

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

FROM BOOK K:	TO BE ANSWERED BY HOUSEHOLD MEMBER:
NAME OF RESPONDENT (THE DECEASED): _____	SEXPROX. Sex: Male..... 1
_____ PID	Female..... 3
	NAME OF HHM: _____ PIDPROX
	RELATPROX. RELATIONSHIP WITH THE DECEASED :
	01. Spouse 04. Parent 06. In-law
	02. Child 05. Sibling 95. Others, _____

AR00.	PID (CAPI PRELOAD)	<div></div>	
PIDLINK.	LINK ID (CAPI PRELOAD)	<div></div>	
EF01.	Did [R'S NAME] died of a (...) (CIRCLE ALL THAT APPLY)	Heart attack A Heart problems B Stroke C Diabetes D Cancer..... E TBC..... F Asthma G Other respiratory illness..... H	Dengue I Malaria..... J Childbirth K Kidney failure..... L Other illnesses M Accident..... N Violence/conflict O Suicide..... J DON'T KNOW Y
EF02.	How old was [R'S NAME] when he/she died?	<div></div> year 1 DON'T KNOW 8	
EF03.	When did [R'S NAME] pass away?	1. <div></div> / <div></div> 8. DON'T KNOW Month Year	
EF04.	At the time of death, was [R'S NAME] in a hospital, in a nursing home, at home, in a hospice, or what?	At own home 01 Others, 95 At other's house 02 DON'T KNOW..... 98 In a hospital 03 In a nursing home..... 04 In a hospice 05	
EF05.	About how many days did [R'S NAME] stay in bed more than half the day because of illness or injury during the last three months before [his/her] death?	<div></div> days..... 1 DON'T KNOW 8	
EF06.	CAPI CEK : EF04=01	Yes 1 → EF08 No 3	
EF07.	In what village, kecamatan, kabupaten, province, and country did [R'S NAME] die?	A. Village: 1. _____ 3. Same with HH 8. TT B. Sub-district: 1. _____ 3. Same with HH 8. TT C. District: 1. _____ 3. Same with HH 8. TT D. Province: 1. _____ 3. Same with HH 8. TT E. Country: 1. _____ 3. Same with HH 8. TT	

EF08.	CAPI CEK EF02 : ≥ 27 TAHUN?	Yes 1 → EF12 No 3	
EF09.	Did [R'S NAME]ever attend school?	Yes 1 No 3 → EF12 DON'T KNOW..... 8 → EF12	
EF10.	What was the highest level of education [R'S NAME]attended?	<div></div> Others _____	
EF11.	What was the highest class that [R'S NAME]finished?	00 01 02 03 04 05 06 07 98	
EF12.	What was[R'S NAME]'sprimary activity now/before his/her death? (IN THE LAST 12 MONTHS BEFORE DEATH)	Job search 02 → EF14 School 03 → EF14 Attending school 04 → EF14 Retired 05 → EF14 At home/unemployed 06 → EF14 Sick/disabled 07 → EF14 DON'T KNOW 98 → EF14 Others 95 → EF14 Working/trying to get work/ helping to earn income 01	
EF13.	What is the employment status of [R'S NAME]before he/she died?	<div></div>	
EF14.	How is the health status of [R'S NAME] before his/her death? (IN THE LAST 12 MONTHS BEFORE DEATH)	Very healthy..... 1 Somewhat healthy 2 Somewhat unhealthy 3 Very unhealthy..... 4 DON'T KNOW..... 8	

CODE EF10:	CODE EF11:	CODE EF13:
02. SD 03. SMP (SLP/SLTP) General 04. SMP (SLP/SLTP) Vocational 05. SMU (SMA/SLA/SLTA) General 06. SMK (SMA/SLA/SLTA) Vocational 60. Akademi D1, D2, D3 61. University S1 62. University S2 63. University S3 11. Adult Educ A 12. Adult Educ B 13. Open University	14. Pesantren 15. Adult Educ C 17. School for the disabled 72. Madrasah Ibtidaiyah 73. Madrasah Tsanawiyah 74. Madrasah Aliyah 95. Others, _____ 98. DON'T KNOW	00. Not completed grade 1 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. Graduated 98. DON'T KNOW
		01. Self employed 02. Self employed with unpaid family workers/temp. workers 03. Self employed with permanent workers 04. Government employee 05. Private employee
		06. Unpaid family worker 07. Casual worker in agriculture 08. Casual worker in non-agriculture 98. DON'T KNOW

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