

Printing serial number:

Questionnaire No. :

Article 7 of the Statistics Law of the People's Republic of China stipulates: Organs of state, enterprises, institutions, other organizations, individual businesses, and individuals under statistical investigation, must be in accordance with this law and relevant regulations of the state to provide true, accurate, complete and timely data that are necessary for statistical investigation, and shall not provide false or incomplete statistical data nor delay or refuse to provide statistical data.

Article 25 of the Statistical Law of the People's Republic of China stipulates: No unit or individual can provide or divulge the data obtained during statistical investigations that can identify or deduce the identity of any individual statistical objects or use the data for purposes other than statistics.

Table no. : CRCA2015-1

Formulating authority: Ministry of Civil Affairs

Approving authority: National Bureau of Statistics

Approval Number: National Control [2014] No. 87

Valid until: September 2015

The fourth sampling survey on the living conditions of the elderly in urban and rural China

Personal questionnaire (long form)

\*\*\*\*\*

I. Interview location:

Provinces (autonomous regions, municipalities directly under the Central Government)

\_\_\_\_\_

Prefecture level city \_\_\_\_\_

County (city, district) \_\_\_\_\_

Township/Sub-district \_\_\_\_\_

Village (neighborhood) committee \_\_\_\_\_

Home address \_\_\_\_\_

II. Interview Records:

Interview date		Start time	End time
Month	Day		

Interviewer's signature: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_ Month \_\_ Day

Signature of township supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_ Month \_\_  
Day

Signature of county supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_ Month  
\_\_ Day

Signature of input personnel: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_ Month  
\_\_ Day

**【 Instructions 】**

Dear \_\_\_\_\_ (name of the interviewee):

I am a staff member of the fourth survey of the living conditions of the elderly. Doing this survey is an important event in the life of the elderly in the nation, and the survey has been approved by the National Working Committee on Aging and the National Bureau of Statistics. We hope that through this survey, we will have a comprehensive understanding of the various situations, difficulties, and problems happened in older adults' life in the nation, in order to provide a basis for the Party and the government to formulate policies, with the aim of improving the quality and level of life of the elderly nationwide. Luckily, you are selected to be one of the representatives. We will ensure your confidentiality by strictly abiding by the relevant provisions of the Statistics Law. We hope you can tell us the actual situation of your life. Thank you very much for your cooperation!



7 The Yi ethnicity 8 The Tujia ethnicity 9 The Tibetan ethnicity  
10 The Mongolian ethnicity 11 other ethnicity \_\_\_\_\_ (please  
write the full name of the ethnicity)

A5 Your education level:

1 never attended school (including literacy classes) 2 Primary school  
(including private schools) 3 Junior high school

4 High school/technical secondary school/vocational high school

5 Junior college 6 Bachelor degree or above

A6 Your professional and technical title: 1 None 2 Technician Level 3 Junior Title 4  
Intermediate Title 5 Senior Title

A7 Your political status: 1 general public 2 members of the Communist Party of China  
3 democratic parties 4 personages without party affiliation

A8 Your current marital status:

1. Has a spouse whose age is \_\_\_\_\_?
2. Widowed, widowed \_\_\_\_\_ years ago?
- 3 Divorce, divorced \_\_\_\_\_ years ago?
- 4 Never married

## B Family situation

[Interviewer: Next, we want to know about your family.]

B1 Status of your current children: [Interviewer: including foster/stepchildren, excluding  
daughter-in-law/son-in-law]

B1.1 Son \_\_\_\_\_ (The number of person);

B1.2 daughter \_\_\_\_\_ (The number of person).

[If the respondent has no children, please go to question B2 directly]

B1.3 Do any of your children have difficulties in life?

1 Yes 0 No [Go question B1.5 directly]]

B1.4 Do you support your child financially on a long-term basis?

1 Yes 0 No

B1.5 Do your children take turns to care for you?

1 Yes 0 No

B1.6 Do you think your children are filial?

1 filial 2 so-so 3 not filial

B2 Who are in your family (living with you) now? (Multiple choices)

[Interviewer: select according to the relationship with the interviewee, and indicate the number of people]

Living alone  Spouse  The Parents -in-law/Parents \_\_\_\_\_ (The number of person)  Son \_\_\_\_\_ (The number of person)  daughter-in-law \_\_\_\_\_ (The number of person)  daughter \_\_\_\_\_ (The number of person)  son-in-law \_\_\_\_\_ (The number of person)  (Great) grandchildren \_\_\_\_\_ (The number of person)  personal care assistant \_\_\_\_\_ (The number of person)  other people \_\_\_\_\_ (The number of person)

B3 Do you have children residing outside this province?

1 Yes 0 No [Go to question B4 directly]

B3.1 How many of your children are living outside this province? \_\_\_\_\_ (The number of person)

B3.2 How many times do your children, who live outside the province, visit you each year?

1 less than once 2 once 3 two to three times 4 four times or more

B4 Are you willing to have a long-term living arrangement with your children?

1 Yes 2 No 3 Depends

B5 Do you now help your children with any of the following things? (Multiple choice)

[Interviewer: ask item by item]

Take care of the home  Do housework  
 \*(rural) Do farm work  Take care of grandchildren  
 Others (please specify) \_\_\_\_\_  None have been done

B6 How many relatives/friends do you keep in touch with regularly?

B7 What major events have happened to your family this year?(Multiple choice) [Interviewer: ask item by item]

Children got unemployed  Children got divorced  
 Disputes/Lawsuits  Relatives got a serious illness

- Loved ones passed away                       Others (please specify) \_\_\_\_\_
- None

B8 What kind of transportation do you usually use?(Multiple choice) [Interviewer: Ask item by item]

- By bike  By motorcycle/electric bike
- By bus  By subway
- By taxi  By personal vehicle
- Others (please specify) \_\_\_\_\_  None

B9 Who is in charge of making major expenses in your family?

- 1 self 2 spouse 3 children 4 negotiate together

### C. Health and medical conditions

[Interviewer: Next, we'd like to know about your medical condition]

C1 Do you smoke?

1. Never [Go to question C2 directly]
2. I used to smoke, but now I have given up smoking
- 3 Often
- 4 Occasionally

C1.1 How many years have you been a smoker? \_\_\_\_\_

C2 Do you drink alcohol?

1. not at all or occasionally 2 .1-2 times a week
3. at least 3 times a week 4 .often drunk

C3 How is your sleep quality?

- 1 very good 2 relatively good 3 average
- 4 relatively poor 5 very poor

C4 Can you see clearly (including wearing glasses)?

- 1 very clear 2 relatively clear 3 average 4 not so clear 5 almost/completely unclear

C5 Can you hear clearly (including wearing hearing aid)?

- 1 Difficult to hear clearly 2 Need others to raise their voice 3 Can hear clearly

C6 Do your teeth conditions affect your eating? 1 Yes 0 No

C7 Do you often feel pain?

1 Yes 0 No [Go to question C8 directly]

C7.1 If you often feel pain, how bad is the pain?

1 not serious 2 moderate 3 serious

C8 How many times a week do you work out?

1 never 2 less than once 3 one to two times

4 three to five times 5 six times or more

C9 Do you take any health supplements?

1 Never 2 Occasionally 3 Often

C10 Did you have a medical examination in 2014?

1 Yes 0 No

C11 Do you have any of the following chronic diseases? (Multiple choice) [Interviewer: Ask item by item]

Cataract/glaucoma  Hypertension  Diabetes

Cardiovascular and cerebrovascular diseases (coronary heart disease/angina pectoris/stroke, etc.)  Stomach diseases

osteoarthropathy (osteoporosis/arthritis/rheumatism/disc disease, etc.)

Chronic lung diseases (COPD/tracheitis/emphysema, etc.)  Asthma

Malignant tumors  Reproductive system diseases

Other chronic diseases (please specify) \_\_\_\_\_  None

C12 Were you ill in the past two weeks?

1 Yes 0 No [Go to question C13 directly]

C12.1 What kind of illness do you have this time?

1 .It's new in two weeks 2 .The acute disease began two weeks ago and continued for two weeks

3. The onset of chronic disease began two weeks ago and continued for two weeks

C12.2 How did you deal with it after you fell ill?

1. Went to see a doctor 2. Did nothing [Go to question C12.4 directly] 3. self-medicated [Go to question C12.5 directly]

C12.3 How many times have you visited the hospital or clinic in the last two

weeks? \_\_\_\_\_ times [Go to question C13 directly]

C12.4 What's the main reason you didn't do anything with your illness?

(Multiple choice) [Interviewer: Ask item by item]

perceived the illness to be light  financial difficulties  don't have the time  limited mobility  Unaccompanied  Hospital is too far away  Troublesome for medical treatment  Other reasons (please specify) \_\_\_\_\_ [Answer this question and skip to C13]

C12.5 Which of the following self-medication measures have you taken?

(Multiple choice) [Interviewer: Ask item by item]

Buy your own medicine  Use traditional methods of treatment  Use health care and rehabilitation equipment  Others (please specify) \_\_\_\_\_

C13 Where do you usually see your doctor?

[Interviewer: Interviewee may have visited multiple medical and health institutions, so select the one with the most frequent visits]

1 private clinic 2 clinics/stations 3 community health service centers 4 township/sub-district health centers 5 county/city/district hospitals 6 city/prefecture level hospitals 7 provincial hospitals 8 others (please specify) \_\_\_\_\_

C13.1 How far away is the health care facility you visit most from your home?

1. less than 1 km
2. 1 to 2 km
3. 3 to 5 km
4. 5 km and above

C14 Have you encountered any of the following problems when visiting a hospital or clinic? (Multiple choice) [Interviewer: Ask item by item]

The waiting time is too long  The formalities are too tedious  The barrier-free facilities are not available  Can not be hospitalized in time  The service attitude is not good  The charge is too high  Others (please specify) \_\_\_\_\_

C15 How many times have you been hospitalized in 2014? \_\_\_\_\_ times

C16 What was your medical expenses in total in 2014? \_\_\_\_\_ RMB..

C16.1 Among them, how much you paid as your own expenses (can not be reimbursed)? \_\_\_\_\_ RMB...

C16.2 How much did your children or other people pay for your medical expenses?

\_\_\_\_\_RMB

C17 What was the expenses paid with your own pocket that you spent at pharmacy in 2014?

\_\_\_\_\_RMB...

C18 Which of the following health insurance/benefits do you have?

(Multiple choice) [Interviewer: Ask item by item]

Basic medical insurance for urban employees  Basic medical insurance for urban residents

New rural cooperative medical insurance  Basic medical insurance for urban and rural residents (urban residents' basic medical insurance is integrated with the new rural cooperative medical insurance)

Serious illness insurance for urban and rural residents

large medical subsidies for employees  publicly funded medical care  Others (please specify)

\_\_\_\_\_  None

C18.1 Do you think it is convenient to reimburse medical expenses?

1 very convenient 2 relatively convenient 3 average

4 relatively inconvenient 5 very inconvenient

C19 Do you have commercial health insurance?

1 Yes 0 No

C20 How do you feel about your overall health?

1 very good 2 relatively good 3 average

2 4 relatively poor 5 very poor

#### D Status of health care services

[Interviewer: Next, we'd like to know about your health care services.]

D1 Which of the following daily activities do you do?

Daily activities	Can do it	Have some difficulties	Can't do it
1 Feeding	1	2	3
2 Dressing	1	2	3

3 Toileting	1	2	3
4 Getting in or out of bed	1	2	3
5. Walking indoors	1	2	3
6 Having a bath	1	2	3
7 Cooking	1	2	3
8 Doing laundry	1	2	3
9 Sweeping the floor	1	2	3
10 Shopping	1	2	3
11 Going up and down the stairs	1	2	3
12 Taking a bus	1	2	3
13 Lifting a weight of 5 kg	1	2	3
14 Using the telephone	1	2	3
15. Manage personal finances	1	2	3

D2 Many older people have incontinence, do you have it?

(Multiple choice) [Interviewer: Ask item by item]

incontinent of bowel  incontinent of bladder  none

D3 Are you using any of the following accessories now?

(Multiple choice) [Interviewer: Ask item by item]

Reading glasses  hearing aids  dentures  crutches  wheelchair  blood pressure monitor

blood glucose monitor  adult diapers/nursing mats  massage appliances  smart wearables  nursing bed  others (please specify) \_\_\_\_\_  none

D4 Do you need someone to take care of your daily life currently?

1 Yes 0 No [Go to question D5 directly]

D4.1 Do you have any caregivers?

1 Yes 0 No [Go to question D5 directly]

D4.2 Who is your primary caregiver?

1 spouse 2 son 3 daughter-in-law 4 daughter 5 son-in-law

6 grandchildren 7 other relatives 8 friends/neighbors 9 volunteers

10 domestic service personnel (personal care assistant, hourly workers, etc.)

11 personnel from medical institutions

12 nursing home staff 13 community workers 14 others (please specify) \_\_\_\_\_

D4.3 How old is she/he (the primary caregiver)? Age of the \_\_\_\_...

D5 Are there any other older people in your family who need to be taken care of?

1 Yes 0 No [Go to question D6 directly]

D5.1 Who is taking care of him/her now?

1 the interviewee 2 others (please specify) \_\_\_\_\_

D6 If it is necessary, where would you like the most to receive care?

1 at home [Go to question D7] 2 at the community during daytime and go back home at night [Go to question D7] 3 in a nursing home 4 depends on situations

D6.1 If you live in an assisted-living facility, what is the maximum monthly expenses you (and your family) can afford?

1. below 1000 yuan 2. 1000-1999 yuan 3. 2000-2999 yuan

4. 3000-3999 yuan 5. 4000-4999 yuan 6. 5000 yuan and above

D7 Your need, knowledge and utilization of the following community service programs for older adults: [Interviewer: item by item inquiry]

Service	Do you need it	Is it provided	Have you ever used it
1. Meal assistance service	1 Yes 0 No	1 Yes 2 No 3 Don't know	1 Yes 0 No
2. Assisted Bathing services	1 Yes 0 No	1 Yes 2 No 3 Don't know	1 Yes 0 No
3. Housework	1 Yes 0 No	1 Yes 2 No	1 Yes 0 No

assistance		3 Don't know	
4. At your door healthcare	1 Yes 0 No	1 Yes 2 No 3 Don't know	1 Yes 0 No
5 Care during daytime	1 Yes 0 No	1 Yes 2 No 3 Don't know	1 Yes 0 No
6 Rehabilitation nursing care	1 Yes 0 No	1 Yes 2 No 3 Don't know	1 Yes 0 No
7. Rental service of assisted devices for older adults	1 Yes 0 No	1 Yes 2 No 3 Don't know	1 Yes 0 No
8. Health education services	1 Yes 0 No	1 Yes 2 No 3 Don't know	1 Yes 0 No
9. Psychological consultation/ Casual chatting	1 Yes 0 No	1 Yes 2 No 3 Don't know	1 Yes 0 No

#### E. Economic status

[Interviewer: Next, we want to ask some basic questions about the financial situation of you and your family.]

E1 Have you gone through the retirement formalities?

1 Yes 2 No [Go to question E2] 3 Not applicable (Never had a formal job) [Go to question E2]

E1.1 How old were you when you retired? Age of the \_\_\_\_\_...

E1.2 Did you do early retirement? 1 Yes 2 No

E1.3 What is the type of your workplace before retirement?

1 Party and government 2 public institutions 3 state-owned enterprises 4 collective enterprises 5 private companies 6 foreign-funded enterprises 7 military 8 rural collectives 9 others (please specify) \_\_\_\_\_

E2 Are you still employed in a paid job (including working, doing business, etc.)?

1 Yes 0 No [Go to question E2.3]

E2.1 How did you get the job?

1 personal relationship 2 company re-employment 3 job market 4 government aid 5 self-employed 6 others (please specify) \_\_\_\_\_

E2.2 What was your income last month from the job above? \_\_\_\_\_ RMB

E2.3 Are you willing to be employed in a paid job (including working, doing business, etc.)?

1 Yes 0 No

E3 \* (Rural) Are you engaged in agriculture, forestry, animal husbandry, sideline fishing and other economic activities?

1 Yes 0 No. [Go to question E4]

E3.1 What was your net income from the above economic activities in 2014? \_\_\_\_\_ RMB...

E4 Have you and your spouse saved any money for retirement?

1 Yes 0 No. [Go to question E4]

E4.1 How much is the saved money? \_\_\_\_\_ RMB...

E5 Do you have any of the following monthly income currently?

[Interviewer: ask item by item, if there is, fill in the specific amount, if there is no, fill in 0]

E5.1 pension \_\_\_\_\_ yuan E5.2 Survivors' benefits \_\_\_\_\_ yuan E5.3 occupational annuity / enterprise annuity \_\_\_\_\_ yuan E5.4 Commercial pension \_\_\_\_\_ yuan

E5.5 allowance for the oldest old \_\_\_\_\_ yuan E5.6 Pension service subsidy \_\_\_\_\_ yuan

E5.7 Nursing care subsidy \_\_\_\_\_ yuan E5.8 Minimum living allowance \_\_\_\_\_ yuan

E5.9 Five insurance subsidy / unemployment benefits \_\_\_\_\_ yuan

E5.10 Reward (special) subsidy for family planning \_\_\_\_\_ yuan

E5.11 Other Social Security benefits (please specify) \_\_\_\_\_, \_\_\_\_\_ yuan

E6 Do you and your wife have the following income in 2014? [Interviewer: ask item by item, if there is, fill in the specific amount, if there is no, fill in 0]

E6.1 The income from rental properties is \_\_\_\_\_ yuan

E6.2 The income from interest is \_\_\_\_\_ yuan

E6.3 The income from \* (rural) land leasing/contracting is \_\_\_\_\_yuan

E6.4 The income from welfare/collective subsidy/bonus of old workplace is \_\_\_\_\_  
yuan

E6.5 The money gifted by children (grandchildren) (including actual presents) \_\_\_\_\_  
yuan

E6.6 The money gifted by other relatives \_\_\_\_\_ yuan (including actual presents)

E7 Which of the following investment and financial activities are you engaged in now?

(Multiple choice) [Interviewer: Ask item by item]

- Treasury bonds/bonds  stocks  funds  foreign exchange  precious metals  
 Other financial products  Other (please specify) \_\_\_\_\_  None[Go to question E8]

E7.1 If there are any financial assets selected above, the total amount is \_\_\_\_\_ in ten  
thousand yuan

E8 Do you (or your spouse) own your home?

1 Yes 0 No. [Go to question E9]

E8.1 What is the number of properties that you own? \_\_\_\_...

E8.2 What is the approximate value of these properties currently?  
\_\_\_\_\_ in ten thousand yuan...

E8.3 Would you be willing to sell/rent/mortgage your house for a pension?

1 yes, 2 no, 3 depends

E9 What kind of housing do you live in now?

1. Owned property 2. Children's property  
3. Grandchildren's property 4 Renting public housing  
5 Renting private housing 6 staying at other's house 7 Others (please specify) \_\_\_\_\_

E10 On average, your monthly expenses spent on daily living:

[Interviewer: ask item by item, if there is, fill in the specific amount, if there is no, fill in 0]

E10.1 The expenditure on personal items (including tobacco and alcohol, cosmetics,  
toiletries, etc.) is \_\_\_\_\_ yuan

E10.2 The expenditure on transportation is \_\_\_\_\_ yuan

E10.3 The expenditure on communication is \_\_\_\_\_ yuan

E10.4 The expenditure on paying personal care assistant/hourly worker/caregiver is \_\_\_\_\_yuan

E10.5 The expenditure on health care (beauty salons, health care products, massage, etc.) is \_\_\_\_\_ yuan

E10.6 The expenditure on recreation, sports and entertainment (watching movies, purchasing books and newspapers, etc.) is \_\_\_\_\_ yuan

E11 Your personal expenses in 2014: [Interviewer: ask item by item, fill in the specific amount if there is any, or fill in 0 if there is no]

E11.1 The expenditure on purchasing clothes, shoes and hats is \_\_\_\_\_ yuan

E11.2 The expenditure on tourism is \_\_\_\_\_ yuan

E11.3 Gifted \_\_\_\_\_ yuan to children/grandchildren

E11.4 The expenditure on buying assistive equipment (dentures, wheelchair, hearing aid, etc.) is \_\_\_\_\_ yuan

E12 Expenditure information of you and your spouse in 2014:

[Interviewer: ask item by item, if there is any, fill in the specific amount; if there is no, fill in 0]

E12.1 Expenditure on housing rental is \_\_\_\_\_ yuan

E12.2 Expenditure on heating is \_\_\_\_\_ yuan

E12.3 Property management fee is \_\_\_\_\_ yuan

E12.4 Expenditure on the house purchasing/interior finishing is \_\_\_\_\_ million yuan

E12.5 Expenditure on purchasing furniture and appliances is \_\_\_\_\_ yuan

E12.6 Expenditure on buying vehicles is \_\_\_\_\_ yuan

E12.7 Expenditure on purchasing expensive jewelries is \_\_\_\_\_ yuan

E13 The average monthly expenditure on food (board) in your family is \_\_\_\_\_ yuan

E14 The total expenditure of your family in 2014 is \_\_\_\_\_ million yuan

E15 In 2014, the total income of your family is \_\_\_\_\_ million yuan

E16 How much do you or your family own debts? \_\_\_\_\_ yuan

E17 Do you think your grandchildren/children are "mooching off" their parents?

1 Yes 0 No.

E18 What type of situations would you consider your financial situation to be?

1 very wealthy 2 relatively wealthy 3 basically enough 4 relatively difficult 5 very difficult

## F Conditions of livable environment

[Interviewer: Next, we want to know about your livable environment]

F1 When was the house you are living in built?

1. Before liberation    2. 1950s-1960s    3. 1970s-1980s  
4. In the 90 s    5. after 2000s

F2 What is the total floor area of the place you are living at?

\_\_\_\_\_ square meters

F3 Do you have a private room (with your spouse)?    1 Yes    0 No

F4 Do you have the following living facilities in your present housing?(Multiple choice)

[Interviewer: Ask item by item]

- tap water    gas/natural gas/biogas    heating  
 Indoor toilets    Bath/shower facilities    None

F5 Do you have any of the following electronics and household appliances in your current housing?(Multiple choice) [Interviewer: Ask item by item]

- landline phone    mobile phone for elderly    smartphone    basic mobile phone    computer  
 TV    washing machine    air conditioner    refrigerator    air purifier    water purification device    None

F6 Have you had any falls this year?

- 1 Yes    0 No [Go to question F7]

F6.1 Where did you fall last time?

1 bedroom 2 bathroom 3 living room 4 kitchen

5 balcony 6 doorsill 7 stairs

8 courtyards 9 roads 10 on transportation 11 shopping places 12 fitness places

13 parks 14 workplace 15 other locations (please specify) \_\_\_\_\_

F6.2 What were the consequences of your fall?

1 no injury 2 minor injuries, no need of medical attention 3 serious injuries, requiring medical attention 4 serious injuries, long term in bed

F7 Which of the following conditions do you have in your current residence?(Multiple choice)

[Interviewer: Ask item by item]

- dim light  stumbling doorsills or uneven floor  no handrails  slippery floor
- Door doesn't work properly  Toilet/bathroom doesn't work well  No calling/alarm facilities
- Noisy  Others (please specify) \_\_\_\_\_  Everything is fine, no problem exists

F8 Are you satisfied with your present living conditions?

1 Satisfied 2 Average 3 Not satisfied

F9 How many years have you lived in this community (village/residence) \_\_\_\_\_ years

F10 What kind of relationship do you have with your neighbors?

1 Don't know 2 Just say hello

3 Communicate frequently 4 Help each other when necessary

F11 Are you satisfied with any of the following aspects in your community (village/residence)?(Multiple choice)

- Signage  Road/street lighting  Traffic conditions  Household facilities
- Fitness place  Public restroom  Green areas  Public security
- The atmosphere of respecting the elderly  none is satisfied

## G Social participation

[Interviewer: Next, we want to know about your social participation]

G1 Do you often participate in any of the following volunteer activities?(Multiple choice)

- Neighborhood watch  Helping mediate neighborhood disputes  Keeping community hygiene  Helping neighbors  Caring about educating the next generation (not including educating your grandchildren)
- Participating in cultural and scientific promotion activities  None

G2 Which of the following organizations or groups have you joined?

(Multiple choice) [Interviewer: Ask item by item]

- Community security group  Mediation committee
- Non-profit organizations (volunteer/charity, etc.)  Recreational and sports organizations (painting/singing/dancing, etc.)  Folk culture organizations  Professional and technical groups or organizations  Cooperative organizations for the elderly (voluntary pension

groups/economic organizations for the elderly)

Other organizations (please specify) \_\_\_\_\_  None

G3 Have you attended any of the following clan/clan activities?

(Multiple choice) [Interviewer: Ask item by item]

Repair family tree/genealogy  Take part in ancestor worship activities  Take part in charity activities organized by the family/clan  Help to mediate intra-clan or inter-clan disputes  Other activities (please specify) \_\_\_\_\_  None

G4 Are you a member of a seniors association?

1 Yes 0 No. [Go to question G4.3].

G4.1 Are you satisfied with the activities organized by the seniors association?

1 Very Satisfied 2 Relatively satisfied 3 Average

4 Relatively unsatisfied 5 Very Unsatisfied

G4.2 What kind of activities would you like the seniors association to organize?

(Multiple choice) [Interviewer: Ask item by item]

learning/recreational activities  activities aiming to help those older adults with difficulties  family activities involving both the younger and older adults  protection of the rights and interests of the elderly  voluntary activities  profit-making activities  participate in community public affairs  others (please specify) \_\_\_\_\_  no suggestion [Go to question G5]

G4.3 What are the main reasons that you don't join a seniors association?

(Multiple choice) [Interviewer: Ask item by item]

Not association established  Not interested  No time  Health problems  Family members do not support  Others (please specify) \_\_\_\_\_

G5 Are you willing to help other older adults in your community who are in need? 1 Yes

0 No

G6 Did you take part in the last community election? 1 Yes 0 No

G7 Are you concerned about community affairs being publicized?

1 Yes 2 No 3 It doesn't matter

G8 Have you ever been asked on important projects in your community? 1 Yes 0 No

G9 Have you made suggestions to the community? 1 Yes 0 No

G10 Do you care about state affairs? 1 Yes 0 No

### H Rights Protection Status

[Interviewer: Next, we want to know about your rights protection status]

H1 Do you know the <Law on the Protection of the Rights and Interests of the Elderly>?

1 Yes 0 No

H2 Have you gotten a privilege card for senior citizens? 1 Yes 0 No

H3 Have you ever enjoyed any of the following preferential treatments for the elderly?(Multiple choice) [Interviewer: Ask item by item]

Free physical examination  Discount or no fees for general outpatient service  Discount or free for public transportation  Discount or free for park entrance  Discount or free for tourist attractions  Discount or free for places such as museums and public libraries  None

H4 Has your family treated you in any of the following ways this year?

(Multiple choice) [Interviewer: Ask item by item]

Did not provide your basic living expenses when you asked for  The accommodation provided to you is in poor condition  You are not fed well/poorly fed  No support of medical treatment for you  Did not take care of you when you needed it  encroaching on your property  Didn't come to visit /talk to you for a long time  often beat and scold you \* (only for widowed or divorced interviewee)  interfere your remarriage  Other actions (please specify) \_\_\_  None [Go to question H5]

H4.1 If there were any of the above situations happened, what measures have you taken to resolve it? (Multiple choice)

Knuckled under  Asked relatives/clans to help mediate  Went to the neighborhood committee for help.  Went to the seniors association for help  Asked the family's workplace for mediation  lawsuit/asked the judicial authority to solve  Reported to the media  Others (please specify) \_\_\_\_\_

H5 Which of the following situations have you encountered so far this year? (Multiple choice) [Interviewer: Ask item by item]

be cheated  be robbed  be stolen

be beaten/threatened  others (please specify) \_\_\_\_\_  none

H6 Have you received any legal aid this year? 1 Yes 0 No

H7 Do you think your legal rights and interests are properly protected? 1 Yes 0 No

### I. Spiritual and cultural life

[Interviewer: Next, we want to know about your spiritual and cultural life]

I1 Do you often do any of the following activities?

(Multiple choice) [Interviewer: Ask item by item]

Watch TV/listen to the radio  read books/newspapers  go to the cinema/theatre  go for a walk/jog, etc  Tai Chi/Health exercises etc.  Dancing (Public square dancing/Yangko dancing)  Play gateball/table tennis/badminton etc.  Play mahjong/cards/chess etc

gardening  have pets

Fishing/Calligraphy/Photography/Collection  Others (please specify) \_\_\_\_\_  None

I2 Do you often surf the Internet?

1 Yes 0 No [Go to question I3]

I2.1 Do you do any of the following activities when you surf the Internet?

(Multiple choice) [Interviewer: Ask item by item]

watching news  watching movies and TV shows  chatting  shopping  Playing games  buying stocks  Others (please specify) \_\_\_\_\_

I3 Have you attended a college/school for older adults (including online education for older adults)? 1 Yes 0 No

I4 Do you have any of the following public places available near your home? How often do you go to those places?

[Interviewer: Ask item by item. If the interviewee answered "no" or "don't know", no need to ask further about the frequency of going to the place]

Public Place/Facility	Available or not	How often do you go
1. Square	1 Yes 2 No 3 Don't know	1 Never 2 Occasionally 3 Usually

2.Park	1 Yes 2 No 3 Don't know	1 Never 2 Occasionally 3 Usually
3.Fitness centers	1 Yes 2 No 3 Don't know	1 Never 2 Occasionally 3 Usually
4.Senior citizens' activity center	1 Yes 2 No 3 Don't know	1 Never 2 Occasionally 3 Usually
5.Library	1 Yes 2 No 3 Don't know	1 Never 2 Occasionally 3 Usually

I5 How long do you usually spent your daily time in doing each of the activities listed below?

Activity type	Time
1.Paid work/Labour/business activity	_____ hours
2.Housework	_____ hours
3.Watching television	_____ hours
4.Reading books and newspapers	_____ hours
5.Other leisure activities	_____ hours
6.Napping	_____ hours

I6 Do you have any plans to travel in the coming year?

1 Yes 2 No 3 Not sure

I7 What is your religion?

1 None 2 Buddhism 3 Islam

4 Christianity 5 Catholicism 6 Taoism

7 Other religions (please specify) \_\_\_\_\_

I8 Have any of the following situations ever happened to you in daily life?

(Multiple choice) [Interviewer: Ask item by item]

Perceived your friends or relatives as strangers when looking at their faces  often cannot remember the names of relatives or friends  Unable to find my way home after going out  I often forget to take my keys  I often forget to turn off the stove  None

I9 Do you feel lonely? 1 Often 2 Sometimes 3 Never

I10 During the past week, did you have any of the following feelings?

(Multiple choice) [Interviewer: Ask item by item]

Felt happy most of the time.  Felt irritable and restless all day

Felt upset all the time.  Thinking it's good to be alive

I11 How old do you feel? Age of the \_\_\_

I12 A few older adults committed suicide for various reasons. What do you think of that?

1. Cherish life 2. let it go naturally 3 one has the right to give up his /her own life

I13 Do you agree with the following statements?

(Multiple choice) [Interviewer: Ask item by item]

Older adults should devote their remaining energy and participate in social development

Older adults should enjoy life and be supported by their families and society  Older adults

are a burden on their families  Older adults are a burden on the society  Older adults are

valuable assets to the country and society  Older adults should be independent and do their

best to not cause troubles to their children and society

I14 In general, do you think you are happy?

1 very happy 2 relatively happy 3 average

4 relatively unhappy 5 very unhappy

\*\*\*\*\*

[Interviewer: For the convenience of the institute to verify the information of this interview, please leave your name and contact information]

Signature of interviewee \_\_\_\_\_; phone number \_\_\_\_\_

Signature of the third-party respondent \_\_\_\_\_; phone number \_\_\_\_\_

This is the end of the interview, thank you for your support and cooperation!

#### J Interview Notes

[Interviewer: After the interview, please fill the following questions according to the interview situation]

J1 What kind of residence is the interviewee living at now?

1 apartment 2 bungalow 3 house built with mud bricks 4 others (please specify) \_\_\_\_\_

J2 If it is an apartment, what floor is the interviewee living on? \_\_\_\_\_F

J3 If it's an apartment, is there an elevator?

1 Yes 0 No

J4 Were there any other people present during the interview?

1 Yes 0 No

J5 Were there any respondents answer questions on behalf of the interviewee?

1 Yes 0 No [Go to question J8]

J6 Respondent's the relationship to the interviewee

1 spouse 2 children 3 grandchildren 4 others (please specify) \_\_\_\_\_

J7 The reason for having the respondent :(multiple choice)

Unable to answer because of deafness.  Unable to answer because of dementia Unclear responses  Hearing impairment Unavailable for interview due to illness  Others (please specify) \_\_\_\_\_

J8 Judge the health condition of the interviewee:

1 very healthy 2 relatively healthy 3 average 4 relatively unhealthy 5 very unhealthy

J9 Judge the self-caring ability of the interviewee:

1 completely independent 2 partially independent 3 completely dependent