



Interviews are based on voluntary participation

Questionnaire on Determinants of Healthy Longevity in China (2005)

Approved by National Statistics Bureau, China, P. R.
NSB Doc. No.: 2004 (0081)

Guarantee for interviewee

All individual information collected in this survey will be treated as strictly confidential. The record of your name and address will be used only in future follow-up surveys to enable us to contact with you. The computerized data resulting from this survey will not include your name and address. So, nobody will be able to identify any interviewee from the computerized data files. All of the questionnaires will be stored in the locked files containers.

Questionnaire NO.

Province

County or city

Category of sampled elder:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |

(A) centenarians (B) nonagenarians (C) octogenarians (D) age 65-79

Interviewee's name: _____

Current Address: _____

detailed village or street address (including street, apartment #, etc.)

_____ 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 | start time | end time | 1 the interviewee refused to be interviewed | 2 the interviewee has died | 3 the interviewee has emigrated | 4 the interviewee is too sick | 5 other |
| | | | | | | | | |
| | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> |

Signature

Interviewer: _____; 1st check at provincial level _____;

2nd check at provincial level _____; Final check at provincial level _____;

1st check in Beijing _____; 2nd check in Beijing _____;

Category of interviewee

I. Category of the interviewee:

1. Elder who was interviewed in all three previous waves (1998, 2000, and 2002);
2. Elder who was interviewed in last two waves (2000 and 2002);
3. Elder who was interviewed in 2002 only;
4. Newly added elder to replace a deceased, migrated, refusal, or lost to follow-up interviewee;
5. Newly added centenarian or newly added elder aged 65 to 67;
6. Sibling aged 80+ of another interviewee aged 80+

If answer is not 6, please skip to III

II. If (s)he is a sibling of an interviewed elder, what is the identification code of that interviewed elder?

Please specify 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 (See H5)

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.) are presented in the interviewers instruction booklet (in easily understandable Chinese language).
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 attempt to answer only the questions that do not appear on a shaded background.

| A. BASIC INFORMATION | | | Code |
|---|--|--------------------------|---|
| A1 Sex | 1 male 2 female | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 Ethnic group | _____ | <input type="checkbox"/> | <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="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| A3.2 Date of birth: | | <input type="checkbox"/> | |
| (a) Western calendar | year _____ month _____ | <input type="checkbox"/> | <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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| A4.1 In which province were you born? | province _____ | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| A4.2 In which county (city) were you born? | 1 same as current address 2 other city or county | | <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="checkbox"/> | <input type="checkbox"/> |
| A5.1 Co-residence | 1 with household member(s) 2 alone---skip to A5.4 3 in a nursing home---skip to A5.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| A5.2 How many people are living with you? | _____ person(s) | <input type="checkbox"/> | <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 | education | | relationship | age | Sex | education |
|--|--|------|-----|-----|-----------|--------------------------|--------------------------|---|---|--------------------------|
| <p>Note: If age is unknown, please fill in '888'.</p> <p>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 _____</p> | | | | | | <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"/> |
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| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A5.3.0 Is your house/apartment purchased/self-built/inherited/rented? | 1 purchased 2 self-built 3 inherited 4 welfare-oriented public housing 5 rented 6 subleased 7 others | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> |
| A5.3.1 Under whose name was your current house/apartment purchased/self-built/inherited? | 1 self 2 child(ren) 3 grandchild(ren) 4 relative(s) 5 other | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> |
| A5.3.2 Do you (and your spouse) have your own bedroom? | 1 yes 2 no | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> |
| <p>If living with family, skip to Part B; If living alone, skip to A5-4</p> | | | | | | | | | | |
| A5.4.0 What is the primary reason that you live in institutions (Elderly center, elderly home, welfare center, etc.) | 1 no child or child is unavailable for caregiving 2 don't want to bother children 3 no own house/apartment but want to separate with children 4 easily contact with other old persons 5 others | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> |
| A5.4.1 What is the average monthly cost for you living in these institutions? | _____ (Yuan) (if more than 10,000, please code 9998) | | | | | <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| A5.4.2 Who mainly pays the cost? | 1 self 2 spouse 3 children & their spouses 4 grandchildren & their spouses 5 public/collectives 6 others | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> |
| A5.4 If living alone or in nursing home, since when? | Year _____ month _____ | | | | | <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | |

| B. LIFE EVALUATION AND PERSONALITY (to be answered by interviewee ONLY) | | 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"/> |
| * B1.2.1 How do you rate your health at present compared with one year ago? | 1 much better 2 slightly better 3 almost the same 4 slightly worse 5 much worse 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 you are? | 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 same 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 by interviewee ONLY) | | |
| * 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 (Chinese calendar 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 by interviewee ONLY) | | |
| * C2.1 I am now going to test your memory. I will mention three objects. (Mention the following three objects without pausing:) table, apple, clothes Please repeat these three objects. (Evaluation based on first attempt only.) --- If all three questions are answered correct, please skip to C3.1 table apple clothes | 1 correct 0 wrong 8 not able to answer _____ _____ _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| *C2.2 If answers are insufficient or incorrect on the 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. | _____ attempts | <input type="checkbox"/> |

| C3 ATTENTION AND CALCULATION (to be answered by interviewee ONLY) | | |
|---|---|--|
| * 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. | | |
| <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> | 1 st 1 correct 0 wrong 8 not able to answer 2 nd 1 correct 0 wrong 8 not able to answer 3 rd 1 correct 0 wrong 8 not able to answer 4 th 1 correct 0 wrong 8 not able to answer 5 th 1 correct 0 wrong 8 not able to answer | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| * C3.2 Ask the interviewee to draw the figure on B Card. <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> | 1 correct 0 wrong 8 can't use pen to draw the figure 9 not able to do this (disabled) | <input type="checkbox"/> |
| C4 RECALL (to be answered by interviewee ONLY) | | |
| * 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 | 1 correct 0 wrong 8 not able to do this _____ _____ _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| C5 LANGUAGE (to be answered by interviewee ONLY) | | |
| * C5.1 Give the interviewee a pen and then a watch and ask what these objects are called (1 point for each correct answer). pen watch | 1 correct 0 wrong 8 not able to answer _____ _____ | <input type="checkbox"/> <input type="checkbox"/> |

| | | |
|---|--|--|
| <p>* C5.2 I will now ask you to repeat the following sentence: ‘What you plant, what you will get.’ <i>(Circle ‘1’ only if repeated correctly on the first attempt.)</i></p> | <p>1 correct 0 wrong 8 not able to answer</p> | <p style="text-align: right;"><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. <i>(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.)</i></p> <p style="text-align: center;">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 style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |

| | | |
|---|---|--|
| <p><i>(Questions C5.4 and C5.5 are for Interviewer ONLY)</i></p> | | |
| <p>C5.4 Was the interviewee able to answer the questions in sections B and C?</p> | <p>1 yes --- Skip to session D 2 no 3 partly</p> | <p style="text-align: right;"><input type="checkbox"/></p> |
| <p>C5.5 If ‘no’ or ‘partly’, what is the main reason?</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 could not understand question 9 other (please explain): _____</p> | <p style="text-align: right;"><input type="checkbox"/></p> |

| D. LIFE STYLE | | | | Code | | | |
|--|--|--|--------------------------|--------------------------|--------------------------|---|--------------------------|
| D1 | Please tell us the staple food you eat. | 1 rice 2 corn (maize) 3 wheat (noodles, bread, etc.) 4 half rice and half wheat 5 other: _____ | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| D2 | How much of the above food do you normally eat per day? | _____ liang | <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> | |
| D3.1 | Do you eat fresh fruit? | 1 everyday or almost everyday 2 quite often 3 occasionally 4 rarely or never | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| D3.2 | Do you eat fresh vegetables? | 1 everyday or almost everyday 2 quite often 3 occasionally 4 rarely or never | <input type="checkbox"/> | | | <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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | fish | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | eggs | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | food made from beans (tofu, etc.) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | salt-preserved vegetables | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | sugar | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | tea | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | garlic | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| D5 | What kind of water do you usually drink? | 1 boiled water 2 un-boiled water | <input type="checkbox"/> | | | <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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D7.1 | Do you smoke at the present time? | 1 yes 2 no | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| D7.2 | Did you smoke in the past? | 1 yes 2 no | <input type="checkbox"/> | | | <input type="checkbox"/> | |

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

| | | | |
|--|--|--------------------------|--------------------------|
| D11 Do you now perform the following activities regularly? (please choose one from frequency on the right) | 1 almost everyday 2 not every day, but at least once a week 3 not every week, but at least once a month 4 not every month, but sometimes 5 never | | |
| D11.1 Housework (cooking, taking care of kids) | 1 2 3 4 5 | <input type="checkbox"/> | <input type="checkbox"/> |
| D11.2 Personal outdoor activities | 1 2 3 4 5 | <input type="checkbox"/> | <input type="checkbox"/> |
| D11.3 Garden work | 1 2 3 4 5 | <input type="checkbox"/> | <input type="checkbox"/> |
| D11.4 Read newspapers/books | 1 2 3 4 5 | <input type="checkbox"/> | <input type="checkbox"/> |
| D11.5 Raise domestic animals | 1 2 3 4 5 | <input type="checkbox"/> | <input type="checkbox"/> |
| D11.6 Play cards and/or mah-jong | 1 2 3 4 5 | <input type="checkbox"/> | <input type="checkbox"/> |
| D11.7 Watch TV and/or listen to radio | 1 2 3 4 5 | <input type="checkbox"/> | <input type="checkbox"/> |
| D11.8 Social activities (organized) | 1 2 3 4 5 | <input type="checkbox"/> | <input type="checkbox"/> |
| D11.9 Religious activities | 1 2 3 4 5 | <input type="checkbox"/> | <input type="checkbox"/> |
| D12 How many times have you traveled beyond home city/county in the past two years? | _____ times | <input type="checkbox"/> | <input type="checkbox"/> |

| E. ACTIVITIES OF DAILY LIVING (ADL) AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) | | | 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)--- <i>skip to E2</i> 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="checkbox"/> | <input type="checkbox"/> |
| E1.0 If receiving assistance, for how long? | _____ days | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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--- <i>skip to E3</i> 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="checkbox"/> | <input type="checkbox"/> |
| E2.0 If receiving assistance, for how long? | _____ days | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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)--- <i>skip to E4</i> 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"/> | <input type="checkbox"/> |
| E3.0 If receiving assistance, for how long? | _____ days | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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)--- skip to E5 2 gets in and out of bed or chair with assistance 3 bedridden | <input type="checkbox"/> | <input type="checkbox"/> |
| E4.0 If receiving assistance, for how long? | _____ days | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| E5 Contenance | 1 has complete control of urination and bowel movement without assistance--- skip to E6 2 has occasional 'accidents' 3 supervision helps keep urine or bowel control; catheter is used or elder is incontinent | <input type="checkbox"/> | <input type="checkbox"/> |
| E5.0 If has occasional 'accidents' or needs supervision, for how long? | _____ days | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| E6 Feeding | 1 feeds self without assistance--- skip to E6.1 2 feeds self, with some help 3 receives assistance in feeding or is fed partly or completely intravenously | <input type="checkbox"/> | <input type="checkbox"/> |
| E6.0 If receiving assistance, for how long? | _____ days | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <i>If the respondent chooses all 1 for E1 to E6, skip to E6.6</i> | | | |
| E6.1 Who is the primary caregiver when you need assistance in above six tasks E1, E2, E3, E4, E5, and E6? | 1 spouse 2 son 3 daughter-in-law 4 daughter 5 son-in-law 6 unmarried son and daughter 7 grandchild(ren) 8 relative(s) 9 social services 10 housekeeper 11 nobody | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| E6.2 What do you think of the willingness of your primary caregiver when she/he is taking care of you? | 1 willing to do 2 without patience 3 need respite care 4 not willing to do 5 don't know | <input type="checkbox"/> | |
| E6.3 How much is the total direct cost last week paid for these caregiving? | _____ Yuan (if more than 100,000, please code 99998) | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| E6.4 Who mainly pay the above cost? | 1 Self 2 Spouse 3 Children & their spouses 4 grandchildren & their spouses 5 public/collective 6 others | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--|--------------------------|--------------------------|
| E6.5 Do you think that helps you received in E1, E2, E3, E4, E5, and E6 could meet your needs? | 1 fully meet 2 so so 3 unmeet | | |
| E6.6 How many persons among your children, grandchildren and their spouses helped you in above six tasks last week? | _____ persons (<i>If nobody, fill 0 and skip to E7</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| E6.7 How many hours in total did your children, grandchildren and their spouses help you last week? | _____ hours | <input type="checkbox"/> | <input type="checkbox"/> |
| E7 Can you visit your neighbors by yourself? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="checkbox"/> | <input type="checkbox"/> |
| E8 Can you go shopping by yourself? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="checkbox"/> | <input type="checkbox"/> |
| E9 Can you cook a meal by yourself whenever necessary? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="checkbox"/> | <input type="checkbox"/> |
| E10 Can you wash clothing by yourself whenever necessary? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="checkbox"/> | <input type="checkbox"/> |
| E11 Can you walk continuously for 1 kilometer at a time by yourself? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="checkbox"/> | <input type="checkbox"/> |
| E12 Can you lift a weight of 5kg, such as a heavy bag of groceries? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="checkbox"/> | <input type="checkbox"/> |
| E13 Can you continuously crouch and stand up three times? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="checkbox"/> | <input type="checkbox"/> |
| E14 Can you take public transportation by yourself? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="checkbox"/> | <input type="checkbox"/> |

| F. PERSONAL BACKGROUND | | | Code |
|------------------------|---|--|--|
| F1 | How many years did you attend school? | _____ <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| F2 | What was your primary occupation before age 60? | 0 professional or technical personnel 1 governmental, institutional or managerial personnel 2 agriculture, forestry, animal husbandry 3 fishery worker <input type="checkbox"/> 4 industrial worker 5 commercial or service worker 6 military personnel 7 housework 8 other, please specify: _____ | <input type="checkbox"/> |
| F2.1 | Do you have a pension for retirement? | 1 retired (worker) 2 retired (cadre) 3 no ---skip to F3.1 | |
| F2.1.1 | Are you retired now? | 1 retired (worker) 2 retired (cadre) 3 no ---skip to F3.1 <input type="checkbox"/> | <input type="checkbox"/> |
| F2.2 | In which year did you retire if you have already retired? | _____ year <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| F2.3 | If you have retired, are you still engaged in paid jobs now? | 1 yes 2 no <input type="checkbox"/> | <input type="checkbox"/> |
| F3.1 | What is your primary means of financial support? | 1 retirement wages <input type="checkbox"/> 2 spouse 3 child(ren) 4 grandchild(ren) 5 relative(s) 6 local government or community 7 work 8 other, please specify: _____ | <input type="checkbox"/> |
| F3.2 | What is your other means of financial support? (multiple choices but limit to 5 choices) | 1 retirement wages 2 spouse 3 child(ren) 4 grandchild(ren) 5 relative(s) <input type="checkbox"/> 6 local government or community 7 work 8 other, please specify: _____ 9 no other means | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| F3.3 | Does all of your financial support sufficiently pay your daily costs? | 1 yes 2 no <input type="checkbox"/> | <input type="checkbox"/> |
| F3.4.0 | Will you please tell me your status of decision making on financial spending in your household? | 1 Make decisions on almost all spending in my household 2 Make decisions on my own spending and a small amount of other spending in my household <input type="checkbox"/> 3 Make decisions only on my own spending 4 Can't make decisions on any spending 5 Don't know | <input type="checkbox"/> |

| | | | | | | | | |
|---|---|--------------------------------------|--|--------------------------|--|--------------------------|---|--------------------------|
| F3.4 How do you rate your economic status compared with others in your local area? | 1 very rich 2 rich 3 so so 4 poor 5 very poor 8 didn't answer | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| F3.5 What was the income per capita of your household last year? | _____ Yuan (if more than 100,000, please code 99998) | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| F4.1 Current marital status: | 1 married and living with spouse 2 separated 3 cohabiting with a partner 4 divorced 5 widowed 6 never married---skip to F5 | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| F4.2 How many times have you been married? | _____, if answer 0-- skip to F5 | <input type="checkbox"/> | <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 | | | | | |
| <i>('age at marriage dissolution' to be answered only by divorced or widowed people)</i> <i>(If number of marriage is more than 4 times, please fill the last marriage in the cells of the 4th marriage)</i> | 1 st marriage | 1 married 2 divorced 3 widowed | 1 good 2 so so 3 bad | <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"/> |
| | 2 nd marriage | 1 married 2 divorced 3 widowed | 1 good 2 so so 3 bad | <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"/> |
| | 3 rd marriage | 1 married 2 divorced 3 widowed | 1 good 2 so so 3 bad | <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"/> |
| | 4 th marriage | 1 married 2 divorced 3 widowed | 1 good 2 so so 3 bad | <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"/> |
| F4.4 How many years did your last spouse attend school? | _____ | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| F4.5 What was your last spouse's main occupation before age 60? | 0 professional or technical personnel 1 governmental, institutional or managerial personnel 2 agriculture, forestry, 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"/> | <input type="checkbox"/> | | | | | |
| F4.6 Does your spouse have a paid job at present? | 1 Yes, full time 2 Yes, part time 3 No | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

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|--------|--|---|--|--|
| F5 | When you are sick, who usually takes care of you? | 1 spouse 2 son and daughter-in-law 3 daughter and son-in-law 4 grandchildren and their spouses 5 other family members 6 friends 7 live-in caregiver 8 social services 9 nobody | <input type="checkbox"/> | <input type="checkbox"/> |
| F6.1 | Can you get adequate medical service when you are sick? | 1 yes 2 no | <input type="checkbox"/> | <input type="checkbox"/> |
| F6.1.0 | What's the primary reason that you didn't go to the hospital when it was necessary? | 1 no money to pay for expenses 2 far away 3 inconvenient in movement 4 nobody with whom to go 5 didn't want to go 6 other | <input type="checkbox"/> | <input type="checkbox"/> |
| F6.2 | Could you get adequate medical service when you were sick at around age 60? | 1 yes 2 no 8 didn't answer | <input type="checkbox"/> | <input type="checkbox"/> |
| F6.3 | Could you get adequate medical service when you were sick in childhood? | 1 yes 2 no 8 didn't answer | <input type="checkbox"/> | <input type="checkbox"/> |
| F6.4 | What kind of social security and private insurance do you have at present? (0 No 1 Yes) | 1 retirement 2 pension 3 private old age insurance 4 public free medical services 5 collective medical services 6 basic medical insurance 7 severe disease insurance 8 life insurance 9 other (please specify)_____ | <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"/> |
| F6.5.1 | How much did you spend on medical costs last year? | _____ Yuan (<i>if more than 100,000, please code 99998</i>) Of which paid by family (self, spouse, children, etc.) _____ Yuan | <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"/> |
| F6.5.2 | Who mainly pays these costs? | 1 public free medical services 2 collective medical services 3 state and collective subsidies 4 medical insurance 5 self 6 spouse 7 children 8 no money to pay 9 others | <input type="checkbox"/> | <input type="checkbox"/> |
| F6.6 | Did you frequently go to bed hungry as a child? | 1 yes 2 no | <input type="checkbox"/> | <input type="checkbox"/> |
| F7.1 | Is your mother alive? | 1 yes 2 no---(<i>skip to F7.2.2</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| F7.2.1 | If so, how old is she? | _____ age --- (<i>skip to F8.1</i>) | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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| F7.2.2 If not, how old was she when she died? | _____ age (interviewers should help respondent to recall the age, see the survey manual) | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| F7.3 If she is dead, how old were you when she died? | _____ age | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| F7.4 How many years did your mother attend school? | _____ years | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| F8.1 Is your father alive? | 1 yes 2 no ---(<i>skip to F8.2.2</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| F8.2.1 If so, how old is he? | _____ age --- (<i>skip to F8.4</i>) | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| F8.2.2 If not, how old was he when he died? | _____ age | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| F8.3 If he is dead, how old were you when he died? | _____ age | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| F8.4 The main occupation of your father before age 60 | 0 professional or technical personnel 1 governmental, institutional or managerial personnel 2 agriculture, forestry, animal husbandry 3 fishery worker 4 industrial worker 5 commercial or service worker 6 military personnel 7 housework 8 other | <input type="checkbox"/> | <input type="checkbox"/> |
| F8.5 What was your father's occupation when you were a child? | 0 professional or technical personnel 1 governmental, institutional or managerial personnel 2 agriculture, forestry, animal husbandry 3 fishery worker 4 industrial worker 5 commercial or service worker 6 military personnel 7 housework 8 other | <input type="checkbox"/> | <input type="checkbox"/> |
| F8.6 How many years of schooling did your father receive? | _____ | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

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|--|--------------------|-------------|------------|---------------------|------------|-------------------------|--------------------------|--------------------------|--------------------|------------|---------------------|------------|----------------|------------------|
| <p>F9 How many siblings, including those who have died, do you have?</p> | <p>_____</p> | | | | | | <input type="checkbox"/> | <p>□ □</p> | | | | | | |
| <p>F9.1 What is your birth order among all of your siblings?</p> | <p>_____</p> | | | | | | <input type="checkbox"/> | <p>□ □</p> | | | | | | |
| <p>F9.2 Please tell me about your 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 at 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> | <p>birth order</p> | <p>name</p> | <p>sex</p> | <p>alive or not</p> | <p>age</p> | <p>frequent visits?</p> | <p>residence</p> | <input type="checkbox"/> | <p>birth order</p> | <p>sex</p> | <p>alive or not</p> | <p>age</p> | <p>visits?</p> | <p>residence</p> |
| <p>name Address, if alive and aged 80 or over</p> | | | | | | | | <input type="checkbox"/> | | | | | | |
| | | | | | | | | <input type="checkbox"/> | | | | | | |
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| | | | | | | | | <input type="checkbox"/> | | | | | | |

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|--|-------|--------------------------|--------------------------|--------------------------|
| F10 How many children, including those who have died, do you have? | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F10.1 Your age when gave the first birth | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F10.2 Your age when gave the last birth | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>F10.3 Please tell me about all your children who live with you, live elsewhere or have died, by birth order.</p> <p>sex: 1 male 2 female</p> <p>alive or not: 1 alive 2 dead 3 unknown</p> <p>age at present: <i>If alive, fill in the age at present. If dead, how old would she/he be today?</i></p> <p>frequent visits? 1 yes 2 no</p> <p>residence: 0 co-residence with the interviewee 1 in the same village/neighborhood 2 in the same township/district 3 in the same county/city 4 in the 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> | name | biological? | sex | alive? | age at present | frequent visits? | residence | <input type="checkbox"/> | biological? | sex | alive? | age at present | frequent visits? | residence |
| | <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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---|--|--------------------------|--------------------------|--------------------------|
| F10.4 If your eldest child has died, how old would s/he be at present if s/he were still alive? | _____ <i>(skip to F10.5 if not applicable)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--|--------------------------|--------------------------|--------------------------|

| | | | | |
|---|--|--------------------------|--------------------------|--------------------------|
| F10.5 If your youngest child has died, how old would s/he be at present if s/he were still alive? | _____ <i>(skip to F11.1 if not applicable)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--|--------------------------|--------------------------|--------------------------|

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|--|--|--------------------------|--|
| F11.1 To whom do you usually talk most frequently in daily life? (Choose three) | 0 spouse 1 son 2 daughter 3 daughter-in-law 4 son-in-law 5 grandchildren and their spouses 6 other relatives 7 friends/neighbors 8 social workers 9 housekeeper 10 nobody | <input type="checkbox"/> | First <input type="checkbox"/> <input type="checkbox"/> Second <input type="checkbox"/> <input type="checkbox"/> Third <input type="checkbox"/> <input type="checkbox"/> |
|--|--|--------------------------|--|

| | | | | | | | | | | | | | |
|---|---|---|---|------------|------------|--|---|---|--|------------------------|-----------------------------|--|--|
| <p>F11.2 To whom do you talk first when you need to tell something of your thoughts?</p> | <p>0 spouse 1 son 2 daughter 3 daughter-in-law 4 son-in-law 5 grandchildren and their spouses 6 other relatives 7 friends/neighbors 8 social workers 9 housekeeper 10 nobody</p> | <input type="checkbox"/> | <table border="0"> <tr> <td>First</td> <td>Second</td> <td>Third</td> </tr> <tr> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> | First | Second | Third | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | |
| First | Second | Third | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | |
| <p>F11.3 Who do you ask first for help when you have problems/difficulties?</p> | <p>0 spouse 1 son 2 daughter 3 daughter-in-law 4 son-in-law 5 grandchildren and their spouses 6 other relatives 7 friends/neighbors 8 social workers 9 housekeeper 10 nobody</p> | <input type="checkbox"/> | <table border="0"> <tr> <td>First</td> <td>Second</td> <td>Third</td> </tr> <tr> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> | First | Second | Third | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | |
| First | Second | Third | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | |
| <p>F12 How much money (including cash and value of materials) did you get last year from your children and their spouses both living and not living with you?</p> | <table border="0"> <tr> <td>sons and their spouses</td> <td>daughters and their spouses</td> </tr> <tr> <td>_____ Yuan</td> <td>_____ Yuan</td> </tr> <tr> <td><i>(if more than 100,000, please code 99998)</i></td> <td><i>(if more than 100,000, please code 99998)</i></td> </tr> </table> | sons and their spouses | daughters and their spouses | _____ Yuan | _____ Yuan | <i>(if more than 100,000, please code 99998)</i> | <i>(if more than 100,000, please code 99998)</i> | <input type="checkbox"/> | <table border="0"> <tr> <td>sons and their spouses</td> <td>daughters and their spouses</td> </tr> <tr> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> | sons and their spouses | daughters and their spouses | <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"/> |
| sons and their spouses | daughters and their spouses | | | | | | | | | | | | |
| _____ Yuan | _____ Yuan | | | | | | | | | | | | |
| <i>(if more than 100,000, please code 99998)</i> | <i>(if more than 100,000, please code 99998)</i> | | | | | | | | | | | | |
| sons and their spouses | daughters and their spouses | | | | | | | | | | | | |
| <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"/> | | | | | | | | | | | | |
| <p>F13 How much money (including cash and value of materials) did you give last year to your children and their spouses both living and not living with you?</p> | <table border="0"> <tr> <td>sons and their spouses</td> <td>daughters and their spouses</td> </tr> <tr> <td>_____ Yuan</td> <td>_____ Yuan</td> </tr> <tr> <td><i>(if more than 100,000, please code 99998)</i></td> <td><i>(if more than 100,000, please code 99998)</i></td> </tr> </table> | sons and their spouses | daughters and their spouses | _____ Yuan | _____ Yuan | <i>(if more than 100,000, please code 99998)</i> | <i>(if more than 100,000, please code 99998)</i> | <input type="checkbox"/> | <table border="0"> <tr> <td>sons and their spouses</td> <td>daughters and their spouses</td> </tr> <tr> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> | sons and their spouses | daughters and their spouses | <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"/> |
| sons and their spouses | daughters and their spouses | | | | | | | | | | | | |
| _____ Yuan | _____ Yuan | | | | | | | | | | | | |
| <i>(if more than 100,000, please code 99998)</i> | <i>(if more than 100,000, please code 99998)</i> | | | | | | | | | | | | |
| sons and their spouses | daughters and their spouses | | | | | | | | | | | | |
| <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"/> | | | | | | | | | | | | |
| <p>F14. What kind of social services are available in your community? (1 Yes 2 No)</p> | <p>1 personal care services 2 home visits 3 psychological consulting 4 daily shopping 5 social and recreation activities 6 human rights consulting services 7 health education 8 neighboring relations 9 others(please specify)_____</p> | <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"/> | | | | | | | | | | |
| <p>F15. What kind of social services do you expect to be provided by your community? (1 Yes 2 No)</p> | <p>1 personal care services 2 home visits 3 psychological consulting 4 daily shopping 5 social and recreation activities 6 human rights consulting and services 7 health education 8 neighboring relations 9 others(please specify)_____</p> | <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"/> | | | | | | | | | | |

| | | | |
|--|--|--------------------------|--------------------------|
| F16. What kind of living arrangement do you like best? | 1 living alone (or with spouse), regardless residential distance with children 2 1 living alone (or with spouse), and children living nearby 3 coresidence with children 4 institutions (elderly center, elderly home, etc.) 5 do not know | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--|--------------------------|--------------------------|

| G. OBJECTIVE EXAMINATION AND ILLNESSES | | | Code |
|--|---|--------------------------|--|
| G0.1 How about the quality of your sleep? | 1 very good 2 good 3 so so 4 bad 5 very bad | <input type="checkbox"/> | <input type="checkbox"/> |
| G0.2 How many hours do you sleep normally? | _____ hours | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 can see only 3 cannot see 4 blind | | <input type="checkbox"/> |
| G2.1 How many natural teeth does the interviewee have? | _____ | | <input type="checkbox"/> <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 G5.1 Systolic G5.2 Diastolic | _____mm mercury _____mm mercury | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 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 | 1 right 2 left | | <input type="checkbox"/> |
| G8.1 Hand behind neck | 3 both 4 neither | | |
| G8.2 Hand behind lower back | 1 right 2 left 3 both 4 neither | | <input type="checkbox"/> |
| G8.3 Raise arms upright | 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"/> |

G10.1 Weight

_____ kg

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

| | | | | |
|-------|--|--|-------------------------------------|--|
| 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"/> |
| G13.0 | Have you felt not well in the past two weeks? | 1 yes 2 no | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G13 | How many times have you suffered from a serious illness that required hospitalization or caused you to be bedridden at home in the past 2 years? | _____ (<i>if no illnesses, fill in '00' and skip to G15; if permanently bedridden, fill in '88'</i>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| G14.1 | Name of disease suffered and bedridden days at the first occurrence (Ref. Code in G15) | disease_____ days_____ | | <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| G14.2 | Name of disease suffered and bedridden days at the second occurrence (Ref. Code in G15) | disease_____ days_____ | | <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| G14.3 | Name of disease suffered and bedridden days at the third occurrence. If more than three occurrences, please ask for the last occurrence. (Ref. Code in G15) | disease_____ days_____ | | <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 1 yes 2 no 3 don't know | Diagnosed by hospital? 1 yes 2 no | disability in daily life 1 rather serious 2 more or less 3 no | With disease or not? | Diagnosed by hospital or not? | Disability |
|---|--|--------------------------------------|--|--------------------------|-------------------------------|--------------------------|
| 01 Hypertension | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 Diabetes | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 Heart disease | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 Stroke, cerebrovascular disease | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 05 Bronchitis, emphysema, asthma, pneumonia | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 06 Pulmonary tuberculosis | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 Cataracts | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 Glaucoma | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 09 Cancer | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Prostate tumor | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Gastric or duodenal ulcer | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Parkinson's disease | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Bedsore | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Arthritis | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Dementia | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-1 Diseases difficult to classify | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-4 Psychosis | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-5 Orthopedic disease | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-6 Internal medical disease | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-7 Dermatitis | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-8 Five organs diseases | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-9 Gynecological disease | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-0 Others, please specify: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

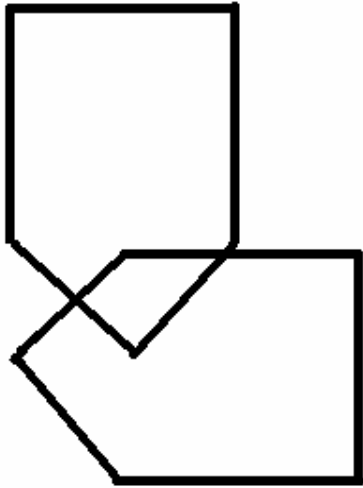
| H. QUESTIONS FOR INTERVIEWER | | Code |
|---|---|---|
| H1 Was the interviewee able to hear what you said? | 1 yes, without hearing aid 2 yes, but needs hearing aid 3 partly, despite hearing aid 4 no | <input type="checkbox"/> |
| H2.1 Was the interviewee able to participate in the physical check during the interview? | 1 yes --- <i>skip to H3</i> 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 individual ID Card (Note: Those oldest old who were not issued individual ID Card according to local regulations, please fill date of birth printed on the household booklet.) | _____year _____month _____day | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| H4.1 Was the date of birth printed on the Individual ID Card (or household booklet) the same as the self-reported age? | 1 no 2 yes --- <i>skip to H5</i> 3 no self-reporting --- <i>skip to H5</i> | <input type="checkbox"/> |
| H4.2 If not, which one do you consider correct? | 1 self-reported age 2 Individual ID Card or household booklet 3 not sure | <input type="checkbox"/> |

| | | |
|---|---|---|
| <p>H4.3 ID number printed on the individual ID Card (if ID card is not available for some oldest-old, please fill in "0")</p> | <p>_____</p> | <p><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"/></p> |
| <p>H5 Please write the evidence for confirming the interviewee's age-reporting: <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>Age_____</p> <p>Evidence: _____</p> | <p><input type="checkbox"/><input type="checkbox"/><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 mainly who 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 caregiver or institutional staff 8 other, please specify_____</p> | <p><input type="checkbox"/></p> |

| | |
|------------------------------------|--|
| <p>SPECIAL OBSERVATIONS</p> | |
| <p> </p> | |

| I. SPECIAL QUESTIONS (only applicable to those aged 105 or above) | | Code |
|--|--|---|
| <p><i>Note to all persons who help to answer the questions listed below:</i></p> <p><i>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 honor of the elder or any benefits she/he receives.</i></p> <p>The elder's name: _____ Sex: _____ Code: _____ Self-reported age: _____</p> | | |
| <p>S1 Information obtained from the elder's neighbors:</p> <p>What is your opinion about this?</p> <p><i>(Present these possibilities and ask the respondent to choose one. The respondent should freely choose 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.</p> <p><i>Whatever answer the respondent chooses please ask him or her to explain why:</i></p> <p>_____</p> | <input type="checkbox"/> |
| <p>S2 Information obtained from the village leader or the neighborhood committee leader:</p> <p>What is your opinion about this?</p> <p><i>(Present these possibilities and ask the respondent to choose one. The respondent should freely choose 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.</p> <p><i>Whatever answer the respondent chooses please ask him or her to explain why:</i></p> <p>_____</p> | <input type="checkbox"/> |
| <p>S3 Information obtained from the Aging Association officer:</p> <p>What is your opinion about this?</p> <p><i>(Present these possibilities and ask the respondent to choose one. The respondent should freely choose 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.</p> <p><i>Whatever answer the respondent chooses please ask him or her to explain why:</i></p> <p>_____</p> | <input type="checkbox"/> |
| <p>S4 If there are genealogical records for the elder, please locate them and answer the following questions:</p> <p>S4.1 Birth date of the elder:</p> <p>S4.2 Date of first marriage of the elder:</p> | <p>year ____; month ____; day ____;</p> <p>year ____; month ____; day ____;</p> | <p>□□□□, □□, □□</p> <p>□□□□, □□, □□</p> |

B Card



Please draw figure above here: