Interviews are based on voluntary participation

Questionnaire for Interviews to the Surviving Participants (8the wave in 2017-2018)

Notes:
(1) The shaded questions about characteristics that do not change such as education, occupation before retirement, childhood conditions and information about the history of the life course will not be asked again in the follow-up interviews for those previously recruited participants.
(2) As compared with CLHLS previous waves' questionnaires, several questions were newly added PhenX measures closely related to healthy aging. They will be asked for all interviewees including previously and newly recruited participants.

Guarantee for interviewee

All individual information collected in this survey will be treated as strictly confidential. The record of your name and address will be used only in future follow-up surveys to enable us to contact with you. The computerized data resulting from this survey will not include your name and address. So, nobody will be able to identify any interviewee from the computerized data files. All of the questionnaires will be stored in the locked files containers.

Questionnaire No. □□□□□□□□
Code within province (the four digit in the middle) □□□□

Note: the first two digits is provincial code (such as 11 for Beijing, 31 for Shanghai), the last two digits is the year of the first interview, and the four digit in the middle is the given code within province

Interviewee's name:__________________
Current Address: ____
detailed village or street address (including street, apartment #, etc.)
________________ ____________ _________
district or township county or city province
Post Code: □ □ □ □ □ □
Tel No: __________________ Contact person: _________________________
Tel. No. of Community Office ______ ___________ Person to contact at Community Office__________

Interview Record

Date and time of interview				Reasons for not finishing questionnaire			
month	day	start time	end time	1 the interviewee refused to be interviewed	2 the interviewee has died	3 the interviewee has emigrated	4 other
□□	□□						□

Signature and date (month and day)**:**
Interviewer _________________________; check at city level____________________;
check at provincial level ___________; check in Beijing _________________________.

Category of interviewee

I. Category of the interviewee: ☐
1 Follow-up interviewee 2 Newly recruited interviewee.

II. Current type of household registration (*hukou*) 1 Urban 2 Rural ☐

(Note: For where the type of *hukou* changed to "residential household" for both urban and rural residents, select the type of *hukou* before the change.)

III. 1 Current residence area of interviewee 1 city 2 town 3 rural ☐

2 How many years has the interviewee resided in current place ☐☐☐

IV. validated age (See H5) ☐☐☐

General Instructions to interviewer

1. *All questions marked with a '*' must be answered, if possible. The answers must come from the interviewees themselves, i.e., these questions may not be answered by other people. If the interviewee is not able to answer a question, please circle 'not able to answer'. In addition, interviewers should encourage the elders to attempt to answer as many of the other questions (those without a '*') as possible.*
2. *If some of the questions without a '*' cannot be answered by the elders themselves, interviewers should ask their closest relative(s) or caregiver(s) to answer them. (The box ○ in the third column is to be checked whenever the question is not answered by the interviewee.) If no one can answer the question, please explain why in the margin.*
3. *Detailed instructions (including illustrations of definitions, how to measure, examples, etc.) are presented in the interviewers instruction booklet (in easily understandable Chinese language).*
4. *Interviewees who newly join the survey should attempt to answer all questions, including those appearing on a shaded background. Those who were interviewed in the previous survey should attempt to answer only the questions that do not appear on a shaded background.*

A. BASIC INFORMATION			Code
A1 Sex	1 Male 2 Female	○	☐
If interviewee had 2014 visit, verify if it agrees with the name list	1 The same as in the list 2 Not the same		☐
A2 Ethnic group	1 Han 2 Hui 3 Zhuang 4 Yao 5 Korean 6 Manchu 7 Mongolia 8 Other	○	☐
A3 Current Age	________	○	☐☐☐
A3.1 Animal year of interviewee's birth	1 rat 2 ox 3 tiger 4 rabbit 5 dragon 6 snake 7 horse 8 sheep 9 monkey 10 rooster 11 dog 12 boar The birth year matched _______	○	☐☐ ☐☐ ☐☐
If interviewee had 2014 visit, verify if the animal year agrees with the name list	1 the same as in the list 2 not the same		☐

A3.2 Date of birth: (a) Chinese calendar (b) Western calendar If interviewee had 2014 visit, verify if it agrees with the name list	year________ month____ year________ month____ 1 the same as in the list 2 not the same	○	□□□□ □□ □□□□ □□ □
A4.1 In which province were you born?	province __________	○	□□
A4.2 In which county (city) were you born?	1 same as current address 2 other city or county	○	□
A4.3 Was the place of birth an urban area or a rural area (at time of birth)?	1 urban 2 rural	○	□
A5.1 Co-residence	1 with household member(s) 2 alone---*skip to A5.3.0* 3 in a nursing home---*skip to A5.4.1*	○	□
A5.2 How many people are living with you? (excluding yourself)	_______ person(s)	○	□□

Current Environmental Tobacco Smoke Exposure (Phenx Code: 060700)

A5.3 Other members of your household	Relationship with interviewee	sex	age	Education	Cigarettes smoked per day inside home		Relationship with interviewee	sex	age	Education	Cigarettes smoked per day
(Use back of paper for additional people, if necessary.) *If age is unknown, please fill in '888'.* 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: 0 Never attended school 1 Some primary 2 Primary school 3 Middle school 4 High school 5 Associate college Number of cigarettes he/she usually smoke per day inside home: If unknown, please fill in "88".						○	□	□	□□□	□	□□
						○	□	□	□□□	□	□□
						○	□	□	□□□	□	□□
						○	□	□	□□□	□	□□
						○	□	□	□□□	□	□□
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						○	□	□	□□□	□	□□
						○	□	□	□□□	□	□□
						○	□	□	□□□	□	□□

A5.3.0 Is your house/apartment purchased/self-built/inherited/ rented?	1 purchased 2 self-built 3 inherited 4 welfare-oriented public housing 5 rented or subleased 6 others__________	○	☐
A5.3.1 Under whose name was your current house/apartment purchased/self-built/inherited?	1 self or spouse 2 child(ren) 3 grandchild(ren) 4 relative(s) 5 other	○	☐
A5.3.2 Do you (and your spouse) have your own bedroom?	1 yes 2 no	○	☐
Characteristics of Current Residence (PhenX code: 060100)			
A5.3.3 What type of dwelling is your home?	1 Detached house 2 Duplex/Triplex 3 Row house 4 Low rise apartment (1-3 floors) 5 High rise apartment (>3 floors) 6 Mobile home / Trailer 7 other	○	☐
A5.3.4 During the past 12 months, has there been water or dampness in your home from broken pipes, leaks, heavy rain, or floods?	1 yes 2 no 8 don't know	○	☐
A5.3.5 Does your home frequently have a mildew odor or musty smell?	1 yes 2 no 8 don't know	○	☐
A5.3.6 Which fuels are normally used for cooking in your home?	0 Never cooking 1 Gas: from underground pipes serving the neighborhood 2 Gas: bottled, tank, or LP 3 Electricity 4 Fuel oil, kerosene, etc 5 Coal or coke 6 Charcoal 7 Solar energy 8 Firewood or straw 9 other	○	☐
A5.3.7 How is ventilation of the kitchen when cooking at home?	1 No ventilation 2 Kitchen ventilation 3 Fan 4 By opening window	○	☐
A5.4 Indoor air quality			
A5.4.1How often opening windows for ventilation in the last 12 months?	1 Do not open windows 2 1-3 times per week 3 3-5 times per week 4 >5 times per week		
A5.4.1.1 Window open in Spring		○	☐
A5.4.1.2 Window open in Summer		○	☐
A5.4.1.3 Window open in Fall		○	☐
A5.4.1.4 Window open in Winter		○	☐
A5.4.2 How many meters is your home horizontal distance from the main traffic street?	1 <50 meters 2 50~100 meters 3 101~200 meters 4 201~300 meters 5 >300 meters	○	☐
A5.4.3 Does your home use air purifiers or activated carbon to improve indoor air quality?	1 No 2 Yes	○	☐

A5.5 Have you ever use following chemicals in house?	1 Rarely or never 2 Seldom 3 Sometimes 4 Often		
A5.5.1 Insecticide		○	□
A5.5.2 Repellents		○	□
A5.5.3 Anti-caries agent		○	□
A5.5.4 Air freshener		○	□
A5.5.5 Air purifier		○	□
A5.5.6 Disinfectant		○	□
A5.5.7 Toilet cleaner		○	□
A5.5.8 Oil remover		○	□

If living with family, skip to Part B; if living alone, skip to A5.8

A5.6.0 What is the primary reason that you live in an institution (Elderly center, elderly home, welfare center, etc.)	1 no child or child is unavailable for caregiving 2 don't want to bother children 3 no own house/apartment but want to separate with children 4 able to interact with other old persons 5 others_____	○	□
A5. 6.1 What is the average monthly cost for you living in an institution?	____________ (Yuan) (if more than 10,000, please code 9998)	○	□□□□
A5. 6.2 Who mainly pays the cost?	1 self 2 spouse 3 children & their spouses 4 grandchildren & their spouses 5 state/collectives 6 others	○	□
A5.7 If living in nursing home, since when? (skip to B1)	Year________ month _______	○	□□□□ □□
A5.8 What is the primary reason that you live alone?	1 No child or child is unavailable for caregiving 2 Don't want to bother children 3 Others_________	○	□
A5.9 If living alone, since when?	Year________ month _______	○	□□□□ □□

***B. LIFE EVALUATION AND PERSONALITY** (to be answered by interviewee **ONLY**)			Code
***B1. Life Satisfaction and Self-Rated Health**			
* B1.1 How do you rate your life at present?	1 very good 2 good 3 so so 4 bad 5 very bad 8 not able to answer		□
* B1.2 How do you rate your health at present?	1 very good 2 good 3 so so 4 bad 5 very bad 8 not able to answer		□
* B1.2.1 How do you rate your health at present compared with one year ago?	1 much better 2 slightly better 3 almost the same 4 slightly worse 5 much worse 8 not able to answer		□

*B2. Personality and Mood		
* B2.1 Do you always look on the bright side of things?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
* B2.2 Do you like to keep your belongings neat and clean?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
* B2.3 Do you feel energized?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
* B2.4 Have you been ashamed, regretful, or felt guilty about things you've done?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
*B2.5 Are you angry at people or things you don't like around you?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
* B2.6 Can you make your own decisions concerning your personal affairs?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
*B2.7 Do you feel that people around you are not trustworthy?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
* B2.8 Have you had a time in last 12 months lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?	1 Yes 2 No 8 not able to answer	☐
***B3 Depression (CESD) Scale**		
*B3.1 Are you bothered by things that don't usually bother you?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
*B3.2 Do you have trouble focusing on what you were doing?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
* B3.3 Do you feel sad, blue, or depressed?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
* B3.4 Do you feel the older you get, the more useless you are, and have trouble doing anything?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
*B3.5 Do you feel hopeful about the future?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
* B3.6 Do you often feel fearful or anxious?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
* B3.7 Are you as happy as when you were younger? *(If you feel happier than when you were young, please fill in '1')*	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
* B3.8 Do you often feel lonely and isolated?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
*B3.9 Do you feel you could not get "going"?	1 always 2 often 3 sometimes 4 seldom 5 never 8 not able to answer	☐
B3.10-1 How about the quality of your sleep?	1 very good 2 good 3 so so 4 bad 5 very bad 8 not able to answer	☐
B3.10-2 How many hours do you sleep normally?	________ hours	☐☐

***B4 Anxiety Scale** (to be answered by interviewee **ONLY**) In the last two weeks, how often did you have following symptom? 0 never 1 for several days 2 more than half of days 3 almost everyday		
B4.1 Feeling uneasy, worried and annoyed		☐
B4.2 Cannot stop or cannot control worry		☐
B4.3 Is worried too much about all kinds of things		☐
B4.4 Is very nervous and difficult to relax		☐
B4.5 Is very anxious, so cannot sit still		☐
B4.6 Becomes easy to get annoyed or easily irritated		☐
B4.7 Feels like something terrible happens		☐
(Questions B4.8 and B4.9 are for Interviewer ONLY)		
B4.8 Did respondents answer all the questions in the above anxiety section?	1 yes 2 no 3 partly	☐
B4.9 If cannot answer all questions or partially, please explain the main reason (select one only)	1 visual impairment but can hear 2 hearing impairement but can see 3 both visual and hearing impairment 4 paralysis 5 did not wish to participate 6 cannot understand questions due to dementia 7 cannot be interviewed due to illness 8 cannot understand questions 9 other reasons______________	☐

C. MINI MENTAL STATE EXAMINATION (MMSE)		Code
*C1 ORIENTATION (to be answered by interviewee **ONLY**)		
* C1.1 What time of day is it right now (morning, afternoon, evening)?	1 correct 0 wrong 8 not able to answer	☐
* C1.2 What is the month (Western or Chinese calendar) right now?	1 correct 0 wrong 8 not able to answer	☐
* C1.3 What is the date (Chinese calendar day and month) of the mid-autumn festival?	1 correct 0 wrong 8 not able to answer	☐
* C1.4 What is the season right now, spring, summer, fall, winter?	1 correct 0 wrong 8 not able to answer	☐
* C1.5 What is the name of this district or town?	1 correct 0 wrong 8 not able to answer	☐
* C1.6 Please name as many kinds of food as possible in 1 minute.	________ (kinds of food)	☐☐
*C2 REGISTRATION (to be answered by interviewee **ONLY**)		
* C2.1 I am now going to test your memory. I will mention		

three objects. *(Mention the following three objects without pausing:)* table, apple, clothes Please repeat these three objects. *(Evaluation based on first attempt only.)* *---- If all three questions are answered correct, please skip to C3.1* table apple clothes	1 correct 0 wrong 8 not able to answer _______ _______ _______	☐ ☐ ☐
*C2.2 *If answers are insufficient or incorrect on the first attempt, repeat the names of all objects until the interviewee is able to name all three of them (6 attempts at maximum). Write the number of attempts (e.g., '1', if all three objects are repeated correctly on first attempt). Write '7' if interviewee cannot repeat the names even after 6 attempts.*	________attempts	☐
*C3 ATTENTION AND CALCULATION (to be answered by interviewee **ONLY**)		
* C3.1 I will ask you to spend 3 dollars from 20 dollars, then you must spend 3 dollars from the number you arrived at and continue to spend 3 dollars until you are asked to stop.		
(Circle '1' each time the difference is 3 – even if a former answer was wrong. If the interviewee forgets the last number, the interviewer should repeat it, but then circle '0' even if the answer was correct. Maximum score = 5 correct answers.)	1st 1 correct 0 wrong 8 not able to answer 2nd 1 correct 0 wrong 8 not able to answer 3rd 1 correct 0 wrong 8 not able to answer 4th 1 correct 0 wrong 8 not able to answer 5th 1 correct 0 wrong 8 not able to answer	☐ ☐ ☐ ☐ ☐
* C3.2 Ask the interviewee to draw the figure on B Card. *(Circle '1' if all the sides and angles are correct and if the figure in the middle is a quadrangle. Otherwise, circle '0'.)*	1 correct 0 wrong 8 can't use pen to draw the figure 9 not able to do this (disabled)	☐
*C4 RECALL (to be answered by interviewee **ONLY**)		

* C4.1 Please repeat the three words (in any order) that I asked you to repeat a little while ago. (Note the correct or the wrong answers as the scores.) table apple clothes	1 correct 0 wrong 8 not able to do this ______ ______ ______		☐ ☐ ☐
*C5 LANGUAGE (to be answered by interviewee **ONLY**)			
* C5.1 *Give the interviewee a pen and then a watch and ask what these objects are called (1 point for each correct answer).* pen watch	1 correct 0 wrong 8 not able to answer ______ ______		☐ ☐
* C5.2 I will now ask you to repeat the following sentence: 'What you plant, what you will get.' *(Circle '1' only if repeated correctly on the first attempt.)*	1 correct 0 wrong 8 not able to answer		☐
* C5.3 I will give you a piece of paper. You must take the paper using your right hand, fold it in the middle using both hands, and place the paper on the floor. *(Read the text aloud and hand a piece of paper to the interviewee. Give the paper directly to the interviewee. Do not repeat the instructions and do not offer any help. Note every movement as correct if it is made in the correct order.)* right hand folding on the floor	1 correct 0 wrong 8 not able to do ______ ______ ______		☐ ☐ ☐
(Questions C5.4 and C5.5 are for Interviewer ONLY)			
C5.4 Was the interviewee able to answer the questions in sections B and C?	1 yes --- Skip *to C6* 2 no 3 partly		☐

C5.5 If 'no' or 'partly', what is the main reason? (select one only)	1 visually impaired, but can hear 2 hearing impaired, but can see 3 visually and hearing impaired 4 paralyzed 5 did not wish to participate 6 could not understand because of cognitive impairment 7 not able to participate at the moment because of some temporary illness such as a cold 8 could not understand question 9 other (please explain): ____________________		☐

* C6. Community Screening Instrument for Dementia (CSI-D; cognition)		
*C6.1 What do people usually use to cut vegetables?	1. kitchen knife (correct) 2. not correct 8. don't know 9. refuse to answer	☐
*C6.2 Do apples grow on the tree or in the soil?	1. on the tree (correct) 2. not correct 8. don't know 9. refuse to answer	☐
*C6.3 Who is the President of the P.R.C right now?	1. Xi Jinping (correct) 2. not correct 8. don't know 9. refuse to answer	☐
*C6.4 Interviewer points to his or her elbow and says "What do we call this?"	1. elbow (correct) 2. incorrect 8. unable to answer 9. refuse to answer	☐
*C6.5 What do you do with a hammer? (Acceptable Answer is: To drive a nail into something, or alike)	1. correct 2. incorrect 8. unable to answer 9. refuse to answer	☐
*C6.6 Where is the local market/store?	1. correct 2. incorrect 8. unable to answer 9. refuse to answer	☐
*C6.7 Is it now morning, afternoon or evening? (Note: Interviewer determines whether the respondent's answer is correct or not according to the present time when the interview is being conducted)	1. correct 2. incorrect 8. unable to answer 9. refuse to answer	☐
*C6.8 Please point first to the window and then to the door.	1. correct 2. incorrect 8. unable to answer 9. refuse to answer	☐

D. LIFE STYLE	Code

Question	Answer options
D1 Please tell us the staple food you eat.	1 rice 2 corn (maize) 3 wheat (noodles, bread, etc.) 4 half rice and half wheat 5 other:_______________
D2 How much of the above food do you normally eat per day?	________ liang
D3.1 Do you eat fresh fruit?	1 everyday or almost everyday 2 quite often 3 occasionally 4 rarely or never
D3.2 Do you eat fresh vegetables?	1 everyday or almost everyday 2 quite often 3 occasionally 4 rarely or never
D3.3 What kind of grease do you mainly use for cooking?	1 vegetable grease 2 gingili grease 3 lard 4 other animal's fat
D3.4 what kind of flavor do you mainly have?	1 Insipidity 2 Salty 3 Sweet 4 Hot 5 Crude 6 Do not have all the above tastes

D4 Please tell me what other kinds of food you normally eat and how often.

1 almost everyday
2 not every day, but at least once per week
3 not every week, but at least once per month
4 not every month, but occasionally
5 rarely or never

Food	around age 60	at present	around age 60	at present
meat				
fish				
eggs				
food made from beans (tofu, etc.)				
salt-preserved vegetables				
sugar				
tea				
garlic				
Milk products				
Nut (peanut, walnut, etc)				
Mushroom or algae				

	Vitamins (A/C/E,) products			○	□	□
	Medicinal plant			○	□	□

Question	around age 60	at present		around age 60	at present
D4.a What type of tea did you mainly drink at present? D4.b What type of tea did you mainly drink around age 60? 1. Green tea; 2. Red tea (black tea); 3. Oolong tea; 4. White tea; 5. Yellow tea; 6. Dark tea (Pu-erh tea); 7. Compressed tea; 8. Scented tea; 9. Others, please specify:					

Question	Answer		Code
D5 What kind of water do you usually drink?	1 boiled water 2 un-boiled water	○	□

Question	childhood	around age 60	at present		childhood	age 60	present
D6 Such water is (was): 1 water from a well 2 water from a river or lake 3 water from a spring 4 water from a pond or pool 5 tap water				○	□	□	□

Question	Answer		Code
D7.1 Do you smoke at the present time?	1 yes 2 no. *If "No", skip to D7.8*	○	□
D7.2 Did you smoke in the past?	1 yes 2 no	○	□
If the answers of both D7.1and D7.2 is 'No', please skip to D8.1			
D7.3 How old were you when you began to smoke?	age _______	○	□□□
D7.4 How old were you when you stopped smoking if you don't smoke at present?	age _______ *If still smoking now, please code 999;If don't remember when stopped, please code 888.*	○	□□□
D7.5 If you smoke at the present, how many times per day on average do you smoke?	times _______	○	□□
Tobacco - Nicotine Dependence (PhenX code: 031001)			
D7.6 How soon after you wake up do you smoke your first cigarette?	1 Within 5 minutes 2 6-30 minutes 3 31-60 minutes 4 After 60 minutes	○	□
D8.1 Do you drink alcohol at the present time?	1 yes 2 no. *If "no", skip to 8.7*	○	□
D8.2 Did you drink alcohol in the past?	1 yes 2 no	○	□

If the answers of both D8.1 and D8.2 is 'no', please skip to D9.1			
D8.3 How old were you when you began to drink alcohol?	age _______	○	□□□
D8.4 How old were you when stopped drinking alcohol if you don't drink alcohol at present?	age _______ *If still smoking now, please code 999;If don't remember when stopped, please code 888.*	○	□□□
D8.5 If you drink alcohol at the present time, what kind of alcohol do you drink?	1 very strong liquor (≥38%) 2 not very strong liquor (<38%) 3 wine 4 rice wine 5 beer 6 others	○	□
D8.6 If you drink alcohol at the present time, how much alcohol per day on average do you drink?	_______liang	○	□□
Alcohol - Lifetime Abuse and Dependence (PhenX code#: 030501)			
D8.7 When you stop, cut down, or go without drinking, do you feel anxious for most of the day for 2 days or longer?	1 yes 2 no 9 not applicable	○	□
D9.1 Do you do exercises regularly at present?	1 yes 2 no	○	□
D9.2 Did you do exercises regularly in the past?	1 yes 2 no	○	□
If the answers of D9.1 and D9.2 are both 'no', please skip to D10.1			
D9.3 How old were you when you began to do exercises?	age _______	○	□□□
D9.4 How old were you when you stopped doing exercises if you don't do exercises at present?	age _______ *If still doing exercise now, please code 999;* *If don't remember when stopped, Please code 888.*	○	□□□
D10.1 Have you done physical labor regularly?	1 yes 2 no---*skip to D11*	○	□□□
D10.2 If yes, from which age	from age _______	○	□□□
D10.3 to which age?	to age _______	○	□□□

D11 Do you now perform the following activities regularly? (please choose one from frequency on the right)	1 almost everyday 2 not every day, but at least once a week 3 not every week, but at least once a month 4 not every month, but sometimes 5 never		

D11.1 Housework (cooking, taking care of kids)	1 2 3 4 5	◯	☐
D11.2 Outdoor activities D11.2a Tai Ji D11.2b Square dance D11.2c Visit and interact with friends D11.2d Other outdoor activity	 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	◯ ◯ ◯	 ☐ ☐ ☐ ☐
D11.3 Garden work	1 2 3 4 5	◯	☐
D11.4 Read newspapers/books	1 2 3 4 5	◯	☐
D11.5 Raise domestic animals	1 2 3 4 5	◯	☐
D11.6 Play cards and/or mah-jong	1 2 3 4 5	◯	☐
D11.7 Watch TV and/or listen to radio	1 2 3 4 5	◯	☐
D11.8 Social activities (organized)	1 2 3 4 5	◯	☐
D12 How many tours beyond home city/county have you made in the past two years?	_______ times *(if you have not made the tour, please code 00)*	◯	☐☐

E. ACTIVITIES OF DAILY LIVING (ADL) AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) For each area of functioning listed below, check the description that applies. (The word 'assistance' means supervision, direction, or personal assistance.)			Code
E0. For at least the last 6 months have you been limited in activities people usually do, because of a health problem? (If limited specify whether strongly limited or limited)	1. Yes, strongly limited 2. Yes, limited 3. Not limited	◯	☐
E1 **Bathing** – either sponge bath, tub bath, shower or washing the body	1 receives no assistance (gets in and out of tub alone if tub is usual means of bathing)---*skip to E2* 2 receives assistance in bathing only for part of the body (such as back or a leg) 3 receives assistance in bathing more than one part of the body (or doesn't bathe)	◯	☐
E1.0 If receiving assistance, for how long?	_________ days	◯	☐ ☐☐☐

E2 **Dressing –** gets clothes from closets and drawers – including underwear, outer garments and fasteners (including suspenders, if worn)	1 gets clothes and gets completely dressed without assistance--- *skip to E3* 2 gets clothes and gets dressed without assistance except for tying shoes 3 receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed	◯	☐
E2.0 If receiving assistance, for how long?	_________ days	◯	☐ ☐☐☐
E3 **Toilet –** going to the toilet; cleaning oneself afterwards	1 goes to the toilet, cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair)--- *skip to E4* 2 can partly manage on his/her won, and receives assistance in going to the toilet or in cleaning self or in arranging clothes afterwards or in use of night bedpan or commode 3 bedridden and needs complete assistance in use of night bedpan or commode in bed.	◯	☐
E3.0 If receiving assistance, for how long?	_________ days	◯	☐ ☐☐☐
E4 **Indoor Transfer**	1 gets in and out of bed as well as in and out of a chair without assistance (may use object for support such as cane or walker)--- *skip to E5* 2 gets in and out of bed or chair with assistance 3 bedridden	◯	☐
E4.0 If receiving assistance, for how long?	_________ days	◯	☐ ☐☐☐
E5 **Continence**	1 has complete control of urination and bowel movement without assistance--- *skip to E6* 2 has occasional 'accidents' 3 supervision helps keep urine or bowel control; catheter is used or elder is incontinent	◯	☐
E5.0 If has occasional 'accidents' or needs supervision, for how long?	_________ days	◯	☐ ☐☐☐

E6 **Eating**	1 feeds self without assistance--- *skip to E6.1* 2 feeds self, with some help 3 receives assistance in feeding or is fed partly or completely intravenously	○	□
E6.0 If receiving assistance, for how long?	_________ days	○	□□□□
If the respondent chooses all 1 for E1 to E6, skip to E6.6			
E6.1 Who is the primary caregiver when you need assistance in above bathing, dressing, toileting, indoor transferring, continence, and eating?	1 spouse 2 son 3 daughter-in-law 4 daughter 5 son-in-law 6 unmarried son and daughter 7 grandchild(ren) 8 relative(s) 9 friends and neighbors 10 social services 11 housekeeper 12 nobody (*skip to E6.6*)	○	□□
E6.2 What is your primary caregiver's attitude when she/he takes care of you?	1 willing to do 2 impatience 3 need respite care 4 unwilling to do 5 don't know	○	□
E6.3 How much is the total direct cost last week paid for these caregiving?	______ Yuan (*if more than 100,000, please code 99998*)	○	□□□□□
E6.4 Who mainly pay the above cost?	1 self 2 spouse 3 children & their spouses 4 grandchildren & their spouses 5 state/collective 6 others	○	□
E6.5 Do you think the helps that you received in above six tasks could meet your needs?	1 fully meet 2 so so 3 unmeet		
E6.6 How many persons among your children, grandchildren and their spouses helped you in above six tasks last week?	_____ persons (*If nobody, fill 0 and skip to E7*)	○	□
E6.7 How many hours in total did your children, grandchildren and their spouses help you last week?	________ hours	○	□
E7 Can you visit your neighbors by yourself?	1 yes, independently 2 yes, but need some help 3 no, can't	○	□
E8 Can you go shopping by yourself?	1 yes, independently 2 yes, but need some help 3 no, can't	○	□

E9 Can you cook a meal by yourself whenever necessary?	1 yes, independently 2 yes, but need some help 3 no, can't	◯	☐
E10 Can you wash clothing by yourself whenever necessary?	1 yes, independently 2 yes, but need some help 3 no, can't	◯	☐
E11 Can you walk continuously for 1 kilometer at a time by yourself?	1 yes, independently 2 yes, but need some help 3 no, can't	◯	☐
E12 Can you lift a weight of 5kg, such as a heavy bag of groceries?	1 yes, independently 2 yes, but need some help 3 no, can't	◯	☐
E13 Can you continuously crouch and stand up three times?	1 yes, independently 2 yes, but need some help 3 no, can't	◯	☐
E14 Can you take public transportation by yourself?	1 yes, independently 2 yes, but need some help 3 no, can't	◯	☐

F. PERSONAL BACKGROUND			Code
F1 How many years did you attend school?	_______ *(if never, please code 00)*	◯	☐☐
F2 What was your primary occupation before age 60?	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, please specify:______________	◯	☐
F2.1 Do you have a pension for retirement?	1 retired (worker) 2 retired (cadre) 3 no ---*skip to F3.1*	◯	☐
F2.1.1 Are you retired now?	1 retired (worker) 2 retired (cadre) 3 no ---*skip to F3.1*	◯	☐
F2.2.0 In which year did you retire if you have already retired?	_________ year	◯	☐☐☐☐
F2. 2.2.1 What is your monthly pension?	___________ Yuan	◯	☐☐☐☐☐
F2.3 If you have retired, are you still engaged in paid jobs now?	1 yes 2 no	◯	☐

If having a pension for retirement, please skip to F3.1

F2.4 Do you participated in public old age insurance?	1 yes 2 no---*skip to F2.7*	○	□
F2.5 What is the annual payment if participate in public old age insurance program? --paid by individual: --subsidy from collective or government:	______Yuan ______ Yuan	○	□□□□□ □□□□□
F2.5.b When did you initially participate in public old age insurance program?	______Year ______ Month	○	□□□□ □□
F2.6 What is your monthly pension from old age insurance at present?	_____Yuan---*skip to F3.1*	○	□□□□□
F2.7 What's the reason that you did not participate in public old age insurance program?	1 not worth 2 not necessary 3 cannot afford to the payment 8 don't know	○	□
F3.1 What is your primary means of financial support?	1 retirement wages 2 spouse 3 child(ren) 4 grandchild(ren) 5 relative(s) 6 local government or community 7 work 8 other, please specify:______________	○	□
F3.2 What is your other means of financial support? (multiple choices but limit to 5 choices)	1 retirement wages 2 spouse 3 child(ren) 4 grandchild(ren) 5 relative(s) 6 local government or community 7 work 8 other, please specify:____________ 9 no other means	○	□□□□□
F3.3 Does all of your financial support sufficiently pay your daily costs?	1 yes 2 no	○	□
F3.4 How do you rate your economic status compared with others in your local area?	1 very rich 2 rich 3 so so 4 poor 5 very poor 8 didn't answer	○	□
F3.5 What was the income per capita of your household last year?	_________ Yuan (*if more than 100,000, please code 99998*)	○	□□□□□
F4.1 Current marital status:	1 married and living with spouse 2 married but not living with spouse 3 divorced 4 widowed 5 never married---*skip to F5*	○	□
F4.1a. Do you have cohabited partner but not formally married at present?	1. Yes; 2. No ---*skip to F5* If yes, cohabited in __month __year		□ □□, □□□□
F4.2 How many times have you been married?	__________, *if answer 0-- skip to F5*	○	□□

F4.3 Please tell me your relationship with your spouse in each marriage				
1st marriage		1 good 2 so so 3 bad	○	□
2nd marriage		1 good 2 so so 3 bad	○	□
3rd marriage		1 good 2 so so 3 bad	○	□
4th marriage		1 good 2 so so 3 bad	○	□
F4.4 How many years did your last spouse attend school?		________ *If she/he never attended school, please '00')*	○	□□
F4.5 What was your last spouse's main occupation before age 60?		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, please specify:______________	○	□
F4.6 Does your spouse have a paid job at present?		1 Yes, full time 2 Yes, part time 3 No	○	□
F4.7 How do you rate your spouse's health at present?		1 very good 2 good 3 so so 4 bad 5 very bad		□
F5 When you are sick, who usually takes care of you?		1 spouse 2 son 3 daughter-in-law 4 daughter 5 son-in-law 6 son and daughter 7 grandchildren and their spouses 8 other family members 9 friends 10 social services 11 live-in caregiver 12 nobody	○	□□
F6.1 Can you get adequate medical service when you are sick?		1 yes *(skip to F6.2)* 2 no	○	□
F6.1.0 What's the primary reason that you didn't go to the hospital when it was necessary?		1 no money to pay for expenses 2 far away 3 inconvenient in movement 4 nobody with whom to go 5 didn't want to go 6 other_____	○	□

Question	Answer		
F6.2 Could you get adequate medical service when you were sick at around age 60?	1 yes 2 no 8 didn't answer	○	☐
F6.3 Could you get adequate medical service when you were sick in childhood?	1 yes 2 no 8 didn't answer	○	☐
F6.4 Do you have following social security and commercialized insurances at present? *If yes, fill in '1'; if no, fill in '0'.*	0 None 1 retirement pension 2 public old-age insurance 3 commercialized old age insurance 4 public free medical services 5 medical insurance for urban workers and residents 6 the new rural cooperative medical insurance 7 commercial medical insurance 8 other (please specify)_________	○	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
F6.5.1 How much did you spend on outpatient costs last year?	___________ Yuan (*if more than 100,000, please code 99998*) Of which paid by family (self, spouse, children, etc.) _______ Yuan	○	☐☐☐☐☐ ☐☐☐☐☐
F6.5.1.a How much did you spend on inpatient costs last year?	___________ Yuan (*if more than 100,000, please code 99998*) Of which paid by family (self, spouse, children, etc.) _______ Yuan	○	☐☐☐☐☐ ☐☐☐☐☐
F6.5.2 Who mainly pays these costs?	1 medical insurance for urban workers and residents 2 the new rural cooperative medical insurance 3 commercial medical insurance 4 self 5 spouse 6 children/grandchildren 7 no money to pay 8 others	○	☐
F6.5.2.a How far from your home to the nearest hospital?	_______ kilometres		
F6.5.2.b Do you have regular phycial examination once every year?	1 yes 2 no		
F6.6 Did you frequently go to bed hungry as a child?	1 yes 2 no 8 didn't answer	○	☐
F7.1 Is your mother alive?	1 yes 2 no---(*skip to F7.2.2*) *(If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one)*	○	☐

F7.2.1 If so, how old is she?	_______ age --- (*skip to F8.1)*	○	□□□
F7.2.2 If not, how old was she when she died?	______ age (interviewers should help respondent to recall the age, see the survey manual)	○	□□□
F7.3 If she is dead, how old were you when she died?	_______ age *(If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one)*	○	□□□
F7.4 How many years did your mother attend school?	________ years *(If she never attended school, fill '00'.)*	○	□□
F8.1 Is your father alive?	1 yes 2 no ---(*skip to F8.2.2)*	○	□
F8.2.1 If so, how old is he?	_______ age --- (*skip to F8.4)* *(If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one)*	○	□□□
F8.2.2 If not, how old was he when he died?	_______ age	○	□□□
F8.3 If he is dead, how old were you when he died?	_______ age *(If the elder can't tell the exact age, the interviewer should help her/him recall an approximate one)*	○	□□□
F8.4 The main occupation of your father before age 60	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, please specify:______________	○	□

Question	Response		Code
F8.5 What was your father's occupation when you were a child?	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____________	○	□
F8.6 How many years of schooling did your father receive?	_______ *(If he never attended school, fill '00'.)*	○	□□
F9.1 What is your birth order among all of your biological siblings?	______ (If you have no sibling, fill '01' and skip to F10.)	○	□□

F9.2 Please tell me about your biological brothers and sisters who live elsewhere or have died, by birth order.

Sex: 1 male 2 female
Alive or not: 1 yes 2 no
Age: *If alive, fill in the age at present. If dead, fill in the age at death.*
Residence:
1 in the same village/neighborhood
2 in the same township/district
3 in the same county/city
4 in a county/city nearby
5 elsewhere
8 unknown
Frequent visits? 1 yes 2 no
Frequent communication? 1 yes 2 no

(If alive, fill in the place where she/he lives at present. If dead, fill in the place where she/he lived before her/his death.)
(If the elder can't remember the exact age of a sibling, the interviewer should help her/him recall an approximate one)

birth order	sex	alive or not	age	residence	frequent visits	communication	birth order	sex	alive or not	age	residence	visits	communication
1							□□	□	□	□□□	□	□	□
2							□□	□	□	□□□	□	□	□
3							□□	□	□	□□□	□	□	□
4							□□	□	□	□□□	□	□	□
5							□□	□	□	□□□	□	□	□
6							□□	□	□	□□□	□	□	□
7							□□	□	□	□□□	□	□	□
8							□□	□	□	□□□	□	□	□
9							□□	□	□	□□□	□	□	□
10							□□	□	□	□□□	□	□	□

Question	Response		Code
F10 How many children, including those who have died, do you have?	_______; among them, ___ boy(s)	○	□□, □□
F10.1 Your age when gave the first birth	_______	○	□□
F10.2 Your age when gave the last birth	_______	○	□□

F10.3 Please tell me about all your children who live with you, live elsewhere or have died, by birth order.
Biological child: 1 yes 2 no
Sex: 1 male 2 female
Alive or not: 1 alive 2 dead
Age at present:
If alive, fill in the age at present. If dead, how

birth order	biological?	sex	alive?	age at present	frequent visits	communication	residence	biological?	sex	alive?	age at present	frequent visits?	communication	residence
1								□	□	□	□□□	□	□	□
2								□	□	□	□□□	□	□	□

old would she/he be today? **Frequent visits?** 1 yes 2 no **Frequent communication?** 1 yes 2 no **Residence:** 0 co-residence with the interviewee 1 in the same village/neighborhood 2 in the same township/district 3 in the same county/city 4 in the county/city nearby 5 elsewhere 8 unknown *(If alive, fill in the place where she/he lives at present. If dead, fill in the place where she/he lived before her/his death.) (If the elder can't remember the exact age of children, the interviewer should help her/him recall an approximate one)*															
	3								□	□	□	□□□	□	□	□
	4								□	□	□	□□□	□	□	□
	5								□	□	□	□□□	□	□	□
	6								□	□	□	□□□	□	□	□
	7								□	□	□	□□□	□	□	□
	8								□	□	□	□□□	□	□	□
	9								□	□	□	□□□	□	□	□
	10								□	□	□	□□□	□	□	□
	11								□	□	□	□□□	□	□	□
	12								□	□	□	□□□	□	□	□
	13								□	□	□	□□□	□	□	□

Question	Answer codes	Response
F11.1 To whom do you usually talk most frequently in daily life? (Choose three) (to be answered by interviewee only)	0 spouse 1 son 2 daughter 3 daughter-in-law 4 son-in-law 5 grandchildren and their spouses 6 other relatives 7 friends/neighbors 8 social workers 9 housekeeper 10 nobody 11 internet chat	First □□ Second □□ Third □□
F11.2 To whom do you talk first when you need to tell something of your thoughts? (Choose two) (to be answered by interviewee only)	0 spouse 1 son 2 daughter 3 daughter-in-law 4 son-in-law 5 grandchildren and their spouses 6 other relatives 7 friends/neighbors 8 social workers 9 housekeeper 10 nobody	First □□ Second □□
F11.3 Who do you ask first for help when you have problems/difficulties? (Choose two) (to be answered by interviewee only)	0 spouse 1 son 2 daughter 3 daughter-in-law 4 son-in-law 5 grandchildren and their spouses 6 other relatives 7 friends/neighbors 8 social workers 9 housekeeper 10 nobody	First □□ Second □□

Question	sons	daughters	grandchildren		sons	daughters	grandchildren
F12 How much money (including cash and value of materials) did you get last year from your children and their spouses both living and not living with you? (*if more than 100,000, please code 99998*)	____ Yuan	_____ Yuan	______ Yuan	○	□□□ □□	□□□□ □	□□□□ □
F13 How much money (including cash and value of materials) did you give last year to your children and their spouses both living and not living with you? (*if more than 100,000, please code 99998*)	____ Yuan	_____ Yuan	______ Yuan	○	□□□ □□	□□□□ □	□□□□ □

F14. What kind of social services are available in your community? 1 Yes 2 No	1 personal daily care services 2 home visits 3 psychological consulting 4 daily shopping 5 social and recreation activities 6 legal aid 7 health education 8 neighboring relations 9 others(please specify)______	○	□ □ □ □ □ □ □ □ □
F15. What kind of social services do you expect to be provided by your community? 1 Yes 2 No	1 personal daily care services 2 home visits 3 psychological consulting 4 daily shopping 5 social and recreation activities 6 legal aid 7 health education 8 neighboring relations 9 others(please specify)______	○	□ □ □ □ □ □ □ □ □
F16. Which living arrangement do you prefer? (to be answered by interviewee only)	1 living alone (or with spouse), no matter how far children live 2 living alone (or with spouse), but it is better that children live nearby 3 coresidence with children 4 institutions (elderly center, elderly home, etc.) 5 do not know		□

G. OBJECTIVE EXAMINATION AND ILLNESSES ATTENTION: SECTION I			Code
G1 Can the interviewee see a break in the circle on the cardboard sheet when lit by a flashlight and distinguish where the break is located?	1 can see and distinguish 2 can see only 3 cannot see 4 blind		□
G2.1 How many natural teeth does the interviewee have? (excluding false teeth)	______	○	□□
G2.2 Does the interviewee have false teeth?	1 yes 2 no	○	□
Oral Hygiene of Personal Care (PhenX code：080900)			
G2.3 How often do you brush your teeth?	0 Do not 1 Sporadically 2 Once per day 3 Twice per day 4 Trice or more per day 8 Unknown	○	□
Toothache and Orofacial Pain (PhenX code：081500)			
G2.4 During the past 6 months, did you have a toothache more than once, when biting or chewing?	1 Yes 2 No— *If "No", Skip to G2.5*	○	□

G2.4.1 On a scale of 1–10, where 1 is mild and 10 is severe, how would you rate this pain at its worst?	_____	○	☐
G2.5 During the past 6 months, did you have pain in the jaw joint or in front of the ear or across your face or cheek more than once?	1 Yes 2 No-- *Skip to G3*	○	☐
G2.5.1 On a scale of 1–10, where 1 is mild and 10 is severe, how would you rate this pain at its worst?	_____	○	☐
G3 Can the interviewee use chopsticks to eat?	1 yes 2 no		☐
Hand Dominance (PhenX code: 020600)			
G4 Which hand do you normally use to eat?	1 right-hand 2 left-hand	○	☐
G4a Which hand do you normally use to write?	1 right-hand 2 left-hand 3 Never write	○	☐
G4b Which hand do you normally use to clean your teeth?	1 right-hand 2 left-hand 3 Never clean teeth	○	☐
G5.1 Did you ever fall down to ground in the past year?	1 Yes 2 No --*Skip to G6*	○	☐
G5.2 If yes, how many times did you fall down in the past year?	_________times (*if don't remember, please code 88*)	○	☐☐
G5.3 Was it serious enough that needed therapy in hospital?	1 Yes 2 No 3 Don't remember		☐
G6. Blood pressure(at least one minute between the two measurement) G6.1.1 Systolic G6.1.2 Diastolic G6.1.1 Systolic G6.1.2 Diastolic	First measurement ________mm mercury ________mm mercury Second measurement ________mm mercury ________mm mercury		☐☐☐ ☐☐☐
G6 Rhythm of heart	1 regular 2 irregular		☐
G7 Heart rate	_________beats/min		☐☐☐
G8 Upper extremities - can interviewee put G8.1 Hand behind neck	1 right 2 left 3 both 4 neither		☐
G8.2 Hand behind lower back	1 right 2 left 3 both 4 neither		☐
G8.3 Raise arms upright	1 right 2 left 3 both 4 neither		☐
G9 Can the interviewee stand up from sitting in a chair?	1 yes, without using hands 2 yes, using hands 3 no		☐
G10.1 Weight	______ kg 999 unable to weight		☐☐☐

G10.1.1 Calf circumference	________cm		□□
G10.2 Is the interviewee hunchbacked? (by observation of interviewer)	1 yes 2 no		□
Standing height (PhenX code 020703) **or self-reported height** (PhenX code 020704)			
G10.2a Standing Height, measured directly	________cm; 999 cannot measure		□□□
G10.2a.1 Length from Acromion – processus to styloideus ulnae Height from Right knee to the floor	 ________cm ________cm		 □□ □□

How to indirectly measure height of the elderly(Figure 1 and Figure 2):
Please see the following figure for illustration on positions of Acrimion and processus styloideus ulnae.
The method for measuring distance from right knee to the floor is as follows:
Ask elder to take off right shoe;

(1) Ask elder to put the sole of his or her right foot onto the ground and to make his or her right calf and right thigh into a 90 degree angle.

(2) Put a plastic board or a thick paper on his or her right thigh levelly, and measure its height from ground with a ruler.

Waist Circumference (Phenx code: 021600)		
G10.2c Waist Circumference	________cm	□□□
G10.2d Hip circumference	________cm	□□□

Follow the procedures below to obtain this measure

The waist circumference measurement should be taken on bare skin.

1）Mark the measurement site: Stand on the participant's right side. Palpate the hip area to locate the right ilium of the pelvis. You may ask the participant to locate his/her ilium before palpation. With the cosmetic pencil, draw a horizontal line just above the uppermost lateral border of the right ilium. Cross this mark at the midaxillary line, which extends from the armpit down the side of the torso. Exhibit 1 shows the anatomical location of the abdominal waist at the ilium. Repeat the same process on the participant's left side.

2)Take the measurement: Make sure the participant does not inhale while his/her waist circumference is being measured and that the tape is not twisted. Wrap the tape measure around the individual's waist as you would a belt, making sure that the zero end of the measure is at the beginning of the circumference. Use a retractable, tension-controlled steel measuring tape. When measuring the waist, be sure to position the tape in a horizontal plane at the level of the measurement mark. A wall mirror is useful to view the tape to ensure the horizontal alignment of the tape. Another person positioned on the opposite side of the participant should check that the tape sits parallel to the floor and lies snug but does not compress the skin. If a mirror or other person is not available, check the horizontal alignment of the tape before taking the measurement. Always position the zero end of the tape below the section containing the measurement value. Exhibit 1 demonstrates the correct placement of the tape at the ilium. Take the measurement to the nearest 0.1 cm at the end of the participant's normal expiration.

3) Remove the tape measure and record the result.

4）Repeat the measurement.

Note: Tools are available that include a retractable tape with an anchoring pin that fits into the handle. These tools also assist the participant to lightly cinch the tape. If the investigator uses these tools, the protocol should be altered slightly to comply with directions of the manufacturer. See protocol B for use of this tool when measuring a different waist circumference. Detailed videos illustrating this procedure can be found on the NHANES website at: http://www.cdc.gov/nchs/products/elec_prods/subject/video.htm

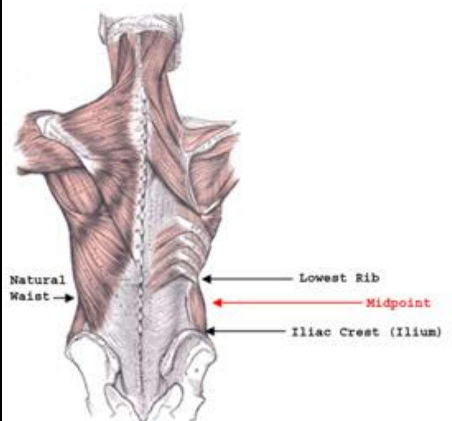

Exhibit 1:Location of Measurement Landmarks between the Lowest Rib and Iliac Crest (Ilium).

Hearing loss (PhenX code：201500)

G10.6 Do you have any difficulty with your hearing?	1 yes 2 no—*skip to G11*	○	☐
G10.6.1 In which ear(s) do you have a hearing difficulty?	1 left 2 right 3 both	○	☐

G10.6.2 At what age did you first notice a hearing difficulty?	1 I have had a hearing difficulty since I was born 2 My hearing difficulty developed during my childhood years (before the age of 15) 3 My hearing difficulty developed between the ages of 15 and 40 4 My hearing difficulty developed after the age of 40	○	☐
G10.6.3 How quickly did your hearing difficulty develop?	1 Suddenly (over a few days) 2 Over a few months 3 Over several years	○	
G11 Was the interviewee able to pick up a book from the floor?	1 yes, standing 2 yes, sitting 3 no		☐
G12 Was the interviewee able to turn around 360° without help? *If yes, please count the number of steps required to finish the turn.*	_______steps *(if no, fill in '88')*		☐☐
G13.0 Have you felt not well in the past two weeks?	1 yes 2 no	○	☐
G13 How many times have you suffered from a serious illness that required hospitalization or caused you to be bedridden at home in the past 2 years?	_______ *(if no illnesses, fill in '00' and skip to G14; if permanently bedridden, fill in '88')*	○	☐☐
G13.1 Name of disease suffered and bedridden days at the first occurrence (Ref. Code in G15)	disease_____________ days_______	○	☐☐☐, ☐☐☐
G13.2 Name of disease suffered and bedridden days at the second occurrence (Ref. Code in G15)	disease_____________ days_______	○	☐☐☐, ☐☐☐
G13.3 Name of disease suffered and bedridden days at the third occurrence. If more than three occurrences, please ask for the last occurrence. (Ref. Code in G15)	disease_____________ days_______	○	☐☐☐, ☐☐☐

G14 Are you suffering from any of the following	Yes or no 1 yes 2 no 8 don't know	Diagnosed by hospital? 1 yes 2 no	Take medicine? 1 yes 2 no	Disability in daily life 1 rather serious 2 more or less 3 no	With disease or not?	Diagnosed by hospital or not?	Take medicine?	Disability
01 Hypertension					☐	☐	☐	☐
02 Diabetes					☐	☐	☐	☐

03 Heart disease					☐	☐	☐	☐
04 Stroke, cerebrovascular disease					☐	☐	☐	☐
05 Bronchitis, emphysema, asthma, pneumonia					☐	☐	☐	☐
06 Pulmonary tuberculosis					☐	☐	☐	☐
07 Cataracts					☐	☐	☐	☐
08 Glaucoma					☐	☐	☐	☐
09 Cancer ___________					☐	☐	☐	☐
10 Prostate tumor					☐	☐	☐	☐
11 Gastric or duodenal ulcer					☐	☐	☐	☐
12 Parkinson's disease					☐	☐	☐	☐
13 Bedsore					☐	☐	☐	☐
14 Arthritis					☐	☐	☐	☐
15 Dementia					☐	☐	☐	☐
16 Epilepsy					☐	☐	☐	☐
17 Cholecystitis, cholelith disease					☐	☐	☐	☐
18 Blood disease					☐	☐	☐	☐
19 Rheumatism or rheumatoid disease					☐	☐	☐	☐
20 Chronic nephritis					☐	☐	☐	☐
21 Galactophore disease					☐	☐	☐	☐
22 Uterine tumor					☐	☐	☐	☐
23 Hyperplasia of prostate					☐	☐	☐	☐
24 Hepatitis					☐	☐	☐	☐
25 Others, please specify:					☐	☐	☐	☐

G. Physical Health—Section II		
G15.1 Did you smoke in the past 24 hours?	1 Yes 2 No 9 not applicable (if not, skip to G16.1)	☐
G15.2 How many hours since your last smoke?	___________	☐☐
G16.1 Did you drink in the past 24 hours?	1 Yes 2 No 9 not applicable (if not, skip to G17)	☐
G17 Nutritional supplement		

G17.1 Do you usually take nutrintional supplement?	1 Yes 2 No (skip to G17.3 if not)	☐

G17.2 If usually take nutrintional supplement							
	Take or not 1yes 2 no	For how many years	How often 1 infrequently 2 sometimes 3 often		Take or not	How many years	How often
G17.2.1 protein				○	☐	____	☐
G17.2.2 calcium				○	☐	____	☐
G17.2.3 iron				○	☐	____	☐
G17.2.4 zinc				○	☐	____	☐
G17.2.5 multivitamin				○	☐	____	☐
G17.2.6 vitamin A/D				○	☐	____	☐
G17.2.7 DHA				○	☐	____	☐
G17.2.8 others				○	☐	____	☐

Question	Answer		Code
G17-3have you taken a nutrient supplement in the past 24 hours?	1 Yes 2 No 9 not applicable (skip to G18.1 if not)	○	☐
G17.4 How many hours since you take supplement last time?	______	○	____
G17.5 Name of the supplement you take in the past 24 hours?	________	○	____

G18 Medicine			
G18.1Did you take any medicine in the past 24 hours?	1 Yes 2 No (skip to G19 if not)	○	☐
G18.2 Which medicine you take in the past 24 hous?	1 hypolipidemic drug 2 antihypertensive drug 3 oral hypoglycemic drug 4 insulin 5 analgesics 6 anticoagulants 7 sleeping pills 8 drugs for asthma 9 cough medicine 10 antibiotics 11 hormonal 12 thrombolytic agents 13 aspirins 14 diuretics 15 others	○	☐
G18.3 How many hours since you take medicine last time?	______	○	____

H. QUESTIONS FOR INTERVIEWER			Code
H1 Was the interviewee able to hear what you said?	1 yes, without hearing aid 2 yes, but needs hearing aid 3 partly, despite hearing aid 4 no		☐

H2.1 Was the interviewee able to participate in the physical check during the interview?	1 yes --- *skip to H3* 2 no 3 partially able to		☐
H2.2 If no or partially able, please give reason:	1 visually impaired, but can hear 2 hearing impaired, but can see 3 visually and hearing impaired 4 paralyzed 5 did not wish to participate 6 could not understand because of cognitive impairment 7 not able to participate at the moment because of some temporary illness such as a cold 8 other (please explain):___________		☐
H3 The interviewee was	1 surprisingly healthy (almost no obvious ailments) 2 relatively healthy (only minor ailments) 3 moderately ill (moderate degrees of major ailments or illnesses) 4 very ill (major ailments or diseases, bedridden, etc.)		☐
H4 Date of birth printed on the individual ID Card (**Note:** Those oldest old who were not issued individual ID Card according to local regulations, please fill date of birth printed on the household booklet.)	______year ____month		☐☐☐☐ ☐☐
H4.1 Was the date of birth printed on the Individual ID Card (or household booklet) the same as the self-reported age?	1 no 2 yes --- *skip to H5* 3 no self-reporting --- *skip to H5* 4 other (specify)___________		☐
H4.2 If not, which one do you consider correct?	1 self-reported age 2 Individual ID Card or household booklet 3 not sure		☐
H4.3 ID number printed on the individual ID Card (if ID card is not available for some oldest-old, please fill in "0")	______________________________		☐☐☐☐☐☐ ☐☐☐☐☐☐ ☐☐☐☐☐☐

H5 Please write the evidence for confirming the interviewee's age-reporting: *(Regardless of whether or not there is self-reporting, you should confirm the age of the interviewee. If there is not enough space to write down your confirmation, please use the last page of this questionnaire).*	Age____ Evidence: ___________________________		□□□
H6 Have you checked whether you have failed to ask a question?	1 yes 2 no		□
H7 Did anyone help the interviewee to answer any question?	1 yes 2 no (*skip H7.1*)		□
H7.1 If yes, please check whether you have marked 'x' in the ❐ of the third column for those questions answered by people other than the interviewee. Please indicate mainly who helped to answer those questions.	1 spouse 2 child or spouse of child 3 grandchild or spouse of grandchild 4 great grandchild or spouse of great grandchild 5 sibling 6 parent or parent-in-law 7 caregiver or institutional staff 8 other, please specify_____		□

SPECIAL OBSERVATIONS

B Card

Please draw figure above here: