

ICPSR 36179

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

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### **2011-2012 Data Collection Instrument**

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Interviews are based on voluntary participation

## Questionnaire for Interviews to the Surviving Participants in Chinese Longitudinal Healthy Longevity Survey (2011)

(Approved by National Statistics Bureau, China, P. R. NSB Doc. No.: 2011(0008)

### Notes:

(1) The shaded questions about characteristics that do not change such as education, occupation before retirement, childhood conditions and information about the history of the life course will not be asked again in the follow-up interviews for those previously recruited participants.

(2) As compared with CLHLS previous waves' questionnaires, several questions were newly added PhenX measures closely related to healthy aging. They will be asked for all interviewees including previously and newly recruited participants.

### Guarantee for interviewee

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

Questionnaire NO.

Province

County or city

Category of sampled elder:

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

<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"/>

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)

Contact person: \_\_\_\_\_

### 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"/>

## Signature

Interviewer: \_\_\_\_\_; 1<sup>st</sup> check at provincial level \_\_\_\_\_;  
2<sup>nd</sup> check at provincial level \_\_\_\_\_; Final check at provincial level \_\_\_\_\_;  
1<sup>st</sup> check in Beijing \_\_\_\_\_; 2<sup>nd</sup> check in Beijing \_\_\_\_\_;

## Category of interviewee

### I. Category of the interviewee:

☐

1. Elder who was interviewed in all previous waves (1998, 2000, 2002, 2005, and 2008);
2. Elder who was interviewed in last four waves (2000, 2002, 2005, and 2008);
3. Elder who was interviewed in last three waves (2002, 2005, and 2008);
4. Elder who was interviewed in last two waves (2005 and 2008)
5. Elder who was interviewed in 2008 only
6. Newly added elder to replace a deceased, migrated, refusal, or lost to follow-up interviewee;

Identification code of the previously interviewed elder: ☐☐☐☐☐☐

7. Newly added centenarian or newly added elder aged 65 to 68;
8. Sibling aged 80+ of another interviewee aged 80+

*If answer is not 6, please skip to III*

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

☐☐☐☐☐☐

Please specify what kind of sibling

☐

1 sibling    2 half sibling    3 adopted sibling    4 others

### III. current residence area of interviewee

☐

1 city            2 town            3 rural

### IV. validated age (See H5)

☐☐☐

## General Instructions to interviewer

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

survey should attempt to answer only the questions that do not appear on a shaded background.

A. BASIC INFORMATION				Code
A1 Sex	1 male 2 female	<input type="radio"/>	<input type="checkbox"/>	
A2 Ethnic group	1 Han 2 Hui 3 Zhuang 4 Yao 5 Korean 6 Manchu 7 Mongolia 8 Other	<input type="radio"/>	<input type="checkbox"/>	
A3 Current Age	_____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
A3.1 Animal year of interviewee's birth	1 rat 2 ox 3 tiger 4 rabbit 5 dragon 6 snake 7 horse 8 sheep 9 monkey 10 rooster 11 dog 12 boar	<input type="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 A5.3.3 3 in a nursing home---skip to A5.4	<input type="radio"/>	<input type="checkbox"/>	
A5.2 How many people are living with you? (excluding yourself)	_____ person(s)	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>	

**Current Environmental Tobacco Smoke Exposure** (Phenx Code: 060700)

A5.3 Other members of your household (Use back of paper for additional people, if necessary.) If age is unknown, please fill in '888'. 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 _____ Sex: 1 male 2 female Education level: 1 Never attended school 2 Primary school 3 Middle school 4 High school 5 Associate college Number of cigarettes he/she usually smoke per day inside home: If unknown, please fill in "88".	Relationship with interviewee	name	sex	age	education	Cigarettes smoked per day inside home		relationship	age	Sex	education	
							<input type="radio"/>	<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="radio"/>	<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="radio"/>	<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="radio"/>	<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="radio"/>	<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="radio"/>	<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="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="radio"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A5.3.0 Is your house/apartment purchased/self-built/inherited/rented?		1 purchased 2 self-built 3 inherited 4 welfare-oriented public housing 5 rented or subleased 6 others					<input type="radio"/>					<input type="checkbox"/>
A5.3.1 Under whose name was your current house/apartment purchased/self-built/inherited?		1 self or spouse 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"/>
<b>Characteristics of Current Residence</b> (PhenX code: 060100)												
A5.3.3 What type of dwelling is your home?		1 Detached house 2 Duplex/Triplex 3 Row house 4 Low rise apartment (1-3 floors) 5 High rise apartment (>3 floors) 6 Mobile home / Trailer 7 other					<input type="radio"/>					<input type="checkbox"/>
A5.3.4 What is the approximate year your home was built?		Year built _____					<input type="radio"/>					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A5.3.5 During the past 12 months, has there been water or dampness in your home from broken pipes, leaks, heavy rain, or floods?		1 yes 2 no 8 don't know					<input type="radio"/>					<input type="checkbox"/>

A5.3.6 Does your home frequently have a mildew odor or musty smell?	1 yes    2 no 8 don't know	<input type="radio"/>	<input type="checkbox"/>
A5.3.7 Which fuels are normally used for cooking in your home?	0 Never cooking 1 Gas: from underground pipes serving the neighborhood 2 Gas: bottled, tank, or LP 3 Electricity 4 Fuel oil, kerosene, etc 5 Coal or coke 6 Charcoal 7 Solar energy 8 Firewood or straw 9 other 99 Don't know	<input type="radio"/>	<input type="checkbox"/>
<p><i>If living with family, skip to Part B;</i></p> <p><i>If living alone, skip to A5-4</i></p>			
A5.4.0 What is the primary reason that you live in an institution (Elderly center, elderly home, welfare center, etc.)	1 no child or child is unavailable for caregiving 2 don't want to bother children 3 no own house/apartment but want to separate with children 4 able to interact with other old persons 5 others	<input type="radio"/>	<input type="checkbox"/>
A5.4.1 What is the average monthly cost for you living in an institution?	_____ (Yuan) (if more than 10,000, please code 9998)	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A5.4.2 Who mainly pays the cost?	1 self    2 spouse 3 children & their spouses 4 grandchildren & their spouses 5 state/collectives    6 others	<input type="radio"/>	<input type="checkbox"/>
A5.4 If living alone or in nursing home, since when?	Year _____ month _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>B. LIFE EVALUATION AND PERSONALITY</b> (to be answered by interviewee <b>ONLY</b> )		Code	
<b>B1. Life Satisfaction and Self-Rated Health</b>			
* 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="radio"/>	<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="radio"/>	<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"/>
<b>B2. Personality</b>			
* 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 <i>(If you feel happier than when you were young, please fill in 'I')</i>		<input type="checkbox"/>
<b>Depression</b> (PhenX code: 120500)			
* B2.8 Have you had a time in last 12 months when you felt sad, blue, or depressed for two weeks or more?	1 Yes 2 No 8 not able to answer		<input type="checkbox"/>
* B2.9 Have you had a time in last 12 months lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?	1 Yes 2 No 8 not able to answer		<input type="checkbox"/>
<p><i>If answer "No" to B2.8 and B2.9, skip to Part C</i></p> <p><i>If answer "YES" to either of the B2.8 or B2.9, continue to B2.10</i></p>			
* B2.10 How much of the day did these feelings usually last?	1 All day long 2 Most of the day 3 About half of the day 4 Less than half of the day 8 not able to answer		<input type="checkbox"/>



C. MINI MENTAL STATE EXAMINATION (MMSE)		Code
C1 ORIENTATION (to be answered by interviewee <b>ONLY</b> )		
* C1.1 What time of day is it right now (morning, afternoon, evening)?	1 correct      0 wrong 8 not able to answer	<input type="checkbox"/>
* C1.2 What is the month (Western or Chinese calendar) right now?	1 correct      0 wrong 8 not able to answer	<input type="checkbox"/>
* C1.3 What is the date (Chinese calendar day and month) of the mid-autumn festival?	1 correct      0 wrong 8 not able to answer	<input type="checkbox"/>
* C1.4 What is the season right now, spring, summer, fall, winter?	1 correct      0 wrong 8 not able to answer	<input type="checkbox"/>
* C1.5 What is the name of this county or district?	1 correct      0 wrong 8 not able to answer	<input type="checkbox"/>
* C1.6 Please name as many kinds of food as possible in 1 minute.	_____ (kinds of food)	<input type="checkbox"/> <input type="checkbox"/>
C2 REGISTRATION (to be answered by interviewee <b>ONLY</b> )		
<p>* C2.1 I am now going to test your memory. I will mention three objects.</p> <p><i>(Mention the following three objects without pausing:)</i></p> <p>table, apple, clothes</p> <p>Please repeat these three objects.</p> <p><i>(Evaluation based on first attempt only.)</i></p> <p>---- If all three questions are answered correct, please skip to C3.1</p> <p>table _____</p> <p>apple _____</p> <p>clothes _____</p>	<p>1 correct      0 wrong 8 not able to answer</p> <p>_____ attempts</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>*C2.2 If answers are insufficient or incorrect on the first attempt, repeat the names of all objects until the interviewee is able to name all three of them (6 attempts at maximum). Write the number of attempts (e.g., '1', if all three objects are repeated correctly on first attempt). Write '7' if interviewee cannot repeat the names even after 6 attempts.</p>		<input type="checkbox"/>
C3 ATTENTION AND CALCULATION (to be answered by interviewee <b>ONLY</b> )		

<p>* C3.1 I will ask you to spend 3 dollars from 20 dollars, then you must spend 3 dollars from the number you arrived at and continue to spend 3 dollars until you are asked to stop.</p>			
<p><i>(Circle '1' each time the difference is 3 – even if a former answer was wrong. If the interviewee forgets the last number, the interviewer should repeat it, but then circle '0' even if the answer was correct. Maximum score = 5 correct answers.)</i></p>	<p>1<sup>st</sup> 1 correct 0 wrong 8 not able to answer</p> <p>2<sup>nd</sup> 1 correct 0 wrong 8 not able to answer</p> <p>3<sup>rd</sup> 1 correct 0 wrong 8 not able to answer</p> <p>4<sup>th</sup> 1 correct 0 wrong 8 not able to answer</p> <p>5<sup>th</sup> 1 correct 0 wrong 8 not able to answer</p>		<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
<p>* C3.2 Ask the interviewee to draw the figure on B Card.</p> <p><i>(Circle '1' if all the sides and angles are correct and if the figure in the middle is a quadrangle. Otherwise, circle '0'.)</i></p>	<p>1 correct 0 wrong 8 can't use pen to draw the figure 9 not able to do this (disabled)</p>		<input type="checkbox"/>
C4 RECALL (to be answered by interviewee <b>ONLY</b> )			
<p>* C4.1 Please repeat the three words (in any order) that I asked you to repeat a little while ago.</p> <p>(Note the correct or the wrong answers as the scores.)</p> <p>table</p> <p>apple</p> <p>clothes</p>	<p>1 correct 0 wrong 8 not able to do this</p> <p>_____</p> <p>_____</p> <p>_____</p>		<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
C5 LANGUAGE (to be answered by interviewee <b>ONLY</b> )			
<p>* C5.1 Give the interviewee a pen and then a watch and ask what these objects are called (1 point for each correct answer).</p> <p>pen</p> <p>watch</p>	<p>1 correct 0 wrong 8 not able to answer</p> <p>_____</p> <p>_____</p>		<input type="checkbox"/>  <input type="checkbox"/>



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"/>
D3.3 What kind of grease do you mainly use for cooking?		1 vegetable grease 2 gingili grease 3 lard 4 other animal's fat		<input type="checkbox"/>
D3.4 what kind of flavor do you mainly have?		1 Insipidity    2 Salty    3 Sweet 4 Hot            5 Crude 6 Do not have all the above tastes		<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 not every day, but at least once per week 3 not every week, but at least once per month 4 not every month, but occasionally 5 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"/>
	Milk products			<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
	Nut (peanut, walnut, etc)			<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
	Mushroom or algae			<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>

	Vitamins (A/C/E,) products			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medicinal plant			<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		<input type="radio"/>	childhood    age 60    present	
				<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7.1	Do you smoke at the present time?	1 yes    2 no. <i>If "No", skip to D7.8</i>		<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 is 'No', please skip to D7.8</i>						
D7.3	How old were you when you began to smoke?	age _____		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7.4	How old were you when you stopped smoking if you don't smoke at present?	age _____ <i>If still smoking now, please code 999; If don't remember when stopped, please code 888.</i>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7.5	If you smoke at the present, how many times per day on average do you smoke?	times _____		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tobacco - Nicotine Dependence</b> (PhenX code: 031001)						
D7.6	How soon after you wake up do you smoke your first cigarette?	1 Within 5 minutes 2 6-30 minutes 3 31-60 minutes 4 After 60 minutes		<input type="radio"/>		<input type="checkbox"/>
<b>Personal Perception and Knowledge of Smoking-related Cancer Risk</b> (PhenX code: 070700)						
D7.7	Compared to others your age who do not currently smoke, what do you think about your chances of being <b>diagnosed</b> with lung cancer during your lifetime? Are you:	1 at much less risk 2 at less risk 3 at the same risk 4 at higher risk 5 at much higher risk 8 Don't know		<input type="radio"/>		<input type="checkbox"/>
<b>Passive Smoke Exposure</b> (PhenX code: 070300)						
D7.8	Were you exposed to smoke from other people's cigarettes or tobacco products during childhood at home?	1 yes    2 no    9 Don't know If yes, for _____ hours per day? For how many years _____		<input type="radio"/>		<input type="checkbox"/>
D7.9	Were you exposed to smoke from other people's cigarettes or tobacco products during your young- and middle-ages at home?	1 yes    2 no    9 Don't know If yes, for _____ hours per day? For how many years _____		<input type="radio"/>		<input type="checkbox"/>

D7.10 Were you exposed to smoke from other people's cigarettes or tobacco products in social settings such as restaurants or friends' homes?	1 yes 2 no 9 Don't know If yes, for _____ hours per day? For how many years _____	<input type="radio"/>	<input type="checkbox"/>
D8.1 Do you drink alcohol at the present time?	1 yes 2 no. <i>If "no", skip to 8.7</i>	<input type="radio"/>	<input type="checkbox"/>
D8.2 Did you drink alcohol in the past?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
<i>If the answers of D8.1 is '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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D8.4 How old were you when stopped drinking alcohol if you don't drink alcohol at present?	age _____ <i>If still smoking now, please code 999; If don't remember when stopped, please code 888.</i>	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D8.5 If you drink alcohol at the present time, what kind of alcohol do 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="checkbox"/>
D8.6 If you drink alcohol at the present time, how much alcohol per day on average do you drink?	_____ liang	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Alcohol - Lifetime Abuse and Dependence</b> (PhenX code#: 030501)			
D8.7 When you stop, cut down, or go without drinking, do you feel anxious for most of the day for 2 days or longer?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
D9.1 Do you do exercises regularly at present?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
D9.2 Did you do exercises regularly in the past?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
<i>If the answers of D9.1 and D9.2 are both 'no', please skip to D10.1</i>			
D9.3 How old were you when you began to do exercises?	age _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D9.4 How old were you when you stopped doing exercises if you don't do exercises at present?	age _____ <i>If still doing exercise now, please code 999; If don't remember when stopped, Please code 888.</i>	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D10.1 Have you done physical labor regularly?	1 yes 2 no---skip to D11	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D10.2 If yes, from which age	from age _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D10.3 to which age?	to age _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

D11 Do you now perform the following activities regularly? (please choose one from frequency on the right)	1 almost everyday 2 not every day, but at least once a week 3 not every week, but at least once a month 4 not every month, but sometimes 5 never		
D11.1 Housework (cooking, taking care of kids)	1 2 3 4 5	<input type="radio"/>	<input type="checkbox"/>
D11.2 Personal outdoor activities	1 2 3 4 5	<input type="radio"/>	<input type="checkbox"/>
D11.3 Garden work	1 2 3 4 5	<input type="radio"/>	<input type="checkbox"/>
D11.4 Read newspapers/books	1 2 3 4 5	<input type="radio"/>	<input type="checkbox"/>
D11.5 Raise domestic animals	1 2 3 4 5	<input type="radio"/>	<input type="checkbox"/>
D11.6 Play cards and/or mah-jong	1 2 3 4 5	<input type="radio"/>	<input type="checkbox"/>
D11.7 Watch TV and/or listen to radio	1 2 3 4 5	<input type="radio"/>	<input type="checkbox"/>
D11.8 Social activities (organized)	1 2 3 4 5	<input type="radio"/>	<input type="checkbox"/>
D12 How many tours beyond home city/county have you made in the past two years?	_____ times (if you have not made the tour, please code 00)	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>

E. ACTIVITIES OF DAILY LIVING (ADL) AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) For each area of functioning listed below, check the description that applies. (The word 'assistance' means supervision, direction, or personal assistance.)		Code
E0. For at least the last 6 months have you been limited in activities people usually do, because of a health problem? (If limited specify whether strongly limited or limited)	1. Yes, strongly limited 2. Yes, limited 3. Not limited	<input type="radio"/> <input type="checkbox"/>
E1 <b>Bathing</b> – 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)---skip to E2 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"/>
E1.0 If receiving assistance, for how long?	_____ days	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

E2 <b>Dressing</b> – gets clothes from closets and drawers – including underwear, outer garments and fasteners (including suspenders, if worn)	1 gets clothes and gets completely dressed without assistance--- <i>skip to E3</i> 2 gets clothes and gets dressed without assistance except for tying shoes 3 receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed	○	<input type="checkbox"/>
E2.0 If receiving assistance, for how long?	_____ days	○	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E3 <b>Toilet</b> – 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 can partly manage on his/her won, and 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 bedridden and needs complete assistance in use of night bedpan or commode in bed.	○	<input type="checkbox"/>
E3.0 If receiving assistance, for how long?	_____ days	○	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E4 <b>Indoor Transfer</b>	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="checkbox"/>
E4.0 If receiving assistance, for how long?	_____ days	○	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E5 <b>Continence</b>	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="checkbox"/>
E5.0 If has occasional ‘accidents’ or needs supervision, for how long?	_____ days	○	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



E6 <b>Eating</b>	1 feeds self without assistance--- <i>skip to E6.1</i> 2 feeds self, with some help 3 receives assistance in feeding or is fed partly or completely intravenously	○	<input type="checkbox"/>
E6.0 If receiving assistance, for how long?	_____ days	○	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b><i>If the respondent chooses all 1 for E1 to E6, skip to E6.6</i></b>			
E6.1 Who is the primary caregiver when you need assistance in above bathing, dressing, toileting, indoor transferring, continence, and eating?	1 spouse 2 son 3 daughter-in-law 4 daughter 5 son-in-law 6 unmarried son and daughter 7 grandchild(ren) 8 relative(s) 9 friends and neighbors 10 social services 11 housekeeper 12 nobody ( <i>skip to E6.6</i> )	○	<input type="checkbox"/> <input type="checkbox"/>
E6.2 What is your primary caregiver's attitude when she/he takes care of you?	1 willing to do 2 impatience 3 need respite care 4 unwilling to do 5 don't know	○	<input type="checkbox"/>
E6.3 How much is the total direct cost last week paid for these caregiving?	_____ Yuan ( <i>if more than 100,000, please code 99998</i> )	○	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E6.4 Who mainly pay the above cost?	1 self    2 spouse 3 children & their spouses 4 grandchildren & their spouses 5 state/collective    6 others	○	<input type="checkbox"/>
E6.5 Do you think the helps that you received in above six tasks could meet your needs?	1 fully meet 2 so so 3 unmeet		
E6.6 How many persons among your children, grandchildren and their spouses helped you in above six tasks last week?	_____ persons ( <i>If nobody, fill 0 and skip to E7</i> )	○	<input type="checkbox"/>
E6.7 How many hours in total did your children, grandchildren and their spouses help you last week?	_____ hours	○	<input type="checkbox"/>
E7 Can you visit your neighbors by yourself?	1 yes, independently 2 yes, but need some help 3 no, can't	○	<input type="checkbox"/>
E8 Can you go shopping by yourself?	1 yes, independently 2 yes, but need some help 3 no, can't	○	<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 clothing 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?	_____ (if never, please code 00)	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>
F2 What was your primary occupation before age 60?	0 professional or technical personnel/doctors/teachers 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="checkbox"/>
F2.1 Do you have a pension for retirement?	1 retired (worker) 2 retired (cadre) 3 no ---skip to F3.1	<input type="radio"/>	<input type="checkbox"/>
F2.1.1 Are you retired now?	1 retired (worker) 2 retired (cadre) 3 no ---skip to F3.1	<input type="radio"/>	<input type="checkbox"/>
F2.2 In which year did you retire if you have already retired?	_____ year	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F2. 2.2b What is your monthly pension?	_____ Yuan	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F2.3 If you have retired, are you still engaged in paid jobs now?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
<b><i>If having a pension for retirement, please skip to F3.1</i></b>			

F2.4 Do you participated in public old age insurance?	1 yes    2 no---skip to F2.7	<input type="radio"/>	<input type="checkbox"/>
F2.5 What is the annual payment if participate in public old age insurance program? --paid by individual: --subsidy from collective or government:	_____ Yuan _____ Yuan	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F2.5.b When did you initially participate in public old age insurance program?	_____ Year _____ Month	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F2.6 What is your monthly pension from old age insurance at present?	_____ Yuan---skip to F3.1	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F2.7 What's the reason that you did not participate in public old age insurance program?	1 not worth 2 not necessary 3 cannot afford to the payment 8 don't know	<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="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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F3.3 Does all of your financial support sufficiently pay your daily costs?	1 yes    2 no	<input type="radio"/>	<input type="checkbox"/>
F3.4.0 Will you please tell me your status of decision making on financial spending in your household?	1 Make decisions on almost all spending in my household 2 Make decisions on my own spending and a small amount of other spending in my household 3 Make decisions only on my own spending 4 Can't make decisions on any spending 5 Don't know	<input type="radio"/>	<input type="checkbox"/>
F3.4 How do you rate your economic status compared with others in your local area?	1 very rich    2 rich    3 so so 4 poor    5 very poor    8 didn't answer	<input type="radio"/>	<input type="checkbox"/>
F3.5 What was the income per capita of your household last year?	_____ Yuan (if more than 100,000, please code 99998)	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

F4.1 Current marital status:		1 married and living with spouse 2 married but not living with spouse 3 divorced 4 widowed 5 never married---skip to F5		<input type="radio"/>	<input type="checkbox"/>					
F4.1a. Did you experience the following marital status change since you were interviewed last time for CLHLS study in 2008 (or 2009)? --Spouse passed-away (died)  --Divorced  --Remarried		1. Yes; 2. No  1. Yes; 2. No; If yes, divorced in __ month __ year  1. Yes; 2. No; If yes, remarried in __ month __ year			<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"/>					
F4.1b. Do you have cohabited partner but not formally married at present?		1. Yes; 2. No ---skip to F5  If yes, cohabited in __ month __ year			<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
F4.2 How many times have you been married?		_____, if answer 0-- skip to F5		<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>					
F4.3 Please tell me your marriage history		your age at this marriage	status of this marriage	age at marriage dissolution	good relationship?	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 <sup>th</sup> marriage) (If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one.)	1 <sup>st</sup> marriage		1 married 2 divorced 3 widowed		1 good 2 so so 3 bad	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	2 <sup>nd</sup> marriage		1 married 2 divorced 3 widowed		1 good 2 so so 3 bad	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	3 <sup>rd</sup> marriage		1 married 2 divorced 3 widowed		1 good 2 so so 3 bad	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	4 <sup>th</sup> marriage		1 married 2 divorced 3 widowed		1 good 2 so so 3 bad	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
F4.4 How many years did your last spouse attend school?		_____ If she/he never attended school, please '00')		<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>					

F4.5 What was your last spouse's main occupation before age 60?	0 professional or technical personnel/doctors/teachers 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"/>
F4.6 Does your spouse have a paid job at present?	1 Yes, full time 2 Yes, part time    3 No	○	<input type="checkbox"/>
F4.7 How do you rate your spouse's health at present?	1 very good    2 good 3 so so    4 bad    5 very bad		<input type="checkbox"/>
F5 When you are sick, who usually takes care of you?	1 spouse 2 son 3 daughter-in-law 4 daughter 5 son-in-law 6 son and daughter 7 grandchildren and their spouses 8 other family members 9 friends 10 social services 11 live-in caregiver 12 nobody	○	<input type="checkbox"/> <input type="checkbox"/>
F6.1 Can you get adequate medical service when you are sick?	1 yes ( <i>skip to F6.2</i> ) 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 Do you have following social security and commercialized insurances at present?  <i>If yes, fill in '1'; if no, fill in '0'.</i>	1 retirement pension 2 public old-age insurance 3 commercialized old age insurance 4 public free medical services 5 medical insurance for urban workers 6 collective medical insurance for urban residents 7 the new rural cooperative medical insurance 8 commercial medical insurance 9 other (please specify) _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F6.5.1 How much did you spend on outpatient costs last year?	_____ Yuan ( <i>if more than 100,000, please code 99998</i> ) Of which paid by family (self, spouse, children, etc.) _____ Yuan	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F6.5.1.a How much did you spend on inpatient costs last year?	_____ Yuan ( <i>if more than 100,000, please code 99998</i> ) Of which paid by family (self, spouse, children, etc.) _____ Yuan	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F6.5.2 Who mainly pays these costs?	1 medical insurance for urban workers 2 <b>collective</b> medical insurance for urban residents 3 <b>the</b> new rural cooperative medical insurance 4 commercial medical insurance 5 self 6 spouse 7 children/grandchildren 8 no money to pay 9 others	<input type="radio"/>	<input type="checkbox"/>
F6.5.2.a How far from your home to the nearest hospital?	_____ kilometres		
F6.5.2.b Do you have regular physical examination once every year?	1 yes 2 no		
F6.6 Did you frequently go to bed hungry as a child?	1 yes 2 no 8 didn't answer	<input type="radio"/>	<input type="checkbox"/>
F7.1 Is your mother alive?	1 yes 2 no---( <i>skip to F7.2.2</i> ) ( <i>If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one</i> )	<input type="radio"/>	<input type="checkbox"/>
F7.2.1 If so, how old is she?	_____ age --- ( <i>skip to F8.1</i> )	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F7.2.2 If not, how old was she when she died?	_____ age (interviewers should help respondent to recall the age, see the survey manual)	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

F7.3 If she is dead, how old were you when she died?	_____ age <i>(If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one)</i>	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
F7.4 How many years did your mother attend school?	_____ years <i>(If she never attended school, fill '00'.)</i>	<input type="radio"/>	<input type="text"/> <input type="text"/>
F8.1 Is your father alive?	1 yes 2 no --- <i>(skip to F8.2.2)</i>	<input type="radio"/>	<input type="text"/>
F8.2.1 If so, how old is he?	_____ age --- <i>(skip to F8.4)</i> <i>(If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one)</i>	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
F8.2.2 If not, how old was he when he died?	_____ age	<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?	_____ age <i>(If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one)</i>	<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/doctors/teachers 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"/>
F8.5 What was your father's occupation when you were a child?	0 professional or technical personnel/doctors/teachers 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"/>

F8.6 How many years of schooling did your father receive?	_____					<input type="radio"/>	□□							
(If he never attended school, fill '00'.)														
F9.1 What is your birth order among all of your biological siblings?	_____					<input type="radio"/>	□□							
(If you have no sibling, fill '01' and skip to F10.)														
F9.2 Please tell me about your biological brothers and sisters who live elsewhere or have died, by birth order.	birth order	sex	alive or not	age	frequent visits?	residence		birth order	sex	alive or not	age	visits?	residence	
sex: 1 male 2 female	1						<input type="radio"/>	1						
living or not:	2						<input type="radio"/>	2						
1 yes 2 no	3						<input type="radio"/>	3						
age: If alive, fill in the age at present. If dead, fill in the age at death.	4						<input type="radio"/>	4						
frequent visits?	5						<input type="radio"/>	5						
1 yes 2 no	6						<input type="radio"/>	6						
residence:	7						<input type="radio"/>	7						
1 in the same village/neighborhood	8						<input type="radio"/>	8						
2 in the same township/district	9						<input type="radio"/>	9						
3 in the same county/city	10						<input type="radio"/>	10						
4 in a county/city nearby	11						<input type="radio"/>	11						
5 elsewhere														
8 unknown														
(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.)														
(If the elder can't remember the exact age of a sibling, the interviewer should help her/him recall an approximate one)														
name	Address, if alive and aged 80 or over													
F10 How many children, including those who have died, do you have?	_____;					<input type="radio"/>	□□, □□							
	Among them, _____													
	boy(s)													
F10.1 Your age when gave the first birth	_____					<input type="radio"/>	□□							
F10.2 Your age when gave the last birth	_____					<input type="radio"/>	□□							
F10.3 Please tell me about all your children who live with you, live elsewhere or have died, by birth order.	name	biological?	sex	alive?	age at present	frequent visits?	residence		biological?	sex	alive?	age at present	frequent visits?	residence
Biological child: 1 yes 2 no								<input type="radio"/>						



[illegible]

F11.3 Who do you ask first for help when you have problems/difficulties?	0 spouse 1 son 2 daughter 3 daughter-in-law 4 son-in-law 5 grandchildren and their spouses 6 other relatives 7 friends/neighbors 8 social workers 9 housekeeper 10 nobody	○	First Second Third <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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? (if more than 100,000, please code 99998)	<table border="1"> <tr> <td>sons and their spouses</td> <td>daughters and their spouses</td> <td>grandchildren</td> </tr> <tr> <td>_____ Yuan</td> <td>_____ Yuan</td> <td>_____ Yuan</td> </tr> </table>	sons and their spouses	daughters and their spouses	grandchildren	_____ Yuan	_____ Yuan	_____ Yuan	○	<table border="1"> <tr> <td>sons and their spouses</td> <td>daughters and their spouses</td> <td>grand children</td> </tr> <tr> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> </tr> </table>	sons and their spouses	daughters and their spouses	grand children	<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"/>
sons and their spouses	daughters and their spouses	grandchildren													
_____ Yuan	_____ Yuan	_____ Yuan													
sons and their spouses	daughters and their spouses	grand children													
<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"/>													
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? (if more than 100,000, please code 99998)	<table border="1"> <tr> <td>sons and their spouses</td> <td>daughters and their spouses</td> <td>grandchildren</td> </tr> <tr> <td>_____ Yuan</td> <td>_____ Yuan</td> <td>_____ Yuan</td> </tr> </table>	sons and their spouses	daughters and their spouses	grandchildren	_____ Yuan	_____ Yuan	_____ Yuan	○	<table border="1"> <tr> <td>sons and their spouses</td> <td>daughters and their spouses</td> <td>grand children</td> </tr> <tr> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> </tr> </table>	sons and their spouses	daughters and their spouses	grand children	<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"/>
sons and their spouses	daughters and their spouses	grandchildren													
_____ Yuan	_____ Yuan	_____ Yuan													
sons and their spouses	daughters and their spouses	grand children													
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F14. What kind of social services are available in your community? (1 Yes 2 No)	1 personal daily care services 2 home visits 3 psychological consulting 4 daily shopping 5 social and recreation activities 6 human rights consulting services 7 health education 8 neighboring relations 9 others(please specify)_____	○	<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"/>												
F15. What kind of social services do you expect to be provided by your community? (1 Yes 2 No)	1 personal daily care services 2 home visits 3 psychological consulting 4 daily shopping 5 social and recreation activities 6 human rights consulting and services 7 health education 8 neighboring relations 9 others(please specify)_____	○	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
F16. Which living arrangement do you prefer?	1 living alone (or with spouse), no matter how far children live 2 1 living alone (or with spouse), but it is better that live nearby 3 coresidence with children 4 institutions (elderly center, elderly home, etc.) 5 do not know	○	<input type="checkbox"/>												

G. OBJECTIVE EXAMINATION AND ILLNESSES			Code
<b>ATTENTION:</b>			
G0.1 How about the quality of your sleep?	1 very good 2 good 3 so so 4 bad 5 very bad	<input type="radio"/>	<input type="checkbox"/>
G0.2 How many hours do you sleep normally?	_____ hours	<input type="radio"/>	<input type="checkbox"/>
G1 Can the interviewee see a break in the circle on the cardboard sheet when lit by a flashlight and distinguish where the break is located?	1 can see and distinguish 2 can see only 3 cannot see 4 blind		<input type="checkbox"/>
G2.1 How many natural teeth does the interviewee have? (excluding false teeth)	_____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>
G2.2 Does the interviewee have false teeth?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
<b>Oral Hygiene of Personal Care</b> (PhenX code: 080900)			
G2.3 How often do you brush your teeth?	-1 Not applicable (No teeth) 0 Do not 1 Once per day 2 Twice per day 3. Once or trice per day 4 More than trice per day 5 Sporadically 6 Unknown	<input type="radio"/>	<input type="checkbox"/>
<b>Toothache and Orofacial Pain</b> (PhenX code: 081500)			
G2.4 During the past 6 months, did you have a toothache more than once, when biting or chewing?	1 Yes 2 No— <i>If “No”, Skip to G2.5</i>	<input type="radio"/>	<input type="checkbox"/>
G2.4.1 On a scale of 1–10, where 1 is mild and 10 is severe, how would you rate this pain at its worst?	_____	<input type="radio"/>	<input type="checkbox"/>
G2.5 During the past 6 months, did you have pain in the jaw joint or in front of the ear or across your face or cheek more than once?	1 Yes 2 No-- <i>Skip to G3</i>	<input type="radio"/>	<input type="checkbox"/>
G2.5.1 On a scale of 1–10, where 1 is mild and 10 is severe, how would you rate this pain at its worst?	_____	<input type="radio"/>	<input type="checkbox"/>
G3 Can the interviewee use chopsticks to eat?	1 yes 2 no		<input type="checkbox"/>
<b>Hand Dominance</b> (PhenX code: 020600)			
G4 Which hand do you normally use to eat?	1 right-hand 2 left-hand	<input type="radio"/>	<input type="checkbox"/>

G4a Which hand do you normally use to write?	1 right-hand 2 left-hand 3 Never write	<input type="radio"/>	<input type="checkbox"/>
G4b Which hand do you normally use to clean your teeth?	1 right-hand 2 left-hand 3 Never clean teeth	<input type="radio"/>	<input type="checkbox"/>
G5. Blood pressure G5.1 Systolic G5.2 Diastolic	_____ mm mercury _____ mm mercury		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G6 Rhythm of heart	1 regular 2 irregular		<input type="checkbox"/>
G7 Heart rate	_____ beats/min		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G8 Upper extremities - can interviewee put G8.1 Hand behind neck	1 right 2 left 3 both 4 neither		<input type="checkbox"/>
G8.2 Hand behind lower back	1 right 2 left 3 both 4 neither		<input type="checkbox"/>
G8.3 Raise arms upright	1 right 2 left 3 both 4 neither		<input type="checkbox"/>
G9 Can the interviewee stand up from sitting in a chair?	1 yes, without using hands 2 yes, using hands 3 no		<input type="checkbox"/>
G10.1 Weight	_____ kg		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Standing height</b> (PhenX code 020703) <b>or self-reported height</b> (PhenX code 020704)			
G10.2a Standing Height, measured directly; if this is done, i.e., the height can be measured directly, skip to G10.2c	_____ cm; 9 cannot measure		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G10.2b Self-reported height	_____ cm		
<b>Waist Circumference</b> (Phenx code: 021600)			
G10.2c Waist Circumference	_____ cm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Follow the procedures below to obtain this measure**

The waist circumference measurement should be taken on bare skin.

1) Mark the measurement site: Stand on the participant's right side. Palpate the hip area to locate the right ilium of the pelvis. You may ask the participant to locate his/her ilium before palpation. With the cosmetic pencil, draw a horizontal line just above the uppermost lateral border of the right ilium. Cross this mark at the midaxillary line, which extends from the armpit down the side of the torso. Exhibit 1 shows the anatomical location of the abdominal waist at the ilium. Repeat the same process on the participant's left side.

2) Take the measurement: Make sure the participant does not inhale while his/her waist circumference is being measured and that the tape is not twisted. Wrap the tape measure around the individual's waist as you would a belt, making sure that the zero end of the measure is at the beginning of the circumference. Use a retractable, tension-controlled steel measuring tape. When measuring the waist, be sure to position the tape in a horizontal plane at the level of the measurement mark. A wall mirror is useful to view the tape to ensure the horizontal alignment of the tape. Another person positioned on the opposite side of the participant should check that the tape sits parallel to the floor and lies snug but does not compress the skin. If a mirror or other person is not available, check the horizontal alignment of the tape before taking the measurement. Always position the zero end of the tape below the section containing the measurement value. Exhibit 1 demonstrates the correct placement of the tape at the ilium. Take the measurement to the nearest 0.1 cm at the end of the participant's normal expiration.

3) Remove the tape measure and record the result.

4) Repeat the measurement.

Note: Tools are available that include a retractable tape with an anchoring pin that fits into the handle. These tools also assist the participant to lightly cinch the tape. If the investigator uses these tools, the protocol should be altered slightly to comply with directions of the manufacturer. See protocol B for use of this tool when measuring a different waist circumference. Detailed videos illustrating this procedure can be found on the NHANES website at: [http://www.cdc.gov/nchs/products/elec\\_prods/subject/video.htm](http://www.cdc.gov/nchs/products/elec_prods/subject/video.htm)

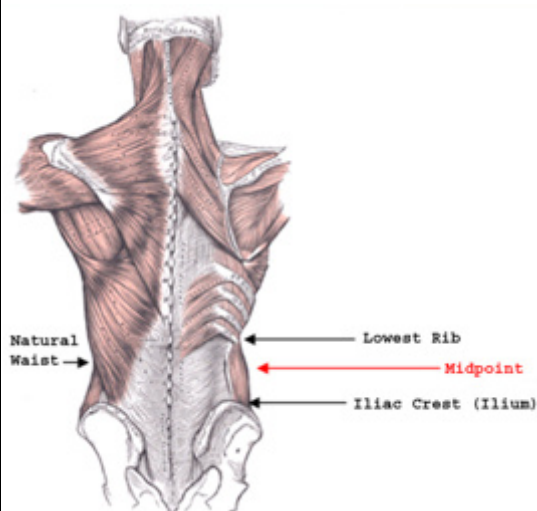


Exhibit 1: Location of Measurement Landmarks between the Lowest Rib and Iliac Crest (Ilium).

G10.2 Height, measured directly	_____ cm		<input type="text"/> <input type="text"/> <input type="text"/>
If the height of the participant cannot be measured directly			
G10.2.1 Length from Acromion – processus to styloideus ulnae	_____ cm		<input type="text"/> <input type="text"/> <input type="text"/>
G10.2.2 height from Right knee to the floor	_____ cm		<input type="text"/> <input type="text"/> <input type="text"/>

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

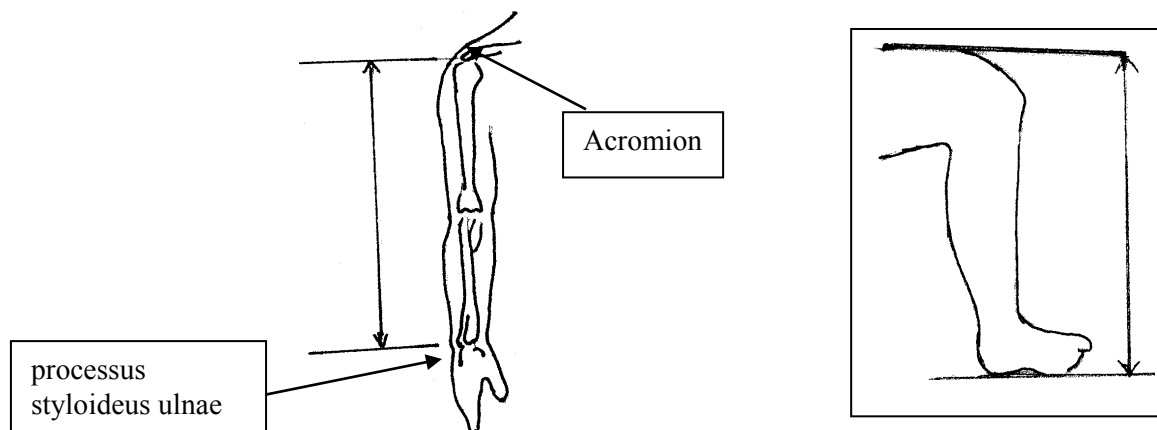
Please see the following figure for illustration on positions of Acromion and processus styloideus ulnae.

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

Ask elder to take off right shoe;

(1) 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.

(2) Put a plastic board or a thick paper on his or her right thigh levelly, and measure its height from ground with a ruler.



### Hearing loss (PhenX code: 201500)

G10.6 Do you have any difficulty with your hearing?	1 yes 2 no—skip to G11		<input type="checkbox"/>
G10.6.1 In which ear(s) do you have a hearing difficulty?	1 left 2 right 3 both		<input type="checkbox"/>
G10.6.2 At what age did you first notice a hearing difficulty?	1 I have had a hearing difficulty since I was born 2 My hearing difficulty developed during my childhood years (before the age of 15) 3 My hearing difficulty developed between the ages of 15 and 40 4 My hearing difficulty developed after the age of 40		<input type="checkbox"/>
G10.6.3 How quickly did your hearing difficulty develop?	1 Suddenly (over a few days) 2 Over a few months 3 Over several years		
G11 Was the interviewee able to pick up a book from the floor?	1 yes, standing 2 yes, sitting 3 no		<input type="checkbox"/>
G12 Was the interviewee able to turn around 360° without help? <i>If yes, please count the number of steps required to finish the turn.</i>	_____ steps (if no, fill in '88')		<input type="checkbox"/> <input type="checkbox"/>

G13.0 Have you felt not well in the past two weeks?	1 yes    2 no	<input type="radio"/>	<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?	_____ (if no illnesses, fill in '00' and skip to G15; if permanently bedridden, fill in '88')	<input type="radio"/>	<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"/> <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"/> <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"/> <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 Epilepsy				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Cholecystitis, cholelith disease				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Blood disease				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Rheumatism or rheumatoid disease				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Chronic nephritis				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Galactophore disease				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Uterine tumor				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Hyperplasia of prostate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Hepatitis				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Others, please specify:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. QUESTIONS FOR INTERVIEWER			Code
H1 Was the interviewee able to hear what you said?	1 yes, without hearing aid 2 yes, but needs hearing aid 3 partly, despite hearing aid 4 no		<input type="checkbox"/>
H2.1 Was the interviewee able to participate in the physical check during the interview?	1 yes --- <i>skip to H3</i> 2 no    3 partially able to		<input type="checkbox"/>
H2.2 If no or partially able, please give reason:	1 visually impaired, but can hear 2 hearing impaired, but can see 3 visually and hearing impaired 4 paralyzed 5 did not wish to participate 6 could not understand because of cognitive impairment 7 not able to participate at the moment because of some temporary illness such as a cold 8 other (please explain): _____		<input type="checkbox"/>



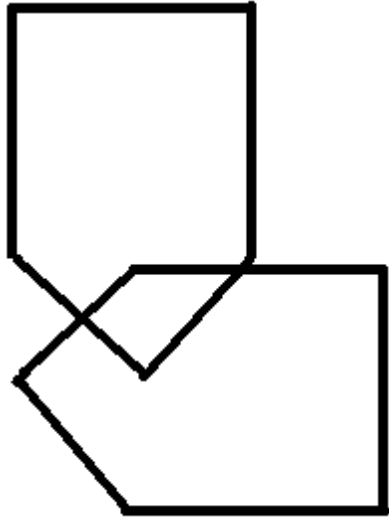
H3	The interviewee was	1 surprisingly healthy (almost no obvious ailments) 2 relatively healthy (only minor ailments) 3 moderately ill (moderate degrees of major ailments or illnesses) 4 very ill (major ailments or diseases, bedridden, etc.)	<input type="checkbox"/>
H4	Date of birth printed on the individual ID Card  <b>(Note: Those oldest old who were not issued individual ID Card according to local regulations, please fill date of birth printed on the household booklet.)</b>	____ year ____ month ____ day	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
H4.1	Was the date of birth printed on the Individual ID Card (or household booklet) the same as the self-reported age?	1 no 2 yes --- skip to H5 3 no self-reporting --- skip to H5 4 other (specify) _____	<input type="checkbox"/>
H4.2	If not, which one do you consider correct?	1 self-reported age 2 Individual ID Card or household booklet 3 not sure	<input type="checkbox"/>
H4.3	ID number printed on the individual ID Card (if ID card is not available for some oldest-old, please fill in "0")	_____	<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"/>
H5	Please write the evidence for confirming the interviewee's age-reporting:  <i>(Regardless of whether or not there is self-reporting, you should confirm the age of the interviewee. If there is not enough space to write down your confirmation, please use the last page of this questionnaire).</i>	Age _____  Evidence:  _____	<input type="text"/> <input type="text"/> <input type="text"/>
H6	Have you checked whether you have failed to ask a question?	1 yes    2 no	<input type="checkbox"/>
H7	Did anyone help the interviewee to answer any question?	1 yes    2 no (skip H7.1)	<input type="checkbox"/>

<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>	<input type="checkbox"/>
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SPECIAL OBSERVATIONS

I. SPECIAL QUESTIONS (only applicable to those aged 105 or above)		Code
<p><b>Note to all persons who help to answer the questions listed below:</b></p> <p><b>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.</b></p> <p><b>The elder's name: _____ Sex: _____ Code: _____ Self-reported age: _____</b></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:



Interviews are based on voluntary participation

## Questionnaire Addressed to a Close Family Member of the Deceased

### Interviewees in Determinants of Healthy Longevity in China (2011)

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

Verify whether deceased elder was previously interviewed in 2008 (or 2009) in "Chinese Longitudinal Health Longevity Survey".

Did the deceased elder participated in the "Chinese Longitudinal Health Longevity Survey" questionnaire interview in 2008 (or 2009)? 1. Yes 2. No ☐

Interviewer should please note the following: If the deceased elder's family members do not remember clearly the 2008-2009 survey, you may help them to remember what the 2008-2009 survey was. For example, you may remind them to memorize the content of the 2008-2009 survey interviews including questions about basic status, daily life style, self-assessed health status, and chronic disease status, and a few examples of basic tasks such as picking up a book from the floor and standing up from sitting in a chair without needing assistance, etc. If after prompting, the deceased elder's family members still believes that the elder did not participate in the 2008-2009 survey, then you write "cannot confirm", and continue the interview.

Pre-assigned code

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

☐

0. Parent 1. Spouse 2. Child 3. Spouse of child 4. Grandchild or grandchild's spouse 5. Relative 6. Neighbor 7. Community worker 8. 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:

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 \_\_\_\_\_; 1<sup>st</sup> check at provincial level \_\_\_\_\_;

2<sup>nd</sup> check at provincial level \_\_\_\_\_; Final check at provincial level \_\_\_\_\_;

1<sup>st</sup> check in Beijing \_\_\_\_\_; 2<sup>nd</sup> check in Beijing \_\_\_\_\_;

## Informed Consent Form

Dear Mr. or Ms. \_\_\_\_\_:

We invite you to participate in the “Chinese Longitudinal Health Longevity Survey” questionnaire interview. This is an integrated study of the factors that influence healthy longevity and their interaction mechanisms. This survey is a joint project of Peking University, the China CDC, and associated scholars. The goal of this research program is to better understand the social, behavioral, environmental, and biological factors that influence healthy longevity, in order to provide information for scientific research and health policy making. If you agree to participate in this study, an interviewer will ask you questions about family structure, capacity in daily life activities, the caregiving situation, life style, illnesses, and health status for the deceased elder who is your family member. The interview should last about half an hour.

The goal of this program is scientific research. It should also be mentioned that any datasets resulted from this project and to be distributed to the needed researchers absolutely will not include names, addresses, telephone numbers, or any other personal information of the deceased elder and you which can be used to identify individuals. In other words, the deceased elder’s and your private information will be strictly protected.

We completely respect your wish to participate or not. If you agree, please sign your name at the bottom of this Informed Consent Form. If you have any questions or doubts, you can ask the interviewer or write (or call) us directly (the phone number and postal address are below). We sincerely appreciate your assistance!

Thank you!

Chinese Center for Disease Control and Prevention (China CDC)  
/ / 2012

Contact person: Shi Xiaoming, Associate Professor, China CDC, Office of Chronic Diseases Control and Community Health

Postal address: China CDC, Office of Chronic Diseases Control and Community Health, 155 Changbai Road, Changping District, Beijing 100026 China

Telephone: 010-58900215

Fax: 010-58900247

“I received a copy of the Informed Consent Form and I agree to participate in this study. I understand that even if I now agree to participate in this study, I still have the right to change my mind at any time.”

\_\_\_\_\_(signature)

/ / 2012

(Remember: In general, in the case of inability to answer, can not answer, does not know, refuses to answer, it should be noted and the appropriate code be filled in 8, or 88 and so on. Does not apply should be first noted in words and then the appropriate code of 9, or 99 and so on, be used. If it's the case that a question is to be skipped, for the item that was skipped draw a horizontal line in the code box. If the answer chosen is "other," then use words to explain the situation. In special circumstances, follow the instructions of the question.)

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"/>																																																																																										
2.1 Prior to death did the elder have a cohabiting partner with whom he/she lived but were not officially married?	1 yes 2 no If yes, since ____ month ____ year began to live together	<input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>																																																																																										
2.2a. Prior to death was the elder retired?	1 retired (worker) 2 retired (cadre) 3 no (skip to F2.3)	<input type="checkbox"/>																																																																																										
2.2b. If elder was retired, what year did he/she retire? How much was his/her monthly pension?	____ year ____ yuan	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																																																										
2.3. Prior to death did elder participate in the old-age insurance program?	1 yes 2 no (skip to 2.5)	<input type="checkbox"/>																																																																																										
2.4a. If he/she participated in old-age insurance program prior to death, each year how much was the personal contribution, collective and state subsidy?	Personal contribution ____ yuan, State, collective subsidy ____ yuan	<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"/>																																																																																										
2.4b. Every month receive how much pension	____ yuan (skip to 2.6)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																																																										
2.5. Reason for not participating:	1 not worthwhile 2 not necessary 3 could not pay 4 did not know	<input type="checkbox"/>																																																																																										
2-6. Other household members living in the deceased persons' household in the last year of his/her life. <i>If age is unknown, please fill in 888.</i>  <b><u>Relationship with interviewee:</u></b> 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 _____  <b><u>Sex:</u></b> 1 male 2 female	<table border="1"> <thead> <tr> <th>Relationship with interviewee</th> <th>name</th> <th>sex</th> <th>age</th> <th>education</th> <th>Cigarettes smoked per day inside home</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Relationship with interviewee	name	sex	age	education	Cigarettes smoked per day inside home																																																	<table border="1"> <thead> <tr> <th>relationship</th> <th>age</th> <th>Sex</th> <th>education</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	relationship	age	Sex	education	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Education level:</b> 1 Never attended school 2 Primary school but not graduated 3 Primary school 4 Middle school 5 High school 6 Associate college  <b>Number of cigarettes other household member usually smokes per day inside home</b> 0 Don't smoke 88 don't know	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input type="checkbox"/></td><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"/> <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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3.1 Main living arrangement in year prior to death? (choose none answer only)	1. Nursing home 2. Never-married and alone 3. Widowed and alone 4. With old spouse only 5. with married child (including grandchildren) 6. with married grandchild (not including child) 7. with unmarried child/grandchild 8. Other relative 9. Other (please note) _____	<input type="checkbox"/>																																																		
3.2 Number of people in household	(Including self) _____ people	<input type="checkbox"/> <input type="checkbox"/>																																																		
4. Number of generations in household (refers to family that lives and eats together)	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"/>																																																		
7. Primary caregiver before dying (select one only)	1. spouse 2. child(ren) and his/her/their spouse(s) 3. grandchild(ren) and his/her/their spouse(s) 4. other family member(s) 5. friend(s) 6. social worker 7. housekeeper 8. nobody to take care 9. no need to take care	<input type="checkbox"/>																																																		
7-1. Days of caregiving provided by the primary caregiver in the last month of life	_____ days	<input type="checkbox"/> <input type="checkbox"/>																																																		
8. Whether bedridden before dying	1. no 2. yes. If yes, _____ days	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																		
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?	(If no occurrences, fill 00. If bedridden the entire time, fill 88.) _____ time(s)	<input type="checkbox"/> <input type="checkbox"/>																																																		





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 Medicare 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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18-1. Functioning in bathing before dying	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18-2. Functioning in dressing before dying	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18-3. Functioning in using toilet before dying	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18-4. Functioning in indoor transferring before dying:	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18-6. Functioning in self-feeding	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18-7. Days in fully dependent functioning before dying	_____ days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18-8. Total cost for the caregiving (includes nursing, cost for labor hours lost, costs for home visits and, and so on, but excluding cost for prescriptions)	_____ Yuan (RMB) (fill 99998, if more than 100,000)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18-9. Direct cost for the caregiving (includes nursing, costs for home visits and, but excluding cost for labor hours lost and cost for prescriptions)	_____ Yuan (RMB) (fill 99998, if more than 100,000)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18-10. Who mainly paid those care costs?	1 medical insurance 2 elder self 3 spouse 4 children/grandchild 5 state/collectives 6 other	<input type="checkbox"/>
19. How many days before dying did the elder not often go outdoors to chat with others?	_____ days	<input type="text"/> <input type="text"/> <input type="text"/>

20. How many days before dying did the elder stay in bed longer than he out of bed in the daytime?	_____ days	<input type="text"/> <input type="text"/> <input type="text"/>
21. Did the deceased elder smoke since the last interview?	1. no 2. yes; If No, skip to 22-1. If yes, _____ time(s) /per day	<input type="text"/> <input type="text"/> <input type="text"/>
<b>Tobacco - Nicotine Dependence</b>		
21-1. Normally, how soon after the deceased elder woke up did he/she smoke his/her first cigarette?	1 Within 5 minutes 2 6-30 minutes 3 31-60 minutes 4 After 60 minutes	<input type="text"/>
22-1. Did the deceased elder drink alcohol since the last interview?	1. no 2. yes	<input type="text"/>
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="text"/>
22-3. How much alcohol did the deceased elder drink per day?	_____ liang	<input type="text"/> <input type="text"/>
23. Did the deceased elder give some advance directives?	1. no 2. yes; if yes, _____ days before death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
24. Did the deceased elder ever tell you or other people about his dream of death?	1 no 2. yes 3. do not know	<input type="text"/>
25. Did the deceased elder feel painful when death was coming?	1. very painful 2. relatively painful 3. so so 4. relatively peaceful 5. very peaceful 6. difficult to say	<input type="text"/>
26. Was the deceased elder in unconsciousness?	1. no 2. yes; if yes, _____ days in unconsciousness	<input type="text"/> <input type="text"/> <input type="text"/>
<b>Characteristics of Current Residence</b>		
27. What type of dwelling did the deceased elder live in before dying?	1 Detached house 2 Duplex/Triplex 3 Row house 4 Low rise apartment (1-3 floors) 5 High rise apartment (>3 floors) 6 Mobile home / Trailer 7 other	<input type="text"/>
28. What is the approximate year the deceased elder's home was built?	Year built _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
29. During the past 12 months, has there been water or dampness in the deceased elder's home from broken pipes, leaks, heavy rain, or floods?	1 yes 2 no 8 don't know	<input type="text"/>
30. Did the deceased elder's home frequently have a mildew odor or musty smell?	1 yes 2 no 8 don't know	<input type="text"/>
31. Which fuels were normally used for cooking in the deceased elder's home?	1 Gas: from underground pipes serving the neighborhood 2 Gas: bottled, tank, or LP 3 Electricity 4 Fuel oil, kerosene, etc 5 Coal or coke 6 Wood 7 Solar energy 8 other 9 No fuel used 99DON'T KNOW	<input type="text"/>

<b>Oral Hygiene of Personal Care</b>		
32. How often did the deceased elder brush his/her teeth?	-1 Not applicable (No teeth) 0 Do not 1 1/day 2 2/day 3 >2/day 4 Sporadically 5 Not applicable 6 1 or 2/day 9 Unknown	<input type="checkbox"/>
<b>Toothache and Orofacial Pain</b>		
33. During the past 6 months, did the deceased elder have a toothache more than once, when biting or chewing?	1 Yes 2 No— <i>Skip to G2.5</i> 9 Don't know.	<input type="checkbox"/>
34. On a scale of 1–10, where 1 is mild and 10 is severe, how would you rate the deceased elder's tooth pain at its worst?	_____ 9 Don't know.	<input type="checkbox"/>
35. During the past 6 months, did the deceased elder have pain in the jaw joint or in front of the ear or across his/her face or cheek more than once?	1 Yes 2 No-- <i>Skip to G3</i> 9 Don't know.	<input type="checkbox"/>
36. On a scale of 1–10, where 1 is mild and 10 is severe, how would you rate the deceased elder's facial pain at its worst?	_____ 9 Don't know.	<input type="checkbox"/>
<b>Hand Dominance</b>		
37. Which hand do you normally use to eat?	1 right-hand 2 left-hand	<input type="checkbox"/>
38. Which hand did the deceased elder normally use to write?	1 right-hand 2 left-hand 3 Never write 9 Don't know.	<input type="checkbox"/>
39. Which hand did the deceased elder normally use to clean his/her teeth?	1 right-hand 2 left-hand 3 Never clean teeth 9 Don't know.	<input type="checkbox"/>
<b>Reported height</b>		
40. What was the deceased elder's height	_____ cm 9 Don't know.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Hearing loss</b>		
41. Did the deceased elder have any difficulty with his/her hearing?	1 yes 2 no— <i>skip to G11</i> 9 Don't know.	<input type="checkbox"/>
42. In which ear(s) did the deceased elder have a hearing difficulty?	1 left   2 right   3 both 9 Don't know.	<input type="checkbox"/>

<p>43. At what age did the deceased elder first notice a hearing difficulty?</p>	<p>1 He/she had a hearing difficulty since he/she was born  2 His/her hearing difficulty developed during his/her childhood years (before the age of 15)  3 His/her hearing difficulty developed between the ages of 15 and 40  4 His/her hearing difficulty developed after the age of 40.  9 Don't know.</p>	<input type="checkbox"/>
<p>44. How quickly did the deceased elder's hearing difficulty develop?</p>	<p>1 Suddenly (over a few days)  2 Over a few months  3 Over several years  9 Don't know.</p>	<input type="checkbox"/>