The Faculty of Medicine of Lisbon and Nova University of Lisbon are conducting a study which aims to describe the health’s status and the actual health care services provided to immigrant’s community resident in Portugal.

We, hereby, ask for your kind availability and collaboration to answer some questions, during 20 minutes, related to your health status, individual practices and habits, so that we can have a better understanding of this reality.

We expect with this project to contribute for the development of health strategies and policies directed towards immigrants and health inequalities reduction, in the context of the National Health Plan.

All information gathered in this questionnaire is STRICTLY CONFIDENTIAL and will only be used according to the purpose of this inquiry. We appreciate your sincerity. We thank you for your collaboration!

I would like to know if you have any doubt or question regarding this study and if you accept to participate, by answering this questionnaire.

☐ Accept

ID: ___________ Date of the interview: ___________

Who provides information regarding this person?

☐ Selfsame ☐ Third person

Name: ___________________________________________ Only for interview management

Phone number: ________________________________ Interview’s address: ________________________________
1. Register sex: (without asking)
   - Male
   - Female

2. What is your year of birth? 2.1. What is your age?
   - [ ] [ ] [ ] [ ] OR [ ] [ ] [ ] Years

3. You are:
   - Single
   - Married or maritally joined
   - Divorced or separated
   - Widow
   - Doesn't know / Doesn't answer

4. In what country were you born?
   - Portugal
   - Angola
   - Cape Verde
   - Guinea-Bissau
   - Mozambique
   - Sao Tome and Principe
   - Other African country
   - Brazil
   - Other count. South/Central Amer.
   - North America
   - Bangladesh
   - China
   - India
   - Pakistan
   - Other Asian country
   - Western Europe
   - Eastern Europe
   - Other

5. What is your religion?
   - Catholic
   - Orthodox
   - Protestant
   - Evangelical
   - Other Christian
   - Jewish
   - Muslim
   - Buddhist
   - Hindu
   - Other non-Christian
   - No religion -> Go to question 6
   - Doesn't know / Doesn't answer -> Go to question 6

5.1 In what level do you consider yourself to be a practitioner? (from 1 to 5, where 1 is very little and 5 is very much)
   - [ ] [ ] [ ] [ ] Very much

6. What is the highest level of education which you attained?
   - None
   - Elementary and middle school (up to 9th grade)
   - High School (up 12th grade)
   - Bachelor / Degree
   - Master / PhD
   - Doesn't know / Doesn't answer

64559

7. And how many years of school did you complete with success?
   - [ ] [ ] Years
   - If doesn't know or doesn't answer, write 99

8. From the following categories, which best describe your main current occupation?
   - Has a job
   - Student -> Go to block 2
   - Housekeeping -> Go to block 2
   - Searching for the first job -> Go to block 2
   - Unemployed
   - Retired
   - Other situation
   - Doesn't know / Doesn't answer -> Go to block 2

9. What is / was your main profession? (describe with detail)
   - ___________________________
   - ___________________________
   - [ ] [ ]
Now I am going to ask you if you have any of the following chronic diseases:

### 1. Glycemia

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Do you have diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td>Go to question 1.2</td>
</tr>
<tr>
<td>- Type I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Type II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No → Go to question 2.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Doesn't know / Doesn't answer → Qt. 2.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Who told you have diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Doesn't know / Doesn't answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other (who?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 How many years since you have diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If doesn't know or doesn't answer, write 99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 Do you take any medication for diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td>Go to question 2.5</td>
</tr>
<tr>
<td>- No → Go to question 2.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Doesn't know / Doesn't answer → Qt. 2.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 How many years since you take medication for diabetes?</td>
<td></td>
<td>If doesn't know or doesn't answer, write 99</td>
</tr>
</tbody>
</table>

### 2. Cholesterol

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Do you have high blood fats? (high cholesterol)</td>
<td></td>
<td>Go to question 3.1</td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No → Go to question 3.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Doesn't know / Doesn't answer → Qt. 3.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Who told you have high blood fats? (high cholesterol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nurse</td>
<td></td>
<td></td>
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<tr>
<td>- Pharmacist</td>
<td></td>
<td></td>
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<tr>
<td>- Doesn't know / Doesn't answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other (who?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 How many years since you have high blood fats? (high cholesterol)</td>
<td></td>
<td>If doesn't know or doesn't answer, write 99</td>
</tr>
</tbody>
</table>

### 3. Blood pressure

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Do you have problems of high blood pressure? (hypertension)</td>
<td></td>
<td>Go to question 4.1</td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No → Go to question 4.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Doesn't know / Doesn't answer → Qt. 4.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Who told you have high blood pressure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nurse</td>
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<td></td>
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<tr>
<td>- Doesn't know / Doesn't answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other (who?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 How many years since you have high blood pressure?</td>
<td></td>
<td>If doesn't know or doesn't answer, write 99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4 Do you take any medication for high blood pressure?</td>
<td></td>
<td>Go to question 4.1</td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No → Go to question 4.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Doesn't know / Doesn't answer → Qt. 4.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5 How many years since you take medication for high blood pressure?</td>
<td></td>
<td>If doesn't know or doesn't answer, write 99</td>
</tr>
<tr>
<td>- If doesn't know or doesn't answer, write 99</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Heart failure

4.1 Do you have heart failure?
☐ Yes
☐ No -> Go to question 5.1
☐ Doesn't know / Doesn't answer -> Q 5.1

4.2 Who told you had heart failure?
☐ Doctor
☐ Nurse
☐ Pharmacist
☐ Doesn't know / Doesn't answer
☐ Other (who?)

4.3 How many years since you have heart failure?
If doesn't know or doesn't answer, write 99

4.4 Do you take medication for heart failure?
☐ Yes
☐ No -> Go to question 5.1
☐ Doesn't know / Doesn't answer -> Q 5.1

4.5 How many years do you take medication for heart failure?
If doesn't know or doesn't answer, write 99

5. Stroke

5.1 Have you ever had any stroke?
☐ Yes ☐ No ☐ Doesn't know/Doesn't answer

5.2 How many years since you had a stroke?
(if more than one, the last)
If doesn't know or doesn't answer, write 99

B3 - Lifestyle

1. Are you smoker, former smoker or you never smoked?
☐ Smoker
☐ Former smoker -> Go to question 1.3
☐ Never smoked -> Go to question 2
☐ Doesn't know / Doesn't answer -> Go to question 2

1.1 How many cigarettes do you smoke on average per day?

1.2 How many years do you smoke?
☐ years -> Go to question 2

1.3 How long have you quit smoking?
☐ months ☐ years

2. Could you tell me your weight and your height?

Weight: ☐ ☐ Kg
Height: ☐ ☐ Cm

B4 - Dental Health

1. Were you ever seen by a stomatologist, dentist, hygienist or other dental health professional?
☐ Yes, less than one year
☐ Yes, more than one year -> Go to question 4
☐ Never -> Go to question 3
☐ Doesn't know / Doesn't answer -> Go to question 6

2. What was the main reason for the last visit?
☐ Because I was in pain or other urgent situation
☐ To extract a tooth
☐ To make a dental prosthesis
☐ Because I wanted to know my mouth health status
☐ Because I make every year a visit to the dentist
☐ To make a cleansing ("cleaning") of the mouth
☐ For other reasons (please indicate)
☐ Doesn't know / Doesn't answer

3. What was the main reason why you did not consult?
☐ Because it wasn't needed
☐ Because there are no dentists nearby
☐ Because it is hard to make an appointment
☐ Because it is too expensive
☐ Because one is afraid of dental treatments
☐ For other reasons (indicate) ☐
☐ Doesn't know / Doesn't answer

Go to question 5
4. Were you ever seen by a stomatologist, dentist, hygienist or other dental health professional in Portugal?  
(ask only to immigrants)  
☐ Yes ☐ No ☐ Doesn't know / Doesn't answer

5. You:  
☐ Have all natural teeth -> Go to question /  
☐ Have a lack of some natural teeth  
☐ Have a lack of all natural teeth  
☐ Doesn't know / Doesn't answer -> Go to question 7

6. Do you use a dental prosthesis to substitute missing teeth?  
☐ Uses a dental prosthesis to substitute all missing teeth  
☐ Uses prosthesis, but doesn't have all missing teeth substituted.  
  Why?  
☐ Doesn't use a dental prosthesis  
  Why?  

7. Do you brush your teeth?  
☐ Doesn't have teeth  
☐ Never  
☐ Sometimes / less than once a day  
☐ Once a day  
☐ Twice a day or more  
☐ Doesn't know / Doesn't answer

---

**B5 - Access to Health Care Services**

_IF NOT IMMIGRANT, START WITH QUESTION 8_  
_Sometimes there can be difficulties in accessing health care services_

1. Did you ever have language problems in understanding and/or being understood in Portuguese health services?  
(Hospitals, Health Care Centers...)  
☐ Never went to health care services -> Go to question 8  
☐ Yes  
☐ No -> Go to question 4  
☐ Doesn't know / Doesn't answer -> Go to question 4

2. How did you overcome that difficulty?  
☐ It wasn't overcome (indicate why)  
☐ With family and/or friends  
☐ With translators  
☐ Other way (indicate how)  
☐ Doesn't know / Doesn't answer

3. Has this difficulty ever made you NOT to go to a health service?  
☐ Yes ☐ No ☐ Doesn't know / Doesn't answer

4. Were you ever denied health care in Portugal?  
☐ Yes  
☐ No -> Go to question 6  
☐ Doesn't know / Doesn't answer -> Go to question 6

5. What was the reason for that denial? (only the main reason)  
☐ Had no Portuguese nationality  
☐ Was not beneficiary of the NHS  
☐ Had no financial resources  
☐ Was in an illegal situation in Portugal  
☐ For other reason (indicate)  
☐ Doesn't know / Doesn't answer

6. Have you ever felt treated with discrimination for being an immigrant by health care professionals (doctors, nurses, or others)? (only replies himself / herself)  
☐ Yes ☐ No ☐ Doesn't know / Doesn't answer

6.1. If yes, what kind of discrimination?  

________________________________________________________________________  
________________________________________________________________________

---
7. Overall, do you think that health care professionals (doctors, nurses and others) understand well immigrant's health needs? (only replies himself)

- Totally agree
- Partially agree
- Neither agree nor disagree
- Partially disagree
- Totally disagree

8. In the last 3 month, how often did you see a doctor in Portugal?

- Never -> Go to question 14
- Doesn't know / Doesn't answer -> Go to question 14

9. And last time you went to a doctor in Portugal, was him a general / family practitioner or other specialist?

- General / family practitioner
- Other specialist (which?)
- Doesn't know / Doesn't answer

10. Where was the appointment?

- Health center (which?)
- Public hospital (which?)
- Private hospital (which?)
- Private clinic (which?)
- Other (which?)
- Doesn't know / Doesn't answer

11. What was the main reason for that appointment?

- To be put on sick (time off work) -> Go to question 13
- Because you felt sick -> Go to question 13
- For other reason
- To ask for prescription or tests -> Go to question 14
- Doesn't know / Doesn't answer

12. What was that other reason?

- Routine check-up (motivated by a disease)
- Routine check-up (without feeling diseased) -> Go to quest. 14
- Occupational health -> Go to question 14
- Pregnancy or puerperium consultation -> Go to question 14
- Complementary diagnostic tests -> Go to question 14
- Treatments -> Go to question 14
- To have blood pressure measured -> Go to question 14
- To get an official declaration -> Go to question 14
- To show the results of tests -> Go to question 14
- Accident -> Go to question 14
- For other reason (indicate) -> Go to question 14
- Doesn't know / Doesn't answer

13. What illness did you have?

(indicate main illness and / or symptoms)

- Routine check-up (motivated by a disease)
- Routine check-up (without feeling diseased) -> Go to quest. 14
- Occupational health -> Go to question 14
- Pregnancy or puerperium consultation -> Go to question 14
- Complementary diagnostic tests -> Go to question 14
- Treatments -> Go to question 14
- To have blood pressure measured -> Go to question 14
- To get an official declaration -> Go to question 14
- To show the results of tests -> Go to question 14
- Accident -> Go to question 14
- For other reason (indicate) -> Go to question 14
- Doesn't know / Doesn't answer

14. Are you registered in a health care center?

- Yes
- No. Which:
- Doesn't know / Doesn't answer

(If "No", go to question 15)

14.1. And do you have your own family doctor?

- Yes
- No
- Doesn't know / Doesn't answer

15. Did you ever go to a hospital emergency department?

- Yes
- No -> Go to question 17
- Doesn't know / Doesn't answer -> Go to question 17
16. What was the main reason you went to a hospital emergency department?
- Health problem which was not treated in the health care center
- Didn't want to wait for an appointment
- Was seen faster
- Had no registration at a health care center
- Reduced health care center schedule
- Health center doesn't attend emergency situation
- Better care conditions
- For other reason (indicate) ____________________________ [ ] [ ]

17. Can you tell me who do you usually look for when you have health problems?

Yes No DK / NA
A. Doctor [ ] [ ] [ ]
B. Nurse [ ] [ ] [ ]
C. Pharmacist [ ] [ ] [ ]
D. Traditional medicine practitioner [ ] [ ] [ ]
E. Other health care professional (indicate) [ ] [ ] [ ]

(If "No" in all options, please mark "Yes" in "Doesn't look for anyone". Otherwise, mark "No").
F. Doesn't look for anyone [ ] [ ] [ ]

18. Since you are in Portugal, did you ever look for health care outside Portugal?
- Yes [ ]
- No -> Go to question 21 [ ]
- Doesn't know / Doesn't answer -> Go to question 21 [ ]

19. Which country did you look for health care?
(If more than one country, please indicate the last country) ____________________________ [ ] [ ]

- Doesn't know / Doesn't answer [ ]

20. And what were the reasons that lead you to look for health care outside Portugal?

A. Lack of trust in the Portuguese health care system [ ] [ ] [ ]
B. You were denied health care [ ] [ ] [ ]
C. Worried about not understanding / not being understood [ ] [ ] [ ]
D. Lower health care costs [ ] [ ] [ ]
E. Lack of the care required [ ] [ ] [ ]
F. Privacy/anonymity [ ] [ ] [ ]
G. Other (indicate) [ ] [ ] [ ]

21. In the last 12 months, did ever had to buy or pay for any of the following, and you did not because you could not afford the cost?

A. Medication [ ] [ ] [ ]
B. Medical appointment [ ] [ ] [ ]
C. Complementary diagnostic tests (labs, x-ray, etc.) [ ] [ ] [ ]

22. In case you get sick and need support for health care (to get medication or other treatments), do you know any organization or association, as parish centers, that may help you?

- Yes. Which? ____________________________ [ ] [ ]
- No [ ]
- Doesn't know / Doesn't answer [ ]
1. How do you rate your quality of life?
   - Very bad
   - Bad
   - Neither good nor bad
   - Good
   - Very good

2. How much of the time, during the past month, have you been a very nervous person?
   - All of the time
   - Most of the time
   - A good bit of the time
   - Some of the time
   - A little of the time
   - None of the time

3. How much of the time, during the past month, did you feel so down in the dumps that nothing could cheer you up?
   - All of the time
   - Most of the time
   - A good bit of the time
   - Some of the time
   - A little of the time
   - None of the time

4. How much of the time, during the past month, have you felt calm and peaceful?
   - All of the time
   - Most of the time
   - A good bit of the time
   - Some of the time
   - A little of the time
   - None of the time

5. How much of the time, during the past month, have you felt downhearted and blue?
   - All of the time
   - Most of the time
   - A good bit of the time
   - Some of the time
   - A little of the time
   - None of the time

6. During the past month, how much of the time were you a happy person?
   - All of the time
   - Most of the time
   - A good bit of the time
   - Some of the time
   - A little of the time
   - None of the time

   APPLY QUESTIONNAIRE IN ANNEX

   B7 - Death of Another

0. Please tell me if you ever followed closely the dying process of another?
   [If more than one person, please refer to the last death.]
   - Yes
   - No -> Go to block 8
   - Doesn't know / Doesn't answer -> Go to block 8

For this death then tell me:

1. Who was that person?
   - Grandfather / Grandmother
   - Father / Mother; Stepfather/stepmother or close relative by affinity
   - Father-in-law / Mother-in-law
   - Uncle / Aunt
   - Spouse / Partner
   - Son / Daughter; Stepson / Stepdaughter
   - Brother-in-law / Sister-in-law
   - Nephew / Niece
   - Cousin
   - Daughter-in-law / Son-in-law
   - Grandson / Granddaughter
   - Brother / Sister
   - Other kinship. Indicate who:
     - Close friend
     - Neighbour
     - Other. Indicate who:
     - Doesn't know / Doesn't answer
2. Sex (of the person who died)
   - Male
   - Female

3. He/she was born in which country?
   - Portugal
   - Other country. Indicate which:
   - Doesn't know / Doesn't answer

4. What was the religion of that person?
   - Catholic
   - Orthodox
   - Protestant
   - Evangelical
   - Other Christian
   - Jewish
   - Muslim
   - Buddhist
   - Hindu
   - Other Non-Christian
   - No religion
   - Doesn't know / Doesn't answer

5. How old was the person who died? If not certain, please indicate an approximated age.
   - Days
   - Months
   - Years
   - Doesn't know / Doesn't answer

6. What date did death occur? If not certain, please indicate, at least, the month and the year.
   - d d m m y y y
   - Doesn't know / Doesn't answer

7. Were you present at the time death occurred?
   - Yes
   - No
   - Doesn't know / Doesn't answer

8. What was the cause of death?
   - Prolonged illness
   - Unexpected illness
   - Aging
   - Accident
   - Suicide
   - Homicide
   - Stillbirth / neonatal
   - Other. Indicate which:
   - Doesn't know / Doesn't answer

9. In which place did the death occur?
   - Hospital or other health institution
   - Housing institution (eg., nursing home, day-care center)
   - Public location (eg., public street)
   - Own / family / others home
   - Other place. Indicate which:
   - Doesn't know / Doesn't answer

10. In which country did the death occur?
    - Portugal
    - Country of origin
    - Other. Indicate which:
    - Doesn't know / Doesn't answer

11. Was there any ceremonial preparation of the body?
    - Yes
    - No -> Go to question 13
    - Doesn't know / Doesn't answer -> Go to question 13

12. If so, to whom fell the task?
    (more than one option may be marked)
    - Undertaker or other professionals from the mortuary agency
    - Elements from the religious community
    - Close relatives
    - Friends
    - Other person. Indicate who:
    - Doesn't know / Doesn't answer
13. What happened to the body?
- Buried
- Deposit drawer
- Deposited
- Cremated
- Other process. Indicate which:
- Doesn't know / Doesn't answer

14. Was there any funeral ceremony performed?
- Yes
- No -> Go to question 23
- Doesn't know / Doesn't answer -> Go to question 23

15. Which? (more than one option may be marked)
- Mourning, vigil or deathwatch
- Funeral
- A ceremony after the funeral
- Other. Indicate:

16. These ceremonies were performed in Portugal, at the country of origin, or both?
- Portugal
- Country of origin
- Both
- Doesn't know / Doesn't answer

17. Where you present in any of these ceremonies?
- Yes
- No -> Go to question 23
- Doesn't know / Doesn't answer

18. What was the most important ceremony for you? (single option only)
- Mourning, vigil or deathwatch
- Funeral
- A ceremony after the funeral
- Other. Indicate:

19. Regarding that most important ceremony, what was the time gap between death and that event? (Indicate only one, the most approximate)

20. Where did the ceremony take place?
- Place of worship
- Cemetery
- Own / family / other home
- Public place (eg., garden)
- Other local. Indicate which:
- Doesn't know / Doesn't answer

21. How long did it last?
- Some hours
- One day
- More than one day. Indicate how many:
- Doesn't know / Doesn't answer
22. Who was present at the ceremony?

(kinship regarding the person who died)

☐ Grandfather / Grandmother
☐ Father / Mother
☐ Spouse / Partner
☐ Son / Daughter; Stepson / Stepdaughter
☐ Brother / Sister
☐ Other relatives
☐ Friends
☐ Neighbours
☐ Elements from the religious community
☐ Other elements from the community
☐ Others. Indicate who:
☐ Doesn't know / Doesn't answer

Lives in:
PT Other country Both DK/NA

23. Was there a transportation of the body / body remains?

☐ Yes
☐ No -> Go to question 25
☐ Doesn't know / Doesn't answer -> Go to question 26

24. If so, to which country?

☐ Doesn't know / Doesn't answer

25. If not, what was the main reason?

26. Who afforded the costs related to all this process?

(more than one option may be marked)

☐ Himself / Herself
☐ Grandfather / Grandmother
☐ Father / Mother; Stepfather/stepmother or close relative by affinity
☐ Spouse / Partner
☐ Son / Daughter; Stepson / Stepdaughter
☐ Brother / Sister
☐ Other relatives
☐ Friends
☐ Neighbours
☐ Elements from the religious community
☐ Other elements from the community
☐ Others. Indicate who:
☐ Doesn't know / Doesn't answer

27. We ask now for you to indicate, in case you are aware, the overall cost of all this process.

☐ Funeral ceremonies: €
☐ Body transportation: €
☐ Other kind of expenses: €
☐ Doesn't know / Doesn't answer

Total: €

Currently...

28. In which country is the body?

☐ Portugal
☐ Country of origin
☐ Other. Indicate which:
☐ Doesn't know / Doesn't answer

29. In what place is the body?

☐ Public cemetery
☐ Private cemetery (eg., private family garden)
☐ Public place (eg., ashes thrown to the sea)
☐ Own / family / other residency
☐ Other place. Indicate which:
☐ Doesn't know / Doesn't answer

B8 - One's Own Death

We are now going to ask some questions about death. Imagine that you, WHILE BEING IN PORTUGAL, knew you were going to die. Please tell me:

1. Would you like to have someone with you at the time of your death?

☐ Yes
☐ No -> Go to question 3
☐ Indifferent -> Go to question 3
☐ Doesn't know / Doesn't answer -> Go to question 3
2. If, so, whom? 
   (more than one option can be marked)
   - Grandfather/Grandmother
   - Father/Mother; Stepfather/stepmother or close relative by affinity
   - Spouse/Partner
   - Son/Daughter; Stepson/Stepdaughter
   - Brother/Sister
   - Other relatives
   - Friends
   - Neighbour
   - Elements from the religious community
   - Other elements from the community
   - Other. Indicate who: __________________________
   - Doesn't know/Doesn't answer

3. If you could choose a country, where would you rather die?
   - Portugal
   - Country of origin
   - Other. Indicate which: __________________________
   - Indifferent
   - Doesn't know/Doesn't answer

4. In what location would you rather die?
   - Hospital or other health care institution
   - Housing institution (eg., nursing home, day-care center)
   - Public location (eg., public street)
   - Own/family/other home
   - Other place. Indicate which: __________________________
   - Indifferent
   - Doesn't know/Doesn't answer

5. Under which circumstances would you rather die?
   - Prolonged illness
   - Unexpected illness
   - Aging
   - Accident
   - Other. Indicate which: __________________________
   - Indifferent
   - Doesn't know/Doesn't answer

6. If the process of your death involved some type of medical care...
   - Would you resort, if possible or necessary, to means to hasten your own death (euthanasia)?
   - Yes
   - No
   - Doesn't know/Doesn't answer
   - b) Would you authorize the use of means of prolonged life support (be connected to a machine indefinitely)?
     - Yes
     - No
     - Doesn't know/Doesn't answer

7. Would you like to have your organs donated?
   - Yes
   - No
   - Indifferent
   - Doesn't know/Doesn't answer

8. What would you like to happen to your body?
   - Buried
   - Deposit drawer
   - Deposited
   - Cremated
   - Other process. Indicate which: __________________________
   - Indifferent
   - Doesn't know/Doesn't answer

9. Would you like to have some ceremonial preparation of your body?
   - Yes
   - No
   - Indifferent
   - Doesn't know/Doesn't answer

10. If so, who would you like to perform that task? 
    (more than one option may be marked)
    - Undertaker or other professionals from the mortuary agency
    - Elements from the religious community
    - Relatives
    - Friends
    - Other persons. Indicate who: __________________________
    - Indifferent
    - Doesn't know/Doesn't answer

11. Would you like any funeral ceremony to be performed?
    - Yes
    - No
    - Indifferent
    - Doesn't know/Doesn't answer
12. If so, which? (more than one option may be marked)
- Grandfather/ Grandmother
- Father/ Mother; Stepfather/stepmother or close relative by affinity
- Spouse / Partner
- Son / Daughter; Stepson / Stepdaughter
- Brother / Sister
- Other relatives
- Friends
- Neighbours
- Elements from the religious community
- Other elements from the community
- Other. Indicate who:

13. Where would you like the ceremony to take place? (more than one option may be marked)
- Place of worship
- Cemetery
- Own / family / other home
- Public place (eg., garden)
- Other local. Indicate which:

14. Who would you like to be present in the ceremonies? (more than one option may be marked)
- Grandfather/ Grandmother
- Father/ Mother; Stepfather/stepmother or close relative by affinity
- Spouse / Partner
- Son / Daughter; Stepson / Stepdaughter
- Brother / Sister
- Other relatives
- Friends
- Neighbours
- Elements from the religious community
- Other elements from the community
- Other. Indicate who:

15. If you rather prefer to die in Portugal, would you wish your body / body remains to be transported elsewhere?
- Yes
- No -> Go to question 17
- Indifferent -> Go to question 17
- Doesn't apply -> Go to question 17
- Doesn't know / Doesn't answer -> Go to question 17

16. If so, to where?
- Country of origin
- Other. Indicate which:
- Doesn't know / Doesn't answer

17. If you rather prefer to die in Portugal, would you also like to have some ceremony to take place in your country of origin? (ask only to immigrants)
- Yes
- No
- Indifferent
- Doesn't apply
- Doesn't know / Doesn't answer

18. Where would you like to be the final place for your body / body remains?
- Public cemetery
- Private cemetery (eg., private family garden)
- Public place (eg., ashes thrown to the sea)
- Own / family / other residency
- Other place. Indicate which:

19. Who should be responsible for the expenses related the overall process? (more than one option may be marked)
- Himself / Herself
- Grandfather/ Grandmother
- Father/ Mother; Stepfather/stepmother or close relative by affinity
- Spouse / Partner
- Son / Daughter; Stepson / Stepdaughter
- Brother / Sister
- Other relatives
- Friends
- Neighbours
- Elements from the religious community
- Other elements from the community
- Others. Indicate who:

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I am going to read you 15 statements and ask you to give your opinion on each one of them according to a scale from Totally Agree to Totally Disagree. There are no things such as good or bad answers; all that is needed is honesty. I remind you that the scale is anonymous. Please indicate the first answer that occurs to you for each statement.

1 = Totally Agree
2 = Agree
3 = Neutral
4 = Disagree
5 = Totally Disagree

1. I am very much afraid to die.
2. The thought of death seldom enters my mind.
3. It doesn't make me nervous when people talk about death.
4. I dread to think about having to have an operation.
5. I am not at all afraid to die.
6. I am not particularly afraid of getting cancer.
7. The thought of death never bothers me.
8. I am often distressed by the way time flies so very rapidly.
9. I fear dying a painful death.
10. The subject of life after death troubles me greatly.
11. I am really scared of having a heart attack.
12. I often think about how short life really is.
13. I shudder when I hear people talking about World War III.
14. The sight of a dead body is horrifying to me.
15. I feel that the future holds nothing for me to fear.

End of the questionnaire.
Thank you for your collaboration!!