

Approving Unit: Director General of Budget Accounting and Statistics [DGBAS], the Executive Yuan, R.O.C. xx/xx/xx  
 Approving Documentation No.: No XXXXX  
 Valid Until: Day/Month/Year

Unit of Execution: Bureau of Health Promotion, Department of Health, the Executive Yuan, R.O.C.

T	A						
	B						
S	C	Township Code				Serial Number	



## 2011 Survey of Health and Living Status of the Middle Aged and Elderly

Respondent's name: \_\_\_\_\_

Type of residence:  1. General  2. Nursing Home: Name of Facilities: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/Town \_\_\_\_\_ Township

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

Number of previous interview(s): \_\_\_\_\_; Name of the Previous Interviewer(s): \_\_\_\_\_

Is the survey completed within one interview?  1. Yes  0. No

↓  
How many interviews did it take to complete the survey?

Date of the Survey Completion: \_\_\_\_\_ month \_\_\_\_\_ day

Is this a transferred case ?

- 1 The originally assigned interviewer's case
- 2 Migrated TLISA case of the other transferred T interviewer.
- 3 Migrated SEBAS case and maintained as SEBAS case.
- 4 Migrated SEBAS case, but re-allocated to TLISA case.

Is there any cross-district interview ?  1 No  2 Yes \_\_\_\_\_ City/Town \_\_\_\_\_ District/Village

**Note for the Interviewer: Please do not fill in the blanks below.**

Complement interview question numbers and remarks		First data reviewer: Date : Month    Day        Year  Supervisor: Date : Month    Day        Year  Second data reviewer: Date : Month    Day        Year  Recorder: Date : Month    Day        Year
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Please attach the sample card here after completion of the survey

**【Questions on this page should be answered by the interviewer】**

Identifying the respondent or proxy

I1. Person interviewed with the questionnaire

- 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. Reason for using a proxy:

I2a. At the **start** of the interview, the respondent was found to have:

- 1. A serious illness, or physically too weak to continue.
- 2. A loss of hearing, is deaf, or mute, or unable to communicate.
- 3. A mental illness or senility.
- 4. Gone overseas and is not returning until \_\_\_ Month \_\_\_ Day, 2011.
- 5. Other. Please specify: \_\_\_\_\_

I2b. During the course of the interview, the proxy was used because the respondent:

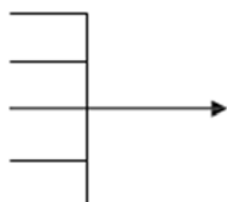
- 1 Couldn't remember
- 2 Was physically too weak to continue
- 3 Became difficult to reason with, was unwilling to continue, or refused to answer
- 4 Was emotionally unstable or upset
- 5 Other. Please specify \_\_\_\_\_

I2b1. Proxy began from which question/section?

Section \_\_\_\_\_  
Question \_\_\_\_\_

I3. How is the proxy related to the respondent?

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



[Please specify the relationship more precisely]  
\_\_\_\_\_

Note for Interviewers: Don't ask the proxy questions marked with ★

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 change in health status and family dynamics of the 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 2007 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 where you 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 “got divorced”, or because you have “formally separated”? **【Continue to ask】**  
Do you have a “domestic partner” to take care of each other?

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

Marital status surveyed in 2007 (Based on the Sample Card)	Marital status of the current investigation	Skip to
<input type="checkbox"/> 1. Had a spouse ( including married spouse or domestic partner )	<input type="checkbox"/> 1. Married and has a spouse	A2
	<input type="checkbox"/> 2. Has a domestic a spouse partner	
	<input type="checkbox"/> 3. Widowed, not married again	A1a
	<input type="checkbox"/> 4. Divorced, not married again <input type="checkbox"/> 5. (Formally) separated	A1b
<input type="checkbox"/> 2. No spouse ( including widowed/ divorced/separated/never married )	<input type="checkbox"/> 1. Married and has a spouse	A5
	<input type="checkbox"/> 2. Has a domestic a spouse partner	
	<input type="checkbox"/> 3. Widowed, not married again	A11
	<input type="checkbox"/> 4. Divorced, not married again	
	<input type="checkbox"/> 5. (Formally) separated	
	<input type="checkbox"/> 6. Never been married	

A1a. **【Ask respondents who were widowed during the past 4 years】** When did your spouse pass away?

In \_\_\_\_\_ month \_\_\_\_\_ year (should be after Oct, 2007) **【Skip to A11】**

A1b. **【Ask respondents who got divorced or separated less than four years ago】** When did your get divorced or separated?

In \_\_\_\_\_ month \_\_\_\_\_ year (should be after Oct, 2007) **【Skip to A11】**

A2. **【If the respondent has had the same spouse/partner since 2007, continue to the following question.】** For how long have you and spouse /partner been married (or cohabited)? (Longer than four years or not?)

2 Less than four years (Go to A2e)

1 Longer than four years (Go to A2a)

A2a. Does your spouse usually live with you?

0 No



A2b. Reason

1 Has another permanent residence

3 Temporarily not home due to family factors

2 Works elsewhere temporarily

4 Other (Please explain)

\_\_\_\_\_

A2c. How often do you see each other?

1 Everyday

4 Every month

7 Other (Please explain)

2 Every few days

5 Every few months

3 Every week

6 Every year

\_\_\_\_\_

1 Yes



A2d. How is the health status of your spouse?

1 Excellent

3 Average

4 Not so good

2 Good

5 Poor

6 Lost contact for too long, can't tell **【Skip to A11】**

A2e. **【Ask respondents who have married (or cohabited) for less than four years】** Did you remarry (or did you cohabit) because your former spouse (or companion) passed away or got divorced?

1 Spouse deceased → Skip to A3

2 Divorced

→ Skip to A4

A3. **【Ask respondents who were widowed during the past 4 years】** When did your spouse pass away?

In \_\_\_\_\_ month \_\_\_\_ year (should be after Oct, 2007) **【Skip to A5】**

A4. **【Ask the respondents who got divorced less than four years ago】** When did you get divorced?

In \_\_\_\_\_ month \_\_\_\_\_ year (should be after Oct, 2007)

A5. When did you get married/start cohabitation (note: only date for the most recent one)?  
 month\_\_\_\_\_year\_\_\_\_\_ (should be after Oct 2007)

A6. Does your spouse usually live with you?

0 No



A6a. Reason:

- 1 Has another permanent residence
- 2 Works elsewhere temporarily

- 3 Temporarily not home due to family reasons
- 4 Other. (Please explain) \_\_\_\_\_

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 explain) \_\_\_\_\_

**【 Continue with A7 】**

A7. When was your spouse/companion born? How old is he/she?

- 1 (if before 1911)\_\_\_\_\_years before 1911/
- 2 R.O.C. year \_\_\_\_\_;or \_\_\_\_\_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
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Illiterate	Literate	010203040506	010203	010203	01020304		
00	90	010203040506	070809	101112	13141516	17+	99
		Elementary Level Crses	Upper Level Crses		(Five year junior college)		
		(Japanese System)	(Japanese System)		91.dropped out from the National Open Univ.		
					92.dropped out from the Open Junior College		

A10. How is the health status of your spouse/companion?

- 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 alternately stay with one or another child of yours?

- 1 Fixed Residence
- 2 Alternately stay with children →

A11b. Which children do you alternately stay with? [Write out relationship to the respondent]

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

- 3 Other (Please specify) \_\_\_\_\_

★ A12. Do you like this house/residence/place?

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

A13. How long have you lived here? Longer than four years? **【If respondent rotates, have you rotated 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? [Consider the respondent has not moved if he/she rotates and left here for less than four months]

- 0 No → **【Skip to B1】**

- 1 Yes (including living in various places or others) →

A14. Most recently, from where did you move from? Was it from a nearby area or a farther place?

- 1 From next door or the same building
- 2 From the same neighborhood
- 3 From the same or neighboring city/town/village
- 4 Another part of Taiwan (including Ponghu, Kinmen or Matsu)
- 5 Mainland China (Includes HongKong, Macao)
- 6 Overseas

A14a. Why did you decide to move here? **【you may choose more than one reason】**

- a Got married
- b Family split up
- c Respondent or spouse changed jobs
- d Sold off land or closed business
- e Spouse or other family member died
- f unable to work or do house chores due to aging or health issues
- g Did not get along with the people who the respondent used to live with
- h more convenient for the children to go to school
- i Wanted to be with the children/Just went with the children
- j Child(ren) needed help
- k Child(ren) wanted the respondent to live with him/her
- l Changed/bought a house
- m Was arranged to live alternately with various children
- n Had to move here because of financial problems
- o Other (Please explain) \_\_\_\_\_

## B. Family Structure, Kinship, and Visits between Kins

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

**[Please fill in the answers in the first column of the following table]**

Do you currently have adopted sons/daughters, step-sons, or step-daughters? **[Fill the answers into the first column of the following table]**

Children Category	B1. Current Number of Children
B1a. Biological Son	
B1b. Biological Daughter	
B1c. Step/Adopted Son	
B1d. Step/Adopted Daughter	
Total	

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

1 Currently has children

B2. Among all the children you have **now**, how many **usually live with you** in the household?  
How many often doesn't live with you in the household?

Number of children **living with you** \_\_\_\_\_

Number of children **not living with you** \_\_\_\_\_



Status of Children

**Note to the Interviewer: Please ask questions B3~B8 regarding the respondent's living child(ren). Please separate those who are living together with the respondent from those who are not. Record the answers in "Table I: Status of Children".**

**【Please record birth order of the children】**

B3. How is he/she related to you?

B4. What is his/her sex?      1 Male      2 Female

B5. Did he/she ever get married?

**【If yes】** Is he/she still with her/his spouse?

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

**【Ask questions B6 through B8 of child(ren) who are not living together with the respondent】**

B6. Where does he/she live now?

1 Next door/ or in the same building      3 Same or nearby city/town/village      5 Mainland China (Includes Hong Kong, Macao)  
2 Same neighborhood      4 Other area in Taiwan      6 Other countries

B7. How often do you see each other?

01 Everyday      03 Every week      05 Every few months      07 Every few years or have not seen each other for a long time  
02 Every few days      04 Every month      06 Every year  
08 No need to make phone calls      09 Cannot use phone

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

01 Everyday      03 Every week      05 Every few months      07 Every few years or have not talked with him/her for a long time  
02 Every few days      04 Every month      06 Every year      08 No need to make phone calls  
09 Cannot use phone

**Table I: Status of Child(ren)**

B3. Household members (Please specify the relationship to the respondent and birth order in the family, such as eldest son, second-eldest son, eldest daughter, second-eldest daughter.)		B4. Sex	B5. Marital status	B6. Where does he/she live?	B7. How often do you see him or her?	B8. How often do you talk to him/her on the phone (including through Skype or instant message)?
		1. Male	1 Married	1 Next door	01 Everyday	
		2. Female	2 Cohabiting	2 Same neighborhood	02 Every few days	
			3 Separated	3 Same (close) areas	03 Every week	
			4 Divorced	4 Other	04 Every month	
			5 Widowed	Region in Taiwan, (including Penghu, Kinmen or Matsu)	05 Every few months	
			6 Unmarried	5 Mainland	06 Every year	
				China including Hong Kong, Macao	07 Every few years / not for a long time	
				6 Other countries	08 No need to call	
Relationship	Code (Leave blank)				09 Cannot use phone	
					※ If the respondent says “We get in touch when something comes up,” ask “Does that happen often?”	
<b>Living with respondent</b>						
01						
02						
03						
04						
05						
06						
07						
<b>Not living with respondent</b>						
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

**Other Household Members**

B9. Excluding you, your spouse and child(ren), how many other people usually live with you? \_\_\_\_\_ People (Skip to B14 if the answer is zero)

B10. Please ask the respondent questions B11~B13 about each of the household members and record 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 specify birth order or kinship order.**

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

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

Household member(s) (Please specify the relationship to the respondent and birth order or kinship order, such as father, mother, father-in-law, mother-in-law, eldest daughter-in-law, second eldest daughter-in-law, grandson, granddaughter, or others.)		B12. Sex 1 Male 2 Female	B13. Marital status 1 Married 2 Cohabiting 3 Separated 4 Divorced 5 Widowed 6 Unmarried
B11. What is his/her relationship to you? <b>【Relationship】</b>	Code (Leave blank)		
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			

B14. Based on what you just told me, including yourself, your spouse and... (read out the people recorded in Table I and Table II), usually there are \_\_\_\_\_people living in your household. Is that right?

**【After the respondent's confirmation, write down the total number of people in the household:】**

\_\_\_\_\_people

B14a. **【Interviewer, fill in the information based on respondent's previous answer】** Following Table I and Table II, select from the items that represent all of the respondent's household members.

**【Can choose more than one item from b-k】**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> a live alone            | <input type="checkbox"/> e Daughter-in-law(s)  | <input type="checkbox"/> i Grandchild(ren)     |
| <input type="checkbox"/> b Spouse (or companion) | <input type="checkbox"/> f Husband's parent(s) | <input type="checkbox"/> j Other relatives     |
| <input type="checkbox"/> c Unmarried child(ren)  | <input type="checkbox"/> g Wife's parents      | <input type="checkbox"/> k Other non-relatives |
| <input type="checkbox"/> d Married son(s)        | <input type="checkbox"/> h Married daughter(s) |  |

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

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

- |  |                                |   |
|--|--------------------------------|---|
| <input type="checkbox"/> 1 Extremely satisfied | <input type="checkbox"/> 3okay | <input type="checkbox"/> 4 dissatisfied           |
| <input type="checkbox"/> 2 Satisfied           |                                | <input type="checkbox"/> 5 Extremely dissatisfied |

★B16. I am going to mention several common living arrangements, please tell me **which arrangement** you like the most or wish to have?

**【Read out the following items one by one for the respondent to choose from】**

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Living alone (or with spouse)         | <input type="checkbox"/> 5 Living close to married child(ren)     |
| <input type="checkbox"/> 2 Living with a married son             | <input type="checkbox"/> 6 Living in a home for the aged          |
| <input type="checkbox"/> 3 Living with a married daughter        | <input type="checkbox"/> 7 Alternatively living with various sons |
| <input type="checkbox"/> 4 Living with a married son or daughter | <input type="checkbox"/> 8 Living with unmarried children         |
| <input type="checkbox"/> 9 Other (Please explain)                |   |

**Table III: Information on Respondents' Parents**

Relationship to the respondent	B17. Still living or not?			【 Questions only about living parent(s) 】				
				【 Ask all 】		【 Ask only those not living together with respondent 】		
				B19.	B20.	B21.	B22.	B23.
				What do you think of his/ her health status?	Always lives with you or with various children alternately?	Current residence?	How often do you visit her/him?	How often do you talk to him/her on the phone? (Includes live video, skype) ?
	0 Deceased <b>【 Continue: At what age did he/she die? 】</b> Skip to the next person			1 Excellent	1 Always lives with the respondent 2 Lives with the respondent now, alternately lives sometimes <b>【 Skip to next person 】</b>	1 Next door or same bldg <b>【 Skip to next person 】</b>	01 Everyday	01 Everyday
	1 Living <b>【 Continue with B19 】</b>			2 Good			2 Same neighborhood	02 Every few days
	0	B18. Please record age of death	1	3 Average	3 Lives elsewhere now, live with respondent sometimes 4 Always lives elsewhere	3 Same (nearby) city/town/district	03 Every week	03 Every week
	Deceased	<b>【 Skip to the next person 】</b>	Alive	4 Not Good			4 Other area	04 Every month
	└─→			└─→	5 Poor	5 Mainland China including Hong Kong, Macao	05 Every few months	05 Every few months
					6 Other countries	06 Every year	06 Every year	
						07 Every few years / not for a long time	07 Every few years / not for a long time	07 Every few years / not for a long time
								08 No need to make phone calls
								09 cannot use phone
								※ If the respondent says “We get in touch when something comes up,” ask “Does that happen often?”
01 Father	0		1					
02 Mother	0		1					
03 Father-in-law	0		1					
04 Mother-in-law	0		1					
05	0		1					
06	0		1					

**Siblings** 【Fill in answers to B24-B25 in tables below】

B24. How many living brother(s)/sister(s) do you have? 【If none, skip to B24d】

- a. Elder brother: \_\_\_\_ b. Younger brother: \_\_\_\_  
c. Elder sister: \_\_\_\_ d. Younger sister: \_\_\_\_

B24a. 【If yes】 How many of them don't live with you, but live nearby or live in the same town/city?

\_\_\_\_\_ sibling(s)

B24b. 【If yes】 How many of them don't live with you, but you contact (meet, phone, internet) them at least once a week on average? \_\_\_\_\_ sibling(s)

B24c. 【If yes】 How many of them don't live with you, but you contact (meet, phone, internet) them at least once a month on average? \_\_\_\_\_ sibling(s)

B24d. 【Interviewer verify】 :

0 The respondent has no spouse or domestic spouse partner currently 【Skip to B26】

1 The respondent has a spouse or domestic partner currently



B25. How many living brother(s)/sister(s) does your spouse have? 【If none, skip to B26】

- a. Elder brother: \_\_\_\_ b. Younger brother: \_\_\_\_  
c. Elder sister: \_\_\_\_ d. Younger sister: \_\_\_\_

B25a. 【If yes】 How many of them don't live with you, but live nearby or live in the same town/city?

\_\_\_\_\_ sibling(s)

B25b. 【If yes】 How many of them don't live with you, but you contact (meet, call, internet) them at least once a week on average?

\_\_\_\_\_ sibling(s)

B25c. 【If yes】 How many of them don't live with you, but you contact (meet, call, internet) them at least once a month on average?

\_\_\_\_\_ sibling(s)

**Grandchildren**

B26. How many grandchildren do you have in total? \_\_\_\_\_grandchild(ren)  
**【 If none, skip to B27 】**

B26a. **【If yes】** How many of them don't live together with you? \_\_\_\_grandchild(ren)  
**【 If none, skip to B27 】**

B26b. **【 If yes 】** How many of them don't live together with you, but you **contact (meet, phone, internet)** them at least **once week on average?**\_\_grandchild(ren)

B26c. **【 If yes 】** How many of them don't live together with you, but you **contact (meet, phone, internet)** them at least **every month on average?**  
\_\_\_\_\_grandchild(ren)

**Other Relatives**

B27. How many of them do you **contact (meet, phone, internet)** at least **once week on average?**  
\_\_\_\_\_ Other relatives

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

**Other Friends or Neighbors**

B29. How many **neighbors or friends** do you **contact(meet, phone, internet)** at least **once a week on average?**  
**【 Meaning close friends, not including business associates or nodding acquaintances 】**

Number of **neighbors or friends** \_\_\_\_\_

B30. How many **neighbors or friends** do you **contact (meet, phone, internet)** at least **once a month on average?**  
**【 Meaning close friends, not including business associates or nodding acquaintances 】**

Number of **neighbors or friends** \_\_\_\_\_

## C. Health Use of Medical Services and Hygiene Habits

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

### Health Self-assessment

★ C1. **Regarding your current state of health**, do you feel it's:

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

C2. **Compared to this time last year**, is your health

- 1 Better                      2 About the same                      3 Worse

C2a. **【Interviewer verify】** :

- 0 C2 was answered by the proxy  
1 C2 was answered by the respondent

### Ailments

C3. I am going to mention some ailments that are common among middle-aged and elderly people.

Please tell me whether you had any of these ailments **before**.

**Note to the interviewer: Please ask about each of the ailments listed on the next page's Record of Ailments. If the respondent says "yes" to any of the ailments (voluntarily or after the probe), mark his/her answer and continue to ask the rest of the questions on the form**



**Record of Ailments**

Name of Ailment	C3. Did you ever have this ailment before?		【For any C3 answers marked “Yes”, please continue to ask C3a – C3e】											
			C3a. Has a doctor diagnosed you with this ailment?		C3b. Have you seen a doctor because of this ailment in the past year?		C3c. Do you still have this ailment now?		C3d. Are you taking medication or getting treatment for this ailment?			C3e. How much difficulty has the ailment brought to your daily life?		
	0 to next ailment)	1 Yes	0 No or not sure	1 Yes	0 No	1 Yes	0 No	1 Yes/Under Control	0 No	1 Occasionally or when necessary	2 Often or regularly	0 No effect	1 Some difficulty	2 Fair amount of difficulty
(1) Hypertension	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(2) Diabetes	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(3) Heart disease (Palpitation does count)	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(4) Stroke	0	1	0	1	0	1			0	1	2	0	1	2
(5) Cancer or malignant tumor	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(6) Bronchitis, emphysema, pneumonia, pulmonary diseases	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(7) Asthma	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(8) Arthritis or rheumatism	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(9) Liver or gall bladder disease	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(10) Hipbone fracture	0	1										0	1	2
(11) Cataract	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(12) Glaucoma	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(13) Renal disease (including stone)	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(14) Gout	0	1	0	1	0	1	0	1	0	1	2	0	1	2
(15) High Cholesterol	0	1	0	1	0	1	0	1	0	1	2	0	1	2

C4. **【For the interviewer to verify】** :

0 Respondent **doesn't have** diabetes (C3c\_2) or a renal disease (C3c\_13). **【Skip to C6】**

1 The respondent **has** diabetes or a renal disease.



C5. Do you currently receive dialysis treatment?

1 Yes

0 No

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

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

1 Yes

0 No **【Skip to C8】**

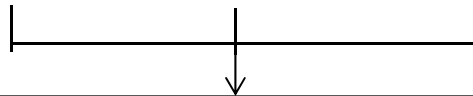
C7. What kind of disease or ailment is it (Please explain)?

Other (1)\_\_\_\_\_ Other (2)\_\_\_\_\_

### Pain

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

0 No pain **【Skip to C9】**   1 Mild pain   2 Moderate pain   3 Severe pain



★C8a. In the past month, has such pain affected your usual 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, for how long has your body felt moderate or severe pain? Is it never, less than 3 months, most of the time (6-11 months), or always felt pain?

0 Never

2 3~6 months

3 Most of the time (6~11 months)

1 Less than 3 month

4 Always felt pain

**Chronic disease self-efficacy**

C10. 【Evaluated by the interviewer】 :

0 The respondent does not have any chronic diseases/physical pain/ discomfort  
( i.e. All of C3c~C9 are coded "0") 【skip to C12】

1 The respondent has a chronic disease/physical pain/discomfort  
(i.e. any of C3c~C9 has not been coded "0")



★C11. How confident/sure are you that you can manage/control your own health? Please answer the questions below.

(Interviewer read it out loud)	1 Very sure	2 Pretty sure	3 Normally sure	4 Not very sure	5 Almost not sure	6 I don't understand/ don't know how to express it
★(1) Take medications on time ?	1	2	3	4	5	6
★(2) Follow an exercise regimen	1	2	3	4	5	6
★(3) Maintain a diet	1	2	3	4	5	6
★(4) Be able to communicate (discuss) your disease with the doctor	1	2	3	4	5	6
★(5) Control your mood (not affected by a disease)	1	2	3	4	5	6

**Sleep**

★C12. Next, we would like to know your sleep condition in the past month; please answer based on the status of the majority of the days in the past month.

★C12a. In the past month, when did you usually go to bed ? \_\_\_\_Hour\_\_Min 【24 Hour】

★C12b. In the past month, how long did it usually take for you to fall asleep after you got into bed?  
Hour\_\_Min

【If the respondent is unsure of the exact length of time, then ask : 】 Was it less than 15 minutes, about 15 minutes, about half an hour, about 1 hour, or more than 1 hour ?

1 Less than 15 minutes      3 About half an hour      4 About 1 hour

2 About 15 minutes      5 More than 1 hour

★C12c. In the past month, when did you usually get up? \_\_\_\_Hour\_\_Min 【24 Hour】

★C12d. In the past month, approximately how many hours were you asleep every night? Do not count the time you lie in bed but were not asleep.

Slept \_\_\_\_\_ Hours every night

★C12e. How was your overall sleeping quality in the past month? Was it very good, good, not so good or very bad?

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



## Instrumental activities of daily living (IADL)

C15. Based on your health and physical conditions, do you have difficulty doing the following activities by yourself?

**【If yes, continue to ask:】** Would you say there is some difficulty, great difficulty, or be unable to do them at all?

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

Instrumental activities of daily living	C15. Do you have difficulty doing this alone?				For each activity that the respondent has difficulty with, please continue to the questions C15a-C15c							
	0 No Diffi culty	1 Som e Diffi culty	2 Very Diffi cult	3 Can not do it at all	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?			
							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 duty chores at home or nearby such as clean windows or a ditch	0	1	2	3	__Year(s) month(s)		0	1	0	1		
(5) sweep, wash dishes, trash and other light work	0	1	2	3	__Year(s) month(s)		0	1	0	1		
(6) Make phone calls	0	1	2		Year(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		

**C16. [For the interviewer to verify]**

- 0 The respondent has **no difficulty** doing any of the above **9 activities of C15 [skip to C17]**
- 1 The respondent has difficulty doing **at least one** activity



C16a. You said you have difficulty with (specify activity \_\_\_\_\_). Who is the main person that helps you with these activities? \_\_\_\_\_ **[Record the relationship of helper with the respondent]**

or 0 No one helps → **[Skip to C17]**

★C16b. Do you think that you already get enough help, or do you need more help?  
1 Have enough help      2 Need more help

**Activities of Daily Living (ADL)**

C17. Next, I will mention some common daily activities. Please tell me if you have any difficulty doing them **by yourself?** **[If yes, continue to ask:]** Would you say there is some difficulty, great difficulty, or be unable to do them at all?

**[Excluding temporary difficulty caused by illness or injury]**

Activity of Daily Living	C17. Do you have difficulty doing it by yourself?				<b>[For each activity that the respondent has difficulty with, please continue to the question C17a-C17c]</b>					
	0 No difficulty	1 Some difficulty	2. Great difficulty	3. Can't do it at all	C17a. How long has this difficulty lasted? <b>[About how many years and months?]</b>		C17b. Do you use any special aids to do it?		C17c. Does someone help you do it?	
					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	

★C17d. **【For the interviewer to verify】**

0 The respondent has **no difficulty** doing the **6 activities of C17** **【skip to C18】**

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



C17e. You said you have difficulty with activity no. \_\_\_\_\_, who is the main person who helps you with these activities?

\_\_\_\_\_ **【Record the relationship of helper with the respondent】**

Or 00. No one helps → **【Skip to C18】**

★C17f. Do you think that you have gotten enough help, or do you need more help?

1 Have enough help      2 Need more help

**Use of Medical Services**

C18. Have you ever been hospitalized in the past year?

1 Yes                                      0 No      → **【Skip to C19】**



C18a. Was hospitalized \_\_\_\_\_ times

C18b. Stayed in hospital for \_\_\_\_\_ days

C18c. What was the main reason for your **most recent** hospitalization?

\_\_\_\_\_

C19. **In the past year**, did you go to emergency room?

1 Yes                                      0 No      → **【Skip to C20】**



C19a. How many times? \_\_\_\_\_ time(s).

Next, I'd like to ask about your visits to doctors, for medication, physical examinations or treatments.

Medical service categories	a. In the <b>past year</b> , did you ever go to <b>【Read the type of medical service in the left column】</b> ?		b. In the <b>past month</b> , did you ever go to <b>【Read out the type of medical service in the left column】</b> ?		c. In the <b>past month</b> , how many times did you go to <b>【Read out the type of medical service in the left column】</b> ? <b>【Record times】</b>	d. What was the <b>main reason</b> for you to see a doctor specialized in western or Chinese medicine? <b>【Can choose more than one】</b> 1. Not feeling well 2. Regular physical exam or blood pressure measurement 3. Getting medication (for regular use or using when it is needed) 4. Other <b>【Please explain】</b> <b>【Circle the proper code】</b>			
	0 No (Skip to next category)	1 Yes	0 No (Skip to next category)	1 Yes					
C20. A western medicine clinic (excluding hospitalization, emergency, dental service and eye clinic unit)	0	1	0	1	Time(s)	1	2	3	4__
C21. A Chinese medicine clinic	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)				
C24 Eye clinic	0 <b>【Skip to C25】</b>	1	0 <b>【Skip to C24a】</b>	1	Time(s) <b>【Skip to C24a】</b>				



★ C24a. In the past year, has an eye doctor told you that you have one of the eye problems or diseases listed below?

Eye and vision problems	0 No, or not sure, or never checked before	Yes		Eye and vision problems	0 No, or not sure, or never checked before	Yes	
		1 One eye	2 Both eyes			1 One eye	2 Both eyes
a. Nearsightedness	0	1	2	f. Astigmatism	0	1	2
b. Strabismus	0	1	2	g. Blindness	0	1	2
c. Amblyopia	0	1	2	h. Retinopathy	0	1	2
d. Glaucoma	0	1	2	i. Presbyopia	0	1	2
e. Color Blindness	0	1 Yes					

j. Other eye and vision problems:

(1.) \_\_\_\_\_ (2.) \_\_\_\_\_

C24b. (For interviewer to verify)

- Respondent does not have any of eye and vision problems listed above. **【Skip to C25】**
- Respondent has **any one** of eye and vision problems listed above. **【Continue to C24c】**

★ c24c. In the past year, did you undergo treatment after your eye doctor told you that you have an eye or vision problem?

0 No



★ C24c\_1. Why didn't you undergo the treatment?

- 1. Live in a remote area and transportation is inconvenient
- 2. Can't afford to pay for the transportation and the eye treatment
- 3. Think that vision is still fine.
- 4. Don't feel it is necessary.
- 5. Other (specify) \_\_\_\_\_

1 Yes



★ C24c\_2. Did you see better after the treatment?

- 1. Much better
- 2. Better
- 3. Average
- 4. Worse
- 5. Much worse
- 6. Became blind

- ★C25. In the **past three months**, did you ever feel ill and want to see a doctor but you didn't?  
0 Never felt ill 2 Yes, but **did not** go to see the doctor.  
1 Yes, but **went** to the doctor.

- ★C26. Is it convenient for you to see a doctor?  
1 Convenient **【Skip to C27】** 2 Not convenient 3 Extremely inconvenient

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

- a No money b No time  
c Transportation is inconvenient  
d Can't be granted a sick leave from work.  
e Must wait too long when seeing a doctor.  
f Nobody to accompany me  
g Hospital is too far away.  
h Don't know how to get to the hospital.  
j Too many people also waiting to get an appointment.  
j Other (Please specify)

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

\_\_\_\_\_hour(s) \_\_\_\_\_min(s)

**Hygiene Behavior (Smoking)**

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

- 1 Smoked, but less than 5 packs of cigarettes 2 Yes, more than 5 packs of cigarettes  
0 No **【Skip to ask C36】**

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 ask C34】**

C31. On average, how many cigarettes or packs did you smoke each day in the past month?  
00 Less than one cigarette;  
 \_\_\_\_\_cigarette(s) or \_\_\_\_\_pack(s)

C32. How many years have you been a smoker?  
 \_\_\_\_year(s) \_\_\_\_month(s)

C33. What is your plan to quit smoking?  
1. Quit smoking in one month.  
2. Quit smoking in one year.  
3 Want to quit smoking but not in a year.  
4 Want to quit smoking but not now.  
5 Don't want to quit smoking.

C34. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 0 No **【Skip to ask C36】**
- 1 Yes, stopped for less than one year
- 1 Yes, stopped for one year or longer

**[NOTE: THERE WAS NO QUESTION C35]**

**Hygiene behavior (Drinking)**

C36. Do you drink alcohol in the past 12 months? **【occasional drinking is counted as “Yes”, including all sorts of alcohol, Paolyta-B, Whisbih, tincture, but not including wine added in cooking or sips】**

- 1 Yes
- 0 No **【refers to “don’t drink at all”】 【Skip to C37】**

C36a. 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 to three days
- 3 Once a week
- 4 Once or twice a month
- 5 Less than once a month

C36b. If 1 is not drunk, 3 is wasted, how much do you usually drink?

1-----2-----3  
(Not drunk) (Wasted)

**Hygiene behavior (Areca)**

C37. Do you **currently** chew betel nut?

- 0 No
- Yes → C37a. On average, how many betel nuts do you chew daily?  
 00 Less than one \_\_\_\_\_ betel nut(s)

C37b. How many years have you chewed betel nut?  
\_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s) **【Go to C38】**

**Hygiene behavior (Exercise)**

C38. Do you exercise regularly?

- 0 No **【Go to C38a】**
- 1 Less than Twice a week **【Go to C38b】**
- 2 Three to Five times a week **【Go to C38b】**
- 3 Six to Eight times a week **【Go to C38b】**
- 4 More than Nine times a week **【Go to C38b】**

C38a. Why don't you exercise regularly? **[Interviewer: Record only respondent's answer. Don't give examples.]**

- 1. Poor health or limited mobility
- 2. Too tired from work or a lot physical work from job already.
- 3. No time.
- 4. Too old to go out.
- 5. Not interested at all (lazy, don't want to go out or not necessary.)
- 6. Need to take care of grandchildren or the family.
- 7. Too much housework or agricultural/farm work.
- 8. Don't intend to exercise
- 9. [I worry that I] will sweat a lot.
- 10. No one to accompany me.
- 11. Can't find any suitable exercise to do.
- 12. No space.
- 13. Other (please specify) \_\_\_\_\_

C38b. How long do you exercise each time?

- 1 Less than 15 minutes
- 2 15 to 29 minutes
- 3 30-59 minutes
- 4 60 minutes or more

C38c. Do you sweat after you exercise?

- 1 No
- 2 sweat a little bit
- 3 sweat a lot
- 4 Other (Please explain)\_

C38d. Do you have difficulty catching your breath after you exercise?

- 1 No
- 2 a little
- 3 a lot
- 4 Other (Please explain)\_\_\_\_\_

C39. Some people do some activities for their own peace of mind, do you do chi kung, tai chi, meditation, yoga, Wai Tan Kung, Hong Gong Falun Gong, Yuan pole dance, or other activities that allow for some inner peace? **【 Ask one by one 】**

0. No      1. Yes

- a. Chi kung or other similar activities (such as: Wai Tan Kung, Hong Gong, Falun Gong, Yuan pole dance, etc.)
- b. Tai chi
- c. Meditation
- d. Yoga

### **Health assessment**

C40. Are you an enrollee of the National Health Insurance program?

- 0 No
- 1 Yes

C41. **In the past year**, have you checked your blood pressure? (Including doing it yourself at home or having someone check it for you in a pharmacy or public health office)

**【 If yes, ask: 】** Do you check your blood pressure regularly or occasionally?

- 0 No
- 1 Occasionally
- 2 Regularly or often

C42. **In the past year**, have you done a blood sugar count (had blood drawn for a diabetes test)?

- 0 No                      1 Yes                      2 Don't know or not sure

C42a. Besides testing for blood sugar, have you had blood drawn **in the past year** to check for uric acid, cholesterol, liver or kidney function? (only those of preventive purpose counts; those for other disease diagnostic and treatment purpose does not count)

**【If Yes】** What is it?

- 0 No                      1 Yes →  
2 Don't know or not sure

C42b. Blood test for:

**【Can choose more than one】**

- a. Don't know  
b. Uric acid                      e. Kidney functions  
c. Cholesterol                      f. Other (Please explain)  
d. Liver functions                      \_\_\_\_\_

**C42c [Interviewer check]**

- 1 respondent is male **【skip to ask C44】**  
2 respondent is female **【continue to ask C43】**

C43. **【only ask female respondent】** In the past two years, have you had a mammogram ?

- 0 No                      1 Yes **【skip to ask C44】**                      2 Don't know or not sure **【skip to C44】**



C41a. Why didn't you have a mammogram exam? (**Check all the reasons that apply**)

- a No money                      g Transportation is inconvenient  
b Fear finding out that I am sick.                      h Don't know how to get to the hospital.  
c No time.                      i Couldn't be granted leave of absence from work  
d No one to accompany me.  
e Couldn't find a doctor.                      j Don't feel like it's necessary.  
f Hospital or clinic is too far away.  
k Other (Please specify) \_\_\_\_\_

C44. In the past **three years**, have you had a physical exam (not including (1) The exam that comes during blood donation, or (2) the exam needed for a specific disease)?

- 1 Yes                      0 No **【Skip to C45】**

C44a. Was this exam provided or subsidized by the government?

- 0 No                      1 Yes

C45. What is your current height: \_\_\_\_\_ cm **【To be answered by the respondent】**

C46. What is your current weight: \_\_\_\_\_ kg **【To be answered by the respondent】**

**Use of Physical Aids**

C47. Do you wear glasses (including reading glasses and contact lenses)?

<input type="checkbox"/> 0 No ↓	<input type="checkbox"/> 1 Yes ↓
C47a. Can you see things clearly?	C47b. Can you see things clearly when wearing glasses or contacts?
<input type="checkbox"/> 1 Very clearly <input type="checkbox"/> 2 Clearly	<input type="checkbox"/> 3 Average <input type="checkbox"/> 4 Not so clearly <input type="checkbox"/> 5 Not clearly at all

C48. Do you wear a hearing aid?

<input type="checkbox"/> 0 No ↓	<input type="checkbox"/> 1 Yes ↓
C48a. Can you hear clearly?	C48b. Can you hear clearly when wearing a hearing aid?
<input type="checkbox"/> 1 Very clearly <input type="checkbox"/> 2 Clearly	<input type="checkbox"/> 3 Average <input type="checkbox"/> 4 Not so clearly <input type="checkbox"/> 5 Not clearly at all

C49. Do you wear dentures (including crowns)?

1 Yes 0 No [**Skip to C50**]

C49a. Are your dentures moveable or fixed? **【 Can choose more than one 】**

a Fixed **【If only have fixed dentures, skip to C50】**

b Moveable

C49b. Do you wear denture all day long, only when eating, or rarely?

1 All day long (Only take them off when sleeping at night)

2 Only for eating

3 Rarely

C50. Do you use a cane, a crutch, or a walker to help you walk?

0 No 1 Yes

C50a. Is it easy for you to walk around?	C50b. Is it easy for you to walk around with a cane, a crutch or a walker?
<input type="checkbox"/> 1 Very easy <input type="checkbox"/> 2 Easy	<input type="checkbox"/> 3 Average <input type="checkbox"/> 4 Not so convenient <input type="checkbox"/> 5 Very inconvenient

C51. In the past year have you taken steps in your daily life to prevent/control chronic disease?

- |   |  |  |                               |
|---|--|--|-------------------------------|
| (1) weight control  | <input type="checkbox"/> 1 yes (voluntarily) | <input type="checkbox"/> 2 Yes (after probe) | <input type="checkbox"/> 3 no |
| (2) reduce smoking or quit  | <input type="checkbox"/> 1 yes (voluntarily) | <input type="checkbox"/> 2 Yes (after probe) | <input type="checkbox"/> 3 no |
| (3) reduce drinking or quit   | <input type="checkbox"/> 1 yes (voluntarily) | <input type="checkbox"/> 2 Yes (after probe) | <input type="checkbox"/> 3 no |
| (4) regular exercise  | <input type="checkbox"/> 1 yes (voluntarily) | <input type="checkbox"/> 2 Yes (after probe) | <input type="checkbox"/> 3 no |
| (5) a healthy diet (a more balanced diet, more fiber..etc)            | <input type="checkbox"/> 1 yes (voluntarily) | <input type="checkbox"/> 2 Yes (after probe) | <input type="checkbox"/> 3 no |
| (6) Keep regular hours; avoid staying up late, reducing pressure, etc | <input type="checkbox"/> 1 yes (voluntarily) | <input type="checkbox"/> 2 Yes (after probe) | <input type="checkbox"/> 3 no |
| (7) other 1(please explain)   | <input type="checkbox"/> 1 yes (voluntarily) | <input type="checkbox"/> 2 Yes (after probe) | <input type="checkbox"/> 3 no |
| (8) other 2(please explain)   | <input type="checkbox"/> 1 yes (voluntarily) | <input type="checkbox"/> 2 Yes (after probe) | <input type="checkbox"/> 3 no |

C51a. [Interviewer verify]

0 Proxy interviewed [Skip to C67]

1 Respondent interviewed [Continue to the following questions]

**Mental Health and Life Satisfaction**

★ C52. In our modern society, some people have stress or anxiety, while others don't. I am going to ask you some questions, please tell me weather you feel stressed or worried because of them.

**【If yes】** Ask the respondent whether the pressure is huge and whether he/she feels that way once in a while or does that happen often?

**【Ask】** 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
(5) Family members' or children's health	0	1	2	3
(6) Family member's or children's financial situation	0	1	2	3
(7) Family member's or children's work	0	1	2	3
(8) Family members' or children's marital status	0	1	2	3
(9) Family relationships (for example: do not get along, tension, conflict)	0	1	2	3
(10) Other (please specify)	0	1	2	3

**Measure of Melancholia (CES-D)**

★ C53. Everyone has mood changes. **In the past week**, have you experienced the following situations or feelings?

**【If yes, continue to ask:】** Does this happen to you rarely, sometimes, often or persistently? (Over 4 days out of the past week, 2-3 days, or only one day?)

In the <b>past week</b> , were you or did you:	0 No	Yes			Notes
		1 Rarely (one day)	2 Sometimes (2-3 days)	3 Often or chronically (over 4 days)	
(1) Not interested in eating, have a poor appetite	0	1	2	3	
(2) Feel that doing everything was an effort	0	1	2	3	
(3) Sleep poorly (Unable to sleep soundly)	0	1	2	3	
(4) Feel you were in a bad mood	0	1	2	3	
(5) Feel lonely (isolated, with no companion)	0	1	2	3	
(6) Feel people around you weren't nice to you (unfriendly/cold)	0	1	2	3	
(7) Feel sad	0	1	2	3	
(8) Unable to gather your energy to do things (Had no interest in doing anything)	0	1	2	3	
(9) Feel happy	0	1	2	3	
(10) Feel that your life was going well	0	1	2	3	
(11) Feel people around you disliked you	0	1	2	3	



**Measure of Life Satisfaction**

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

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

★ Feeling about Life	1. Yes	0. No	Notes
(1) Is your life been better than most people's lives?	1	0	
(2) Are you satisfied with your life?	1	0	
(3) Are you interested in what you do?	1	0	
(4) Are these few years the best years in your life?	1	0	
(5) If possible, would you want to take another path and start your life over again?	1.(Willing to change)	0.( Unwilling to change)	
(6) Do you expect something happy to happen in the future?	1	0	
(7) Do you think your life should be better than it is now?	1	0	
(8) Do you feel that most of what you do is monotonous and of no interest?	1	0	
(9) Do you feel that you are old and life is boring?	1	0	
(10) Would you say that your life has met your expectations?	1	0	

**★SPMSQ**

Next, I will ask questions that will require you to remember. Even people with good memories can forget things, so don't feel embarrassed, just relax.

**1 right 0 wrong**

- ★C55. Please tell me your address. **【Interviewer record the respondent's answer】**  
 \_\_\_\_\_ **【Code answer as correct if respondent can name the city, county, town, district, village, or street.】**
- ★C55a. Please tell me where are you? (At home, park or...) \_\_\_\_\_
- ★C56. Today is (in Lunar Calendar dates) \_\_\_ year? \_\_Month? \_\_Day?

**【Code as correct if respondent checks the calendar.】**

**1 right 0 wrong**

- ★C56. year
- ★C56a. month
- ★C56b. day
- ★C57. What day of the week is it?  
**【Code as correct if respondent checks the calendar.】**
- ★C58. How old are you? \_\_\_\_\_ years old  
**【Answer is correct if the respondent gives correct zodiac animal】**

1 right 0 wrong

- ★C59. What's the last name of your mother's parents? (mother's maiden name) \_\_\_\_\_
- ★C60. Who is the President of your country? \_\_\_\_\_
- ★C61. Who was the last President of your country? \_\_\_\_\_
- ★C62. When were you born? \_\_\_\_year \_\_\_\_month \_\_\_\_day

★C63. Now I would like you to do some simple calculations. There are 20 oranges, someone ate 3 oranges. How many oranges are left? If the person continues to eat 3 oranges at a time, how many oranges are left each time? (20-3=? -3=? -3=? -3=?) **(Interviewer record the answers in order until the answer is 8 or less than 8.)**

A. \_\_\_\_ B. \_\_\_\_ C. \_\_\_\_ D. \_\_\_\_

Don't know any of the answers.

Refused to answer

★C64. Next, I will name some items. After I finish, repeat back to me what you can remember. They do not need to be in the exact order I read them.

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

Train Dog Boat Melon Stone	<input type="checkbox"/> Can't recall any <input type="checkbox"/> Refused to answer
Soda Cloth Spring Tree Roof	

★C65. Next, I will say several numbers. When I have finished, please read them back to me in reverse order.

4 2 9 8 1

**[Interviewer: Recode the respondent's answers in order. Start on blank A.]**

A. \_\_\_\_ B. \_\_\_\_ C. \_\_\_\_ D. \_\_\_\_ E. \_\_\_\_

Could not remember any

Refused to answer

★C66. I will name 3 items. Please repeat them after I finished.

**[Interviewer: Read the 3 items clearly and slowly, with about one second between each item.]**

Hat Yellow Child

★C66a. Please name the 3 items I just told you. **[Interviewer: Check the items which the respondent answers on the first try.]**

Hat  Yellow  Children

Can't recall any

Named something other than these 3 items

Refused to answer. **[Skip to C67]**

★ C66b. [For interviewer to verify]

- 1 On the first try the respondent can name the 3 items correctly. [Skip to C67]
- 2 On the first try, the respondent didn't name all of the 3 items or named other items as well. [Continue the following question]

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

- Hat  Yellow  Children
- Can't recall any
- Named something other than these 3 items
- Refused to answer [Skip to C67]

★ C66d [Interviewer to verify]

- 1 The respondent named all 3 items (at either first or second try).
- 2 The respondent couldn't name all 3 items or named other items as well.

★ C67. [Interviewer to verify]

- 1. TLSA cohort [Go to C68]
- 2. SEBAS cohort [Go to C69]

C68. TLSA sample	C69. SEBAS sample
a. I am going to measure your height : __ cm <input type="checkbox"/> 998 Unable to measure	a. I am going to measure your height : __ cm <input type="checkbox"/> 998 Unable to measure
b. I am going to measure your weight : __ kg <input type="checkbox"/> 998 Unable to measure <input type="checkbox"/> 996 No measurement tool	b. I am going to measure your weight : __ kg <input type="checkbox"/> 998 Unable to measure
c. I am going to measure your waist : __ cm <input type="checkbox"/> 998 Unable to measure	c. I am going to measure your waist : __ cm <input type="checkbox"/> 998 Unable to measure
d. I am going to measure your hip : __ cm <input type="checkbox"/> 998 Unable to measure	d. I am going to measure your hip : __ cm <input type="checkbox"/> 998 Unable to measure

C70. [Interviewer verify]

- 0 Proxy interviewed [Skip to D1]
- 1 Respondent interviewed [Continue to C71]

★ C71. Do you still remember the 3 items I named early? [Interviewer: Check the items which the respondent can recall.]

- Hat  Yellow  Children
- Can't recall any
- Named something other than these 3 items
- Refused to answer

**Oral Health Life Quality Chart (OHIP-7)**

★C72. In the past year, have you experienced the following problems due to your oral cavity, teeth, or denture?

★ 【 Please read out loud 】 In the past year, due to your oral cavity, teeth, or denture, did you	0 never	1 seldom	2 occasionally	3 often	4 Most of the time
1. Sense a problem with your teeth or dentures?	0	1	2	3	4
2. Feel that it interfered with your meal time?	0	1	2	3	4
3. Feel uncomfortable eating	0	1	2	3	4
4. Have difficulty concentrating	0	1	2	3	4
5. Have difficulty with speaking and pronunciation	0	1	2	3	4
6. Have difficulty engaging in work/activities	0	1	2	3	4
7. Have a less sensitive sense of taste?	0	1	2	3	4

## D. Social Support and Exchange of Assistance

Now, I would like to ask you some questions about the assistance you provided to your family or someone else and the assistance you received from them.

Interviewer, please record answers to D1 through D3 in the form of the next page.

D1. Do you currently provide assistance to babysit your grandchild(ren) or other's child(ren)? If yes, how often?

**【By “children” we mean those who are seniors in high school or younger】**

0 No 1 occasionally (**Once a week or less**) 2 often (**Every day or several days a week**)

D2. Do you provide assistance to family, relatives or friends who need help with daily living tasks (such as eating, bathing/hygiene, dressing, grooming, toileting/continence or mobility) due to their health problems?

0 No 1 occasionally (**Once a week or less**) 2 often (**Every day or several days a week**)

D3. Do you provide assistance to family, relatives or friends who need help with grocery shopping, preparing meals, doing laundry, doing house chores, taking medication or making phone calls due to their health problems?

0 No 1 occasionally (**Once a week or less**) 2 often (**Every day or several days a week**)

D3a. **[Interviewer verify]**

0 Proxy interviewed [**Skip to Section E**]

1 Respondent interviewed [**Continue to D4**]

### **Emotional Support**

**【Note to the interviewer: Ask questions D4-11 when the respondent's family, relatives and/or friends are not present.】**

Next, I would like to ask you about the mutual support between you and your family, relatives, friends or neighbors.

★D4. When you have problems or worries, how willing do you think your family, relatives, friends or neighbors are to listen to you? Would you say very willing, willing, average, unwilling, or very unwilling?

1 very willing 4 unwilling  
2 willing 5 very unwilling  
3 average

★D5. How much do you feel that 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 4 Very little  
2 Quite a bit 5 Not at all  
3 Some

★D6. Are you satisfied with the emotional support from your family, relatives or friends? Would you say very satisfied, satisfied, average, unsatisfied or very unsatisfied?

- 1 Very satisfied    3 Average    4 Unsatisfied  
2 Satisfied    5 Very unsatisfied

★ 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 help** to see a doctor, to go shopping or to meet up friends?

- 1 Yes    2 No

★D9. In general, how **helpful** do you think your concern is for your **family**, relatives or friends?

- 1 Very helpful    2 helpful    3 somewhat helpful  
4 not 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    3 Rarely  
2 Sometimes    4 Never  
5 Other response (Please explain)\_\_\_\_\_

★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 transfer job status (2007 survey) according to the Sample Card before proceeding to E1.**

E1. Are you currently employed or unemployed? (Including full-time and part-time)

**【If yes, employed】** Do you work in the family business or on the family farm? In other words, Are you just helping out?

**【If no, unemployed】** Are you looking for a job now? **【If not】** Do you have a job now but you are on a temporary leave? **【If not】** Do you help with household chores, such as cooking, doing the laundry, grocery shopping, babysitting? Or you do not do anything most of the time?

**[Fill in the table of “Current Job Status” according to the respondent’s answer]**

Job Status in 2007 【According to the Sample Card】 If no information from 2007, ask: Did you have a job four years ago in 2007?	E1. Current Job Status 【According to results from this investigation】	Go to
□1. Had <b>a job</b> in 2007	□1 Had a job now (Including part-time and full-time) □2 Had a job but on a temporary leave	<b>E2</b>
	□3 Just occasionally or unofficially helping in the family business or on the family farm, does not count as having a real job □4 Retired □5 Doesn’t have a job but is looking for a job now. □6 Housekeeping (Cooking, doing the laundry, grocery shopping, childcare) □7 None of the above	<b>E3</b>
□2. Had <b>no</b> job in 2007	□1 Has a job now (Including part-time and full-time) □2 Has a job but on a temporary leave	<b>E6</b>
	□3 Just occasionally or unofficially helping in the family business or on the family farm, does not count as having a real job □4 Retired □5 Doesn’t have a job but is looking for a job now. □6 Housekeeping (Cooking, doing the laundry, grocery shopping, childcare) □7 None of the above	<b>E19</b>

E2. You had a job in 2007 and currently still have a job. Are the two jobs the same?

- 1 My current job is the **same** as the one in 2007. **[Skip to E6]**
- 2 My current job is **different from the one in 2007.**

E3. When did you stop working at the job that you had in 2007?

In \_\_\_\_\_ month \_\_\_\_\_ year (should be after October 2007)

E4. Why did you stop working at the job that you had in 2007? **【 Can choose more than one 】**

- a. Reached mandatory retirement age
- b. Health problems, could not continue working; Please explain \_\_\_\_\_
- c. Could not get used to the job, wanted to change work environment
- d. Layoff due to the company budget cut or relocation
- e. Business failed, poor economy, profits too low
- f. Dissatisfied with salary, wanted to earn more
- g. Family reasons: got married or to take care of child(ren)
- h. Voluntary retirement
- i. Other family-related reasons. (Please explain)\_\_\_
- j. Other factors (Please explain)

**E5.** [For the interviewer to verify]

- 1 The respondent has no job now [E1 answered 3 to 7] **【Skip to E18】**
- 2 The respondent has a job now [E1 answered 1, 2]

**Current Job**

E6. What work do you do at your current job? (Or what is the job that you plan to return to if you are on a temporary leave?)

What is your **job title**?

Profession (Please record **the position** in detail):

\_\_\_\_\_

E6a. When did you start your current job?

From age \_\_\_\_\_, or \_\_\_\_\_year(s) ago, or \_\_\_\_\_month(s) ago.

E6b. Are you employed full-time or part-time?

- 1 Full-time
- 2 Part-time → E6c. \_\_\_\_\_ hours per week

E7. Is there a mandated retirement age or retirement related rules **for your current job**?

- 0 No       1 Yes →
- 7 Don't know

E7a. What is the mandated retirement age or rules?  
\_\_\_\_\_years old

★E8. According to your own calculations or plans, how long will you continue doing the job?

- Another \_\_\_\_\_year(s); or retire at age \_\_\_
- As long as my health permits
- Depends on circumstances

E8a. Depends on what circumstances? **【 Can choose more than one 】**

- a State of health       c financial situation
- b Company operation       d Other (Please explain)\_\_\_\_\_



E9. If you leave your current job, do you have a retirement fund or severance pay?  
【including that provided by your company or organization, insurance or other source】

- 1 Yes
- 0 No
- 7 Don't know
- 8 Not applicable (self-employed)

★E10. If you, in the future, chose to quit your **current** job, what might you do?

- 0 Haven't thought about it or don't plan to quit this job
- 1 Completely retire (completely stop working)
- 2 Semi-retired (change to part-time job or help out)
- 3 Change career (change to another job or profession)
- 4 Other (Please explain) \_\_\_\_\_

E11. Except for the job you mentioned above, do you have a second paid job?

0 No

1 Yes

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

Total \_\_\_\_\_ hour(s) **per week**

E12. [Interviewer verify]

- 0 Proxy interviewed [Skip to E18]
- 1 Respondent interviewed [Continue the E13]

★E13. Have you thought about “retirement” or to stop working? Would you say a great deal, some, slightly or never?

- 1. A great deal
- 2. Some
- 3. Slightly
- 4. Never

★E14. When you think about “retiring” or to stop working in the future, do you look forward to it or worry about it? Would you say very much look forward to it, somewhat look forward to it, somewhat worried, or worried about it very much?

- 1. Very much look forward to it
- 2. Somewhat look forward to it
- 3. Do not have feelings about it
- 4. Somewhat worried
- 5. Worried about it very much
- 6. Other reaction (Please explain) \_\_\_\_\_

★E15. When you reach the retirement age, do you plan to **stop working completely**?

1. Yes → E16. What age is it? \_\_\_\_\_ years

2. Depends → E17. Depends on what? 【Can choose more than one】

- a Health
- b Financial Situation
- c Family situation
- d Other (Please explain)

3. Not planning to stop working

E18. In the past did you ever get any retirement fund, severance pay or payment for leaving the job?

**【Note: We are asking these questions to understand financial situations of the middle-aged and elderly】**

0 Never received any retirement fund or severance pay **【Skip to E19】**

(or payment for leaving the job)

1 Received any of retirement fund, severance pay or payment for leaving the job once

2 Received any of retirement fund, severance pay or payment for leaving the job twice or more

E18a. Was it the retirement fund, severance pay, or payment for leaving the job that you received?

**【Can choose more than one】**

a Retirement fund

d Pension repayment of military,

b Severance pay

civil servant, or labor insurance

c Payment for leaving the job e Other **(Please explain)** \_\_\_\_\_

E18b. Can you continue to receive more such fund or have you received all of it?

1 Have received all → **【Skip to E19】**

2 Will continue to receive

3 Other, Please explain: \_\_\_\_\_

E18c. Payment method:

1 Life-long

2 Until \_\_\_\_\_ (year/month)

3 Other: \_\_\_\_\_

E19. Do you do any voluntary social service work now?

0 no

1 yes **【Skip to E20】**

E19a. Have you done any community service work before?

0 no **【Skip to E19c】**

1 yes

E19b. Why are you not doing any community service now?

\_\_\_\_\_

E19c. Is it possible that you will do community service in the future?

1 Impossible

2 There is a possibility

3 Very Likely

### **Current Job of the Respondent's Spouse**

E20. **【The interviewer, please verify with A1】**

0. Respondent **has no spouse or cohabitant/partner** now → **【Skip to Section F】**

1. Respondent **has a spouse or cohabitant/partner** now



E21. Does your spouse **work most of the time or not?**

- 1. Currently have a job (including full-time or part-time)
- 2. Have a job but is on a temporary leave
- 3. Occasionally or unofficially Help with family farms or business. Does not count as having a job. **[Skip to Section F]**
- 4. Retired **[Skip to Section F]**
- 5. Do not have a job now but is looking for one **[Skip to Section F]**
- 6. Housekeeping (cooking, doing laundry, grocery shopping, babysitting) **[Skip to Section F]**
- 7. None of the above **[Skip to Section F]**

**Current Job**

E22. What kind of job does your spouse or cohabitant/partner do **now?** (Or what kind of job does your spouse or cohabitant/partner plan to go back to work at)? What is his/her **position?**

Job Title: \_\_\_\_\_

Profession (Position); please record detailed position: \_\_\_\_\_

E22a. Is your spouse or cohabitant/partner's current job full-time or part-time?

- 1 full-time job
- 2 part-time job      →                      E22b. Every week, works \_\_\_\_\_ hours

E23. In the **past year**, did your spouse or cohabitant/partner work **every month** or only for a few months of the year?

- 1. The whole year
- 2. Only for a few months      →      E23a. Number of months: \_\_\_\_\_
- 3. Farm Work
- 4. Other (Please explain):  
\_\_\_\_\_

## F. Leisure, Activities, Attitudes and Opinions

F1. What type of recreational activities do you enjoy in your spare time?

**(Note to interviewer: Let the respondent to answer the question first, and record his/her answers in the table below. Next, ask the respondent about the other questions which he/she didn't mention yet.)**

F2. **【If there are activities they do, continue to ask】** How often do you do it?

F3. **【If there are activities they do, continue to ask】** Do you do this alone or with others?

Recreation, Entertainment Activities	F1. Do you do this?		F2. How often do you do it?				F3. with others?	
	0 No	1 Yes ↳	1 Less than once a month	2 2-3 times a month	3 1-2 times a week	4 Just about every day	0 No	1 Yes
(1) Watching TV	0	1	1	2	3	4	0	1
(2) Listening to the radio /audio tapes/mp3	0	1	1	2	3	4	0	1
(3) Reading newspapers, novels, magazines, books, etc	0	1	1	2	3	4	0	1
(4a) Surf the internet, e-mail or play games alone/by yourself	0	1	1	2	3	4		
(4b) Online chatting (e.g., Skype) or play on-line games (interacting with other people in real time)	0	1	1	2	3	4		
(5) Playing chess or cards (including mah-jong or four-color cards)	0	1	1	2	3	4		
(6) meet with relatives, friends, to chat or do other activities (such as drink kung-fu tea) Taiwanese elderly)	0	1	1	2	3	4		
(7) meet with neighbors to chat or do other activities (such as drink kung-fu tea)	0	1	1	2	3	4		
(8) Gardening, grow plants, bonsai (not for income)	0	1	1	2	3	4	0	1
(9) Taking walks	0	1	1	2	3	4	0	1
(10) Riding bicycle	0	1	1	2	3	4	0	1
(11) Jogging, hiking, play ball & other outdoor physical exercise	0	1	1	2	3	4	0	1
(12) Attending group activities, such as singing, dancing, tai-chi, or karaoke	0	1	1	2	3	4		
(13) Other (Please explain)	0	1	1	2	3	4		

**【The interviewer, please check again for any item missed or not recorded】**

F4. Next, I will mention a few clubs (societies) or activities. Please tell me if you are **currently** a member of them or if you participate in any of their activities. **[Interviewer, please mention each club or activity listed in the table]**

Do you participate in \_\_\_\_ (activity) or are you a member of \_\_\_\_ (club or society)?

**[Situation I: If the answer is “no” to an item, skip to next type of activity]**

**[Situation II: If the answer is “yes”, continue with F4a]**

Type of club or Activity	F4. Are you a member or do you take part in its activities	
	0 No	1 Yes
1. Community socialization association, like women’s association or arts & crafts class	0	1
2. Religious association, like church, temple committee	0	1
3. Farmers’ occupational associations, fishermen’s, or other trade association, Lion’s Club, etc.	0	1
4. Political association (such as political party)	0	1
5. Social service groups like Lifeline, Relief Association, Benevolent Societies, volunteer	0	1
6. Clubs based on the shared geographic background or family lineage	0	1
7. Elderly club, like Elderly Association, Evergreen Recreation Club, etc.	0	1
8. Adult educational activities for the elderly (such as intensive classes, universities or learning centers for the elderly)	0	1

F4a. **[Interviewer verify]**

0. Answers in F4 are all “0” . **【Skip to F4c】**

1. Any Answer in F4 is “1” .

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

0 no  1 yes

F4c. **[Interviewer verify]**

0 **Proxy** interviewed **[Skip to F9]**

1 **Respondent** interviewed **[Continue to F5].**

★F5. Do you feel you live in a secured and safe environment?

0 No  1 Yes

★F5a. Are you satisfied with your living environment (such as pollution, climate, noise, scenery.....)

0 No  1 Yes

**Opinion of being senior (senior’s mentality)**

★F6. From your experience, do you think that there are advantages when people grow older? If “yes”, what is the advantage?

0 no advantage

1 yes (please explain) \_\_\_\_\_

Other reaction \_\_\_\_\_

- ★F7. From your experience, do you think that there are disadvantages when people grow older? If “yes”, what is the disadvantage?
- 0 no disadvantage
  - 1 yes(please explain)\_\_\_\_\_
  - Other reaction \_\_\_\_\_

★F8. Based on your current feelings and mentality, what’s your level of agreement with the following statements?

**(For interviewer: Please ask the respondent “do they agree or disagree” before every question. Next, ask the respondent to describe their level of agreement.)**

Based on your level of agreement circle the number to the right of every question

「1」 means you 「strongly disagree」 with the description

「2」 means you 「disagree」 with the description

「3」 means you 「somewhat agree」 with the description

「4」 means you 「agree」 with the description

「5」 means you 「strongly agree」 with the description

	Strongly disagree	disagree	Somewhat agree	agree	Strongly agree
	1	2	3	4	5
1. feel you’re old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. have time to do things you’re interested in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. can live up to worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. can’t take care of yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. feel you can help your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Have no family		<input type="checkbox"/>
6. you’re weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. you’re happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. your mind is unclear/confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. you’re kind and warm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. feel insecure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. satisfied with your current life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[Note: For 5, “the family” does not mean they have to be living together or be blood-related. The definition can be decided by respondent.]**

**If the respondent lives alone and does not have a family, check  no family.]**

**Religious Beliefs**

Next, I’d like to ask you some questions about your religion:

F9. What is your religion?

- 0. No religion      →      **【Skip to F11】**
- 1. Taoism or traditional folk religions    3. Christianity      5. I-Kuan-Tao    7. Other
- 2. Buddhism                                    4. Catholic                                    6. Muslim

F10. Please tell me **how often** you do each of the following activities?

Activity	1 Often	2 Sometimes	3 Rarely	4 Never	Remarks
1) Praying, offering incense, worshipping gods or Buddha at home	1	2	3	4	
2) Chanting sutras or study the bible	1	2	3	4	
3) Going to church or worship in temples	1	2	3	4	
4) Watching or listening to religious programs	1	2	3	4	
5) Make a donation (for religious purposes only, not including disaster relief funds)	1	2	3	4	

### **Major Life Events**

F11. I will read out some stressful life events that general people can possibly encounter now. Please tell me, in the past year have you ever experienced this event.

In the past year, have you experienced the following :	0 no	1 yes
1. Pets died	0	1
2. Close family member died (not including spouse)	0	1
3. Good friend died	0	1
4. Income decreased	0	1
5. Investment and/or credit difficulty	0	1
6. Cannot pay for housing mortgage or other mortgages	0	1
7. Family members' health or behavior turned bad	0	1
8. Marital relationship deteriorated	0	1
9. Loss of personal assets	0	1
10. Had a huge fight with close friends or family members (not including spouse)	0	1
11. Retired	0	1
12. Severe injury or sickness	0	1

**Major Events**

F12. Have you ever experienced any accident or injury?

**【 For F12 1.- 4., if respondent answered “Yes,” please continue the questions on the right column F12a 1a. – 4a. 】**

F12.	F12a
<p>1. Have you encountered severe natural disaster, such as tornado, flood or earthquake ?</p> <p><input type="checkbox"/>0 no    <input type="checkbox"/>1 yes                      —————→</p> <p style="text-align: center;">↓</p>	<p>1a. Did these natural disasters cause you or others facing the danger of death or grievous body harm ?</p> <p><input type="checkbox"/>0 no    <input type="checkbox"/>1 yes</p>
<p>2. Have you encountered human-made disasters, such as fire, train accident, car accident or building collapses ?</p> <p><input type="checkbox"/>0 no    <input type="checkbox"/>1 yes                      —————→</p> <p style="text-align: center;">↓</p>	<p>2a. Did these human-made disasters cause you or others facing the danger of death or grievous body harm ?</p> <p><input type="checkbox"/>0 no    <input type="checkbox"/>1 yes</p>
<p>3. Have you ever encountered a severe accident at work, home or other places ?</p> <p><input type="checkbox"/>0 yes    <input type="checkbox"/>1 no                      —————→</p> <p style="text-align: center;">↓</p>	<p>3a. Did these accidents cause you or others facing the danger of death or grievous body harm ?</p> <p><input type="checkbox"/>0 no    <input type="checkbox"/>1 yes</p>
<p>4. Have you got hurt by a hand, foot, stick, knife, gun or other ways that can cause physical harm?</p> <p><input type="checkbox"/>0 no    <input type="checkbox"/>1 yes                      —————→</p> <p style="text-align: center;">↓</p>	<p>4a. Did these harms cause you or others facing the danger of death or grievous body harm ?</p> <p><input type="checkbox"/>0 no    <input type="checkbox"/>1 yes</p>
<p>5. Have you ever in other occasions encountered that your or other’s life might be in danger or body is in danger of severe harm ?</p> <p><input type="checkbox"/>0 no    <input type="checkbox"/>1 yes</p>	
<p>6. Among your close family members, lover, or other very close friends, did anyone die because of accident, murder, homicide or suicide ?</p> <p><input type="checkbox"/>0 no    <input type="checkbox"/>1 yes</p>	





G6. Is there anyone who does not live in your household but who pays all or part of your expense?

- 1 Yes      0 No

★G7. Do **you and spouse** have enough money or have difficulty paying monthly living expense?

- 1 Have more than enough      3 Have a little difficulty  
2 Have enough money.      4 Have great difficulty

**Other Assets**

G8. Who owns the house that you usually reside in ?

- 1 the respondent  
2 respondent's spouse  
3 respondent's children  
4 rent it  
5 government or employer provided dormitory  
6 nursing facilities  
7 patrimony  
8 other(please explain)

★G9. Do you think that the assets you and spouse own are enough to support you for retirement?

Or do you need to rely on children or others?

- 1 Enough to support yourself  
2 Need to rely on child(ren) or others  
3 Other (Please explain)\_\_\_\_\_

★G10. **【Please point out to the respondent the graph on the right side of this page】**

Here is a ladder; from bottom to top are 10 steps.

This ladder represents every Taiwanese's social status. The highest level represents the most well-off people in Taiwan (such as: the richest, the most well-educated, have the most respected job), the bottom level represents the worst-off people in Taiwan (such as: the poorest, have the lowest education level, unemployed or have the most disrespected job).

The closer to the top you stand on the ladder, the closer you are to the people of high status, the closer to the bottom you stand on the ladder, the closer you are to the people of low status.

Compared to all Taiwanese, based on your current condition, which level do you think you belong to on this ladder? Please point to it for me.

**【Please circle the level the respondent pointed】**

- 66 other reaction (please explain) :



Time when the interview was concluded: 1 Morning 2 Afternoon

Time: \_\_\_\_\_hour \_\_\_\_\_min (24 hour clock system)

## H. Interview Documents and Respondent's Signature

H1. 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

## K. Interviewer's record of observations after the interview

K0. Place of interview: 1 Respondent's home      3 Other (Please record): \_\_\_\_\_  
2 Office/place of work

K1. Was anyone else present during the interview?  
1 Yes, for most of the time      3 Yes, occasionally  
2 Yes, for about half of the time      4 No **【Skip to K2】**

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

<input type="checkbox"/> 02 Spouse		
<input type="checkbox"/> Son	<input type="text"/>	<b>【Write relationship】</b> ( _____ ) ( _____ )
<input type="checkbox"/> Daughter-in-law	<input type="text"/>	
<input type="checkbox"/> Daughter	<input type="text"/>	
<input type="checkbox"/> Other relatives	<input type="text"/>	
<input type="checkbox"/> Other non-relatives	<input type="text"/>	

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

1 Helped with or corrected the respondent's answers      3 No influence  
2 Only listened attentively, but did not add to the answers

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

1 Affected throughout the interview      3 Affected only a little  
2 Somewhat affected      4 Not affected at all

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

1 Very well      2 Well      3 Acceptably      4 Poorly

K3. How well did the respondent cooperate?

1 Very well      2 Well      3 Acceptably      4 Poorly

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

1 Yes      2 Acceptably      3 Not smoothly

K5. Please write out problems encountered during the course of the interview, the respondent's reaction, or other special circumstances.

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## L. Social Environment and Biomarkers of Aging Study (3<sup>rd</sup> Wave)

### Qualified for the S2 second home visit (only case S)

L1. Date: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day

L2. According to the situation, interviewer please choose one of the following options:

- 1. The respondent or his/her family refused to participate in the second home visit
- 2. Respondent is not eligible for the second home visit because: **(Can choose more than one)**

- L2a. The respondent will be out of the country/town/SEBAS area, and will not be back within 45 days.

- L2b. Because of serious illness or infirmity, respondent is too weak to do the home health assessment/

- L2c. Respondent is unable to communicate and follow the interviewer's instructions because s/he is hard of hearing, deaf/mute, or has mental illness/senility.

**[If any the three reasons listed above are checked (i.e., respondent is not eligible for the second home visit survey), please inform the respondent or his/her family that there won't be another interview. Please also note on the agreement.]**

- 3. If none of the above, arrange the schedule for the second home visit and explain to the respondent (or his/her family) the preparation.