

ICPSR 36179

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

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2002 Data Collection Instrument

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Interviews are based on voluntary participation

Questionnaire on Determinants of Healthy Longevity in China (2002)

Bureau, China, P. R.

Approved by National Statistics

NSB Doc. No.:

2001 (0235)

| | |
|--|----------------------|
| Questionnaire No. | <input type="text"/> |
| Province | <input type="text"/> |
| County or city | <input type="text"/> |
| Category of sampled elder: | <input type="text"/> |
| (A) centenarians (B) nonagenarians (C) octogenarians (D) age 65-79 | |

Interviewee's name: _____

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

_____ district or township _____ county or city _____ province

Post Code:

Tel No: _____
(area code)

Interview Record

| Date and time of interview | | | | Reasons for not finishing questionnaire | | | |
|----------------------------|----------------------|----------------------|----------------------|---|----------------------------|---------------------------------|----------------------|
| month | day | start time | end time | 1 the interviewee refused to be interviewed | 2 the interviewee has died | 3 the interviewee has emigrated | 4 other |
| <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"/> |

Signature

Interviewer: _____;

2nd check at provincial level _____;

1st check in Beijing _____;

1st check at provincial level _____;

Final check at provincial level _____;

2nd check in Beijing _____;

Category of interviewee

- I. Category of the interviewee: ☐
1. Elder who was interviewed in both two previous waves (1998 and 2000);
 2. Elder who was interviewed in 2000 only;
 3. Newly added elder to replace a deceased, migrated, refusal, or lost to follow-up interviewee;
 4. Newly added centenarian or newly added elder aged 65 to 67;
 5. Sibling aged 80+ of another interviewee aged 80+
- If answer is not 5, please skip to III*
- II. If (s)he is a sibling of an 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 (See H5) ☐☐☐

General Instructions to interviewer

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

| A. BASIC INFORMATION | | | Code |
|---|--|-----------------------|---|
| A1 Sex | 1 male 2 female | <input type="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 In which province were you born? | province _____ | <input type="radio"/> | <input type="checkbox"/> <input type="checkbox"/> |
| A4.2 In which county (city) were you born? | 1 same as current address 2 other city or county | <input type="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---skip to A5.4 3 in a nursing home---skip to A5.4 | <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 age is 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="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> |
| | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> |
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| | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> |
| | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> |
| A5.3.1 Under whose name was your current house/apartment purchased or rented? | 1 self 2 child(ren) 3 grandchild(ren) 4 relative(s) 5 other | | | | <input type="radio"/> | <input type="checkbox"/> | | |
| A5.3.2 Do you (and your spouse) have your own bedroom? | 1 yes 2 no | | | | <input type="radio"/> | <input type="checkbox"/> | | |
| <i>If not living alone or in nursing home, skip to Part B</i> | | | | | | | | |
| A5.4 If living alone or in nursing home, since when? | Year _____ month _____ | | | | <input type="radio"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

| 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 2 good 3 so so 4 bad 5 very bad 8 not able to answer | | | <input type="checkbox"/> |
| * B1.2 How do you rate your health at present? | 1 very good 2 good 3 so so 4 bad 5 very bad 8 not able to answer | | | <input type="checkbox"/> |
| * B1.2.1 How do you rate your health at present compared with one year ago? | 1 much better 2 slightly better 3 almost the same 4 slightly worse 5 much worse 8 not able to answer | | | <input type="checkbox"/> |

| | | | |
|--|--|--|--------------------------|
| * B2.1 Do you always look on the bright side of things? | 1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer | | <input type="checkbox"/> |
| * B2.2 Do you like to keep your belongings neat and clean? | 1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer | | <input type="checkbox"/> |
| * B2.3 Do you often feel fearful or anxious? | 1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer | | <input type="checkbox"/> |
| * B2.4 Do you often feel lonely and isolated? | 1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer | | <input type="checkbox"/> |
| * B2.5 Can you make your own decisions concerning your personal affairs? | 1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer | | <input type="checkbox"/> |
| * B2.6 Do you feel the older you get, the more useless you are? | 1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer | | <input type="checkbox"/> |
| * B2.7 Are you as happy as when you were younger? | 1 same 2 often 3 sometimes 4 seldom 5 never 8 not able to answer | | <input type="checkbox"/> |

| C. MINI MENTAL STATE EXAMINATION (MMSE) | | | Code |
|--|---|--|---|
| C1 ORIENTATION (to be answered only by interviewee) (Please ask C1.3 and C1.3.1 first. If both answers are correct, do not ask C1.1 and C1.2; circle "1" for C1.1 and C1.2, and continue to ask C1.4 to C1.6.3. Otherwise, ask C1.1 and C1.2.) | | | |
| * C1.1 What time of day is it right now (morning, afternoon, evening)? | 1 correct 0 wrong 8 not able to answer | | <input type="checkbox"/> |
| * C1.2 What is the month (Western or Chinese calendar) right now? | 1 correct 0 wrong 8 not able to answer | | <input type="checkbox"/> |
| * C1.3 What is the date (Chinese calendar day and month) of the mid-autumn festival? | 1 correct 0 wrong 8 not able to answer | | <input type="checkbox"/> |
| * C1.3.1 Please name any four of the Chinese presidents or premiers since liberation. | 1 correct 0 wrong 8 not able to answer | | <input type="checkbox"/> |
| * C1.4 What is the season right now? | 1 correct 0 wrong 8 not able to answer | | <input type="checkbox"/> |
| * C1.5 What is the name of this county or district? | 1 correct 0 wrong 8 not able to answer | | <input type="checkbox"/> |
| * C1.6 Please name as many kinds of food as possible in 1 minute. | _____ (kinds of food) | | <input type="checkbox"/> <input type="checkbox"/> |
| * C1.6.1 How many Chinese solar terms (Jieqi) are in a year? | 1 correct 0 wrong 8 not able to answer | | <input type="checkbox"/> |

| D. LIFE STYLE | | | | | Code | | |
|---|-----------------------------------|--|---------------|-----------------------|---|--------------------------|--------------------------|
| D1 Please tell us the staple food you eat. | | 1 rice 2 corn (maize) 3 wheat (noodles, bread, etc.) 4 half rice and half wheat 5 other: _____ | | <input type="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 everyday or almost everyday 2 quite often 3 occasionally 4 rarely or never | | <input type="radio"/> | <input type="checkbox"/> | | |
| D3.2 Do you eat fresh vegetables? | | 1 everyday or almost everyday 2 quite often 3 occasionally 4 rarely or never | | <input type="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 skip 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 (or did) 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 skip 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 alcohol at the present time (or drank in the past), what kind of alcohol do (or did) you drink? | 1 very strong liquor ($\geq 38\%$) 2 not very strong liquor ($< 38\%$) 3 wine 4 rice wine 5 beer 6 others | <input type="radio"/> | <input type="text"/> |
| D8.6 If you drink alcohol at the present time (or drank in the past), how much alcohol per day on average do (or did) you drink? | _____ liang | <input type="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 skip 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 labor regularly? | 1 yes 2 no---skip 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? | | | |

| | | | |
|---|--|-----------------------|--------------------------|
| D11.1 Housework (cooking, taking care of kids) | 1 almost everyday 2 not every day, but at least once a week 3 not every week, but at least once a month 4 not every month, but sometimes 5 never | <input type="radio"/> | <input type="checkbox"/> |
| D11.2 Personal outdoor activities | 1 almost everyday 2 not every day, but at least once a week 3 not every week, but at least once a month 4 not every month, but sometimes 5 never | <input type="radio"/> | <input type="checkbox"/> |
| D11.3 Garden work | 1 almost everyday 2 not every day, but at least once a week 3 not every week, but at least once a month 4 not every month, but sometimes 5 never | <input type="radio"/> | <input type="checkbox"/> |
| D11.4 Read newspapers/books | 1 almost everyday 2 not every day, but at least once a week 3 not every week, but at least once a month 4 not every month, but sometimes 5 never | <input type="radio"/> | <input type="checkbox"/> |
| D11.5 Raise domestic animals | 1 almost everyday 2 not every day, but at least once a week 3 not every week, but at least once a month 4 not every month, but sometimes 5 never | <input type="radio"/> | <input type="checkbox"/> |
| D11.6 Play cards and/or mah-jong | 1 almost everyday 2 not every day, but at least once a week 3 not every week, but at least once a month 4 not every month, but sometime 5 never | <input type="radio"/> | <input type="checkbox"/> |
| D11.7 Watch TV and/or listen to radio | 1 almost everyday 2 not every day, but at least once a week 3 not every week, but at least once a month 4 not every month, but sometimes 5 never | <input type="radio"/> | <input type="checkbox"/> |
| D11.8 Organized activities | 1 almost everyday 2 not every day, but at least once a week 3 not every week, but at least once a month 4 not every month, but sometimes 5 never | <input type="radio"/> | <input type="checkbox"/> |
| D11.9 Religious activities | 1 almost everyday 2 not every day, but at least once a week 3 not every week, but at least once a month 4 not every month, but sometimes 5 never | <input type="radio"/> | <input type="checkbox"/> |
| D12 How many times have you traveled outside of the town (or township or city) in the past two years? | _____ times | <input type="radio"/> | <input type="checkbox"/> |

| E. ACTIVITIES OF DAILY LIVING (ADL) AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) | | | Code |
|---|--|-----------------------|---|
| For each area of functioning listed below, check the description that applies. (The word 'assistance' means supervision, direction, or personal assistance.) | | | |
| E1 Bathing – either sponge bath, tub bath, shower or washing the body | 1 receives no assistance (gets in and out of tub alone if tub is usual means of bathing)--- <i>skip to E2</i> 2 receives assistance in bathing only for part of the body (such as back or a leg) 3 receives assistance in bathing more than one part of the body (or doesn't bathe) | <input type="radio"/> | <input type="checkbox"/> |
| E1.1 Who is the primary caregiver when you need assistance in bathing? | 1 spouse 2 son 3 daughter-in-law 4 daughter 5 son-in-law 6 son and daughter 7 grandchild(ren) 8 relative(s) 9 social services 10 housekeeper 11 nobody | <input type="radio"/> | <input type="checkbox"/> <input type="checkbox"/> |
| E2 Dressing – gets clothes from closets and drawers – including underwear, outer garments and fasteners (including suspenders, if worn) | 1 gets clothes and gets completely dressed without assistance--- <i>skip to E3</i> 2 gets clothes and gets dressed without assistance except for tying shoes 3 receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed | <input type="radio"/> | <input type="checkbox"/> |
| E2.1 Who is the primary caregiver when you need assistance in dressing? | 1 spouse 2 son 3 daughter-in-law 4 daughter 5 son-in-law 6 son and daughter 7 grandchild(ren) 8 relative(s) 9 social services 10 housekeeper 11 nobody | <input type="radio"/> | <input type="checkbox"/> <input type="checkbox"/> |
| E3 Toilet – going to the toilet; cleaning oneself afterwards | 1 goes to the toilet, cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair)--- <i>skip to E4</i> 2 receives assistance in going to the toilet or in cleaning self or in arranging clothes afterwards or in use of night bedpan or commode 3 doesn't use a toilet | <input type="radio"/> | <input type="checkbox"/> |

| | | | |
|---|--|-----------------------|---|
| E3.1 Who is the primary caregiver when you need assistance in toileting? | 1 spouse 2 son 3 daughter-in-law 4 daughter 5 son-in-law 6 son and daughter 7 grandchild(ren) 8 relative(s) 9 social services 10 housekeeper 11 nobody | <input type="radio"/> | <input type="checkbox"/> <input type="checkbox"/> |
| E4 Transfer | 1 gets in and out of bed as well as in and out of a chair without assistance (may use object for support such as cane or walker)--- <i>skip to E5</i> 2 gets in and out of bed or chair with assistance 3 bedridden | <input type="radio"/> | <input type="checkbox"/> |
| E4.1 Who is the primary caregiver when you need assistance in transferring? | 1 spouse 2 son 3 daughter-in-law 4 daughter 5 son-in-law 6 son and daughter 7 grandchild(ren) 8 relative(s) 9 social services 10 housekeeper 11 nobody | <input type="radio"/> | <input type="checkbox"/> <input type="checkbox"/> |
| E5 Continence | 1 has complete control of urination and bowel movement without assistance--- <i>skip to E6</i> 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"/> |
| E5.1 Who is the primary caregiver when you need assistance in continence? | 1 spouse 2 son 3 daughter-in-law 4 daughter 5 son-in-law 6 son and daughter 7 grandchild(ren) 8 relative(s) 9 social services 10 housekeeper 11 nobody | <input type="radio"/> | <input type="checkbox"/> <input type="checkbox"/> |
| E6 Feeding | 1 feeds self without assistance--- <i>skip to E7</i> 2 feeds self, with some help 3 receives assistance in feeding or is fed partly or completely intravenously | <input type="radio"/> | <input type="checkbox"/> |
| E6.1 Who is the primary caregiver when you need assistance in feeding? | 1 spouse 2 son 3 daughter-in-law 4 daughter 5 son-in-law 6 son and daughter 7 grandchild(ren) 8 relative(s) 9 social services 10 housekeeper 11 nobody | <input type="radio"/> | <input type="checkbox"/> <input type="checkbox"/> |
| E7 Can you visit your neighbors by yourself? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="radio"/> | <input type="checkbox"/> |
| E8 Can you go shopping by yourself? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="radio"/> | <input type="checkbox"/> |

| | | | |
|--|--|-----------------------|--------------------------|
| E9 Can you cook a meal by yourself whenever necessary? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="radio"/> | <input type="checkbox"/> |
| E10 Can you wash clothes by yourself whenever necessary? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="radio"/> | <input type="checkbox"/> |
| E11 Can you walk continuously for 1 kilometer at a time by yourself? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="radio"/> | <input type="checkbox"/> |
| E12 Can you lift a weight of 5kg, such as a heavy bag of groceries? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="radio"/> | <input type="checkbox"/> |
| E13 Can you continuously crouch and stand up three times? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="radio"/> | <input type="checkbox"/> |
| E14 Can you take public transportation by yourself? | 1 yes, independently 2 yes, but need some help 3 no, can't | <input type="radio"/> | <input type="checkbox"/> |

| F. PERSONAL BACKGROUND | | | Code |
|---|---|-----------------------|---|
| F1 How many years did you attend school? | <input type="text"/> | <input type="radio"/> | <input type="checkbox"/> <input type="checkbox"/> |
| F2 What was your primary occupation before age 60? | 0 professional or technical personnel 1 governmental, institutional or managerial personnel 2 staff/service worker/industrial worker 3 self-employer 4 agriculture, forestry, animal husbandry, fishery 5 housewife 6 military personnel 7 unemployed 8 other, please specify: <input type="text"/> | <input type="radio"/> | <input type="checkbox"/> |
| F2.1 Do you have a pension for retirement? | 1 yes 2 no ---skip to F3.1 | <input type="radio"/> | |
| F2.1.1 Are you retired now? | 1 yes 2 not yet---skip to F3.1 | <input type="radio"/> | <input type="checkbox"/> |
| F2.2 In which year did you retire if you have already retired? | <input type="text"/> year | <input type="radio"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| F2.3 If you have retired, are you still engaged in paid jobs now? | 1 yes 2 no | <input type="radio"/> | <input type="checkbox"/> |
| F3.1 What is your primary means of financial support? | 1 retirement wages 2 spouse 3 child(ren) 4 grandchild(ren) 5 relative(s) 6 local government or community 7 work 8 other, please specify: <input type="text"/> | <input type="radio"/> | <input type="checkbox"/> |

| | | | | | | | | | |
|---|---|--------------------------------------|-----------------------------|----------------------------|-----------------------|--|----------------------|---|----------------------|
| F3.2 What is your other means of financial support? (multiple choices but limit to 5 choices) | 1 retirement wages 2 spouse 3 child(ren) 4 grandchild(ren) 5 relative(s) 6 local government or community 7 work 8 other, please specify: _____ 9 no other means | | | | <input type="radio"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| F3.3 Does all of your financial support sufficiently pay your daily costs? | 1 yes 2 no | | | | <input type="radio"/> | <input type="text"/> | | | |
| F3.4 How do you rate your economic status compared with others in your local area? | 1 very rich 2 rich 3 so so 4 poor 5 very poor 8 didn't answer | | | | <input type="radio"/> | <input type="text"/> | | | |
| F3.5 What was the income per capita of your household last year? | _____ Yuan (if more than 10,000, please fill 9998) | | | | <input type="radio"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| F4.1 Current marital status: | 1 married and living with spouse 2 separated 3 cohabiting with a partner 4 divorced 5 widowed 6 never married---skip to F5 | | | | <input type="radio"/> | <input type="text"/> | | | |
| F4.2 How many times have you been married? | _____, if answer 0-- skip to F5 | | | | <input type="radio"/> | <input type="text"/> <input type="text"/> | | | |
| F4.3 Please tell me your marriage history | your age at this marriage | status of this marriage | age at marriage dissolution | good relationship? | | age at this marriage | status | age at marriage dissolution | relationship |
| ('age at marriage dissolution' to be answered only by divorced or widowed people) (If number of marriage is more than 4 times, please fill the last marriage in the cells of the 4 th marriage) | 1 st marriage | 1 married 2 divorced 3 widowed | | 1 good 2 so so 3 bad | <input type="radio"/> | <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"/> |
| | 2 nd marriage | 1 married 2 divorced 3 widowed | | 1 good 2 so so 3 bad | <input type="radio"/> | <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"/> |
| | 3 rd marriage | 1 married 2 divorced 3 widowed | | 1 good 2 so so 3 bad | <input type="radio"/> | <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"/> |
| | 4 th marriage | 1 married 2 divorced 3 widowed | | 1 good 2 so so 3 bad | <input type="radio"/> | <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"/> |
| F4.4 How many years did your last spouse attend school? | _____ | | | | <input type="radio"/> | <input type="text"/> <input type="text"/> | | | |

| | | | |
|--|--|---|--|
| F4.5 What was your last spouse's main occupation before age 60? | 0 professional or technical personnel 1 governmental, institutional or managerial personnel 2 staff/service worker/industrial worker 3 self-employer 4 agriculture, forestry, animal husbandry, fishery 5 housewife 6 military personnel 7 unemployed 8 other, please specify: _____ | ○ | <input type="checkbox"/> |
| F5 When you are sick, who usually takes care of you? | 0 spouse 1 son and daughter-in-law 2 daughter and son-in-law 3 son and daughter 4 grandchildren and their spouses 5 other family members 6 friends 7 live-in caregiver 8 social services 9 nobody | ○ | <input type="checkbox"/> |
| F6.1 Can you get adequate medical service when you are seriously ill? | 1 yes 2 no | ○ | <input type="checkbox"/> |
| F6.1.0 What's the primary reason that you didn't go to the hospital when it was necessary? | 1 no money to pay for expenses 2 far away 3 inconvenient in movement 4 nobody with whom to go 5 didn't want to go 6 other | ○ | <input type="checkbox"/> |
| F6.2 Could you get adequate medical service when you were sick at around age 60? | 1 yes 2 no 8 didn't answer | ○ | <input type="checkbox"/> |
| F6.3 Could you get adequate medical service when you were sick in childhood? | 1 yes 2 no 8 didn't answer | ○ | <input type="checkbox"/> |
| F6.4 Mainly who pays for your medical costs? | 1 public medical care fund 2 self 3 family and children 4 others (please specify) | ○ | <input type="checkbox"/> <input type="checkbox"/> |
| F6.6 Did you frequently go to bed hungry as a child? | 1 yes 2 no | ○ | <input type="checkbox"/> |
| F7.1 Is your mother alive? | 1 yes 2 no --- (skip to F7.2.2) | ○ | <input type="checkbox"/> |
| F7.2.1 If so, how old is she? | _____ --- (skip to F8.1) | ○ | <input type="text"/> <input type="text"/> <input type="text"/> |
| F7.2.2 If not, how old was she when she died? | _____ | ○ | <input type="text"/> <input type="text"/> <input type="text"/> |
| F7.3 If she is dead, how old were you when she died? | _____ | ○ | <input type="text"/> <input type="text"/> <input type="text"/> |
| F8.1 Is your father alive? | 1 yes 2 no --- (skip to F8.2.2) | ○ | <input type="checkbox"/> |
| F8.2.1 If so, how old is he? | _____ --- (skip to F8.4) | ○ | <input type="text"/> <input type="text"/> <input type="text"/> |

| | | | | | |
|--|--|-----------------------|---|----------------------|----------------------|
| F8.2.2 If not, how old was he when he died? | _____ | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| F8.3 If he is dead, how old were you when he died? | _____ | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| F8.4 The main occupation of your father before age 60 | 0 professional or technical personnel 1 governmental, institutional or managerial personnel 2 staff/service worker/industrial worker 3 self-employer 4 agriculture, forestry, animal husbandry, fishery 5 housewife 6 military personnel 7 unemployed 8 other, please specify: _____ | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| F9 How many biological siblings, including those who have died, do you have? | _____ | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| F9.1 What is your birth order among all of your biological siblings? | _____ | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| F9.2 Please tell me about your biological brothers and sisters who live elsewhere or have died, by birth order. sex: 1 male 2 female living or not: 1 yes 2 no age: <i>If alive, fill in the age at present. If dead, fill in the age of death.</i> frequent visits? 1 yes 2 no 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 <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> | birth order name sex alive or not age frequent visits? residence | <input type="radio"/> | birth order sex alive or not age visits? residence | <input type="text"/> | <input type="text"/> |
| name Address, if alive and aged 80 or over | | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | <input type="radio"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | <input type="radio"/> | <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"/> | <input type="text"/> <input type="text"/> | | | | |
| F10.1 Your age when gave the first birth | | | | | | | <input type="radio"/> | <input type="text"/> <input type="text"/> | | | | |
| F10.2 Your age when gave the last birth | | | | | | | <input type="radio"/> | <input type="text"/> <input type="text"/> | | | | |
| F10.3 Please tell me about all your children who live with you, 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 | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| alive or not: 1 alive 2 dead 3 unknown | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| age at present: <i>If alive, fill in the age at present. If dead, how old would she/he be today?</i> | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| frequent visits? 1 yes 2 no | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| residence: 0 co-residence with the interviewee 1 in the same village/neighborhood 2 in the same township/district 3 in the same county/city 4 in the county/city nearby 5 elsewhere 8 unknown <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="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F10.4 If your eldest child has died, how old would s/he be at present if s/he were still alive? | _____ (skip to F10.5 if not applicable) | | | | | | <input type="radio"/> | <input type="text"/> <input type="text"/> <input type="text"/> | | | | |
| F10.5 If your youngest child has died, how old would s/he be at present if s/he were still alive? | _____ (skip to F11.1 if not applicable) | | | | | | <input type="radio"/> | <input type="text"/> <input type="text"/> <input type="text"/> | | | | |
| F11.1 To whom do you usually talk most frequently in daily life? | 0 spouse 1 son(s) and daughter(s)-in-law 2 daughter(s) and son(s)-in-law 3 son(s) and daughter(s) 4 grandchildren and their spouses 5 relatives 6 friends/neighbors 7 social workers 8 housekeeper 9 nobody | | | | | | <input type="radio"/> | <input type="checkbox"/> | | | | |

| | | | | | | | | | | | |
|--|--|------------------------|-----------------------------|------------|------------|-----------------------|--|------------------------|-----------------------------|--|--|
| F11.2 To whom do you talk first when you need to tell something of your thoughts? | 0 spouse 1 son(s) and daughter(s)-in-law 2 daughter(s) and son(s)-in-law 3 son(s) and daughter(s) 4 grandchildren and their spouses 5 relatives 6 friends/neighbors 7 social workers 8 housekeeper 9 nobody | <input type="radio"/> | <input type="checkbox"/> | | | | | | | | |
| F11.3 Who do you ask first for help when you have problems/difficulties? | 0 spouse 1 son(s) and daughter(s)-in-law 2 daughter(s) and son(s)-in-law 3 son(s) and daughter(s) 4 grandchildren and their spouses 5 relatives 6 friends/neighbors 7 social workers 8 housekeeper 9 nobody | <input type="radio"/> | <input type="checkbox"/> | | | | | | | | |
| F12 How much money (including cash and value of materials) did you get last year from your children and their spouses both living and not living with you? | <table border="1"> <tr> <td>sons and their spouses</td> <td>daughters and their spouses</td> </tr> <tr> <td>_____ Yuan</td> <td>_____ Yuan</td> </tr> </table> | sons and their spouses | daughters and their spouses | _____ Yuan | _____ Yuan | <input type="radio"/> | <table border="1"> <tr> <td>sons and their spouses</td> <td>daughters and their spouses</td> </tr> <tr> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> | sons and their spouses | daughters and their spouses | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| sons and their spouses | daughters and their spouses | | | | | | | | | | |
| _____ Yuan | _____ Yuan | | | | | | | | | | |
| sons and their spouses | daughters and their spouses | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | |
| F13 How much money (including cash and value of materials) did you give last year to your children and their spouses both living and not living with you? | <table border="1"> <tr> <td>sons and their spouses</td> <td>daughters and their spouses</td> </tr> <tr> <td>_____ Yuan</td> <td>_____ Yuan</td> </tr> </table> | sons and their spouses | daughters and their spouses | _____ Yuan | _____ Yuan | <input type="radio"/> | <table border="1"> <tr> <td>sons and their spouses</td> <td>daughters and their spouses</td> </tr> <tr> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> | sons and their spouses | daughters and their spouses | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| sons and their spouses | daughters and their spouses | | | | | | | | | | |
| _____ Yuan | _____ Yuan | | | | | | | | | | |
| sons and their spouses | daughters and their spouses | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | |

| 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 can see only 3 cannot see 4 blind | <input type="checkbox"/> |
| G2.1 How many natural teeth does the interviewee have? | _____ | <input type="checkbox"/> <input type="checkbox"/> |
| G2.2 Does the interviewee have false teeth? | 1 yes 2 no | <input type="checkbox"/> |
| G3 Can the interviewee use chopsticks to eat? | 1 yes 2 no | <input type="checkbox"/> |
| G4 Which hand do you normally use for eating: | 1 right-hand 2 left-hand | <input type="checkbox"/> |

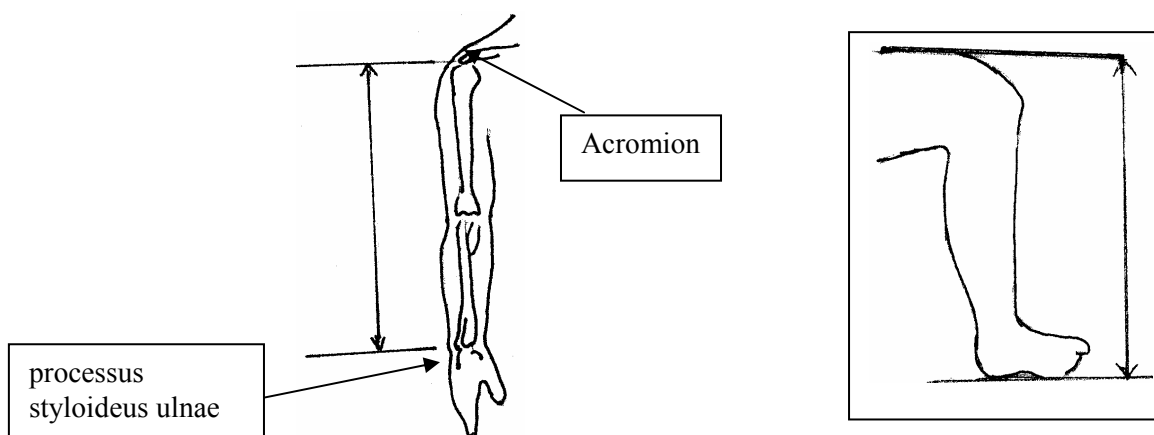
| | | | |
|--|--|--|--|
| G5. Blood pressure | _____ mm mercury | | <input type="text"/> <input type="text"/> <input type="text"/> |
| G5.1 Systolic | _____ mm mercury | | <input type="text"/> <input type="text"/> <input type="text"/> |
| G5.2 Diastolic | | | |
| G6 Rhythm of heart | 1 regular 2 irregular | | <input type="checkbox"/> |
| G7 Heart rate | _____ beats/min | | <input type="text"/> <input type="text"/> <input type="text"/> |
| G8 Upper extremities - can interviewee put | 1 right 2 left | | <input type="checkbox"/> |
| G8.1 Hand behind neck | 3 both 4 neither | | |
| G8.2 Hand behind lower back | 1 right 2 left | | <input type="checkbox"/> |
| | 3 both 4 neither | | |
| G8.3 Raise arms upright | 1 right 2 left | | <input type="checkbox"/> |
| | 3 both 4 neither | | |
| G9 Can the interviewee stand up from sitting in a chair? | 1 yes, without using hands 2 yes, using hands 3 no | | <input type="checkbox"/> |
| G10.1 Weight | _____ kg | | <input type="text"/> <input type="text"/> <input type="text"/> |
| G10.2 Height | | | |
| G10.2.1 Acromion – processus styloideus ulnae | _____ cm | | <input type="text"/> <input type="text"/> |
| G10.2.2 Right knee to the floor | _____ cm | | <input type="text"/> <input type="text"/> |

How to indirectly measure height of the elderly (G10.2.1 and C10.2.2):

Please see the following figure for illustration on positions of Acromion and processus styloideus ulnae.

The method for measuring distance from right knee to the floor is as follows:

- (1) Ask elder to take off right shoe;
- (2) Ask elder to put the sole of his or her right foot onto the ground and to make his or her right calf and right thigh into a 90 degree angle.
- (3) Put a plastic board or a thick paper on his or her right thigh levelly, and measure its height from ground with a ruler.



| | | | |
|--|--|---|--|
| G11 Was the interviewee able to pick up a book from the floor? | 1 yes, standing 2 yes, sitting 3 no | | <input type="checkbox"/> |
| G12 Was the interviewee able to turn around 360° without help? <i>If yes, please count the number of steps required to finish the turn.</i> | _____ steps (<i>if no, fill in '88'</i>) | | <input type="checkbox"/> <input type="checkbox"/> |
| G13 How many times have you suffered from a serious illness that required hospitalization or caused you to be bedridden at home in the past 2 years? | _____ (<i>if no illnesses, fill in '00' and skip to G15; if permanently bedridden, fill in '88'</i>) | ○ | <input type="checkbox"/> <input type="checkbox"/> |
| G14.1 Name of disease suffered and bedridden days at the first occurrence (Ref. Code in G15) | disease _____ days _____ | | <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| G14.2 Name of disease suffered and bedridden days at the second occurrence (Ref. Code in G15) | disease _____ days _____ | | <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| G14.3 Name of disease suffered and bedridden days at the third occurrence. If more than three occurrences, please ask for the last occurrence. (Ref. Code in G15) | disease _____ days _____ | | <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| G15 Are you suffering from any of the following | yes or no 1 yes 2 no 3 don't know | Diagnosed by hospital? 1 yes 2 no | disability in daily life 1 rather serious 2 more or less 3 no | With disease or not? | Diagnosed by hospital or not? | Disability |
|---|--|--------------------------------------|--|--------------------------|-------------------------------|--------------------------|
| 01 Hypertension | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 Diabetes | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 Heart disease | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 Stroke, cerebrovascular disease | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 05 Bronchitis, emphysema, asthma, pneumonia | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 06 Pulmonary tuberculosis | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 Cataracts | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 Glaucoma | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 09 Cancer | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Prostate tumor | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Gastric or duodenal ulcer | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Parkinson's disease | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Bedsore | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Arthritis | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Dementia | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-1 Diseases difficult to classify | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-4 Psychosis | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-5 Orthopedic disease | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-6 Internal medical disease | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-7 Dermatoses | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-8 Five organs diseases | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-9 Gynecological disease | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-0 Others, please specify: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

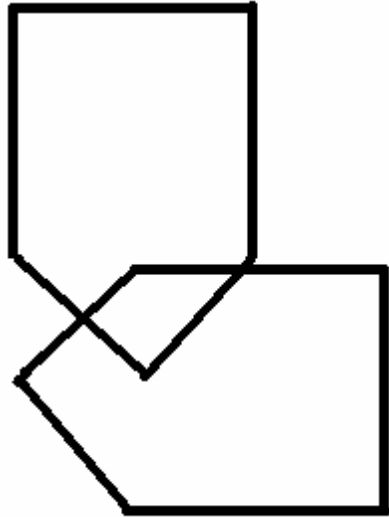
| H. QUESTIONS FOR INTERVIEWER | | | Code |
|--|---|--|---|
| H1 Was the interviewee able to hear what you said? | 1 yes, without hearing aid 2 yes, but needs hearing aid 3 partly, despite hearing aid 4 no | | <input type="checkbox"/> |
| H2.1 Was the interviewee able to participate in the physical check during the interview? | 1 yes --- <i>skip to H3</i> 2 no 3 partially able to | | <input type="checkbox"/> |
| H2.2 If no or partially able, please give reason: | 1 visually impaired, but can hear 2 hearing impaired, but can see 3 visually and hearing impaired 4 paralyzed 5 did not wish to participate 6 could not understand because of cognitive impairment 7 not able to participate at the moment because of some temporary illness such as a cold 8 other (please explain): _____ | | <input type="checkbox"/> |
| H3 The interviewee was | 1 surprisingly healthy (almost no obvious ailments) 2 relatively healthy (only minor ailments) 3 moderately ill (moderate degrees of major ailments or illnesses) 4 very ill (major ailments or diseases, bedridden, etc.) | | <input type="checkbox"/> |
| H4 Date of birth printed on the household booklet | _____year ____month ____day | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| H4.1 Was the date of birth printed on the household booklet the same as the self-reported age? | 1 no 2 yes --- <i>skip to H5</i> 3 no self-reporting --- <i>skip to H5</i> | | <input type="checkbox"/> |
| H4.2 If not, which one do you consider correct? | 1 self-reported age 2 household booklet 3 not sure | | <input type="checkbox"/> |

| | | |
|--|--|---|
| <p>H5 Please write 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> | <p>Age _____</p> <p>Evidence:</p> <p>_____</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>H6 Have you checked whether you have failed to ask a question?</p> | <p>1 yes 2 no</p> | <p><input type="checkbox"/></p> |
| <p>H7 Did anyone help the interviewee to answer any question?</p> | <p>1 yes 2 no</p> | <p><input type="checkbox"/></p> |
| <p>H7.1 If yes, please check whether you have marked 'x' in the <input type="checkbox"/> of the third column for those questions answered by people other than the interviewee. Please indicate mainly who helped to answer those questions.</p> | <p>1 spouse 2 child or spouse of child 3 grandchild or spouse of grandchild 4 great grandchild or spouse of great grandchild 5 sibling 6 parent or parent-in-law 7 caregiver or institutional staff 8 other, please specify _____</p> | <p><input type="checkbox"/></p> |
| <p>H8 Interviewee's personal photo</p> | <p>1 yes 2 no</p> | <p><input type="checkbox"/></p> |

| 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>According to Article 14 of Chapter 3 of the Law on Statistics, all information collected in this survey will be treated as strictly confidential. We will not tell anyone, including the elder him/herself, that you have helped to provide us information by answering the following questions, and your name will not be written down anywhere. The information collected here is purely for scientific research and nobody except qualified researchers will have access to this information. There will be NO connection between information collected here and the personal honor of the elder or any benefits she/he receives.</p> <p>The elder's name: _____ Sex: _____ Code: _____ Self-reported age: _____</p> | | |
| <p>S1 Information obtained from the elder's neighbors:</p> <p>What is your opinion about this?</p> <p><i>(Present these possibilities and ask the respondent to choose one. The respondent should freely choose one based on the facts he or she knows.)</i></p> | <p>1 I do not think the elder's age is correct. 2 I have doubts about the elder's age. 3 Perhaps the elder's age is correct, perhaps not – I do not know. 4 I suppose the elder's age is correct, but I do not know for sure. 5 I am absolutely sure the elder's age is correct.</p> <p><i>Whatever answer the respondent chooses please ask him or her to explain why:</i></p> <p>_____</p> | <input type="checkbox"/> |
| <p>S2 Information obtained from the village leader or the neighborhood committee leader:</p> <p>What is your opinion about this?</p> <p><i>(Present these possibilities and ask the respondent to choose one. The respondent should freely choose one based on the facts he or she knows.)</i></p> | <p>1 I do not think the elder's age is correct. 2 I have doubts about the elder's age. 3 Perhaps the elder's age is correct, perhaps not – I do not know. 4 I suppose the elder's age is correct, but I do not know for sure. 5 I am absolutely sure the elder's age is correct.</p> <p><i>Whatever answer the respondent chooses please ask him or her to explain why:</i></p> <p>_____</p> | <input type="checkbox"/> |
| <p>S3 Information obtained from the Aging Association officer:</p> <p>What is your opinion about this?</p> <p><i>(Present these possibilities and ask the respondent to choose one. The respondent should freely choose one based on the facts he or she knows.)</i></p> | <p>1 I do not think the elder's age is correct. 2 I have doubts about the elder's age. 3 Perhaps the elder's age is correct, perhaps not – I do not know. 4 I suppose the elder's age is correct, but I do not know for sure. 5 I am absolutely sure the elder's age is correct.</p> <p><i>Whatever answer the respondent chooses please ask him or her to explain why:</i></p> <p>_____</p> | <input type="checkbox"/> |
| <p>S4 If there are genealogical records for the elder, please locate them and answer the following questions:</p> <p>S4.1 Birth date of the elder:</p> <p>S4.2 Date of first marriage of the elder:</p> | <p>year____; month____; day____;</p> <p>year____; month____; day____;</p> | <p>□□□□, □□, □□</p> <p>□□□□, □□, □□</p> |

B Card



Please draw figure above here:



Approved by National Statistics Bureau, China, P. R.
NSB Doc. No.: 2001 (0235)

Interviews are based on voluntary participation

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

No. ☐ ☐ ☐ ☐

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

Province code ☐ ☐
County (district) code ☐ ☐ ☐ ☐
Pre-assigned code ☐ ☐ ☐ ☐
Category of the deceased elder ☐
A. centenarian B. nonagenarian C. octogenarian D. sibling of (A, B, C)
Previous interviewing of the deceased elder ☐
A. interviewed in 2002 only B. interviewed in 2000 and 2002 but not interviewed in 1998
C. interviewed in 1998 and 2000 and 2002
Place of residence of the deceased elder at death ☐
1. city 2. town 3. rural

Name of deceased elder _____

Name of proxy reporter _____ Signature of proxy reporter _____

Relationship between deceased elder and proxy ☐

1. spouse 2. child 3. child's spouse 4. grandchild or grandchild's spouse 5. relative
6. other

Address of the deceased elder before death:

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

_____ county or city _____ province

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

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

Record from village or street committee _____ day _____ month _____ year
Recalled by neighbors _____ day _____ month _____ year
Reported by family members _____ day _____ month _____ year
Validated date at death _____ day _____ month _____ year

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

1. refusal 2. other (please specify) _____

Signature:

Interviewer _____; 1st check at provincial level _____;
2nd check at provincial level _____; Final check at provincial level _____;
1st check in Beijing _____; Double check in Beijing _____;

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10. Did the deceased elder suffer from any of the following disease(s)? (multiple choices) | <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)_____ | | | <table border="0"> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11. Did the deceased elder get timely treatment when he/she was ill before dying? | 1.yes 2. no 3. was not ill | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Main financial source before dying | 1. retirement wage 2. spouse 3. child(ren) 4. grandchild(ren) 5. other relative(s) 6. local government or community 7. own work 8. other (please specify)_____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Household annual income per capita in the year before dying | _____ Yuan (RMB) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Were the following facilities available in the elder's home before he/she died? (multiple choices) | <table border="0"> <tr><td>1. toilet</td><td>0 no</td><td>1 yes</td></tr> <tr><td>2. tap water</td><td>0 no</td><td>1 yes</td></tr> <tr><td>3. bathing facility</td><td>0 no</td><td>1 yes</td></tr> <tr><td>4. heater</td><td>0 no</td><td>1 yes</td></tr> <tr><td>5. TV</td><td>0 no</td><td>1 yes</td></tr> <tr><td>6. washing machine</td><td>0 no</td><td>1 yes</td></tr> <tr><td>7. telephone</td><td>0 no</td><td>1 yes</td></tr> </table> | 1. toilet | 0 no | 1 yes | 2. tap water | 0 no | 1 yes | 3. bathing facility | 0 no | 1 yes | 4. heater | 0 no | 1 yes | 5. TV | 0 no | 1 yes | 6. washing machine | 0 no | 1 yes | 7. telephone | 0 no | 1 yes | <table border="0"> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. toilet | 0 no | 1 yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. tap water | 0 no | 1 yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. bathing facility | 0 no | 1 yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. heater | 0 no | 1 yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. TV | 0 no | 1 yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. washing machine | 0 no | 1 yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. telephone | 0 no | 1 yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15. Was there a doctor in the village? (refers to rural deceased elders only) | 1. no 2. yes If yes, village doctor was: 1. licensed with college degree 2. licensed without college degree 3. unlicensed | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---|
| 16. Mainly who paid the medical costs for the deceased elder? | 01. state public medical care fund 02. the deceased elder 03. spouse 04. co-residing child(ren) 05. shared by children (including grandchildren) living or not living together 06. cooperate Medicare fund 07. state or collective subsidy 08. medical insurance 09. no money to pay medical costs 10. other (please specify)_____ | <input type="checkbox"/> <input type="checkbox"/> |
| 17. Total medical costs of the deceased elder in the last year of life | _____ Yuan (RMB) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 18-1. Functioning in bathing before dying | 1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 18-2. Functioning in dressing before dying | 1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 18-3. Functioning in using toilet before dying | 1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 18-4. Functioning in indoor transferring before dying: | 1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 18-5. Functioning in continence before dying | 1. able to control. 2. occasional accidents. Days lasted _____ 3. catheter was used or was incontinent. Days lasted _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 18-6. Functioning in self-feeding | 1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 19. How many days before dying did the elder not often go outdoors to chat with others? | _____ days | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 20. How many days before dying did the elder stay in bed longer than be out of bed in the daytime? | _____ days | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 21. Did the deceased elder smoke since the last interview? | 1. no 2. yes If yes, _____ time(s) /per day | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 22-1. Did the deceased elder drink alcohol since the last interview? | 1. no 2. yes | <input type="checkbox"/> |
| 22-2. If so, what kind of alcohol? | 1. very strong liquor 2. not very strong liquor 3. wine 4. rice wine 5. beer 6. other (specify)_____ | <input type="checkbox"/> |
| 22-3. How much alcohol did the deceased elder drink per day? | _____ liang | <input type="checkbox"/> <input type="checkbox"/> |



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

NSB Doc. No.: 2001 (0235)

Community Questionnaire on Determinants of Healthy Longevity in China (2002)

Province
City or county

Interviewer: _____; Signature _____ Date: _____

Supervisor: _____; Signature _____ Date: _____

| I、 NATURAL ENVIRONMENT | | Code |
|---|---|---|
| I 1. Geographical location: Longitude Latitude | _____ _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| I 2. Total area | _____ km ² | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| I 3. Topography type | plain _____ % hilly _____ % semi-mountainous _____ % mountainous _____ % plateau _____ % basin _____ % others _____ % | <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"/> |
| I 4. Temperature | Average temperature (°C) July 0 below 0 1 above 0; _____ °C January 0 below 0 1 above 0; _____ °C Extreme temperature (°C) Highest 0 below 0 1 above 0; _____ °C Lowest 0 below 0 1 above 0; _____ °C | <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"/> |
| I 5. Number of frost-free days per year | _____ days | <input type="text"/> <input type="text"/> <input type="text"/> |
| I 6. Average annual rainfall | _____ mm | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| I 7. Area of forest coverage in the latest year available | _____ km ² year _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| | | |
|---|--|--|
| I 8. Main soil type | 1. red soil 2. yellow soil 3. black soil 4. other (please specify):_____ | <input type="checkbox"/> |
| I 9. People's main food in this area | 1. rice 2. wheat 3. corn 4. sorghum 5. other (please specify):_____ | <input type="checkbox"/> |
| I 10. Distance from the capital city of the province (or from the nearest large city) | _____ km | <input type="text"/> <input type="text"/> <input type="text"/> |

| II、POPULATION | | | | Code |
|--------------------------------------|------------------|--------|---|---|
| II 1. Age distribution of population | | | | |
| 1990 | Total population | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 60-69 | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 70-79 | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 80-89 | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 90-99 | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 100+ | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 2000 | Total population | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 60-69 | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 70-79 | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 80-89 | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 90-99 | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 100+ | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| | | | | |
|--|------------------|---------|---|---|
| the latest year available (fill in which year) | | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | Total population | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 60-69 | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 70-79 | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 80-89 | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 90-99 | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | 100+ | male | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | female | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| II 2. Crude death rates (‰) | | | | |
| | 1953 | _____ ‰ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | 1990 | _____ ‰ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | 2000 | _____ ‰ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| the latest year available (fill in which year) | | _____ | <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"/> | |
| II 3. Infant mortality rates (‰) | | | | |
| | 1990 | _____ ‰ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | 2000 | _____ ‰ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| the latest year available (fill in which year) | | _____ | <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"/> | |
| II 4. Proportion of urban population to total population (%) | | | | |
| | 1990 | _____ % | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | 2000 | _____ % | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| the latest year available (fill in which year) | | _____ | <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"/> | |

| II 5. Educational distribution of the population | | numbers | | percent | |
|--|-------------------|---------|--------|---|--|
| | | Male | Female | Male | Female |
| 1990 (over age 12) | | | | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| <i>(Note the total number of males/females and then calculate the percentage.)</i> | illiterate | | | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| | primary school | | | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| | middle school | | | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| | high school | | | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| | college and above | | | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| 2000 (over age 15) | | | | <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"/> |
| the latest year available (over age 15 -- fill in which year) | | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | | numbers | | percent | |
| | | Male | Female | Male | Female |
| | illiterate | | | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| | primary school | | | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| | middle school | | | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| | high school | | | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| | college and above | | | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |

| III、SOCIO-ECONOMIC INDICATORS | | Code |
|--|------------|---|
| III 1. GNP per capita (yuan) | | |
| 1990 | _____ yuan | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2000 | _____ yuan | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| the latest year available (fill in which year) | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | _____ yuan | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| | | |
|---|--|---|
| <p>III 2. Composition of GNP (percent) in the latest year available (fill in which year)</p> <p>agriculture _____ %</p> <p>heavy industry _____ %</p> <p>light industry _____ %</p> <p>commercial & services _____ %</p> | | <div>□□□□</div> <div>□□.□</div> <div>□□.□</div> <div>□□.□</div> <div>□□.□</div> |
| <p>III 3. Annual net income of rural residents per capita (yuan)</p> <p>1990 _____ yuan</p> <p>2000 _____ yuan</p> <p>the latest year available (fill in which year) _____ _____ yuan</p> | | <div>□□□□□□</div> <div>□□□□□□</div> <div>□□□□</div> <div>□□□□□□</div> |
| <p>III 4. Number of registered medical personnel (physicians and nurses) per 10,000 persons</p> <p>1990 _____ persons</p> <p>2000 _____ persons</p> <p>the latest year available (fill in which year) _____ _____ persons</p> | | <div>□□□</div> <div>□□□</div> <div>□□□□</div> <div>□□□</div> |
| <p>III 5. Number of hospital beds per 10,000 persons</p> <p>1990 _____ beds</p> <p>2000 _____ beds</p> <p>the latest year available (fill in which year) _____ _____ beds</p> | | <div>□□□</div> <div>□□□</div> <div>□□□□</div> <div>□□□</div> |
| <p>III 6. Number of nursing homes for the elderly</p> <p>1990 _____ nursing homes</p> <p>2000 _____ nursing homes</p> <p>the latest year available (fill in which year) _____ _____ nursing homes</p> | | <div>□□□</div> <div>□□□</div> <div>□□□□</div> <div>□□□</div> |
| <p>III 7. Number of the elderly living in the nursing houses</p> <p>1990 _____ persons</p> <p>2000 _____ persons</p> | | <div>□□□□□□</div> <div>□□□□□□</div> |

| | | | | |
|---|-------|------------|--|---|
| the latest year available (fill in which year) | | _____ | _____ persons | <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> |
| III 8. Monthly subsidies to the elderly per person (yuan) | | | | |
| 1990 | 70-79 | _____ yuan | <div> <div></div> <div></div> <div></div> </div> | |
| | 80-89 | _____ yuan | <div> <div></div> <div></div> <div></div> </div> | |
| | 90-99 | _____ yuan | <div> <div></div> <div></div> <div></div> </div> | |
| | 100+ | _____ yuan | <div> <div></div> <div></div> <div></div> </div> | |
| 2000 | 70-79 | _____ yuan | <div> <div></div> <div></div> <div></div> </div> | |
| | 80-89 | _____ yuan | <div> <div></div> <div></div> <div></div> </div> | |
| | 90-99 | _____ yuan | <div> <div></div> <div></div> <div></div> </div> | |
| | 100+ | _____ yuan | <div> <div></div> <div></div> <div></div> </div> | |
| the latest year available (fill in which year) | | _____ | _____ | <div> <div></div> <div></div> <div></div> <div></div> </div> |
| | 70-79 | _____ yuan | <div> <div></div> <div></div> <div></div> </div> | |
| | 80-89 | _____ yuan | <div> <div></div> <div></div> <div></div> </div> | |
| | 90-99 | _____ yuan | <div> <div></div> <div></div> <div></div> </div> | |
| | 100+ | _____ yuan | <div> <div></div> <div></div> <div></div> </div> | |

| IV、 ENVIRONMENT QUALITY | | | Code |
|--|----------------------|--|--|
| IV 1. Is there heavy industry or a chemical factory in this area or in a neighboring area? | | | |
| chemical factory | 1. yes 0. no | | <div> <div></div> </div> |
| power station | 1. yes 0. no | | <div> <div></div> </div> |
| iron and steel plant | 1. yes 0. no | | <div> <div></div> </div> |
| painting and dyeing plant | 1. yes 0. no | | <div> <div></div> </div> |
| others (please specify) | _____ | | <div> <div></div> </div> |
| IV 2. Amount of environmental pollution in the latest year available (fill in which year) | _____ | | <div> <div></div> <div></div> <div></div> <div></div> </div> |
| industrial waste water | _____ tons | | <div> <div></div> <div></div> <div></div> <div></div> </div> |
| non-industrial waste water | _____ tons | | <div> <div></div> <div></div> <div></div> <div></div> </div> |
| processed industrial waste water | _____ tons | | <div> <div></div> <div></div> <div></div> <div></div> </div> |
| waste gases | _____ m ³ | | <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> |
| industrial residuals | _____ tons | | <div> <div></div> <div></div> <div></div> <div></div> </div> |

| | | | | |
|--|-----------------------|------------------|---|----------------------|
| IV 3. Area of naturally preserved land in this city or county | _____ km ² | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| IV 4. Were there any serious disasters (famine, earthquake, drought, flood, locusts) in this century? <i>(please check the county annals)</i> | _____ times | | <input type="text"/> <input type="text"/> | |
| | year | type of disaster | Year | type of disaster |
| Please list type of disaster: 1. earthquake 2. drought 3. flood 4. locusts 5. war 6. pestilence 7. others <i>Note: in the 2005 follow-up surveys, please indicate only disasters that have occurred since the previous survey.</i> | | | <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"/> |
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In your opinion, what are the most important determinants of longevity in this area? (please describe)