



Approval No.
1 1 7 7 1

2017 National Survey of Older Koreans

The details indicated in this survey shall be confidential pursuant to the Statistics Act Article 33.

Prepared by: Korea Institute for Health and Social Affairs

Household ID 1-6				Household member no. 7-8	
1				-	
Eup-myeon-dong no. 9-15				Enumeration district no. 16-18	Residence no. 19-21
				Household no. 22-23	Senior citizen no. completed within household 24-25
				Senior citizen no. completed within enumeration district 26-27	CARD 28-29
					0 1

Address	Road name address	_____ City·Province _____ City·Gun·Gu _____ Eup·Myeon (Road name address)
	Household contact	(Detailed address) _____ () _____ - _____

Name of householder	Respondent 1 (Subject of senior citizen survey)	Name	_____	Household member no.	_____ 30-31	Contact	_____
		Response type	(0) Self response (1) Response through cohabitant (2) Response through non-cohabitant		_____ 32	Relationship with the subject	_____ 33-34
	Respondent 2 (Household item)	Name	_____	Household member no.	_____ 35-36	Contact	_____

Time taken to complete the questionnaire		Total _____ 37-39 mins.		Total number of visits	Total _____ 40 times	※ Reason for incompleteness
1 st visit	MM DD HH MM	Result of visit	① Complete ② Incomplete	☐ Reason (Insert no.):		⑥ N/A (Complete) ⑦ Came home late ⑧ Long-term absence ⑨ Hospitalized in sanatorium or (sanatorium) hospital ⑩ Absent (Unknown reason) ⑪ Some questions incomplete ⑫ Refused survey ⑬ Others
2 nd visit	MM DD HH MM	Result of visit	① Complete ② Incomplete	☐ Reason (Insert no.):		
3 rd visit	MM DD HH MM	Result of visit	① Complete ② Incomplete	☐ Reason (Insert no.):		
Final visit	MM DD HH MM	Result of visit	① Complete ② Incomplete	☐ Reason (Insert no.):		
Name of enumerator	(Signature)	Advisor confirmation	① Complete ② Incomplete	☐ Reason (Insert no.):	Advisor	(Signature)

< Inquiries and contact > Korea Institute for Health and Social Affairs Research Center on Aged Society (☎ 82-44-287-8402, 8167)

Ministry of Health and Welfare
Korea Institute for Health and Social Affairs

Notice on the 2017 National Survey of Older Koreans

Greetings!

The Korea Institute for Health and Social Welfare, jointly with the Ministry of Health and Welfare, is conducting the 「2017 National Survey on Korean Older Persons」 as part of the initiative to gather baseline data necessary for establishing policies on the welfare of older persons. The purpose of this survey is to collect baseline data to help better understand the needs and living conditions of senior citizens in Korea.

This survey consists of a nationally representative sample of around 10,000 senior citizens nationwide and you have been designated as a subject of the survey. The details that you have provided in the response will be utilized as policy materials for establishing policies on older persons welfare of South Korea and for enhancing the health and welfare of older persons. We would appreciate it if you could answer the questions despite your busy schedule. It takes approximately 1 hour to complete this survey and the questions are about the general life of a senior citizen.

All details provided by you will be kept confidential pursuant to the 「Statistics Act」 and 「Personal Information Protection Act」 and will only be used as statistical material so your honest response is appreciated. Please sign below if you agree to take part in this survey.

Thank you very much.

June 2017

Kim Sang Ho, President of Korea Institute for Health and Social Affairs

[Consent on participating in the 2017 National Survey on Korean Older Persons and confirmation on the receipt of gift]

I, hereby, agree to participate as a subject of survey in the '2017 National Survey on Korean Older Persons'.	<input type="checkbox"/> Agree
I, hereby, confirm that I have received the gift after taking part in the '2017 National Survey on Korean Older Persons'.	<input type="checkbox"/> Confirm
2017__Month__day	Subject of survey: (Signature)

A. General Characteristics of the household

※ Enumerator: older persons above the age of 65 who live in a nursing home, a long-term care hospital, or a hospital while remaining registered as resident in the household at the time of this survey shall be considered a member of the household. Moreover, with regards to them, mark as "Proxy response" with regards to Area A~D, N in the questionnaire.

No. of household members	No. of senior citizens (above the age of 65) in the household	No. of senior citizens who have completed the survey	Type of senior citizen household <small>Write in referring to <Appendix 2> (Type of Senior Citizen Household)</small>	No. of children living with the responding senior citizen (write the actual number)	No. of members in the household who are above the age of 65 who are in nursing homes or have been living in long-term care hospitals for more than 3 months										
41~42		44	45~46	<table><tr><td>Total</td><td>Male</td><td>Female</td><td>Single</td><td>Married</td></tr><tr><td>47~48</td><td>49</td><td>50</td><td>51</td><td>52</td></tr></table>	Total	Male	Female	Single	Married	47~48	49	50	51	52	<div>53</div> people
Total	Male	Female	Single	Married											
47~48	49	50	51	52											

	No. of household members	■QA1. Name	■QA2. Relationship with householder	■QA3. Gender	■QA4. Age			■QA5. Marital status	■QA6. Education level		■QA7. Employment	■QA8. Relationship with responding senior citizen	■QA9. Confirmation of subject of senior citizen survey	■QA9-1. Reason for proxy response	
	※ Insert by order	※ Name of household member	※ As for the relationship with householder, provide subjective answer then refer to <Appendix 3> [Relationship with Householder] to write the code. ※ Definition of householder: A person responsible for making the ends meet while representing the household regardless of the family head or head of household	① Male ② Female	Memo	■QA4-1. Date of birth		■QA4-2. Age	① Single ② Has a spouse (Married) ③ Widowed ④ Divorced ⑤ Separated ⑥ Others() ⑦ Deceased ⑧ N/A (Below the age of 14)	■QA6-1. Education level ① Preschool (Those below the age of 10 not attending school) ① No formal education (illiterate) ② No formal education (literate) ③ Elementary school ④ Middle school ⑤ High school ⑥ University (below 4-year) ⑦ Above university ※ As for drop out and expulsion, write the previous academic background	■QA6-2. No. of years of education ※ For household member(s) aged 65 and older 99 N/A (Below the age of 64)	※ Worked for an hour or longer in the past week for gain or worked for more than 18 hours over a week unpaid for a family-owned business ① Yes ② No ③ N/A (Members aged 14 or younger)	※ As for the relationship with the responding senior citizen, provide subjective answer then refer to <Appendix 1> [Relationship with Responding Senior Citizen] to write the code.	※ For those below the age of 64, insert as ① and for senior citizens above the age of 65, insert as ① ⑤. ① Non-subject (below the age of 64) ① Subject to senior citizen survey (above the age of 65) and has complete the survey (self-response) ② Subject to senior citizen survey (above the age of 65) but didn't complete the survey ③ Proxy response → (Go to QA9-1) ④ Subject to proxy response that belong to (1)~(3) of A9-1 but didn't complete the survey	① Living in long-term care facility (nursing home or short-term institutionalized care) ② Living in nursing home ③ Hospitalized ④ Bedridden ⑤ Unstable psychological state (dementia etc.) ⑥ Hearing disability ⑦ Speech disorder ⑧ Infirm ⑨ Others(What:)
CARD 28-29	30-31	01	Head of household	32-33	34	35-38	39-40	41-43	44	45	46-47 yr	48	49-50	51	52-53
0 2															
CARD 28-29	30-31	02		32-33	34	35-38	39-40	41-43	44	45	46-47 yr	48	49-50	51	52-53
0 3															
CARD 28-29	30-31	03		32-33	34	35-38	39-40	41-43	44	45	46-47 yr	48	49-50	51	52-53
0 4															
CARD 28-29	30-31	04		32-33	34	35-38	39-40	41-43	44	45	46-47 yr	48	49-50	51	52-53
0 5															
CARD 28-29	30-31	05		32-33	34	35-38	39-40	41-43	44	45	46-47 yr	48	49-50	51	52-53
0 6															

	No. of household member		QA1. Name	QA2. Relationship with householder		QA3. Gender	QA4. Age				QA5. Marital status	QA6. Education level		QA7. Employment	QA8. Relationship with responding senior citizen		QA9. Confirmation of subject of senior citizen survey	QA9-1. Reason for proxy response		
	※ Insert by order		※ Name of household member	※ As for the relationship with householder, provide subjective answer then refer to <Appendix 3> [Relationship with Householder] to write the code. ※ Definition of householder: A person responsible for making the ends meet while representing the household regardless of the family head or head of household		① Male ② Female	Memo	QA4-1. Date of birth		QA4-2. Age	① Single ② Has a spouse (Married) ③ Bereaved ④ Divorced ⑤ Separated ⑥ Others(____) ⑦ Deceased ⑧ N/A (Below the age of 14)	QA6-1. Education level	QA6-2. Education years	※ In case respondent has worked for more than 1 hour for the purpose of earning money over the last 1 week (including working for more than 18 hours over a week without pay in a company operated by spouse/cou sin) ① Yes ② No ③ N/A (Below the age of 14)	※ As for the relationship with the responding senior citizen, provide subjective answer then refer to <Appendix 1> [Relationship with Senior Responding Citizen] to write the code .		※ For those below the age of 64, insert as ① and for senior citizens above the age of 65, insert as ① ⑤. ① Non-subject (below the age of 64) ① Subject to senior citizen survey (above the age of 65) and has complete the survey (self-response) ② Subject to senior citizen survey (above the age of 65) but didn't complete the survey ③ Proxy response → (Go to QA9-1) ④ Subject to proxy response that belong to (1)~(3) of A9-1 but didn't complete the survey	① Living in long-term care facility (nursing home or short-term institutionalized care) ② Living in nursing home ③ Hospitalized ④ Bedridden ⑤ Unstable psychological state (dementia etc.) ⑥ Hearing disability ⑦ Speech disorder ⑧ Infirm ⑨ Others(What:____)		
			Relationship with householder (memo)	Relationship code with householder			Year of Birth	Month of Birth	※ <Appendix 5> Write by referring to the [Age Condition Table].	① Preschool (Those below the age of 10 not attending school) ① No education (illiterate) ② No education (literate) ③ Elementary school ④ Middle school ⑤ High school ⑥ University (below 4-year) ⑦ Above university ※ As for drop out and expulsion, write the previous academic background		※ In case of elderly respondent, write the total number of education years. 99 N/A (Below the age of 64)	Education level (memo)		Code	Relationship with responding senior citizen (memo)			Code	
							※ Please insert the year or birth and month of birth on the resident registration card. (This survey is based on June 30 th 2017.)													
CARD 28-29	30-31	06			32-33	34		35-38	39-40	41-43	44		45	46-47	yr	48		49-50	51	52-53
0 7																				
CARD 28-29	30-31	07			32-33	34		35-38	39-40	41-43	44		45	46-47	yr	48		49-50	51	52-53
0 8																				
CARD 28-29	30-31	08			32-33	34		35-38	39-40	41-43	44		45	46-47	yr	48		49-50	51	52-53
0 9																				
CARD 28-29	30-31	09			32-33	34		35-38	39-40	41-43	44		45	46-47	yr	48		49-50	51	52-53
1 0																				
CARD 28-29	30-31	10			32-33	34		35-38	39-40	41-43	44		45	46-47	yr	48		49-50	51	52-53
1 1																				

CARD 28-29		A10. Change in the current number of household members compared to 2016 (Write the actual number)	
0	1	① Same 54 ① Increase ② Decrease	No. of household member in 55-56 ppl

※ Enumerator: Questions marked with a ★ questions the personal opinion so proxy response is not accepted

B. Health status

28-29

CARD

1 2

■ ★ QB1. What do you think of your health status?

- (1) Very healthy (2) Healthy (3) Average
(4) In ill health (5) In very ill health

B1 30

■ QB2. The following questions are about chronic disease (based on doctor's diagnosis) that you're suffering from for more than 3 months. Please answer the respective items related to chronic diseases.

- QB2-1. Chronic disease: Are you suffering from chronic disease for more than 3 months after doctor's diagnosis?
□ QB2-2. Treatment: Are you currently receiving treatment with regards to this disease?

Name of disease		□ QB2-1. Chronic disease diagnosed by doctor	□ QB2-2. Treatment	Name of disease		□ QB2-1. Chronic disease diagnosed by doctor	□ QB2-2. Treatment
		(1) Yes (2) No	(1) Yes (2) No (9) N/A			(1) Yes (2) No	(1) Yes (2) No (9) N/A
Circulatory organ	1) Hypertension or High blood pressure	31	32	Cancer	17) Cancer (Malignant neoplasm)	63	64
	2) Apoplexy (stroke, cerebral infarction)	33	34	Digestive organ	18) Stomach-duodenum ulcer	65	66
	3) Hyperlipidemia (Dyslipidemia)	35	36		19) Hepatitis	67	68
	4) Angina, myocardial infarction	37	38		20) Cirrhosis	69	70
	5) Other heart diseases	39	40	Urino genital organ	21) Methyclothiazide	71	72
6) Diabetes	41	42	22) Prostatomegaly		73	74	
7) Thyroid disease	43	44	23) Urinary incontinence		75	76	
Musculoskeletal system	8) Osteoarthritis (degenerative arthritis), rheumatoid arthritis	45	46		24) Venereal disease (Syphilis etc.)	77	78
	9) Osteoporosis	47	48		Others	25) Anemia	79
10) Backache, sciatica	49	50	26) Skin disease	81		82	
Respirator	11) Chronic bronchitis, pulmonary emphysema	51	52	27) Depression		83	84
	12) Asthma	53	54	28) Dementia		85	86
	13) Pulmonary Tuberculosis, tuberculosis	55	56	29) Fracture, dislocation, after-effect of accident		87	88
Sensory organ	14) Cataract	57	58	30) Insomnia		89	90
	15) Glaucoma	59	60	31) Parkinson's disease		91	92
	16) Chronic otitis media	61	62	32) Others (What: _____)		93	94

※ Enumerator: Check and record the total number of chronic diseases. (Write the actual number) Total _____ diseases

B2-3 95-96 diseases

- QB3. How many prescription drugs are there that you've been taking daily for more than 3 months? (Write the actual number)

1 day _____ medicine (pills)

B3

97-98	

 Medicine (pills)

- QB3-1. Other than prescription drugs taken daily for more than 3 months currently, how many non-prescription drugs are there (other than functional health food)? (Write the actual number)

1 day _____ medicine (pills)

B3-1

99-100	

 Medicine (pills)

- QB4. Have you visited a medical institute (outpatient) such as hospital, clinic, health care center, oriental medicine clinic, dentist and others in the past 1 month? If yes, how many times?

(1) Yes → (In a month: _____times) (2) No

B4

101

 B4-(1)

102-103	

 times

- QB5. Have you been hospitalized in the past 1 year due to sickness or injury? If yes, how many times were you hospitalized and for how many days?

(1) Yes → (In a year: ① _____times ② _____day) (2) No

B5

104

 B5-(1)

105-106	

 times
-①
B5-(1)-

107-109	

 day
②

- ★QB6. Choose the best answer for how you have felt over the past week, choose (1) Yes and if not, choose (2) No.

【Ex.】	(1) Yes	(2) No
1) Are you basically satisfied with your life?	<input type="checkbox"/>	110
2) Have you dropped many of your activities and interests?	<input type="checkbox"/>	111
3) Do you feel that your life is empty?	<input type="checkbox"/>	112
4) Do you often get bored?	<input type="checkbox"/>	113
5) Are you in good spirits most of the time?	<input type="checkbox"/>	114
6) Are you afraid that something bad is going to happen to you?	<input type="checkbox"/>	115
7) Do you feel happy most of the time?	<input type="checkbox"/>	116
8) Do you often feel helpless?	<input type="checkbox"/>	117
9) Do you prefer to stay at home, rather than going out and doing new things?	<input type="checkbox"/>	118
10) Do you feel you have more problems with memory than most?	<input type="checkbox"/>	119
11) Do you think it is wonderful to be alive now?	<input type="checkbox"/>	120
12) Do you feel pretty worthless the way you are now?	<input type="checkbox"/>	121
13) Do you feel full of energy?	<input type="checkbox"/>	122
14) Do you feel that your situation is hopeless?	<input type="checkbox"/>	123
15) Do you think that most people are better off than you are?	<input type="checkbox"/>	124

C. Health behavior

28-29

CARD

1 3

■ QC1. Do you smoke cigarettes now?

(1) Yes (Smoke currently) (2) No

C1

■ QC2. How often did you drink any alcoholic beverage over the past 1 year?

(0) I have not drunk at all in 1 year → **(Go to Q3)** (1) Less than 12 times a year
(2) About once a month (3) About 2-3 times a month (4) About once a week
(5) About 2-3 times a week (6) About 4-6 times a week (7) Everyday

C2

□ QC2-1. How many glasses on average do you drink each time?

Average _____ glasses (Refer to the example below)

【Ex.】 Definition of a glass: 1 can of beer equals to 1.6 glass, 1 bottle of beer (500cc) is 2 glasses, 1 bottle of makgeolli is 7 glasses, 1 bottle of soju is 6.5 glasses, 1 bottle of wine is 8 glasses and as for hard liquor, glasses depend on the bottle.

C2-1 glasses

■ QC3. Do you work out usually?

(※ Enumerator: In case of working out more than once a week, more than 10 minutes continuously at once)

(1) Yes (2) No → **(Go to QC4)**

C3

□ QC3-1. How many days in a week do you work out?

_____ days/week

C3-1 day

□ QC3-2. How long do you work out each time?

_____ mins/each time

C3-2 min

□ QC3-3. What kind of work out do you usually do?

(※ Enumerator: Refer to <Annex 6. Work Out List> to write the code)

Name of work out: _____

C3-3

□ QC3-4. Where do you usually work out?

- (1) Public sports facility (Community center, district sports center etc.)
- (2) Private/commercial sports facility (Fitness club, swimming pool, tennis court, golf course etc.)
- (3) Various community centers (Seniors Welfare Center, Social Welfare Center etc.)
- (4) Senior citizen center
- (5) Health center
- (6) Private non-profit facilities (YMCA, YWCA, church, gym within apartment complex etc.)
- (7) Mountain, beach, riverside etc (Place more than 4km away from home)
- (8) Near the house (Park and water spring near the house, school field, around the residence and apartment, etc.)
- (9) At home
- (10) Others (What: _____)

C3-4 42-43

■ QC4. What is your weight and height?

- 1) Weight: _____ kg 1)-1. Weight measurement:
(1) Measured (2) Not measured (as remembered)
- 2) Height: _____ cm 2)-1. Height measurement:
(1) Measured (2) Not measured (as remembered)

C4-1) 44-46 kg C4-1)-1 47

C4-2) 48-50 cm C4-2)-1 51

■ QC5. The following questions are about your nutrition management status over 1 month. Please answer all the items.

【Ex.】	(1) Yes	(2) No
1) I have an illness or condition that made me change the kind and/or amount of food I eat.	<input type="checkbox"/>	52
2) I eat fewer than 2 meals per day.	<input type="checkbox"/>	53
3) I eat few fruits or vegetables, or milk products.		
3-1) fruits	<input type="checkbox"/>	54
3-2) vegetables,	<input type="checkbox"/>	55
3-3) milk products	<input type="checkbox"/>	56
4) I have 3 or more drinks of beer, liquor or wine almost every day.	<input type="checkbox"/>	57
5) I have tooth or mouth problems that make it hard for me to eat.	<input type="checkbox"/>	58
6) I don't always have enough money to buy the food I need.	<input type="checkbox"/>	59
7) I eat alone most of the time.	<input type="checkbox"/>	60
8) I take 3 or more different prescribed or over-the-counter drugs a day.	<input type="checkbox"/>	61
9) Without wanting to, I have lost or gained 5 kg in the last 6 months.	<input type="checkbox"/>	62
10) I am not always physically able to shop, cook and/or feed myself	<input type="checkbox"/>	63

- QC6. Have you used congregate meal service program for older persons or meal (side dish) delivery service over the past 1 year? If yes, how frequently did you use it?

【Ex.】	(0) Not at all	(1) Almost every day (More than 4 times a week)
	(2) About 2~3 times a week	(3) About once a week
	(4) Once 1~2 times a month	(5) About 1~2 times in 3 months
	(6) About 1~2 times a year	

1) Congregate meal service program for older persons (Community center restaurant)	<input type="text"/> 64
2) Meal (side dish) delivery service (delivery by government, community center etc.)	<input type="text"/> 65

- QC7. Have you received a medical check-up and dementia check-up over the past 2 years?
(※ Medical check-up borne by you, special health check-up by company, primary medical check-up by health insurance and medicare, medical check-up for senior citizens by the government etc.)

【Ex.】	(1) Yes	(2) No
1) Medical check-up (However, dementia checkup excluded)	<input type="text"/> 66	
2) Dementia check-up	<input type="text"/> 67	

Question	Hospital and clinic	Dentist
<p>■★QC8. Have you felt that you needed treatment but couldn't receive treatment <u>over the past 1 year</u>?</p> <p>(1) Yes (2) No</p>	<input type="text"/> 68	<input type="text"/> 71
<p>□★QC8-1. If you couldn't receive treatment, what was the biggest reason?</p> <p>(1) Economic difficulty</p> <p>(2) Inconvenient transportation</p> <p>(3) Difficult to move (No family (caregiver) to accompany)</p> <p>(4) Insufficient medical information (don't know which hospital to go)</p> <p>(5) Difficult to make reservation in hospital or to wait for treatment</p> <p>(6) Light symptom</p> <p>(7) Afraid of getting treatment or treatment process</p> <p>(8) No time due to household chores and others</p> <p>(9) Others (What_____)</p>	<input type="text"/> 69-70	<input type="text"/> 72-73

- QC9. Do you have or are you covered by private insurance to receive compensation for the hospital cost?

(※ Enumerator: 'Yes' in case you are a beneficiary regardless of who subscribed or who pays for the insurance cost of disease insurance, cancer insurance, injury insurance, nursing insurance, life insurance and others)

- (1) Yes (2) No

C9 74

D. Functional status and nursing

28-29

CARD

1 4

※ The following questions are about sight, hearing and chewing status.

Item		■ QD1. Sight (Watching TV, reading newspaper)	■ QD2. Hearing (Talking on the phone, talking with a person beside you)	■ QD3. Chewing (Chewing meat or hard things)
1) Use of assister	(1) Yes (use) (2) No (doesn't use)	<input type="text"/> 30	<input type="text"/> 32	<input type="text"/> 34
★2) Inconvenience in daily life	(1) Not comfortable (2) Uncomfortable (3) Very uncomfortable	<input type="text"/> 31	<input type="text"/> 33	<input type="text"/> 35

※ Assister - Sight: Sight assister (Glasses, contact lens, reading glasses etc.), Hearing: Hearing aid, Chewing: Dentures (False teeth)

- QD4. The following question is for analyzing your muscular strength. Please sit and rise on a chair or bed 5 times (Place both hands in front then sit and rise on a chair 5 times without using both hands)
- (1) Done (2) Tried but couldn't do (in case 5 times wasn't possible)
(3) Can't even try (in case getting up is impossible due to being stranded in bed or other disabilities)

D4 36

- QD5. How difficult is it when carrying out the following actions?

【Ex.】	(1) Not difficult at all	(2) Slightly difficult	(3) Very difficult
	(4) Can't do at all	(5) Don't know	
1) Running around the field 1 lap (400m)			<input type="text"/> 37
2) Walking around the field 1 lap (400m)			<input type="text"/> 38
3) Walking 10 steps up without resting			<input type="text"/> 39
4) Bending the body, squatting, kneeling			<input type="text"/> 40
5) Reaching out the hand to a place higher than the head			<input type="text"/> 41
6) Lifting or moving an object like a sack of rice (8kg)			<input type="text"/> 42

- QD6. How much help from others did you need to carry out the following actions over the past 1 week?

【Ex.】	(1) Completely independent	(2) Partial help	(3) Need help completely
1) Dressing (Taking out clothes, buttoning up, and fastening the belt)			<input type="text"/> 43
2) Washing face and hair and brushing teeth			<input type="text"/> 44
3) Bathing or showering (Going in and out of bathtub, scrub, shower)			<input type="text"/> 45
4) Eating food on the table			<input type="text"/> 46
5) Getting up while laying down and going out of the room			<input type="text"/> 47
6) Going in and out of bathroom, cleaning after urinating or excreting then getting dressed			<input type="text"/> 48
7) Controlling urination and defecation			<input type="text"/> 49

- QD7 How much help from others did you need to carry out the following actions over the past 1 week?

【Ex.】	(1) Completely independent	(2) Partial help	(3) Need help completely
1) Personal grooming (Brushing hair, make-up, shaving, nail clipping, etc.)			<input type="text"/> 50
2) Household chores (Cleaning, doing dishes, bed-making, putting things in order, etc.)			<input type="text"/> 51
3) Preparing hot meals (Preparing food ingredients, cooking, serving food)			<input type="text"/> 52
4) Laundry (Including laundering either using machine or by hand and drying)			<input type="text"/> 53
5) Taking medicine at prescribed time			<input type="text"/> 54
6) Money management (Managing pocket money, bank account, asset)			<input type="text"/> 55
7) Going out short distances (Walking to places nearby)			<input type="text"/> 56

【Ex.】	(1) Completely independent	(2) Little help	(3) A lot of help	(4) Need help completely
8) Deciding to purchase something, paying money, getting back change				<input type="text"/> 57
9) Calling and receiving calls				<input type="text"/> 58
10) Using means of transportation (Public transportation, personal vehicle)				<input type="text"/> 59

※ Enumerator: In case any one of the answers to the questions <QD6~D7> is Partial help or Need help completely, go to <QD8>. Go to <QD9> only if all the answers are Completely independent.

■ QD8. Do you get help from family or people other than family in your daily life?

(1) Yes (2) No → (Go to QD8-5)

60
D8

□ QD8-1. Whose help do you get? Please indicate all (Regardless of paid or free)

【Ex.】 (1) Get help		(2) Don't get help	
1) Family member living together	<input type="text"/> 61	4) Personal caregiver or housekeeper (maid)	<input type="text"/> 64
2) Family member not living together	<input type="text"/> 62	5) Long-term care insurance service (Care worker etc.)	<input type="text"/> 65
3) Relative, neighbor, friend, acquaintance	<input type="text"/> 63	6) Elderly care service (Various public care services such as caregiver service)	<input type="text"/> 66

※ Enumerator: The following questions are about those taking care of you. In <QD8-1>,

- If one answer out of 1) ~ 3) is '1) Get help' → Go to <QD8-2>.
- If 4) is '1) Get help' → Go to <QD8-3>.
- If one answer out of 1)~6) is '1) Get help' → Go to <QD8-4>.

□ QD8-2. (In case of getting help from family, relative, neighbor and others) How much help did you receive over the past 1 month?

【Ex.】	(0) Don't get help	(1) Almost everyday (More than 4 times a week)	(2) About 2~3 times a week	
	(3) About once a week	(4) About once every 2 weeks	(5) Below once a month	
	1) Cleaning, laundry, grocery, shopping	2) Accompanied when going out	3) Preparing meal (preparing food)	4) Support for maintaining physical function such as shower
D8-2-1. Frequency of help (Refer to example)	<input type="text"/> 67	<input type="text"/> 70	<input type="text"/> 73	<input type="text"/> 76
D8-2-2. Main help giver Refer to the code in <Appendix 1> [Relationship with Responding Senior Citizen] to write	<input type="text"/> 68-69	<input type="text"/> 71-72	<input type="text"/> 74-75	<input type="text"/> 77-78

□ QD8-3. (In case help is received from personal caregiver or housekeeper) how many hours on the average in a week do you receive help?

_____ hours

79-80
D8-3 hour

□ ★QD8-4. Do you think that you are currently getting sufficient help from family, relative, long-term care service and others? → (Go to QD9)

(1) Very sufficient (2) Sufficient (3) Average
(4) Insufficient (5) Very insufficient

81
D8-4

□★QD8-5. In case you are not getting help from anyone, what is the reason?

- (1) Don't need help (can manage by my own)
- (2) Need help but don't want to burden family and others
- (3) Need help but there's no one to help me
- (4) Need help but afraid that the cost would be a burden
- (5) Need help but don't know how to get help
- (6) Others (What:_____)

82
D8-5

■ QD9. Have you applied for a grade in the long-term care insurance for older persons?

- (1) Yes (2) No→(Go to QD9-2)

83
D9

□ QD9-1 (If an application for grade accreditation has been made) What was the grade that you've received recently?

- (1) Grade 1 (2) Grade 2 (3) Grade 3 (4) Grade 4
(5) Special grade for dementia (Grade 5) (6) No grade (7) Others (What:_____)

84
D9-1

□ QD9-1-1. What service are you currently using? Please indicate all. →(Go to QD10)

【Ex.】 (1) Yes		(2) No	
1) Home-Visit care	<input style="width: 40px; height: 25px;" type="text"/> 85	5) Long-term care facility	<input style="width: 40px; height: 25px;" type="text"/> 89
2) Home-Visit nursing	<input style="width: 40px; height: 25px;" type="text"/> 86	6) Short-term Care	<input style="width: 40px; height: 25px;" type="text"/> 90
3) Home-Visit bathing	<input style="width: 40px; height: 25px;" type="text"/> 87	7) Welfare equipment	<input style="width: 40px; height: 25px;" type="text"/> 91
4) Day and Night care	<input style="width: 40px; height: 25px;" type="text"/> 88		

□★QD9-2. (If an application for long-term care grade hasn't been made) What is the reason?

- (0) Reasonable health (Don't need help)
- (1) Unaware of long-term care insurance for the elderly
- (2) In ill health but felt that grade accreditation wouldn't be given
- (3) Don't want to receive help from others
- (4) Thought that the cost would be a burden
- (5) Thought it would be better to be hospitalized in intermediate care hospital rather than the long term care facility for older persons
- (6) No desired service in long-term care insurance
- (7) The service that I'm currently using (homecare service, service used personally etc.) is sufficient
- (8) Others (What: _____)

92-93
D9-2

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D10 94

D10

【Disability type】 (1) Physical disability (2) Disability of Brain Lesion (3) Visual Disability (4) Hearing Disability (5) Speech Disability (6) Mental retardation (7) Autistic Disorder (8) Mental Disorder (9) Kidney Dysfunction (10) Cardiac Dysfunction (11) Respiratory Dysfunction (12) Hepatic Dysfunction (13) Facial Disfigurement (14) Intestinal/Fistular/Urinary (15) Epilepsy Fistular			
【Disability rating】 (1) Grade 1 (2) Grade 2 (3) Grade 3 (4) Grade 4 (5) Grade 5 (6) Grade 6			
1) Disability type	<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 50%; right: 0; border-left: 1px dashed black;"></div> </div> <div style="text-align: right; margin-top: 5px;">95-96</div>	2) Disability rating	<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; margin-top: 5px;">97</div>

E. Leisure activities and social activities

CARD	
1	5

- (1) Yes \longrightarrow () hours in 1 day (2) No

Diagram illustrating the time allocation for E1 and E1-(1) across two periods (30 and 31-32).

- (1) Yes → Domestic () times, overseas () times (2) No

Figure 1 illustrates the structure of the data. It shows two rows of data. The top row is labeled 'E2' and 'Dome stic' (split across two boxes). The bottom row is labeled 'Over seas' (split across two boxes). The top row has two boxes, one labeled '33' and the other '34-35'. The bottom row has two boxes, one labeled '36-37' and the other 'times'. A vertical dashed line separates the two boxes in the top row, and another vertical dashed line separates the two boxes in the bottom row.

- (1) Yes (2) No \longrightarrow (Go to QE4)

E3
38

- 1st place () 2nd place ()

1 st place	E3-1-①	39-41
2 nd place	E3-1-②	42-44

- 1st place () 2nd place ()

1 st place	E4-	45-47
	①	
2 nd place	E4-	48-50
	②	

- (1) Yes (2) No → (Go to QE6)

A rectangle with width 51 and height E5.

□ QE5-1. What type of education did you usually participate in?

- (1) Education related to health (2) Education related to culture management (promotion) exercise art (dance·K-Pop·music)
- (3) Linguistic education (4) Humanities (poetry·essay) education
- (5) Informatization education (6) Employment education or vocational education
- (7) Others (What: _____)

52
E5-1

□ QE5-2. Where did you usually take part in the education?

- (1) Senior citizen (comprehensive) community center (Leisure and welfare center for the elderly)
- (2) Senior citizen center
- (3) Senior citizen classroom operated by the Korean Senior Citizens Association (university)
- (4) Senior citizen classroom operated by religious institute (university)
- (5) City·District·County Hall/Community Center
- (6) Elementary·middle·high school·university
- (7) Public cultural center (Comprehensive) social welfare center, women's center, library, museum etc.)
- (8) Private cultural center (Department store, mart, newspaper, broadcast station etc.) academy
- (9) Media utilized without being restricted to venue (TV·radio·Internet lecture, learning by utilizing computer·Internet, printed media such as books·specialized magazine)
- (10) Others (What: _____)

53-54
E5-2

□ QE5-3. How often did you participate in this education?

- (1) More than 4 times a week (2) More than 2~3 times a week (3) Once a week
- (4) Once in 2 weeks (5) Once a month (6) Less than once a month

55
E5-3

■ QE6. Have you participated in social clubs (club activities), networking groups (alumni, mutual-aid group etc.), political and social groups and activities over the past 1 year?

□ QE6-1. If yes, how often did you participate?

	1) Social club (Club activities)	2) Networking (Alumni, mutual-aid group etc)	3) Political and social group
■ QE6. Participation (1) Yes (2) No → (Go to QE7)	<input type="text"/> 56	<input type="text"/> 58	<input type="text"/> 60
□ QE6-1. Participation frequency (1) More than 4 times a week (3) Once a week (5) Once a month (2) 2~3 times a week (4) Once in 2 weeks (6) Below once a month	<input type="text"/> 57	<input type="text"/> 59	<input type="text"/> 61

■ QE7. Have you experienced volunteering activities? (in your lifetime)

- (1) Currently doing
- (2) Haven't in the past but currently, not doing →(Go to QE8)
- (3) Have never done in my life →(Go to QE8)

62
E7

□ QE7-1. In which field do you usually volunteer in?

- (1) Social welfare (Disabled, children, the elderly etc.)
- (2) Culture and sports (Museum, support for sports for all etc.)
- (3) Traffic order (Safety guard, basic order campaign etc.)
- (4) Environment protection (Environment maintenance activity, recycling etc.)
- (5) Health and medical fields (Medical volunteer, hospice activity etc.)
- (6) Educational activities (Lecture, extra-curricular activities, library support etc.)
- (7) Others (What:_____)

63
E7-1

□ QE7-2. If so, what type of volunteer activities do you participate in?

- (1) Simple volunteer activities that require effort
- (2) Volunteer activities utilizing knowledge and technology acquired through long-time hobby or (lifelong) education and others
- (3) Volunteer activities utilizing professionalism such as work experience, qualification etc
- (4) Others (What:_____)

64
E7-2

□ QE7-3. How often do you take part in volunteer activities?

- (1) More than 4 times a week (2) 2~3 times a week (3) Once a week
- (4) Once in 2 weeks (5) Once a month (6) Below once a month

65
E7-3

□ QE7-4. Through which institute do you take part in the volunteer activities?

- (1) No connected institute (2) Religious institute
- (3) Senior citizen center (4) Welfare institute such as (Including Korean Senior various community center Citizens Association)
- (5) City hall·district office·county (6) Private group, NGO office/volunteer center
- (7) Others (What:_____)

66
E7-4

■★QE8. The following questions are about activities using electronic devices (Mobile phone, computer, tablet PC, Internet, TV etc.). Are you able to execute the following items?

【Ex.】	(1) Yes	(2) No
1) Receiving text	<input type="checkbox"/> 67	6) Game <input type="checkbox"/> 72
2) Sending text	<input type="checkbox"/> 68	7) Watching video (Move, TV program etc.) <input type="checkbox"/> 73
3) Searching and viewing information such as news, weather and others	<input type="checkbox"/> 69	8) Social network service (Band, Kakaotalk, Tweeter, Facebook, Instagram, Telegram Talk etc.) <input type="checkbox"/> 74
4) Taking photo, video	<input type="checkbox"/> 70	9) Online shopping <input type="checkbox"/> 75
5) Listening to music (MP3 etc.)	<input type="checkbox"/> 71	10) Others (What: _____) <input type="checkbox"/> 76

■ QE9. What is your religion?

- (0) None →(Go to QE10) (1) Buddhist
(2) Protestant (Catholic) (3) Roman Catholic
(4) Confucianism (5) Won Buddhism
(6) Others (What:_____)

E9 77

□ QE9-1. How often did you take part in the activities related to religion (Including worship·Buddhist service, volunteering in religious institute, social activities) over the past 1 year?

- (0) None (1) More than 4 times a week (2) 2~3 times a week (3) Once a week
(4) Once in 2 weeks (5) Once a month (6) Below once a month

E9-1

78

■★QE10. The following question is about activities that you wish to do in the future. How much do you want to participate in the respective activity?

【Ex】	(1) Really want to do	(2) Want to do if possible	(3) Want to do if there is an opportunity
	(4) Don't really want to do	(5) Don't want to do at all	
1) Volunteer activity	<input type="text"/> 79	4) Religious activity	<input type="text"/> 82
2) Learning activity	<input type="text"/> 80	5) Group activity in political society	<input type="text"/> 83
3) Hobby/Leisure activity	<input type="text"/> 81	6) Group networking	<input type="text"/> 84

※ The following questions are about using the senior citizen center and the (comprehensive) community center for the elderly. Please ask the respective items.

Question	Senior citizen center	(Comprehensive Community center for the elderly)
■ QE11. Have you visited the senior citizen center or the community center for the elderly <u>over the past 1 year</u> ? (1) Yes (2) No → (Go to QE11-5)	<input type="text"/> 85	<input type="text"/> 96
□ QE11-1. How many days on average did you visit in a week? _____ day(s) a week	<input type="text"/> 86	<input type="text"/> 97
□★QE11-2. What is the main reason for visiting the senior citizen center (community center for the elderly)? Please choose top 2 reasons. (1) Use lifelong education program (2) Use hobby and leisure program (3) Use health promotion program (4) Use the meal service (5) Use care-related service such as day protection etc. (6) Use consultation or emotional support program (7) Use employment or income support program (8) Participate in volunteer activity (9) Networking (10) Others (What: _____)	1st place <input type="text"/> 87-88 2nd place <input type="text"/> 89-90	1st place <input type="text"/> 98-99 2nd place <input type="text"/> 100-101
□★QE11-3. Are you satisfied with the visit to the senior citizen center (community center for the elderly)? (1) Very satisfied → (Go to QE12) (2) Satisfied → (Go to QE12) (3) Average → (Go to QE12) (4) Not satisfied (5) Not satisfied at all	<input type="text"/> 91	<input type="text"/> 102
□★QE11-4. What is the reason for not being satisfied with the visit to the senior citizen center (community center for the elderly)? → (Go to QE12) (1) Facility is not good (Space, structure, equipment etc.) (2) No good programs (3) Too far, inconvenient transportation (4) Don't get along with other elderly visitors (5) Economic burden (program cost etc.) (6) Others (What: _____)	<input type="text"/> 92	<input type="text"/> 103
□★QE11-5. What is the reason for not visiting the senior citizen center (community center for the elderly)? (1) Facility is not good (Space, structure, equipment etc.) (2) No good programs (3) Too far, inconvenient transportation (4) Don't get along with other elderly visitors (5) Economic burden (program cost etc.) (6) No time (7) Uneasy to move (8) Too young to visit (9) No facility or facility is not being maintained (10) Using other leisure facilities (11) Others (What: _____)	<input type="text"/> 93-94	<input type="text"/> 104-105
■★QE12. Would you visit the senior citizen center (community center for the elderly) in the future (continuously)? (1) Yes, will use (2) Will not use	<input type="text"/> 95	<input type="text"/> 106

F. Economic activity

28-29

CARD

1 6

■ QF1. Are you currently doing work for income?

- (1) Currently working
- (2) Have worked before but not now → (Go to GF2)
- (3) I've never worked in my life → (Go to QF3)

F1 30

※ Enumerator: Ask <QF1-1>~<QF1-10> only if the respondent is working currently.

□ QF1-1. What type of work are you currently doing? (※ Enumerator: Refer to <Appendix 8> [Classification of Occupation] and insert the mid-classification coding)

Job: _____

F1-1 31-33

□ QF1-2. What is the detail of the work that you're currently doing?

- (1) Agriculture, forestry and fishing (2) Guard, security, facility management (3) Cleaning work
- (4) Production work (5) Housework/care (6) Driving/shipping
- (7) Professional (8) Administrative work (9) Cooking/food
- (10) Courier-delivery (11) Site management (12) Environment-landscape
- (13) Construction machinery (14) Cultural arts (15) Maintenance public order
- (16) Collecting wastepaper (17) Others (What: _____)

F1-2 34-35

□ QF1-3. What position of employment do you belong to?

- (1) Regular employee (2) Temporary employee
- (3) Daily employed worker (4) Employer → (Go to QF1-4)
- (5) Businessman → (Go to QF1-4) (6) Unpaid family worker → (Go to QF1-4)
- (7) Special type of employment → (Go to QF1-4) (8) Others (What: _____) → (Go to QF1-4)

F1-3 36-37

□ QF1-3-1. Is the work that you're currently doing supported by the government (employment for senior citizen, public work etc.)?

- (1) Yes
- (2) No

F1-3-1 38

☐ QF1-4. Where does your current workplace belong to?

- | | |
|---|---|
| (1) Not a company (Agriculture, forestry, fishing etc.) | (2) Personal company (shop) |
| (3) Private company | (4) Central/local government or public institute |
| (5) NGO, civic group or religious group | (6) Doesn't belong to a specific company or corporate |
| (7) Business premise not officially registered | (8) Others (What:_____) |

39-40

F1-4	
------	--

☐ QF1-5. How many days work you work on average in a week and what is the average working hour?

_____days a week / _____hours a week

41		42-43				
F1-5-1)	<table border="1" style="width: 40px; height: 30px;"><tr><td></td></tr></table> day		F1-5-2)	<table border="1" style="width: 60px; height: 30px;"><tr><td></td><td></td></tr></table> hour		

☐ QF1-6. What is the average m onthly income of your current work?

KRW _____(Unit: 10 thousands/month)

44-46

F1-6		
------	--	--

0,000

☐ QF1-7. How many years and month have you worked at your current work?

_____year_____month

47-48		49-50		
F1-7	<table border="1" style="width: 60px; height: 30px;"><tr><td></td></tr></table> yr		<table border="1" style="width: 60px; height: 30px;"><tr><td></td></tr></table> mth	

☐ ★QF1-8. What is the biggest reason for working currently?

- | | |
|--------------------------------|----------------------------|
| (1) To make ends meet | (2) Need pocket money |
| (3) To maintain health | (4) Can make friends |
| (5) To spend time | (6) To demonstrate ability |
| (7) To utilize work experience | (8) Others (What:_____) |

51-52

F1-8	
------	--

☐ ★QF1-9. Are you satisfied with your current work?

- | | |
|-----------------------------------|------------------------------|
| (1) Very satisfied→(Go to QF1-10) | (2) Satisfied→(Go to QF1-10) |
| (3) Average →(Go to QF1-10) | (4) Not satisfied |
| (5) Not satisfied at all | |

53

F1-9

☐ ★QF1-9-1. What is the reason for not being satisfied with the current work?

- | | |
|----------------------------------|--------------------------------------|
| (1) Low salary (income) standard | (2) Isn't suitable for health status |
| (3) Unstable employment | (4) Working hour |
| (5) Work specifications | (6) Personal relations |
| (7) Others (What:_____) | |

54

F1-9-1

- QF1-10 Is your current job also your longest job? (※Enumerator: Even if one occupation type or position differs, it shall be deemed as different from the current work)

(1) Yes (2) No

55
F1-10

※ <QF2> is about your longest-held job.

- QF2. Details of your longest job
(※ Enumerator: Refer to <Appendix 8> [Classification of Occupation] and write the mid-classification coding)

Job: _____

56-58
F2

- QF2-1. What was your employment status in your longest job?

(1) Regular employee (2) Temporary employee
(3) Daily employed worker (4) Employer → (Go to QF2-2)
(5) Businessman → (Go to QF2-2) (6) Unpaid family worker →
(Go to QF2-2)
(7) Special type of employment → (8) Others (What: _____) →
(Go to QF2-2) (Go to QF2-2)

59-60
F2-1

- QF2-1-1. Is your longest job an employment supported by the government (employment for senior citizens, public work etc.)?

(1) Yes (2) No

61
F2-1-1

- QF2-2. How many years and months have you worked for your longest job?

_____ year _____ month

62-63 64-65
F2-2 yr mth

※ Enumerator: Ask questions <QF2-3> and <QF2-4> only if 1) the current job is not the longest job or 2) has experience working but isn't working currently.

- QF2-3. What was the reason for leaving your longest job?

(1) Regular retirement (2) Bad health
(3) Layoff, honorary retirement, (4) Household concerns
shut down, temporary closure (Childraising, housework, caregiving etc.)
(5) Bad working condition and (6) Job change, start-up, promotion
environment
(7) No need to work (8) Others (What: _____)

66-67
F2-3

- QF2-4. Did you engage in other work activities (bridge employment) after retiring from your longest job?

(1) Yes (2) No

68
F2-4

■ ★ QF3. What work do you want to do in the future?

- (1) Don't want to work → (Go to QF4)
- (2) I want to do the type of work that I'm doing now
- (3) I want to do something different from now
- (4) I'm not working now but I'd like to work in the future

69

F3

--

□ ★ QF3-1. What is the main reason for wanting to work?

- (1) To make ends meet
- (2) Need pocket money
- (3) To maintain health
- (4) Can make friends
- (5) To demonstrate ability (work experience)
- (6) To spend the time
- (7) To contribute socially
- (8) Others (What: _____)

70-71

F3-1

--

□ ★ QF3-2. How many hours a week do you wish to work?

_____ hours a week

72-73

F3-2

--

hr

□ ★ QF3-3. What is the monthly income that you desire?

KRW _____ (Unit: 10 thousands/month)

74-76

F3-3

--

10,000 won

□ ★ QF3-4. What efforts have you made to get a job over the past 1 year? Please choose 2 main things that are relevant.

1st (_____) 2nd (_____)

- (0) Didn't try
- (1) Made a request at the employment support center (Community center, district office, Korean Senior Citizens Association, employment center, community center etc.)
- (2) Made a request through personal connections
- (3) Searched on newspaper, magazine, computer etc.
- (4) Wrote self-introduction letter and resume, participated in interview consulting
- (5) Participated in work consultation, group consultation program, job expo etc.
- (6) Participated in vocational education and training
- (7) Others (What: _____)

77

F3-4 1st

--

78

2nd

--

※ The following questions are about support for senior jobs and social activities.

■ QF4. Have you participated in support for senior jobs and social activities?

- (1) Participating currently
- (2) Have participated → (Go to QF5)
- (3) Have applied but didn't have the opportunity to participate → (Go to QF5)
- (4) Haven't applied → (Go to QF5)

79
F4

□ QF4-1. What type of support for senior jobs and social activities are you currently participating in?

- (1) Civic service activities
- (2) Talent sharing activities
- (3) Market type working groups (Joint work type, factory work and sales type, service work type)
- (4) Manpower dispatch type enterprises
- (5) Senior internship, Age-friendly enterprises, Enterprise-related employment

80
F4-1

□★QF5. Do you intend to participate in support for senior jobs and social activities in the future?

- (1) Yes
- (2) No → (Go to QG1)

81
F5

□★QF5-1. What type of support for senior jobs and social activities do you wish to participate in the future?

- (1) "Elderly care by elders" (Greeting, conversation and living safety inspection services provided by visiting the homes of senior citizens etc.)
- (2) Support for vulnerable social group (Consultation for vulnerable group, education, emotional support etc.)
- (3) Volunteer for public facilities (Activities in welfare facilities, educational facilities and others)
- (4) Activity for passing on experience and knowledge (Pass on one's experience and knowledge to children, youth, the elderly etc.)
- (5) Market type of working groups (Jointly-established business by the elderly, such as small-size store, project group etc.)
- (6) Manpower dispatch type enterprises (Dispatched to the place of demand (corporate) for work)
- (7) Senior internship, Age-friendly enterprises, Enterprise-related employment

82
F5-1

G. Relationship with (grandchild) child spouse & household form

28-29

CARD

1 7

※ The questions are about your (grandchild) child. Please include your (grandchild) child residing overseas in your response. (However, excluding missing person)

- QG1. Do you have a child living separately (including the spouse of a child) currently? What are the gender and marital status of the child? (※ Please record the actual number including the number of married child and adopted child)

- (1) There is a child living separately → G1-(1) Total _____ people
 Male _____ people, Female _____ people, Single _____ people, Married _____ people
- (2) There is no child living separately but there is a spouse of a deceased child.
- (3) There is no child or spouse of a child alive. → (Go to QG4)

30 G1 	31-32 Total ppl
33-34 Male ppl	35-36 Female ppl
37-38 Single ppl	39-40 Married ppl

- QG2. How often did you meet your children (including the spouse of a child) living separately over the past 1 year?

(※ Enumerator: Record by referring to the following
 【Frequency of visit and contact】_____)

- QG2-1. How often did you contact (contact each other via telephone, mobile phone text, email, letter etc.) your children (including the spouse of a child) living separate over the past 1 year?

(※ Enumerator: Record by referring to the following
 【Frequency of visit and contact】_____)

41
 G2

42
 G2-1

- QG3. Which child did you contact (including visit, telephone, mobile phone text, email, letter) your child living separately?

(※ Enumerator: Write by referring to <Appendix 1> 【Relationship with the Senior Citizen】 _____)

43-44
 G3

- QG3-1. How long does it take to get to where your child (including the spouse of a child) lives?

- (1) Less than 10 minutes on foot (2) 10~30 minutes on foot
 (3) Less than 30 minutes by car (4) 30 mins~1 hour by car
 (5) 1~2 hours by car (6) 2~3 hours by car
 (7) More than 3 hours by car (8) Resides overseas
 (9) Others (What: _____)

45-46
 G3-1

【Frequency of visit and contact】

- | | |
|-----------------------------------|--|
| (0) Hardly any visiting (contact) | (1) Almost everyday (more than 4 times a week) |
| (2) About 2~3 times a week | (3) About once a week |
| (4) About once~twice a month | (5) About once~twice in 3 months |
| (6) About once~twice a year | (7) Others (What : _____) |

- QG3-2. How often did you meet your child (including the spouse of a child) over the past 1 year?

(※ Enumerator: Record by referring to the following
【Frequency of visit and contact】)

47
G3-2

- QG3-3. How often did you contact (mutual contact through telephone, mobile phone text, email, letter etc.) over the past 1 year?

(※ Enumerator: Record by referring to the following
【Frequency of visit and contact】)

48
G3-3

- QG4. Have you experienced conflict with the child over the past 1 year?

(1) Yes (2) No → (Go to QG5)

49
G4

- ★QG4-1. What is the most serious conflict?

- (1) Conflict surrounding living together with child
(2) Conflict related to nursing myself or spouse
(3) Child asking for economic help
(4) Conflict related to giving living expenses to myself or spouse
(5) Parental favoritism
(6) Child's career, dating, marriage
(7) Others (What: _____)

50
G4-1

- QG5. Do you have a grandchild-child living separately?

(1) Yes → (_____ people) (2) No → (Go to QG6)

51 52-53
G5 G5-(To ppl
1) tal

- QG5-1. How often did you meet your grandchildren living separately over the past 1 year?

(※ Enumerator: Record by referring to the following
【Frequency of visit and contact】)

54
G5-1

- QG5-2. How often did you contact (contact each other via telephone, mobile phone text, email, letter etc.) your grandchildren living separately over the past 1 year?

(※ Enumerator: Record by referring to the following
【Frequency of visit and contact】)

55
G5-2

【Frequency of visit and contact】

- (0) Hardly any visiting (contact) (1) Almost everyday (more than 4 times a week)
(2) About 2~3 times a week (3) About once a week
(4) About once~twice a month (5) About once~twice in 3 months
(6) About once~twice a year (7) Others (What : _____)

※ The questions are about your spouse.
(Enumerator: If there is no spouse, indicate N/A (9) for <QG6> and <QG7> then go to <QG8>)

■ QG6. How healthy do you think your spouse is?

- G6 56

G7 57

- year month

Diagram illustrating the experimental design for G8 and 62-63 experiments. The G8 experiment is a 2x2 factorial design with factors 58-61 and yr. The 62-63 experiment is a 2x2 factorial design with factors 62-63 and mth.

G9

64-65

- 25 –

■★QG10. What is the hardest thing when living alone or with your spouse only?

- (0) None
- (1) There's no one to take care of me/us when sick
- (2) Difficult to handle daily problems such as household chores and others
- (3) Economic instability
- (4) Anxious about safety
- (5) Psychological anxiety or loneliness
- (6) Others (What:_____)

66
G10

※ Enumerator: Ask <QG11>~<QG12> to household living with a married child.

■★QG11. What is the main reason for living together with your married child?

- (1) Think it's natural to live together with the child
- (2) Because living alone or with spouse is lonely
- (3) Because someone needs to take care of me or my spouse
- (4) Because I'm not economically capable
- (5) To help the child with household chores, childraising and others
- (6) Because the child is not economically capable
- (7) Others (What:_____)

67
G11

■ QG12. How do you share the daily life such as household chores with the child that you're living with?

- (1) I or my spouse does it (2) Child does it
- (3) Done together (4) Do the own part

68
G12

※ The question is about your value related to old-age life.

■★QG13. Do you think that at least one of the children needs to live with aged parents?

- (1) Yes (2) No→(Go to QG14)

69
G13

□★QG13-1. Who, out of your children, do you think needs to live with the parents?

- (1) Oldest son
- (2) One of the sons
- (3) Oldest daughter
- (4) One of the daughters
- (5) The child who is better off regardless of daughter or son
- (6) The child who gets along well regardless of daughter or son
- (7) Others (What:_____)

G13-1 70

■★QG14. What do you think is the best method of preparing for old-age life?

- (1) Better to prepare on one's own
- (2) Children must prepare
- (3) It should be guaranteed in the national level such as society guarantee system (pension etc.)
- (4) Prepare together with children
- (5) Prepare together with social guarantee system (pension etc.)
- (6) Others (What:_____)

G14 71

H. Relationship with sibling, relative, friend·neighbor·acquaintance

28-29

CARD

1 8

■ QH1. Do you have siblings who are alive? If yes, how many?

(1) Yes → (_____ people) (2) No

H1 30 H1-(To 31-32 ppl
1) tal

■ QH2. How often did you meet relatives including siblings living alone for the past 1 year?

(※ Enumerator: Record by referring to the following
【Frequency of visit and contact】)_____

H2 33

□ QH2-1. How often did you contact (contact each other via telephone, mobile phone text, email, letter etc.) your relatives including siblings living separately over the past 1 year?

(※ Enumerator: Record by referring to the following
【Frequency of visit and contact】)_____

H2-1 34

■ QH3. How often did you meet your friend·neighbor·acquaintance over the past 1 year?

(※ Enumerator: Record by referring to the following
【Frequency of visit and contact】)_____

H3 35

□ QH3-1. How often did you contact (contact each other via telephone, mobile phone text, email, letter etc.) your friend·neighbor·acquaintance over the past 1 year?

(※ Enumerator: Record by referring to the following
【Frequency of visit and contact】)_____

H3-1 36

【Frequency of visit and contact】

- | | |
|-----------------------------------|--|
| (0) Hardly any visiting (contact) | (1) Almost everyday (more than 4 times a week) |
| (2) About 2~3 times a week | (3) About once a week |
| (4) About once~twice a month | (5) About once~twice in 3 months |
| (6) About once~twice a year | (7) Others (What : _____) |

■★QH4. How many relatives, friend·neighbor·acquaintance including siblings do you have who are close to you (can talk about anything honestly) respectively? (Write the actual number)

1) Relative including siblings _____ people

H4-1) 37-38 ppl

2) Friend·neighbor·acquaintance _____ people

H4-2) 39-40 ppl

I. Exchange of support of child·parent·spouse

28-29

CARD

1 9

■ QI1~I4. How much help have you been given and have received with your child, parent, spouse over the past 1 year?

(※ Enumerator: If there is no one suitable, move on to the next person.)

		11. Child living together	12. Child not living together	13. Your (spouse's) parent	14. Spouse
Is anyone applicable (※ To be checked by enumerator)	(1) Yes (2) No	<input type="checkbox"/> 30	<input type="checkbox"/> 43	<input type="checkbox"/> 56	<input type="checkbox"/> 69
【Ex.】		(1) Very much	(2) Quite so	(3) Not really	(4) Not at all
1) Counsel of trouble (Emotional help)	(1) Got help	<input type="checkbox"/> 31	<input type="checkbox"/> 44	<input type="checkbox"/> 57	<input type="checkbox"/> 70
	(2) Helped	<input type="checkbox"/> 32	<input type="checkbox"/> 45	<input type="checkbox"/> 58	<input type="checkbox"/> 71
2) Cleaning·meal preparation·laundry (Instrumental help)	(1) Got help	<input type="checkbox"/> 33	<input type="checkbox"/> 46	<input type="checkbox"/> 59	<input type="checkbox"/> 72
	(2) Helped	<input type="checkbox"/> 34	<input type="checkbox"/> 47	<input type="checkbox"/> 60	<input type="checkbox"/> 73
3) Caregiving·nursing accompany to hospital (Physical help)	(1) Got help	<input type="checkbox"/> 35	<input type="checkbox"/> 48	<input type="checkbox"/> 61	<input type="checkbox"/> 74
	(2) Helped	<input type="checkbox"/> 36	<input type="checkbox"/> 49	<input type="checkbox"/> 62	<input type="checkbox"/> 75
【Ex.】		(1) Yes	(2) No		
4) Economic help	4-1) Regular cash support	(1) Got help	<input type="checkbox"/> 37	<input type="checkbox"/> 50	<input type="checkbox"/> 63
		(2) Helped	<input type="checkbox"/> 38	<input type="checkbox"/> 51	<input type="checkbox"/> 64
	4-2) Irregular cash support	(1) Got help	<input type="checkbox"/> 39	<input type="checkbox"/> 52	<input type="checkbox"/> 65
		(2) Helped	<input type="checkbox"/> 40	<input type="checkbox"/> 53	<input type="checkbox"/> 66
	4-3) Goods	(1) Got help	<input type="checkbox"/> 41	<input type="checkbox"/> 54	<input type="checkbox"/> 67
		(2) Helped	<input type="checkbox"/> 42	<input type="checkbox"/> 55	<input type="checkbox"/> 68

■ QI5. How did you usually pay with regards to the following items over the past 1 year?

【Ex.】 (0) There was no situation requiring payment (1) In the majority of cases, I and my spouse pay for the entire amount
 (2) Usually, I or my spouse pays but in special cases, child helps (3) In majority of cases, the child pays partially
 (4) In majority of cases, the child pays for the entire amount (5) Relative other than the child pays the majority
 (6) Social welfare institute and others pay the majority (7) Others (What: _____)

1) Living expenses	<input type="checkbox"/> 76	2) Medical expenses	<input type="checkbox"/> 77	3) Caregiving expenses	<input type="checkbox"/> 78
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■ QI6. Were there grandchildren below the age of 10 that you have taken care of over the past 1 year? If yes, how many? Please answer regardless of whether they live together or separately.

(1) Yes (There is) → (____ people) (2) No (There isn't)

I6 ☐ 79 I6-(1) Total ☐ 80-81 ppl

J. Living environment

28-29

CARD

2 0

- QJ1. How long does it take to use the following institutes (including facilities)?

【Ex.】		(1) Less than 5 mins on foot	(2) 5~ less than 10 mins on foot	(3) 10~less than 30 mins on foot	(4) More than 30 mins on foot (about 2km)
1) Place to buy daily necessities such as market, mart etc.	<input type="text"/>	30	4) Senior citizen (total) community center	<input type="text"/>	33
2) Health and medical institute such as hospital, clinic, health center etc.	<input type="text"/>	31	5) (Total) Social welfare center, community center for the disabled, women's center etc.	<input type="text"/>	34
3) Community center	<input type="text"/>	32	6) Bus station, subway station	<input type="text"/>	35

- QJ2. Which transportation mean do you usually use when going out?

(0) ~~None (only on foot)~~ (1) Bus (2) Subway (3) Taxi
(4) Car (5) Bicycle (6) Motorbike (7) Others (What:)

36
J2

- ★QJ3. What is usually the most inconvenient thing when going out?

(0) None
(1) Boarding and alighting bus (subway)
(2) Going up and down stairs or slope
(3) Lack of transportation means
(4) Uncomfortable road status for moving
(5) Transportation amenities that are not age-friendly
(6) Dangerous due to heavy flow of traffic
(7) Others (What:)

37
J3

- QJ4. Do you currently drive?

(1) Yes
(2) Used to but not now →(Go to QJ4-3)
(3) Never in my life →(Go to QJ5)

38
J4

- ★QJ4-1. Do you experience difficulties when driving currently?

(1) Very so (2) Quite (3) Average
(4) Not really →(Go to J5) (5) Not at all→(Go to QJ5)

39
J4-1

- ★QJ4-2. What is the main difficulty you face when driving?→(Go to Q5)
- (1) Drop in eyesight (2) Drop in hearing
- (3) Drop in response speed of arms and legs (4) Drop in judgment (Road situation such as signal, intersection etc.)
- (5) Slow sense of speed (6) Others (What:_____)

40
J4-2

- QJ4-3. At what age did you stop driving?

_____years old

41-42
J4-3 yrs old

- QJ5. Have you experienced falling (fell down, slipped or flopped down) over the past 1 year?

- (1) Yes (I have) →(____times) (2) No (I haven't) →(Go to QJ6)

43
J5 J5-(1) times

- QJ5-1. Have you been treated in the hospital for falling?

- (1) Yes (2) No

46
J5-1

- QJ5-2. What is the main reason for experiencing falling?

- (1) Slippery floor (2) Bumped into a person or object
- (3) Tripped over block or door sill (4) Sharp gradient
- (5) Dark lighting (6) Sprained leg (wrong footing)
- (7) Suddenly dizzy (8) Legs buckled (suddenly flopped down)
- (9) Others (What:_____)

47-48
J5-2

- QJ6. Did a safety related accident (fire, gas leak, leakage etc.) take place within the house over the past 1 year?

- (1) Yes (2) No

49
J6

- ★QJ7. Have you been a victim of crime as below over the past 1 year? Please answer all the respective items.

【Ex.】	(1) Yes (I have)	(2) No (I haven't)
1) Property crime (Robbery, theft, stolen goods, scam, threat, embezzlement, breach of duty)	<input type="text"/>	50
2) Violence and violent crime (Violent action, assault, injury, threat, blackmail, abduction and lure, arrest and confinement, destruction, murder, robbery, rape, arson)	<input type="text"/>	51
3) Experienced purchasing scam products targeting the elderly	<input type="text"/>	52
4) Experienced scam telephone (voice phishing)	<input type="text"/>	53

K. Old-age and quality of life

28-29

CARD

2 1

■★QK1. What do you think is the minimum age of an elderly person?

More than _____ years old

K1

30-31
yrs
old

■★QK2. To what extent are you satisfied with the following parts of life?

【Ex.】	(1) Very satisfied	(2) Satisfied	(3) Average	(4) Not satisfied	(5) Not satisfied at all
1) Health status			<input type="text"/> 32	4) Relationship with child (only in case the child is alive)	<input type="text"/> 35
2) Economic status			<input type="text"/> 33	5) Social-leisure-cultural activities	<input type="text"/> 36
3) Relationship with spouse (only for those with a spouse)			<input type="text"/> 34	6) Relationship with friends and regional society	<input type="text"/> 37

■★QK3. What do you think about the following items?

【Ex.】	(1) Seems very good	(2) Seems good	(3) Average
	(4) Doesn't seem that good	(5) Doesn't seem good at all	
1) Senior citizens getting remarried	<div><div></div></div> 38	3) Senior citizens learning new things	<div><div></div></div> 40
2) Senior citizens working	<div><div></div></div> 39	4) Senior citizens grooming to look younger	<div><div></div></div> 41

■★QK4. Have you experienced discrimination in daily life because you were a senior citizen?

(1) Yes (I have) (2) No (I haven't) → (Go to QK5)

K4

42
yrs
old

□★QK4-1. Which discrimination do you experience the most?

- (1) When using public transportation
- (2) When at restaurant, coffee shop
- (3) When using sales facilities such as supermarket, department store etc.
- (4) When using public institute such as community center, district office etc.
- (5) When using medical facilities
- (6) Workplace
- (7) Others (What: _____)

K4-1

43
yrs
old

■★QK5. Have you experienced the following things over the past 1 year? If yes, who did such an act?

Item	(1) Yes (I have) (2) No (I haven't)	※ Enumerator: Refer to 〈Appendix 1〉 [Relationship with Responding Senior Citizen] to write
1) I have suffered physical pain by others (Act of pushing or hitting etc.)	<input type="checkbox"/> 44	<input type="checkbox"/> 45-46
2) I have experienced sexual violence or words or acts that caused sexual humiliation by others	<input type="checkbox"/> 47	<input type="checkbox"/> 48-49
3) The words or acts of others hurt my feelings (Avoid conversation, ignore opinion, pretend not to listen, frustration, complaint)	<input type="checkbox"/> 50	<input type="checkbox"/> 51-52
4) I suffered financial damage by others (Used my money without my consent or changed name by force etc.)	<input type="checkbox"/> 53	<input type="checkbox"/> 54-55
5) Family or guardian didn't take care of me (when I wasn't healthy) (Didn't offer help such as caregiving, cleaning etc.)	<input type="checkbox"/> 56	<input type="checkbox"/> 57-58
6) Family or guardian hardly visited, gave living expenses etc.	<input type="checkbox"/> 59	<input type="checkbox"/> 60-61

□★QK6. How would you react if you witness elder abuse?

- (1) Report to institute specializing in elderly protection
- (2) Report to the police
- (3) Request for help to a government official working in community center etc.
- (4) Request for help from nearby (family, neighbor etc.)
- (5) Ignore
- (6) Others (What:_____)

62
K6 ☐

■★QK7. What do you think is the best method for handling your assets?

- (1) Evenly give out to all children
- (2) Give more to the first son
- (3) Give to the first son only
- (4) Give all/more to the child who has been filial
- (5) Give all/more to the child in economic difficulty
- (6) Give all or part of it to the society
- (7) I will use it for myself (spouse)
- (8) Others (What:_____)

63-64
K7 ☐

■★QK8. Have you prepared the following items in preparation for death?

【Ex.】 (1) Yes		(2) No	
1) Shroud	<input type="text"/> 65	4) Will	<input type="text"/> 68
2) Cemetery (including charnel)	<input type="text"/> 66	5) Took lectures in preparation for death	<input type="text"/> 69
3) Subscribed to mutual aid society	<input type="text"/> 67		

■★QK9. What type of funeral do you want?

- (1) Charnel after cremation (2) Natural burial after cremation
(Charnel, grass, flower garden, burial)
(3) Ravine after cremation (4) Burial
(Spread in mountain, river, sea)
(5) Donation of corpse (6) Others (What: _____)
(7) Haven't thought about it yet

70
K9

■★QK10. What do you think about the act of extending life (life prolongation) in coma state or when chances of living are low?

- (1) Absolutely agree (2) Agree
(3) Average (4) Disagree
(5) Absolutely disagree

71
K10

■★QK11. Have you thought of committing suicide after the age of 60?

- (1) Yes (I have) (2) No (I haven't) → (Go to QL1)

72
K11

□★QK11-1. What is the main reason for thinking about committing suicide?

- (1) Health problem (2) Economic difficulty
(3) Loneliness (4) Death of spouse, family, acquaintance
(5) Conflict with spouse, family, acquaintance (6) Health and taking care of spouse, family
(7) Others (What: _____)

73
K11-1

□★QK11-2. Have you attempted to commit suicide after the age of 60? If yes, how many times?

- (1) Yes (I have) → (____times) (2) No (I haven't)

74 75-76
K11-2 times

L. Awareness among senior citizen of policy issues

28-29

CARD

2 2

■ QL1. Do you own a house (belongs to you or your spouse or household member)? Is it monthly or annual rental?

- (1) Own → (Go to QL2) (2) Annual rental → (Go to QL2)
 (3) Monthly rental with deposit → (Go to QL2) (4) Monthly rental without deposit → (Go to QL2)
 (5) Free → (Go to QL1-1)

L1 30

□ QL1-1. What's the reason that it's free?

- (1) Residing after giving the house to the child previously
 (2) Residing in the house owned or rented by the child
 (3) Residing in the house owned or rented by relatives or acquaintance
 (4) Support for free rental by local government
 (5) Other economic support by corporate, welfare foundation etc.

L1-1 31

■ ★ QL2. How satisfied are you with the overall house that you're currently living in?

- (1) Very satisfied → (Go to QL3)
 (2) Satisfied → (Go to QL3)
 (3) Average → (Go to QL3)
 (4) Not satisfied
 (5) Not satisfied at all

L2 32

□ ★ QL2-1. What's the reason you're not satisfied with the house that you're currently living in?

- (1) Uncomfortable structure for daily routine such as eating, laundry etc.
 (2) Uncomfortable to use the kitchen, bathroom, shower etc.
 (3) Not equipped with amenities such as air-con, heating etc.
 (4) Problem with soundproof, lighting etc.
 (5) Difficult safety management, maintenance etc.
 (6) Expensive residence management such as maintenance etc.
 (7) Others (What: _____)

L2-1 33

■★QL3. How satisfied are you with the overall residential environment of your current house (including location of residence)?

- (1) Very satisfied→(Go to QL4)
- (2) Satisfied→(Go to QL4)
- (3) Average→(Go to QL4)
- (4) Not satisfied
- (5) Not satisfied at all

L3 34

□★QL3-1. What is the reason for not being satisfied with the residential environment of your current house (including location of residence)?

- (1) Insufficient living facilities such as market, supermarket, bank and others or difficult to use
- (2) Insufficient public transportation or difficult to use
- (3) Insufficient green space, park and others or difficult to use
- (4) Insufficient medical facilities or difficult to use
- (5) Insufficient social welfare facilities (including leisure, culture) or difficult to use
- (6) Frequent crimes or crime-prone area
- (7) Far away from the child or friends
- (8) Others (What:_____)

L3-1 35-36

※ The following questions are about the desires related to residence.

■★QL4. If health allows, where would you intend to live?

- (1) Continue living in the current house (apartment etc.)
- (2) Move to a house with better residential environment
- (3) Move in to housing (nursing home for the elderly, elderly welfare housing etc.) where meals, living amenities and other services are provided
- (4) Others (What:_____)

L4 37

■★QL5. If your physical movement becomes difficult, where you do intend to live?

- (1) Continue living in the house that you're currently living in (while receiving homecare service)
- (2) Live together with spouse, child or siblings (including relative)(move house or make them move house)
- (3) Move in to the senior care facilities and others where care, meal and living convenience services are provided
- (4) Others (What:_____)

L5 38

※ Enumerator: In case the answer to <QL4> is (3), ask <1) When health> and in case the answer to <QL5> is (3), ask <2) When moving around becomes difficult> respectively. For others, go to L7.

Questions	1) When healthy	2) When moving around becomes difficult										
<p>■★QL6. To what extent do you wish to use paid services as below in an elderly residential home, an elderly housing unit, or an elderly nursing home? Please answer the respective question.</p> <table border="1"> <tr> <td>【Ex】</td><td>1) Meal service</td></tr> <tr> <td>(1) Really want to do (2) Want to do if possible</td><td>2) Cleaning and laundry service</td></tr> <tr> <td>(3) Want to do if there is a chance</td><td>3) Sports-culture-leisure service</td></tr> <tr> <td>(4) Don't really want to do (5) Don't want to do at all</td><td>4) Medical service</td></tr> <tr> <td></td><td>5) Care service</td></tr> </table>	【Ex】	1) Meal service	(1) Really want to do (2) Want to do if possible	2) Cleaning and laundry service	(3) Want to do if there is a chance	3) Sports-culture-leisure service	(4) Don't really want to do (5) Don't want to do at all	4) Medical service		5) Care service	<input type="text"/> 39 <input type="text"/> 40 <input type="text"/> 41 <input type="text"/> 42 <input type="text"/> 43	<input type="text"/> 48 <input type="text"/> 49 <input type="text"/> 50 <input type="text"/> 51 <input type="text"/> 52
【Ex】	1) Meal service											
(1) Really want to do (2) Want to do if possible	2) Cleaning and laundry service											
(3) Want to do if there is a chance	3) Sports-culture-leisure service											
(4) Don't really want to do (5) Don't want to do at all	4) Medical service											
	5) Care service											
<p>□★QL6-1. Next, it is about the basic space in the facility required for living. Please answer the respective question.</p> <table border="1"> <tr> <td>【Ex】</td><td>1) Room</td></tr> <tr> <td>(1) Want to use alone (or couple)</td><td>2) Living room</td></tr> <tr> <td>(2) Can share with others</td><td>3) Bathroom</td></tr> </table>	【Ex】	1) Room	(1) Want to use alone (or couple)	2) Living room	(2) Can share with others	3) Bathroom	<input type="text"/> 44 <input type="text"/> 45 <input type="text"/> 46	<input type="text"/> 53 <input type="text"/> 54 <input type="text"/> 55				
【Ex】	1) Room											
(1) Want to use alone (or couple)	2) Living room											
(2) Can share with others	3) Bathroom											
<p>□★QL6-2. How much are you willing to pay as monthly living expenses (residential cost-including rental and utility, meal, cost of using program (based on 1 person)?</p> <table> <tr> <td>(1) Below KRW 300,000</td><td>(2) More than KRW 300,000 to less than KRW 500,000</td></tr> <tr> <td>(3) Above KRW 500,000 to below KRW 1 million</td><td>(4) More than 1 million to below KRW 1.5 million</td></tr> <tr> <td>(5) More than 1.5 million to below 2 million</td><td>(6) More than KRW 2 million</td></tr> </table>	(1) Below KRW 300,000	(2) More than KRW 300,000 to less than KRW 500,000	(3) Above KRW 500,000 to below KRW 1 million	(4) More than 1 million to below KRW 1.5 million	(5) More than 1.5 million to below 2 million	(6) More than KRW 2 million	<input type="text"/> 47	<input type="text"/> 56				
(1) Below KRW 300,000	(2) More than KRW 300,000 to less than KRW 500,000											
(3) Above KRW 500,000 to below KRW 1 million	(4) More than 1 million to below KRW 1.5 million											
(5) More than 1.5 million to below 2 million	(6) More than KRW 2 million											
<p>■★QL7. To what extent do you agree with free subway service (free for those above the age of 65)?</p> <p>(1) Extremely agree→(Go to QL8) (2) Agree→(Go to QL8)</p> <p>(3) Neutral (4) Don't agree</p> <p>(5) Don't agree at all</p>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">L7</div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> 57 <input style="width: 40px; height: 30px;" type="text"/> </div> </div>											

□★QL7-1. (In case of neutral or don't agree) to what extent do you agree with raising the minimum age for free subway service?

- (1) Extremely agree (2) Agree
(3) Neutral (4) Don't agree
(5) Don't agree at all

L7-1 58

□★QL7-2. (In case of neutral or don't agree) to what extent do you agree with changing it so that part of the fare is borne by you?

- (1) Extremely agree (2) Agree
(3) Neutral (4) Don't agree
(5) Don't agree at all

L7-2 59

■★QL8. How important is sex in your life?

- (1) Very important (2) Important
(3) Somewhat (4) Not important
(5) Not important at all

L8 60

■★QL9. Have you received sex education or sex consultation targeting older persons?

- (1) Yes (I have) (2) No (I haven't)

L9 61

■★QL10. Do you think sex education and sex consultation targeting older persons is necessary?

- (1) Necessary (2) Not necessary

L10 62

M. Cognitive function

28-29

CARD

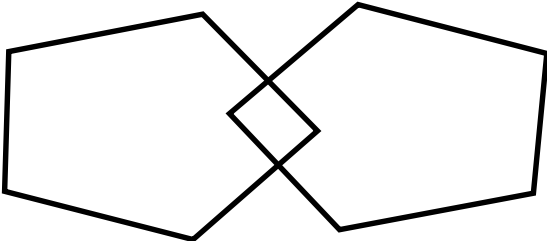
2 3

※ Enumerator: Don't let the respondent look at the question. The details of the response must be recorded.

■★QM1. From now, a few questions will be asked to determine your memory and concentration skills.

A few of the questions may be easy and a few may be difficult.

【Ex】	(0) Wrong	(1) Right
1.	What year is this?	<input type="text"/> 30
2.	What season is this?	<input type="text"/> 31
3.	What is today's date?	<input type="text"/> 32
4.	What day of the week is this?	<input type="text"/> 33
5.	What month is this?	<input type="text"/> 34
6.	What state are we in?	<input type="text"/> 35
7.	What country are we in?	<input type="text"/> 36
8.	What city/towns are we in?	<input type="text"/> 37
9.	What floor of the building are we on?	<input type="text"/> 38
10.	What is the name of this building?	<input type="text"/> 39
11.	<p>I am going to name thee objects. When I an finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes(say slowly at approximately one-second intervals)</p> <p style="text-align: center;">Tree Car Hat</p> <p>Please repeat the three items for me</p>	
	Tree	<input type="text"/> 40
	Car	<input type="text"/> 41
	Hat	<input type="text"/> 42
12	I would like you to count backward from 100 by sevens.	<input type="text"/> 43
	I would like you to count backward from there by sevens.	<input type="text"/> 44
	I would like you to count backward from there by sevens.	<input type="text"/> 45

I would like you to count backward from there by sevens.	<input type="text"/> 46
I would like you to count backward from there by sevens.	<input type="text"/> 47
13. Now what were the three objects I asked you to remember?	
Tree	<input type="text"/> 48
Car	<input type="text"/> 49
Hat	<input type="text"/> 50
14. (Shows a real watch) What is this called?	<input type="text"/> 51
(Shows a real pencil) What is this called?	<input type="text"/> 52
15. I would like you to repeat a phrase after me	
Gang Jang Gong Jang Gong Jang Jang	<input type="text"/> 53
16. Now, do as I say. I'm only going to say it once so listen carefully and do. I'm going to give you a piece of paper. Take it using your right hand, fold it in half then place it on the knee.	
take the paper in your right hand.	<input type="text"/> 54
Fold it in half.	<input type="text"/> 55
put it on the floor	<input type="text"/> 56
17. (Point to the overlapping pentagon) Copy this design please.	
	<input type="text"/> 57
18. Why do you wash clothes before wearing?	<input type="text"/> 58
19. What does 'Many a mickle makes a muckle' mean?	<input type="text"/> 59
Total score	<div>60-61</div> <div><input type="text"/>/30</div>

N. Economic status

28-29

CARD

2 4

- QN1. Please tell me the expenditure per item and the monthly average expenditure last year (2016. 1. 1. ~ 2016. 12. 31.). Please round up by KRW 1,000.

Item	(1) Yes / (2) No	Monthly average amount (10,000 won)
1) Health care cost (Excluding health insurance cost)	<input type="checkbox"/> 30	31-33 mil. 100,000 10,000 won
2) Caregiving cost (Long-term care borne by yourself, personal caregiver/housekeeper, goods such as diapers etc.)	<input type="checkbox"/> 34	35-37 mil. 100,000 10,000 won
3) Culture and leisure cost	<input type="checkbox"/> 38	39-41 mil. 100,000 10,000 won
4) Congratulation and condolence cost	<input type="checkbox"/> 42	43-45 mil. 100,000 10,000 won

- QN2. Where do you belong to currently?
- (1) National Basic Living Security recipient
- (2) Not a National Basic Living Security recipient but a medical benefits recipient
- (3) Neither a National Basic Living Security recipient nor a medical benefits recipient

46
N2 ☐

※ Enumerator: Ask <QN3-2> and <QN4> ~ <QN6> to a household member who is well aware of the economic situation of the household.

In case of <QN3-3>, do not ask but record the total score of <QN3-1> and <QN3-2>.

- QN3. The questions are about the income of last year (2016. 1. 1. ~ 2016. 12. 31.) of you and your house. If relevant, please tell us the income of the responding senior citizen and the earnings of your house per income item in terms of income and income amount (tax and social insurance cost deducted, rounded off to KRW 1,000) and the total annual income.

		28-29 CARD										28-29 CARD									
		2					5					2					6				
Item		□ QN3-1. Income of responding senior citizen					□ QN3-2. Income of other household member					□ QN3-3. Household income (* Enumerator to record the sum of QN3-1 and QN3-2)									
		(1) Yes (2) No	Annual amount (KRW 10,000)				(1) Yes (2) No	Annual amount (KRW 10,000)				(1) Yes (2) No	Annual amount (KRW 10,000)								
1) Earned income	47	48-53	30	31-36	30	31-36															
	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00															
2) Business income	54	55-60	37	38-43	37	38-43															
	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00															
3) Property income (Financial income, lease income)	61	62-67	44	45-50	44	45-50															
	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00															
4) Personal pension	68	69-74	51	52-57	51	52-57															
	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00															
5) Retirement pension	75	76-81	58	59-64	58	59-64															
	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00															
6) reverse mortgage, farmland reverse mortgage pension	82	83-88	65	66-71	65	66-71															
	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00															
7) Personal transfer income	89	90-95	72	73-78	72	73-78															
	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00															
8) Public pension (National pension, special occupation retirement pension)	96	97-102	79	80-85	79	80-85															
	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00															
9) Basic pension	103	104-109	86	87-92	86	87-92															
	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00															
10) National Basic Living Security (Livelihood benefits)	Public transfer income	* As for National Basic Living Security allowance, analyze only the household income as it is an allowance that is paid on the basis of household					93	94-99													
11) National Basic Living Security (Housing benefits)							100	101-106													
12) National Basic Living Security (Education benefits)							107	108-113													
13) Other public allowance (Pardon allowance, employment insurance benefits, worker's compensation insurance benefits, disability allowance, amounts of disability pension etc.)							110	111-116	93	94-99	114	115-120									
	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00															
14) Other income (What: _____)	117	118-123	100	101-106	121	122-127															
	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00															
15) Total income	124	125-130	107	108-113	128	129-134															
	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00	<input type="checkbox"/>	bil. 100 mil. 10 mil. 100 000 10,0 00															

CARD	
2	7

- QN4. What is your monthly average consumption expenditure in the past 1 year (2016. 1. 1. ~ 2016. 12. 31.). (※ Non-consumption expenditure such as tax, social insurance cost and others, expenditure for accumulating asset such as property, other expenditures such as cash expenditure such as repayment of loan excluded, rounded up to KRW 1,000)

KRW _____ (Unit: 10 thousands/month)

- QN4-1. Among it, how much is the monthly average of residential cost?

KRW _____ (Unit: 10 thousands/month)

※ Enumerator: Residential cost includes the actual residential cost (rental etc.), housing maintenance and repair cost, utility cost, air-conditioning and heating cost, water cost and others.

- QN5. Which item has the biggest burden out of the living expenses of your house?

- | | |
|--|---|
| (0) None | (1) Meal (Meal and snack cost) |
| (2) Education | (3) Rental |
| (4) home maintenance and utilities (air-conditioning, heating , water, etc.) | (5) Health care (excluding health insurance) |
| (6) Caregiving (Long-term care borne by yourself, personal caregiving, goods etc.) | (7) Furniture·apparatus household goods |
| (8) Clothing (purchasing clothes, shoes etc.) | (9) Refinement and entertainment |
| (10) Transportation(excluding the cost of car purchase) | (11) Communication (phone, Internet, mobile phone etc.) |
| (12) Monetary gifts and condolences | (13) Debt repayment |
| (14) Others (What: _____) | |

30-33

N4	10 mil.	mil.	100,0 00	10,000	10, 000 won

34-36

N4-1	mil.	100,0 00	10,00 0	10, 000 won

37-38

N5		

■ QN6. Please tell us the current status of your asset and debt as below. Please round up to KRW 1,000.

Item	(1) Yes / (2) No	Amount (KRW 10,000)
1) Property asset	<input type="checkbox"/> 39	<div>40-45</div> <div>1 bil. 100 10 mil. 100,000 10,000 10,000 won</div>
2) Financial asset	<input type="checkbox"/> 46	<div>47-52</div> <div>1 bil. 100 10 mil. 100,000 10,000 10,000 won</div>
3) Other assets	<input type="checkbox"/> 53	<div>54-59</div> <div>1 bil. 100 10 mil. 100,000 10,000 10,000 won</div>
4) Liability	<input type="checkbox"/> 60	<div>61-66</div> <div>1 bil. 100 10 mil. 100,000 10,000 10,000 won</div>

Items to be checked by the enumerator

28-29

CARD

2 8

■1. What type of housing is it?

- (1) Stand-alone house (2) Apartment
(3) Townhouse-multiplex housing (4) Others (What: _____)

Enumerator
confirmation 1 30

■2. Where is the location of residence?

- (1) Underground or semi-underground (2) Above ground (3) Rooftop

Enumerator
confirmation 2 31

■3. How many rooms (including bedroom, rooms used for other purposes (dressing room, study room etc.), living room, kitchen) are being used in this house?

Room: _____ room(s)

Enumerator
confirmation 3 32-33 unit

■4. Do you think that the senior citizen's house is comfortable for the senior citizen to live in?

- (1) Structure is uncomfortable to live in.
(2) Structure isn't uncomfortable but there is no equipment for the convenience of the senior citizen.
(3) It is equipped with equipment for the convenience of the senior citizen (no door sill, gradient adjusted, handle installed etc.)
(4) Others (What: _____)

Enumerator
confirmation 4 34

■5. Please check whether the Survey on the Actual Condition of Senior Citizen has been conducted on the spouse of the responding senior citizen.

- (1) Survey on spouse completed → Record the ID of the spouse.

Enumerator
Confirmation 5-1)

Household ID				No of household member		
36-41				42-43		
1				-		
(Spouse) eup-myeon-dong no.		Enumerator district no.	Residence no.	Household no.	Senior citizen no. completed within household	Senior citizen no. completed within household
44-50		51-53	54-56	57-58	59-60	61-62

Enumerator
confirmation 5 35

- (2) Survey on spouse not conducted (more than 65 years old)
(3) Survey on spouse not applicable (below 65 years old)
(4) No spouse (Single, separation by death, divorced, lives separately, spouse doesn't live together)

*** Thank you very much for participating in the survey ***