

Approving Unit: Directorate General of Budget, Accounting and Statistics (DGBAS) of Executive Yuan

Approving Documentation No: XXXXX

Valid Until: XXXXX

Unit of Execution: Health Promotion Administration, Ministry of Health and Welfare

IRB Approval Number: XXXXX

Sample Code:(to be filled in by the interviewer)						
Cohort			A	B	C	D
Township Code				Serial Number		



Questionnaire

2019 Taiwan Longitudinal Study on Aging

Respondent's name: _____ **Respondent's sex:** 1. Male 2. Female

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

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

Is the survey completed within one interview?

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

Is this a transferred case?

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

Is this a cross-regions interview?

1. No 2. Yes, _____ City/County _____ Township/City/District

Name and code of the interviewer: _____

Date of completion of the visit: ____/____/2019 (mm/dd/2019)

Required information for the proxy							
Name		Relationship with the Respondent		Sex	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	Age	
Address							
Phone	(Day)	(Night)					

Interviewers do not fill in the form below

<p>Question number and notes for revisited</p>		<p>Counselor: _____ Date: _____Month _____ Day _____Year</p> <p>First reviewer: _____ Date: _____Month _____ Day _____Year</p> <p>Second reviewer: _____ Date: _____Month _____ Day _____Year</p> <p>Recorder: _____ Date: _____Month _____ Day _____Year</p>
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Please paste the sample card here after completion of the survey

【The questions on this page are to 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)

Thank you for accepting to be interviewed by us again. The information that you provided to us in previous interview(s) has been very helpful for the government to formulate health care and social welfare policies. Now, to further understand the changes in health status and family dynamics of the middle-aged and elderly, we need your participation again. Thank you in advance for your cooperation.

A. Background Information, Marital and Living Situation

For interviewer: please fill in the respondent's marital status in 2015 into the table below based on the information from the Sample Card before starting question A1.

A1. Are you married or do you have a spouse (partner)? Do you and your spouse (partner) take care of each other? **【If no】** Why not? Is it because you “have never been married,” or because your spouse “has passed away,” or because you “has been divorced”, or because you “have been formally separated”? **【Continue to ask】** Do you have a “partner” to take care of each other currently?

【Please fill in the answers in the table of “Marital status of the current investigation”】

Marital status in 2015 (Based on the Sample Card) If there is no information in 2015, do you have a husband/wife (or partner) four years ago (2015)?	A1. Marital status of the current investigation	Skip to
<input type="checkbox"/> 1. Had a spouse (including married spouse or partner)	<input type="checkbox"/> 1. Married and has a living spouse or partner	A2
	<input type="checkbox"/> 2. Widowed, not remarried and currently with no partners <input type="checkbox"/> 3. Widowed, not remarried but currently has a partner	A1a
	<input type="checkbox"/> 4. Divorced, not remarried, and currently has no partners <input type="checkbox"/> 5. Divorced, not remarried, but currently has a partner <input type="checkbox"/> 6. (Formally) separated and currently has no partners	A1b

	<input type="checkbox"/> 7. (Formally) separated but currently has a partner	
<input type="checkbox"/> 2. No spouse (including widowed/ divorced/ separated/ never married)	<input type="checkbox"/> 1. Married and has a living spouse <input type="checkbox"/> 2. Has a partner (but not married)	A5
	<input type="checkbox"/> 3. Widowed, not remarried, and has no partners <input type="checkbox"/> 4. Divorced, not remarried, and has no partners <input type="checkbox"/> 5. (Formally) separated and has no partners <input type="checkbox"/> 6. Never been married and has no partners	A11

A1a. **【To ask respondents who were widowed within the past 4 years】** When did your spouse (partner) pass away?

Passed away in _____ month _____ year **(should be in 2015 and later)**

A1b. **【To ask respondents who got divorced or separated less than four years】** When did you get divorced or separated?

Got divorced /separated in _____ month _____ year **(should be in 2015 and later)**

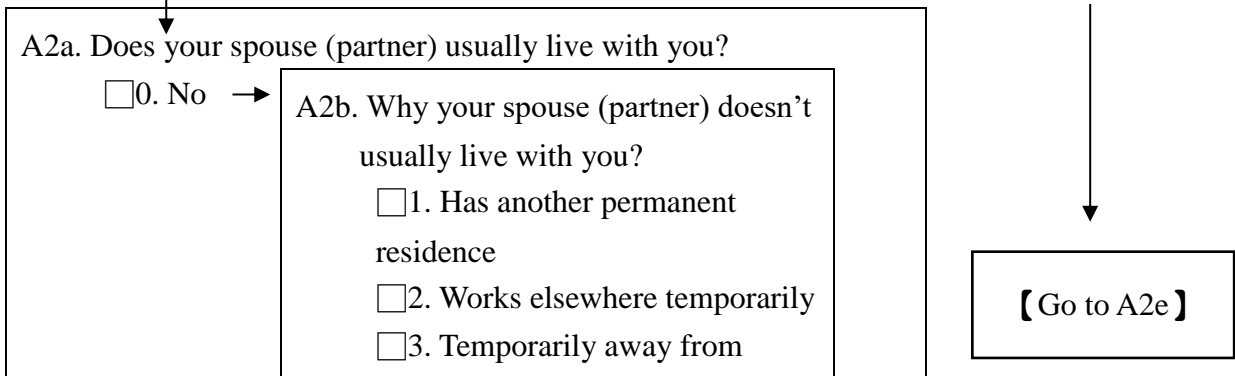
A1c. **【Interviewer verify】 Does the respondent currently have a spouse (partner)?**

0. currently has no spouses (partners) **【Answer in A1 is 2 or 4 or 6】 → 【Skip to A11, Residence History】**
1. currently has a spouse (partner) **【Answer in A1 is 3 or 5 or 7】**

A2. **【If the respondent has spouse/partner since 2015, please continue to the following question.】** How long have you and spouse /partner been married (or be together)? (Longer than four years or not?)

1. Longer than four years

2. Less than four years



<input type="checkbox"/> 1. Yes <div style="text-align: center;">↓</div>	<p>home because of family reasons</p> <input type="checkbox"/> 4. Other (Please specify) _____ <p>A2c. How often do you see each other?</p> <input type="checkbox"/> 1. Everyday <input type="checkbox"/> 2. Every few days <input type="checkbox"/> 3. Every week <input type="checkbox"/> 4. Every month <input type="checkbox"/> 5. Every few months <input type="checkbox"/> 6. Every year <input type="checkbox"/> 7. Other (Please specify) _____						
<p>A2d. How is the health status of your spouse (partner)?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> 1. Excellent</td> <td style="width: 50%;"><input type="checkbox"/> 4. Not so good</td> </tr> <tr> <td><input type="checkbox"/> 2. Good</td> <td><input type="checkbox"/> 5. Poor</td> </tr> <tr> <td><input type="checkbox"/> 3. Average</td> <td><input type="checkbox"/> 6. Lost contact for too long, can't tell</td> </tr> </table> <p style="text-align: center;">【 Skip to A11, Residence History 】</p>		<input type="checkbox"/> 1. Excellent	<input type="checkbox"/> 4. Not so good	<input type="checkbox"/> 2. Good	<input type="checkbox"/> 5. Poor	<input type="checkbox"/> 3. Average	<input type="checkbox"/> 6. Lost contact for too long, can't tell
<input type="checkbox"/> 1. Excellent	<input type="checkbox"/> 4. Not so good						
<input type="checkbox"/> 2. Good	<input type="checkbox"/> 5. Poor						
<input type="checkbox"/> 3. Average	<input type="checkbox"/> 6. Lost contact for too long, can't tell						

A2e. 【 Interviewer verify 】

- 1. The respondent has already been asked in A1a or A1b (when did their spouse pass away, divorce or separate), please skip to A5.
- 0. The respondent has not been asked in A1a or A1b, please go to A2f.

A2f. **【 To ask respondents who got married (or be together) for less than four years 】** Did you remarry (or be together) because your former spouse (or partner) passed away or got divorced or (formally) separated or broke up?

- 1. Widowed
- 2. Got divorced (separated or broke up)

<div style="text-align: center;">↓</div> <p>A3. 【 To ask respondents who were widowed within the past 4 years 】 When did your spouse (partner) pass away? In _____ month _____ year (should be in 2015 and later)</p> <div style="text-align: center;">↓</div>	<div style="text-align: center;">↓</div> <p>A4. 【 To ask the respondents who got divorced less than four years ago 】 When did you get divorced or (formally) separated or broke up? In _____ month _____ year (should be in 2015 and later)</p> <div style="text-align: center;">↓</div>
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A5. When did you get married (or be together) in the recent past?

In__month__year (should be in 2015 and later)

A6. Does your spouse (partner) usually live with you?

0 No



A6a. 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) _____

1 Yes



A6b. How often do you see each other?

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



A7. When was your spouse (partner) born? How old is he/she?

1. (if before 1911) ____ years before 1911 / 2. ____year; He/ She is ____years old.

A8. Is he/she Fukianese, Hakka, Mainlander, or other?

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

A9. 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

A9a. **【Interviewer verify】** :

<input type="checkbox"/> 1. Education level code with one of 06, 09, 12, 14 or 16	<input type="checkbox"/> 0. Education level code without of 06, 09, 12, 14 or 16
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↓

<p>A9b. Is his/her highest education level graduated or not?</p> <p><input type="checkbox"/> 1. Graduated <input type="checkbox"/> 2. Undergraduate</p>
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A10. How is the health status of your spouse (partner)?

- 1. Excellent
- 2. Good
- 3. Average
- 4. Not so good
- 5. Poor
- 6. Lost contact for too long, cannot tell

Residence History

A11. Do you usually have a fixed residential place? Or do you live alternately with your children?

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



A11a. 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) _____

★A12. Do you like this house/residence?

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

A13. How long have you lived here? Longer than four years?

【(If respondent in alternate living) Have you lived here for more than 4 years?】

- 1. Less than four years since moving here **【Skip to A14】**
- 2. Already over four years

A13a. Did you ever move elsewhere (for more than four months) and move back again in the past four years? **【If respondent took turns living and left here for less than four months, to be considered “the respondent didn’t move it”】**
0. No **【Skip to B1】**
1. Yes (including living alternatively or others)

A14. **Most recently**, where did you move from? Did you move from the vicinity or far away?
1. From next door or the same building
2. From the same neighborhood
3. From the same or nearby city/town/village
4. Other places of Taiwan (including Ponghu, Kinmen or Matsu)
5. Mainland China (Includes Hong Kong, Macao)

6. Overseas

A14a. 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): _____

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 B7】**
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**: _____

B2a. How often do you **meet** with your children on average?

【In the most common situation】

- 1. Everyday
- 2. 2-3 times a week
- 3. Once a week
- 4. 2-3 times a month
- 5. Once a month
- 6. Less than once a month
- 7. Never meet

B2b. How often do you **contact** with your children on average (including through Skype, phone, letters, or instant message)?

【In the most common situation】

- 1. Everyday
- 2. 2-3 times a week
- 3. Once a week
- 4. 2-3 times a month
- 5. Once a month
- 6. Less than once a month
- 7. Never meet
- 8. Living with each other, I don't need skype, phone, letters, or instant message

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

B4_1. How old is he/she now?

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 of child(ren) who doesn't 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

Table I: Status of Child(ren)

				Only ask the child(ren) who does not live with the respondent	
B3.		B4.	B4_1.	B5.	B6.
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	How old is he/she?	Marital status	Where does he/she live?
		1. Male	【If you don't remember clearly, you can give a rough estimate】	1 Married	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
2. Female	2 Cohabiting				
Relationship	Code (Do not fill in)			3 Married, but separated	
				4 Divorced	
				5 Widowed	
				6 Unmarried	
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

B7. **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】**

B8. 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 in the family, such as father, mother, father-in-law, mother-in-law, eldest daughter-in-law, second eldest daughter-in-law, grandson, granddaughter, or others.)		B12. Sex	B12_1. How old is he/she?	B13. Marital status
B11. What is the relation between you and he/she? 【Relationship】	Code (Do not fill in)	1. Male 2. Female	【If you don't remember clearly, you can give a rough estimate】	1. Married 2. Cohabiting 3. Married, but separated 4. Divorced 5. Widowed 6. Unmarried
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. **【Only option b~l can choose more than one】**

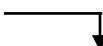
- a. Live alone
- b. Spouse (or partner)
- c. Unmarried child(ren) (never married)
- d. Married son(s) (including divorced or widowed)
- e. Daughter-in-law(s)
- f. Husband's parent(s)
- g. Wife's parent(s)
- h. Married daughter(s) (including divorced or widowed)
- i. Grandchild(ren)
- j. Other relatives
- k. Other non-relatives
- l. Son-in-law(s)

【Note: "Husband/Wife" 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. This question is mainly about the ideal way of living, not necessarily limited by the current spouse or children's status】**

1. Living alone (or with spouse) 

B16a. 【Interviewer verify】 :

0. The respondent **doesn't have any children 【Skip to B24】**

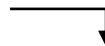
1. The respondent **has children**



★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 B24】

2. Live with son or daughter 

B16c. 【Interviewer verify】 :

1. **Current number of children is 0 are 1 【Skip to B24】**

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 B24】**

★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 cannot make a choice

【Skip to B24】

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) _____

To visit one's brothers and sisters, relatives, neighbors or friends each other

How often do you ___? 【In the most common face-to-face or contact situation】	Every day	At least 2~3 times a week	At least once a week	2~3 times a month	Once a month	Less than once a month	Never meet or contact	All live together, so there is no need.	No brothers and sisters, relatives, friends or neighbors (or all have passed away)
B24. meet with brothers and sisters	1	2	3	4	5	6	7		9
B24_1. connect with brothers and sisters (video, phone, letter or network communication software)	1	2	3	4	5	6	7	8	9
B25. meet with other relatives	1	2	3	4	5	6	7		9
B25_1. connect with other relatives (video, phone, letter or network communication software)	1	2	3	4	5	6	7	8	9
B26. meet with friends	1	2	3	4	5	6	7		9
B26_1. connect with friends (video, phone, letter or network communication software)	1	2	3	4	5	6	7	8	9
B27. meet with neighbors (It means to chat and interact with each other. It does not include just	1	2	3	4	5	6	7		9

meeting and nodding to say hello)									
B27_1. connect with neighbors (video, phone, letter or network communication software)	1	2	3	4	5	6	7		9

B28. Do you have brothers, sisters, other relatives, or friends who **live in different places but live nearby or in the same town/city/district?** **【Only option b~d can choose more than one】**

- a. No.
- b. Yes, brother(s) or sister(s) live(s) nearby.
- c. Yes, other relative(s) live(s) nearby.
- d. Yes, friend(s) live(s) nearby.

Montreal Cognitive Assessment (MoCA) Taiwan Version

Morbid state

C3. I would like 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. Has a doctor diagnosed you with this ailment?		For any C3 answers marked as “Yes”, please continue to ask C3a-C3c						
			C3a. Have you seen a doctor because of this ailment in the past year?		C3b. Do you still have this ailment now?		C3c. How much inconvenience does this ailment lead to your daily life?		
	0 (No or don't know (Skip to next ailment))	1 Yes	0 No	1 Yes	0 No or not sure	1 Yes/Under Control	0 No effect	1 A little of inconvenience	2 serious inconvenience
(1) Hypertension	0	1	0	1	0	1	0	1	2
(2) Diabetes	0	1	0	1	0	1	0	1	2
(3) Heart disease (Palpitation doesn't count)	0	1	0	1	0	1	0	1	2
(4) Stroke	0	1	0	1			0	1	2
(5) Cancer or malignant tumor	0	1	0	1	0	1	0	1	2
(6) Bronchitis, emphysema, chronic obstructive pulmonary disease (COPD)	0	1	0	1	0	1	0	1	2
(7) Asthma	0	1	0	1	0	1	0	1	2
(8) Arthritis or rheumatism	0	1	0	1	0	1	0	1	2
(9) Liver or gall bladder disease	0	1	0	1	0	1	0	1	2
(10) Cataract	0	1	0	1	0	1	0	1	2
(11) Glaucoma	0	1	0	1	0	1	0	1	2
(12) Retinopathy	0	1	0	1	0	1	0	1	2
(13) Renal disease (excluding nephrolithiasis)	0	1	0	1	0	1	0	1	2
(14) Nephrolithiasis	0	1	0	1	0	1	0	1	2
(15) Gout	0	1	0	1	0	1	0	1	2
(16) High Cholesterol	0	1	0	1	0	1	0	1	2
(17) Mental illness (including depression, anxiety, bipolar disorder, etc.) 【or	0	1	0	1	0	1	0	1	2

confirm with family members]									
(18) Dementia (or Alzheimer's disease) 【or confirm with family members]	0	1	0	1			0	1	2
(19) Parkinson's disease 【or confirm with family members]	0	1	0	1			0	1	2
(20) Hip fracture	0	1					0	1	2
(21) 【This column is used to record the health conditions not listed above for the respondent] Other disease_____	0	1	0	1	0	1	0	1	2

C4. **【Interviewer verify】** :

- 0. The respondent **doesn't** have diabetes (C3b(2)) or a renal disease (including Nephrolithiasis) (C3b(13)) **【Skip to C8】**
- 1. The respondent **has** diabetes(C3b(2))or a renal disease (including Nephrolithiasis) (C3b(13)) ↓

C5. Do you currently receive dialysis treatment?

- 1 Yes
- 0 No

【Questions C6 and C7 have been deleted】

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?

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

★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

Fall

C10. **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

C10a. How many times have you fell **in the past year**?
_____time(s)

C10b. Have you **seen a doctor because of tumbled or fallen in the past year**?

1. Yes

0. No

【Question C11 have been deleted】

Measurement of Daily Activities

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?】

C12_1. Do you have difficulty walking or climbing steps?

1. No, no difficulty 2. Yes, some difficulty 3. Yes, a lot of difficulty 4. Cannot do it at all

C12_2. Do you have difficulty with self-care, such as washing all over or dressing?

1. No, no difficulty 2. Yes, some difficulty 3. Yes, a lot of difficulty 4. Cannot do it at all

【The difficulties caused by temporary or recoverable health conditions are not counted. Please the respondent according to the usual situation to answer.】	0 No difficulty	Level of difficulty			Remarks
		1 Some difficulty	2 A lot of difficulty	3 Cannot do it at all	
C13_1. Stand continuously for 15 minutes	0	1	2	3	
C13_2. Stand continuously for two hours	0	1	2	3	
C13_3. Sit for consecutive 2 hours	0	1	2	3	
C13_4. Squat	0	1	2	3	
C13_5. Raise both hands over your head	0	1	2	3	
C13_6. Use fingers to grasp or turn objects	0	1	2	3	
C13_7. Lift or carry something weighing 11-12kg (as like 2 packs of rice)	0	1	2	3	
C13_8. Run with a short distance (20-30 meters)	0	1	2	3	
C13_9. Walk for 200 to 300 meters	0	1	2	3	
C13_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 A lot of diffi cult	3 Can not do 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

C14d. **【Interviewer verify】** :

- 1. The respondent has difficulty doing **at least one activity** **【excluding "no need to do it by yourself" or "refused to answer"】**
- 0. The respondent **has not any difficulty** doing the above 9 activities **【Skip to C15】**

C14e. 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 C14f】**

Or 00 No one helps **【Skip to C15】**

★C14f. 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)

C15. 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	C15. 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 C15a-C15c】				
	0	1	2	3	C15a. How long has the difficulty lasted? 【About how many years/months?】	C15b. Do you use any special aids to help you do it?		C15c. Does someone help you do it?	
	No difficulty	Some difficulty	A lot of difficulty	Cannot do 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

C15d. **【Interviewer verify】** : ↓

0. The respondent **hasn't any difficulty** doing the above **6 activities** **【Skip to C16a, restriction of daily activities】**

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

C15e. 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. Continue to C15f】**

Or 00. No one helps **【Skip to C16a, restriction of daily activities】**

★C15f. Do you think that you have enough help, or need more help?

1. Have enough help 2. Need more help


Functional limitation and longstanding illness

<p>C16a. 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>C16a1. 【Interviewer verify】 : Who answers the question?</p> <p><input type="checkbox"/>1. The respondent</p> <p><input type="checkbox"/>2. The proxy</p>
<p>C16b. 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>C16b1. 【Interviewer verify】 : Who answers the question?</p> <p><input type="checkbox"/>1. The respondent</p> <p><input type="checkbox"/>2. The proxy</p>

【Question number adjustment, delete C17.】

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 the emergency room?

0. No **【Skip to C20】**

1. Yes \longrightarrow 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 at the left column】 ?		a. In the past month, did you ever go to 【Read the type of medical service at the left column】 ?		c. In the past month, how many times did you go to 【Read out the type of medical service at 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】	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_____
C22. Pharmacy 【Including Chinese medicine and western medicine】	0	1	0	1	_____time(s)	/
C23. Dental 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 or dentist?

- 1. Never felt ill (or felt the symptoms were mild, so didn't see a doctor) **【Skip to C26】**
- 2. Yes, and always went to see a doctor **【Skip to C26】**
- 3. Yes, but **(always or sometime) did not go to see a doctor**

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

Disease condition	<input type="checkbox"/> a1. The disease is not serious <input type="checkbox"/> a2. Seeing a doctor is not effective
Treatment options	<input type="checkbox"/> b1. Self-medication <input type="checkbox"/> b2. Folklore therapy
Resource reasons	<input type="checkbox"/> c1. No time <input type="checkbox"/> c2. No money
Need help	<input type="checkbox"/> d1. Need someone's help or nobody to accompany me
Medical service reasons	<input type="checkbox"/> e1. The process is too complicated <input type="checkbox"/> e2. It's not easy to register because there are so many people <input type="checkbox"/> e3. Don't know where to go to see a doctor, or don't know which outpatient department to visit
Mobile or traffic reasons	<input type="checkbox"/> f1. Transportation is inconvenient <input type="checkbox"/> f2. The home is too far away from the hospital or clinic
Psychological or sensorial reasons	<input type="checkbox"/> g1. Lazy to go to see a doctor <input type="checkbox"/> g2. Don't like to see a doctor <input type="checkbox"/> g3. Afraid of finding something wrong with the checking <input type="checkbox"/> g4. Get tired of seeing a doctor <input type="checkbox"/> g5. Afraid of taking medicine
Other	<input type="checkbox"/> h1. (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】	
Action or transportation reason	<input type="checkbox"/> a1. Transportation is inconvenient <input type="checkbox"/> a2. Hospital is too far <input type="checkbox"/> a3. Don't know how to go to the hospital
Need help	<input type="checkbox"/> b1. Need someone's help or nobody to accompany me
Medical service reasons	<input type="checkbox"/> c1. It's not easy to register because there are so many people <input type="checkbox"/> c2. Must wait for so long to see a doctor
Resource reasons	<input type="checkbox"/> d1. No time <input type="checkbox"/> d2. No money <input type="checkbox"/> d3. Can't be granted a sick leave from work
Other	<input type="checkbox"/> e1. (Please specify) _____

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

_____ hour(s) _____ min(s)

★C27a. The following questions are about the experience of going to a hospital or clinic for medical treatment. Is the situation described in the question difficult or easy for you?

	1	2	3	4	I don't know	I don't use internet
	Very difficult	Difficult	Easy	Very easy		
★C27a1. For you, requiring the doctor what the examinations or treatments that you want is _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C27a2. For you, discussing with the doctor about the treatment is _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C27a3. For you, confirming with the medical staff whether your understanding of the medical instructions is correct is _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C27a4. For you, when you have a doubt about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	1 Very difficult	2 Difficult	3 Easy	4 Very easy	I don't know	I don't use internet
the medical staff's explanation if you want to ask questions is _____.						
★C27b1. For you, understanding the instructions on the medicine bag is _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C27b2. For you, following the instructions in the medicine bag is _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C27b3. For you, understanding what the medical staff said is _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C27b4. For you, following the instructions of the medical staff to control the disease is _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Health Behavior (Smoking)

C28. Have you ever smoked 100 cigarettes or 5 packs of cigarettes? **【Smoking here refers to paper 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 nuts? _____ 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 vegetables in a week? _____day(s) **【If the answers is 0, skip to C37e】**

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

C37e. On average, how many days do you eat soy products, fish, eggs, or meat? _____day(s) **【If the answers is 0, skip to C37g】**

C37f. If you eat soy products, fish, eggs, or meat that day, how many pieces do you eat in a day?

(Meat information card, or 1 egg, or 1 cup of soy milk) _____pieces

C37g. On average, how many days do you eat milk products (milk, cheese or yogurt)? _____day(s) **【If the answers is 0, skip to C38】**

C37h. If you eat milk products, how many pieces do you eat in a day?

(A serving is about 1 cup of 240cc milk, or 2 slices of cheese) _____pieces

Health behavior (Exercise)

C38. Do you have a habit of exercise?

1. Yes **【Skip to C38b】** 0. No



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. In the past month, have you done any exercises?

1. Yes 0. No **【Skip to C39】**
7. Unable to exercise due to physical inconvenience **【Skip to C39】**

C38c. How many exercises do you do on average a week?

- 0. Less than once a week
- 1. Once a week
- 2. Twice a week
- 3. Three times a week
- 4. Four times a week
- 5. Five times a week
- 6. Six times a week
- 7. More than seven times a week

C38d. How many minutes do you spend on exercising each time? (Record in minutes)_____min(s)

C38e. In general, do you sweat when you exercise?

1. Cannot sweat 2. A little bit of sweat 3. Lots of sweat 4. Other

C38f. In general, do you have difficult breathe when you exercise?

1. Weren't out of breath 2. Were a little out of breath 3. Were out of
breath 4. Other

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 】**

	a. Do you do 【 Read the categories listed at the left column 】		b. How many times do you do 【 Read the categories listed at the left column 】 a week on average?							
	No	Yes	Less than once a week	Once a week	Twice a week	Three times a week	Four times a week	Five times a week	Six times a week	More than seven times a week
C39_1. Qigong and other activities similar to Qigong (for example: Waidan Gong, Xiang Gong, Falun Gong, Yuanji Dance, etc.)	0	1	0	1	2	3	4	5	6	7
C39_2. Tai Chi	0	1	0	1	2	3	4	5	6	7
C39_3. Meditation	0	1	0	1	2	3	4	5	6	7
C39_4. Yoga	0	1	0	1	2	3	4	5	6	7

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. At least 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

【Interviewer verify】 : 0. Respondent's sex is male **【Skip to C43】**

1. Respondent's sex is female



C42. In the past three years, 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? **【Don't prompt! And can choose more than one】**

Common willingness reasons	<input type="checkbox"/> a1. Don't think it needs to be tested <input type="checkbox"/> a2. Lazy, don't want to go <input type="checkbox"/> a3. Feel shy <input type="checkbox"/> a4. Don't want to do invasive tests <input type="checkbox"/> a5. I'm old and sick, so I don't want to have more examinations
Psychological or sensory reasons	<input type="checkbox"/> b1. Afraid of knowing that I have something wrong <input type="checkbox"/> b2. Afraid of pain <input type="checkbox"/> b3. The process is too troublesome
Resource reasons	<input type="checkbox"/> c1. No time <input type="checkbox"/> c2. No money <input type="checkbox"/> c3. Can't ask for leave for test
Physiological reasons	<input type="checkbox"/> d1. The uterus has been removed
Action or transportation	<input type="checkbox"/> e1. Inconvenient mobility (long-term bed rest, vegetative, etc.) <input type="checkbox"/> e2. Inconvenient transportation

reason	<input type="checkbox"/> e3. My home is too far away from the hospital or clinic <input type="checkbox"/> e4. Don't know how to get to the hospital or clinic
Medical service reasons	<input type="checkbox"/> f1. The inspection once every three years has not been reached <input type="checkbox"/> f2. No inspection notice receiving <input type="checkbox"/> f3. The doctor said that the older one don't need to be checked <input type="checkbox"/> f4. I don't know there is such an inspection
Need help	<input type="checkbox"/> g1. Nobody to accompany me
Other	<input type="checkbox"/> h1. (Please specify)_____

C43. Next, I would like to ask you about your previous health examination

Health examination categories	a. In the past three years, have you ever done 【read the categories listed at the left column】 ?		b. In the past years, have you ever done 【read the categories listed at the left column】 ?	
	0 No (Skip to next category)	1 Yes (Continue to question b at the right column)	0 No	1 Yes
C43_1. Adult preventive health services (the government provides free health examination for people over 40)	0	1	0	1
C43_2. Labor medical examination	0	1	0	1
C43_3. Public servant health examination	0	1	0	1
C43_4. Various types of health examinations that require a fee (including health examinations provided by insurance companies or company benefits)	0	1	0	1
C43_5. Other:_____	0	1	0	1

C43_6. **【Interviewer verify】** :

- 1. The respondent has done adult preventive health care services of question C43_1 **in the past year 【Skip to C45_0】**
- 2. The respondent with age under 65 and has had adult preventive health care services **in the past three years 【Skip to C45_0】**
- 3. The respondent with age under 65 and has **not** done adult preventive health care services **in the past three years 【Continue to C44_1】**
- 4. The respondent with age 65 and has **not** done adult preventive health care services **in the past year 【Skip to C44_3】**

Utilization of free adult preventive health services provided by the government

【The following questions are for respondent under 65】

★C44_1. Did you know that the government provides a **free health examination every three years** for people over **40 to 64 years old** (adult preventative health care)? **【This question only be answered by the respondent.】**

0. No **【Skip to C45_0】** 1. Yes

C44_2. Why didn't you used the free adult preventive health services provided by the government (adult preventative health care) in the past three years? **【Can choose more than one】**

- a. Don't think it needs to be tested
- b. The workplace already provides health examination services
- c. Don't know where to examine/ Don't know where to provide
- d. There are no clinics and hospitals nearby that provide this health examination
- e. I thought health examination still have to pay money
- f. The items of this health examination are too few and the effect is not good
- g. Because of the free health examination will not check in detail
- h. Afraid of knowing that I have something wrong
- i. Inconvenient transportation
- j. I forgot.
- k. No time
- l. I don't have national health insurance
- m. I have done other examination
- n. No examination notice receiving
- o. Other

【Skip to C45_0】

【The following questions are for respondent over 65】

★C44_3. Did you know that the government provides a **free health examination every year** for people **over 65 years old** (adult preventative health care)? **【This question only be answered by the respondent.】**

0. No **【Skip to C45_0】** 1. Yes

C44_4. Why didn't you used the free adult preventive health services provided by the government (adult preventative health care) in the past years? **【Can choose more than one】**

- a. Don't think it needs to be tested
- b. The workplace already provides health examination services
- c. Don't know where to examine/ Don't know where to provide
- d. There are no clinics and hospitals nearby that provide this health examination

- e. I thought health examination still have to pay money
- f. The items of this health examination is too few and the effect is not good
- g. Because of the free health examination will not check in detail
- h. Afraid of knowing that I have something wrong
- i. Inconvenient transportation
- j. I forgot.
- k. No time
- l. I don't have national health insurance
- m. I have done other examination
- n. No examination notice receiving
- o. Other

【Skip to C45_0】

Weight gain or weight lose

C45_0. **In the past year**, have you **deliberately** lost or gained weight? (Intentional weight loss includes diet control and exercise)

0. No **【Continue to C45】** 1. Yes **【Skip to C46】**



C45. **Without deliberately** losing or gaining weight, has your weight changed **in the past year?**
【If yes】 gain or lose? **【b and c can choose more than one】**

- a. No **【Skip to C46】**

- b. Yes, weight gain



C45a. How many kilograms did you gain?

- 1) Less than 3 kg 2) 3~4.5kg 3) Over 4.5 kg

- c. Yes, weight lose



C45b. How many kilograms did you lose?

- 1) Less than 3 kg 2) 3~4.5kg 3) Over 4.5 kg

Body function (WG-SS)

C46. **Currently**, do you wear glasses (including reading glasses or contact lenses)?

<input type="checkbox"/> 0 No ↓	<input type="checkbox"/> 1 Yes ↓
C46a. Do you have difficulty seeing?	C46b. Do you have difficulty seeing, even if wearing glasses?
<input type="checkbox"/> 1. No, no difficulty <input type="checkbox"/> 2. Yes, some difficulty <input type="checkbox"/> 3. Yes, a lot of difficulty <input type="checkbox"/> 4. Cannot do it at all	

C47. Do you wear a hearing aid?

<input type="checkbox"/> 0 No ↓	<input type="checkbox"/> 1 Yes ↓
C47a. Do you have difficulty hearing?	C47b. Do you have difficulty hearing, even if using a hearing aid?
<input type="checkbox"/> 1. No, no difficulty <input type="checkbox"/> 2. Yes, some difficulty <input type="checkbox"/> 3. Yes, a lot of difficulty <input type="checkbox"/> 4. Cannot do it at all	

C48. Do you have difficulty remembering or concentrating?

- 1. No, no difficulty
- 2. Yes, some difficulty
- 3. Yes, a lot of difficulty
- 4. Cannot do it at all

C48a. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

- 1. No, no difficulty
- 2. Yes, some difficulty
- 3. Yes, a lot of difficulty
- 4. Cannot do it at all


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 or quit many years ago)
(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 or quit many years ago)
(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, Measure height, weight, waist circumference, hip circumference】**

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	

WHO-5

★C53. 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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★C54. If 0 points means "not satisfied at all" and 10 points means "very satisfied". How satisfied are you with your current life, from 0 to 10 points, how many points would you give?
 _____ points.

Loneliness Scale

★C55. 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
07. There are many people that you can count on completely.	0	1	2

【Questions C56~C66 have been deleted】

Measure height, weight, waist circumference, hip circumference

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 **【Continue to C71】**

Health information acquisition 【Question number adjustment starts from C71】

★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	Medical and health related information	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 (including Line app and word of mouth)		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?

★C71b. The following questions are about the experience of using health information. **Is the situation described in the question difficult or easy for you?**

	1 Very difficult	2 Difficult	3 Easy	4 Very easy	I don't know	I don't use internet
★C71b1. For you, applying health information to understand the results of the health examination is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C71b2. For you, applying health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	1 Very difficult	2 Difficul t	3 Easy	4 Very easy	I don't know	I don't use internet
information to understand changes in your condition is						
★C71b3. For you, applying health information to prepare for disease is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C71b4. For you, using health information to choose a treatment is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

★C72. Do you use the internet?

0. No **【Skip to C76a】** 1. Yes **【Continue to C73】**

★C73. In the past 3 months, how often on average have you used the Internet (computer, tablet or smartphone)?

0. Never used
1. Less than once a month
2. At least once a month (but not every week)
3. At least once a week (but not every day)
4. Every day or almost every day

★C74. From which **online platforms** did you **obtain or search** for medical and health related information?

Type	Network platform 【The items listed in this column can be checked】	Use or not	Notes
1. Search engine	Yahoo, yam, MSN, Google, etc.	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
2. Official government website	Ministry of Health and Welfare, National Health Administration, Health 99, Food and Drug Administration, etc.	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
3. News website	Apple Daily, Liberty Times e-newspaper, United News Network, Chinese Health Network, Good Morning Health, Health Medical Network, etc.	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
4. Social Media	FB、Line、Twitter	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	

Type	Network platform 【 The items listed in this column can be checked 】	Use or not	Notes
5. Other	Please specify_____	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	

★C75. Which of the above is your main **platform**?

- 1 Search engine
- 2. Official government website
- 3. News website
- 4. Social Media
- 5. Other

★C76a. The following questions are about the experience of using health information. **Is the situation described in the question difficult or easy for you?**

	1 Very difficult	2 Difficult	3 Easy	4 Very easy	I don't know	I don't use internet
★C76a1. For you, looking for knowledge about diseases is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C76a2. For you, getting information about daily healthcare is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C76a3. For you, finding the health information you need from the Internet is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
★C76a4. For you, after getting the health examination report, further collection of relevant information is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C76b1. For you, judging whether the health information obtained can solve the health problem is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C76b2. For you, judging whether the health information obtained is suitable for you is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
★C76b3. For you, judging whether the health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	1	2	3	4	I	I don't
	Very	Difficult	Easy	Very	don't	use
	difficult			easy	know	internet
information obtained is consistent with other information is...						
★C76b4. For you, judging whether the health information on the Internet is credible or not is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Social Support and Exchange

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. Rarely (Less than once a week)
- 2. Occasionally (Once a week)
- 3. 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 Rarely (Less than once a week)	2 Occasionally (Once a week)	3 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	3
b. Buy groceries, prepare meals, wash clothes, household, handle money, take a medicine, or make phone calls	0	1	2	3

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

Interviewer, please fill in the job status of the last survey (2015) in the table below according to the Sample Card, and then proceed to E1.

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

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.】

Job Status in 2015 【According to the Sample Card】 If there is no information for 2015 May I ask whether you are working four years ago (that's 2015)?	E1. Current Job Status 【According to results from this investigation】	Follow-up reminder
<input type="checkbox"/> 1. Had a job in 2015	<input type="checkbox"/> 1. Have a job now (full-time and part-time are counted) <input type="checkbox"/> 2. Have a job, but on a temporary leave	Option 1 or 2 , the respondent is 'Have a job now'. Skip to E2
	<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 3-8, without Option 1 or 2 , the respondent is " Have no job now". Skip to E3
<input type="checkbox"/> 2. Had no job in 2015	<input type="checkbox"/> 1 Have a job now (full-time and part-time are counted) <input type="checkbox"/> 2 Have a job, but on a temporary leave	Option 1 or 2 , the respondent is 'Have a job now'. Skip to E4
	<input type="checkbox"/> 3 Only occasionally or informally helping the family's business, enterprise, and farming matters, it's	Option 3-8, without Option 1 or 2 , the

	<p>not really your job</p> <p><input type="checkbox"/>4 Retire</p> <p><input type="checkbox"/>5 Unemployed and looking for work now.</p> <p><input type="checkbox"/>6 Housekeeping (Cooking, doing the laundry, grocery shopping, taking care of children)</p> <p><input type="checkbox"/>7 Can't work anymore due to health problems</p> <p><input type="checkbox"/>8 Did not do any of the above work</p>	<p>respondent is</p> <p>'No job during the previous survey, and have no job now'</p> <p>Skip to E6</p>
--	--	---

E2. You were working in 2015 and now. Did you do the same job as you do four years ago?

1 I am doing the same job in 2015 and now **【Skip to E4】**

2 The work done in 2015 and now is different

E3. When did you stop doing (in 2015)?

In Republic of China _____ year _____ month **(should be in 2015 or later)**

E3a. Why did you stop doing the job that you had in 2015? **【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 downtown, profits too low

f. Dissatisfied with salary, wanted to earn more

g. Family reasons

h. Voluntary retirement

i. Other reasons (Please specify) _____

E4. **【Ask respondent who currently has a job】** In the past month, have you tried to find another job?

【Ask respondent who currently has no job】 In the past month, have you ever found any job?

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

E5. 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 E5c】**

2. Partially retired 4. Other _____ **【Skip to E5c】**

E5a. Before you retire, have you made retirement planning?

1. Yes 0. No **【Skip to E5c】**

E5b. Which types of retirement plans? **【Can choose more than one】**

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

E5c. **【Interviewer verify】** :

- 1 The respondent **currently has a job** (option 1 or 2 in question E1) **【Skip to E7】**
- 2 The respondent **currently has no job**. **【Skip to E17, willingness to work in the future】**

This page is limited to “The respondent who didn’t have a job in the previous survey and currently has no job either.”

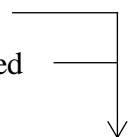
E6. In the past month, have you ever found any job?

0. No 1. Yes 7. Can’t work anymore due to health problems

E6_1. Have you ever worked so far?

0. Yes, I have ever worked 1. No, I have never worked **【Skip to E17】**

E6a. 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 E17】**
2. Partially retired 4. Other _____ **【Skip to E17】**
- 

E6b. Before you retire, have you made retirement planning?

1. Yes 0. No **【Skip to E17】**

E6c. Which types of retirement plans? **【Can choose more than one】**

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

【Skip to E17, willingness to work in the future】

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

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 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 paid job?

Total _____hour(s) **per week**

E12. **【Interviewer verify】** :

0. **Proxy** interviewed **【Skip to E17】**

1. **Respondent** interviewed

★E13. When you reach the retirement age, do you plan to **retire** and 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 E17】**

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.

Willingness to work in the future

E17. **【Interviewer verify】** : 0. Proxy interviewed **【Skip to E19】**

1. Respondent interviewed

E18. **【Interviewer verify question E1】** :

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

【Question E1 did not choose 1 or 2, continue to E18a】

2. The respondent currently **has a job.** **【Question E1 choice 1 or 2, skip to E18b】**

★E18a. **You currently do not have a job:** Are you willing to work again in the future?

0. No plans to work anyway **【Skip to E19】**

1. Although I want to work, I am afraid of difficulties and cannot work

2. Willing to work (full-time or part-time)

【Skip to E18c】

★E18b. **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 E19】**

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) _____

★E18c. 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

★E18d. 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 job 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

Social service work

E19. **In the past years**, do you do any voluntary (unpaid) social service work (volunteer)?

0. No 1. Yes **【Skip to E19d】**

E19a. Have you ever done any voluntary social service work (volunteer) before?

0. No **【Skip to E19C】** 1. Yes

★E19b. Why don't you continue to do it now? **【can choose more than one, no inquiry deeply】**

- a. is 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 _____

★E19c. Is it possible for you (again) to do any volunteer social service work in the future?

1. Impossible

2. Somewhat possibility

3. Very Likely

【Skip to E20】

E19d. Which of the following types of volunteers do you participate in? How often do you go there?

	0 No	1 Once a week	2 Once a month	3 Less than once a month
(1) Volunteers from union groups (such as farmers' union, fishermen's union, or other industrial and commercial groups), or political parties .	0	1	2	3
(2) Volunteers from other organizations/social groups .	0	1	2	3
(3) Individual voluntary volunteers	0	1	2	3

Current Job Status of the Respondent's Spouse

E20. **【Interviewer verify】** :

- 1 Respondent **has a spouse (Mr./Mrs., or partner)** now
- 2 Respondent **has no spouse (partner)** now **【Skip to F section】**

E21. Is your spouse (partner) currently working **most of the time** or not?

【Single choice】

- 01 Have a job now (full-time and part-time are counted)
- 02 Have a job, but haven't worked in temporarily
- 03 Only occasionally or informally helping the family's business, enterprise, and farming matters, it's not really your job
- 04 Retire _____
- 05 Unemployed and looking for work now. _____ **【Skip to F section】**
- 06 Housekeeping (Cooking, doing the laundry, grocery shopping, taking care of children) _____
- 07 Did not do any of the above work _____
- 08 Can't work anymore due to health problems _____
- 09 I haven't contacted for a long time, I don't know the status. _____

Current Job

E22. 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):

E22a. How many hours do your husband/ wife (or partner) work per week in your **current** job? _____hour(s)

E22b. Is full-time or part-time job?

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

F. Social participation and environmental safety

【Questions F1~F3 have been deleted, starting from F4】

F4. Next, in the past 12 months, have you participated in the meetings or activities of the following social groups? If yes, how often do you go there?

In the past 12 months, have you participated in	F4a. Participate or not 【If not, ask the next item】		F4b. If yes, how often do you go?					
	0 No	1 Yes └─▶	1 Less than once a month	2 Once a month	3 2 to 3 times a month	4 At least once a week	5 At least 2~3 times a week	6 Participate almost every day
(1) Meetings (such as member meetings) organized by association groups (such as farmers' union, fishermen's union or other industrial and commercial organizations) or political groups (such as political parties, civic groups, etc.)	0	1	1	2	3	4	5	6
(2) Other activities organized by association groups or political groups (such as leisure, social, learning, etc.)	0	1	1	2	3	4	5	6
(3) Activities organized by other social groups . For example, old people's clubs, clan clubs, hometown clubs, Lions clubs, religious groups, social groups, community neighborhood groups, or other social and cultural groups that voluntarily participate in.	0	1	1	2	3	4	5	6

F4c. Do you currently hold a position in previous social groups (such as **association groups**, political groups, or other social groups)?

0. No 1. Yes

F4d. **In the past month**, have you participated in learning activities within or outside the regular education system, such as going to classes, senior learning, colleges for the elderly, seminars, online courses, etc.?

0. No 1. Yes

The next two questions are about the voting and participation in public affairs of the middle-aged and elderly people in our country. As I said at the beginning of the interview, the future data will only be used for overall statistical analysis. Please feel free to answer.

F4e. Did you vote about **last year's (2018)** nine-in-one election (for the election of county mayors, councilors, and village chiefs)?

0. No 1. Yes

F4f. In the past year, have you participated in public affairs such as countersigning activities, protests/demonstrations, or petitions to public agencies and public opinion representatives (any form, in person, in writing, or by phone)?

0. No 1. Yes

F5. **【Interviewer verify】** :

1. **Respondent** interviewed. Please continue to the next question

0. **Proxy** interviewed **【Skip to F7】**

★F5a. How safe do you feel nearby your community (neighborhood) after dark?

For example: Is it very safe, safe, unsafe, or very unsafe to walk alone after dark?

1. very safe 2. safe 3. unsafe 4. very unsafe

5. Not going out at night

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

0. No 1. Yes

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 worship 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

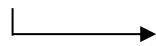
Now, I would like to ask you question about your economic and financial situations. Asking you these questions are purely to understand the economic situation of the middle-aged and elderly in Taiwan. The information will be combined with other elders who interviewed by us for the purpose of research 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.

Family Income and Expenses

G1. First of all, I would like to know who is the **main** breadwinner of the household?

【Interviewer, please note that if there is only one main breadwinner, please confirm whether it is a family member who living with you? Or check it according to the sharing status of multiple family members】

1. Mainly breadwinner who lives with the respondent



2. Mainly breadwinner who does not live with the respondent



G1_1. Who is he/she?

01 The respondent

02 Spouse or partner

Son, Order 1.[]

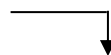
Daughter-in-law, Order 1.[]

Daughter, Order 1.[]

Other (Please specify)_____

【Skip to G2】

3 Shared by multiple family members



G1_2. Be shared with family members? If yes, who is he/she?

【Can choose more than one except option 00】

00 Not shared with "family members who living together"

01 The respondent

02 Spouse or partner

Son, Order 1.[] 2. []

Daughter-in-law, Order 1.[] 2. []

Daughter, Order 1.[] 2. []

Other (Please specify)_____

【Continue to G1_3】

G1_3. Be shared with family members who not living together? If yes, who is he/she??

【Can choose more than one except option 00】

- 00 Not shared with "family members who not living together"
- 02 Spouse or partner
- Son, Order 1.[] 2. []
- Daughter-in-law, Order 1.[] 2. []
- Daughter, Order 1.[] 2. []
- Other (Please specify)_____

G2 **【Interviewer verify】** :

- 1 For the above G1 question group, if there is any **"family members who not living together "** to pay for the family economy, **skip to G3 question.**
- 0 "Family members who living together " to pay for the family economy, **continue to G2_1.** 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

G3. 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

★G4. 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

G5. 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) _____
- } → Order :[]

★G6. In general, are you satisfied with your current economic situation?

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

★G7. Compared with four years ago, do you think your current economic situation is better or worse?

- 1. Much better 2. Better 3. Almost the same 4. Worse
- 5. Much worse

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) _____

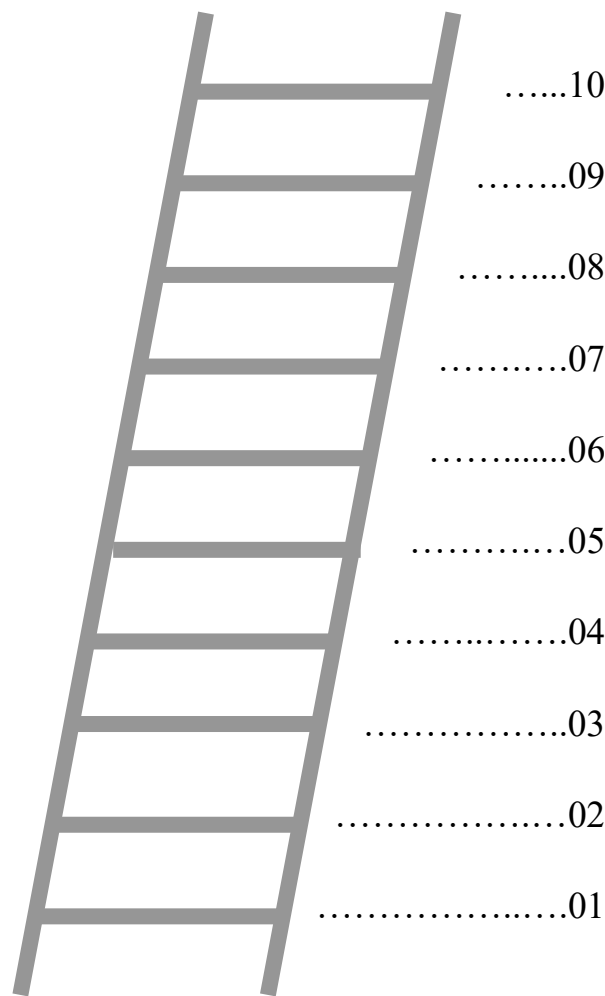
Socioeconomic status

★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) _____

Alternate note column:

The interview is over, thank you very much for accepting the interview.

End of the visit in the: <input type="checkbox"/> 1. morning <input type="checkbox"/> 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 agree to compare and link the interview data of this plan with other health-related data?

1. Yes

0. No

3. Souvenirs:

1. Gift certificate NT\$100

2. Other (Please specify): _____

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: _____

I. 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, average, 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/ workplace
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 the 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): _____