**

**SD.7 In the last \_\_ months of his/her life, about how many times did (NAME) visit or consult a doctor or medical personnel?**

TIMES .....

IF AMOUNT IS REGISTERED, SKIP TO SD.8

NONE ..... 000 → Go to SD.10

RF ..... 888888

DK ..... 999999

→ Go to SD.8



**SECTION SE - COGNITIVE CONDITION**

<p>SE.1 Part of this study deals with people's memory and their capacity to think about certain things.</p> <p>How would you evaluate the memory of (NAME) in the last month of his/her life? Would you say that it was...</p> <p>Excellent ..... 1            Very good ..... 2            Good ..... 3            Normal ..... 4            Bad ..... 5</p> <p>RF ..... 8            DK ..... 9</p>	<input type="checkbox"/>	<p>SE.5 Compared to two years ago, during the last month of his/her life, how well did (NAME) remember conversations after a few days? Had it...</p> <p>Improved ..... 1            Stayed the same ..... 2            Worsened ..... 3</p> <p>RF ..... 8            DK ..... 9</p>	<input type="checkbox"/>
<p>SE.2 How would you evaluate the capacity of (NAME) to make judgements and decisions in the last month of his/her life? Would you say that it was...</p> <p>Excellent ..... 1            Very good ..... 2            Good ..... 3            Normal ..... 4            Bad ..... 5</p> <p>RF ..... 8            DK ..... 9</p>	<input type="checkbox"/>	<p>SE.6 Compared to two years ago, during the last month of his/her life, how well did (NAME) handle his/her economic affairs, such as his/her pension or dealings with the bank? Had it...</p> <p>Improved ..... 1            Stayed the same ..... 2            Worsened ..... 3</p> <p>RF ..... 8            DK ..... 9</p>	<input type="checkbox"/>
<p>SE.3 Compared to two years ago, during the last month of his/her life, how well did (NAME) remember things about family and friends, such as professions, birthdays and addresses? Had it...</p> <p>Improved. .... 1            Stayed the same. .... 2            Worsened ..... 3</p> <p>RF ..... 8            DK ..... 9</p>	<input type="checkbox"/>	<p>SE.7 During the last month of his/her life, did (NAME) get disoriented (lost) in environments with which he/she was familiar?</p> <p>YES ..... 1            NO ..... 2</p> <p>RF ..... 8            DK ..... 9</p>	<input type="checkbox"/>
<p>SE.4 Compared to two years ago, during the last month of his/her life, how well did (NAME) remember things that had recently occurred? Had it...</p> <p>Improved ..... 1            Stayed the same ..... 2            Worsened ..... 3</p> <p>RF ..... 8            DK ..... 9</p>	<input type="checkbox"/>	<p>SE.8 During the last month of his/her life, could you leave (NAME) alone for an hour or so?</p> <p>YES ..... 1            NO ..... 2</p> <p>RF ..... 8            DK ..... 9</p>	<input type="checkbox"/>
		<p>SE.9 During the last month of his/her life, how often was (NAME) angry or hostile?</p> <p>MOST OF THE TIME ..... 1            SOMETIMES ..... 2            NEVER ..... 3</p> <p>RF ..... 8            DK ..... 9</p>	<input type="checkbox"/>
		<p>SE.10 During the last month of his/her life, how often did (NAME) do things that were dangerous for him/herself or others?</p> <p>MOST OF THE TIME ..... 1            SOMETIMES ..... 2            NEVER ..... 3</p> <p>RF ..... 8            DK ..... 9</p>	<input type="checkbox"/>

**GO TO SECTION SG**

**SECTION SG - HELP AND CHILDREN**

**SG.1a INTERVIEWER: INDICATE IF THE INTERVIEW ABOUT THE DECEASED (NAME) IS INDIVIDUAL OR WITH A COUPLE**

INDIVIDUAL ..... 1 Go to SG. 1b

WITHA (LIVING) COUPLE IN THE HOUSEHOLD ..... 2 Go to Section SH

BOTH DIED..... 3 IF 1ST INTERVIEW GO TO SG.1B; IF 2ND GO TO SECTION SH

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**SG.1b At the moment of passing away, did (NAME) have any living sons or daughters?**

**INCLUDE BIOLOGICAL CHILDREN, STEPCILDREN AND ADOPTED CHILDREN**

YES ..... 1 → Go to SG.2

NO ..... 2 → Go to SG.2

RF ..... 8 → Go to Section SH

DK ..... 9 → Go to Section SH

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**SG.2 About how many living sons or daughters did (NAME) have?**

NUMBER ..... | | | | |

RF ..... 88

DK ..... 99

Family and friends sometimes help in different ways. Part of our study is to understand how they do it. The following questions refer to the help given or received by (NAME) between the last time that we spoke with (NAME) and his/her death. That is, in the last \_\_ months of his/her life. Do not include something that (NAME) may have given to his family members as inheritance.

**FINANCIAL ASSISTANCE GIVEN**

**SG.3 In the last \_\_ months of his/her life, did (NAME) give a house, business, property or large quantities of money to his children and/or grandchildren (and those of his/her spouse)?**

**LARGE QUANTITY = 50,000 pesos in total**

YES ..... 1 → Go to SG.4

NO ..... 2 → Go to SG.5

RF ..... 8

DK ..... 9

**SG.4 To which child or grandchild?**

**MARK UP TO FIVE OPTIONS**

[IF IT IS A GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED]

NAME REGISTRATION NUMBER

NAME REGISTRATION NUMBER

NAME REGISTRATION NUMBER

ALL ..... 781

RF ..... 888

DK ..... 999

**SG.5 In the last \_\_ months of his/her life, did (NAME) (or his/her spouse) give money or in-kind payment to his children and/or grandchildren (and those of his/her spouse)? Include help with the costs of education; exclude living, shared meals, and other basic daily costs.**

YES ..... 1 → Go to SG.6

NO ..... 2 → Go to SG.6

RF ..... 8 → Go to SG.10

DK ..... 9 → Go to SG.10

**SG.6 To which child or grandchild was this help given?**

[IF IT IS A GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED]

NAME REGISTRATION NUMBER

NAME REGISTRATION NUMBER

NAME REGISTRATION NUMBER

NAME REGISTRATION NUMBER

ALL ..... 781

RF ..... 888

DK ..... 999

**NON-FINANCIAL ASSISTANCE GIVEN**

**SG.7** In the last \_\_ months of his/her life, did (NAME) spend at least 1 hour a week helping his/her children, children-in-law, or grandchildren (and those of his/her spouse)?

- YES ..... 1 → Go to SG.8  
 NO ..... 2  
 RF ..... 8 → Go to SG.9  
 DK ..... 9

**SG.8** To which children?

MARK ALL THE OPTIONS THAT THEY INDICATE (UP TO 3)

[IF IT IS A CHILD-IN-LAW OR A GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED]

\_\_\_\_\_      \_\_\_\_\_  
 NAME                  REGISTRATION NUMBER

\_\_\_\_\_      \_\_\_\_\_  
 NAME                  REGISTRATION NUMBER

\_\_\_\_\_      \_\_\_\_\_  
 NAME                  REGISTRATION NUMBER

- ALL THE CHILDREN ..... 781  
 RF ..... 888  
 DK ..... 999

**SG.11** Which children gave this help?

[IF IT IS A CHILD-IN-LAW OR A GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED]

\_\_\_\_\_      \_\_\_\_\_  
 NAME                  REGISTRATION NUMBER

\_\_\_\_\_      \_\_\_\_\_  
 NAME                  REGISTRATION NUMBER

\_\_\_\_\_      \_\_\_\_\_  
 NAME                  REGISTRATION NUMBER

\_\_\_\_\_      \_\_\_\_\_  
 NAME                  REGISTRATION NUMBER

- ALL ..... 781  
 RF ..... 888  
 DK ..... 999

**GO TO SECTION SH**

**FINANCIAL ASSISTANCE RECEIVED**

**SG.9** In the last \_\_ months of his/her life, did (NAME) receive a house, business, properties or large quantities of money?

LARGE QUANTITY = 50,000 pesos in total

- YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

**SG.10** In the last \_\_ months of his/her life, did (NAME) (or his/her spouse) receive money or in-kind payment from his children and/or grandchildren (and those of his/her spouse)?

- YES ..... 1 → Go to SG. 11  
 NO ..... 2  
 RF ..... 8 → Go to Section SH  
 DK ..... 9



**BASIC ACTIVITIES OF DAILY LIFE**

**SH.7** Now I will mention other activities with which people may have problems due to a physical, mental, emotional, or memory-related problem. Please tell me about the help that (NAME) received in the **LAST THREE MONTHS BEFORE HIS/HER DEATH**. Due to a health problem, did someone help (NAME) with at least one activity such as  
 ...preparing a hot meal  
 ...making purchases/shopping  
 ...taking his/her medications (if some are taken)  
 ...managing his/her money.

- YES ..... 1 → Go to SH.8
- NO ..... 2
- COULDN'T DO THOSE ACTIVITIES ..... 3
- DIDN'T DO THOSE ACTIVITIES ..... 4 → Go to Section SI
- RF ..... 8
- DK ..... 9

**HELP WITH BASIC ACTIVITIES OF DAILY LIFE**

**SH.8** Please tell me who helped with these activities. We will begin the list with (his/her spouse), his/her children, his/her children-in-law, grandchildren and other people.

SH.8	SH.9	SH.10	SH.11	SH.12
<b>NAME</b>	<b>RELATIONSHIP WITH (NAME)</b> SPOUSE ..... 01 CHILD ..... 02 CHILD-IN-LAW ..... 03 GRANDCHILD ..... 04 PARENT ..... 05 OTHER RELATIVE ..... 06 OTHER PERSON ..... 07 PAID PERSON ..... 08  RF ..... 88 DK ..... 99	<b>IF THE PERSON IS INCLUDED IN ANY ROSTER, NOTE THE ROSTER REGISTRATION NUMBER.</b>  [IF IT IS A CHILD-IN-LAW OR A GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED]  [IF PERSON IS NO IN ANY ROSTER, NOTE 666]	During the last month of his/her month, about how many days did he/she help (NAME)?  EVERYDAY ..... 30	On those days that he/she helped (NAME), about how many hours per day did he/she help?  LESS THAN ONE HOUR ..... 01
↓	→	→	→	
NAME	REALTIONSHIP	REGISTRATION NUMBER	DAYS	HOURS
	_ _	_ _ _	_ _	_ _
	_ _	_ _ _	_ _	_ _
	_ _	_ _ _	_ _	_ _
	_ _	_ _ _	_ _	_ _
	_ _	_ _ _	_ _	_ _
	_ _	_ _ _	_ _	_ _
	_ _	_ _ _	_ _	_ _
	_ _	_ _ _	_ _	_ _
	_ _	_ _ _	_ _	_ _
	_ _	_ _ _	_ _	_ _
	_ _	_ _ _	_ _	_ _

**GO TO SECTION SI**

**SECTION SI - EMPLOYMENT**

**WORK**

SI.1 Before (NAME) passed away, was he/she...  
**READ THE OPTIONS UNTIL OBTAINING A RESPONSE**

- Working? ..... 1 → Go to SI.2
- Not working? ..... 3  
 Looking for work? ..... 4 } → Go to SI.3
- RF ..... 8  
 DK ..... 9

SI.2 In the primary job that (NAME) used to have, which of the following benefits were given to him/her?

	YES	NO	RF	DK
IMSS	1	2	8	9
ISSSTE	1	2	8	9
SAR (Savings for retirement) or account in "afores"	1	2	8	9
Housing credit	1	2	8	9
Health insurance	1	2	8	9
Life insurance	1	2	8	9
OTHER	1	2	8	9

**GO TO SECTION SJ**

SI.3 What was (NAME's) reason for not working?

- Was dedicated to household chores ..... 1  
 Was retired ..... 2  
 Old age ..... 3  
 Was sick or temporarily disabled ..... 4  
 Was unable to work for rest of life ..... 5  
 Didn't have customers or couldn't find work .. 6
- OTHER ..... 7  
 RF ..... 8  
 DK ..... 9

SI.4 Did (NAME) ever work in a business, self-employed activity, or as an assistant without pay?

- YES ..... 1 → Go to SI.5  
 NO ..... 2 }  
 RF ..... 8 } → Go to Section SJ  
 DK ..... 9 }

SI.5 Which was the reason for which (NAME) left his/her last job?

- Source of work closed and dissolved or was layed off ..... 01  
 It was temporary and the time period of the work ended ..... 02  
 The business moved ..... 03  
 Made too little money ..... 04  
 The work schedule was inconvenient ..... 05  
 It wasn't related to his/her studies or training ..... 06  
 To care for children or other family members ..... 07  
 Due to sickness ..... 08  
 She/he retired ..... 09
- Other ..... 10  
 (Specify)
- RF ..... 88  
 DK ..... 99

SI.6 In what year did (NAME) leave his/her last job?

- YEAR ..... | | | | |
- RF ..... 8888  
 DK ..... 9999

**GO TO SECTION SJ**

**SECTION SJ - HOUSING AND ASSETS**

**SJ.1 INTERVIEWER: INDICATE IF THE INTERVIEW ABOUT THE DECEASED (NAME) IS INDIVIDUAL, WITH THE SURVIVING PARTNER, OR IF BOTH PARTNERS HAVE PASSED AWAY.**

- INDIVIDUAL ..... 1 → Go to SJ.2
- WITH THE SURVIVING PARTNER ..... 2 → Go to Observations
- BOTH PARTNERS HAVE PASSED AWAY ..... 3 → interview Go to SJ.2; if it is the first second go to Observations

**SJ.2 At the moment of passing away, did (NAME) own a house, apartment, ranch, or farm?**

- YES ..... 1 → Go to SJ.3
- NO ..... 2 } → Go to SJ.4
- RF ..... 8
- DK ..... 9

**SJ.3 What happened to that property after the death of (NAME)?**

- It is now property of (NAME's) relatives ..... 1
- Was sold ..... 2
- Was inherited by someone else ..... 3
- Property still hasn't been dealt with ..... 4
- Was rented ..... 5
- RF ..... 8
- DK ..... 9

**SJ.4 In the last \_\_ months of his/her life, did (NAME) sell any real estate property or business to pay for costs, such as medical costs, for example.**

- YES ..... 1
- NO ..... 2
- RF ..... 8
- DK ..... 9

**SJ.5 In the last \_\_ months of his/her life, did any relative of (NAME) sell any real estate property or business to pay for the care of (NAME), to cover medical costs, for example.**

- YES ..... 1
- NO ..... 2
- RF ..... 8
- DK ..... 9

**SJ.6 Now we would like to ask about the costs associated with his/her death, such as the funeral, legal fees, etc. About how much was spent in total for these costs?**

AMOUNT ..... [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

IF A QUANTITY IS REGISTERED, SKIP TO SJ.8

- RF ..... 888888 → Go to SJ.7
- DK ..... 999999

**SJ.7 Would you say that it was...**

**SJ.7a ...more than \$1000 pesos?**

- YES ..... 1 → Go to SJ.7c
- NO ..... 2 → Go to SJ.7b
- DK ..... 9 → Go to SJ.8

**SJ.7b ...more than \$500 pesos?**

- YES ..... 1
- NO ..... 2 } → Go to SJ.8
- DK ..... 9

**SJ.7c ...more than \$4000 pesos?**

- YES ..... 1
- NO ..... 2
- DK ..... 9

**SJ.8 Were any of these costs covered by insurance?**

- YES ..... 1
- NO ..... 2
- RF ..... 8
- DK ..... 9

**SJ.9 Sometimes people make arrangements to leave things to certain members of their family in case something happens to them. We are trying to understand the situation in (NAME's) family. Before his/her passing away, did (NAME) make arrangements to transfer his/her assets in case he/she died?**

- YES ..... 1 → Go to SJ.10
- NO ..... 2
- DIDN'T HAVE ASSETS ..... 3 } → Go to SJ.12
- RF ..... 8
- DK ..... 9

**SJ.10 Who would receive (received/ will receive) (NAME's) assets?**

- Children and/or grandchildren .. 1 } → Go to SJ.11
- Children and/or grandchildren and others ..... 2
- Others ..... 3
- No one ..... 4 } → Go to SJ.12
- RF ..... 8
- DK ..... 9

SJ.11 Which of the children would receive (received/ will receive) more?

[IF IT IS A CHILD-IN-LAW OR A GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED]

\_\_\_\_\_      [ ][ ][ ][ ]  
NAME                  REGISTRATION NUMBER

\_\_\_\_\_      [ ][ ][ ][ ]  
NAME                  REGISTRATION NUMBER

\_\_\_\_\_      [ ][ ][ ][ ]  
NAME                  REGISTRATION NUMBER

ALL ..... 781  
RF ..... 888  
DK ..... 999

SJ.12 INTERVIEWER: HOW FREQUENTLY DID THE RESPONDENT NEED HELP IN ANSWERING "INTERVIEW ABOUT THE DECEASED?"

NEVER ..... 1  
A FEW TIMES ..... 2  
MOST OR ALL OF THE TIME ..... 3

FINISHING TIME [ ][ ][ ]:[ ][ ][ ]

**GO TO FUTURE CONTACT**

**INFORMATION FOR FUTURE CONTACT**

Please provide the Name, Address, and/or Telephone Number of someone that doesn't live in this household that could know where would you be, in case you move during the following two years.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

HOMEPHONE \_\_\_\_\_ WORKPHONE \_\_\_\_\_

CONFIDENTIAL

