

Approving Unit: Directorate General of Budget, Accounting and Statistics (DGBAS) of Executive Yuan
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 Unit of Execution: Health Promotion Administration, Ministry of Health and Welfare
 IRB Approval Number: XXXXX

Sample Code:(to be filled in by the interviewer)

D							
	Township Code				Serial Number		



Questionnaire for New Cohort

2015 Taiwan Longitudinal Study on Aging

Code of the respondent:
 Respondent's name: _____ Respondent's sex: 1. Male 2. Female
 Birthday: _____ Year _____ Month _____ Day
 Address: _____

TEL: _____ (Day) _____ (Night) Phone: _____

Type of residence:

1. General household
 2. Long-term care facilities/ Nursing home: Name of facilities: _____

Current Address: _____ City/County _____ Township/City/District

Has "The Letter to Respondent" been sent to the respondent in advance? 1. Yes 0. No

Number of visit (s): _____ Name of the interviewer: _____

Is the survey completed within one interview?

1. Yes 0. No, the survey is completed within _____ visits

Date of completion of the visit: ____/____/2015 (mm/dd/2015)

Is this a transferred case?

1. Case originally assigned 2. Case transferred by another interviewer

Is this a cross-regions interview?

0. No 1. Yes, _____ City/County _____ Township/City/District

Interviewers do not fill in the form below

Question number and notes for revisited	Counselor: _____ Date: ____Month ____Day ____Year First reviewer: _____ Date: ____Month ____Day ____Year Second reviewer: _____ Date: ____Month ____Day ____Year Recorder: _____
---	--

		Date: ____Month ____ Day ____ Year
--	--	------------------------------------

Please paste the sample card here after completion of the survey

【The questions on this page should be filled in by the interviewer】

Identifying the respondent or proxy

I1. The interviewee of this questionnaire is

- 1. The respondent **【Skip to section A】**
- 2. The proxy **【Continue with I2 and I3】**
- 3. The respondent and proxy **【Continue with I2 and I3】**

I2. The main reason for using a proxy is:

I2a. At the **beginning** of the interview, the proxy was used because the respondent was found to have:

- 1. A severe illness, or weakness as unable to continue
- 2. A hard of hearing, deaf and dumb, or unable to communicate
- 3. A mental problem or mental disorder
- 4. Other (Please specify): _____

I2b. **During** the interview, the proxy was used because the respondent was found to have:

- 1. Been unable to remember.
- 2. Been weak as unable to continue.
- 3. A bad physical and mental status that contributed to being unwilling to pay attention, to continue, or to answer.
- 4. Been felt emotionally unstable or sad
- 5. Other (Please specify): _____

I2b1. Proxy began from which question/section? Section_____ Question_____

I3. What is the relationship between the proxy and the respondents (the proxy is respondent's ___?)

- 11 Father
- 12 Mother
- 02 Spouse
- Son
- Daughter
- Daughter in law
- Other relative
- Other non-relative

→ [Please specify the relationship more precisely]

The questions with ★ in the questionnaire are only asked to the respondent.

The interview began in the: 1. morning 2. afternoon Time: _____ (24 hour o'clock system)

This "2015 Taiwan Longitudinal Study on Aging" aim to understand your family status, health status, utilization of medical services, social participation, employment and retirement plan, and economic status, as a reference for the government to formulate health and welfare policies.

Every answer you provide is very precious and has important information. In order to collect information that can truly reflect the health of the people across the country, please according to "your own real situation (or the respondent's)" to answer. Thank you for your cooperation.

A. Background Information, Marital and Living Situation

Basic profile

A1. According to the household registration information, your **actual birth date** is on

_____Month _____ Day _____Year. Is this date correct?

0. Incorrect 1. Correct **【Skip to A2】**



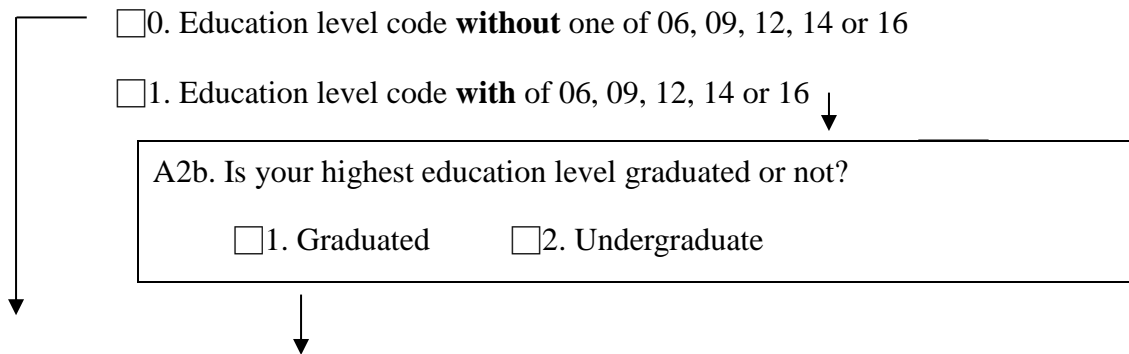
A1a. So, when were you actually born?

1. National Calendar: 2. Lunar calendar; On _____month _____day _____year

A2. What is your highest education level (highest level of schooling)? **【Please record the appropriate code:】**

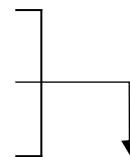
No formal education		Elementary school	Junior High	(Vocational) Senior High	University/ Tech. College	Graduate School	Unclear
Illiterate	Literate	010203040506	010203	010203	01020304		
00	90	010203040506	070809	101112	13141516	17+	99
		Elementary Level Course	Upper Level Course				91 School noncompletion of National Open University
		(Japanese System)	(Japanese System)	(Five-year junior college)			92 School noncompletion of Open Junior College

A2a. **【Interviewer verify】** :



A3. Where were you born? Were you born in Taiwan, or Mainland China, or Kinmen/Matsu, or other places?

- 1. Taiwan
- 2. Mainland China
- 3. Kinmen/Matsu
- 4. Other places (Please specify):_____



A4. What's the age for you coming to Taiwan?
 I came to Taiwan when I was _____years or came here in _____year

A5. Are you Fukianese, Hakka, Mainlander, or other?

- 1. Fukianese
- 2. Hakka
- 3. Mainlander
- 4. Aboriginal
- 5. Other (Please specify):_____

Childhood health

Now, I would like to ask some questions about your health status before the age of 16.

A6. How is your health condition before the age of 16?

- 1. Excellent 2. Good 3. Average 4. Not so good 5. Poor
- 6. Don't remember 7. The proxy doesn't know

A6a. **【Interviewer verify】** :

- 0. A6 was answered by the **proxy**
- 1. A6 was answered by the **respondent**

A7. **Before you were 16 years old**, did you stay in bed or stay at home (cannot work or go to school) for one month or more because of health problems?

- 1. Yes
 - 0. No
 - 6. Don't remember
 - 7. The proxy doesn't know
- _____ → **【Skip to A7b】**

A7a. What was the main reason or disease/symptom that caused you to stay in bed or stay at home for one month or more?
(1) _____ (2) _____

A7b. **【Interviewer verify】** :

- 0. A7~A7a was answered by the **proxy**
- 1. A7~A7a was answered by the **respondent**

Marital status

A8. What is your current marital status?

- 1. Married and has a living spouse
- 2. Never married
- 3. Widowed
- 4. Divorced
- 5. (Formally) separated

A8a. When did you get divorced/separated/widowed?
In _____ year or _____ years ago

A8b. Do you currently have a **partner** be together (referred commonly to couple who are not married)?

- 0. No **【Skip to A13】**
- 1. Yes

A8b1. How is the health status of your spouse?

- 1. Excellent
- 2. Good
- 3. Average
- 4. Not so good
- 5. Poor

A8b2. Does your spouse usually live with you?

- 0. No
- 1. Yes **【Skip to A9】**

A8b3. How is the health status of your partner (referred commonly to couple who are not married)?

- 1. Excellent
- 2. Good
- 3. Average
- 4. Not so good
- 5. Poor

6. Lost contact for too long, cannot tell

A8b4. Does your partner usually live with you?

- 0. No
- 1. Yes **【Skip to A9】**

A8c1. Why your spouse (partner) doesn't usually live with you?

- 1. Has another permanent residence
- 2. Works elsewhere temporarily
- 3. Temporarily away from home because of family reasons
- 4. Other (Please specify) _____

A8c2. How often do you meet?

- 1. Everyday
- 2. Every few days
- 3. Every week
- 4. Every month
- 5. Every few months
- 6. Every year
- 7. Other (Please specify) _____

【Continue to A9】

A9. When did you get married (or be together)?

In ___ month ___ year

A10. When was your spouse (partner) born? How old is he/she?

1. (If before 1911) ___ years before 1911 / 2. ___ year; or He/ She is ___ years old.

A11. Is he/she Fukianese, Hakka, Mainlander, or other?

- 1. Fukianese
- 2. Hakka
- 3. Mainlander
- 4. Aboriginal
- 5. Other (Please specify): _____

A12. What is his or her highest education level (highest level of schooling)? **【Please record the appropriate code:】**

No formal education		Elementary school	Junior High	(Vocational) Senior High	University/ Tech. College	Graduate School	Unclear
Illiterate	Literate	010203040506	010203	010203	01020304		
00	90	010203040506	070809	101112	13141516	17+	99
		Elementary Level Course	Upper Level Course				91 School noncompletion of National Open University
		(Japanese System)	(Japanese System)	(Five-year junior college)			92 School noncompletion of Open Junior College

A12a. **【Interviewer verify】** :

- 0. Education level code **without** one of 06, 09, 12, 14 or 16 **【Skip to A13】**
- 1. Education level code **with** of 06, 09, 12, 14 or 16

A12b. Is his/her highest education level graduated or not?

1. Graduated 2. Undergraduate

A13. **【Interviewer verify】** :

- 0. Never married (choose 2 in A8) **【Skip to A16】**
- 1. Have been married or married (choose 1, 3, 4, 5 in A8) **【Continue to ask A14】**

A14. Some people have the experience of **getting married** more than once. Have you ever experienced this situation?

0. No **【Skip to A15】**

1. Yes

↓

<p>A14a. Including this marriage, how many times have you been married? _____ times</p> <p>A14b. When was your first marriage? R.O.C. year____; or ____years old.</p> <p>A14c. When did your first marriage end? R.O.C. year____; or ____years old.</p> <p>A14d. Why did your first marriage end? <input type="checkbox"/>1. Widowed <input type="checkbox"/>2. Divorced <input type="checkbox"/>3. Separated</p>

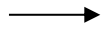
A15. Did you live alone with your spouse when you got married (for the first time)? Or live with your **parents (or parents in-laws)**? Or live with other relatives or other people? **【Living with parents can include other brothers and sisters】**

- 1. Live with spouse
- 2. Live with husband's parents
- 3. Live with wife's parents
- 4. Living with other relatives or other people (for example: just living with siblings)

Residence History

A16. Do you usually have a fixed residential place? Or do you live alternately with your children

- 1. Fixed Residence
- 2. Live alternately with children



A16a. Which children do you alternately stay with?

【 Write down the relationship to the respondent and his/her birth order 】

(1) (2) (3)

- 3. Other (Please specify) _____

★A16b. Do you like this house/residence/place?

- 1. Very much so
- 2. I like it
- 3. Average
- 4. Dislike it
- 5. Hate it

A17. How long have you lived here?

- 1. Lived in this house since birth **【 Skip to A19 】**
- 2. Lived for _____ years **【 If you took turns living, counted the time you started to live here 】**
- 3. Less than a year

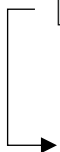
A17a. Why did you decide to move here? **【 Can choose more than one reason 】**

- a. Got married
- b. Separation from household
- c. Respondent or spouse changed jobs
- d. Sold off the land or closed business down
- e. Spouse or other family member died
- f. Unable to work or do housework alone due to aging or health issues
- g. Cannot get along with someone who used to live with the respondent
- h. Among children to go to school more convenient
- i. Moving with children
- j. Child(ren) needed his/her help

- k. Child(ren) wanted the respondent to live with him/her
- l. Changed/bought a house
- m. Arranged for live alternately with children
- n. Had to move here because of financial problems
- o. Other (Please specify): _____

A18. How long have you lived in this city/county/township/district?

- 1. Always live in this city/county/township/district **【Skip to A19】**
- 2. Have lived for _____ years **【If you took turns living, counted the time you started to live here】**



A18a. Where was the last time you lived in a city, country, or town?

- 1. Country/Rural
- 2. Town Street/County Street
- 3. City/Urban
- 4. Other (Please specify) _____

A19. Since childhood, have you spent most of your time living in the city? Or in the countryside (including town street)?

- 1. Living in cities for most of the time
- 2. Living in the country, rural area (including town street) for most of the time
- 3. Living in cities and villages for almost the same amount of time
- 4. Other: 1. The place of residence was originally a village, but later became a city
2. Other (Please specify) _____

★A20. Some elderly would prefer to live in an environment or place they preferred (satisfied). When you are 70 years old (or older than 70) to choose your place of residence or environment, do you think the following factors are important?

【Note: If the respondent thinks that his current place of residence is the best, should be continued to ask: Why do you think you live in the best place now? 】

	1. Important	0. Unimportant
1. Live with children	1	0
2. Live nearby with your children	1	0

3. Live nearby with friends	1	0
4. There are many activities or entertainment facilities nearby	1	0
5. A safe and quiet place	1	0
6. Clean and keep away from polluted places	1	0
7. Convenient place for medical treatment	1	0
8. Convenient place for transportation and shopping	1	0
9. Other (Please specify) _____	1	0

★A20a. Among the above factors, which one do you think is the **most important factor**?

★A20b. Which is the second most important factor? _____

B. Family Structure, Kinship, and Visits between Kinsfolks

B1. How many biological children do you **currently** have, including both of those **living and not living with you**?

Do you **currently** have adopted sons/daughters, step-sons, or step-daughters?

Children Category	【Please fill out the answers in the column of the following table】 Current Number of existing Children
B1a. Biological Son	
B1b. Biological Daughter	
B1c. Step/Adopted Son	
B1d. Step/Adopted Daughter	
Total	

B1e. 【Interviewer verify】 : 0. Currently **don't have any children** 【Skip to B9】

1. Currently has children



B2. How many usually live with you among all your children? How many doesn't live with you among yours?

The number of children **living with you**: _____ ; the number of children **not living with you**: _____

Status of Children

Please ask the questions from B3 to B6 according to the respondent's existing child(ren). **Please divided by children who are living with the respondent and who are not living with.** To fill out the answers in "Table I: Status of Children".

【Please record birth order of the children】

B3. What is the relation between you and he/she?

B4. Is he/she male or female? 1. Male 2. Female

B5. Did he/she ever get married? **【If yes】** Is he/she still with her/his spouse?

- | | | |
|---------------|--------------|--------------|
| 1. Married | 3. Separated | 5. Widowed |
| 2. Cohabiting | 4. Divorced | 6. Unmarried |

【Ask question B6 to B8 of child(ren) who does not live with the respondent.】

B6. Where does he/she live now?

1. Next door/or in the same building
2. The same neighborhood
3. The same or nearby city/town/village
4. Other places of Taiwan
5. Mainland China (Includes Hong Kong, Macao)
6. Overseas

B7. How often do you meet?

01. Everyday
02. Every few days
03. Every week
04. Every month
05. Every few months
06. Every year
07. Every few years or long time no see

B8. How often do you talk with him/her on the phone (including through Skype or instant message)?

01. Everyday
02. Every few days
03. Every week

- 04. Every month
- 05. Every few months
- 06. Every year
- 07. Every few years or long time no contact
- 08. No need to call or use the Internet
- 09. Cannot use phone or internet

Table I: Status of Child(ren)

Only ask the child(ren) who does not live with the respondent					
B3.	B4.	B5.	B6.	B7.	B8.
Household members (Please specify the relationship to the respondent and birth order in the family, such as the eldest son, second-eldest son, eldest daughter, second-eldest daughter)	Sex	Marital status	Where does he/she live?	How often do you meet?	How often do you talk to him/her on the phone (including through Skype or instant message)?
	1. Male 2. Female	1. Married 2. Cohabiting 3. Married, but separated 4. Divorced 5. Widowed 6. Unmarried	1. Next door/ or in the same building 2. Same neighborhood 3. Same or nearby city/town/village 4. Other places of Taiwan 5. Mainland China (Includes Hong Kong, Macao) 6. Overseas	01. Everyday 02. Every few days 03. Every week 04. Every month 05. Every few months 06. Every year 07. Every few years or long time no see	01. Everyday 02. Every few days 03. Every week 04. Every month 05. Every few months 06. Every year 07. Every few years or long time no contact 08. No need to call or use the Internet 09. Cannot use phone or internet ※If the answer is "Contact him/her only if something comes up" then ask "Does it occur often"?
Relationship	Code (Do not fill in)				
Living with respondent					
01				/	
02					
03					
04					
05					
06					
07					
Not living with respondent					
01					

02						
03						
04						
05						
06						
07						
08						
09						
10						

Other Household Members

B9. **Excluding you, your spouse and child(ren)**, how many other people usually live with you?
 _____ People **【if the answer is zero, please skip to B14】**

B10. Please ask the questions B11~B13 of household members with the respondent, and fill out the answers in “Table II: Other Household Member(s) (Living with the Respondent)”.
 If household members are **daughters-in-law or sons-in-law**, please indicate the **birth order or kinship order of their spouse**.

Table II. Other Household Member(s) (Living with Respondent)

【Please do not fill out information of the respondent, his/her spouse and the child(ren).】

Household member(s) (Please specify the relationship to the respondent and birth order or kinship order.) Such as father, mother, father-in-law, mother-in-law, eldest daughter-in-law, second eldest daughter-in-law, grandson, granddaughter, or others		B12.	B13.
		Sex	Marital status
		1. Male 2. Female	1. Married 2. Cohabiting 3. Married, but separated 4. Divorced 5. Widowed 6. Unmarried
B11. What is the relation between you and he/she? 【Relationship】	Code (Do not fill in)		
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			

B14. According to what you've just said, including yourself, your spouse, and... (please read the records of people in Table I and Table II), your household usually includes _____people you just live with. Is that right?

【After confirming by the respondent, write down the total number of people in the household:】 _____people

B14a. **【Interviewer may fill in by him/herself】** Following Table I and Table II, select from the items that represent all the respondent's household members. **【Can choose more than one from b-k】**

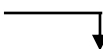
- a. Live alone
- b. Spouse (or partner)
- c. Unmarried child(ren)
- d. Married son(s)
- e. Daughter-in-law(s)
- f. Husband's parent(s)
- g. Wife's parents
- h. Married daughter(s)
- i. Grandchild(ren)
- j. Other relatives
- k. Other non-relatives

【Note: "Husband/Wife" above refers to the respondent or his/her spouse.】

★B15. Are you satisfied with your current living arrangement?

- 1. Extremely satisfied
- 2. Satisfied
- 3. Average
- 4. Dissatisfied
- 5. Extremely dissatisfied

★B16. I would like to mention several common living arrangements, please tell me **which arrangement** do you like the most or what is the most hopeful one? **【Read the following items item by item for the respondent to choose one.】**

1. Living alone (or with spouse) 

B16a. **【Interviewer verify】** :

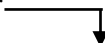
0. The respondent **doesn't have any children 【Skip to B17】**

1. The respondent **has children**

★B16b. If you are living alone, do you want to live near your son's or daughter's home?

0. No 1. Yes

【Skip to B17】

2. Live with son or daughter 

B16c. **【Interviewer verify】** :

1. **Current number of children is 0 or 1 【Skip to B17】**

2. **Current number of children is more than 2**

★B16d. Would you like to live in a fixed residence or take turns living in if you need to stay with your son or daughter?

1. In a fixed residence 2. In turn **【Skip to B17】**

★B16e. Would you like to live with married children, unmarried ones or one of them if you live in a fixed residence?

1. Married children

2. Unmarried children

3. It's all fine.

4. All children are married, or all children are unmarried, so I can't make a choice

【Skip to B17】

3. Live with relatives and friends

4. Living in institutions such as nursing homes, housing for the elderly, or apartments for the elderly

5. Other (Please specify) _____

Table III: Profile of the Respondents' Parents

	B17.			【 Questions only about living parent(s) 】				
	Still living or not?			【 Ask all 】		【 Ask only those not living together with respondent 】		
				B19.	B20.	B21.	B22.	B23.
Relationship to the respondent				Do you think of his/ her health status?	Always lives with you or with children alternately?	Where does he/she live?	How often do you meet?	How often do you talk to him/her on the phone (including through Skype or instant message)?
	0. Deceased 【Continue: How old did he/she die? Skip to the next person】 1. Living 【Continue with B19】			1. Excellent 2. Good 3. Average 4. Not Good 5. Poor	1. Always lives with the respondent 2. Lives with the respondent now, alternately lives sometimes 【Skip to the next person】 3. Lives elsewhere now; live with respondent sometimes 4. Always lives elsewhere	1. Next door/ or in the same building 【Skip to the next person. If it is 0, skip to B24】 2. Same neighborhood 3. Same or nearby city/town/village 4. Other places of Taiwan 5. Mainland China (Includes Hong Kong, Macao) 6. Overseas	01. Everyday 02. Every few days 03. Every week 04. Every month 05. Every few months 06. Every year 07. Every few years or long time no see	01. Everyday 02. Every few days 03. Every week 04. Every month 05. Every few months 06. Every year 07. Every few years or long time no contact 08. No need to call or use the Internet 09. Cannot use phone or internet ※If the answer is "Contact him/her only if something comes up" then ask "Does it occur often"?
	0 Deceased └─┬─>	B18. Please record the age of death 【Skip to the next person】	1 Alive └─┬─>					
01 Father	0		1					

02 Mother	0		1					
03 Father-in-law	0		1					
04 Mother-in-law	0		1					
05	0		1					
06	0		1					

Siblings

<p>B24. How many of your own brother(s)/sister(s) are still alive? (Please fill in the current number of people)</p> <p>a. Elder brother: _____ b. Younger brother: _____</p> <p>c. Elder sister: _____ d. Younger sister: _____</p> <p style="text-align: right;">【If none, skip to B24d】</p>
<p>B24a. Among all of them, how many siblings live in different places but live nearby or live in the same township/city/district?</p> <p>_____ sibling(s)</p>
<p>B24b. Among all of them, how many siblings don't live with you, but you contact (meet, phone or internet) them at least once a week on average? _____ sibling(s) 【If it is 0, skip to B24c】</p> <p>B24b_1. Meet every week: _____ people.</p> <p>B24b_2. Contact by phone or internet every week: _____ people</p>
<p>B24c. Among all of them, how many siblings don't live with you, but you contact (meet, phone or internet) them at least once a month on average? _____ sibling(s) 【If it is 0, skip to B24d】</p> <p>B24c_1. Meet every month: _____ people.</p> <p>B24c_2. Contact by phone or internet every month: _____ people</p>

B24d. **【Interviewer verify】** :

- 1. The respondent **has a spouse or partner** currently **【Answer 1 to Question A8 or Answer 1 to Question A8b】**
- 2. The respondent **has no spouse or partner** currently **【Skip to B26】**

<p>B25. How many siblings of your spouse (or partner) are still alive? (Please fill in the current number of people)</p> <p>a. Elder brother: _____ b. Younger brother: _____</p> <p>c. Elder sister: _____ d. Younger sister: _____</p> <p style="text-align: right;">【If none, skip to B26】</p>
<p>B25a. Among all of them, how many siblings live in different places but live nearby or live in the same township/city/district?</p> <p>_____ sibling(s)</p>
<p>B25b. Among all of them, how many siblings don't live with you, but you contact (meet, phone or internet) them at least once a week on average? _____ sibling(s) 【If it</p>

is 0, skip to B25c】

B25b_1. Meet every week: _____ people.

B25b_2. Contact by phone or internet every week: _____ people

B25c. Among all of them, how many siblings don't live with you, but you **contact (meet, phone or internet)** them at least **once a month on average**? _____ sibling(s) **【 If it is 0, skip to B26】**

B25c_1. Meet every month: _____ people.

B25c_2. Contact by phone or internet every month: _____ people

Grandchildren

B26. How many grandchildren do you have in total? _____grandchild(ren) **【If it is 0, skip to B27】**

B26a. How many of them **don't live with you**? _____grandchild(ren) **【If it is 0, skip to B27】**

B26b. How many of them **who don't live with you, but you contact (meet, phone or internet)** them **at least once a week** on average? _____grandchild(ren)

【If none, skip to B26c】

B26b_1. Meet every week: _____ people.

B26b_2. Contact by phone or internet every week: _____ people

B26c. How many of them who don't live with you, but you **contact (meet, phone or internet)** them at least every month on average?

_____grandchild(ren) **【If none, skip to B27】**

B26c_1. Meet every month: _____ people.

B26c_2. Contact by phone or internet every month: _____ people

Other Relatives

B27. How many of them do you **contact (meet, phone or internet)** at least once a week on average?

_____ people **【If none, skip to B28】**

B27a. Meet every week: _____ people.

B27b. Contact by phone or internet every week: _____ people

B28. How many of them do you **contact (meet, phone, or internet)** at least every month on average?

_____ people **【If it is 0, skip to B29】**

B28a. Meet every month: _____ people.

B28b. Contact by phone or internet every month: _____ people

Other Friends or Neighbors

B29. How many **neighbors or friends** do you **contact (meet, phone or internet)** at least **once a week** on average?

【Meaning close friends, not including business associates or nodding acquaintances】

_____ people **【If none, skip to B30】**

B29a. Meet every week: _____ people.

B29b. Contact by phone or internet every week: _____ people

B30. How many neighbors or friends do you **contact (meet, phone or internet)** at least **once a month** on average?

【Meaning close friends, not including business associates or nodding acquaintances】

_____ people **【If it is 0, skip to C1】**

B30a. Meet every month: _____ people.

B30b. Contact by phone or internet every month: _____ people

C. Health, Utilization of Medical Services and Hygiene behavior

Next, I would like to ask you some questions about health and health maintenance. First, I'd like to ask about:

Health Self-assessment

C1 . What do you think about your current health status:

1. Excellent 3. Average 4. Not so good
2. Good 5. Poor

C2 . How would you generally rate your health in comparison to last year?

1. Better 2. About the same 3. Worse

C2a . **【Interviewer verify】** : 0. C1~C2 was answered by the **proxy**

1. C1~C2 was answered by the **respondent**

Morbid state

C3. I am going to mention some illness that are common among people. Please tell me whether you had any of these illness before.

Interviewer's note: Please ask about each of the illness listed on the next page with "Record of Illness". Through the "self-report" or "inquire" from the respondent who indicates he/she "has/had" the illness, you have to continue to ask the following questions to the right on the form.

Record of Illness

Record of Illness/ symptom	C3. Did you ever have this ailment before?		For any C3 answers marked “Yes”, please continue to ask C3a-C3e】											
			C3a. Has a doctor diagnosed you with this ailment?		C3b. Have you seen a doctor because of this ailment in the past year?		C3c. Do you still have this ailment now?		C3d. Are you taking medicine or getting treatment for this ailment?			C3e. How much inconvenience does this ailment lead to your daily life?		
			0 No or not sure	1 Yes	0 No	1 Yes	0 No or not sure	1 Yes/Under Control	0 No	1 Occasionally or when necessary	2 Often or regularly	0 No effect	1 A little of inconvenience	2 serious inconvenience
(1) Hypertension	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(2) Diabetes	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(3) Heart disease (Palpitation doesn't count)	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(4) Stroke	0	1	0	1	0	1			0	1	2	0	1	2
(5) Cancer or malignant tumor	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(6) Bronchitis, emphysema, chronic obstructive pulmonary disease (COPD)	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(7) Asthma	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(8) Arthritis or rheumatism	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(9) Liver or gall bladder disease	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(10) Cataract	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(11) Glaucoma	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(12) Retinopathy	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(13) Renal disease (excluding Nephrolithiasis)	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(14) Nephrolithiasis	0	1	0	1	0	1	0	1	0	1	2	0	1	2

(15) Gout	0	1	0	1	0	1	0	1	0	1	2	0	1	2	
(16) High Cholesterol	0	1	0	1	0	1	0	1	0	1	2	0	1	2	
(17) Mental illness (including depression, anxiety, bipolar disorder, etc.)	0	1	0	1	0	1	0	1	0	1	2	0	1	2	
(18) Dementia (or Alzheimer's disease) 【or confirm with family members】	0	1	0	1	0	1	/			0	1	2	0	1	2
(19) Parkinson's disease 【or confirm with family members】	0	1	0	1	0	1	/			0	1	2	0	1	2
(20) Hip fracture	0	1	/									0	1	2	

C4. **【Interviewer verify】** :

0. The respondent **doesn't** have diabetes (C3c(2)) or a renal disease (including Nephrolithiasis) (C3c(13)~(14)) **【Skip to C6】**

1. The respondent **has** diabetes(C3c(2))or a renal disease (including Nephrolithiasis) (C3c(13) ~(14))

C5. Do you **currently** receive dialysis treatment?

1. Yes 0. No

C6. Besides those listed above, do you have any other **chronic or long-term** illness or symptoms?

【Interviewer, give examples】 Such as, dizziness, giddiness, constipation, hemorrhoid, or other illness or symptoms.

1. Yes 0. No

C6a. What kind of disease or ailment is it (Please specify)?

Other (1)_____ Other (2)_____

C7. After **you were 16 years old**, did you stay in bed or stay at home (cannot work or go to school) for one month or more because of health problems or accident injuries?

1. Yes

0. No

6. Don't remember

7. The proxy doesn't know

【Skip to C8】

C7a. What was the main reason or disease/symptom that caused you to stay in bed or stay at home for one month or more?

(1) _____(2) _____

Pain

★C8. In the past month, have you felt pain on your body? **【If yes】** Is it mild pain, moderate pain or severe pain?

0. No pain **【Skip to C9】**

1. Mild pain

2. Moderate pain

3. Severe pain

★C8a. In the past month, has such pain affected your **general activities**, by how much?

0. Not at all 1. A little 2. Some 3. Serious

★C8b. In the past month, has such pain affected your **sleep**, by how much?

0. Not at all 1. A little 2. Some 3. Serious

★C8c. In the past month, has such pain affected your **mood**, by how much?

★C9. In the past year, how long has your body felt moderate or severe pain?

0. Never

1. Less than 3 months

2. 3~6 months

3. Most of the time(7~11 months)

4. Always felt pain

Health Literacy

★C10a. When you go to the doctor, can you clearly express or **explain your condition** to the medical staff serving you?

- 1. Absolutely okay
- 2. Most of the time
- 3. Average
- 4. Not very good
- 5. Cannot do it at all

★C10b. When you go to the doctor, can you understand the content or suggestions of the medical staff **on the condition or medical treatment**?

- 1. Fully understand
- 2. Mostly understand
- 3. Average
- 4. Don't quite understand
- 5. Don't understand at all

★C10c. Can you read the **medication instructions on the medicine bag** or understand the **medication instructions given by the doctor**?

- 1. Fully understand
- 2. Mostly understand
- 3. Average
- 4. Don't quite understand
- 5. Don't understand at all

★C10d. Will you **follow the medication instructions** (such as punctuality and dosage) given to you by your doctor?

- 1. Follow the instructions completely
- 2. Follow the instructions roughly
- 3. Average
- 4. Not quite follow the instructions
- 5. Not follow the instructions at all

★C10e. Can you understand the **leaflets or explanatory materials** given to you by the hospital on self-control or disease care?

【If the answer is explained by someone to understand, please tick 4. Don't really understand】

- 1. Fully understand
- 2. Mostly understand
- 3. Average
- 4. Don't really understand
- 5. Don't understand at all

★C10f. Do you usually follow the instructions given to you by the medical staff to **control the condition by yourself?**

- 1. Follow the instructions completely
- 2. Follow the instructions roughly
- 3. Average
- 4. Not quite follow the instructions
- 5. Not follow the instructions at all

★C10g. Would you choose foods that are good for your health?

- 1. Certainly
- 2. Generally
- 3. Average
- 4. Not very good
- 5. Not at all

★C10h. Did you know that you have to exercise 3 times a week, and each time it takes more than 30 minutes?

- 1. Fully understand
- 2. Mostly understand
- 3. Average
- 4. Don't really understand
- 5. Don't understand at all

★C10i. When you are under pressure, do you know how to find a way to reduce it?

- 1. Fully understand
- 2. Mostly understand
- 3. Average

4. Don't really understand

5. Don't understand at all

Sleep

C11 . Next, we would like to know your sleep condition in the past month; please answer based on your situation during most of the days **in the past month**.

C11a. **In the past month**, what time did you usually go to bed? _____Hour _____Min
【24 -hour clock】

C11b. **In the past month**, how long did it usually take you to fall asleep after you went to bed?
_____hour(s)_____minute(s)

【If the respondent was unsure of the exact length of time, then ask:】 Was it less than 15 minutes, about 15 minutes, about half an hour, about a hour, or more than a hour?

- 1. Less than 15 minutes
- 2. About 15 minutes
- 3. About half an hour
- 4. About 1 hour
- 5. More than 1 hour

C11c. **In the past month**, what time did you usually get up? _____Hour _____Min **【24 -hour clock】**

C11d. **In the past month**, how many hours were you actually fall asleep every night? **Do not count the time you lie in bed but were not asleep (excluded afternoon naps and daytime naps).**

Sleep _____ Hours one night

C11e. Do you think your overall sleep quality is good **in the past month**? Was it very good, good, not so good or very bad?

- 1. Very good
- 2. Good
- 3. Not so good
- 4. Very bad

C11f. Did you have difficulty staying awake when you drove, ate or engaged in the other social activities **in the past month**? Was it never, less than once a week, once to twice per week, or more than 3 times per week?

- 0. Have never had the troubles
- 1. Less than once a week
- 2. Once or twice per week
- 3. More than 3 times per week

Fall

C12. **In the past year**, have you ever tumbled or fallen (including tripping, slipping, failing while sitting or standing, falling because of dizziness, or falling while lying down, **regardless of whether you got injured or not**)

- 1. Yes
- 0. No **【Skip to C13】**



C12a. How many times have you fell **in the past year**? _____time(s)

C12b. The fall that you **remember most clearly in the past year**, was there any fracture, sprain, or dislocation due to this?

1. Yes

0. No

Measure of Daily Activities

C13. Without the assistance of anyone and the use of assistive tools, do you have difficulty doing the following activities **by yourself**?

【If yes, continue to ask:】 Would you say there is some difficulty, a lot of difficulty, or just unable to do them?

【If the respondent has never done a certain activity, then ask: If you have done it, could you?】

Activities	0 No difficulty	Level of difficulty			Remarks
		1 Some difficulty	2 A lot of difficulty	3 Cannot do it at all	
(1) Stand continuously for 15 minutes	0	1	2	3	
(2) Stand continuously for two hours	0	1	2	3	
(3) Sit for consecutive 2 hours	0	1	2	3	
(4) Squat	0	1	2	3	
(5) Raise both hands over your head	0	1	2	3	
(6) Use fingers to grasp or turn objects	0	1	2	3	
(7) Lift or carry something weighing 11-12kg (as like 2 packs of rice)	0	1	2	3	
(8) Run with a short distance (20-30 meters)	0	1	2	3	
(9) Walk for 200 to 300 meters	0	1	2	3	
(10) Walk up two or three flights of stairs	0	1	2	3	

Instrumental activities of daily living (IADL)

C14. Based on your **health and physical conditions**, do you have difficulty doing the following activities **by yourself** and without the assistance of anyone and the use of assistive tools?

【If yes, continue to ask:】 Would you say there is some difficulty, a lot of difficulty, or just unable to do them?

【If the respondent has never done a certain activity, then ask: “If you have done it, could you?”】

Instrumental activities of daily living	C14. Do you have difficulty doing it by yourself?				【For each activity which the respondent has difficulty in doing that, please continue to ask the questions C14a-C14c】				
	0 No difficult y	1 Some difficu lty	2 Very diffi cult	3 Can not do it at all	C14a. How long has the difficulty lasted? 【About how many years/ months?】	C14b. Do you use any special aids to help you do it?		C14c. Does someone help you do it?	
						0 No	1 Yes	0 No	1 Yes
(1) Buy personal items (such as soap, toothpaste, medicine etc.)	0	1	2	3	___ Year(s) ___ Month(s)	0	1	0	1
(2) Handle money (such as work out accounts, give changes, pay bills)	0	1	2	3	___ Year(s) ___ Month(s)	0	1	0	1
(3) Take a train or bus alone	0	1	2	3	___ Year(s) ___ Month(s)	0	1	0	1
(4) Do heavy work at home or nearby such as clean windows or a ditch	0	1	2	3	___ Year(s) ___ Month(s)	0	1	0	1
(5) Do easy work such as sweep, wash dishes, take out the garbage	0	1	2	3	___ Year(s) ___ Month(s)	0	1	0	1
(6) Make a phone call	0	1	2	3	___ Year(s) ___ Month(s)	0	1	0	1
(7) Cook	0	1	2	3	___ Year(s) ___ Month(s)	0	1	0	1
(8) Take medicine	0	1	2	3	___ Year(s) ___ Month(s)	0	1	0	1
(9) Do laundry	0	1	2	3	___ Year(s) ___ Month(s)	0	1	0	1

C15 **【Interviewer verify】** :

0. The respondent **has not any difficulty doing the above 9 activities** **【Skip to C16】**

1. The respondent has difficulty doing **at least one activity**



C15a. You said you have difficulty with (specify activity _____). Who is the **main person** that helps you with these activities? _____ **【Record the relationship between helper and the respondent. Continue to C15b】**

Or 00 No one helps **【Skip to C16】**

★C15b. Do you think that you already have enough help, or need more help?

1. Have enough help

2. Need more help

Activities of Daily Living (ADL)

C16. Next, I will talk about some daily activities, please tell me: Do you have difficulty doing the following activities **by yourself** and without the assistance of anyone and the use of assistive tools?

【If yes, continue to ask】 Would you say there is some difficulty, a lot of difficulty, or just unable to do them?

【Excluding temporary difficulty caused by illness or injury】

Activity of Daily Living	C16. Do you have difficulty doing it by yourself?				【For each activity which the respondent has difficulty in doing that, please continue to ask the questions C16a-C16c】				
	0	1	2	3	C16a. How long has the difficulty lasted? 【About how many years/months?】	C16b. Do you use any special aids to help you do it?		C16c. Does someone help you do it?	
	No difficulty	Some difficulty	Great difficulty	Cannot do it at all		0 No	1 Yes	0 No	1 Yes
(1) Bathing	0	1	2	3	_____ Year(s) _____ Month(s)	0	1	0	1
(2) Dressing and undressing	0	1	2	3	_____ Year(s) _____ Month(s)	0	1	0	1
(3) Eating	0	1	2	3	_____ Year(s) _____ Month(s)	0	1	0	1
(4) Getting out of bed, standing up and sitting on a chair	0	1	2	3	_____ Year(s) _____ Month(s)	0	1	0	1
(5) Moving around in a room	0	1	2	3	_____ Year(s) _____ Month(s)	0	1	0	1
(6) Using toilet	0	1	2	3	_____ Year(s) _____ Month(s)	0	1	0	1

C17. **【Interviewer verify】** :

0. The respondent **hasn't any difficulty** doing the above 6 activities **【Skip to C17c】**

1. The respondent has difficulty doing **at least one activity**



C17a. You said you have difficulty with activity no. _____, Who is the main person that helps you with these activities? _____ **【Record the relationship between helper and the respondent and continue to C17b】**

Or 00. No one helps **【Skip to C17c, restriction of daily activities】**

★C17b. Do you think that you have enough help, or need more help?

1. Have enough help

2. Need more help

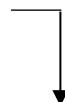
Restriction of daily activities

<p>C17c. For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?</p> <p><input type="checkbox"/>0. No (no health problems, or not limited at all, or the limitation is less than 6 months)</p> <p><input type="checkbox"/>1. Limited but not severely</p> <p><input type="checkbox"/>2. Severely limited</p>	<p>C17c1.</p> <p>【Interviewer verify】 : Who answers the question C17c in the left column?</p> <p><input type="checkbox"/>1. The respondent</p> <p><input type="checkbox"/>2. The proxy</p>
<p>C17d. Do you have any longstanding illness or health problems that have lasted, or are expected to last, for 6 months or more?</p> <p><input type="checkbox"/>0. No</p> <p><input type="checkbox"/>1. Yes</p>	<p>C17d1.</p> <p>【Interviewer verify】 : Who answers the question C17d?</p> <p><input type="checkbox"/>1. The respondent</p> <p><input type="checkbox"/>2. The proxy</p>

Use of Medical Services

C18. **In the past year**, have you ever been hospitalized?

0. No **【Skip to C19】**

1. Yes 

<p>C18a. Have been hospitalized _____ times</p> <p>C18b. Stayed in hospital for _____ days</p> <p>C18c. What was the major causes of your most recent hospitalization?</p> <p>_____</p>

C19. In the past year, have you ever gone to emergency room?

0. No **【Skip to C20】**

1. Yes  C19a. How many times? _____ time(s).

Next, I would like to ask about your visits to doctors, medication, physical examinations, or treatments in past.

Medical service categories	a. In the past year, did you ever go to 【Read the type of medical service in the left column】 ?		b. In the past month, did you ever go to 【Read out the type of medical service in the left column】 ?		c. In the past month , how many times did you go to 【Read out the type of medical service in the left column】 ? 【Record times】	d. What was the major reason of your visit to a Western or Chinese medicine clinic? 【Can choose more than one】 1. See a doctor due to you feel sick 2. Just go for routine physical exam or blood pressure measurement 3. Just go to get medicine (for routine or preparatory) 4. Other 【Please specify】 【Circle the proper code】			
	0 No (Skip to next category)	1 Yes	0 No (Skip to next category)	1 Yes					
C20. Western medicine clinic 【It does not count if you don't receive a doctor's consultation. Excluding hospitalization, emergency, dental service and eye clinic】	0	1	0	1	_____time(s)	1	2	3	4_____
C21. Chinese medicine clinic 【It does not count if you don't receive a doctor's consultation.】	0	1	0	1	_____time(s)	1	2	3	4_____

Medical service categories	a. In the past year, did you ever go to 【Read the type of medical service in the left column】 ?		b. In the past month, did you ever go to 【Read out the type of medical service in the left column】 ?		c. In the past month , how many times did you go to 【Read out the type of medical service in the left column】 ? 【Record times】	d. What was the major reason of your visit to a Western or Chinese medicine clinic? 【Can choose more than one】 1. See a doctor due to you feel sick 2. Just go for routine physical exam or blood pressure measurement 3. Just go to get medicine (for routine or preparatory) 4. Other 【Please specify】 【Circle the proper code】
	0 No (Skip to next category)	1 Yes	0 No (Skip to next category)	1 Yes		
C22. Pharmacy 【Including Chinese medicine and western medicine】	0	1	0	1	_____time(s)	/
C23. Dental Clinic	0	1	0	1	_____time(s)	
C24. Eye clinic	0	1	0	1	_____time(s)	

★C25. In the past three months, have you **ever** experienced physical discomfort but didn't go to see a doctor?

- 1. Never felt ill **【Skip to C26】**
- 2. Yes, and always went to see a doctor **【Skip to C26】**
- 3. Yes, but (sometime) **did not go to see a doctor**

★C25a. Why didn't you go to see a doctor? **【Can choose more than one】**

- a. No money
- b. No time
- c. Transportation is inconvenient

- d. Hospital is too far
- e. Self-medication
- f. The disease is not serious
- g. Need someone's help or nobody to accompany me
- h. The process is too complicated
- i. Don't know where to go to see a doctor, or don't know which outpatient department to visit
- j. Other (Please specify)_____

C26. Is it convenient for you to see a doctor?

1. Convenient 2. Not convenient 3. Extremely inconvenient

C26a. Why it is inconvenient to you? **【Can choose more than one】**

- a. No money
- b. No time
- c. Transportation is inconvenient
- d. Can't be granted a sick leave from work
- e. Must wait for so long to see a doctor
- f. Nobody to accompany me
- g. Hospital is too far
- h. Don't know how to get to the hospital
- i. It's not easy to register because there are so many people
- j. Other (Please specify)_____

C27. When you go to see a doctor, how long do you **usually** take to get there?

_____hour(s) _____min(s)

Health Behavior (Smoking)

C28. Have you ever smoked 100 cigarettes or 5 packs of cigarettes?

- 0. Never smoke **【Skip to C35】**
- 1. Smoked, but less than 5 packs of cigarettes
- 2. Yes, more than 5 packs of cigarettes

C29. Do you smoke now? ←

- 0. No
- 1. Occasionally
- 2. Every day

C30. How many years have smoked in total?
____Year(s)____Month(s) **【Skip to C35】**

C31. On average, how many cigarettes or packs did you smoke each day **in the past month?**

____cigarette(s) or ____pack(s) 00 Less than one cigarette

C32. How many years have you smoked? ____ year(s) ____ month(s)

C33. Which of the following statements best fits your idea of quitting smoking?

【Please read the text of options 1 to 5 item by item】

- 1. Plan to quit smoking within 1 month
- 2. Plan to quit smoking within 12 months
- 3. Plan to quit smoking, but not within 12 months
- 4. Plan to quit smoking, but not sure when
- 5. Don't want to quit smoking

C34. During the past year, have you stopped smoking for one day or longer because you want to quit?

- 0. No
- 1. Yes

Health behavior (Drinking)

C35. Do you drink alcohol in the past year? **【Occasional drinking should be considered “Yes”, including all kinds of alcohol, Paolyta-B, Whisbih, medicated wine, but didn’t including the wine added in cooking or sips】**

0. No (teetotaler) **【Skip to C36】**

1. Yes



C35a. How often do you drink? **【If the respondent answers “only in social occasions”, ask how often does he/she attend such social occasions?】**

- 1. (Almost) Every day
- 2. Once every two or three days
- 3. Once a week
- 4. Once or twice a month
- 5. Less than once a month

C35b. What extent do you usually drink?

- 1. Light drinking (not drunk) 2. Tipsy (half drunk) 3. Wasted (drunk)

Health behavior (Areca)

C36. Do you currently chew betel nuts? (including only for seasonal or social occasions)?

0. No **【Skip to C37a】**

2. Yes

1. Yes, but I have quit **【Skip to C37a】**



C36a. On average, how many betel nuts do you chew one day?

_____ betel nut(s) 00 Less than one

C36b. How many years have you chewed betel nut? _____ Year(s) _____ Month(s)

Fruit & Vegetables supply

C37a. On average, how many days do you eat fruit in a week? _____day(s) **【If the answers is 0, skip to C37c】**

C37b. If you eat fruit that day, how many pieces do you eat in a day?
(A serving of fruit is roughly the size of your closed fist) _____pieces

C37c. On average, how many days do you eat vegetable in a week? _____day(s) **【If the answers is 0, skip to C38】**

C37d. If you eat vegetables that day, how many pieces do you eat in a day?
(A piece of cooked vegetables is about 1/2 bowl, and a piece of raw leafy vegetables is about 1 bowl) _____pieces

Health behavior (Exercise)

C38. Do you have a habit of exercise?

0. No 1. Yes **【Skip to C38b】**



C38a. What is the **main reason** why you don't do exercise? (Don't give examples)

- 1. Poor health or limited mobility.
- 2. Too tired at work or already very labor in usual.
- 3. No time.
- 4. Too old to go out.
- 5. Not interested at all. (lazy to move, don't want to go out or not necessary.)
- 6. Need to take care of grandchildren or the family.
- 7. Lots of housework.
- 8. Don't intend to exercise.
- 9. Lots of sweating.
- 10. No one to accompany.
- 11. Didn't find any suitable exercise to do.
- 12. No space.
- 13. Other

【Skip to C39】

C38b. If yes, how many exercises do you do on average a week?

_____time(s)

C38c. How many minutes do you spend on exercising each time?

_____min(s)

C38d. Do you sweat when you exercise?

- 1. Cannot sweat
- 2. A little bit of sweat
- 3. Lots of sweat
- 4. Other (Please specify)_____

C38e. Do you have difficulty breath when you exercise?

- 1. Weren't out of breath
- 2. Were a little out of breath

3. Were out of breath

4. Other (Please specify)_____

C39. Some people do some activities to calm their mood. Do you do qigong, tai chi, meditation, yoga, Waidan Gong, Xiang Gong, Falun Gong, Yuanji dance, or other activities that can calm your mind? **【Please inquire item by item】**

0. No **1. Yes**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Qigong and other activities similar to Qigong
(For example: Waidan Gong, Xiang Gong, Falun Gong, Yuanji Dance, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Tai Chi |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Meditation |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Yoga |

Health assessment

In the past year, have you checked your blood pressure/blood sugar? (If yes) How often do you check your blood pressure/blood sugar?

	1. (almost) No	2. More than once a year	3. At least once every six months	4. At least once every three months	5. At least once a month	6. 2-3 times a month	7. 1-2 times a week	8. Almost everyday
C40. Check blood pressure	1	2	3	4	5	6	7	8
C41. Blood sugar test	1	2	3	4	5	6	7	8

C42. **【Just ask female respondents】** In the past year, have you had a Pap Smear Test?

- 0 No 1 Yes **【Skip to C43】** 2 Don't know or not sure **【Skip to C43】**



C42a. Why didn't you go for a Pap Smear Test? **【Can choose more than one】**

- a. No money
- b. Afraid of knowing that I have something wrong
- c. No time
- d. Nobody to accompany me
- e. Can't find a doctor
- f. Hospital is too far away
- g. Inconvenient transportation
- h. Don't know how to get to the hospital or clinic
- i. Can't ask for leave for test
- j. Don't think it needs to be tested
- k. Other (Please specify) _____

C43. **In the past three years**, have you ever done a **systemic health examination**? (For example, a free health examination for the elderly, but does not include physical examination for driving license or taking test, examination provided by blood donation)

0. No **【Skip to C44】**

1. Yes →

C43a. Are these examinations a **government-subsidized adult preventive health care service**?

0. None 1. All 2. Some

C43b. Was this the most recent examination within the past year?

0. No 1. Yes

C44. Without deliberately losing or gaining weight, has your weight changed in the past year?
 (Intentional weight loss includes diet control and exercise)

【If yes】 gain or lose? 【b and c can choose more than one】

a. No **【Skip to C45】**

b. Yes, weight gain →

C44a. How many kilograms did you gain? <input type="checkbox"/> 1) Less than 3 kg <input type="checkbox"/> 2) 3~4.5kg <input type="checkbox"/> 3) Over 4.5 kg
--

c. Yes, weight lose →

C44b. How many kilograms did you lose? <input type="checkbox"/> 1) Less than 3 kg <input type="checkbox"/> 2) 3~4.5kg <input type="checkbox"/> 3) Over 4.5 kg
--

Use of Physical Aids

C45. Do you currently wear glasses (including reading glasses and contact lenses)?

0. No

1. Yes

C45a. Can you see things clearly?

C45b. Can you see things clearly when wearing glasses or contact lenses?
--

<input type="checkbox"/> 1. Very clearly	<input type="checkbox"/> 3. Average	<input type="checkbox"/> 4. Not so clearly
<input type="checkbox"/> 2. Clearly	<input type="checkbox"/> 5. Not clearly at all	

C46. Do you wear a hearing aid?

0. No

1. Yes

C46a. Can you hear clearly?

C46b. Can you hear clearly when wearing a hearing aid?
--

<input type="checkbox"/> 1. Very clearly	<input type="checkbox"/> 3. Average	<input type="checkbox"/> 4. Not so clearly
<input type="checkbox"/> 2. Clearly	<input type="checkbox"/> 5. Not clearly at all	

C47. Do you wear dentures (including crowns)?

0. No 1. Yes **【Skip to C48】**

C47a. Are your dentures moveable or fixed? **【Can choose more than one】**

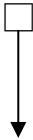
- a. Fixed **【If only have fixed dentures, skip to C48】**
b. Moveable



<p>C47b. Do you wear removable dentures all day, or only when eating, or rarely worn?</p> <p><input type="checkbox"/>1. All day (Only take them off when sleeping at night)</p> <p><input type="checkbox"/>2. Only for eating</p> <p><input type="checkbox"/>3. Rarely worn</p>

C48. **At present**, do you use a cane, crutch, or other walking aid to help you walk?

0. No 1. Yes 2. Inability to move by a wheelchair, or completely bedridden



<p>C48a. Is it convenient for you to walk around?</p>	<p>C48b. Is it convenient for you to walk around with a cane, a crutch, or a walker?</p>
<p><input type="checkbox"/>1. Very convenient</p> <p><input type="checkbox"/>2. Convenient</p> <p><input type="checkbox"/>3. Average</p> <p><input type="checkbox"/>4. Not so convenient</p> <p><input type="checkbox"/>5. Very inconvenient</p>	

C49. **In the past year**, have you used any methods in your daily life to **prevent/control chronic disease**?

【Let the respondent explain what methods are useful to prevent or control chronic diseases, and then explore the parts not mentioned.】

	The interviewee reported	Explore by interviewer		Note
(1) Control body weight	2. Yes	1. Yes	0. No	<input type="checkbox"/> 7. Other 【Please specify】 _____
(2) Reduce smoking or quit	2. Yes	1. Yes	0. No	<input type="checkbox"/> 7. Other 【Please specify】 _____ <input type="checkbox"/> 8. Not applicable (didn't smoke originally)
(3) Reduce drinking or quit	2. Yes	1. Yes	0. No	<input type="checkbox"/> 7. Other 【Please specify】 _____ <input type="checkbox"/> 8. Not applicable (didn't drinking originally)
(4) Develop the habit of exercise	2. Yes	1. Yes	0. No	<input type="checkbox"/> 7. Other 【Please specify】 _____
(5) Diet control (eat more fiber, a balanced diet, etc.)	2. Yes	1. Yes	0. No	<input type="checkbox"/> 7. Other 【Please specify】 _____
(6) Keep regular life; avoid staying up late, reducing pressure, etc.	2. Yes	1. Yes	0. No	<input type="checkbox"/> 7. Other 【Please specify】 _____
(7) Other 1 (Please specify) _____	2. Yes	1. Yes	0. No	
(8) Other 2 (Please specify) _____	2. Yes	1. Yes	0. No	

C50. **【Interviewer verify】** :

0. Proxy interviewed **【Skip to C67】**

1. Respondent interviewed

Mental Health and Life Satisfaction ↓

★C51. Today, some people have some **stress or anxiety**, while others don't. I would like to ask some questions, please tell me whether you feel stressed or worried because of them.

【If yes】 Do you have some of stress and worry, or a moderate amount of them, or huge of them?

【Addition question】 Apart from these, is there anything else make you feel stressed or worried?

★Causes	0 No stress or worries	1 Some stress or worries	2 Moderate stress level or worries	3 Great stress or worries
(1) Own Health	0	1	2	3
(2) Own Financial Situation	0	1	2	3
(3) Own Work/Job	0	1	2	3
(4) Health of family members or children	0	1	2	3
(5) The financial situation of family members or children	0	1	2	3
(6) Work of family members or children	0	1	2	3
(7) Marital status of family members or children	0	1	2	3
(8) Relationships of family (e.g., cannot get along, tension, conflict)	0	1	2	3
(9) Other (please specify) _____	0	1	2	3

Measure of Depression (CES-D)

★C52. Everyone has mood changes. **In the past week**, have you experienced the following situations or feelings?

【If yes, continue to ask:】 Does you have such a situation rarely, or sometimes, or often, or persistently? (Did you have this situation for more than 4 days out of the **past week**, or 2-3 days, or only one day?)

★In the past week,	0 No	Yes			Note
		1. Rarely (only one day)	2 Sometimes (2-3 days)	3 Occasionally or all of the time (more than 4 days)	
(1) You didn't feel like eating; your appetite was poor.	0	1	2	3	
(2) You felt that everything you did was an effort.	0	1	2	3	
(3) Your sleep was restless.(Sleep poorly).	0	1	2	3	
(4) You felt depressed. (You were in a bad mood.)	0	1	2	3	
(5) You felt lonely (alone, unaccompanied).	0	1	2	3	
(6) You felt that the people around me are unfriendly (felt that the people around you are not kind to you).	0	1	2	3	
(7) You felt sad.	0	1	2	3	
(8) You could not get "going". (Unable to gather your energy to do things).	0	1	2	3	
(9) You were happy.	0	1	2	3	
(10) You enjoyed your life.	0	1	2	3	
(11) You felt that people around you dislike you.	0	1	2	3	

Loneliness Scale

★C53. Next, I would like to ask some of your current thoughts or feelings. For every sentence I want to read below, please tell me if you agree.

	0. No	1. More or less	2. Yes
01. Often, you feel rejected.	0	1	2
02. There are plenty of people that you can lean on in case of trouble.	0	1	2
03. You can call on your friends whenever you need them.	0	1	2
04. You miss having people around.	0	1	2
05. There are enough people that you feel close to.	0	1	2
06. You experience a general sense of emptiness.	0	1	2

Measure of Life Satisfaction

★C54. I would like to ask you question about current views or feelings about your life. Please tell me whether you agree with the questions I ask.

【Interviewer: please read them in order and write down the answers】

★Feeling about Life	1. Yes	0. No	Other responses
(1) To compare with most people, is your life better than theirs?	1	0	
(2) Are you satisfied with your life?	1	0	
(3) Do you feel interesting about what you do?	1	0	
(4) Are these years the best years in your life?	1	0	
(5) If possible (again, try again), do you want to change anything from your past?	1.(Willing to change)	0.(Unwilling to change)	
(6) Are you looking forward to something happier in the future	1	0	
(7) Should your life be able to live better than now?	1	0	
(8) Do you feel the most of what you do is monotonous and boring (not interesting)?	1	0	
(9) Do you feel that you are old and tired?	1	0	

★Feeling about Life	1. Yes	0. No	Other responses
(10) Could you say that the most of your life meets your expectations?	1	0	

WHO-5

★C54a. Next, I would like to ask you about your physical and mental health **in the past two weeks.**

★Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
(1) You have felt cheerful and in good spirits.	5	4	3	2	1	0
(2) You have felt calm and relaxed.	5	4	3	2	1	0
(3) You have felt active and vigorous.	5	4	3	2	1	0
(4) You woke up feeling fresh and rested.	5	4	3	2	1	0
(5) Your daily life has been filled with things that interest me.	5	4	3	2	1	0

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SPMSQ

★ C55. Next, I want to ask some questions that you need to remember. Even people who have a good memory but sometimes may forgot certain things. Don't feel embarrassed. There are also some items which need you draw, so please relax and have a try.

1.Right 0.Wrong	Check in reference materials (e.g. calendar, mobile phone, house number)	Questions
<input type="checkbox"/> 1. <input type="checkbox"/> 0.	<input type="checkbox"/> Yes	<p>★C55a. Please tell me your address. 【Record the respondent's answer】</p> <p>_____</p> <p>【The answer is correct if the respondent can name one of the city, county, township, and street.】</p> <p>★C55b. Please tell me where are you? (At home, park or...)</p> <p>_____</p> <p>★C55c. What is your phone number?</p> <p>_____ 【If the number is correct after confirmation, or the same number can be repeated after a few minutes in the interview, this answer is considered correct】</p>
<input type="checkbox"/> 1. <input type="checkbox"/> 0.	<input type="checkbox"/> Yes	<p>★C56a. Today is in_____ (year)?</p> <p>★C56b. Today is in_____ (month)?</p> <p>★C56c. Today is the_____ (day)?</p> <p>★C57. What day of the week is it? _____</p> <p>★C58. How old are you? _____years old</p> <p>【Answer is correct if the respondent gives correct zodiac animal.】</p>

<input type="checkbox"/> 1.	<input type="checkbox"/> 0.		★C59. What's your mother's maiden name? _____
			【If you can remember it, the answer is right.】
<input type="checkbox"/> 1.	<input type="checkbox"/> 0.	<input type="checkbox"/> Yes	★C60. Who is the current President of your country? _____
<input type="checkbox"/> 1.	<input type="checkbox"/> 0.	<input type="checkbox"/> Yes	★C61. Who was the last President of your country? _____
<input type="checkbox"/> 1.	<input type="checkbox"/> 0.	<input type="checkbox"/> Yes	★C62. When were you born? _____Month _____Day _____Year

★C63. Now I would like to ask you to do some simple calculations. There are 20 oranges, someone ate 3 oranges. How many oranges are left? If the person continues to eat 3 oranges at a time, how many oranges are left each time?

(20-3=? -3=? -3=? -3=?)

【Interviewer record the answers in order until the answer is 8 or less than 8.】

_____	_____	_____	_____	<input type="checkbox"/> 1. Don't know any answers. <input type="checkbox"/> 2. Refused to answer
A	B	C	D	

★C64. Next, I want to say a few things. After I finished reading, please repeat something what you remember. Do not necessarily in my order.

【Please remind the respondent to listen carefully. Read each item only once, don't repeat it. Circle the ones that the respondent gets right.】

Train	Dog	Boat	Melon	Stone	<input type="checkbox"/> 1. Don't know any answers. <input type="checkbox"/> 2. Refused to answer
Soda	Cloth	Spring	Tree	Roof	

★C65. Next, I am going to say a few numbers. When I have finished, please recite them in reverse order.

4 2 9 8 1

【Interviewer's Note: Fill-in from A based on the respondent's answers in order】

_____	_____	_____	_____	_____	<input type="checkbox"/> 1. Don't know any answers. <input type="checkbox"/> 2. Refused to answer
A	B	C	D	E	

★C66. I am going to say the names of three things now. After I have finished reading, please repeat them. Be sure to remember, and I will ask you to name these three things later.

【Interviewer’s Note: Read the names of the 3 items clearly and slowly, with about one second between each item.】

Hat Yellow Child

★C66a. Please tell me the name of the 3 items I just told you.

【Interviewer’s Note: Tick the items read out by the respondent on his/her first try.】

<input type="checkbox"/> a. Hat <input type="checkbox"/> b. Yellow <input type="checkbox"/> c. Child	<input type="checkbox"/> 1. Can’t recall anything <input type="checkbox"/> 2. Named something other than these 3 items <input type="checkbox"/> 3. Refused to answer. 【Skip to C67】
--	---

★C66b. **【Interviewer verify】 :**

1. On the first try the respondent **can** name the 3 items correctly. **【Skip to C67】**

2. On the first try, the respondent **can’t** name all of the 3 items or named other items as well.



★C66c. **【Interviewer: Please read the names of the 3 items again and ask the respondent to memorize them. If the respondent still cannot remember all three items on the second try, then repeat them third time.】**

<input type="checkbox"/> a. Hat <input type="checkbox"/> b. Yellow <input type="checkbox"/> c. Child	<input type="checkbox"/> 1. Can’t recall anything <input type="checkbox"/> 2. Named something other than these 3 items <input type="checkbox"/> 3. Refused to answer.
--	---

C67. Next, I want to measure your height, weight, waist and hips.

【Based on actual measurement cases, the value is recorded to 1 decimal place】

	Measure by interviewer	Oral registration	Notes
a. height	cm	cm	<input type="checkbox"/> 1 Can’t measure, don’t know, don’t remember <input type="checkbox"/> 2 Other (please specify)_____
b. weight	kg	kg	<input type="checkbox"/> 1 Can’t measure, don’t know, don’t remember <input type="checkbox"/> 2 Other (please

			specify)_____
c. waist circumference	cm	cm	<input type="checkbox"/> 1 Can't measure, don't know, don't remember <input type="checkbox"/> 2 Other (please specify)_____
d. hip circumference	cm	cm	<input type="checkbox"/> 1 Can't measure, don't know, don't remember <input type="checkbox"/> 2 Other (please specify)_____

C68. **【Interviewer verify】** : 0. Proxy interviewed **【Skip to D1】**

1. Respondent interviewed

★C69. What are the 3 items I wanted you to remember just now?

【Attention: Tick off the 3 items which were pronounced by the respondent.】

<input type="checkbox"/> a. Hat <input type="checkbox"/> b. Yellow <input type="checkbox"/> c. Child	<input type="checkbox"/> 1. Can't recall anything <input type="checkbox"/> 2. Named something other than these 3 items <input type="checkbox"/> 3. Refused to answer.
--	---

Oral Health Impact Profile (OHIP-7)

★C70. In the past year, have you experienced any of the following situations due to problems with your oral cavity, teeth, or denture?

★ 【Please read out】	0 never	1 seldom	2 Occasio nally	3 Usually	4 Most of the time
(1) Do you sense the problems with your teeth or dentures?	0	1	2	3	4
(2) Did you interrupt your mealtime due to the problems with your teeth or dentures, so that you can't finish a meal smoothly?	0	1	2	3	4
(3) Are there any problems with your teeth or dentures, so that you feel uncomfortable when you eat?	0	1	2	3	4

★ 【Please read out】	0 never	1 seldom	2 Occasio nally	3 Usually	4 Most of the time
(4) Are there any problems with your teeth or dentures, so that you can't concentrate?	0	1	2	3	4
(5) Are there any problems with your teeth or dentures, so that you have some difficulties with speech and pronunciation?	0	1	2	3	4
(6) Are there any problems with your teeth or dentures that caused you difficulty in doing things normally?	0	1	2	3	4
(7) Are there any problems with your teeth or dentures, so that your sense of taste has deteriorated?	0	1	2	3	4

Health information acquisition

★C71. Where do you usually get medical and health related information? Do you often, occasionally, or never use (or obtain) these medical and health information?

【 Interviewer: Please read followed the order of question numbers and record the answers 】

★Frequency of obtaining medical and health related information from the following channels	2 Often	1 Occasionally	0 never use	Notes
1. Newspaper	2	1	0	
2. Magazine	2	1	0	
3. Broadcast	2	1	0	
4. TV	2	1	0	
5. Network	2	1	0	
6. By medical staff. Or medical and health education leaflets, outpatient health education, smoking cessation classes, patient groups, etc. provided by medical institutions (health bureaus).	2	1	0	
7. participating in the event	2	1	0	
8. Provided by relatives and friends	2	1	0	
9. Other (please specify)_____	2	1	0	

★C71a. Which of the above is your **main** channel for obtaining medical and health information?

D. Social Support and Exchange of Assistance

Now, I would like to ask you some questions about the assistance you provided to your family, other relatives, or friends.

D1. Do you **currently** help take care of your grandchild(ren) or help other people take care of their child(ren)? **【If yes】** how often?

【“children” means those who study in senior high school or under】

- 0. No
- 1. Occasionally (Once a week or less)
- 2. Often (Every day or several days a week)

D2. Do you currently help or supervise family members, relatives, or friends who are unable to handle daily life by themselves doing following things, for example,

	0 No	1 Occasionally (Once a week or less)	2 Often (Every day or several days a week)
a. Take a bath, eat, dress, tidy up, get in and out of bed, go to the toilet, or walk around indoors?	0	1	2
b. Buy groceries, prepare meals, wash clothes, household, handle money, take a medicine, or make phone calls	0	1	2

D3. **【Interviewer verify】** : 0. Proxy interviewed **【Skip to Section E】**
 1. Respondent interviewed



Emotional Support

【Interviewer’s note: If there are other family members present, stop asking D4 to D11. Please ask the questions from D4 to D11 when they are not present.】

Next, I would like to ask you some questions **about** how you and your family members, relatives, friends, or neighbors take care of each other.

★D4. When you need to talk to someone about your problems or your concerns, do you think your family, relatives or friends would like to listen to you? Would you say that they’re very willing, willing, average, unwilling, or very unwilling?

- 1. Very willing
- 2. Willing

- 3. Average
- 4. Unwilling
- 5. Very unwilling

★D5. Do you think your family, relatives, or friends care about you? Would you say a great deal, quite a bit, some, very little, or not at all?

- 1. A great deal
- 2. Quite a bit
- 3. Some
- 4. Very little
- 5. Not at all

★D6. In general, do you feel satisfied or dissatisfied with how much your family, relatives, or friends care about you (mentally or psychologically)? Were you very satisfied, satisfied, average, dissatisfied or very dissatisfied?

- 1. Very satisfied
- 2. Satisfied
- 3. Average
- 4. Dissatisfied
- 5. Very dissatisfied

★D7. Can you rely on your family, relatives or friends to take care of you **while you are sick** and need help?

- 1. Always
- 2. Often
- 3. Sometimes
- 4. Seldom
- 5. Not at all

★D8. Can you find someone to assist you when you need to go out, such as see a doctor, go shopping or meet with friends?

- 1. Yes
- 0. No

★D9. In general, do you think your care for your family or relatives and friends is helpful? Was it very helpful, helpful, somewhat helpful, or not at all helpful?

- 1. Very helpful

- 2. Helpful
- 3. Somewhat helpful
- 4. Not at all helpful
- 5. Other _____

★D10. How often do your family members **ask your opinion** when they are **making decisions or discussing things**?

- 1. Most of the time
- 2. Sometimes
- 3. Rarely
- 4. Never
- 5. Other (Please specify) _____

★D11. How often do you feel that your family, relatives, or friends are critical of what you do?
Would you say never, sometimes or often?

- 1. Never
- 2. Sometimes
- 3. Often

E. Employment History

Next, I would like to ask you a few questions about your current job status.

E1. Are you currently employed or working in the family business, enterprise, or farming?

【If not, please follow up】 Are you retired, and **doing household chores**, or other situations now?

【According to the answer of the respondent, check the appropriate items in the "Current Job Status" column in the table below, and you can choose more than one if necessary. But as long as there is a choice of 1 or 2, the skipping principle will follow the principle of choice 1 and 2.】

E1. Current Job Status 【According to results from this investigation】	Interviewer verify	Follow-up reminder
<input type="checkbox"/> 1. Have a job now (full-time and part-time are counted) <input type="checkbox"/> 2. Have a job, but on temporary leave <input type="checkbox"/> 3. Only occasionally or informally helping the family's business, enterprise, and farming matters, it's not really your job <input type="checkbox"/> 4. Retire <input type="checkbox"/> 5. Unemployed and looking for work now. <input type="checkbox"/> 6. Housekeeping (Cooking, doing the laundry, grocery shopping, taking care of children) <input type="checkbox"/> 7. Can't work anymore due to health problems <input type="checkbox"/> 8. Did not do any of the above work	Option 1 or 2 , the case is "Have a job now".	Skip to E3
	Option 3-8, without Option 1 or 2 , the case is "Have no job now".	Continue to E2

【Currently has no job】



E2. Have you ever worked so far? (Including full-time and part-time jobs or farming)

0. No, I have never worked 1. Yes, I have ever worked **【Skip to E3】**

E2a. What is the main reason you never worked? **【Please record the reason in detail】**

E2b. In the past month, have you ever found **any** job?

0. No 1. Yes 7. Cannot work anymore due to health problems

【Skip to E22, Willingness to work in the future】

E3. **【Ask respondent who currently has a job】** In the past month, have you tried to find another job?

【Ask respondent who is not currently working but has worked before】 In the past month, have you ever found any job?

0. No 1. Yes 7. Cannot work anymore due to health problems

E4. What do you think about retirement? Do you currently feel that you are fully retired, partially retired, or not retired?

1. Fully retired 3. Not retired **【Skip to E5】**

2. Partially retired 4. Other _____ **【Skip to E5】**

E4a. Before you retire, have you made retirement planning?

1. Yes 0. No **【Skip to E5】**

E4b. Which types of retirement plans? **【Can choose more than one】**

a. Economics b. Housing c. Leisure d. Other

E5. **【Interviewer verify】** :

1. The respondent currently has a job (option 1 or 2 in question E1) **【Continue to E7, Current Job】**

2. The respondent currently has no job but has worked before. (option 1 in question E2) **【Skip to E16, Last job】**

This page is limited to “The respondent currently has a job”.

A. Current Job

E7. What kind of the job are you **current doing**? (Or what kind of the job is it that you plan to back to do?) What is your **position in this job**?

Industry: _____

Occupation (please record **the specific position** in detail):

E7a. When did you start your current job?

From _____ years old, or _____ year(s) _____ month(s) ago.

E7b. How many hours do you work per week in your current job? _____ hour(s)

E7c. Is full-time or part-time job?

1. Full-time job

2. Part-time job

E8. Are there any regulations or restrictions on the mandated retirement age for your **current job**?

0. No 1. Yes

7. Don't know

E8a. How old is the mandated retirement age?

_____ years old

★E9. According to your own estimation or plan, do you think you will continue to do this job for a few more years?

1. Work for more than ____ year(s); or plan to leave when ____ years old

2. Keep doing it as long as my health permits

3. Depends on the circumstances

★E9a. What circumstances do you depend on?

【Can choose more than one】

a. Health

b. Economy

c. Family status

d. Other

(Please specify _____)

E10. If you leave your current job, do you have any pension or severance pay (severance pay) to receive?

【including that provided by your companies or organizations, and labor insurance etc.】

0 No

1 Yes

7 Don't know

3 Other (Please specify) _____

This page is limited to “The respondent who currently has a job”.

E11. May I ask you that in addition to the job you mentioned above, do you have a second paid (income) job at the same time?

0 No 1 Yes

E11a. How many hours **per week** do you work for this second job?

Total _____ hour(s) **per week**

E12. 【Interviewer verify】 :

0. **Proxy** interviewed 【Skip to E15b】

1. **Respondent** interviewed 【Continue to E13】

★E13. When you reach the retirement age, do you plan to stop working completely?

0. Never thought about the age of retirement

1. Yes

★E13a. How old is it? _____ years

★E14. When you think about “retiring” or to stop working in the future, do you look forward to it?

0. Have no feelings about it

1. Somewhat look forward to it

2. Look forward to it very much

3. Other (Please specify) _____

★E14a. When you think about “retiring” or “to stop working” in the future, are you worried about it?

0. Have no feelings about it

1. Somewhat look forward to it

2. Look forward to it very much

3. Other (Please specify) _____

★E15. Have you ever thought about “retirement” or to stop working?

0 No 【Skip to E15b】

1 Yes

★E15a. If you have thought about retirement, did you plan in detail?

1. I have thought about retirement, but not planned in detail

2. I have thought about retirement, and also planned in detail.

This page is limited to “The respondent who currently has a job”.

B. Other jobs after the age of 50

E15b. **【 Interviewer, please check E7a 】 :**

1. The current job started before the age of 50 **【Skip to E20】**
2. The current job started after the age of 50 **【Continued to E15c】**

E15c. From the age of 50 to the present, have you ever been engaged in other jobs in addition to your current job (including part-time and full-time)?

0. No **【Skip to E20】** 1. Yes

E15d. From the age of 50 to the present, how many jobs do you have in total (including part-time and full-time)? _____jobs **【Should be more than two】**

E15e. From the age of 50 to the present, have you ever changed jobs due to health problems?

0. No 1. Yes
【After the end, skip to E20】

This page is limited to “The respondent who currently has no job but has worked before”.

C. Last job

E16. When did you stop doing the last job?

From age _____, or _____year(s) _____month(s) ago.

E16a. Why did you stop working at the last job? **【Can choose more than one】**

- a. Reached the mandatory retirement age
- b. Health problems, unable to continue working. Please specify_____
- c. Could not adapt to the job and wanted to change environment
- d. Laid off by the company, or put out of business and relocated, etc., was dismissed
- e. Business failure/ economy downturn, profits too low
- f. Dissatisfied with salary, wanted to earn more
- g. Family reasons
- h. Voluntary retirement
- I. Other reasons (Please specify) _____

E17. What kind of job are you **currently doing**? (Or what kind of the job is it that you plan to back to do?) What is your **position in this job**?

Industry: _____

Occupation (please record **the specific position** in detail): _____

E17a. When did you start your last job?

From _____years old, or _____year(s) _____month(s) ago.

E17b. How many hours did you work per week in your last job? _____hour(s)

E17c. Was full-time or part-time job?

- 1. Full-time job
- 2. Part-time job

This page is limited to “The respondent who currently has no job but has worked before”.

D. Other jobs after the age of 50

E18. **【 Interviewer, please check E17a 】 :**

1. The last job started before the age of 50 **【Skip to E20】**
2. The last job started after the age of 50 **【Continued to E18a】**

E18a. From the age of 50 to the present, have you ever been engaged in other jobs in addition to your last job (including part-time and full-time)?

0. No **【Skip to E20】** 1. Yes

E18b. From the age of 50 to the present, how many jobs do you have in total (including part-time and full-time)? _____jobs **【Should be more than two】**

E18c. From the age of 50 to present, have you ever changed jobs due to health problems?

0. No 1. Yes

**Need to ask the questions on this page for " The respondent who currently has a job " and "
The respondent who currently has no job but has worked before "**

E. The most important work and pension

E20. What is the most important (or longest) job in your life so far?

- 1. Current job **【Skip to E21】**
- 2. The last job **【Skip to E21】**
- 3. Other work **【Continued to E20a】**

E20a. Please describe the most important (or longest) job and occupation?

Industry: _____

Occupation (please record **the specific position** in detail): _____

E20b. Started to work: Beginning in R.O.C. _____ year, or _____ years old

E20c. Ended to work: End in R.O.C. _____ year, or _____ years old

E21. Have you ever received a pension or severance payment?

【Hint: We ask you this question to understand the economic situation of middle-aged and elderly people】

- 0. Have never received pension or severance payment **【Skip to E22】**
- 1. Have received one retirement pension or severance payment
- 2. Have received more than two retirement or severance payment

E21a. Are you receiving a pension or severance payment? **【Can choose more than one】**

- a. Retirement pension
- b. Severance pay
- c. Employment termination compensation
- d. Retirement (insurance) payment paid at the end of military, public and labor insurance
- e. Other (Please specify) _____

E21b. Can you continue to receive it now or in the future? Or have you already received it all?

- 1. Have all received **【Skip to E22】**

- 2. Can continue to receive
- 3. Other (Please specify) _____

E21c. Received method:

- 1. Can get for whole life
- 2. Can still receive _____ years and _____ months
- 3. Other (Please specify) _____

Willingness to work in the future

E22. **【Interviewer verify】** : 0. Proxy interviewed **【Skip to E24】**
1. Respondent interviewed

E23. **【Interviewer verify question E1】** :

1. The respondent currently **doesn't** have any job.

【Question E1 did not choose 1 or 2, continue to E23a】

2. The respondent currently **has** a job. **【Question E1 choice 1 or 2】**

★E23a. **You currently do not have a job**: Are you **willing** to work again in the future?

0 No plans to work anyway **【Skip to E24】**

1 Although I want to work, I am afraid of difficulties and cannot work **【Skip to E23c】**

2 Willing to work (full-time or part-time) **【Skip to E23c】**

★E23b. **You currently have a job**: If you stop your current job in the future, what kind of planning (arrangement) do you want (hope) to do? **【This question asks about willingness. If the answer depends on the situation, and there is no way to continue working, he/she has no choice but to retire, etc. Please make a detailed inquiry if he/she does not consider him/her health, ability, or other external constraints, what is his/her desired plan?】**

0 Retire (stop working) completely and do not plan to engage in any work or career anymore **【Skip to E24】**

1. Never thought about retirement or didn't intend to stop the current job

2. Partially retired (change to a part-time job or help)

3. Change job (change to another job or career)

4. Other (Please specify) _____

★E23c. Why do you want to continue working in the future? **【Inquire item by item】**

a. Financial needs (not enough money, living needs) 0. No 1. Yes

b. Avoid my brain degeneration 0. No 1. Yes

c. Want to continue to interact with outside world (to avoid disconnection from society) 0. No 1. Yes

d. Want to continue to maintain physical labor 0. No 1. Yes

e. I hope I can continue to contribute to my family or society 0. No 1. Yes

f. Want to pass on experience (or technology) 0. No 1. Yes

g. I'm afraid of being bored and want to pass the time 0. No 1. Yes

h. Other _____ 0. No 1. Yes

★E23d. What difficulties do you think you might have if you want to work? **【Inquire item by item】**

- a. Lack of knowledge or skills (eg., can't use computers, can't operate new machines, illiterate, low education) 0. No 1. Yes
- b. Physical health condition isn't suitable (not enough physical strength, dysfunction) 0. No 1. Yes
- c. Must help take care of children at home or sick or disabled family members 0. No 1. Yes
- d. I'm too old to respond quickly enough and cannot keep up with the work progress 0. No 1. Yes
- e. No employer wants to hire older people 0. No 1. Yes
- f. Don't know where to find the opportunities for ob 0. No 1. Yes
- g. Have difficulty riding or driving because of I get older (transportation problem) 0. No 1. Yes
- h. Legal restrictions (there is a mandatory retirement age or the occupation I want to do which has an age limit) 0. No 1. Yes
- i. Other _____ 0. No 1. Yes

E24. Do you **currently** do any voluntary (unpaid) social service work (volunteer)?

0. No 1. Yes **【Skip to E25】**

E24a. Have you ever done any voluntary social service work (volunteer) before?

0. No **【Skip to E24c】** 1. Yes

★E24b. Why don't you continue to do it now? **【can choose more than one, no inquiry deeply】**

- a. be old and in poor health
- b. No time, be unable to coordinate with time
- c. Can't find anyone to come with me (no one who I know)
- d. Never thought about, not interested, disliked
- e. Don't know how to join
- f. Can't find a suitable job, no application nearby
- g. Other _____

★ E24c. Is it possible for you (again) to do any volunteer social service work in the future?

1. Impossible 2. Somewhat possibility 3. Very Likely

Current Job of the Respondent's Spouse

E25. **【Interviewer verify】** :

- 1. Respondent **has a spouse (Mr./Mrs., or partner) 【Answer 1 to Question A8 or Answer 1 to Question A8b】**
- 2. Respondent **has no spouse (partner) now** (including never married/ widowed/ divorced/ separated) **【Skip to F section】**

E25a. Is your spouse (partner) currently working **most of the time** or not?

【Single choice】

- 1. Have a job now (full-time and part-time are counted)
 - 2. Have a job, but haven't worked in temporarily
 - 3. **Only occasionally or informally** helping the family's business, enterprise, and farming matters, it's not really your job
 - 4. Retire _____
 - 5. Unemployed and looking for work now. _____
 - 6. Housekeeping (Cooking, doing the laundry, grocery shopping, taking care of children) _____
 - 7. Did not do any of the above work _____
 - 8. I don't know, or I don't remember _____
- 【Skip to F section】**

Current Job

E26. What kind of the job is your husband/ wife (or partner) current doing? (Or what kind of the job is it that your husband/ wife plan to back to do? What is the position of your husband/ wife (or partner) in this job?

Industry: _____

Occupation (please record the specific position in detail): _____

E26a. How many hours do your husband/ wife (or partner) work per week in your **current** job? _____ hour(s)

E26b. Is full-time or part-time job?

- 1 Full-time job
- 2 Part-time job

F. Leisure, Activities, Attitudes and Opinions

F1. Next, I would like to ask you, what kind of pastime and entertainment do you usually do in your spare time?

【Note to interviewer: Let the respondent answer the questions first, and fill in his/her answers in the table below, then ask the respondent about the other questions which he/she didn't mention yet.】

F2. **【If yes, please continue to ask】** How often do you do this leisure activity?

F3. **【If yes, please continue to ask】** Is it done with others?

Pastime, Entertainment Activities	F1. Do you do this? 【If no, then skip to next item】		F2. How often do you do it?				F3. Usually with others?	
	0. No	1. Yes	1. Less than once a month	2. 2-3 times a month	3. 1-2 times a week	4. Almost every day	0. No	1. Yes
(1) Watching TV	0	1	1	2	3	4	0	1
(2) Listening to music or radio	0	1	1	2	3	4	0	1
(3) Reading newspapers, magazines, books, or novels, etc	0	1	1	2	3	4	0	1
(4a) Surf the internet (only web browsing, writing mail, playing games)	0	1	1	2	3	4		
(4b) Go online (interactint with others, Active instant messaging, playing online games)	0	1	1	2	3	4		
(4c) Various static video games that are not online	0	1	1	2	3	4	0	1
(5) Playing chess or cards (including mah-jong or four-color cards, board games)	0	1	1	2	3	4	0	1
(6) Meet and chat with relatives and friends, or do other activities (such as drink kung-fu tea)	0	1	1	2	3	4		

Pastime, Entertainment Activities	F1. Do you do this? 【If no, then skip to next item】		F2. How often do you do it?				F3. Usually with others?	
	0. No	1. Yes	1. Less than once a month	2. 2-3 times a month	3. 1-2 times a week	4. Almost every day	0. No	1. Yes
(7) Meet and chat with neighbors or do other activities (such as drink kung-fu tea)	0	1	1	2	3	4		
(8) Gardening, grow plants, bonsai (not for income)	0	1	1	2	3	4	0	1
(9) Taking walks	0	1	1	2	3	4	0	1
(10) Riding bicycle	0	1	1	2	3	4	0	1
(11) Personal outdoor exercise such as jogging, hiking, playing ball, etc.	0	1	1	2	3	4	0	1
(12) Attending group sports (activities), such as singing, dancing, tai-chi, or Waidan Gong or karaoke, etc.	0	1	1	2	3	4		
(13) Other (Please specify) _____	0	1	1	2	3	4	0	1

【Interviewer: please check again to determine if there were any missing items or not recorded】

F4. Next, I would like to mention some clubs (societies) or activities. Please tell me if you are a member of them or if you participate their activities **in the past six months**. **【Interviewer: Please ask each association by category】**

Have you participated in _____ (activity) **in the past six months**, or joined such clubs _____

(club or society) as members?

【Scenario I: If the answer is “no”, please skip to the next group of activity】

Type of club or Activity	F4. Are you a member or do you take part in its activities	
	0. No	1. Yes
(1) Community social group, such as women’s association, talent classes, etc.	0	1
(2) Religious group, such as churches, fellowships, temple groups, etc.	0	1
(3) Farmers’ occupational associations, fishermen’s, or other trade association, Lion’s Club, etc.	0	1
(4) Political association (such as political parties, etc.)	0	1
(5) Social service and public welfare groups, such as Lifeline, Relief Clubs, merit clubs, volunteers, etc.	0	1
(6) Clubs based on the shared geographic background or family lineage	0	1
(7) Elderly groups, such as Elderly Association, Evergreen Club, etc.	0	1
(8) Adult educational activities for the elderly (such as intensive classes, universities or learning centers for the elderly)	0	1

F4a. **【Interviewer verify】** :

0. All answers in F4 are all “0” **【Skip to F5】**

1. Any one of the answers in F4 is “1”



F4b. Do you have an official position in this club?

0. No 1. Yes

F5. **【Interviewer verify】** : 0. **Proxy** interviewed **【Skip to F7】**

1. **Respondent** interviewed



★F5a. Are you satisfied with your living environment?

0. No 1. Yes

★F5b. Are you satisfied with your living environment (such as pollution, climate, noise, scenery, etc.)?

0. No 1. Yes

Opinions of being older (elder’s mentality)

★F6. Based on your **current** thoughts and feelings, how much do you agree with the following statements?

【 Please use the two-stage questioning method to interview, and read in the order of question numbers, and record the answers 】

1. First, ask the respondent “do you agree or disagree?”
2. If the answer is “Agree”, continue to ask “is it somewhat agree, agree, or strongly agree?”

If the answer is “disagree”, continue to ask “is it disagree, or strongly disagree?”

★	1 Strongly disagree	2 disagree	3 Somewhat agree	4 agree	5 Strongly agree
1. You think that you’re old	1	2	3	4	5
2. You think that you have time to do things you’re interested in	1	2	3	4	5
3. You think it is a joy to live to this age	1	2	3	4	5
4. You think that unanble to take care of yourself	1	2	3	4	5
5. You think that you can help your family	<input type="checkbox"/> Have no family				
	1	2	3	4	5
6. You think that you’re weak	1	2	3	4	5
7. You think that you’re happy	1	2	3	4	5
8. You think that your mind is as unclear/confused as before	1	2	3	4	5
9. You think that you’re kind and warm	1	2	3	4	5
10. You think that you feel insecure	1	2	3	4	5
11. You think that you’re satisfied with your current life	1	2	3	4	5

【 Note: For item 5, “the family” is defined by the individual and doesn’t necessarily need to be family members who’re living together or are blood related. If the respondent lives alone and does not have a family, please tick off (Have no family.) 】

Religious Beliefs

Next, I'd like to ask you some questions about your religion.

F7. What religion do you believe in (Taoism or traditional folk religions, Buddhism or Christianity)?

- 0. No religion **【Skip to G1】**
- 1. Taoism or traditional folk religions
- 2. Buddhism
- 3. Christianity
- 4. Catholicism
- 5. I-Kuan-Tao
- 6. Islam
- 7. Other

F8. Please tell me how often do you do the following activities?

Activity	3 Often	2 Sometimes	1 Rarely	0 Never	Notes
(1) Praying, offering incense, worshipping God or Buddha at home	3	2	1	0	
(2) Chanting or reading (holy) the Bible	3	2	1	0	
(3) Going to church or worship at the temples	3	2	1	0	
(4) Watching or listening to the religious programs	3	2	1	0	
(5) Make a donation (for religious purposes only, not including disaster relief funds)	3	2	1	0	

G. Financial Situation

Now, I would like to ask you question about your economic and financial situations. Asking you these questions are purely to understand the economic situation of the middle-aged and elderly in Taiwan. The information will be combined with other elders who interviewed by us for the purpose of research and it's purely for research purposes, and we're absolutely responsible for keeping it confidential. Please tell us your real situation as much as possible to avoid incorrect analysis results.

Income Source

G1. First of all, who is the main breadwinner of the household? **【Can choose two options at the most】**

- 01 The respondent 02 Spouse
- Son
- Daughter-in-law
- Daughter
- Other (Please specify) _____
- Birth order: 1. () 2. ()

G2. Who makes the most important decision on related things with large sums of money or major transactions in the household you live with? **【Single option only】**

- 01 The respondent 02 Spouse
- 11 Father
- 12 Mother
- 13 Father-in-law (Husband's father)
- 14 Mother-in-law (Husband's mother)
- 15 Father-in-law (Wife's father)
- 16 Mother-in-law (Wife's mother)
- Son
- Daughter-in-law
- Daughter
- Other (Please specify) _____
- Birth Order :[]

★G3. In general, are you satisfied with your current economic situation?

1. Very satisfied 2. Satisfied 3. Average 4. Not satisfied
5. Very unsatisfied

G4. While you were growing up (before the age of 20), was your family rich, above average, average, below average, or very poor?

- 1. Very rich
- 2. Moderate or above
- 3. Moderate
- 4. Below moderate
- 5. Very poor
- 6. Don't remember
- 7. The proxy doesn't know

Family Income and Daily Living Expenses

Now I would like to ask you about your household income and expenses.

G5. How much total income is approximately from all different sources (such as retirement pension, severance pay, severance payment, old-age pension, national pension) did your household receive the past year (including the income from the respondent and his spouse)?

【Write down exact figure】 A total of NT\$ _____ (Unit: NT\$10,000)

【If the respondent cannot tell the amount or refuses to answer, please be sure to inquire within the following range. If the approximate amount can be asked after inquiry, fill in the approximate amount in the upper column (G3). If only the range can be asked, tick in the following Options】

- 1) Less than NT\$100,000
- 2) NT\$100,000 – less than NT\$300,000
- 3) NT\$300,000 – less than NT\$500,000
- 4) NT\$500,000 – less than NT\$700,000
- 5) NT\$700,000 – less than NT\$1,000,000
- 6) NT\$1,000,000 – less than NT\$1,500,000
- 7) NT\$1,500,000 – less than NT\$2,000,000
- 8) NT\$2,000,000 – less than NT\$3,000,000
- 9) Over NT\$3,000,000

G6. Are there other people who do **not live with you** will pay part of the living expenses of this household together?

0. No 1. Yes

★G7. Do **you (and your spouse/partner)** have enough money or have difficulty coping with the monthly living expense or expenses?

- 1. Quite ample and surplus
- 2. It's roughly enough, and don't think I am lacking
- 3. Slightly difficulty
- 4. It's quite difficulty

Other Assets

G8. Whom does the (this/that) house you often live in belong to (in whose name it is registered)?

- 1. The respondent
- 2. Respondent's spouse

- 3. Respondent's children
- 4. Belongs to parents, parents-in-law
- 5. Rented
- 6. Dormitory provided by the government or employer
- 7. A nursing facility
- 8. Ancestral property
- 9 Other (Please specify) _____

★G9. Do you think you (and your spouse/partner) can rely solely on yourself, or rely on your children or others for help?

- 1. Can rely on is yourself
- 2. Must rely on child(ren) or others for help
- 3. Other (Please specify) _____

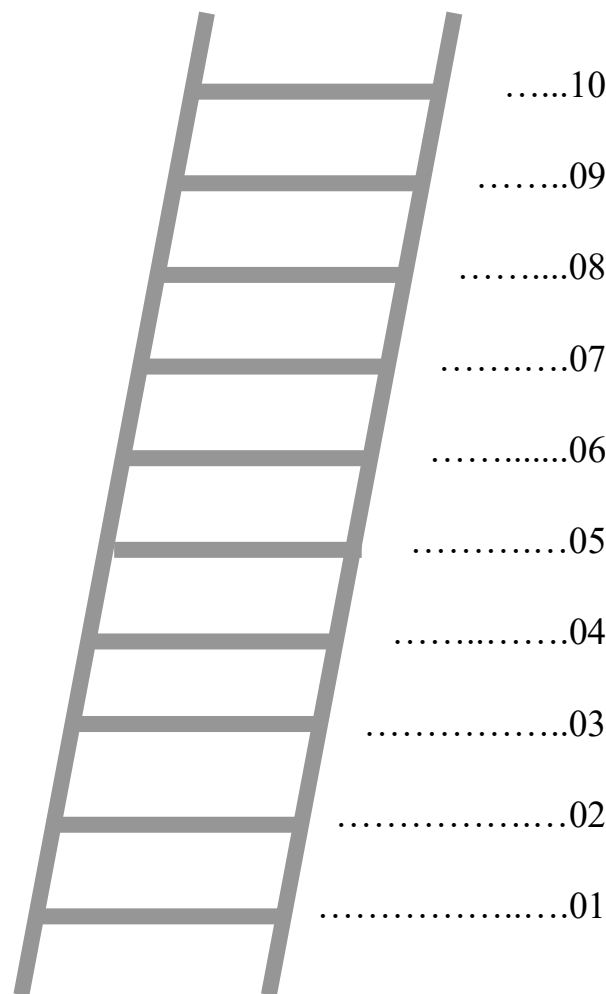
Socioeconomic status

★G10. **【Please show the picture below to the respondent.】**

Here is a ladder; there is ten steps from bottom to top.

This ladder represents the social status held by everyone in **Taiwan**. The highest level represents the people with the best condition in Taiwan, and the bottom level represents the worst-off people in Taiwan.

The higher you stand on the ladder, the closer you are to the people with the higher status, the lower you stand on the ladder, the closer you are to the people with lower status. Compared with all the **Taiwanese**, based on your current condition, which step do you think you should be on this ladder? Please point it for me.



【Please circle the level the respondent pointed of】

□66. Other (Please specify) _____

★G11. What do you care about or worry about the most? **【Please specify】**

End of the visit in the: 1. morning 2. afternoon Time: _____ (24 hour o'clock system)

H. Interview Documents and Respondent's Signature

1. The interview began at: _____Hour _____Min (24 hour clock)

The interview ended at: _____Hour _____Min (24 hour clock)

How long did the interview last? _____Minutes in total

Notes: _____

2. Do you sign a consent form for linking to the National Health Insurance Research Database?

1. Yes

0. No

3. Souvenirs:

1. Gift certificate NT\$100

2. Other (Please specify): _____

The above-recorded visit time, Health Insurance Research Database link consent form, and the name of the souvenirs received are all consistent with the facts.

Signature, stamp or handprint of the respondent _____

or

Signature, stamp or handprint of proxy _____

Interviewer's Notes:

If it is signed by proxy, please state its name and relationship with the respondent.

Name: _____ Relationship with the respondent: _____

Interviewer's record of observations after the interview

K0a. Do you (the interviewer) think the current health status of the respondent is very good, good, ordinary, not very good, or very bad?

【Even if the questionnaire is answered by the proxy, this question refers to the health of the respondent, not the health of the proxy】

1. Excellent 2. Good 3. Average
4. Not so good 5. Poor 0. I did not see the respondent

K0b. Place of interview:

1. Respondent's home 2. Office/place of work
3. Other (Please specify) _____

K1. Was there anyone else present during the interview?

1. Yes, for most of the time 3. Yes, occasionally
2. Yes, for about half of the time 4. No **【Skip to K2】**

K1a. **【If someone else was present】** What was his relationship to the respondent?

02. Spouse
 Son
 Daughter-in-law
 Daughter
 Other relatives
 Other non-relatives
- 【Please specify the relationship more precisely】**

K1b. Did the person's presence influence the way the respondent gave answers? How did they affect?

1. Helped with or corrected the respondent's answers
2. Only listened on the sidelines, but no answers
3. No influence

K1c. Was the respondent unable to focus on giving answers because someone was present?

1. Has been affected 3. Slightly affected
2. Somewhat affected 4. Not affected at all

K2. How was the respondent able to understand the questions?

1. Excellently 2. Good 3. Fair 4. Poorly

K3. How cooperative was the respondent?

1. Excellently 2. Good 3. Fair 4. Poorly

K4. Did the interview go smoothly and follow the prescribed protocol?

1. Very smoothly 2. Acceptably 3. Not smoothly

K5. Please write down the interview process, the respondent's response, or other special situations and questions: _____

K6. What is the housing type of the respondent?

1. Bungalow
2. Apartment without elevator
3. Sanheyuan
4. House or villa
5. Apartment/building with elevator
6. Others (please specify): _____

K7. What is the method of contacting the respondent (to the current residence)?

1. Guard
2. Walkie-talkie
3. Doorbell, knock on the door
4. The respondent took the initiative to call
5. Interviewer contacted by telephone
6. Introduction by others
7. Direct contact with the respondent or family members in the store or factory
8. Direct contact with the respondent or family members in other situations
9. The interviewer called outside or downstairs
10. Others (please specify): _____