

ICPSR 36179

Chinese Longitudinal Healthy Longevity Survey (CLHLS), 1998-2012

Yi Zeng

Duke University, and Peking University

James Vaupel

Max Planck Institutes, and Duke University

Zhenyu Xiao

China National Research Center on Aging

Yuzhi Liu

Peking University

Chunyuan Zhang

Peking University

2000 Data Collection Instrument

Inter-university Consortium for
Political and Social Research
P.O. Box 1248
Ann Arbor, Michigan 48106
www.icpsr.umich.edu

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Questionnaire on Determinants of Healthy Longevity in China

(The second wave conducted in 2000)

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

Note: Interviews are based on voluntary participation

No.:

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

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

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

_____ postal code _____ district or township _____ county or city _____ province

Post Code:

Tel No: _____
(area code)

Interview Record

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

Signature

Interviewer: _____

Date: _____ day _____ month _____ year

Doctor : _____

Date: _____ day _____ month _____ year

Supervisor 1: _____

Date: _____ day _____ month _____ year

Supervisor 2: _____

Date: _____ day _____ month _____ year

Guarantee for interviewee

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

General Instructions to interviewer

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

Category of interviewee

I. category of the interviewee:

☐

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

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

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

☐

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

III. current residence area of interviewee

☐

1. city 2. town 3. rural

IV. validated age

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

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

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

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

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

<i>If the answers of D7.1 and D7.2 are both 'no', please jump to D8.1</i>			
D7.3 How old were you when you began to smoke?	age _____	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
D7.4 How old were you when you stopped smoking if you don't smoke at present?	age _____	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
D7.5 If you smoke at the present time (or smoked in the past), how many times per day on average do you smoke?	times _____	<input type="radio"/>	<input type="text"/> <input type="text"/>
D8.1 Do you drink alcohol at the present time?	1 yes 2 no	<input type="radio"/>	<input type="text"/>
D8.2 Did you drink alcohol in the past?	1 yes 2 no	<input type="radio"/>	<input type="text"/>
<i>If the answers of D8.1 and D8.2 are both 'no', please jump to D9.1</i>			
D8.3 How old were you when you began to drink alcohol?	age _____	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
D8.4 How old were you when stopped drinking alcohol if you don't drink alcohol at present?	age _____	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
D8.5 If you drink at the present time (or drank in the past), what kind of alcohol do you drink?	1 very strong liquor ($\geq 38^0$) 2 not very strong liquor ($< 38^0$) 3 wine 4 rice wine 5 beer 6 others	<input type="radio"/>	<input type="text"/>
D8.6 If you drink alcohol at the present time (drank in the past), how much per day on average do you drink?	_____ liang	<input type="radio"/>	<input type="text"/> <input type="text"/>
D9.1 Do you do exercises regularly at present?	1 yes 2 no	<input type="radio"/>	<input type="text"/>
D9.2 Did you do exercises regularly in the past?	1 yes 2 no	<input type="radio"/>	<input type="text"/>
<i>If the answers of D9.1 and D9.2 are both 'no', please jump to D10.1</i>			
D9.3 How old were you when you began to do exercises?	age _____	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
D9.4 How old were you when you stopped doing exercises if you don't do exercises at present?	age _____	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
D10.1 Have you done physical labour regularly?	1 yes 2 no---jump to D11	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
D10.2 If yes, from which age	from age _____	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
D10.3 to which age?	to age _____	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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

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

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

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

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

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

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

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

G. OBJECTIVE EXAMINATION AND ILLNESSES			Code
G1 Can the interviewee see a break in the circle on the cardboard sheet when lit by a flashlight and distinguish where the break is located?	1 can see and distinguish 2 cannot see 3 blind		<input type="checkbox"/>
G2.1 How many natural teeth does the interviewee have?			<input type="text"/>
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			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G5.1	Systolic	_____ mm mercury		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G5.2	Diastolic	_____ mm mercury		<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			<input type="checkbox"/>
G8.1	Hand behind neck	1 right 2 left 3 both 4 neither		<input type="checkbox"/>
G8.2	Hand behind lower back	1 right 2 left 3 both 4 neither		<input type="checkbox"/>
G9	Can the interviewee stand up from sitting in a chair?	1 yes, without using hands 2 yes, using hands 3 no		<input type="checkbox"/>
G10	Weight	_____ kg		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G11	Was the interviewee able to pick up a book from the floor?	1 yes, standing 2 yes, sitting 3 no		<input type="checkbox"/>
G12	Was the interviewee able to turn around 360° without help? <i>If yes, please count the number of steps required to finish the turn.</i>	_____ steps (if no, fill in '88')		<input type="checkbox"/> <input type="checkbox"/>
G13	How many times have you suffered from serious illness which required hospitalization or caused you to be bedridden at home in the past 2 years?	_____ (if no illnesses, fill in '00'; if permanently bedridden, fill in '88')	○	<input type="checkbox"/> <input type="checkbox"/>
G14	What kind of diseases suffered from?(ref. code in G15)	First time: disease _____ days _____ Second time: disease _____ days _____ Last time: disease _____ days _____		<input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

G15 Are you suffering from any of the following	yes or no 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
Hypertension				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart diseases				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke , cerebrovascular disease				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis, emphysema, asthma, pneumonia				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary tuberculosis				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cataract				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate tumor				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastric or duodenal ulcer				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedsore				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others, please specify: _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

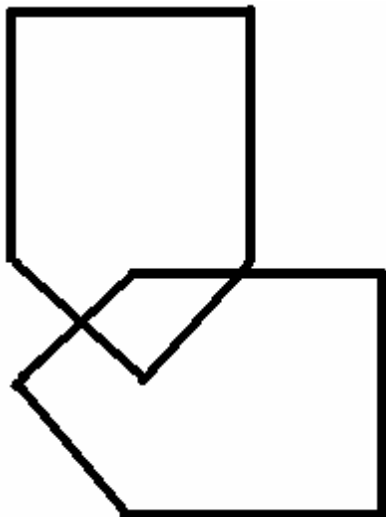
H. QUESTIONS FOR INTERVIEWER			Code
H1 Was the interviewee able to hear what you said?	1 yes, without hearing aid 2 yes, but needs hearing aid 3 partly, despite hearing aid 4 no		<input type="checkbox"/>
H2.1 Did interviewee able to participate physical check during interview?	1 yes 2 no 3 partially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

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

SPECIAL OBSERVATIONS			

I. SPECIAL QUESTIONS (only applicable to those aged 105 or above)		Code
<p>Note to all persons who help to answer the questions listed below:</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 honour 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 chose one. The respondent should freely chose one based on the facts he or she knows.)</i></p>	<p>1 I do not think the elder's age is correct. 2 I have doubts about the elder's age. 3 Perhaps the elder's age is correct, perhaps not – I do not know. 4 I suppose the elder's age is correct, but I do not know for sure. 5 I am absolutely sure the elder's age is correct.</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 chose one. The respondent should freely chose one based on the facts he or she knows.)</i></p>	<p>1 I do not think the elder's age is correct. 2 I have doubts about the elder's age. 3 Perhaps the elder's age is correct, perhaps not – I do not know. 4 I suppose the elder's age is correct, but I do not know for sure. 5 I am absolutely sure the elder's age is correct.</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 chose one. The respondent should freely chose one based on the facts he or she knows.)</i></p>	<p>1 I do not think the elder's age is correct. 2 I have doubts about the elder's age. 3 Perhaps the elder's age is correct, perhaps not – I do not know. 4 I suppose the elder's age is correct, but I do not know for sure. 5 I am absolutely sure the elder's age is correct.</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>

B Card



Please draw figure above here:

No. ☐ ☐ ☐ ☐

Note: this questionnaire is addressed to a family member of the deceased elders. Interviews are based on voluntary participation.

Province code ☐ ☐
County(district) code ☐ ☐ ☐ ☐
Pre-assigned code ☐ ☐ ☐
Category of deceased elder ☐
A. Centenarian B. Nonagenarian C. Octogenarian D. Sibling of A,B,C)
Place of Residence of the deceased elder at death ☐
1. City 2. Town 3. Rural

Questionnaire on Determinants of Health Longevity in China

(for the elders who were interviewed in 1998, but died before the 2000 survey)

Name of deceased elder _____

Name of proxy reporter _____ Signature of proxy reporter _____

Relationship between deceased elder and proxy

☐

1.spouse 2.children 3. spouses of children 4. grandchildren or their spouses 5.relatives
6. others

Address of the deceased elder before death:

_____ detailed village or street address (including street, apartment # etc.) _____ district or town/township

_____ county or city _____ province

Post Code ☐ ☐ ☐ ☐ ☐ ☐ Tel No _____
(area code)

Date at death of the deceased elder based on related informants:

Record from village or street committee _____ day _____ month _____ year

Recalled by neighbors _____ day _____ month _____ year

If the interview could not be conducted, the reason is :

☐

1. refusal 2. others (please specify) _____

Interviewer signature _____; _____ day _____ month _____ year

Instructor signature _____; _____ day _____ month _____ year

Supervisor signature _____; _____ day _____ month _____ year

1. Sex	1. male 2. female	<input type="checkbox"/>
2. Marital Status before dying:	1. married and living with spouse 2. married but separate with spouse 3. divorced 4. widowed 5. never married	<input type="checkbox"/>
3-1. Main living arrangement in the last year of the life :	1. institutions 2. alone due to never married 3. alone due to widowed or divorced 4. with spouse only 5. with married children (grandchildren) 6. with grandchildren only 7. with unmarried children (grandchildren) 8. other relatives 9. other (please specify) _____	<input type="checkbox"/>
3-2. Number of persons living in the household before dying (including the deceased elder) :	_____ person(s)	<input type="checkbox"/> <input type="checkbox"/>
4. Validated date at death and age at death	_____ day _____ month _____ year age _____	<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"/>
5. Place of death	1. home 2. Hospital 3. institution 4. others (please specify) _____	<input type="checkbox"/>
6. Cause of death (diagnosed):	01. malignant tumor (cancer) 02. cardiovascular disease (CVD) 03. heart diseases 04. respiratory or digest diseases 05. injury and poisoned 06. endocrine, nutritional , metabolic, immune diseases 07. urinary or reproductive diseases 08. dementia 09. neuropathy 10. tuberculosis (TB) 11. infectious diseases (except TB) 12. accident 13. others (please specify) _____	<input type="checkbox"/> <input type="checkbox"/>
7. Main caregivers before dying (select one only)	1. spouse 2. children and their spouses 3. grandchildren and their spouses 4. other family members 5. friends 6. social worker 7. nurses 8. no body to take care 9. no need to take care	<input type="checkbox"/>
8. whether bedridden or not before dying :	1. no 2. yes. If yes, _____ days	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<p>9-1. How many times did the deceased elder suffer from serious illness which required hospitalization or caused him (her) to be bedridden at home since last interview?</p> <p>9-2. What kind of diseases did he (she) suffer? For how many days?</p>	<p>(if no, fill 00. If bedridden all the time, fill 88)</p> <p>_____time(s)</p> <p>first time : _____ (disease) , _____ days</p> <p>second time : _____ (disease) , _____ days</p> <p>last time : _____ (disease) , _____ days</p>	<p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/> , <input type="text"/><input type="text"/></p> <p><input type="text"/> <input type="text"/><input type="text"/> , <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/> , <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>																																																
<p>10. Did the deceased elder suffer from any of the following disease(s)? (multiple choices)</p>	<table border="0"> <tr><td>01. hypertension</td><td>0 no</td><td>1 yes</td></tr> <tr><td>02. diabetes</td><td>0 no</td><td>1 yes</td></tr> <tr><td>03. heart disease</td><td>0 no</td><td>1 yes</td></tr> <tr><td>04. stroke, CVD</td><td>0 no</td><td>1 yes</td></tr> <tr><td>05. bronchitis, emphysema, pneumonia, asthma</td><td>0 no</td><td>1 yes</td></tr> <tr><td>06. tuberculosis (TB)</td><td>0 no</td><td>1 yes</td></tr> <tr><td>07. glaucoma, cataract</td><td>0 no</td><td>1 yes</td></tr> <tr><td>08. prostate tumor</td><td>0 no</td><td>1 yes</td></tr> <tr><td>09. gastric or duodenal ulcer</td><td>0 no</td><td>1 yes</td></tr> <tr><td>10. Parkinson's disease</td><td>0 no</td><td>1 yes</td></tr> <tr><td>11. bed sore</td><td>0 no</td><td>1 yes</td></tr> <tr><td>12. dementia</td><td>0 no</td><td>1 yes</td></tr> <tr><td>13. psychosis</td><td>0 no</td><td>1 yes</td></tr> <tr><td>14. neuropathy</td><td>0 no</td><td>1 yes</td></tr> <tr><td>15. arthritis</td><td>0 no</td><td>1 yes</td></tr> <tr><td>16. others (please specify)_____</td><td></td><td></td></tr> </table>	01. hypertension	0 no	1 yes	02. diabetes	0 no	1 yes	03. heart disease	0 no	1 yes	04. stroke, CVD	0 no	1 yes	05. bronchitis, emphysema, pneumonia, asthma	0 no	1 yes	06. tuberculosis (TB)	0 no	1 yes	07. glaucoma, cataract	0 no	1 yes	08. prostate tumor	0 no	1 yes	09. gastric or duodenal ulcer	0 no	1 yes	10. Parkinson's disease	0 no	1 yes	11. bed sore	0 no	1 yes	12. dementia	0 no	1 yes	13. psychosis	0 no	1 yes	14. neuropathy	0 no	1 yes	15. arthritis	0 no	1 yes	16. others (please specify)_____			<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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14. neuropathy	0 no	1 yes																																																
15. arthritis	0 no	1 yes																																																
16. others (please specify)_____																																																		
<p>11. Did the deceased elder get timely treatment when he (she) was ill before dying?</p>	<p>1. yes 2. no 3. Was not ill</p>	<p><input type="checkbox"/></p>																																																
<p>12. Main financial source before dying</p>	<p>1. retirement wage</p> <p>2. spouse</p> <p>3. children</p> <p>4. grandchild</p> <p>5. other relatives</p> <p>6. local government or community</p> <p>7. own work</p> <p>8. others (please specify)_____</p>	<p><input type="checkbox"/></p>																																																
<p>13. household annual income per capita in the year before dying</p>	<p>_____ Yuan(RMB)</p>	<p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>																																																
<p>14. Were the following facilities available in the elder's home before he (she) died (multiple choices)?</p>	<table border="0"> <tr><td>toilet</td><td>0. no</td><td>1. yes</td></tr> <tr><td>tap water</td><td>0. no</td><td>1. yes</td></tr> <tr><td>bath facility</td><td>0. no</td><td>1. yes</td></tr> <tr><td>heater</td><td>0. no</td><td>1. yes</td></tr> <tr><td>TV</td><td>0. no</td><td>1. yes</td></tr> </table>	toilet	0. no	1. yes	tap water	0. no	1. yes	bath facility	0. no	1. yes	heater	0. no	1. yes	TV	0. no	1. yes	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>																																	
toilet	0. no	1. yes																																																
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bath facility	0. no	1. yes																																																
heater	0. no	1. yes																																																
TV	0. no	1. yes																																																

	washing machine 0. no 1. yes telephone 0. no 1. yes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15. Was there a doctor in the village (refer to rural deceased elders only)?	1. no 2. yes if yes, village doctor was: 1. licensed with college degree 2. licensed without college degree 3. unlicensed	<input type="checkbox"/> <input type="checkbox"/>
16. Who did mainly pay the medical costs for the deceased elder?	01. state Medicare fund 02. the deceased elder himself or herself 03. spouse 04. co-residing children 05. shared by children living or not living together 06. grandchildren 07. cooperate Medicare fund 08. state or collective subsidy 09. medical insurance 10. no money to pay medical costs 11. other (please specify) _____	<input type="checkbox"/> <input type="checkbox"/>
17. Total medical costs of the deceased elder in the last year of life	_____ Yuan(RMB)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-1. Functioning of bathing before dying	1. fully independent 2. partially dependent, started at age _____ 3. fully dependent. If so, partially dependent from age _____ to age _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-2. Functioning of dressing before dying :	1. fully independent 2. partially dependent, started at age _____ 3. fully dependent. If so, partially dependent from age _____ to age _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-3. Functioning of toileting before dying :	1. fully independent 2. partially dependent, started at age _____ 3. fully dependent. If so, partially dependent from age _____ to age _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-4. Functioning of indoor transferring before dying:	1. fully independent 2. partially dependent, started at age _____ 3. fully dependent. If so, partially dependent from age _____ to age _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-5. Functioning of continence before dying :	1. able to control 2. occasional accidents , started at age _____ 3. catheter was used or incontinent. If so, occasional accident from age _____ to age _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-6. Functioning of self-feeding :	1. fully independent 2. partially dependent, started at age _____ 3. fully dependent. If so, partially dependent from age _____ to age _____	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19. How many days before dying did the elder not often go outdoor to chat with others?	_____ days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20. How many days before dying was the elder staying in bedridden longer	_____ days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

than being out of bed in the daytime?		
21. Did the deceased elder smoke since the last interview in 1998?	1. no 2. Yes if yes, _____ time(s) /per day	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/>
22-1 Did the deceased elder drink since the last interview in 1998?	1. no 2. Yes	<input type="checkbox"/>
22-2. If so, what kind of drink?	1. very strong liquor 2. not very strong liquor 3. wine 4. Rice wine 5. beer 6. Others (specify)_____	<input type="checkbox"/>
22-3. How much did the deceased elder drink per day?	_____ liang	<input type="checkbox"/> <input type="checkbox"/>