



Questionnaire on Determinants of Healthy Longevity in China

(The second wave conducted in 2000)

Approved by National Statistics Bureau, China, P. R.
NSB Doc. No.: 2000 (0537)

Note: Interviews are based on voluntary participation

No.:

Questionnaire Code:
(province code) (county code) (basic code)

Interviewee's name: _____ Signature of interviewee or relatives _____

Current Address: _____
detailed village or street address (including street, apartment # etc.)

postal code district or township county or city province

Post Code: Tel No: _____
(area code)

Interview Record

Date and time of interview				Reasons for not finishing questionnaire			
month	day	beginning time	ending time	1 the interviewee refused to be interviewed	2 the interviewee has died	3 the interviewee has emigrated	4 other

Signature

Interviewer: _____ Date: ____ day ____ month ____ year
 Doctor : _____ Date: ____ day ____ month ____ year
 Supervisor 1: _____ Date: ____ day ____ month ____ year
 Supervisor 2: _____ Date: ____ day ____ month ____ year

Guarantee for interviewee

All information collected in this survey will be treated as strictly confidential. The record of your name and address here will be used only in future follow-up health observation/examination surveys. We guarantee that nobody will be allowed to have access to information from this questionnaire except qualified researchers. The computerized data resulting from this survey will not include your name and address. The primary purpose of this survey is scientific research, but, if you so desire, the doctor or nurse who examines you will give you information and advice about your health based on your responses.

General Instructions to interviewer

- 1. All questions marked with a '*' must be answered if possible. The answers must come from the interviewees themselves, i.e. these questions may not be answered by other people. If the interviewee is not able to answer a question, please circle 'not able to answer'. In addition, interviewers should encourage the elders to attempt to answer as many of the other questions (those without a '*') as possible.*
- 2. If some of the questions without a '*' cannot be answered by the elders themselves, interviewers should ask their closest relative(s) or caregiver(s) to answer them. (The box in the third column is to be checked whenever the question is not answered by the interviewee.) If no one can answer the question, please explain why in the margin.*
- 3. Detailed instructions (including illustrations of definitions, how to measure, examples etc.) will be prepared in the Chinese language, and will be easy to read and implement. All of the questions will be in easily understood Chinese.*
- 4. Interviewees who newly join the survey should attempt to answer all questions, including those appearing on a shaded background. Those who were interviewed in the previous survey should only attempt to answer the questions that do not appear on a shaded background.*

Category of interviewee

I. category of the interviewee:

1. elder who was interviewed in 1998; 2. newly added elder to replace the deceased elder; 3. newly became centenarians or became 80 or 81 years in 2000; 4. sibling of 1, 2, or 3, and aged 80+.

if answer 1, 2, or 3, please jump to III

II. If (s)he is a sibling of interviewed elder, what kind of sibling?

1. sibling 2. half sibling 3. adopted sibling 4. others

III. current residence area of interviewee

1. city 2. town 3. rural

IV. validated age

A. Basic Information			Code
A1 Sex	1 male 2 female	<input type="radio"/>	<input type="checkbox"/>
A2 Ethnic group	_____	<input type="radio"/>	<input type="checkbox"/>
A3.1 Animal year of interviewee's birth	1 rat 2 ox 3 tiger 4 rabbit 5 dragon 6 snake 7 horse 8 sheep 9 monkey 10 rooster 11 dog 12 boar	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>
A3.2 Date of birth:		<input type="radio"/>	
(a) western calendar	year _____ month _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(b) Chinese calendar	year _____ month _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A4.1 Which province were you born?	province _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>
A4.2 Which county (city) were you born?	1. same as current address 2. other city or county	<input type="radio"/>	<input type="checkbox"/>
A4.3 Was the place of birth an urban area or a rural area (at time of birth)?	1 urban 2 rural	<input type="radio"/>	<input type="checkbox"/>
A5.1 Co-residence	1 with household member(s) 2 alone--- <i>jump to A5.4</i> 3 in an institution--- <i>jump to A5.4</i>	<input type="radio"/>	<input type="checkbox"/>
A5.2 How many people are living with you?	_____ person(s)	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>

A5.3 Who are they? (Use back of paper for additional people if necessary.)	relationship with interviewee	name	sex	age		relation-ship	age	sex
<i>Note:</i> If ages are unknown, please fill in '888'. Relationship with interviewee: 0 spouse 1 child 2 spouse of child 3 grandchild 4 spouse of grandchild 5 great grandchild or spouse of great grandchild 6 sibling 7 parent or parent-in-law 8 other _____					<input type="radio"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
					<input type="radio"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
					<input type="radio"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
					<input type="radio"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
					<input type="radio"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
					<input type="radio"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
					<input type="radio"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
					<input type="radio"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
					<input type="radio"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
					<input type="radio"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
					<input type="radio"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
					<input type="radio"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
<i>Jump to Part B</i>								
A5.4 If living alone or in nursing home, since when?	year _____ month _____				<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Life Evaluation and Personality (to be answered only by interviewee)				Code
* B1.1 How do you rate your life at present?	1 very good 2 good 3 so so 4 bad 5 very bad 8 not able to answer			<input type="checkbox"/>
* B1.2 How do you rate your health at present?	1 very good 2 good 3 so so 4 bad 5 very bad 8 not able to answer			<input type="checkbox"/>
* B2.1 Do you always look on the bright side of things?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer			<input type="checkbox"/>
* B2.2 Do you like to keep your belongings neat and clean?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer			<input type="checkbox"/>
* B2.3 Do you often feel fearful or anxious?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer			<input type="checkbox"/>

* B2.4 Do you often feel lonely and isolated?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer		<input type="checkbox"/>
* B2.5 Can you make your own decisions concerning your personal affairs?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer		<input type="checkbox"/>
* B2.6 Do you feel the older you get, the more useless?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer		<input type="checkbox"/>
* B2.7 Are you as happy as when you were younger?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer		<input type="checkbox"/>

C. Mini Mental State Examination (MMSE)			Code
C1 ORIENTATION (to be answered only by interviewee)			
* C1.1 What time of day is it right now (morning, afternoon, evening)?	1 correct 0 wrong 8 not able to answer		<input type="checkbox"/>
* C1.2 What is the month (Western or Chinese calendar) right now?	1 correct 0 wrong 8 not able to answer		<input type="checkbox"/>
* C1.3 What is the date (day and month) of the mid-autumn festival?	1 correct 0 wrong 8 not able to answer		<input type="checkbox"/>
* C1.4 What is the season right now?	1 correct 0 wrong 8 not able to answer		<input type="checkbox"/>
* C1.5 What is the name of this county or district?	1 correct 0 wrong 8 not able to answer		<input type="checkbox"/>
* C1.6 Please name as many kinds of food as possible in 1 minute.	_____ (kinds of food)		<input type="checkbox"/> <input type="checkbox"/>
C2 REGISTRATION (to be answered only by interviewee)			
* C2.1 I am now going to test your memory. I will mention three objects. <i>(Mention the following three objects without making a pause:)</i> table, apple, clothes Please repeat these three objects. <i>(Evaluation based on first attempt only).</i> ---- If all three questions are answered correct, please jump to C3.1 table apple clothes	1 correct 0 wrong 8 not able to answer _____ _____ _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<p>*C2.2 <i>If answers are insufficient or incorrect on first attempt, repeat the names of all objects until the interviewee is able to name all three of them (6 attempts at maximum). Write the number of attempts (e.g. '1', if all three objects are repeated correctly on first attempt). Write '7' if interviewee cannot repeat the names even after 6 attempts.</i></p>	<p>_____ attempts</p>	<p><input type="checkbox"/></p>
<p>C3 ATTENTION AND CALCULATION (to be answered only by interviewee)</p>		
<p>* C3.1 I will ask you to spend 3 dollars from 20 dollars, then you must spend 3 dollars from the number you arrived at and continue to spend 3 dollars until you are asked to stop.</p>		
<p><i>(Circle '1' each time the difference is 3 – even if a former answer was wrong. If the interviewee forgets the last number, the interviewer should repeat it, but then circle '0' even if the answer was correct. Maximum score = 5 correct answers.)</i></p>	<p>1st 1 correct 0 wrong 8 not able to answer 2nd 1 correct 0 wrong 8 not able to answer 3rd 1 correct 0 wrong 8 not able to answer 4th 1 correct 0 wrong 8 not able to answer 5th 1 correct 0 wrong 8 not able to answer</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>* C3.2 Ask the interviewee to draw the figure on Card B. <i>(Circle '1' if all the sides and angles are correct and if the figure in the middle is a quadrangle. Otherwise, circle '0'.)</i></p>	<p>1 correct 0 wrong 8 not able to do this</p>	<p><input type="checkbox"/></p>
<p>C4 RECALL (to be answered only by interviewee)</p>		
<p>* C4.1 Please repeat the three words (in any order) that I asked you to repeat a little while ago. (Note the correct or the wrong answers as the scores.) table apple clothes</p>	<p>1 correct 0 wrong 8 not able to do this _____ _____ _____</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>C5 LANGUAGE (to be answered only by interviewee)</p>		

<p>* C5.1 Give the interviewee a pen and then a watch and ask what these objects are called (1 point for each correct answer).</p> <p>Pen Watch</p>	<p>1 correct 0 wrong 8 not able to answer</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>* C5.2 I will now ask you to repeat the following sentence: ‘What you plant, what you will get.’ (Circle ‘I’ only if repeated correctly on the first attempt.)</p>	<p>1 correct 0 wrong 8 not able to answer</p>	<p><input type="checkbox"/></p>
<p>* C5.3 I will give you a piece of paper. You must take the paper using your right hand, fold it in the middle using both hands, and place the paper on the floor.</p> <p>(Read the text aloud and hand a piece of paper to the interviewee. Give the paper directly to the interviewee. Do not repeat the instructions and do not offer any help. Note every movement as correct if it is made in the correct order.)</p> <p>right hand folding on the floor</p>	<p>1 correct 0 wrong 8 not able to do</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>C5.4 Was the interviewee able to answer the questions in sections B and C? (answered by Interviewer ONLY)</p>	<p>1 yes 2 no 3 partly</p>	<p><input type="checkbox"/></p>
<p>C5.5 If ‘no’ or ‘partly’, what is the main reason? (answered by Interviewer ONLY)</p>	<p>1 visually impaired, but can hear 2 hearing impaired, but can see 3 visually and hearing impaired 4 paralyzed 5 did not wish to participate 6 could not understand because of cognitive impairment 7 not able to participate at the moment because of some temporary illness such as a cold 8 other (please explain):</p> <p>_____</p>	<p><input type="checkbox"/></p>

D. LIFE STYLE				Code	
D1	Please tell us the main food you eat.	1 rice 2 corn (maize) 3 wheat (noodles and bread etc.) 4 other: _____	<input type="radio"/>	<input type="checkbox"/>	
D2	How much of the above food do you normally eat per day?	_____ liang	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>	
D3.1	Do you eat fresh fruit?	1 almost everyday year round 2 almost everyday except in winter 3 occasionally 4 rarely or never	<input type="radio"/>	<input type="checkbox"/>	
D3.2	Do you eat fresh vegetables?	1 almost everyday year round 2 almost everyday except in winter 3 occasionally 4 rarely or never	<input type="radio"/>	<input type="checkbox"/>	
D4	Please tell me what other kinds of food you normally eat and how often.	around age 60 at present		around age 60	at present
1 almost everyday 2 occasionally 3 rarely or never	Meat		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fish		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Eggs		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Food made from beans (tofu, etc.)		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Salt-preserved vegetables		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sugar		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tea		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Garlic		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
D5	What kind of water do you usually drink?	1 boiled water 2 un-boiled water	<input type="radio"/>	<input type="checkbox"/>	
D6	Such water is (was): 1 water from a well 2 water from a river or lake 3 water from a spring 4 water from a pond or pool 5 tap water	childhood around age 60 at present		childhood	age 60 present
			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7.1	Do you smoke at the present time?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>	
D7.2	Did you smoke in the past?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>	

<i>If the answers of D7.1 and D7.2 are both 'no', please jump to D8.1</i>			
D7.3	How old were you when you began to smoke?	age _____	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D7.4	How old were you when you stopped smoking if you don't smoke at present?	age _____	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D7.5	If you smoke at the present time (or smoked in the past), how many times per day on average do you smoke?	times _____	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
D8.1	Do you drink alcohol at the present time?	1 yes 2 no	<input type="radio"/> <input type="checkbox"/>
D8.2	Did you drink alcohol in the past?	1 yes 2 no	<input type="radio"/> <input type="checkbox"/>
<i>If the answers of D8.1 and D8.2 are both 'no', please jump to D9.1</i>			
D8.3	How old were you when you began to drink alcohol?	age _____	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D8.4	How old were you when stopped drinking alcohol if you don't drink alcohol at present?	age _____	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D8.5	If you drink at the present time (or drank in the past), what kind of alcohol do you drink?	1 very strong liquor ($\geq 38^{\circ}$) 2 not very strong liquor ($< 38^{\circ}$) 3 wine 4 rice wine 5 beer 6 others	<input type="radio"/> <input type="checkbox"/>
D8.6	If you drink alcohol at the present time (drank in the past), how much per day on average do you drink?	_____ liang	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
D9.1	Do you do exercises regularly at present?	1 yes 2 no	<input type="radio"/> <input type="checkbox"/>
D9.2	Did you do exercises regularly in the past?	1 yes 2 no	<input type="radio"/> <input type="checkbox"/>
<i>If the answers of D9.1 and D9.2 are both 'no', please jump to D10.1</i>			
D9.3	How old were you when you began to do exercises?	age _____	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D9.4	How old were you when you stopped doing exercises if you don't do exercises at present?	age _____	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D10.1	Have you done physical labour regularly?	1 yes 2 no--- <i>jump to D11</i>	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D10.2	If yes, from which age	from age _____	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D10.3	to which age?	to age _____	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

D11 Do you now perform the following activities regularly?				
Housework	1 almost everyday 3 never	2 sometimes	<input type="radio"/>	<input type="checkbox"/>
Personal outdoor activities	1 almost everyday 3 never	2 sometimes	<input type="radio"/>	<input type="checkbox"/>
garden work	1 almost everyday 3 never	2 sometimes	<input type="radio"/>	<input type="checkbox"/>
read newspapers/books	1 almost everyday 3 never	2 sometimes	<input type="radio"/>	<input type="checkbox"/>
raise domestic animals	1 almost everyday 3 never	2 sometimes	<input type="radio"/>	<input type="checkbox"/>
play cards and/or mah-jong	1 almost everyday 3 never	2 sometimes	<input type="radio"/>	<input type="checkbox"/>
watch TV and/or listen to radio	1 almost everyday 3 never	2 sometimes	<input type="radio"/>	<input type="checkbox"/>
religious activities	1 almost everyday 3 never	2 sometimes	<input type="radio"/>	<input type="checkbox"/>

E. KATZ' ADL			Code
For each area of functioning listed below, check the description that applies. (The word 'assistance' means supervision, direction, or personal assistance.)			
E1 Bathing – either sponge bath, tub bath, shower or washing the body	1 receives no assistance (gets in and out of tub alone if tub is usual means of bathing) 2 receives assistance in bathing only for part of the body (such as back or a leg) 3 receives assistance in bathing more than one part of the body (or doesn't bathe)	<input type="radio"/>	<input type="checkbox"/>
E2 Dressing – gets clothes from closets and drawers – including underwear, outer garments and fasteners (including suspenders if worn)	1 gets clothes and gets completely dressed without assistance 2 gets clothes and gets dressed without assistance except for tying shoes 3 receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed	<input type="radio"/>	<input type="checkbox"/>

E3 Toilet – going to the toilet; cleaning oneself afterwards	1 goes to the toilet, cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair) 2 receives assistance in going to the toilet or in cleaning self or in arranging clothes afterwards or in use of night bedpan or commode 3 doesn't use a toilet	○	<input type="checkbox"/>
E4 Transfer	1 gets in and out of bed as well as in and out of a chair without assistance (may use object for support such as cane or walker) 2 gets in and out of bed or chair with assistance 3 bedridden	○	<input type="checkbox"/>
E5 Contenance	1 has complete control of urination and bowel movement without assistance 2 has occasional 'accidents' 3 supervision helps keep urine or bowel control; catheter is used or elder is incontinent	○	<input type="checkbox"/>
E6 Feeding	1 feeds self without assistance 2 feeds self, with some help 3 receives assistance in feeding or is fed partly or completely intravenously	○	<input type="checkbox"/>

F. PERSONAL BACKGROUND		Code
F1 How many years did you attend school?	_____	○ <input type="text"/>
F2 What was your main occupation before age 60?	0 professional and technical personnel 1 governmental, institutional or managerial personnel 2 agriculture, forest, animal husbandry 3 fishery worker 4 industrial worker 5 commercial or service worker 6 military personnel 7 housework 8 other, please specify: _____	○ <input type="checkbox"/>
F3.1 What is your main means of financial support?	1 retirement wages 2 spouse 3 children 4 grandchildren 5 other relative 6 from local government or community 7 work 8 other, please specify: _____	○ <input type="checkbox"/>

F3.2	Could your main financial support maintain your daily cost?	1 yes 2 no 3 so so 4 don't know	<input type="radio"/>	<input type="checkbox"/>
F3.3	What is your other means of financial support? (multiple choices but limit to 5 choices)	1 retirement wages 2 spouse 3 children 4 grandchildren 5 other relative 6 from local government or community 7 work 8 other, please specify: _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F3.2	Could all of your financial support maintain your daily cost?	1 yes 2 no 3 so so 4 don't know	<input type="radio"/>	<input type="checkbox"/>
F4.1	Current marital status:	1 married and living with spouse 2 separated 3 divorced 4 widowed 5 never married	<input type="radio"/>	<input type="checkbox"/>
F4.2	How many times have you been married?	_____, if answer 0-- jump to F5	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>
F4.3	Please tell me your marriage history	your age at this marriage status of this marriage age at marriage dissolution good relationship ?		age at this marriage status age at marriage dissolution relationship
('age at marriage dissolution' to be answered only by divorced or widowed people)	1 st marriage	1 married 2 divorced 3 widowed	<input type="radio"/>	<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"/>
	2 nd marriage	1 married 2 divorced 3 widowed	<input type="radio"/>	<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"/>
	3 rd marriage	1 married 2 divorced 3 widowed	<input type="radio"/>	<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"/>
	4 th marriage	1 married 2 divorced 3 widowed	<input type="radio"/>	<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"/>
F4.4	How many years did your last spouse attend school?	_____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>
F4.5	What was your last spouse's main occupation before age 60?	0 professional and technical personnel 1 governmental, institutional or managerial personnel 2 agriculture, forest, animal husbandry 3 fishery worker 4 industrial worker 5 commercial or service worker 6 military personnel 7 housework 8 other, please specify: _____	<input type="radio"/>	<input type="checkbox"/>

F5	When you are sick, who usually takes care of you?	1 children and/or spouse 2 other family members 3 friends 4 live-in caregiver 5 social service 6 nobody	<input type="radio"/>	<input type="checkbox"/>
F6.1	Can you get adequate medical service when you are sick?	1 yes 2 no 3 never been sick	<input type="radio"/>	<input type="checkbox"/>
F6.2	Could you get adequate medical service when you were sick at around age 60?	1 yes 2 no 3 never was sick	<input type="radio"/>	<input type="checkbox"/>
F6.3	Could you get adequate medical service when you were sick in childhood?	1 yes 2 no 3 never was sick	<input type="radio"/>	<input type="checkbox"/>
F6.4	Who mainly pay for your medical cost?	1 public medical health 2 self 3 family and children 4 other	<input type="radio"/>	<input type="checkbox"/>
F6.5	What's the main reason that you didn't go to hospital when it was necessary?	1 no money to pay for 2 far away 3 inconvenient in movement 4 nobody to go with 5 others	<input type="radio"/>	<input type="checkbox"/>
F6.6	Did you frequently go to bed hungry as a child?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
F7.1	Is your mother alive?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
F7.2	If so, how old is she? If not, how old was she when she died?	_____ _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F7.3	If she is dead, how old were you when she died?	_____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F8.1	Is your father alive?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
F8.2	If so, how old is he? If not, how old was he when he died?	_____ _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F8.3	If he is dead, how old were you when he died?	_____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F8.4	The main occupation of your father before age 60	0 professional and technical personnel 1 governmental, institutional or managerial personnel 2 agriculture, forest, animal husbandry 3 fishery worker 4 industrial worker 5 commercial or service worker 6 military personnel 7 housework 8 other	<input type="radio"/>	<input type="checkbox"/>

F9 How many biological siblings, including those who have died, do you have?							<input type="radio"/>	<input type="text"/> <input type="text"/>							
F9.1 What is your birth order among all of your biological siblings?							<input type="radio"/>	<input type="text"/> <input type="text"/>							
<p>F9.2 Please tell me about your biological brothers and sisters who live elsewhere or have died, by birth order.</p> <p>Sex: 1 male 2 female</p> <p>living or not: 1 yes 2 no</p> <p>age: <i>if alive, fill in the age at present. If dead, fill in the age of death.</i></p> <p>frequent visits? 1 yes 2 no</p> <p>residence: 1 in the same village/neighborhood 2 in the same township/district 3 in the same county/city 4 in a county/city nearby 5 elsewhere 8 unknown</p> <p><i>(If alive, fill in the place where she/he lives at present. If dead, fill in the place where she/he lived before her/his death.)</i></p>	birth order	name	sex	alive or not	age	frequent visits?	residence		birth order	sex	alive or not	age	visits?	residence	
Sex: 1 male 2 female								<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
living or not: 1 yes 2 no								<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
age: <i>if alive, fill in the age at present. If dead, fill in the age of death.</i>								<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
frequent visits? 1 yes 2 no								<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
residence: 1 in the same village/neighborhood 2 in the same township/district 3 in the same county/city 4 in a county/city nearby 5 elsewhere 8 unknown								<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(If alive, fill in the place where she/he lives at present. If dead, fill in the place where she/he lived before her/his death.)</i>								<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
name address, if alive and aged 80 or over								<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

F10	How many children, including those who have died, did you ever born?	_____	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
F10.1	Your age at first delivery	_____	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
F10.2	Your age at last delivery	_____	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
F10.3	Please tell me about your children who live elsewhere or have died, by birth order.				
	sex: 1 male 2 female		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
	alive or not: 1 alive 2 dead 3 unknown		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
	age at present: <i>If alive, fill in the age at present. If dead, how old would she/he be today?</i>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
	frequent visits? 1 yes 2 no		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
	residence: 1 in the same village/neighbourhood 2 in the same township/district 3 in the same county/city 4 in the county/city nearby 5 elsewhere 8 unknown <i>(If alive, fill in the place where she/he lives at present. If dead, fill in the place where she/he lived before her/his death.)</i>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. OBJECTIVE EXAMINATION AND ILLNESSES			Code
G1	Can the interviewee see a break in the circle on the cardboard sheet when lit by a flashlight and distinguish where the break is located?	1 can see and distinguish 2 cannot see 3 blind	<input type="checkbox"/>
G2.1	How many natural teeth does the interviewee have?	_____	<input type="checkbox"/>
G2.2	Does the interviewee have false teeth?	1 yes 2 no	<input type="checkbox"/>
G3	Can the interviewee use chopsticks to eat?	1 yes 2 no	<input type="checkbox"/>

G4	Which hand do you normally use for eating?	1 right-hand 2 left-hand		<input type="checkbox"/>
G5.	Blood pressure	_____ mm mercury		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G5.1	Systolic	_____ mm mercury		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G5.2	Diastolic			
G6	Rhythm of heart	1 regular 2 irregular		<input type="checkbox"/>
G7	Heart rate	_____ beats/min		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G8	Upper extremities - can interviewee put			<input type="checkbox"/>
G8.1	Hand behind neck	1 right 2 left 3 both 4 neither		
G8.2	Hand behind lower back	1 right 2 left 3 both 4 neither		<input type="checkbox"/>
G9	Can the interviewee stand up from sitting in a chair?	1 yes, without using hands 2 yes, using hands 3 no		<input type="checkbox"/>
G10	Weight	_____ kg		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G11	Was the interviewee able to pick up a book from the floor?	1 yes, standing 2 yes, sitting 3 no		<input type="checkbox"/>
G12	Was the interviewee able to turn around 360° without help? <i>If yes, please count the number of steps required to finish the turn.</i>	_____ steps (<i>if no, fill in '88'</i>)		<input type="checkbox"/> <input type="checkbox"/>
G13	How many times have you suffered from serious illness which required hospitalization or caused you to be bedridden at home in the past 2 years?	_____ (<i>if no illnesses, fill in '00'; if permanently bedridden, fill in '88'</i>)	○	<input type="checkbox"/> <input type="checkbox"/>
G14	What kind of diseases suffered from?(ref. code in G15)	First time: disease _____ days _____ Second time: disease _____ days _____ Last time: disease _____ days _____		<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"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

G15 Are you suffering from any of the following	yes or no	Diagnosed by hospital?	disability in daily life	With disease or not?	Diagnosed by hospital or not?	disability
	1 yes 2. no 3 don't know	1 yes 2 no	1 rather serious 2 more or less 3 no			
Hypertension				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart diseases				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke , cerebrovascular disease				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis, emphysema, asthma, pneumonia				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary tuberculosis				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cataract				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate tumor				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastric or duodenal ulcer				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedsore				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others, please specify: _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. QUESTIONS FOR INTERVIEWER			Code
H1	Was the interviewee able to hear what you said?	1 yes, without hearing aid 2 yes, but needs hearing aid 3 partly, despite hearing aid 4 no	<input type="checkbox"/>
H2.1	Did interviewee able to participate physical check during interview?	1 yes 2 no 3 partially able to	<input type="checkbox"/>
H2.2	If no or partially able, please give reason:	1 visually impaired, but can hear 2 hearing impaired, but can see 3 visually and hearing impaired 4 paralyzed 5 did not wish to participate 6 could not understand because of cognitive impairment 7 not able to participate at the moment because of some temporary illness such as a cold 8 other (please explain): _____	<input type="checkbox"/>
H3	The interviewee was:	1 surprisingly healthy (almost no obvious ailments) 2 relatively healthy (only minor ailments) 3 moderately ill (moderate degrees of major ailments or illnesses) 4 very ill (major ailments or diseases, bedridden, etc.)	<input type="checkbox"/>
H4	Date of birth printed on the household booklet	____ year ____ month ____ day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H4.1	Was the date of birth printed on the household booklet the same as the self-reported age?	1 no 2 yes 3 no self-reporting	<input type="checkbox"/>
H4.2	If not, which one do you consider correct?	1 self-reported age 2 household booklet 3 not sure	<input type="checkbox"/>

<p>H5 Please write down the evidence for confirming the interviewee's age-reporting:</p> <p><i>(Regardless of whether or not there is self-reporting, you should confirm the age of the interviewee. If there is not enough space to write down your confirmation, please use the last page of this questionnaire).</i></p>	<p>_____</p>	<p><input type="checkbox"/></p>
<p>H6 Have you checked whether you have failed to ask a question?</p>	<p>1 yes 2 no</p>	<p><input type="checkbox"/></p>
<p>H7 Did anyone help the interviewee to answer any question?</p>	<p>1 yes 2 no</p>	<p><input type="checkbox"/></p>
<p>H7.1 If yes, please check whether you have marked 'x' in the <input type="checkbox"/> of the third column for those questions answered by people other than the interviewee. Please indicate who mainly helped to answer those questions.</p>	<p>1 spouse 2 child or spouse of child 3 grandchild or spouse of grandchild 4 great grandchild or spouse of great grandchild 5 sibling 6 parent or parent-in-law 7 live-in caregiver 8 other</p>	<p><input type="checkbox"/></p>
<p>H8 Interviewee's personal photo</p>	<p>1 yes 2 no</p>	<p><input type="checkbox"/></p>

SPECIAL OBSERVATIONS

I. SPECIAL QUESTIONS (only applicable to those aged 105 or above)

Code

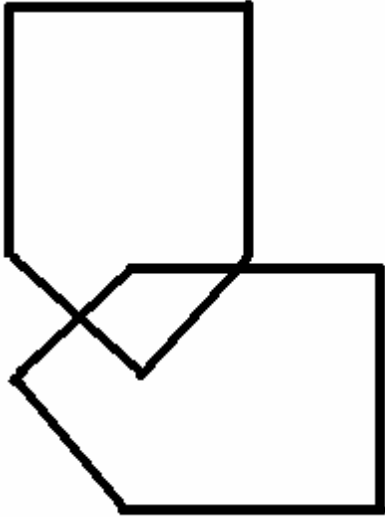
Note to all persons who help to answer the questions listed below:

According to article 14 of chapter 3 of the Law on Statistics, all information collected in this survey will be treated as strictly confidential. We will not tell anyone, including the elder him/herself, that you have helped to provide us information by answering the following questions, and your name will not be written down anywhere. The information collected here is purely for scientific research and nobody except qualified researchers will have access to this information. There will be NO connection between information collected here and the personal honour of the elder or any benefits she/he receives.

The elder's name: _____ **Sex:** _____ **Code:** _____ **Self-reported age:**

<p>S1 Information obtained from the elder's neighbors: What is your opinion about this? <i>(Present these possibilities and ask the respondent to chose one. The respondent should freely chose one based on the facts he or she knows.)</i></p>	<p>1 I do not think the elder's age is correct. 2 I have doubts about the elder's age. 3 Perhaps the elder's age is correct, perhaps not – I do not know. 4 I suppose the elder's age is correct, but I do not know for sure. 5 I am absolutely sure the elder's age is correct. <i>Whatever answer the respondent chooses please ask him or her to explain why:</i> _____</p>	<p style="text-align: right;"><input type="checkbox"/></p>
<p>S2 Information obtained from the village leader or the neighborhood committee leader: What is your opinion about this? <i>(Present these possibilities and ask the respondent to chose one. The respondent should freely chose one based on the facts he or she knows.)</i></p>	<p>1 I do not think the elder's age is correct. 2 I have doubts about the elder's age. 3 Perhaps the elder's age is correct, perhaps not – I do not know. 4 I suppose the elder's age is correct, but I do not know for sure. 5 I am absolutely sure the elder's age is correct. <i>Whatever answer the respondent chooses please ask him or her to explain why:</i> _____</p>	<p style="text-align: right;"><input type="checkbox"/></p>
<p>S3 Information obtained from the Aging Association officer: What is your opinion about this? <i>(Present these possibilities and ask the respondent to chose one. The respondent should freely chose one based on the facts he or she knows.)</i></p>	<p>1 I do not think the elder's age is correct. 2 I have doubts about the elder's age. 3 Perhaps the elder's age is correct, perhaps not – I do not know. 4 I suppose the elder's age is correct, but I do not know for sure. 5 I am absolutely sure the elder's age is correct. <i>Whatever answer the respondent chooses please ask him or her to explain why:</i> _____</p>	<p style="text-align: right;"><input type="checkbox"/></p>
<p>S4 If there are genealogical records for the elder, please locate them and answer the following questions: S4.1 Birth date of the elder: S4.2 Date of first marriage of the elder:</p>	<p>year____; month____; day____; year____; month____; day____;</p>	<p style="text-align: right;">□□□□, □□,□□ □□□□, □□,□□</p>

B Card



Please draw figure above here: