

Questionnaire on Determinants of Healthy Longevity in China, 1998



Province	<input type="text"/>
County or city	<input type="text"/>
Pre-assigned basic code	<input type="text"/>
Category of sampled elder: (A) centenarians (B) nonagenarians (C) octogenarians	<input type="checkbox"/>
Is the interviewee the originally sampled elder or the first, second, third ... sibling aged 80+ of the originally sampled elder with above basic code?	<input type="checkbox"/>
0 originally sampled elder 1 1 st sibling 2 2 nd sibling 3 3 rd sibling 4 4 th sibling	
If this interviewee is the sibling of an originally sampled elder, what is the relationship to the originally sampled elder?	<input type="checkbox"/>
1 sibling 2 half sibling 3 adopted sibling 4 other, please specify: _____	

Interviewee's name: _____ Tel.: _____

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

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

Interview Record

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

Signature

Interviewer: _____ Date: ____ day ____ month ____ year

Doctor: _____ Date: ____ day ____ month ____ year

Supervisor: _____ Date: ____ day ____ month ____ year

Guarantee for interviewee

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

General Instructions to interviewer

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

A. Basic Information					Code			
A1	Sex:	1 male	2 female	<input type="radio"/>	<input type="checkbox"/>			
A2	Ethnic group:	_____			<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>		
A3.1	Animal year of interviewee's birth	1 rat	2 ox	3 tiger	4 rabbit	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>	
		5 dragon	6 snake	7 horse				
		8 sheep	9 monkey	10 rooster				
		11 dog	12 boar					
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	Place of birth	province _____			<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>		
		county or city _____				<input type="checkbox"/> <input type="checkbox"/>		
A4.2	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	3 in a nursing home	<input type="radio"/>	<input type="checkbox"/>		
A5.2	How many people are living with you?	_____ person(s)			<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>		
A5.3	Who are they? (Use back of paper for additional people if necessary.)	relationship with interviewee	name	sex	age	relationship	age	sex
						<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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						<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"/>
A5.4	If living alone or in nursing home, since when?	year _____	month _____	<input type="radio"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

B. Life Evaluation and Personality (to be answered only by interviewee)		Code
* B1.1 How do you rate your life at present?	1 very good 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"/>
<p><i>People have their own disposition. Here are some statements of people's descriptions of their disposition. How similar are you to these people? You may have different degrees of similarity to these people. We have five degrees: very similar, similar, so-so, not similar, not similar at all. For example, if someone says, 'I am always happy,' you should choose 'very similar' if you feel exactly the same as that person; You should choose 'similar' if you feel almost the same as that person; You should choose 'so-so' if you sometimes feel like that person, and sometimes not; you should choose 'not similar' if you are not the same as that person; You should say 'not similar at all' if you are very different from that person. Now I will list these people one by one, please tell me the degree of your similarity to each of them.</i></p>		
* B2.1 I always look on the bright side of things.	1 very similar 2 similar 3 so-so 4 not similar 5 not similar at all 8 not able to answer	<input type="checkbox"/>
* B2.2 I like to keep my belongings neat and clean.	1 very similar 2 similar 3 so-so 4 not similar 5 not similar at all 8 not able to answer	<input type="checkbox"/>
* B2.3 I often feel fearful or anxious.	1 very similar 2 similar 3 so-so 4 not similar 5 not similar at all 8 not able to answer	<input type="checkbox"/>
* B2.4 I often feel lonely and isolated.	1 very similar 2 similar 3 so-so 4 not similar 5 not similar at all 8 not able to answer	<input type="checkbox"/>
* B2.5 I can make my own decisions concerning my personal affairs.	1 very similar 2 similar 3 so-so 4 not similar 5 not similar at all 8 not able to answer	<input type="checkbox"/>
* B2.6 The older I get, the more useless I feel.	1 very similar 2 similar 3 so-so 4 not similar 5 not similar at all 8 not able to answer	<input type="checkbox"/>
* B2.7 I am as happy now as when I was younger.	1 very similar 2 similar 3 so-so 4 not similar 5 not similar at all 8 not able to answer	<input type="checkbox"/>

C1 ORIENTATION (to be answered only by interviewee)		
* 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 animal year of this year?	1 correct 0 wrong 8 not able to answer	<input type="checkbox"/>
* C1.3 What is the date (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?	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 only by interviewee)		
* C2.1 I am now going to test your memory. I will mention three objects. <i>(Mention the following three objects without making a pause:)</i> table, apple, clothes Please repeat these three objects. <i>(Evaluation based on first attempt only)</i> table apple clothes	1 correct 0 wrong 8 not able to answer _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* C2.2 <i>If answers are insufficient or incorrect on 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.</i>	_____ attempts	<input type="checkbox"/>
C3 ATTENTION AND CALCULATION (to be answered only by interviewee)		
* 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><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>1st 1 correct 0 wrong 8 not able to answer</p> <p>2nd 1 correct 0 wrong 8 not able to answer</p> <p>3rd 1 correct 0 wrong 8 not able to answer</p> <p>4th 1 correct 0 wrong 8 not able to answer</p> <p>5th 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 Card B.</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 not able to do this</p>	<input type="checkbox"/>
<p>C4 RECALL (to be answered only by interviewee)</p>		
<p>* C4.1 Please repeat the three words (in any order) that I asked you to repeat a little while ago.</p> <p><i>(Note the correct or the wrong answers as the scores.)</i></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"/>
<p>C5 LANGUAGE (to be answered only by interviewee)</p>		
<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"/>
<p>* C5.2 I will now ask you to repeat the following sentence:</p> <p>'There are plants in front of the house and in back of the house.'</p> <p><i>(Circle '1' only if repeated correctly on the first attempt.)</i></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> <p>_____</p> <p>_____</p>		<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Was the interviewee able to answer the questions in sections B and C?</p>	<p>1 yes 2 no 3 partly</p>		<p><input type="checkbox"/></p>
<p>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 other (please explain): _____</p>		<p><input type="checkbox"/></p>

D. LIFE STYLE			
<p>D1 Please tell us the main food you eat.</p>	<p>1 rice 2 corn (maize) 3 wheat (noodles and bread etc.) 4 other: _____</p>	<p><input type="radio"/></p>	<p><input type="checkbox"/></p>
<p>D2 How much of the above food do you normally eat per day?</p>	<p>_____ <i>liang</i></p>	<p><input type="radio"/></p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>D3.1 Do you eat fresh fruit?</p>	<p>1 almost everyday year round 2 almost everyday except in winter 3 occasionally 4 rarely or never</p>	<p><input type="radio"/></p>	<p><input type="checkbox"/></p>

D3.2 Do you eat fresh vegetables?	1 almost everyday year round 2 almost everyday except in winter 3 occasionally 4 rarely or never	<input type="radio"/>	<input type="checkbox"/>
D4 Please tell me what other kinds of food you normally eat and how often.	around age 60	at present	around age 60 at present
1 almost everyday 2 occasionally 3 rarely or never	meat		<input type="checkbox"/> <input type="checkbox"/>
	fish		<input type="checkbox"/> <input type="checkbox"/>
	eggs		<input type="checkbox"/> <input type="checkbox"/>
	food made from beans (tofu, etc.)		<input type="checkbox"/> <input type="checkbox"/>
	salt-preserved vegetables		<input type="checkbox"/> <input type="checkbox"/>
	sugar		<input type="checkbox"/> <input type="checkbox"/>
	tea		<input type="checkbox"/> <input type="checkbox"/>
	garlic		<input type="checkbox"/> <input type="checkbox"/>
D5 What kind of water do you drink?	childhood	around age 60	at 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			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D6.1 Do you smoke at the present time?	1 yes 2 no		<input type="checkbox"/>
D6.2 Did you smoke in the past?	1 yes 2 no		<input type="checkbox"/>
D6.3 How old were you when you began to smoke?	age _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D6.4 How old were you when you stopped smoking if you don't smoke at present?	age _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D6.5 If you smoke at the present time, how many times per day on average do you smoke?	times _____		<input type="checkbox"/> <input type="checkbox"/>
D6.6 If you smoked in the past but not at present, how many times per day on average did you smoke?	times _____		<input type="checkbox"/> <input type="checkbox"/>
D7.1 Do you drink alcohol at the present time?	1 yes 2 no		<input type="checkbox"/>
D7.2 Did you drink alcohol in the past?	1 yes 2 no		<input type="checkbox"/>
D7.3 How old were you when you began to drink alcohol?	age _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

D7.4	How old were you when stopped drinking alcohol if you don't drink alcohol at present?	age _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D7.5	If you drink alcohol at the present time (drank in the past), how much per day on average do you drink?	_____ <i>liang</i>	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>
D7.6	If you drink at the present time (drank in the past), what kind of alcohol do you drink?	1 liquor 2 wine 3 rice wine	<input type="radio"/>	<input type="checkbox"/>
D8.1	Do you do exercises regularly at present?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
D8.2	Did you do exercises regularly in the past?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
D8.3	How old were you when you began to do exercises?	age _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D8.4	How old were you when you stopped doing exercises if you don't do exercises at present?	age _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D9.1	Have you done physical labor regularly?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
D9.2	If yes, from which age to which age?	from age _____ to age _____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D10	Do you now perform the following activities regularly?		<input type="radio"/>	
	housework	1 almost everyday 2 sometimes 3 never	<input type="radio"/>	<input type="checkbox"/>
	grow vegetables & other field work	1 almost everyday 2 sometimes 3 never	<input type="radio"/>	<input type="checkbox"/>
	garden work	1 almost everyday 2 sometimes 3 never	<input type="radio"/>	<input type="checkbox"/>
	read newspapers/books	1 almost everyday 2 sometimes 3 never	<input type="radio"/>	<input type="checkbox"/>
	raise domestic animals	1 almost everyday 2 sometimes 3 never	<input type="radio"/>	<input type="checkbox"/>
	play cards and/or mah-jong	1 almost everyday 2 sometimes 3 never	<input type="radio"/>	<input type="checkbox"/>
	watch TV and/or listen to radio	1 almost everyday 2 sometimes 3 never	<input type="radio"/>	<input type="checkbox"/>
	religious activities	1 almost everyday 2 sometimes 3 never	<input type="radio"/>	<input type="checkbox"/>

E. KATZ' ADL			Code
For each area of functioning listed below, check the description that applies. (The word 'assistance' means supervision, direction, or personal assistance.)			
E1 Bathing – either sponge bath, tub bath, shower or washing the body	1 receives no assistance (gets in and out of tub alone if tub is usual means of bathing) 2 receives assistance in bathing only for part of the body (such as back or a leg) 3 receives assistance in bathing more than one part of the body (or doesn't bathe)	<input type="radio"/>	<input type="checkbox"/>
E2 Dressing – gets clothes from closets and drawers – including underwear, outer garments and fasteners (including suspenders if worn)	1 gets clothes and gets completely dressed without assistance 2 gets clothes and gets dressed without assistance except for tying shoes 3 receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed	<input type="radio"/>	<input type="checkbox"/>
E3 Toilet – going to the toilet; cleaning oneself afterwards	1 goes to the toilet, cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair) 2 receives assistance in going to the toilet or in cleaning self or in arranging clothes afterwards or in use of night bedpan or commode 3 doesn't use a toilet	<input type="radio"/>	<input type="checkbox"/>
E4 Transfer	1 gets in and out of bed as well as in and out of a chair without assistance (may use object for support such as cane or walker) 2 gets in and out of bed or chair with assistance 3 bedridden	<input type="radio"/>	<input type="checkbox"/>
E5 Continence	1 has complete control of urination and bowel movement without assistance 2 has occasional 'accidents' 3 supervision helps keep urine or bowel control; catheter is used or elder is incontinent	<input type="radio"/>	<input type="checkbox"/>
E6 Feeding	1 feeds self without assistance 2 feeds self, with some help 3 receives assistance in feeding or is fed partly or completely intravenously	<input type="radio"/>	<input type="checkbox"/>

F. PERSONAL BACKGROUND					Code					
F1	How many years did you attend school?	_____			<input type="radio"/>	□□				
F2	What was your main occupation before age 60?	0 professional and technical personnel 1 governmental, institutional or managerial personnel 2 agriculture, forest, animal husbandry 3 fishery worker 4 industrial worker 5 commercial or service worker 6 military personnel 7 housework 8 other, please specify: _____			<input type="radio"/>	□				
F3.1	What is your main means of financial support?	1 retirement wages 2 spouse 3 children 4 grandchildren 5 other relative 6 from local government or community 7 work 8 other, please specify: _____			<input type="radio"/>	□				
F3.2	What is your second-most important means of financial support?	1 retirement wages 2 spouse 3 children 4 grandchildren 5 other relative 6 from local government or community 7 work 8 other, please specify: _____			<input type="radio"/>	□				
F4.1	Current marital status:	1 married and living with spouse 2 separated 3 divorced 4 widowed 5 never married			<input type="radio"/>	□				
F4.2	How many times have you been married?	_____			<input type="radio"/>	□□				
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>	1 st marriage		1 married 2 divorced 3 widowed		1 good 2 so-so 3 bad	<input type="radio"/>	□□□□	□	□□□□	□
	2 nd marriage		1 married 2 divorced 3 widowed		1 good 2 so-so 3 bad	<input type="radio"/>	□□□□	□	□□□□	□
	3 rd marriage		1 married 2 divorced 3 widowed		1 good 2 so-so 3 bad	<input type="radio"/>	□□□□	□	□□□□	□
	4 th marriage		1 married 2 divorced 3 widowed		1 good 2 so-so 3 bad	<input type="radio"/>	□□□□	□	□□□□	□

F4.4 How many years did your last spouse attend school?	_____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/>
F4.5 What was your last spouse's main occupation before age 60?	0 professional and technical personnel 1 governmental, institutional or managerial personnel 2 agriculture, forest, animal husbandry 3 fishery worker 4 industrial worker 5 commercial or service worker 6 military personnel 7 housework 8 other, please specify: _____	<input type="radio"/>	<input type="checkbox"/>
F5 When you are sick, who usually takes care of you?	1 children and/or spouse 2 other family members 3 friends 4 live-in caregiver 5 social service 6 nobody	<input type="radio"/>	<input type="checkbox"/>
F6.1 Can you get adequate medical service when you are sick?	1 yes 2 no 3 never been sick	<input type="radio"/>	<input type="checkbox"/>
F6.2 Could you get adequate medical service when you were sick at around age 80?	1 yes 2 no 3 never was sick	<input type="radio"/>	<input type="checkbox"/>
F6.3 Could you get adequate medical service when you were sick at around age 60?	1 yes 2 no 3 never was sick	<input type="radio"/>	<input type="checkbox"/>
F6.4 Could you get adequate medical service when you were sick in childhood?	1 yes 2 no 3 never was sick	<input type="radio"/>	<input type="checkbox"/>
F6.5 Did you frequently go to bed hungry as a child?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
F7.1 Is your mother alive?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
F7.2 If so, how old is she?	_____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F7.3 If not, how old was she when she died?	_____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F7.4 If she is dead, how old were you when she died?	_____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F8.1 Is your father alive?	1 yes 2 no	<input type="radio"/>	<input type="checkbox"/>
F8.2 If so, how old is he?	_____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F8.3 If not, how old was he when he died?	_____	<input type="radio"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

G. OBJECTIVE EXAMINATION AND ILLNESSES		Code
G1	Can the interviewee see a break in the circle on the cardboard sheet when lit by a flashlight and distinguish where the break is located? 1 can see and distinguish 2 can see only 3 cannot see 4 blind	<input type="checkbox"/>
G2.1	How many natural teeth does the interviewee have?	<input type="text"/>
G2.2	Does the interviewee have false teeth? 1 yes 2 no	<input type="checkbox"/>
G3	Can the interviewee use chopsticks to eat? 1 yes 2 no	<input type="checkbox"/>
G4	Which hand do you normally use for eating? 1 right-hand 2 left-hand	<input type="checkbox"/>

G5. Blood pressure			
G5.1 Systolic	_____ mm mercury		<input type="text"/> <input type="text"/> <input type="text"/>
G5.2 Diastolic	_____ mm mercury		<input type="text"/> <input type="text"/> <input type="text"/>
G6 Rhythm of heart	1 regular 2 irregular		<input type="checkbox"/>
G7 Heart rate	_____ beats/min		<input type="text"/> <input type="text"/> <input type="text"/>
G8 Height			
G8.1 Acromion – process styloideus ulnae	_____ cm		<input type="text"/> <input type="text"/>
G8.2 Right knee to the floor	_____ cm		<input type="text"/> <input type="text"/>
G9 Measurement of peak flow	_____		<input type="text"/> <input type="text"/> <input type="text"/>
G10 Upper extremities - can interviewee put:			<input type="checkbox"/>
G10.1 Hand behind neck	1 right 2 left 3 both 4 neither		
G10.2 Hand behind lower back	1 right 2 left 3 both 4 neither		<input type="checkbox"/>
G11 Can the interviewee stand up from sitting in a chair?	1 yes, without using hands 2 yes, using hands 3 no		<input type="checkbox"/>
G12 Weight	_____ kg		<input type="text"/> <input type="text"/> <input type="text"/>
G13 Was the interviewee able to pick up a book from the floor?	1 yes, standing 2 yes, sitting 3 no		<input type="checkbox"/>
G14 Was the interviewee able to turn around 360° without help? <i>If yes, please count the number of steps required to finish the turn.</i>	_____ steps (<i>if no, fill in '00'</i>)		<input type="text"/> <input type="text"/>
G15 Blood dry-spot sample from a finger (1) Prick the finger, dripping the blood onto five circles of the filter paper. All five circles should be fully filled ; (2) Blood should permeate the filter paper ; (3) No one (except the interviewee) should touch the filter paper except on the edges ; (4) Put the dried blood into envelopes (made of Manila paper) and seal them ; (5) Store them in a dry place until they are mailed.			
G16 How many times have you suffered serious illness which required hospitalization or caused you to be bedridden at home in the past 2 years?	_____ (<i>if no illnesses, fill in '00'; if permanently bedridden, fill in '88'</i>)		<input type="text"/> <input type="text"/>

G17 Are you suffering from any of the following?	yes or no	disability in daily life		yes or no	disability
	1 yes 2. no 3 don't know	1 rather serious 2 more or less 3 no			
hypertension			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
diabetes			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
heart disease			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
stroke , cerebrovascular disease			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
bronchitis, pulmonary emphysema, asthma, pneumonia			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
pulmonary tuberculosis			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
cataract			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
glaucoma			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
cancer			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
prostate tumor			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
gastric or duodenal ulcer			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
bedsore			<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
others, please specify: _____			<input type="radio"/>	<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 (volume of hearing aid: _____) 3 partly, despite hearing aid (volume of hearing aid: _____) 4 no		hearing ability	volume
			<input type="checkbox"/>	<input type="checkbox"/>
H2 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"/>
H3 Have blood dry-spot samples been taken? If not, why not?	1 yes 2 no reason: _____			<input type="checkbox"/>

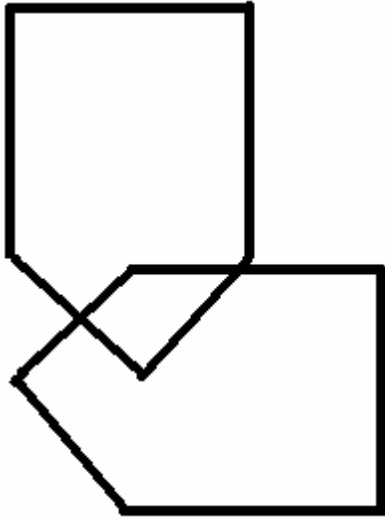
H4	Date of birth printed on the household booklet	_____year ____month ____day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H4.1	Was the date of birth printed on the household booklet the same as the self-reported age? If not, which one do you consider correct?	1 no 2 yes 3 no self-reporting 1 self-reported age 2 household booklet 3 not sure	<input type="checkbox"/> <input type="checkbox"/>
H5	Please write down 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>	_____	
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	<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 who mainly 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 live-in caregiver 8 other	<input type="checkbox"/>
H8	Photograph:		
H8.1	Interviewee's personal photo	1 yes 2 no	<input type="checkbox"/>
H8.2	Photo with interviewee's family	1 yes 2 no	<input type="checkbox"/>

SPECIAL OBSERVATIONS

<p>SPECIAL OBSERVATIONS</p>

I. SPECIAL QUESTIONS (only applicable to those aged 105 or above)		Code												
<p>Note to all persons who help to answer the questions listed below:</p> <p><i>According to article 14 of chapter 3 of the Law on Statistics, all information collected in this survey will be treated as strictly confidential. We will not tell anyone, including the elder him/herself, that you have helped to provide us information by answering the following questions, and your name will not be written down anywhere. The information collected here is purely for scientific research and nobody except qualified researchers will have access to this information. There will be NO connection between information collected here and the personal honour of the elder or any benefits she/he receives.</i></p> <p>The elder's name: _____ Sex: _____ Code: _____ Self-reported age: _____</p>														
<p>S1 Information obtained from the elder's neighbors:</p> <p>What is your opinion about this?</p> <p><i>(Present these possibilities and ask the respondent to chose one. The respondent should freely chose one based on the facts he or she knows.)</i></p>	<p>1 I do not think the elder's age is correct. 2 I have doubts about the elder's age. 3 Perhaps the elder's age is correct, perhaps not – I do not know. 4 I suppose the elder's age is correct, but I do not know for sure. 5 I am absolutely sure the elder's age is correct.</p> <p><i>Whatever answer the respondent chooses please ask him or her to explain why:</i></p> <p>_____</p>	<input type="checkbox"/>												
<p>S2 Information obtained from the village leader or the neighborhood committee leader:</p> <p>What is your opinion about this?</p> <p><i>(Present these possibilities and ask the respondent to chose one. The respondent should freely chose one based on the facts he or she knows.)</i></p>	<p>1 I do not think the elder's age is correct. 2 I have doubts about the elder's age. 3 Perhaps the elder's age is correct, perhaps not – I do not know. 4 I suppose the elder's age is correct, but I do not know for sure. 5 I am absolutely sure the elder's age is correct.</p> <p><i>Whatever answer the respondent chooses please ask him or her to explain why:</i></p> <p>_____</p>	<input type="checkbox"/>												
<p>S3 Information obtained from the Aging Association officer:</p> <p>What is your opinion about this?</p> <p><i>(Present these possibilities and ask the respondent to chose one. The respondent should freely chose one based on the facts he or she knows.)</i></p>	<p>1 I do not think the elder's age is correct. 2 I have doubts about the elder's age. 3 Perhaps the elder's age is correct, perhaps not – I do not know. 4 I suppose the elder's age is correct, but I do not know for sure. 5 I am absolutely sure the elder's age is correct.</p> <p><i>Whatever answer the respondent chooses please ask him or her to explain why:</i></p> <p>_____</p>	<input type="checkbox"/>												
<p>S4 If there are genealogical records for the elder, please locate them and answer the following questions:</p> <p>S4.1 Birth date of the elder:</p> <p>S4.2 Date of first marriage of the elder:</p>	<p>year____; month____; day____;</p> <p>year____; month____; day____;</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>												

B Card



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