

INTERVIEWER : _____ [] [] []

HHID: [] [] [] [] [] [] [] [] [] []

PID [] [] []

INDONESIA FAMILY LIFE SURVEY 2014

EXIT FORM

THE EXIT FORM IS FOR HOUSEHOLD MEMBER WHO IS AN INTERVIEW TARGET (AR01i=1) WHO WAS STILL ALIVE IN 2007 (AR01f = 1, 3, 5) BUT HAS DIED BY 2014 (AR01a=0)

RESVIS.	INTERVIEWED?	1. YES 3. NO → C1
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FROM BOOK K: NAME OF RESPONDENT (THE DECEASED): _____ [] [] PID	TO BE ANSWERED BY HOUSEHOLD MEMBER: SEXPROX. Sex: Male..... 1 Female..... 3 NAME OF HHM: _____ [] [] PIDPROX RELATPROX. RELATIONSHIP WITH THE DECEASED : 01. Spouse 04. Parent 06. In-law 02. Child 05. Sibling 95. Others, _____
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	EF1TYPE	EF15. Has [R'S NAME]ever been told by a doctor that he/she had [.....]	EF16. When was [R'S NAME]first told by a doctor that [he/she] had)?	EF17. Since his/her last interview, did [R'S NAME]have a [....]?	EF18.In which organ or part of [R'S NAME]body does he/she have cancer? Including the origins and metastasis of tumor (CHOOSE ALL THAT APPLY)	EF19.Has he/she taken any of the following treatments to treat[R'S NAME][....] in the past two years? (CHOOSE ALL THAT APPLY)
A	Heart problems	1. Yes → 3. No ↓	1. Age _____ years 2. Year _____	1. Yes, most recenty 1. Age _____ 2. Year _____ 3. No		□
B	Cancer	1. Yes → 3. No ↓	1. Age _____ years 2. Year _____	1. Yes, most recenty 1. Age _____ 2. Year _____ 3. No	□	□
C	Stroke	1. Yes → 3. No ↓	1. Age _____ years 2. Year _____	1. Yes, most recenty 1. Age _____ 2. Year _____ 3. No		□
D	Diabetes	1. Yes → 3. No ↓	1. Age _____ years 2. Year _____	1. Yes, most recenty 1. Age _____ 2. Year _____ 3. No		□
E	Emotional/nervous/psychiatric problem	1. Yes → 3. No ↓	1. Age _____ years 2. Year _____	1. Yes, most recenty 1. Age _____ 2. Year _____ 3. No		□
F	Kidney	1. Yes → 3. No ↓	1. Age _____ years 2. Year _____	1. Yes, most recenty 1. Age _____ 2. Year _____ 3. No		□
G	TBC	1. Yes → 3. No ↓	1. Age _____ years 2. Year _____	1. Yes, most recenty 1. Age _____ 2. Year _____ 3. No		
H	Dengue	1. Yes → 3. No ↓		1. Yes, most recenty 1. Age _____ 2. Year _____ 3. No		
I	Malaria	1. Yes → 3. No ↓		1. Yes, most recenty 1. Age _____ 2. Year _____ 3. No		

	EF1TYPE	EF15. Has [R'S NAME]ever been told by a doctor that he/she had [.....]	EF16. When was [R'S NAME]first told by a doctor that [he/she] had)?	EF17. Since his/her last interview, did [R'S NAME]have a [....]?	EF18.In which organ or part of [R'S NAME]body does he/she have cancer? Including the origins and metastasis of tumor (CHOOSE ALL THAT APPLY)	EF19.Has he/she taken any of the following treatments to treat[R'S NAME][....] in the past two years? (CHOOSE ALL THAT APPLY)
J	Asthma	1. Yes → 3. No ↓	1. Age [] [] [] [] years 2. Year [] [] [] [] [] []	1. Yes, most recenty 1. Age [] [] [] [] 2. Year [] [] [] [] [] [] 3. No		[]

CODE EF18 (CANCER)					CODE EF19 (TREATMENT):	
A. Brain	F. Lung	K. Pancreas	P. Cervix	U. Non Hodgkin Lymphoma	A. Take traditional medicine	F. Control smoking
B. Oral cavity	G. Breast	L. Kidney	Q. Endometrium	V. Others, _____	B. Take modern medicine prescribed by a doctor	G. Chemotherapy
C. Larynx	H. Oesophagus	M. Prostate	R. Colon/rectum	W. Leukemia	C. Surgery	H. Radiotherapy
D. Other parynx	I. Stomach	N. Testicular	S. Kantung kemih		D. Change diet	W. No treatment
E. Thyroid	J. Liver	O. Ovary	T. Skin		E. Exercise	

EF20	Did [R'S NAME] have memory problems as of one month before [he/she] died?	1. Yes 3. No → EF22
EF21	How old was [R'S NAME] when memory problems became apparent?	1. Age _____ years 2. Year _____
EF22	Has [R'S NAME] fallen down in the last two years ?	1. Yes 3. No → EF24
EF23	How many times has [R'S NAME] fallen down seriously enough to need medical treatment?	_____ times
EF24	Has [R'S NAME] fractured his/her hip since we talked in the last interview?	1. Yes 3. No
EF25	Was [R'S NAME] often troubled with pain?	1. Not at all 2. A little bit 3. Some 4. Quite a bit 5. A lot
EF26	Did [R'S NAME] gain or lose 5 or more kilograms in the last 2 years of his/her life?	Yes, only gained weight 1 Yes, only lost weight 2 Yes, first gained and then lost weight 3 Yes, first lost and then gained weight 4 No 5
EF27	Did [R'S NAME] ever smoke cigarettes in the last two years of [his/her] life?	1. Yes 3. No → EF29
EF28	About how many cigarettes did [R'S NAME] usually smoke in a day?	_____ batang
EF29	In the last two years before [his/her] death, did [R'S NAME] ever drink any alcoholic beverages such as beer, wine, or liquor?	Ya, setidaknya sekali sebulan 1 Ya, kurang dari sekali sebulan 2 Tidak 3
EF30	Because of a health or memory problem did anyone help [R'S NAME] with dressing, bathing, eating, getting in/out of bed, going to the toilet in the last 3 months of his/her life?	Yes 1 No 3 → EF32 DON'T KNOW 8 → EF32

EF31	For how long/since when has [R'S NAME] needed help?	1. For _____ days 2. For _____ months 3. For _____ years 4. Since _____ years old 5. Since year _____
EF32	About how much did [R'S NAME] pay out-of-pocket for medical expenses in the last 6 months before [his/her] death?	1. Rp _____ . _____ . _____ 8. DON'T KNOW
EF33	How much does the whole funeral cost, including costs of coffin/cinerary casket, portrait and funeral ceremony, etc, excluding grave cost.	1. Rp _____ . _____ . _____ 8. DON'T KNOW
EF34	Who paid for the money? (Choose all that apply)? CAPI PRELOAD ROSTERS FROM 2014 AR AND 2007 BA CHILDREN	A. Parents : PID _____ B. Father/mother in law : PID _____ C. Spouse : PID _____ D. Childrens : PID _____ E. Sons/daughters in law : PID _____ F. Grandsons : PID _____ G. Granddaughters : PID _____ H. Relatives : PID _____ I. Place of work/union J. Insurance V. Others, _____
EF35	EF35 Has [R's NAME] or his/her household prepared for his/her funeral by buying a cemetery plot or making payments/acquiring membership to funeral preparation services?	No 3 → CK1 Yes 1
EF36	How much has [R's NAME] spent on his/her funeral preparation until the time of his/her death?	1. Rp _____ . _____ . _____ 8. DON'T KNOW

EVALUATION FORM

LANGMAIN. Interview was entirely/mostly conducted in what language?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Others _____
LANGOTHR. Other languages used (if any):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Others _____

CODE FOR LANGUAGE					
00. Indonesia	04. Batak	08. Sasak	12. Makassar	16. Toraja	20. Lampung
01. Jawa	05. Bugis	09. Minang	13. Nias	17. Lahat	95. Others, _____
02. Sunda	06. Cina	10. Banjar	14. Palembang	18. Other Sumatera Selatan	96. NONE
03. Bali	07. Madura	11. Bima	15. Sumbawa	19. Betawi	

C1. INTERVIEW RESULT	C2. CODE FOR REASON FOR "3" / "2" IN C1	C4. MONITORING BY SUPERVISOR	
1. Completed → C4	1. Respondent not found/not at home		Ya Tidak
2. Partially completed	2. Respondent sick	a. Observed.....	1 3
3. Not completed	3. Respondent refused	b. Checked	1 3
	5. Other	c. Verified	1 3