



Approved by National Statistics Bureau, China, P. R.
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Interviews are based on voluntary participation

Questionnaire for Deceased Interviewees Survey on Determinants of Healthy Longevity in China (2002)

No.

Note: This questionnaire is addressed to a family member (or a close friend if the family member is not available) of the deceased elder.

	Province code	<input type="checkbox"/> <input type="checkbox"/>
	County (district) code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Pre-assigned code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Category of the deceased elder	<input type="checkbox"/>
A. centenarian B. nonagenarian C. octogenarian D. sibling of (A, B, C)		
	Previous interviewing of the deceased elder	<input type="checkbox"/>
A. interviewed in 2002 only B. interviewed in 2000 and 2002 but not interviewed in 1998		
C. interviewed in 1998 and 2000 and 2002		
	Place of residence of the deceased elder at death	<input type="checkbox"/>
1. city 2. town 3. rural		
Name of deceased elder _____		
Name of proxy reporter _____ Signature of proxy reporter _____		
Relationship between deceased elder and proxy		<input type="checkbox"/>
1. spouse 2. child 3. child's spouse 4. grandchild or grandchild's spouse 5. relative		
6. other		
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Tel No _____
		(area code)
Date at death of the deceased elder based on different informants:		
Record from village or street committee	_____ day _____	month _____ year
Recalled by neighbors	_____ day _____	month _____ year
Reported by family members	_____ day _____	month _____ year
Validated date at death	_____ day _____	month _____ year
If the interview could not be conducted, the reason is:		<input type="checkbox"/>
1. refusal 2. other (please specify) _____		
Signature:		
Interviewer _____; 1 st check at provincial level _____;		
2 nd check at provincial level _____; Final check at provincial level _____;		
1 st check in Beijing _____; Double check in Beijing _____;		

1. Sex	1. male 2. female	<input type="checkbox"/>
2. Marital status before dying	1. married and living with spouse 2. married but separated from spouse 3. divorced 4. widowed 5. never married	<input type="checkbox"/>
3-1. Main living arrangement in the last year of life	1. institution 2. alone due to never married 3. alone due to widowed or divorced 4. with spouse only 5. with married child(ren)/grandchild(ren) 6. with married grandchild(ren) only 7. with unmarried child(ren)/grandchild(ren) 8. with other relative(s) 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. Number of generations within the household	1. one generation 2. two generations 3. three generations 4. four or more generations	<input type="checkbox"/>
5. Place of death	1. home 2. hospital 3. institution 4. other (please specify) _____	<input type="checkbox"/>
6. Main cause of death (diagnosed)	01. malignant tumor (cancer) 02. cardiovascular disease (CVD) 03. heart disease 04. respiratory diseases 05. injury or poison 06. endocrine, nutritional, metabolic, and/or immune diseases 07. urinary or reproductive diseases 08. dementia or psychosis 09. neuropathy 10. tuberculosis (TB) 11. infectious diseases (except TB) 12. accident 13. digestive disease 14. other (please specify) _____	<input type="checkbox"/> <input type="checkbox"/>
7. Main caregiver before dying (select one only)	1. spouse 2. child(ren) and his/her/their spouse(s) 3. grandchild(ren) and his/her/their spouse(s) 4. other family member(s) 5. friend(s) 6. social worker 7. housekeeper 8. nobody to take care 9. no need to take care	<input type="checkbox"/>
8. Whether bedridden before dying	1. no 2. yes. If yes, _____ days	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9-1. Since the last interview, how many times did the deceased elder suffer from serious illness that required hospitalization or caused him/her to be bedridden at home? 9-2. What kind of diseases did he/she suffer? For how many days? (Ref. Code in question 10)	(If no occurrences, fill 00. If bedridden the entire time, fill 88.) _____ time(s) first time _____ (disease), _____ days second time _____ (disease), _____ days third time _____ (disease), _____ days (If more than three times, please ask for the last time.)	<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"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

10. Did the deceased elder suffer from any of the following disease(s)? (multiple choices)	01. hypertension	0 no	1 yes	<input type="checkbox"/>
	02. diabetes	0 no	1 yes	<input type="checkbox"/>
	03. heart disease	0 no	1 yes	<input type="checkbox"/>
	04. stroke, CVD	0 no	1 yes	<input type="checkbox"/>
	05. bronchitis, emphysema, pneumonia, asthma	0 no	1 yes	<input type="checkbox"/>
	06. tuberculosis (TB)	0 no	1 yes	<input type="checkbox"/>
	07. glaucoma/cataract	0 no	1 yes	<input type="checkbox"/>
	08. prostate tumor	0 no	1 yes	<input type="checkbox"/>
	09. gastric or duodenal ulcer	0 no	1 yes	<input type="checkbox"/>
	10. Parkinson's disease	0 no	1 yes	<input type="checkbox"/>
	11. bed sore	0 no	1 yes	<input type="checkbox"/>
	12. dementia	0 no	1 yes	<input type="checkbox"/>
	13. psychosis	0 no	1 yes	<input type="checkbox"/>
	14. neuropathy	0 no	1 yes	<input type="checkbox"/>
	15. arthritis	0 no	1 yes	<input type="checkbox"/>
	16. others (please specify)_____			<input type="checkbox"/>
11. Did the deceased elder get timely treatment when he/she was ill before dying?	1.yes 2. no 3. was not ill			<input type="checkbox"/>
12. Main financial source before dying	1. retirement wage 2. spouse 3. child(ren) 4. grandchild(ren) 5. other relative(s) 6. local government or community 7. own work 8. other (please specify)_____			<input type="checkbox"/>
13. Household annual income per capita in the year before dying	_____ Yuan (RMB)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14. Were the following facilities available in the elder's home before he/she died? (multiple choices)	1. toilet	0 no	1 yes	<input type="checkbox"/>
	2. tap water	0 no	1 yes	<input type="checkbox"/>
	3. bathing facility	0 no	1 yes	<input type="checkbox"/>
	4. heater	0 no	1 yes	<input type="checkbox"/>
	5. TV	0 no	1 yes	<input type="checkbox"/>
	6. washing machine	0 no	1 yes	<input type="checkbox"/>
	7. telephone	0 no	1 yes	<input type="checkbox"/>
15. Was there a doctor in the village? (refers 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. Mainly who paid the medical costs for the deceased elder?	01. state public medical care fund 02. the deceased elder 03. spouse 04. co-residing child(ren) 05. shared by children (including grandchildren) living or not living together 06. cooperate Medicare fund 07. state or collective subsidy 08. medical insurance 09. no money to pay medical costs 10. 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"/> <input type="checkbox"/>
18-1. Functioning in bathing before dying	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-2. Functioning in dressing before dying	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-3. Functioning in using toilet before dying	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-4. Functioning in indoor transferring before dying:	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-5. Functioning in continence before dying	1. able to control. 2. occasional accidents. Days lasted _____ 3. catheter was used or was incontinent. Days lasted _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-6. Functioning in self-feeding	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<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 outdoors to chat with others?	_____ days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20. How many days before dying did the elder stay in bed longer than be out of bed in the daytime?	_____ days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
21. Did the deceased elder smoke since the last interview?	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 alcohol since the last interview?	1. no 2. yes	<input type="checkbox"/>
22-2. If so, what kind of alcohol?	1. very strong liquor 2. not very strong liquor 3. wine 4. rice wine 5. beer 6. other (specify) _____	<input type="checkbox"/>
22-3. How much alcohol did the deceased elder drink per day?	_____ liang	<input type="checkbox"/> <input type="checkbox"/>