

ICPSR 36179

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

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### **2008-2009 Data Collection Instrument**

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Interviews are based on voluntary participation

# Questionnaire on Determinants of Healthy Longevity in China (2008)

## 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 you. The computerized data resulting from this survey will not include your name and address. Therefore, no one will be able to identify any interviewee from the computerized data files. All of the questionnaires will be stored in locked file containers.*

Questionnaire NO.

Province

County or city

Interviewee's name: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

\_\_\_\_\_ district or township

\_\_\_\_\_ county or city

\_\_\_\_\_ province

Postal 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

## Signature

Interviewer: \_\_\_\_\_;  
level \_\_\_\_\_;

1<sup>st</sup> check at provincial

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

Final check at provincial

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

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

6. Newly added elder NOT to replace a deceased, migrated, refusal, or lost to follow-up interviewee;
7. Sibling aged 80+ of another interviewee aged 80+

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

8. Centenarian's child,

### 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 area

### IV. How long has the interviewee been living in the present residence?

☐

1. less than half a year;    2. 0.5~1 year;    3. 1~5 years;    4. more than 5 years

### V. 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 interviewer's instruction booklet (in easily understandable Chinese language).
4. Interviewees who newly join the survey should attempt to answer all questions, including those questions in shaded boxes. Those who were interviewed in the previous survey waves should attempt to answer only the questions that do not appear in the shaded boxes.

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 A5.4 3 in a nursing home---skip to A5.4					<input type="radio"/>	<input type="checkbox"/>				
A5.2	How many people are living with you? (excluding yourself)	_____ person(s)					<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>				
A5.3	Who are they? (Use back of paper for additional people, if necessary.) Note: 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 Attend school but not graduated from primary school 3 Primary school 4 Middle school 5 High school 6 Associate college	No	Relation-ship with interviewee	name	sex	age	education		relation-ship	age	Sex	educat-ion
								<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="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<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="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<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="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<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="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A5.3.0 Is your house/apartment purchased/self-built/inherited/rented?	1 purchased 2 self-built 3 inherited 4 welfare-oriented public housing 5 rented 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"/>
<p><i>If living with family, skip to Part B;</i></p> <p><i>If living alone, skip to A5-4</i></p>			
A5.4.1 What is the average monthly cost for you to live 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"/>
A5.4.3 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"/> <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="checkbox"/>
* B1.2 How do you rate your health at present?	1 very good      2 good 3 so so          4 bad 5 very bad 8 not able to answer	<input type="checkbox"/>
* B1.2.1 How do you rate your health at present compared with one year ago?	1 much better      2 slightly better 3 almost the same   4 slightly worse 5 much worse 8 not able to answer	<input type="checkbox"/>
<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 '1')</i>	<input type="checkbox"/>







<p>C5.2-1 I will now ask you to speak the following sentence and act out what it means:</p> <p>“Close your eyes.”</p>	<p>1 correct            0 wrong 8 not able to answer</p>		<input type="checkbox"/>
<p>C5.2-2 I will now ask you to write down a complete sentence with a subject and a verb and should make logical sense.</p>	<p>1 correct            0 wrong 8 not able to answer</p>		<input type="checkbox"/>
<p>* C5.3 I will give you a piece of paper. You must take the paper using your right hand, fold it in the middle using both hands, and place the paper on the floor.</p> <p><i>(Read the text aloud and hand a piece of paper to the interviewee. Give the paper directly to the interviewee. Do not repeat the instructions and do not offer any help. Note every movement as correct if it is made in the correct order.)</i></p> <p>right hand folding on the floor</p>	<p>1 correct            0 wrong 8 not able to do</p> <p>_____ _____ _____</p>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p align="center"><b><i>(Questions C5.4 and C5.5 are for Interviewer ONLY)</i></b></p>			
<p>C5.4 Was the interviewee able to answer the questions in sections B and C?</p>	<p>1 yes --- Skip to session D 2 no    3 partly</p>		<input type="checkbox"/>
<p>C5.5 If ‘no’ or ‘partly’, what is the main reason?</p>	<p>1 visually impaired, but can hear 2 hearing impaired, but can see 3 visually and hearing impaired 4 paralyzed 5 did not wish to participate 6 could not understand because of cognitive impairment 7 not able to participate at the moment because of some temporary illness such as a cold 8 could not understand question 9 other (please explain): _____</p>		<input type="checkbox"/>

D. LIFE STYLE				Code	
D1 Please tell us the staple food you eat.		1 rice 2 corn (maize) 3 wheat (noodles, bread, etc.) 4 half rice and half wheat 5 other: _____	<input type="radio"/>	<input type="checkbox"/>	
D2 How much of the above food do you normally eat per day?		_____ liang	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>	
D3.1 Do you eat fresh fruit?		1 everyday or almost everyday 2 quite often 3 occasionally 4 rarely or never	<input type="radio"/>	<input type="checkbox"/>	
D3.2 Do you eat fresh vegetables?		1 everyday or almost everyday 2 quite often 3 occasionally 4 rarely or never	<input type="radio"/>	<input type="checkbox"/>	
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		
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):	childhood	around age 60	at present	<input type="radio"/>	childhood    age 60    present
	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(including purified water)				<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D7.1	Do you smoke at present?	1 yes    2 no		<input type="radio"/>	<input type="checkbox"/>	
D7.2	Did you smoke in the past?	1 yes    2 no		<input type="radio"/>	<input type="checkbox"/>	
<i>If the answers of D7.1 and D7.2 are both 'no', please skip to D8.1</i>						
D7.3	How old were you when you began smoking?	age _____		<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
D7.4	How old were you when you stopped smoking if you don't smoke at present?	age _____ <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"/>	
D7.5	If you smoke at the present time (or smoked in the past), how many times per day on average do (or did) you smoke?	times _____		<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>	
D8.1	Do you drink alcohol at present?	1 yes    2 no		<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 and D8.2 are both 'no', please skip to D9.1</i>						
D8.3	How old were you when you began drinking 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 (or drank in the past), what kind of alcohol do (or did) you drink?	1 very strong liquor ( $\geq 38\%$ ) 2 not very strong liquor ( $< 38\%$ ) 3 wine    4 rice wine    5 beer    6 others		<input type="radio"/>	<input type="checkbox"/>	

D8.6 If you drink alcohol at the present time (or drank in the past), how much alcohol per day on average do (or did) you drink?	_____ liang	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>
D9.1 Do you exercise regularly at present?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
D9.2 Did you exercise 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 exercise?	age _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D9.4 How old were you when you stopped exercising if you don't exercise 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 _____ (If doing labor at present, please code 999; if do not know when stopped, please code 888)	<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 trips beyond your home city/county have you made in the past two years?	_____ times (if you have not made any trips, 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)			Code
For each area of functioning listed below, check the description that applies. (The word 'assistance' means supervision, direction, or personal assistance.)			
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)--- <i>skip to E2</i> 2 receives assistance in bathing only for part of the body (such as back or a leg) 3 receives assistance in bathing more than one part of the body (or doesn't bathe)	<input type="radio"/>	<input type="checkbox"/>
E1.0 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="radio"/>	<input type="checkbox"/>
E2.0 If receiving assistance, for how long?	_____ days	<input type="radio"/>	<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 own, 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="radio"/>	<input type="checkbox"/>
E3.0 If receiving assistance, for how long?	_____ days	<input type="radio"/>	<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="radio"/>	<input type="checkbox"/>
E4.0 If receiving assistance, for how long?	_____ days	<input type="radio"/>	<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="radio"/>	<input type="checkbox"/>
E5.0 If has occasional 'accidents' or needs supervision, for how long?	_____ days	<input type="radio"/>	<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="radio"/>	<input type="checkbox"/>
E6.0 If receiving assistance, for how long?	_____ days	<input type="radio"/>	<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 E7</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="radio"/>	<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 impatient/unwilling to do 3 need respite care 4 don't know	<input type="radio"/>	<input type="checkbox"/>
E6.3 How much is the total direct cost paid for caregiving last week?	_____ Yuan ( <i>if more than 100,000, please code 99998</i> )	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



E6.4 Who mainly pays the above cost?	1 self 2 spouse 3 children & their spouses 4 grandchildren & their spouses 5 state/collective 6 others	<input type="radio"/>	<input type="checkbox"/>
E6.5 Do you think the help that you received for the above six tasks met your needs?	1 fully met 2 so so 3 unmet	<input type="radio"/>	<input type="checkbox"/>
E6.6 How many persons among your children, grandchildren and their spouses helped you for the above six tasks last week?	_____ persons ( <i>If nobody, fill 0 and skip to E7</i> )	<input type="radio"/>	<input type="checkbox"/>
E6.7 How many hours in total did your children, grandchildren and their spouses help you last week?	_____ hours	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E7 Can you visit your neighbors by yourself?	1 yes, independently 2 yes, but need some help 3 no, can't	<input type="radio"/>	<input type="checkbox"/>
E8 Can you go shopping by yourself?	1 yes, independently 2 yes, but need some help 3 no, can't	<input type="radio"/>	<input type="checkbox"/>
E9 Can you cook a meal by yourself whenever necessary?	1 yes, independently 2 yes, but need some help 3 no, can't	<input type="radio"/>	<input type="checkbox"/>
E10 Can you wash 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="text"/> <input type="text"/>
F2	What was your primary occupation before age 60? 0 professional or technical personnel/doctor/teacher 1 governmental, institutional or managerial personnel 2 staff/service worker/industrial worker 3 self-employed 4 agriculture, forestry, animal husbandry, fishery 5 housework 6 military personnel 7 unemployed 8 other, please specify: _____	<input type="radio"/>	<input type="text"/>
F2.1	Do you have a pension for retirement? 1 retired (worker) 2 retired (cadre) 3 no ---skip to F3.1	<input type="radio"/>	
F2.1.1	Are you retired now? 1 retired (worker) 2 retired (cadre) 3 no ---skip to F3.1	<input type="radio"/>	<input type="text"/>
F2.2	In which year did you retire if you have already retired? _____ year	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
F2.3	If you have retired, are you still engaged in paid jobs now? 1 yes 2 no	<input type="radio"/>	<input type="text"/>
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="text"/>
F3.2	What is your other means of financial support? (multiple choices but limit to 5 choices) 1 retirement wages 2 spouse 3 child(ren) 4 grandchild(ren) 5 relative(s) 6 local government or community 7 work 8 other, please specify: _____ 9 no other means	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
F3.3	Is all of the financial support sufficient to pay for daily expenses? 1 yes 2 no	<input type="radio"/>	<input type="text"/>
F3.4.0	Will you please tell me your status in decision making on financial spending in your household? 0 Make decisions on some of the main spending in my household 1 Make decisions on almost all spending in my household 2 Make decisions on some of the non-main 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="text"/>
F3.4	How do you rate your economic status compared with others in 1 very rich 2 rich 3 so so 4 poor 5 very poor 8 didn't answer	<input type="radio"/>	<input type="text"/>

your local area?										
F3.5 What was the total income of your household last year?		_____ Yuan ( <i>if more than 100,000, please code 99998</i> )				<input type="radio"/>	<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> </div>			
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"/>	<div> <input type="text"/> </div>			
F4.2 How many times have you been married?		_____, <i>if answer 0-- skip to F5</i>				<input type="radio"/>	<div> <input type="text"/> <input type="text"/> </div>			
F4.3 Please tell me your marriage history		your age at this marriage	status of this marriage	age at marriage dissolution	good relationship?		age at this marriage	status	age at marriage dissolution	relationship
<i>(‘age at marriage dissolution’ to be answered only by divorced or widowed people)</i> <i>(If number of marriage is more than 4 times, please fill the last marriage in the cells of the 4<sup>th</sup> marriage)</i> <i>(If the elder can’t tell the exact age, the interviewer should help her/him recall an approximate one.)</i>	1 <sup>st</sup> marriage		1 married 2 divorced 3 widowed		1 good 2 so so 3 bad	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	2 <sup>nd</sup> marriage		1 married 2 divorced 3 widowed		1 good 2 so so 3 bad	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	3 <sup>rd</sup> marriage		1 married 2 divorced 3 widowed		1 good 2 so so 3 bad	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	4 <sup>th</sup> marriage		1 married 2 divorced 3 widowed		1 good 2 so so 3 bad	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
F4.4 How many years did your last spouse attend school?		_____				<input type="radio"/>	<div> <input type="text"/> <input type="text"/> </div>			
F4.5 What was your last spouse’s main occupation before age 60?		0 professional or technical personnel/doctor/teacher 1 governmental, institutional or managerial personnel 2 staff/service worker/industrial worker 3 self-employed 4 agriculture, forestry, animal husbandry, fishery 5 housework 6 military personnel 7 unemployed 8 other, please specify: _____				<input type="radio"/>	<div> <input type="text"/> </div>			
F4.6 Does your spouse have a paid job at present?		1 Yes, full time 2 Yes, part time    3 No				<input type="radio"/>	<div> <input type="text"/> </div>			
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					<div> <input type="text"/> </div>			

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="radio"/>	<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="radio"/>	<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 to travel 4 nobody with whom to go 5 didn't want to go 6 other	<input type="radio"/>	<input type="checkbox"/>
F6.2	Could you get adequate medical treatment when you were sick at around age 60?	1 yes 2 no 8 didn't answer	<input type="radio"/>	<input type="checkbox"/>
F6.3	Could you get adequate medical treatment when you were sick in childhood?	1 yes 2 no 8 didn't answer	<input type="radio"/>	<input type="checkbox"/>
F6.4	Do you have any of the following social security and commercialized insurance at present?  <i>If yes, fill in '1'; if no, fill in '0'.</i>	1 retirement pension 2 public old-age insurance 3 private old-age insurance 4 public free medical services 5 cooperative medical services 6 basic medical insurance 7 severe disease insurance 8 life 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 medical costs last year?	_____ Yuan ( <i>if more than 100,000, please code 99998</i> )  Of which paid by family (self, spouse, children, etc.) _____ Yuan	<input type="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 paid these costs?	1 public free medical services 2 collective medical services 3 state and collective subsidies 4 medical insurance 5 self 6 spouse 7 children/grandchildren 8 no money to pay 9 others	<input type="radio"/>	<input type="checkbox"/>
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---(skip to F7.2.2 ) (If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one)	<input type="radio"/>	<input type="checkbox"/>
F7.2.1 If so, how old is she?	_____ age --- (skip to F8.1)	<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  (If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one)	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F7.4 How many years did your mother attend school?	_____ years (If she never attended school, fill '00'.)	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>
F8.1 Is your father alive?	1 yes 2 no --- (skip to F8.2.2)	<input type="radio"/>	<input type="checkbox"/>
F8.2.1 If so, how old is he?	_____ age --- (skip to F8.4)  (If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one)	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F8.2.2 If not, how old was he when he died?	_____ age	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F8.3 If he is dead, how old were you when he died?	_____ age  (If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one)	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F8.4 The main occupation of your father before age 60	0 professional or technical personnel/doctor/teacher 1 governmental, institutional or managerial personnel 2 staff/service worker/industrial worker 3 self-employed 4 agriculture, forestry, animal husbandry, fishery 5 housework 6 military personnel 7 unemployed 8 other, please specify: _____	<input type="radio"/>	<input type="checkbox"/>
F8.5 What was your father's occupation when you were a child?	0 professional or technical personnel/doctor/teacher 1 governmental, institutional or managerial personnel 2 staff/service worker/industrial worker 3 self-employed 4 agriculture, forestry, animal husbandry, fishery 5 housework 6 military personnel 7 unemployed 8 other, please specify: _____	<input type="radio"/>	<input type="checkbox"/>

F8.6	How many years of schooling did your father receive?	_____		○		□ □	
		(If he never attended school, fill '00'.)					
F9	How many biological siblings, including those who have died, do you have?	_____;		○		□ □	
		among them, _____ person(s) still alive					
F9.1	What is your birth order among all of your biological siblings?	_____		○		□ □	
		(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
sex: 1 male 2 female							
living or not:							
1 yes 2 no							
age: If alive, fill in the age at present.							
If dead, fill in the age at death.							
frequent visits?							
1 yes 2 no							
residence:							
1 in the same village/neighborhood							
2 in the same township/district							
3 in the same county/city							
4 in a county/city nearby							
5 elsewhere							
8 unknown							
(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)							
		1					
		2					
		3					
		4					
		5					
		6					
		7					
		8					
		9					
		10					
		11					
name	Address, if alive and aged 80 or over						



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>grand-children</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Yuan</td> <td>Yuan</td> <td>Yuan</td> </tr> </table>	sons and their spouses	daughters and their spouses	grand-children	<input type="text"/>	<input type="text"/>	<input type="text"/>	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"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><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"/>
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Yuan	Yuan	Yuan																			
sons and their spouses	daughters and their spouses	grand-children																			
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<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>grand-children</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Yuan</td> <td>Yuan</td> <td>Yuan</td> </tr> </table>	sons and their spouses	daughters and their spouses	grand-children	<input type="text"/>	<input type="text"/>	<input type="text"/>	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"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><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"/>
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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"/>																			
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 legal consulting services 7 health education 8 neighboring relations 9 others(please specify) _____	○	<table border="1"> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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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) _____	○	<table border="1"> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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F16. Which living arrangement do you prefer?	1 living alone (or with spouse), no matter how far children live 2 living alone (or with spouse), but it is better that children live nearby 3 coresidence with children 4 institutions (elderly center, elderly home, etc.) 5 do not know	○	<table border="1"> <tr><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>																	
<input type="checkbox"/>																					

<b>G. OBJECTIVE EXAMINATION AND ILLNESSES</b> <b>ATTENTION:</b> The questions and items in the bold font are applicable to the interviewees in the six longevity areas only, and they should be skipped for interviews in the other areas than the six longevity areas.	Code
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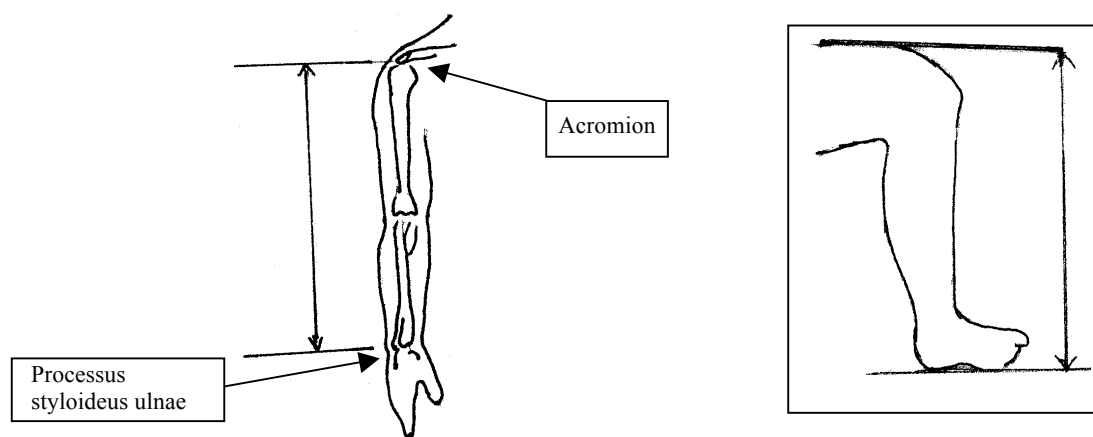
G0.1 How about the quality of your sleep?	1 very good   2 good   3 so so 4 bad   5 very bad	<input type="radio"/>	<input type="checkbox"/>
G0.2 How many hours do you sleep normally?	_____ hours	<input type="radio"/>	<input type="checkbox"/>
G1 Can the interviewee see a break in the circle on the cardboard 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="checkbox"/> <input type="checkbox"/>
G2.2 Does the interviewee have false teeth?	1 yes   2 no		<input type="checkbox"/>
G3 Can the interviewee use chopsticks to eat?	1 yes   2 no		<input type="checkbox"/>
G4 Which hand do you normally use for eating:	1 right-hand 2 left-hand		<input type="checkbox"/>
G5. Blood pressure			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G5.1 Systolic	_____ mm mercury		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G5.2 Diastolic	_____ mm mercury		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G7 Heart rate	_____ beats/min		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G8 Upper extremities - can interviewee put	1 right   2 left		<input type="checkbox"/>
G8.1 Hand behind neck	3 both   4 neither		
G8.2 Hand behind lower back	1 right   2 left		<input type="checkbox"/>
	3 both   4 neither		
G8.3 Raise arms upright	1 right   2 left		<input type="checkbox"/>
	3 both   4 neither		
G9 Can the interviewee stand up from sitting in a chair?	1 yes, without using hands 2 yes, using hands 3 no		<input type="checkbox"/>
G10.1 Weight	_____ kg		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G10.2 Height of the interviewee:			
directly measured:	_____ cm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
measured from the top of the right arm bone to the top of the right shoulder	_____ cm		<input type="checkbox"/> <input type="checkbox"/>
measured from the right knee joint to the ground	_____ cm		<input type="checkbox"/> <input type="checkbox"/>

# G10.2 How to indirectly measure height of the elderly :

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

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

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



G11	Was the interviewee able to pick up a book from the floor?	1 yes, standing 2 yes, sitting      3 no		<input type="checkbox"/>
G12	Was the interviewee able to turn around 360° without help? <i>If yes, please count the number of steps required to finish the turn.</i>	_____ steps (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 within 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 Chronic nephritis				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Galactophore disease				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Uterine tumor				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Hepatitis				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Others, please specify:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G16 Do you allow your saliva to be collected?	1 already been collected 2 refused 3 no ability to be collected 4 no relative equipments		<input type="radio"/>	<input type="checkbox"/>		

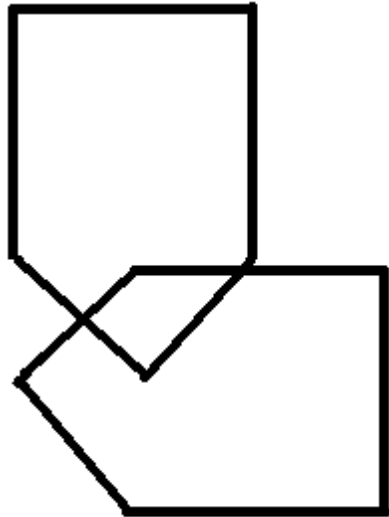
H. QUESTIONS FOR INTERVIEWER			Code
H1 Was the interviewee able to hear what you said?	1 yes, without hearing aid 2 yes, but needs hearing aid 3 partly, despite hearing aid 4 no		<input type="checkbox"/>
H2.1 Was the interviewee able to participate in the physical check during the interview?	1 yes ---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

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><i>According to Article 14 of Chapter 3 of the Law on Statistics, all information collected in this survey will be treated as strictly confidential. We will not tell anyone, including the elder him/herself, that you have helped to provide us information by answering the following questions, and your name will not be written down anywhere. The information collected here is purely for scientific research and no one except qualified researchers will have access to this information. There will be NO connection between information collected here and the personal honor of the elder or any benefits she/he receives.</i></p> <p><b>The elder's name:</b> _____ <b>Sex:</b> _____ <b>Code:</b> _____ <b>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 for Deceased Interviewees

## Survey on Determinants of Healthy Longevity

### in China (2008)

No. ☐☐☐☐

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

<input type="checkbox"/>  <input type="checkbox"/>	Province code	<input type="checkbox"/> <input type="checkbox"/>
	County (district) code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Pre-assigned code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Previous interview(s) of the deceased elder ☐  
**A.** interviewed in 1998, 2000, 2002, and 2005. **B.** interviewed in 2000, 2002 and 2005 but not interviewed in 1998. **C.** interviewed in 2002 and 2005 but not interviewed in 1998 and 2002. **D.** interviewed in 2005 only.

Place of residence of the deceased elder at death ☐  
 1. city 2. town 3. rural area

Name of deceased elder \_\_\_\_\_

Name of proxy reporter \_\_\_\_\_ Signature of proxy reporter \_\_\_\_\_

**Relationship between deceased elder and proxy** ☐

1.spouse 2.child 3. child's spouse 4. grandchild or grandchild's spouse 5.relative  
 6. neighbor 7.community service personal 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 \_\_\_\_\_;

1. Sex	1. male 2. female	<input type="checkbox"/>
2. Marital status before death	1. married and living with spouse 2. married but separated from spouse 3. divorced 4. widowed 5. never married	<input type="checkbox"/>
3-1. Main living arrangement in the last year of life	1. institution 2. alone due to never married 3. alone due to widowed or divorced 4. with spouse only 5. with married child(ren)/grandchild(ren) 6. with married grandchild(ren) only 7. with unmarried child(ren)/grandchild(ren) 8. with other relative(s) 9. other (please specify)_____	<input type="checkbox"/>
3-2. Number of persons living in the household before death (including the deceased elder)	_____ person(s )	<input type="checkbox"/> <input type="checkbox"/>
4. Number of generations within the household	1. one generation 2. two generations 3. three generations 4. four or more generations	<input type="checkbox"/>
5. Place of death	1. home 2. hospital 3. institution 4. other (please specify)_____	<input type="checkbox"/>
7. Primary caregiver before death (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 give care 9. no need to receive 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 death.	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"/>
9-2. What kind of diseases did he/she suffer? For how many days?	first time _____ (disease), _____ days second time _____ (disease), _____ days third time _____ (disease), _____ days (If more than three times, please ask for the last time.)	<input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Names of diseases in question 9-2 can be seen in question 10.		
10. What diseases did elder suffer from before death?	01. hypertension	0 no 1 yes <input type="checkbox"/>
	02. diabetes	0 no 1 yes <input type="checkbox"/>
	03. heart disease	0 no 1 yes <input type="checkbox"/>

	04. stroke , CVD	0 no	1 yes	<input type="checkbox"/>
	05. bronchitis, emphysema, pneumonia, asthma	0 no	1 yes	<input type="checkbox"/>
	06. tuberculosis (TB)	0 no	1 yes	<input type="checkbox"/>
	07. glaucoma or cataract	0 no	1 yes	<input type="checkbox"/>
	08. prostate tumor	0 no	1 yes	<input type="checkbox"/>
	09. gastric or duodenal ulcer	0 no	1 yes	<input type="checkbox"/>
	10. Gynecological diseases	0 no	1 yes	<input type="checkbox"/>
	11. Internal medical diseases	0 no	1 yes	<input type="checkbox"/>
	12. Parkinson's disease	0 no	1 yes	<input type="checkbox"/>
	13. bed sore	0 no	1 yes	<input type="checkbox"/>
	14. dementia	0 no	1 yes	<input type="checkbox"/>
	15. psychosis	0 no	1 yes	<input type="checkbox"/>
	16. neuropathy	0 no	1 yes	<input type="checkbox"/>
	17. arthritis	0 no	1 yes	<input type="checkbox"/>
	18. other (please specify)_____			<input type="checkbox"/>
	11. Did the deceased elder get timely treatment when he/she was ill before death?	1.yes 2. no 3. was not ill		
12. Main financial source before death	1. retirement wage 2. spouse 3. child(ren) 4. grandchild(ren) 5. other relative(s) 6. local government or community 7. own work 8. other (please specify)_____			<input type="checkbox"/>
13. Household annual income per capita in the year before death	_____ Yuan (RMB) (fill 99998, if more than 100,000)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14. Were the following facilities available in the elder's home before he/she died? (multiple choices)	1. toilet	0 no	1 yes	<input type="checkbox"/>
	2. tap water	0 no	1 yes	<input type="checkbox"/>
	3. bathing/showering facility	0 no	1 yes	<input type="checkbox"/>
	4. heater(heating system)	0 no	1 yes	<input type="checkbox"/>
	5. TV	0 no	1 yes	<input type="checkbox"/>
	6. washing machine	0 no	1 yes	<input type="checkbox"/>
	7. telephone	0 no	1 yes	<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. Who mainly paid the medical costs for the deceased elder?	01. state Medicare fund 02. the deceased elder 03. spouse 04. shared by children (including grandchildren) living or not living together 05. cooperate Medicare fund 06. state or collective subsidy 07. medical insurance 08. no money to pay medical costs 09. other (please specify)	<input type="checkbox"/> <input type="checkbox"/>
17. Total medical costs of the deceased elder in the last year of life (including both insurance and out-of-pocket expenses)	Total expenses: _____ Yuan (RMB) (fill 99998, if more than 100,000)  Of which paid by family (self, spouse, children, etc.) _____ Yuan (RMB)	<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"/>
18-1. Functioning in bathing before death	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-2. Functioning in dressing before death	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-3. Functioning in using toilet before death	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-4. Functioning in indoor transferring before death	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-5. Functioning in continence before death	1. able to control. 2. occasional accidents. Days lasted _____ 3. catheter was used or was incontinent. Days lasted _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-6. Functioning in self-feeding before death	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18-7. Days that elder was fully dependent on others for functioning before death	_____ days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18-8. Total cost of caregiving (includes nursing, cost for labor hours lost, costs for home visits and so on, but excludes cost of medications)	_____ 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 of caregiving (includes nursing and costs of home visits, but excludes cost of labor hours lost and cost of medications)	_____ 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 him/her self 3 spouse                4 children/grandchild 5 state/collectives    6 other	<input type="checkbox"/>

19. How many days did the elder not go outdoors to chat with others frequently before death?	_____ days	<input type="text"/> <input type="text"/> <input type="text"/>
20. How many days did the elder stay in bed longer than being out of bed in the daytime before death?	_____ 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 yes, _____ time(s) /per day	<input type="text"/> , <input type="text"/> <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. liquor 2. wine 3. rice wine 4. 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 ever tell the family that the death was coming?	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 pain 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. Did the deceased elder experience periods of unconsciousness?	1. no 2. yes; if yes, _____ days unconscious	<input type="text"/> , <input type="text"/> <input type="text"/>