



Interviews are based on voluntary participation

**Questionnaire Addressed to a Close Family Member of the Deceased
Interviewees in Determinants of Healthy Longevity in China (2018)**

No.

Note: This questionnaire is addressed to a family member (or a close friend if the family member is not available) of the deceased elder.

Province code

County (district) code

Place of residence of the deceased elder at death

1. city 2. town 3. rural

Name of deceased elder _____

Name of proxy reporter _____ Signature of proxy reporter _____

Relationship between deceased elder and proxy

0. Parent 1. Spouse 2. Child 3. Spouse of child 4. Grandchild or grandchild's spouse 5. Relative 6. Neighbor 7. Community worker 8. Other

Address of the deceased elder before death:

_____ Detailed village or street address (including street, apartment #) district or town/township, county/city, _____

_____ province

Post Code

Tel No _____

Person to contact _____

Tel. No. of Community Office _____

Person to contact at Community Office _____

Date at death of the deceased elder:

Reported by family members _____ day _____ month _____ year

Validated date at death _____ day _____ month _____ year

If the interview could not be conducted, the reason is:

1. refusal 2. other (please specify) _____

Signature and date (month and day):

Interviewer _____; Check at city level _____;

Check at provincial level _____;

Check in Beijing _____.

1. Sex	1. male 2. female	<input type="checkbox"/>																																				
2. Marital status before dying	1. married and living with spouse 2. married but separated from spouse 3. divorced 4. widowed 5. never married	<input type="checkbox"/>																																				
2.1 Prior to death did the elder have a cohabiting partner with whom he/she lived but was not officially married?	1 yes 2 no If yes, since ____ month ____year began to live together	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/>																																				
2.2. Prior to death did elder participate in the old-age insurance program?	1 yes 2 no	<input type="checkbox"/>																																				
2.3. Every month how much pension did elder receive	_____ yuan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																				
2.4. Other household members living in the deceased persons' household prior to his/her death. <i>If age is unknown, please fill in 888.</i>	<table border="1"> <thead> <tr> <th>Relationship with interviewee</th> <th>sex</th> <th>age</th> <th>education</th> <th>occupation</th> <th>Cigarettes smoked per day inside home</th> </tr> </thead> <tbody> <tr> <td colspan="6">Relationship with interviewee: 0 spouse 1 child 2 spouse of child 3 grandchild 4 spouse of grandchild 5 great grandchild or spouse of great grandchild 6 sibling 7 parent or parent-in-law 8 other _____</td> </tr> <tr> <td colspan="6">Sex: 1 male 2 female</td> </tr> <tr> <td colspan="6">Education level: 1 Never attended school 2 Primary school 3 Middle school 4 High school 5 College and above</td> </tr> <tr> <td colspan="6">Occupation 0 professional or technical personnel/doctors/teachers 1 governmental, institutional or managerial personnel 2 staff/service worker/industrial worker 3 self-employer 4 agriculture, forestry, animal husbandry, fishery 5 housewife 6 military personnel 7 unemployed 8 other</td> </tr> <tr> <td colspan="6">Number of cigarettes other household member usually smokes per day inside home 0 Don't smoke 1 More than 20/a pack 2 Less than a pack 99 Don't know</td> </tr> </tbody> </table>	Relationship with interviewee	sex	age	education	occupation	Cigarettes smoked per day inside home	Relationship with interviewee: 0 spouse 1 child 2 spouse of child 3 grandchild 4 spouse of grandchild 5 great grandchild or spouse of great grandchild 6 sibling 7 parent or parent-in-law 8 other _____						Sex: 1 male 2 female						Education level: 1 Never attended school 2 Primary school 3 Middle school 4 High school 5 College and above						Occupation 0 professional or technical personnel/doctors/teachers 1 governmental, institutional or managerial personnel 2 staff/service worker/industrial worker 3 self-employer 4 agriculture, forestry, animal husbandry, fishery 5 housewife 6 military personnel 7 unemployed 8 other						Number of cigarettes other household member usually smokes per day inside home 0 Don't smoke 1 More than 20/a pack 2 Less than a pack 99 Don't know						
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3 Main living arrangement in year prior to death? (choose one answer only)	1. Nursing home 2. Alone 3. With old spouse only 4. with married child (including grandchildren) 5. Other relative 8. Other (please note) _____	<input type="checkbox"/>																																				
4. Place of death	1. home 2. hospital 3. institution 4. other (please specify) _____	<input type="checkbox"/>																																				
5.1 Primary caregiver before dying (select one only) (if answer is 8 or 9, please skip to question 6)	1. spouse 2. child(ren) and his/her/their spouse(s) 3. grandchild(ren) and his/her/their spouse(s) 4. other family member(s) 5. friend(s) 6. social service 7. housekeeper 8. nobody to take care 9. no need to take care	<input type="checkbox"/>																																				

5.1.1. Days of caregiving provided by the primary caregiver in the last month of life	_____days	<input type="checkbox"/> <input type="checkbox"/>
5.2. Secondary caregiver before dying (select one only) (if answer is 8 please skip to question 6)	1. Spouse 2. Child(ren) and his/her/their spouse(s) 3. Grandchild(ren) and his/her/their spouse(s) 4. Other family member(s) 5. Friend(s) 6. Social worker(s) 7. Housekeeper(s) 8. There is no second and third caregiver	<input type="checkbox"/>
5.2.1. Days of caregiving provided by the secondary caregiver in the last month of life	_____days	<input type="checkbox"/> <input type="checkbox"/>
5.3. Third caregiver before death (select one only)	1. Spouse 2. Child(ren) and his/her/their spouse(s) 3. Grandchild(ren) and his/her/their spouse(s) 4. Other family member(s) 5. Friend(s) 6. Social worker(s) 7. Housekeeper(s) 8. There is no third caregiver	<input type="checkbox"/>
5.3.1. Days of caregiving provided by the third caregiver in the last month of life	_____days	<input type="checkbox"/> <input type="checkbox"/>
5.4. In general, how difficult was caregiving burden in the last month before dying for the family members (including yourself)?	1. Very Exhausted 2. Quite Exhausted 3. Fair 4. Not at all 99. Don't know	<input type="checkbox"/>
6. Whether bedridden before dying	1. no 2. yes. If yes, _____days	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7-1. Since the last interview in 2014, how many times did the deceased elder suffer from serious illness that required hospitalization or caused him/her to be bedridden at home?	(If no occurrences, fill 00. If bedridden the entire time, fill 88.) _____time(s)	<input type="checkbox"/> <input type="checkbox"/>
7-2 What kind of diseases did he/she suffer and for how many days being hospitalized or bedridden at home since last interview (please use the disease categories in question 8 below)?	first time _____ (disease), _____ days second time _____ (disease), _____ days third time _____ (disease), _____ days (If more than three times, please ask for the last time.)	<input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8 Did elder suffer from any of the following diseases: 0 no 1 yes	01. Hypertension	<input type="checkbox"/>
	02. Diabetes	<input type="checkbox"/>
	03. Heart Disease	<input type="checkbox"/>
	04. Stroke, CVD	<input type="checkbox"/>
	05. Bronchitis, emphysema, pneumonia, asthma	<input type="checkbox"/>
	06. Tuberculosis	<input type="checkbox"/>
	07. Cataract	<input type="checkbox"/>
	08. Glaucoma	<input type="checkbox"/>
	09. Cancer	<input type="checkbox"/>

	10. Prostate tumor	
	11. Gastric or duodenal ulcer	<input type="checkbox"/>
	12. Parkinson's Disease	<input type="checkbox"/>
	13. Bedsores	<input type="checkbox"/>
	14. Arthritis	<input type="checkbox"/>
	15. Dementia	<input type="checkbox"/>
	16. Epilepsy	<input type="checkbox"/>
	17. Cholecystitis, cholelith disease	<input type="checkbox"/>
	18. Dyslipidemia	<input type="checkbox"/>
	19. Rheumatism or rheumatoid disease	<input type="checkbox"/>
	20. Chronic nephritis	<input type="checkbox"/>
	21. Mammary gland hyperplasia	<input type="checkbox"/>
	22. Uterine tumor	<input type="checkbox"/>
	23. Prostatic hyperplasia	<input type="checkbox"/>
	24. Hepatitis	<input type="checkbox"/>
25. Other (Please note)	<input type="checkbox"/>	
9. What was the major cause of elder's death? (select one only)	1 Infectious disease/parasitic disease 2 Neoplasm 3 Hematogenic organ or immune disease 4 Endocrine, nutrition, or metabolic disease 5 Mental and behavioral dysfunction 6 Nervous system disease 7 Eye and appendage disease 8 Ear and mastoid disease 9 Circulatory system disease 10 Respiratory system disease 11 Digestive system disease 12 Skin or subcutaneous tissue disease 13 Musculoskeletal system and connective tissue disease 14 Urogenital system disease 15 Injury, poisoning, accidental or other external causes 16 Other _____ 99. Don't know	<input type="checkbox"/> <input type="checkbox"/>
10. Did the deceased elder get timely treatment when he/she was ill before dying?	1.yes 2. no 3. was not ill	<input type="checkbox"/>
11. Main financial source before dying	1. retirement wage 2. spouse 3. child(ren) 4. grandchild(ren) 5. other relative(s) 6. local government or community 7. own work 8. other (please specify)_____	<input type="checkbox"/>
12. Household annual income per capita in the year before dying	_____ Yuan (RMB)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13. Were the following facilities available in the elder's home before	1. toilet 0 no 1 yes 2. tap water 0 no 1 yes	<input type="checkbox"/> <input type="checkbox"/>

he/she died?	3. bathing/showering facility 0 no 1 yes 4. heater(heating system) 0 no 1 yes 5. TV 0 no 1 yes 6. washing machine 0 no 1 yes 7. telephone 0 no 1 yes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
14. Was there a doctor in the village? (refers to rural deceased elders only)	1. no 2. yes If yes, village doctor was: 1. licensed with college degree 2. licensed without college degree 3. unlicensed	<input type="checkbox"/> <input type="checkbox"/>										
15. Mainly who paid the medical costs for the deceased elder?	01. state Medicare fund 02. the deceased elder 03. spouse 04. child(ren) 05. cooperate Medicare fund 06. state or collective subsidy 07. medical insurance 08. no money to pay medical costs 09. was not ill 10. other (please specify) _____	<input type="checkbox"/> <input type="checkbox"/>										
16. Total medical costs of the deceased elder in the last year of life	_____ Yuan (RMB) in the cost, how much self-paid _____	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
17-1. Functioning in bathing before dying	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
17-2. Functioning in dressing before dying	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
17-3. Functioning in using toilet before dying	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
17-4. Functioning in indoor transferring before dying:	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
17-5. Functioning in continence before dying	1. able to control. 2. occasional accidents. Days lasted _____ 3. catheter was used or was incontinent. Days lasted _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
17-6. Functioning in self-feeding before dying	1. fully independent. 2. partially dependent. Days lasted _____ 3. fully dependent. Days lasted _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
17-7. Days in fully dependent functioning before dying	_____ days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
17-8. Total cost for the caregiving (includes nursing, cost for labor hours lost, costs for home visits and, and so on, but excluding cost for prescriptions)	_____ Yuan (RMB) (fill 99998, if more than 100,000)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
17-9. Direct cost for the caregiving (includes nursing, costs for home visits and, but excluding cost for labor hours lost and cost for prescriptions)	_____ Yuan (RMB) (fill 99998, if more than 100,000)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
17-10. Who mainly paid those care	1 medical insurance 2 elder self	<input type="checkbox"/>										

costs?	3 spouse 4 children/grandchild 5 state/collectives 6 other_____	
18. How many days before dying did the elder stay in bed longer than being out of bed in the daytime?	_____ days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19. Did the deceased elder smoke since the last interview?	1. no 2. yes; If yes, _____ time(s) /per day	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/>
Tobacco - Nicotine Dependence		
20-1. Did the deceased elder drink alcohol since the last interview?	1. no 2. yes	<input type="checkbox"/>
20-2. If so, what kind of alcohol?	1. very strong liquor 2. not very strong liquor 3. wine 4. rice wine 5. beer 6. other (specify)_____	<input type="checkbox"/>
20-3. How much alcohol did the deceased elder drink per day?	_____ liang	<input type="checkbox"/> <input type="checkbox"/>
21. Did the deceased elder give some advance directives?	1. no 2. yes; if yes, _____ days before death	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
22. Did the deceased elder ever tell you or other people about his/her dream of death?	1 no 2. yes 3. do not know	<input type="checkbox"/>
23. Did the deceased elder feel painful when death was coming?	1. very painful 2. relatively painful 3. so so 4. relatively peaceful 5. very peaceful 6. difficult to say	<input type="checkbox"/>
24. Was the deceased elder unconscious before dying?	1. no 2. yes; if yes, _____days unconscious	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/>
Hearing loss		
25. Did the deceased elder have any difficulty with his/her hearing?	1 yes 2 no— <i>skip to C-1</i> 9 Don't know.	<input type="checkbox"/>
26. In which ear(s) did the deceased elder have hearing difficulty?	1 left 2 right 3 both 9 Don't know.	<input type="checkbox"/>
27. At what age did the deceased elder first notice a hearing difficulty?	1 He/she had a hearing difficulty since he/she was born 2 His/her hearing difficulty developed during his/her childhood years (before the age of 15) 3 His/her hearing difficulty developed between the ages of 15 and 40 4 His/her hearing difficulty developed after the age of 40. 9 Don't know.	<input type="checkbox"/>
28. How quickly did the deceased elder's hearing difficulty develop?	1 Suddenly (over a few days) 2 Over a few months 3 Over several years 9 Don't know.	<input type="checkbox"/>

INFORMANT Questionnaire on Cognitive Decline for the deceased elderly in their last month of life (adopted from IQCODE scale of HRS/CHARLS)		Code
We hope you can remember the cognitive capacity of the deceased elder in the period of three-to-six months before death (must be answered by the INFORMANT, i.e. a family member)		
C-1 Could he or she remember his or her family members' and friends' faces?	1. Could 2. Could not 3. Don't know 9. refuse to answer	<input type="checkbox"/>
*C-2 Could he or she remember his or her family member's and friends' names?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
*C-3 Could he or she remember his or her family members' and friends' addresses?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-4 Could he or she remember things that happened recently?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-5 Could he or she recall conversations from a few days ago?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-6 Did he or she forget what to say when he or she talked in the middle of speaking?	1. Did so 2. Did not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-7 Could he or she remember his or her home address and telephone number?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-8 Could he or she remember what day and month it was?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-9 Could he or she remember where his or her often-used things were usually kept?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-10 Could he or she remember where to find things which have been put in a different place from usual?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-11 Could he or she adapt to new things in general?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-12 Could he or she know how to use household appliances (e.g. television or hammer)?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-13 Could he or she learn to use new household appliances?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-14 Could he or she remember things in childhood or his/her youth ?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-15 Could he or she understand a story on the TV?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-16 Could he or she express his or her own thoughts by talking to other people?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-17 Did he or she know about some important historical events?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-18 Could he or she make decisions on everyday matters?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-19 Could he or she handle money for shopping?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>

C-20 Could he or she handle financial matters (e.g. the pension, dealing with the bank)?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-21 Could he or she handle everyday arithmetic problems (e.g. knowing how much food to buy)?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>
C-22 Could he or she understand what is happening and figure out how to handle it properly?	1. Could 2. Could not 3. Don't know 9. Refuse to answer	<input type="checkbox"/>