

The Survey of Life and Opinion on Shanghai Older Adults

Survey Number: _____

_____ District (County) _____ Sub-district (Town) _____ Residential (Village) Committee

_____ Road (Street, Lane) _____ Building (No.) _____ Room

Name: _____ Contact Number: _____

***** Preface *****

Dear Sir/Madam,

Hi. I am an interviewer of the Shanghai Research Centre of Aging (SRCA). Since 1998, we have been collecting the demographic and social information and opinions of the elderly in urban and rural areas of Shanghai, in order to improve the living standard of Shanghai seniors and contribute to the research on aging. As this investigation is significant to the aging research and the eldercare policymaking in Shanghai, we look forward to the cooperation of you and your family. We are trying to know your true opinions. We solemnly promise that all information collected from this interview would remain strictly confidential, and the data will be only used for scientific research. Your private information such as name, address and phone number will certainly not be included in the data. Thank you very much for your help and support!

Wish you healthy and happy,
Shanghai Research Centre of Aging

Interview Record

Date of Interview		Start Time	End Time	Reason for not completing the survey			
Month	Day			Refuse	Not at home	Migration	Others

Signature of Investigator (Stamp): _____ Date: _____ Year _____ Month _____ Day

Signature of Instructor (Stamp): _____ Date _____ Year _____ Month _____ Day

Signature of Inspector (Stamp) _____ Date _____ Year _____ Month _____ Day

In general, the questionnaire must be answered by the respondent himself/herself. It may be answered by someone else under certain circumstances. In this case, the answers should be marked by the investigator as “answered by someone else” next to the questions. The order of people could answer for the respondent is family numbers, neighbors or friends. If no one can help to answer, please note the reasons beside the questions.

A. Basic Information		Code
A1. Gender:	1. Male 2. Female	<input type="checkbox"/>
A2. Current Marital Status:	1.Never Married 2. First Marriage and living with spouse (Please skip to A3) 3. Remarriage and living with spouse (Please Skip to A3) 4. Non-marriage cohabitation (Please skip to A3) 5. Divorced 6. Separated 7. Widowed	<input type="checkbox"/>
A2a.Do you want a partner?	1. Yes 2. No 3. I have no idea 4.Refuse to answer	<input type="checkbox"/>
A3. Your Birthday:	_____ Year ____ Month	19□□/□□
A3a.Your spouse’s birthday:	_____ Year ____ Month	19□□/□□
A4. Type of your household:	1. Non-agricultural 2. Agricultural	<input type="checkbox"/>
A5. Your political status:	1.Party member of the CPC 2. Member of democratic parties 3. Citizen	<input type="checkbox"/>
A6. Your educational degree: A6a.Your spouse’s educational degree:	1.Below primary school 2. Primary school 3. Middle school 4. High school 5. Technical secondary school/Polytechnics/ Vocational school 6. Diploma 7.Bachelor 8. Master 9. PhD 10.Others (Please specify) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A7. Your religious belief: A7a.Your spouse’s religious belief:	1.No religious belief (Please skip to A8) 2. Buddhism 3. Taoism 4.Islam 5.Catholicism 6.Non-catholic Christian 7. Others (Please specify) _____	<input type="checkbox"/> <input type="checkbox"/>

A7b. Do you regularly attend religious activities?	1.Never 2. Once a few months 3.About once a month 4. About once a week 5. About once a day 6.Others (Please specify) _____	<input type="checkbox"/>
A8. How many children have you raised in total?	1.Son____ 2.Daughter____	<input type="checkbox"/> <input type="checkbox"/>
A9. Who are you living with?	1. Alone 2. Only with spouse 3. Only with a child (or children) 4. With spouse and a child (or children) 5. Nursing home/apartment for the elderly 6. Others (Please specify) _____	<input type="checkbox"/>
A9a. Who would you like to live with?	1. Alone 2. Only with spouse 3. Only with a child (or children) 4. With spouse and a child (or children) 5. Nursing home/apartment for the elderly 6. Others (Please specify) _____	<input type="checkbox"/>
A10. Have your children provided home care for you in the past year?	1. Yes (_____ days) 2. No 3. I do not need home care	<input type="checkbox"/> /□□□
A11. Have your children given you money in the past year?	1. Yes (_____ yuan) 2. No 3. I do not need money from my children	<input type="checkbox"/> /□□□□□
A12. What kind of building do you live in?	1. Multi-storied residential housing 2. High-rise housing 3. Garden House 4. Shikumen housing 5. Two-story or three-story house in countryside 6. Bungalows 7. Makeshift House 8. Others (Please specify) _____	<input type="checkbox"/>
A12a. When was your house built?	Year _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A12b. The property of your house belongs to	1. You and (or) your spouse 2. Your children and (or) their spouse 3. Your grandchildren and (or) their spouse 4. Rental 5. Others (please specify) _____	<input type="checkbox"/>
A12c. How big is your house?	The total living space is _____ m ² The living space per capita is _____ m ²	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

B. Financial Status		Code
B1. Have you retired? B1a. Have your spouse retired?	1. Retired 2. Retired with honour 3. Not yet 4. Not applicable (Please skip to B4)	<input type="checkbox"/> <input type="checkbox"/>
B2. What was (is) your occupation? B2a. What was (is) your spouse's occupation? (Please fill in the previous occupation if you or your spouse is retired; please fill in the current occupation if not yet.)	1. Professional/Doctor/Teacher 2. Administrator 3. Staff and related personnel 4. Employee in commercial and service industry 5. Agriculture, forestry, animal husbandry and fishery 6. Worker in production, transport or related personnel 7. Other worker who is not able to classify (specify____) 8. Unemployed	<input type="checkbox"/> <input type="checkbox"/>
B3. What is the nature of your previous(current) work unit? B3a. What is the nature of your spouse's previous (current) work unit? (Please fill in the nature of previous work unit if you or your spouse is retired, please fill in the nature of current work unit if not yet.)	1. Party and government organization 2. Public Institutes 3. State-owned enterprises 4. Private enterprises 5. Foreign-funded enterprises 6. Rural autonomous organizations 7. Others (Please specify) _____	<input type="checkbox"/> <input type="checkbox"/>
B4. Are you currently engaged in a gainful employment? B4a. Is your spouse currently engaged in a gainful employment?	1. Yes 2. No but look forward to 3. No and do not want to (Please skip to B6)	<input type="checkbox"/> <input type="checkbox"/>
B5. What is the main purpose of the gainful employment you are currently engaged in or hoping to be engaged in? (According to the degree of importance, you can choose up to three items, fill in 1, 2, 3 to the brackets before items. If you cannot answer ,please choose No.9.)	() 1.To supplement your own living expenses () 2.To subsidize children's /grandchildren's expense () 3. To make life more meaningful () 4. Good for your health () 5. Others (Please specify) _____ () 9. Cannot answer.	First: <input type="checkbox"/> Second: <input type="checkbox"/> Third: <input type="checkbox"/> <input type="checkbox"/>

<p>B6. What kind of pension security do you have? (Multiple choice, please tick the corresponding options. If you do not have any insurance, please tick No.11. Please fill in 1 to all items you chosen, and fill in 0 to others.)</p>	<p>()1. Basic endowment insurance for urban workers ()2. Basic endowment insurance for urban residents ()3. Small town basic endowment insurance ()4. Rural social endowment insurance ()5. Complementary corporate pension insurance ()6. Commercial endowment insurance ()7. Land acquisition pension ()8. Rural pension subsidy ()9. Old-age insurance ()10. Social assistance ()11. Others (please specify) _____ ()12. I do not have any old-age security</p>																					
<p>B7. How much was your personal income per month in average in last year (If there was some object in your income, you need to convert it into cash.)</p>	<table border="1"> <tr><td>1. Pension</td><td>yuan</td></tr> <tr><td>2. Pension subsidy</td><td>yuan</td></tr> <tr><td>3. Income from work not retired yet</td><td>yuan</td></tr> <tr><td>4. Income from work after retired</td><td>yuan</td></tr> <tr><td>5. Rental</td><td>yuan</td></tr> <tr><td>6. Financial investment income</td><td>yuan</td></tr> <tr><td>7. Subsidies from children and grandchildren</td><td>yuan</td></tr> <tr><td>8. Subsidies from other relatives</td><td>yuan</td></tr> <tr><td>9. Social assistance</td><td>yuan</td></tr> <tr><td>10. Other income (please specify)</td><td>yuan</td></tr> </table>	1. Pension	yuan	2. Pension subsidy	yuan	3. Income from work not retired yet	yuan	4. Income from work after retired	yuan	5. Rental	yuan	6. Financial investment income	yuan	7. Subsidies from children and grandchildren	yuan	8. Subsidies from other relatives	yuan	9. Social assistance	yuan	10. Other income (please specify)	yuan	
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9. Social assistance	yuan																					
10. Other income (please specify)	yuan																					
<p>B7a. What are the main sources of income</p>	<p>The main sources of income are _____ (Please fill in with numbers according to B7)</p>	<input type="checkbox"/>																				
<p>B8. What is the current financial situation of your family</p>	<p>1. Very well-off 2. Well-off 3. Average 4. Poor 5. Very poor</p>	<input type="checkbox"/>																				
<p>B8a. Compared to five years ago, has the financial situation of your family changed?</p>	<p>1. Improved a lot 2. Improved slightly 3. Similar 4. Decline slightly 5. Declined a lot</p>	<input type="checkbox"/>																				

C. Health Status			Code			
<p>C1. Has your doctor ever diagnosed you with any following health problems?</p> <p>(multiple choice, please tick at corresponding options)</p>	<p>()1. Hypertension ()2. Cardio cerebrovascular diseases such as CHD ()3. Cerebral stroke ()4. Bronchitis, emphysema, asthma, pneumonia ()5. Diabetes ()6. Depression ()7. Cancer ()8. Prostatitis ()9. Bone or joint problems such as osteoporosis and arthritis ()10. Fracture ()11. Parkinson's disease ()12. Nervous system disease ()13. Others (Please specify) _____</p>					
<p>C2. How did you feel about your health in the past week</p>	<p>1. Very good 2. Good 3. Normal 4. Bad 5. I have no idea.</p>		<input type="checkbox"/>			
<p>C3. How have you felt in the past week?</p>						
a. Are you satisfied with the present life	1. Yes	2. No	3. I have no idea	<input type="checkbox"/>		
b. Do you feel empty in your life	1. Yes	2. No	3. I have no idea	<input type="checkbox"/>		
c. Do you always feel happy	1. Yes	2. No	3. I have no idea	<input type="checkbox"/>		
d. Do you always feel lonely	1. Yes	2. No	3. I have no idea	<input type="checkbox"/>		
e. Do you think most people live better than you?	1. Yes	2. No	3. I have no idea	<input type="checkbox"/>		
<p>C4. How often is it that you ...during the last 3 months.</p>						
a. exhausted without increasing activity.	1. Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
b. had fatigue could be alleviated by rest.	1. Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
c. were lethargic when working	1. Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
d. suffered from headaches	1. Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
e. suffered from dizziness	1. Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
f. eyes ached	1. Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
g. suffered from a sore throat	1. Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
h. muscles or joints felt stiff	1. Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
i. had pain in your shoulder/neck/waist	1. Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>

j. had heavy feeling in legs when walking	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
k. felt out of breath while sitting still	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
l. suffered from chest congestion	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
m. were bothered by heart palpitations	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
n. appetite was poor	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
o. suffered from heartburn	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
p. suffered from nausea	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
q. could not tolerate the cold	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
r. had difficulty falling asleep	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
s. had trouble with waking up during night	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
t. had trouble with your short-term memory	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
u. could not respond quickly	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
v. had difficulty concentrating	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
w. were distracted for no reason	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
x. felt nervous or jittery	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>
C5. Have you caught cold in the past year?	1.Never	2. occasionally	3. often	4. Very often	5. always	<input type="checkbox"/>

D. Health behavior and medical condition	Code
<p>D1. We would like to know about your usual medical examination. Please answer the following questions for each item</p> <p>a. Have you ever done the medical examination listed 1. Yes 2. No (please skip to Part E) 3. I have no idea</p> <p>b. If yes, when was the last time? 1. This year 2. Last year 3. The year before 4. 3 years ago</p> <p>c. Where did you do the medical examination 1. Infirmary in Residential/Village Committee 2. Subdistrict/ township medical institution 3. District (County) medical institution 4. Municipal -level medical institution 5. Private hospital 6. Private clinic 7. Others (please specify) _____</p> <p>d. Did your medical insurance cover the medical examination 1. Yes 2. No 3. I have no idea</p> <p>e. Do you think it is helpful to keep healthy? 1. Not helpful at all 2. Not helpful 3. Helpful 4. Very helpful 5. I have no idea</p>	

Item	a. Have you done?	b. When?	c. Where?	d. Covered by medical insurance?	e. Is it helpful?	
1. Blood routine	a1 <input type="checkbox"/>	b1 <input type="checkbox"/>	c1 <input type="checkbox"/>	d1 <input type="checkbox"/>	e1 <input type="checkbox"/>	
2. Urine routines	a2 <input type="checkbox"/>	b2 <input type="checkbox"/>	c2 <input type="checkbox"/>	d2 <input type="checkbox"/>	e2 <input type="checkbox"/>	
3. Stool test for colon cancer	a3 <input type="checkbox"/>	b3 <input type="checkbox"/>	c3 <input type="checkbox"/>	d3 <input type="checkbox"/>	e3 <input type="checkbox"/>	
<i>The following two medical examinations are for female respondents to answer only</i>						
4. Pap test	a4 <input type="checkbox"/>	b4 <input type="checkbox"/>	c4 <input type="checkbox"/>	d4 <input type="checkbox"/>	e4 <input type="checkbox"/>	
5. Mammography	a5 <input type="checkbox"/>	b5 <input type="checkbox"/>	c5 <input type="checkbox"/>	d5 <input type="checkbox"/>	e5 <input type="checkbox"/>	
D2. What kind of medical insurance are you entitled to currently? (Select up to two items, please tick the corresponding options)	()1. Basic medical insurance for urban workers ()2. Basic medical insurance for urban residents ()3. Medical insurance in small town social insurance ()4. Medical insurance for land-expropriated farmers ()5. rural cooperative medical care ()6. Health care for cadres ()7. Commercial medical insurance ()8. Self-pay ()9. Others(please specify)_____					<input type="checkbox"/> <input type="checkbox"/>
D3. Who pays for your current medical expenses	1. Free medical service 2. Social medical insurance 3. Commercial medical insurance 4. State and collective subsidies 5. Self or spouse 6. Children/grandchildren 7. Others (please specify)_____					<input type="checkbox"/>
D4. If you are sick, can you get treatment in time?	1. Yes 2. No					<input type="checkbox"/>
D5. Where do you see a doctor	1. Infirmary in Residential/Village Committee 2. Subdistrict/ township medical institution 3. District (County) medical institution 4. Municipal -level medical institution 5. Private hospital 6. Private clinic 7. Others (please specify)_____					<input type="checkbox"/>

D6. Do you smoke		1. Yes, ___ per day 2. No	<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
D6a. If yes, how many days did you smoke in the past 30 days		_____ Day(s)	<input type="checkbox"/> <input type="checkbox"/>
D7. In the past few weeks, have you done any physical fitness or leisure activities that cause shortness of breath or rapid heartbeat for at least ten minutes (such as brisk walk)		1. Yes, ___day(s) per week 2. No	<input type="checkbox"/> / <input type="checkbox"/>
D8. What are your usual hobbies (Multiple choices, please tick the corresponding option)	()1. Reading ()2. Writing and Painting ()3. Playing chess and cards ()4. Planting flowers and raising birds ()5. Listening to music and playing an instrument ()6. Watching TV ()7. Watching movies ()8. Singing and dancing ()9. Performing opera ()10. Physical Exercise ()11. going to the park ()12. Collection and Appreciation ()13. Photography ()14. Travelling ()15. Fishing ()16. Chatting ()17. Others_____ ()0. No hobby		<input type="checkbox"/>
E. Health Concept			Code
E1. Do you agree with the following opinion?			
1. Strongly agree 2. Slightly agree 3. Slightly disagree 4. Strongly disagree 5. I do not know			
a. It is difficult for me to find time for a medical examination	1. 2. 3. 4. 5.		<input type="checkbox"/>
b. If going for medical examination, it is difficult to find someone take care of my family (such as babysitting, cooking)	1. 2. 3. 4. 5.		<input type="checkbox"/>
c. It is difficult to get someone accompany me for a medical examination.	1. 2. 3. 4. 5.		<input type="checkbox"/>
d. Life and death are decreed by fate. We cannot change our destiny	1. 2. 3. 4. 5.		<input type="checkbox"/>
e. The critical illness is fated, and we cannot avoid it, such as cancer.	1. 2. 3. 4. 5.		<input type="checkbox"/>
f. If the cancer is destined, we cannot change it.	1. 2. 3. 4. 5.		<input type="checkbox"/>
g. If I do not die from this disease, I will die from other disease. Hence, it is not necessary to do a medical examination.	1. 2. 3. 4. 5.		<input type="checkbox"/>
h. If I feel well, there is no need to do a medical examination.	1. 2. 3. 4. 5.		<input type="checkbox"/>
i. Many diseases are avoidable, so we should try our best to avoid these diseases.	1. 2. 3. 4. 5.		<input type="checkbox"/>
j. My health strongly depends on how I take care of myself.	1. 2. 3. 4. 5.		<input type="checkbox"/>
k. There is no need to do a preventive medical examination for my age.	1. 2. 3. 4. 5.		<input type="checkbox"/>

l. A medical examination can help me find out the disease in early stage.	1. 2. 3. 4. 5.	<input type="checkbox"/>
m. If the disease can be found in early stage, the recovery chance will be higher.	1. 2. 3. 4. 5.	<input type="checkbox"/>
n. The medical examinations can help me stay healthy and energetic longer	1. 2. 3. 4. 5.	<input type="checkbox"/>
o. The medical examination is meaningless, as I cannot afford medical expenses even if I find out any diseases	1. 2. 3. 4. 5.	<input type="checkbox"/>
p. I do not believe the results of medical examination.	1. 2. 3. 4. 5.	<input type="checkbox"/>
E2. Have you had any traditional Chinese Medicine treatment?	1.Yes 2.No	<input type="checkbox"/>
E2a. Do you think Traditional Chinese Medicine is effective?	1. Yes 2. No 3. I have no idea	
E3. Do you take health supplements regularly?	1. Yes 2. No 3. I have no idea	<input type="checkbox"/>
E3a. Do you think health supplements are good for your health?	1. The benefits are obvious 2. There are certain benefits for health. 3. The benefits are not obvious. 4. There is no benefit for health. 5. I have no idea.	<input type="checkbox"/>
F. Elderly Care Status and Willingness		Code
F1. How is your current self-care ability? (if fully unable of taking care of yourself, please fill in from which age)	1. Fully capable of taking care of myself (please skipF6) 2. Partially capable of taking care of myself 3. Fully unable of taking care of myself (from __ years old)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F2. Are you able to take care of yourself in the following basic daily activities?		
a. Bathing	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
b. Dressing	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
c. Going to the toilet (can use walking stick or wheelchair)	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>

d. Move indoors (can use walking stick)	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
e. Controlling bowel movements	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
f. Feeding	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
F3. If you need help for the above basic daily activities, who is helping you? (Please tick all corresponding options)	()1. Spouse ()2.Son ()3.Daughter ()4.Daughter-in-law ()5. Son-in-law ()6.Grandchild ()7.Other relatives ()8.Nurse ()9.Friend ()10.Neighbour ()11.Community worker ()12. Staff in Elderly Care Institution ()13. Others (please specify) _____ ()14. No one can help	
F3a. Continuing the question above, who is your main helper among these people?	The main helper_____ (Please choose one from F3)	<input type="checkbox"/>
F4. Are you able to take care of yourself in the following general daily activities?		
a. Cooking	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
b. Laundry	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
c. Cleaning	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
d. Taking medicine	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
f. Managing money	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>

g. Making a call	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
h. Taking public transports	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
i. Shopping	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
j. Seeing a doctor	1. I can take care of myself without help 2. I can take care of myself, but need some help 3. I am not able to take care of myself	<input type="checkbox"/>
F5. If you need help for the above general daily activities, who is helping you? (Please tick all corresponding options)	()1. Spouse ()2.Son ()3.Daughter ()4.Daughter-in-law ()5. Son-in-law ()6.Grandchild ()7.other relatives ()8.Nurse ()9.Friend ()10.Neighbour ()11.Community worker ()12. Staff in Elderly Care Institution ()13. Others (please specify) _____ ()14. No one can help	
F5a. Continuing the question above, who is your main helper among these people?	The main helper _____ (Please choose one from F5)	<input type="checkbox"/>
F6. How much can you afford per month, if you would like to live in Elderly Care Institution for your old age?	(1)below 400 yuan (2)400-599 yuan (3)600-799yuan (4)800-999 yuan (5)1000-1199 yuan (6)1200-1499 yuan (7)1500-1999 yuan (8)2000-2999 yuan (9)3000 yuan and above	<input type="checkbox"/>
F7. Can you accept the idea of reversed mortgage?	1. Yes 2. No 3. I have no idea	<input type="checkbox"/>

G. Community and society					Code	
G1. Are there any of the following activity venues near your home? Have you used these venues? Attendance level 1. Yes, and have used 2. Yes, but have not used (fill in 0) 3. No (fill in 0)	Types of venues	whether or not used it and how frequent				
	a. Community service centre	1	2	3	<input type="checkbox"/>	
	b. Community service centre	1	2	3	<input type="checkbox"/>	
	c. Community culture centre	1	2	3	<input type="checkbox"/>	
	d. School for elderly	1	2	3	<input type="checkbox"/>	
	e. Gym or stadium	1	2	3	<input type="checkbox"/>	
	f. Day care/ aged care centre	1	2	3	<input type="checkbox"/>	
	g. Library	1	2	3	<input type="checkbox"/>	
G2. Do you think you can find the following people in your life? 1. Never 2. Rarely 3. Sometimes 4. Most of the time 5. Always						
a. someone you share happiness with	1.	2.	3.	4.	5.	<input type="checkbox"/>
b. someone who cares about you	1.	2.	3.	4.	5.	<input type="checkbox"/>
c. someone who plays with you	1.	2.	3.	4.	5.	<input type="checkbox"/>
d. someone who can listen to you	1.	2.	3.	4.	5.	<input type="checkbox"/>
e. someone who can give you hug	1.	2.	3.	4.	5.	<input type="checkbox"/>
f. someone who solves your problem	1.	2.	3.	4.	5.	<input type="checkbox"/>
g. someone who offers ideas and advice	1.	2.	3.	4.	5.	<input type="checkbox"/>
h. someone who cooks for you when you are unable to cook	1.	2.	3.	4.	5.	<input type="checkbox"/>
i. someone who can do housework for you when you are sick	1.	2.	3.	4.	5.	<input type="checkbox"/>
j. someone who looks after you when you are sick in bed	1.	2.	3.	4.	5.	<input type="checkbox"/>
k. someone who loves and protects you	1.	2.	3.	4.	5.	<input type="checkbox"/>
l. someone you can relax with	1.	2.	3.	4.	5.	<input type="checkbox"/>

G3. How many family members or friends do you have who can listen to you in your life?	_____	<input type="checkbox"/> <input type="checkbox"/>
G4. For the past half a year, how many people have you discussed important things with?	_____	<input type="checkbox"/> <input type="checkbox"/>

G5. G5. For the people you have discussed important things with, please briefly introduce the basic information of five of them:

a. relationships with you: 1. Family 2. Relatives 3. Friends 4. Colleagues 5. Acquaintance

b. gender: 1. Male 2. Female

c. age: _____ years old

d. closeness: 1. Very close 2. Close 3. Not close 4. Not close at all

e. education level: 1. Below primary school 2. Primary school
 3. Middle school 4. High school
 5. Technical secondary school/Polytechnics/ Vocational school
 6. Diploma 7. Bachelor
 8. Master 9. PhD
 10. Others (Please specify) _____

f. if this person suggests you to do medical examination, would you accept it? 1. Yes 2. No

	a. Relationship with you	B .Gender	c. Age	d. Closeness	e. Education level	f. Advice on medical examination	
No.1	a1. <input type="checkbox"/>	b1. <input type="checkbox"/>	c1. <input type="checkbox"/> <input type="checkbox"/>	d1. <input type="checkbox"/>	e1. <input type="checkbox"/> <input type="checkbox"/>	f1. <input type="checkbox"/>	
No.2	a2. <input type="checkbox"/>	b2. <input type="checkbox"/>	c2. <input type="checkbox"/> <input type="checkbox"/>	d2. <input type="checkbox"/>	e2. <input type="checkbox"/> <input type="checkbox"/>	f2. <input type="checkbox"/>	
No.3	a3. <input type="checkbox"/>	b3. <input type="checkbox"/>	c3. <input type="checkbox"/> <input type="checkbox"/>	d3. <input type="checkbox"/>	e3. <input type="checkbox"/> <input type="checkbox"/>	f3. <input type="checkbox"/>	
No.4	a4. <input type="checkbox"/>	b4. <input type="checkbox"/>	c4. <input type="checkbox"/> <input type="checkbox"/>	d4. <input type="checkbox"/>	e4. <input type="checkbox"/> <input type="checkbox"/>	f4. <input type="checkbox"/>	
No.5	a5. <input type="checkbox"/>	b5. <input type="checkbox"/>	c5. <input type="checkbox"/> <input type="checkbox"/>	d5. <input type="checkbox"/>	e5. <input type="checkbox"/> <input type="checkbox"/>	f5. <input type="checkbox"/>	

G6. The following is some specific occupations. For every specific occupation, please tell us if there is any people you know who is working in these professions. f you have a few people in mind, please use the first person you have in mind as an example.

- a. Whether you know such a person: 1.Yes 2.No (please skip to the next occupation)
- b. Relationship with you: 1.Family 2.Relative 3.Friend 4.Colleague 5. Acquaintance
- c. Gender: 1.Male 2.Female
- d. Age: _____years old
- e. Closeness: 1. very close 2. close 3. not close 4. not close at all
- f. Education level: 1. Below primary school 2. Primary school 3. Middle school
4. High school 5. Technical secondary school/Polytechnics/ Vocational school
6. Diploma 7.Bachelor 8.Master 9. PhD
10.Others (Please specify) _____
- g. If this person suggests you do medical examination, would you accept it? 1.Yes. 2.No

	a. Whether you know such a person	b. Relationship with you	c. Gender	d. Age	e. Closeness	f. Education level	g. Advice on medical examination
1.Secondary school teacher	a1. <input type="checkbox"/>	b1. <input type="checkbox"/>	c1. <input type="checkbox"/>	d1. <input type="checkbox"/> <input type="checkbox"/>	e1. <input type="checkbox"/>	h1. <input type="checkbox"/> <input type="checkbox"/>	g1. <input type="checkbox"/>
2.Corporation manager	a2. <input type="checkbox"/>	b2. <input type="checkbox"/>	c2. <input type="checkbox"/>	d2. <input type="checkbox"/> <input type="checkbox"/>	e2. <input type="checkbox"/>	h2. <input type="checkbox"/> <input type="checkbox"/>	g2. <input type="checkbox"/>
3.Software developer	a3. <input type="checkbox"/>	b3. <input type="checkbox"/>	c3. <input type="checkbox"/>	d3. <input type="checkbox"/> <input type="checkbox"/>	e3. <input type="checkbox"/>	h3. <input type="checkbox"/> <input type="checkbox"/>	g3. <input type="checkbox"/>
4. Pharmacist	a4. <input type="checkbox"/>	b4. <input type="checkbox"/>	c4. <input type="checkbox"/>	d4. <input type="checkbox"/> <input type="checkbox"/>	e4. <input type="checkbox"/>	h4. <input type="checkbox"/> <input type="checkbox"/>	g4. <input type="checkbox"/>
5. Hairdresser	a5. <input type="checkbox"/>	b5. <input type="checkbox"/>	c5. <input type="checkbox"/>	d5. <input type="checkbox"/> <input type="checkbox"/>	e5. <input type="checkbox"/>	h5. <input type="checkbox"/> <input type="checkbox"/>	g5. <input type="checkbox"/>
6. Nurse	a6. <input type="checkbox"/>	b6. <input type="checkbox"/>	c6. <input type="checkbox"/>	d6. <input type="checkbox"/> <input type="checkbox"/>	e6. <input type="checkbox"/>	h6. <input type="checkbox"/> <input type="checkbox"/>	g6. <input type="checkbox"/>
7. Receptionist	a7. <input type="checkbox"/>	b7. <input type="checkbox"/>	c7. <input type="checkbox"/>	d7. <input type="checkbox"/> <input type="checkbox"/>	e7. <input type="checkbox"/>	h7. <input type="checkbox"/> <input type="checkbox"/>	g7. <input type="checkbox"/>
8. Doctor	a8. <input type="checkbox"/>	b8. <input type="checkbox"/>	c8. <input type="checkbox"/>	d8. <input type="checkbox"/> <input type="checkbox"/>	e8. <input type="checkbox"/>	h8. <input type="checkbox"/> <input type="checkbox"/>	g8. <input type="checkbox"/>
9. Cleaning staff	a9. <input type="checkbox"/>	b9. <input type="checkbox"/>	c9. <input type="checkbox"/>	d9. <input type="checkbox"/> <input type="checkbox"/>	e9. <input type="checkbox"/>	h9. <input type="checkbox"/> <input type="checkbox"/>	g9. <input type="checkbox"/>
10.Factory operator	a10. <input type="checkbox"/>	b10. <input type="checkbox"/>	c10. <input type="checkbox"/>	d10. <input type="checkbox"/> <input type="checkbox"/>	e10. <input type="checkbox"/>	h10. <input type="checkbox"/> <input type="checkbox"/>	g10. <input type="checkbox"/>

G7. Which of the following views do you agree more?

- a. Most people are trustworthy
b. Be cautious when interact with other people

G8. Are you a member of the following social groups?						
a. Religious group	1. Actively participant 2. Participate 3. not participate					<input type="checkbox"/>
b. Exercise or recreational group	1. Actively participant 2. Participate 3. not participate					<input type="checkbox"/>
c. Arts or educational group	1. Actively participant 2. Participate 3. not participate					<input type="checkbox"/>
d. Union	1. Actively participant 2. Participate 3. not participate					<input type="checkbox"/>
e. Political party	1. Actively participant 2. Participate 3. not participate					<input type="checkbox"/>
f. Environmental protection organization	1. Actively participant 2. Participate 3. not participate					<input type="checkbox"/>
g. Professional training clubs	1. Actively participant 2. Participate 3. not participate					<input type="checkbox"/>
h. Humanitarian or charitable organization	1. Actively participant 2. Participate 3. not participate					<input type="checkbox"/>
i. Self-help or mutual aid organization	1. Actively participant 2. Participate 3. not participate					<input type="checkbox"/>
j. Others(please specify)_____	1. Actively participant 2. Participate 3. not participate					<input type="checkbox"/>
G9. Are you volunteering currently?		1.Yes 2.No (please skip to G10)				<input type="checkbox"/>
G9a. How long do you spend on volunteering weekly last month on average?		1. less than 5 hours 2. 6—10 hours 3. 11—15 hours 4. 16—20 hours 5. 21—25 hours 6. 26—30 hours 7. more than 30 hours				<input type="checkbox"/>
G10. What are the things you support your children with currently?	Support items	Support level				
		No support	Little support	A lot of support	Not application	
	1. Financial support	0	1	2	8	<input type="checkbox"/>
	2. Career support	0	1	2	8	<input type="checkbox"/>
	3. Household support	0	1	2	8	<input type="checkbox"/>
	4. Looking after grandchildren	0	1	2	8	<input type="checkbox"/>
Support level: 0.No support 1.Little support 2.A lot of support 8.Not applicable	5.others:_____	0	1	2	8	<input type="checkbox"/>

H. Overall rating		Code
H1. To achieve a “successful lifestyle of the elderly”, how do you think the importance of the following?		
a. Independent living	1. Very important 2. Important 3. Somewhat important 4. Not	<input type="checkbox"/>
b. Having friends	1. Very important 2. Important 3. Somewhat important 4. Not	<input type="checkbox"/>
c. Living with children	1. Very important 2. Important 3. Somewhat important 4. Not	<input type="checkbox"/>
d. Good financial status	1. Very important 2. Important 3. Somewhat important 4. Not	<input type="checkbox"/>
e. Good health	1. Very important 2. Important 3. Somewhat important 4. Not	<input type="checkbox"/>
f. No diseases	1. Very important 2. Important 3. Somewhat important 4. Not	<input type="checkbox"/>
g. Being able continue working	1. Very important 2. Important 3. Somewhat important 4. Not	<input type="checkbox"/>
h. Being looked after by children	1. Very important 2. Important 3. Somewhat important 4. Not	<input type="checkbox"/>
i. Attending social events	1. Very important 2. Important 3. Somewhat important 4. Not	<input type="checkbox"/>
j. Having partners around	1. Very important 2. Important 3. Somewhat important 4. Not	<input type="checkbox"/>
k. Being able to take care of family	1. Very important 2. Important 3. Somewhat important 4. Not	<input type="checkbox"/>
l. Feeling happy	1. Very important 2. Important 3. Somewhat important 4. Not	<input type="checkbox"/>
H2. According to your views on “successful lifestyle of the elderly”, are you enjoying the “successful lifestyle of the elderly” now?	1 Yes 2. No	<input type="checkbox"/>
H3. Are you satisfied with the following aspects of your life?		
a. Your health condition	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>
b. Your financial status	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>
c. can have peace of mind	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>
d. Your social life	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>
e. Your family relationship	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>
f. Your marital status	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>
g. Financial support of children	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>
h. Daily care from children	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>
i. Emotional support of children	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>
j. Your living situation	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>
l. Your work situation	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>
n. The level of respectfulness	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>
s. Your overall life	1. Very satisfied 2. Satisfied 3. Unsatisfied 4. Very unsatisfied 5. Not sure	<input type="checkbox"/>

This is the end of this questionnaire. Thanks very much your help and support!

Interviewers need to fill the following questions		Code
I. Are there any other people in the scene during the process of investigation?	1. Yes, most of the time in the scene 2. Yes, approximately half of the time in the scene 3. Yes, occasionally in the scene 4. No, no one in the scene (until the completion of the questionnaire)	<input type="checkbox"/>
a. What are the relationships between the elderly participant and the people in the scene? (multiple choice, please tick the corresponding items)	()1. Spouse ()2. Son ()3. Daughter ()4. Daughter-in-law ()5.Son-in-law ()6.Grandchildren ()7.other relatives ()8.Nurse ()9.Neighbour ()10.government officials ()11.others (please specify) _____	<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"/>
b. Have the other people in the scene answered any questions for the elderly participant?	1. Yes 2. No	<input type="checkbox"/>

Interviewers need to double check for any missed questions now.

If there is no missing item, please tick here_____.