



Interviews are based on voluntary participation

# Questionnaire for Deceased Interviewees

## Survey on Determinants of Healthy Longevity

### in China (2005)

Approved by National Statistics Bureau, China, P. R.

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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 _____	
<b>Relationship between deceased elder and proxy</b>	<input type="checkbox"/>
1.spouse 2.child 3. child's spouse 4. grandchild or grandchild's spouse 5.relative	
6. other	
<b>Address of the deceased elder before death:</b>	
_____	_____
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)	
<b>Date at death of the deceased elder:</b>	
Reported by family members	_____ day _____ month _____ year
Validated date at death	_____ day _____ month _____ year
<b>If the interview could not be conducted, the reason is:</b>	<input type="checkbox"/>
1. refusal 2. other (please specify) _____	
<b>Signature:</b>	
Interviewer _____; 1 <sup>st</sup> check at provincial level _____;	
2 <sup>nd</sup> check at provincial level _____; Final check at provincial level _____;	
1 <sup>st</sup> check in Beijing _____; 2 <sup>nd</sup> 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, 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. Primary 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"/>
7-1. Days of caregiving provided by the primary caregiver in the last month of life	_____ days	<input type="checkbox"/> <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"/>



	08. medical insurance 09. no money to pay medical costs 10. other (please specify)_____	
17. Total medical costs of the deceased elder in the last year of life	_____ Yuan (RMB)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="checkbox"/>
18-7. Days in fully dependent functioning before dying	_____ days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-8. Total cost for the caregiving (includes nursing, <b>cost for labor hours lost</b> , costs for home visits and, and so on, but excluding cost for prescriptions)	_____ Yuan (RMB) (fill 99998, if more than 100,000)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-9. Direct cost for the caregiving (includes nursing, costs for home visits and, but excluding <b>cost for labor hours lost</b> and cost for prescriptions)	_____ Yuan (RMB) (fill 99998, if more than 100,000)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-10. Who mainly paid those care costs?	1 medical insurance 2 elder self 3 spouse 4 children/grandchild 5 state/collectives 6 other	<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"/> <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"/>
23. Did the deceased elder give some advance directives?	1. no 2. yes; if yes, _____ days before death	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

24. Did the deceased elder ever tell you or other people about his dream of death?	1 no 2. yes 3. do not know	<input type="checkbox"/>
25. Did the deceased elder feel painful when death was coming?	1. very painful 2. relatively painful 3. so so 4. relatively peaceful 5. very peaceful 6. difficult to say	<input type="checkbox"/>
26. Was the deceased elder in unconsciousness?	1. no 2. yes; if yes, _____days in unconsciousness	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/>