

No.

Note: this questionnaire is addressed to a family member of the deceased elders. Interviews are based on voluntary participation.

Province code    
County(district) code      
Pre-assigned code     
Category of deceased elder   
A. Centenarian B. Nonagenarian C. Octogenarian D. Sibling of A,B,C)  
Place of Residence of the deceased elder at death   
1. City 2. Town 3. Rural

## Questionnaire on Determinants of Health Longevity in China

(for the elders who were interviewed in 1998, but died before the 2000 survey)

Name of deceased elder \_\_\_\_\_

Name of proxy reporter \_\_\_\_\_ Signature of proxy reporter \_\_\_\_\_

**Relationship between deceased elder and proxy**

1.spouse 2.children 3. spouses of children 4. grandchildren or their spouses 5.relatives  
6. others

**Address of the deceased elder before death:**

\_\_\_\_\_ detailed village or street address (including street, apartment # etc.) \_\_\_\_\_ district or town/township

\_\_\_\_\_ county or city \_\_\_\_\_ province

Post Code  Tel No \_\_\_\_\_  
(area code)

**Date at death of the deceased elder based on related informants:**

Record from village or street committee \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year  
Recalled by neighbors \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

**If the interview could not be conducted, the reason is :**

1. refusal 2. others (please specify) \_\_\_\_\_

Interviewer signature \_\_\_\_\_; \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

Instructor signature \_\_\_\_\_; \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

Supervisor signature \_\_\_\_\_; \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

1. Sex	1. male 2. female	<input type="checkbox"/>
2. Marital Status before dying:	1. married and living with spouse 2. married but separate with spouse 3. divorced 4. widowed 5. never married	<input type="checkbox"/>
3-1. Main living arrangement in the last year of the life :	1. institutions 2. alone due to never married 3. alone due to widowed or divorced 4. with spouse only 5. with married children (grandchildren) 6. with grandchildren only 7. with unmarried children (grandchildren) 8. other relatives 9. other (please specify) _____	<input type="checkbox"/>
3-2. Number of persons living in the household before dying (including the deceased elder) :	_____ person(s)	<input type="checkbox"/> <input type="checkbox"/>
4. Validated date at death and age at death	_____ day _____ month _____ year age _____	<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"/>
5. Place of death	1. home 2. Hospital 3. institution 4. others (please specify) _____	<input type="checkbox"/>
6. Cause of death (diagnosed):	01. malignant tumor (cancer) 02. cardiovascular disease (CVD) 03. heart diseases 04. respiratory or digest diseases 05. injury and poisoned 06. endocrine, nutritional , metabolic, immune diseases 07. urinary or reproductive diseases 08. dementia 09. neuropathy 10. tuberculosis (TB) 11. infectious diseases (except TB) 12. accident 13. others (please specify) _____	<input type="checkbox"/> <input type="checkbox"/>
7. Main caregivers before dying (select one only)	1. spouse 2. children and their spouses 3. grandchildren and their spouses 4. other family members 5. friends 6. social worker 7. nurses 8. no body to take care 9. no need to take care	<input type="checkbox"/>
8. whether bedridden or not before dying :	1. no 2. yes. If yes, _____ days	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<p>9-1. How many times did the deceased elder suffer from serious illness which required hospitalization or caused him (her) to be bedridden at home since last interview?</p> <p>9-2. What kind of diseases did he (she) suffer? For how many days?</p>	<p>( if no, fill 00. If bedridden all the time, fill 88)</p> <p>_____time(s)</p> <p>first time : _____ (disease) , _____ days</p> <p>second time : _____ (disease) , _____ days</p> <p>last time : _____ (disease) , _____ days</p>	<p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/> , <input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/> , <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/> , <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p>10. Did the deceased elder suffer from any of the following disease(s)? (multiple choices)</p>	<p>01. hypertension            0 no    1 yes</p> <p>02. diabetes                0 no    1 yes</p> <p>03. heart disease           0 no    1 yes</p> <p>04. stroke, CVD            0 no    1 yes</p> <p>05. bronchitis, emphysema, pneumonia, asthma</p> <p>   0 no    1 yes</p> <p>06. tuberculosis (TB)      0 no    1 yes</p> <p>07. glaucoma, cataract    0 no    1 yes</p> <p>08. prostate tumor         0 no    1 yes</p> <p>09. gastric or duodenal ulcer 0 no    1 yes</p> <p>10. Parkinson's disease    0 no    1 yes</p> <p>11. bedsore                 0 no    1 yes</p> <p>12. dementia                0 no    1 yes</p> <p>13. psychosis                0 no    1 yes</p> <p>14. neuropathy              0 no    1 yes</p> <p>15. arthritis                 0 no    1 yes</p> <p>16. others (please specify)_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>11. Did the deceased elder get timely treatment when he (she) was ill before dying?</p>	<p>1.yes 2. no 3. Was not ill</p>	<p><input type="checkbox"/></p>
<p>12. Main financial source before dying</p>	<p>1. retirement wage</p> <p>2. spouse</p> <p>3. children</p> <p>4. grandchild</p> <p>5. other relatives</p> <p>6. local government or community</p> <p>7. own work</p> <p>8. others (please specify)_____</p>	<p><input type="checkbox"/></p>
<p>13. household annual income per capita in the year before dying</p>	<p>_____ Yuan(RMB)</p>	<p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p>14. Were the following facilities available in the elder's home before he (she) died (multiple choices)?</p>	<p>toilet                        0. no    1. yes</p> <p>tap water                  0. no    1. yes</p> <p>bath facility               0. no    1. yes</p> <p>heater                       0. no    1. yes</p> <p>TV                            0. no    1. yes</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

	washing machine    0. no    1. yes telephone            0. no    1. yes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15. Was there a doctor in the village (refer to rural deceased elders only)?	1. no 2. yes if yes, village doctor was: 1. licensed with college degree 2. licensed without college degree 3. unlicensed	<input type="checkbox"/> <input type="checkbox"/>
16. Who did mainly pay the medical costs for the deceased elder?	01. state Medicare fund 02. the deceased elder himself or herself 03. spouse 04. co-residing children 05. shared by children living or not living together 06. grandchildren 07. cooperate Medicare fund 08. state or collective subsidy 09. medical insurance 10. no money to pay medical costs 11. other (please specify) _____	<input type="checkbox"/> <input type="checkbox"/>
17. Total medical costs of the deceased elder in the last year of life	_____ Yuan(RMB)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-1. Functioning of bathing before dying	1. fully independent 2. partially dependent, started at age _____ 3. fully dependent. If so, partially dependent from age _____ to age _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-2. Functioning of dressing before dying :	1. fully independent 2. partially dependent, started at age _____ 3. fully dependent. If so, partially dependent from age _____ to age _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-3. Functioning of toileting before dying :	1. fully independent 2. partially dependent, started at age _____ 3. fully dependent. If so, partially dependent from age _____ to age _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-4. Functioning of indoor transferring before dying:	1. fully independent 2. partially dependent, started at age _____ 3. fully dependent. If so, partially dependent from age _____ to age _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-5. Functioning of continence before dying :	1. able to control 2. occasional accidents , started at age _____ 3. catheter was used or incontinent. If so, occasional accident from age _____ to age _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-6. Functioning of self-feeding :	1. fully independent 2. partially dependent, started at age _____ 3. fully dependent. If so, partially dependent from age _____ to age _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19. How many days before dying did the elder not often go outdoor to chat with others?	_____ days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20. How many days before dying was the elder staying in bedridden longer	_____ days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

than being out of bed in the daytime?		
21. Did the deceased elder smoke since the last interview in 1998?	1. no 2. Yes if yes, _____ time(s) /per day	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/>
22-1 Did the deceased elder drink since the last interview in 1998?	1. no 2. Yes	<input type="checkbox"/>
22-2. If so, what kind of drink?	1. very strong liquor 2. not very strong liquor 3. wine 4. Rice wine 5. beer 6. Others (specify)_____	<input type="checkbox"/>
22-3. How much did the deceased elder drink per day?	_____ liang	<input type="checkbox"/> <input type="checkbox"/>