



UNIVERSITY OF COSTA RICA

A Joint Project of the Central American Population Center (CCP)  
and the Institute for Health Research (INISA)

# CRELES

COSTA RICAN LONGEVITY AND HEALTHY AGING STUDY

Deceased Questionnaire

Round 3

The information provided is completely confidential and voluntary  
This is a translation of the original questionnaire used in the field in Spanish Language. Researchers should use, as far as possible, original questionnaires in Spanish language to have the exact questioning used in the study.

Name of senior:		Interviewee Code:	
Name of proxy (if applicable):		Canton & district:	
Segment:		Housing:	
		<b>Begin time:</b>	:
AM1	Interviewer	Giovanni	3
		Jorge	4
		Marcela	6
		Maritza	7
		Randall	21
		Jimmy	22

SECTION SA: GENERAL CONDITIONS AT TIME OF DEATH		
Dear informant: two years ago (NAME) consented to participate in the study on healthy aging (CRELES), and now we would like to know some details regarding the death of (NAME).		
No.	QUESTIONS	CATEGORIES AND CODES
IDN1	Interviewer: see the photograph taken in round 1. Is this the person that was interviewed in round 1?	Yes 1 No 2→Filter 14 (check ) Does not have photo 3
Filter 14	Interviewer: Is this the same home where (NAME) used to live two years ago, that is where the interview took place?	Yes 1 No 2 DK/NR 9
J34	What is the family relation of the Proxy (informant) with the person who was interviewed?	Spouse 1 Child 2 Grandchild 3 Sibling 4 Other relative 5 Other non-relative 6 Domestic employee 7
SA1	Did (NAME) die in a hospital or institution?	No, in a private home 1 Yes, in a hospital 2 Yes, at an institution/nursing home 3 Other 4 DK/NR 9
SA2	What was the cause of death?	Disease 1→SA3 Accident or violence 2→SA4 DK/NR 9→SA4

SA3	What was the primary illness that caused the death of (NAME)?	Cancer 1 Diabetes 2 Stroke 3 Heart attack or other heart disease 4 Respiratory diseases (chronic, acute, pneumonia) 5 Other 6 Septic shock 7 DK/NR 9
SA4	(Please remind me) What was the date that (NAME) passed away?  This is carried from the Palm and is automatically calculated SA5	Day <input type="text"/> <input type="text"/> →SA6 Month <input type="text"/> <input type="text"/> →SA6 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →SA6 DK/NR 9999→SA5
SA5	How many months ago did (NAME) pass away?  Calculate date of death.	Months <input type="text"/> <input type="text"/>
SA6	What was (NAME)'s marital status at the time of death?	Married/ civil union 1→SA7 Widow(er) 2 Other 3→SA7 DK/NR 9→SA7
WIDOWHOOD		
A13aN	Was (NAME) widowed during the last 2 years?	Yes 1 No 2→SA7 DK/NR 9→SA7
A13bN	On what date did the spouse of (NAME) pass away?	Day <input type="text"/> <input type="text"/> →SA7 Month <input type="text"/> <input type="text"/> →SA7 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →SA7 DK/NR 9999→A13cN
A13cN	How many months ago did the spouse of (NAME) pass away?	Less than 1 Month 0 Months <input type="text"/> <input type="text"/> DK/NR 99
SA7	(FILTER 14: If Filter 14 = 2 (No), then automatically SA7=1)  Since (INTERVIEW DATE) did (NAME) move away to live at another home?	Yes 1 No 2 Went to group home 3→SC1 Continued at nursing home 4 DK/NR 9

SECTION AB: REGISTER OF HOUSEHOLD MEMBERS					
Now I am going to ask you about the people that lived with (NAME) before his/her passing. Please include the people who cared for (NAME) even if they only lived with him/her temporarily. Write (NAME) in the first line. Do not ask section AB if the person lived in a group home (this is if SA7=4).					
AM4	How many people lived in this home?	Number <input type="text"/> <input type="text"/> <input type="text"/>			
	AB1. Name	AB2. What is the family relation of <input type="text"/> to (NAME)?			
		1. Selected person 2. Spouse 3. Biological child 4. Step-child 5. Child in-law 6. Grandchild 7. Sibling	8. Biological father/mother 9. Step father/mother 10. Mother in-law 11. Other relative 12. Domestic employee 13. Other non-relative 99. DK/NR		
L	Name	Relation		Age	
1		1			
2					
3					
4					
SECTION SC: HEALTH					
We would like to know the changes that occurred to (NAME) before she/he passed away.					
SC1	Did a physician tell (NAME) that he/she had cancer or a malignant tumor, excluding small tumors on the skin?	Yes No DK/NR	1 2→SC8 9→SC8		
SC2	In which organ or in what part of the body did the cancer begin?	Stomach Other digestive Urinary System Leukemia Lung Other respiratory Prostate Uterus/cervix Breast Other DK/NR	1 2 3 4 5 6 7 8 9 10 99		
	What kind of treatment did (NAME) receive for the cancer?  Refer to treatments of <i>more than</i> one day, not diagnostic procedures.  If none, go to SC6		YES	NO	DK/NR
		SC3. Chemotherapy	1	2	9
		SC4. Surgery	1	2	9
		SC5. Radiation	1	2	9
		SC6. Medications for symptoms	1	2	9
		SC7. Apparatuses (probes, oxygen, etc.)	1	2	9
SC8	Did a physician tell (NAME) that he/she had a respiratory or chronic pulmonary disease such as emphysema, asthma or chronic bronchitis?	Yes No DK/NR	1 2 9		
SC9	Did a physician tell (NAME) that she/he had had a heart attack?	Yes No DK/NR	1 2→SC11 9→SC11		

SC10	Before passing away was (NAME) taking medicine for the heart disease?	Yes No DK/NR	1 2 9	
SC11	Did a physician tell (NAME) that she/he has a heart disease without having had a heart attack?	Yes No DK/NR	1 2 9	
SC12	Did a physician tell (NAME) that she/he had a stroke? (Do not include facial stroke).	Yes No DK/NR	1 2 9	
SC13	Since (DATE OF INTERVIEW) did (NAME) have a fall? (Exclude falls due to inebriation).	Yes No DK/NR	1 2→SC17 9→SC17	
SC14	Approximately how many times did he/she fall since that date?	Times <input type="text"/> DK/NR 99		
SC15	Since (DATE OF INTERVIEW) did (NAME) fracture a bone or bones including the hip?	Yes No DK/NR	1 2 9	
SC16	Due to any of these falls did (NAME) have an operation or surgery?	Yes No DK/NR	1 2 9	
SC17	Did (NAME) smoke during the last 3 months of life?	Yes No DK/NR	1 2→SC20 9→SC20	
SC18	How often did (NAME) smoke?	Daily Not every day DK/NR	1 2 9	
SC19	Approximately how many cigarettes did (NAME) normally smoke in one day?  (pack has 20 cigarettes)	Cigarettes <input type="text"/> DK/NR 99		
SC20	Compared to (INTERVIEW DATE), when (NAME) passed away, her/his weight...	Had increased 5 Kilos or more Had decreased 5 Kilos or more Was more or less the same DK/NR	1 2 3 9	
In the last 3 months of life did (NAME) experience some of the following conditions?:		YES	NO	DK/NR
SC21. Chronic pain	1→SC21a	2	9	
SC22. Depression	1→SC22a	2	9	
SC23. Able to walk	1	2→SC23a	9	
SC24. Lack of sphincter control (needed diapers)	1→SC24a	2	9	
SC25. Ingested less quantities of food	1→SC25a	2	9	
SC26. Was aware (recognized people)	1	2→SC26a	9	
SC27. Intubation for feeding or breathing	1→SC27a	2	9	
SC28. Able to speak	1	2→SC28a	9	

		Less than 1 week	From 1 to 2 weeks	15 days to less than 1 month	From 1 to less than 3 months	3 Months or more	DK/ NR
How long before she/he passed away did ...	SC21a. The chronic pain begin	1	2	3	4	5	9
	SC22a. Did depression begin	1	2	3	4	5	9
	SC23a. Did he/she stop walking	1	2	3	4	5	9
	SC24a. did he/she begin to not control the sphincters (needed diapers)	1	2	3	4	5	9
	SC25a. began to ingest lesser quantities of food	1	2	3	4	5	9
	SC26a. lost awareness	1	2	3	4	5	9
	SC27a. began intubation for eating or breathing	1	2	3	4	5	9
	SC28a. stopped speaking	1	2	3	4	5	9

SC29	In general, in the last 3 months was (NAME) in bed, unable to get himself out of bed on his/hers own?	Yes No DK/NR	1 2→SD1 9→SD1
SC30	En general, in the last 3 months how many months was he/she in bed?	Less than 1 week From 1 to 2 weeks From 15 days to less than 1 Month From 1 to 3 months DK/NR	1 2 3 4 9
<b>SECTION SD: INSURANCE AND HOSPITALIZATIONS</b>			
Now we'd like to know the insurance status and about the hospitalizations of (NAME) before passing away.			
SD1	Just before passing away was (NAME) insured?	Yes No DK/NR	1 2→SD3 9→SD3
SD2	What kind of insurance was it?	Salaried employee Own account or voluntary account Granted by the State Relative of salaried employee Relative of own or voluntary account Relative of someone who is granted by the State Relative of a pensioned person Other Pensioned DK/NR	1 2 3 4 5 6 7 8 9 99
SD3	Including all the time in the last 12 months of his/her life, how many nights did (NAME) spend admitted in a hospital?	None Nights DK/NR	0→SD15  _ _  999→SD15
SD4	Of those nights, approximately how many nights were spent admitted to a <u>CCSS</u> hospital or clinic?	None Nights DK/NR	0  _ _  999
SD5	During these hospitalizations did (NAME) need to have an operation?	Yes No DK/NR	1 2→SD11 9→SD11
	For what type of health problem was (NAME) operated?		Y ES NO DK/N R

	(Can answer more than one)	SD6. Heart operation	1	2	9
		SD7. Hip operation or other bones	1	2	9
		SD8. Cancer removal	1	2	9
		SD9. Amputation	1	2	9
		SD10. Others	1	2	9
SD11	Including all the instances, approximately how much did these hospitalizations cost?	None Expense DK/NR	0→SD15  _ _ _  thousand→SD15 9999→SD12		
	Then would you say that the expenses for hospitalizations are:	SD12. <i>More than 250 thousand colones?</i> Yes 1→SD14 No 2→SD13 DK/NR 9→SD15	SD13. <i>More than 130 thousand colones?</i> Yes 1→SD15 No 2→SD15 DK/NR 9→SD15	SD14. <i>More than one million colones?</i> Yes 1 No 2 DK/NR 9	
SD15	In the last 3 months of her/his life, approximately how many times did (NAME) visit or consult a doctor or medical personnel including home visits at the home of (NAME)?	None Times DK/NR	0→SD20  _  99→SD20		
F17	Where was the last time that she/he received this medical attention?	Hospital (CCSS)..... 1 Private hospital..... 2 Clinic (CCSS)..... 3 Private clinic..... 4 EBAIS ..... 5 Private practice..... 6 Interviewee's home ..... 7 At work ..... 8 Other..... 9 DK/NR ..... 99			
SD16	Including all time, approximately how much was paid for these consultations?	Nothing Expense DK/NR	0→SD20  _ _ _  thousand→SD20 9999→SD17		
	Then would you say that the expenses of these consultations were:	SD17. <i>More than 65 thousand colones?</i> Yes 1→SD19 No 2→SD18 DK/NR 9→SD20	SD18. <i>More than 15 thousand colones?</i> Yes 1→SD20 No 2→SD20 DK/NR 9→SD20	SD19. <i>More than 500 thousand colones?</i> Yes 1 No 2 DK/NR 9	
SD20	Regarding medications, including all instances during the last 3 months, approximately how much was paid for all medications?	Nothing Expense DK/NR	0→SD24  _ _ _  thousand→SD24 9999→SD21		
	Then would you say that the expenses of these medications were:	SD21. <i>More than 90 thousand colones?</i> 1. Yes→SD23 2. No→SD22 9. DK/NR→SD24	SD22. <i>More than 40 thousand colones?</i> 1. Yes→SD24 2. No→SD24 9. DK/NR→SD24	SD23. <i>More than 180 thousand colones?</i> 1. Yes 2. No 9. DK/NR	

<p>Filter with question SA1.</p> <p>If SA1=3 or SA7=3 or 4, Palm should read “We were told last time that (NAME) was in a retirement home, institution, or boarding housing”, and go to SD24b</p> <p>If SA1=1, or SA1=2, or SA1=4, or SA1=9, Palm should not indicate anything and go to SD24a</p>				
SD24a	In the last 12 months before passing away, did (NAME) spend at least one night in a nursing home, albergue or other type of institution (that is not a hospital or clinic)	Yes No DK/NR	1 2→SD24 9→SD24	
SD24b	Including all instances in the last 12 months before passing away, approximately how many nights did (NAME) stay in this type of institution?	Nights DK/NR	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> 999→SD24c	
SD24d	Including all instances, approximately how much was paid for these nights spent at nursing homes, albergues or other institutions of this kind?	None Expense thousand→SD15 DK/NR	0→SD24 <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> 9999→SD24d	
	Then would you say that in the last 12 months before passing away, those expenses were.	SD24d. More than 500 thousand <i>colones</i> ?  Yes 1→SD24f No 2→SD24e DK/NR 9→SD24	SD24e. More than 250 thousand <i>colones</i> ?  Yes 1→SD24 No 2→SD24 DK/NR 9→SD24	SD24f. More than 2 million <i>colones</i> ?  Yes 1 No 2 DK/NR 9
<p>In addition to the medical expenses some people with serious illnesses have other <b>non-medical expenses</b>, such as expenses to hire an assistant, home modifications, buying instruments and other changes for the care of someone who is ill.</p>				
SD24	Counting all the non-medical expenses that you had for the health of (NAME). In the last year of her/his life would you say that the expenses were:	None Expense thousand→AM11 DK/NR	0→AM11 <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> 9999→SD25	
	Then would you say that those expenses were:	SD25. More than 320 thousand <i>colones</i>  1. Yes→SD27 2. No→SD26 9. DK/NR→AM11	SD26. More than 130 thousand <i>colones</i>  1. Yes→AM11 2. No→AM11 9. DK/NR→AM11	SD27. More than one million <i>colones</i>  1. Yes 2. No 9. DK/NR
FN3	Did someone loan (NAME) any apparatuses for his/her healthcare, such as a wheelchair, orthopedic bed, oxygen tank?	Yes No The institution provides it DK/NR	1 2 3 9	
AM11	How many children, both her/his own and not her/his, DID NOT live with (NAME) in that/this home?	Number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> →Yes or Pass to G1		
	THE INTERVIEWEE’S CHILDREN: Tell me the names of each of the children that do not normally live in this/that home (include: own children, step-children,	Name	Age	
		1.		
		2.		



	adopted children and foster children)	3.	
	<i>THIS IS THE ROSTER FOR CHILDREN.</i>	4.	

SECTION G: FAMILY AND SOCIAL SUPPORT NETWORK						
Family members and friends support each other in different ways. As part of this study now I am going to ask you about the support (NAME) received or provided in the last 3 months before passing away.						
NO.	QUESTIONS	CATEGORIES AND CODES				
G1M	During the last 3 months of life, did (NAME) receive any monetary help from people inside or outside the home?	Yes, only inside	1→G2M			
		Yes, only outside	2→G2M			
		Yes, outside and inside	3→G2M			
		No	4→GN1			
		DK/NR	9→GN1			
G2M	How much money did he/she receive in the last 3 months?	Money	□□□□ thousand → G6M			
		10 million or more	9998→ G6M			
		DK/NR	9999 → G3			
	Then would you say that the money that he/she received is:	G3 <i>More than 40 thousand colones?</i>	G4 <i>More than 15 thousand colones?</i>	G5 <i>More than 60 thousand colones?</i>		
Yes		1→G5	Yes	1→ G6M	Yes	1
No		2→ G4	No	2→ G6M	No	2
DK/NR		9→ G6M	DK/NR	9→G6M	DK/NR	9
G6Ma	Who helped him/her primarily? (Explore exhaustively)	Someone from the home	1			
		<b>G6Mb.</b> <i>Who?</i> _____				
		Children outside the home	2			
		<b>G6Mc.</b> <i>Who?</i> _____				
		Parents that lived outside the home	3			
		Siblings that lived outside the home	4			
		Neighbors	5			
		Son-/daughter-in-law, Grandchildren that live outside the home	6			
		Members of the home, all equally	7			
		People outside the home, all equally	8			
		People inside and outside the home, all equally	9			
		Other	10			
		DK/NR	99			
GN0a	During the 3 months before passing away did (NAME) receive support or subsidies from IMAS or another similar organization? (Do not include fixed pension)	Yes	1			
		No	2→GN1			
		DK/NR	9→GN1			
GN0b	How much money did she/he	Money	□□□□ thousand → GN1			

SECTION G: FAMILY AND SOCIAL SUPPORT NETWORK						
Family members and friends support each other in different ways. As part of this study now I am going to ask you about the support (NAME) received or provided in the last 3 months before passing away.						
NO.	QUESTIONS		CATEGORIES AND CODES			
	receive in the last 3 months before passing away?	10 million or more DK/NR	9998 → GN1 9999 → GN0C			
	¿Then would you say that the money that he/she received is:	GN0c <i>More than 150 thousand colones?</i> Yes 1 → GN0e No 2 → GN0d DK/NR 9 → GN1	GN0d <i>More than 50 thousand colones?</i> Yes 1 → GN1 No 2 → GN1 DK/NR 9 → GN1	GN0e <i>More than 300 thousand colones?</i> Yes 1 No 2 DK/NR 9		
Filter 11b	If (NAME) lived in a group home (SA7=3 or 4) → Do not ask GN1 to GN5, GN7. Nor GN8 to GN12, GN14.					
	Can you tell me if, during the last 3 months before passing away, (NAME) received help for some of the things I am about to mention:  (Include routine activities of the members of the home)		Yes	No	NS\NR	
		GN1. Received help with meals	1	2	9	
		GN2. Received help with transportation (transporting him/her to appointments, shopping, etc.)	1	2	9	
		GN3. Received help with household chores (in the home or in the yard)	1	2	9	
		GN4. Received help with errands	1	2	9	
		GN5. Someone helped (cared for) her/him when she/he was ill	1	2	9	
		GN6. Someone helped him/her, visiting, keeping company, or listening to her/his problems	1	2	9	
		GN7. Other help: _____	1	2	9	
	Who helped her/him with:  (Ask and note the person who helped the most).		Children in the home	Children outside the home	Others in the home	Others outside the home
		GN8. Meals	1	2	3	4
		GN9. Transportation (transporting him/her to appointments, Shopping, etc.)	1	2	3	4
		GN10. Household chores (in the home or in the yard)	1	2	3	4
		GN11. Errands	1	2	3	4
		GN12. When he/she is ill	1	2	3	4
		GN13. Visiting, keeping company, or listening to her/his problems	1	2	3	4
		GN14. Other help:	1	2	3	4

Speaking about different daily life activities like walking and bathing, I would like to know if in the last 3 months before passing away (NAME) ...				
WALKING				
D6	Did (NAME) have difficulty walking from one side of the room to the other?	Yes No DK/NR	1 → D7 2 → D8 9 → D8	
D7	Did (NAME) use some kind of apparatus or instrument such as a cane, wheelchair, walker or crutches, etc. for support to walk across a room?	Yes No DK/NR	1 2 9	
BATHING				
		Yes	No	DK/NR
D8	Did (NAME) have difficulty in bathing, including entering and exiting the bath tub?	1 → D9	2 → D11	9 → D11
D9	Did (NAME) ever use an apparatus or instrument (railing, stool) to bathe?	1	2	9
D10	Did someone help (NAME) bathe?	1	2	9
EATING				
D11	Did (NAME) have difficulty in eating, including cutting food, filling glasses etc.?	1 → D12	2 → D13	9 → D13
D12	Did someone help (NAME) to eat?	1	2	9
GOING TO BED				
D13	Did (NAME) have difficulty going to bed or getting out of bed?	1 → D14	2 → D16	9 → D16
D14	Did (NAME) ever use an apparatus or instrument for support in going to bed or getting out of bed?	1	2	9
D15	Did someone help (NAME) go to bed?	1	2	9
USING THE TOILET				
D16	Did (NAME) have difficulty in using the restroom, including sitting and getting up from the toilet?	1 → DN1	2 → D19	9 → D19
DN1	Did (NAME) use protective underwear (diapers)?	1	2	9
D17	Did (NAME) ever use an apparatus or instrument for support to use the restroom?	1	2	9
D18	Did someone help (NAME) use the restroom?	1	2	9
CUTTING TOENAILS				

D19	Did (NAME) have difficulty in cutting her/his toenails?	1 → D20	2 → D20a	9 → D20a
D20	Did someone help (NAME) cut his/her toenails?	1	2	9
D29	Did (NAME) receive help with at least one of the mentioned activities?	Yes 1 → D30 <b>D29b. How many people helped?</b> <input type="text"/> <input type="text"/> <input type="text"/> No 2 → note the ending time and got to Section E (Verify answered “Yes” in: (D10, D12, D15, D18, D20, D22, D24, D26, D28))		
D30c	¿Who was the primary helper?	Someone in the home that is not her/his spouse 1 <b>D30a. Who?</b> _____ Children outside the home 2 <b>D30b. Who?</b> _____ Other people 3 Spouse 4 DK/NR 9		
D31	During the last month before passing away, about how many days did this person help (NAME)?	Number of days <input type="text"/> <input type="text"/> <input type="text"/> Every day 30 DK/NR 99		

SECTION SG. HOUSING AND HOLDINGS					
In some cases, people have goods and belongings such as money, property etc. Now we would like to know some details about those goods.					
SG1	12 months before passing away did (NAME) have belongings/holdings, such as savings or properties such as lots or houses? (include usufruct holdings)	Yes 1 No 2→SG14 DK/NR 9→SG14			
SG2	Approximately how much was the value of those holdings in millions of <i>colones</i> ?	Nothing 0→SG6 1 million or less 1→SG6 Value <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand→SG6 DK/NR 9999→SG3			
	¿Then would you say that the value of the goods was:	SG3 More than 10 million colones? Yes 1→G5 No 2→ G4 DK/NR 9→ G6	SG4 More than 5 million colones? Yes 1→ G6 No 2→ G6 DK/NR 9→G6	SG5 More than 20 million colones? Yes 1 No 2 DK/NR 9	
	To whom were these holding passed to?		YES	NO	DK/NR
	SG6. Spouse (Filter: Yes SA6=2 or SA6=3 or SA6=9, then SG6=2 and skip to SG7)		1	2	9
	SG7. Children inside the home		1	2	9
	SG8. Children outside the home		1	2	9
	SG9. Other relative		1	2	9

SECTION SG. HOUSING AND HOLDINGS					
		SG10. Non-relative, institutions	1	2	9
		SG11. Has not been decided	1→SG14	2	9
		SG12. No one, the government	1→SG14	2	9
SG13a	Were these holdings divided in equal parts?	Yes No DK/NR	1→SG14 2→SG13 9→SG14		
SG13	Who received <b>More</b> of these holding that the others??  Here select whom from the roster:	Spouse Children inside the home (Roster) Children outside the home (Roster) Other relative Non-relative No one, the government Has not been decided DK/NR	1 2 3 4 5 6 7 9		
SG14	Now we want to ask you about the expenses related to his/her death such as the funeral, lawyer's fees, and others.  Approximately how much was spent in total on those types of things?	Nothing Expense DK/NR	0→SG19 [ ][ ][ ][ ] thousand→SG18 9999→SG15		
	¿Then would you say that the value of these expenses was:	SG15 More than 250 thousand colones? Yes 1→SG17 No 2→SG16 DK/NR 9→SG18	SG16 More than 100 thousand colones? Yes 1→G18 No 2→G18 DK/NR 9→G18	SG17 More than 800 thousand colones? Yes 1 No 2 DK/NR 9	
SG18	Were any of these expenses covered by life insurance, medical insurance, or membership of a social organization social?	Yes No DK/NR	1→SG18a 2 9		
SG18a	Approximately how much was the total covered by this type of help?	Expense DK/NR	[ ][ ][ ][ ] thousand→SG19 9999→SG18b		
	¿Then would you say that the total covered by this type of help was:	SG18b More than 250 thousand colones? Yes 1→SG18d No 2→SG18c DK/NR 9→SG19	SG18c More than 100 thousand colones? Yes 1→SG19 No 2→SG19 DK/NR 9→SG19	SG18d More than 800 thousand colones? Yes 1 No 2 DK/NR 9	
SG19	Did (NAME) make arrangements (testaments) to transfer her/his goods or properties in case she/he were to pass away?	Yes No DK/NR	1 2 9		
THANK YOU VERY MUCH					