



NIHON UNIVERSITY



2018 LONGITUDINAL STUDY OF AGING AND HEALTH IN VIETNAM

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION AND CALL RECORD

IDENTIFICATION NUMBER	_____	<input type="text"/> <input type="text"/> <input type="text"/>
PROVINCE	_____	<input type="text"/> <input type="text"/>
CITY	_____	<input type="text"/> <input type="text"/>
COMMUNE	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
URBAN/RURAL (URBAN=1, RURAL=2)	_____	<input type="text"/>
NAME OF RESPONDENT	_____	
ADDRESS	_____	

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR INTERVIEWER'S CODE RESULT*
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS
RESULT CODES	1 COMPLETED 2 NOT AT HOME 3 POSTPONED	4 REFUSED (REASON: _____) 5 PARTLY COMPLETED 6 OTHERS/SPECIFY _____		
LANGUAGE OF INTERVIEW	<input type="text"/> 1 Vietnamese 2 Other			
INTERVIEWER _____ Name and signature	<input type="text"/> _____ Date	SUPERVISOR _____ Name and signature	<input type="text"/> _____ Date	<input type="text"/> _____ Date

The Longitudinal Study of Ageing and Health in Viet Nam

The household questionnaire

LINE NUMBER	NAME Please give me the names of the persons who usually live in your household starting with the head of the household.	SEX 1 - Male 2 - Female	*RELATIONSHIP TO HOUSEHOLD HEAD What is the relationship of _____ to the head of the household?	*RELATIONSHIP TO OLDER PERSON R What is the relationship of _____ to the Older Person R?	DATE OF BIRTH In what month and year was _____ born? If don't know month, write "98"	*AGE What is _____'s age as of his/her last birthday?	MARITAL STATUS	EDUCATION	EMPLOYMENT			
							*FOR 10 YEARS OLD AND OVER	*FOR 5 YEARS OLD AND OVER:	FOR 15 YEARS OLD AND OVER			
							Is _____ never married, currently married, living in, widowed, divorced/separated/annulled, or in a common-law/live-in arrangement?	What is _____'s highest grade completed?	During the past 6 months, did _____ have a job or business (occupation)? 1 - Yes 2 - No (GO TO NEXT ROW)	IF WORKING: What is _____'s present occupation?	*OFW: Was/Is _____ an OFW? 1 - Yes, currently within the last 12 months 2 - Yes, prior to the last 12 months 3 - No (GO TO NEXT ROW)	Where does he/she live or work? (SPECIFY COUNTRY)
HH1	HH2	HH3	HH4	HH7	HH8	HH9	HH10	HH11	HH12	HH13	HH14	HH15
1		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	

HH5 Are there any other persons such as Overseas, small children, or infants that we have not listed?

Household Questionnaire

YES ☐ → ENTER EACH IN TABLE

NO ☐

HH6 In addition, are there any other people who may not be members of your family, such as domestic helpers/lodgers or friend who usually live here?

YES ☐ → ENTER EACH IN TABLE

NO ☐ → Continue asking HH7.

PUT AN X MARK IF CONTINUATION SHEET IS USED

_____ → ☐

CODES

*CODES FOR HH4

(Relationship to Household Head)

- | | |
|----------------------------|----------------------|
| 01 - Household Head | 08 - Granddaughter |
| 02 - Spouse | 09 - Father |
| 03 - Son/Stepson | 10 - Mother |
| 04 - Daughter/Stepdaughter | 11 - Other Relative |
| 05 - Son-in-law | 12 - Non-relative |
| 06 - Daughter-in-law | 13 - Boarder |
| 07 - Grandson | 14 - Domestic Helper |

*CODES FOR HH7

(Relationship to Older Person)

- | | |
|----------------------------|----------------------|
| 01 - Older person | 08 - Granddaughter |
| 02 - Spouse | 09 - Father |
| 03 - Son/Stepson | 10 - Mother |
| 04 - Daughter/Stepdaughter | 11 - Other Relative |
| 05 - Son-in-law | 12 - Non-relative |
| 06 - Daughter-in-law | 13 - Boarder |
| 07 - Grandson | 14 - Domestic Helper |

*CODES FOR HH9

If less than 1 year old, write "00"

If less than 10 years old, prefix "0"

*CODES FOR HH11

- 000 - No grade completed
- 010 - Preschool
- 110 - 12 level education
- 210 - 10 level education
- 310 - Elementary Occupation
- 410 - Vocational school
- 510 - Vocational college
- 610 - College
- 710 - University
- 810 - Master degree
- 910 - Doctorate degree

*CODES FOR HH10

(Marital Status)

- | | |
|---------------------------------|-------------------------------------|
| 1 - Single | 5 - Common-law/Live-in |
| 2 - Married | 6 - Unknown |
| 3 - Widowed | IF LESS THAN 10 YEAR OLD, WRITE "1" |
| 4 - Divorced/Separated/Annulled | |

Household Questionnaire

HOUSING CHARACTERISTICS			
NO.	QUESTIONS	CODING CATEGORIES	CODE
HH16	TYPE OF BUILDING/HOUSE RECORD OBSERVATION	Villa1 Permanent structure - kitchen & bathroom inside2 Permanent structure - kitchen or bathroom outside 3 Semi- permanent houses4 Temporary and other types5 _____	<input type="checkbox"/>
HH17	MAIN MATERIAL OF THE ROOF RECORD OBSERVATION	1. Steel-reinforced concrete; 2. Tile (cement, terra cotta) 3. Sheeting (fibrocement/metal); 4. Leaves/straw/tar paper; 5. Others	<input type="checkbox"/>
HH18	MAIN MATERIAL OF THE OUTER WALL RECORD OBSERVATION	1. Steel-reinforced concrete 2. Brick or stone masonry 3. Wood/metal 4. Mud/lime/straw 5. Slabs/bamboo screen/planks 6. Other	<input type="checkbox"/>
HH19	MAIN MATERIAL OF THE FLOOR RECORD OBSERVATION	Tiles 1 Cement/concrete 2 Earth 3 Wood 4 Other 6 _____	<input type="checkbox"/> <input type="checkbox"/>
HH20	What is the tenure status of the housing unit and lot occupied by your household?	Respondent and/or spouse 1 Children/children in-law 2 Others, without payment 3 Others, with payment 4 Other, specify 6	<input type="checkbox"/>
HH21	Is there any electricity in the building/house? <i>Mayroon po bang kuryente sa gusali/bahay?</i>	YES 1 NO 2	<input type="checkbox"/>

Household Questionnaire

NO.	QUESTIONS	CODING CATEGORIES	CODE																																																																																			
HH22	Does your household own the following items? <i>Ang inyo po bang sambahayan ay nagmamay-ari ng mga sumusunod:</i>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) Car, jeep, van</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) Motorcycle, tricycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) Motorized boat/banca</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) Aircon</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) Washing Machine</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) Stove with oven/Gas Range</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) Refrigerator/Freezer</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) Personal computer (desktop, laptop, netbook, ipad, tablet)</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) Cellular phone or mobile phone</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) Landline/Wireless Telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>k) Audio Component/Stereo Set</td> <td>1</td> <td>2</td> </tr> <tr> <td>l) Karaoke/Videoke/Magic Sing</td> <td>1</td> <td>2</td> </tr> <tr> <td>m) CD/VCD/DVD Player</td> <td>1</td> <td>2</td> </tr> <tr> <td>n) Television</td> <td>1</td> <td>2</td> </tr> <tr> <td>o) Radio/Radio Cassette Player</td> <td>1</td> <td>2</td> </tr> <tr> <td>p) Internet access</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) Car, jeep, van	1	2	b) Motorcycle, tricycle	1	2	c) Motorized boat/banca	1	2	d) Aircon	1	2	e) Washing Machine	1	2	f) Stove with oven/Gas Range	1	2	g) Refrigerator/Freezer	1	2	h) Personal computer (desktop, laptop, netbook, ipad, tablet)	1	2	i) Cellular phone or mobile phone	1	2	j) Landline/Wireless Telephone	1	2	k) Audio Component/Stereo Set	1	2	l) Karaoke/Videoke/Magic Sing	1	2	m) CD/VCD/DVD Player	1	2	n) Television	1	2	o) Radio/Radio Cassette Player	1	2	p) Internet access	1	2	<table border="1"> <tbody> <tr><td>a.</td><td></td></tr> <tr><td>b.</td><td></td></tr> <tr><td>c.</td><td></td></tr> <tr><td>d.</td><td></td></tr> <tr><td>e.</td><td></td></tr> <tr><td>f.</td><td></td></tr> <tr><td>g.</td><td></td></tr> <tr><td>h.</td><td></td></tr> <tr><td>i.</td><td></td></tr> <tr><td>j.</td><td></td></tr> <tr><td>k.</td><td></td></tr> <tr><td>l.</td><td></td></tr> <tr><td>m.</td><td></td></tr> <tr><td>n.</td><td></td></tr> <tr><td>o</td><td></td></tr> <tr><td>p</td><td></td></tr> </tbody> </table>	a.		b.		c.		d.		e.		f.		g.		h.		i.		j.		k.		l.		m.		n.		o		p	
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HH24	What is the main source of water used by your household for other purposes such as cooking and handwashing? <i>Ano po ang pangunahing pinanggagalingan ng tubig na ginagamit ng inyong sambahayan para sa ibang gawain tulad ng pangluto at panghugas ng kamay?</i>	<table border="1"> <tbody> <tr><td>Indoor tap water</td><td>1</td></tr> <tr><td>Public tap water</td><td>2</td></tr> <tr><td>Drilled well</td><td>3</td></tr> <tr><td>Protected dig well</td><td>4</td></tr> <tr><td>un protected dig well</td><td>5</td></tr> <tr><td>protected slot water</td><td>6</td></tr> <tr><td>un protected slot water</td><td>7</td></tr> <tr><td>rain water</td><td>8</td></tr> <tr><td>protected spring water</td><td>9</td></tr> <tr><td>unprotected spring water</td><td>10</td></tr> <tr><td>OTHERS _____</td><td>96</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> </tbody> </table>	Indoor tap water	1	Public tap water	2	Drilled well	3	Protected dig well	4	un protected dig well	5	protected slot water	6	un protected slot water	7	rain water	8	protected spring water	9	unprotected spring water	10	OTHERS _____	96	(SPECIFY)		<table border="1"> <tbody> <tr><td></td><td></td></tr> </tbody> </table>																																																											
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Household Questionnaire

NO.	QUESTIONS	CODING CATEGORIES	CODE
HH25	<p>What kind of toilet facility do members of your household usually use?</p> <p><i>Ano pong uri ng palikuran ang ginagamit ng miyembro ng inyong sambahayan?</i></p>	<p>FLUSH/POUR FLUSH TOILET</p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE 13</p> <p>FLUSH TO SOMEWHERE ELSE 14</p> <p>FLUSH TO DON'T KNOW WHERE 15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE 21</p> <p>PIT LATRINE WITH SLAB 22</p> <p>PIT LATRINE WITHOUT SLAB/ OPEN PIT 23</p> <p>COMPOSTING TOILET 31</p> <p>BUCKET TOILET 41</p> <p>HANGING TOILET/ HANGING LATRINE 51</p> <p>NO FACILITY/BUSH/FIELD 61</p> <p>OTHERS _____ 96</p> <p>(SPECIFY)</p>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
HH27	<p>In the last 3 months, did it happen even once that your household experienced hunger and not have anything to eat?</p> <p><i>Sa nakalipas ng 3 buwan, nakaranas ba kahit minsan ang inyong pamilya ng gutom o walang pagkain man lang?</i></p>	<p>YES 1</p> <p>NO 2</p>	GO TO HH29
HH28	<p>Did it happen only once, a few times, often, or always?</p> <p><i>Nangyari ba ito ng minsan, mga ilang beses, madalas, o palagi?</i></p>	<p>ONLY ONCE 1</p> <p>A FEW TIMES 2</p> <p>OFTEN 3</p> <p>ALWAYS 4</p>	

MAIN QUESTIONNAIRE

2018 Longitudinal Study of Aging and Health in Viet Nam (LSAHV)

GENERAL INFORMATION

Code_id: _____ (06 digits)

Province: _____

Commune: _____

Result:

1. Agree
2. Not at home
3. Refuse
4. Other

Number of visit:

1. First time
2. Second time
3. Third time

Reason of Refuse:

1. Short-term hospitalization
2. Long-term hospitalization
3. Long-term absence
4. Short-term absence
5. Bedridden (not serious)
6. Bedridden (serious)
7. Difficulty hearing, speaking
8. Memory loss
9. Borderline personality disorder
10. Too old
11. Old people refuse
12. Family member refuse
13. Other

Urban/Rural:

1. Urban
2. Rural

Language of interview:

1. Kinh
2. Other

MAIN QUESTIONNAIRE

SQ1. Can R be interviewed?

1___Yes (Go to L1) 2___No

SQ2. Reason Older Person R cannot be interviewed:

1. Older Person R has been hospitalized, sick, or incapacitated.
2. Older Person R has difficulty hearing (Older Person R is hearing impaired, etc.).
3. Older Person R has difficulty speaking (Older Person R is experiencing verbal difficulties).
4. Older Person R has experienced psychological disorder such as memory loss, confusion or loss of consciousness, dementia, etc.

SQ3. Name of Proxy: _____

SQ4. What is your relationship with (Name of Older Person R)?

01___Spouse	04___Daughter-in-law	07___Relative other
02___Son	05___Son-in-law	than the aforementioned
03___Daughter	06___Grandchild	96___Other. Specify: _____

GO TO BLOCK A.

L1. What is your name?

First name: _____
Last name: _____

L7. What is your home address?

House number: _____
Street Name/Barangay: _____
City/Municipality: _____
Province: _____
Zip: _____

SQ5 to SQ15: SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE (SPMSQ)

Sometimes people have trouble remembering things. If you do not know the answers to some of the next questions, that's okay. If you do know the answers, the question may seem obvious.

QUESTIONS	ANSWER (TYPE CORRECT ANSWER)	INCORRECT ANSWER
SQ5. What are the month, date, and year today?		
SQ6. What is the day of the week?		
SQ7. What is the name of this place?		
SQ8. What is your phone number? If no telephone, ask "what is the name of your street/Commune?"		
SQ9. How old are you?		
SQ10. When were you born?		
SQ11. Who is the current president?		
SQ12. Who was the president before him?		
L18. Who is the current vice president?		
SQ13. What was your mother's maiden name?		
SQ14. Can you count background from 20 by 3's?		
SQ15. Number of incorrect answers		

MAIN QUESTIONNAIRE

Highest educational attainment of Older Person R

Scoring:

Highest educational attainment	(Check SQ16) Educational attainment	(Check SQ15) Number of incorrect answers	SPMSQ Cutoff Score
Elementary level or lower	1		5 or less
High school level	2		4 or less
College level or higher	3		3 or less

SQ17. Eligibility

1__ Eligible (**GO TO BLOCK A**) 2__ Not eligible/proxy interview

SQ18. Name of Proxy: _____

SQ19. What is your relationship with (Name of Older Person R)?

01__ Spouse 04__ Daughter-in-law 07__ Relative other
02__ Son 05__ Son-in-law than the aforementioned
03__ Daughter 06__ Grandchild 96__ Other. SPECIFY:

Time Started: ____ ____ ____ ____

BLOCK A SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

First, you will be asked questions about yourself.

A1 What is your date of birth? (**GET MONTH, DAY AND YEAR OF BIRTH**)

_____ Month _____ Day _____ Year

A2 How old are you now? _____ Years old

A3 Gender (**TO BE FILLED IN BY THE INTERVIEWER**)

1__ Male 2__ Female

A4 What is your religion?

0__ None 6__ Muslim
1__ Buddhism 7__ Luong
2__ Cathomic 8__ Free thinkers
3__ Protestant 96__ Other (Specify) _____
4__ Hoa Hao
5__ Cao Dai

A5. What is your ethnic minority?	1__ Kinh 2__ Tay 3__ Thai 4__ Muong 5__ Kmer 6__ H'mong 96__ Other
A6. What is your main language you use for daily conversion?	1__ Only ethnic minority language 2__ Mostly ethnic minority language

MAIN QUESTIONNAIRE

	3__ Both ethnic minority language and Vietnamese 4__ Mostly Vietnamese and little ethnic minority language 5__ Only Vietnamese
A7. Do you have any altar in your house?	1__ Yes 2__ No
A8. How often do you worship?	1__ Daily or weekly 2__ At least once a month 3__ Only on a special occasion 8__ Do not remember
A9. Do you know how to read?	1__ No 2__ Yes, with difficulty 3__ Yes, easily 4__ I used to know how to read, but forgot
A10. Do you know how to write?	1__ No 2__ Yes, with difficulty 3__ Yes, easily 4__ I used to know how to read, but forgot

MAIN QUESTIONNAIRE

These questions are about your parents.

Relationship with subject	Own Father	Own Mother
Is your ____ alive?	<p>A5 1__ Alive A6 How old is your father? ____ years → GO</p> <p>TO A9 2__ Deceased ↓ A7 How old was your father at death? ____ years</p>	<p>A10 1__ Alive A11 How old is your mother? ____ years → GO</p> <p>TO A14 2__ Deceased ↓ A12 How old was your mother at death? ____ years</p>
What was the cause of ____ passing away? (ONLY FOR NATURAL PARENTS)	<p>A8 1__ Cancer 2__ Heart disease (heart attack, etc.) 3__ Cerebrovascular ailments (stroke, cerebral thrombosis) 4__ Old age (frailty caused by aging) 5__ Citizen who died in war 6__ Soldier who died in war 96__ Other. SPECIFY _____ 97__ Not sure</p>	<p>A13 1__ Cancer 2__ Heart disease (heart attack, etc.) 3__ Cerebrovascular ailments (stroke, cerebral thrombosis) 4__ Old age (frailty caused by aging) 5__ Citizen who died in war 6__ Soldier who died in war 96__ Other. SPECIFY _____ 97__ Not sure</p>
What is/was your ____ highest educational attainment?	<p>A9 1__ No schooling 2__ Preschool 3__ Elementary 4__ High School 5__ College/University 96__ Other 7__ DK GO TO NEXT COLUMN "OWN MOTHER"</p>	<p>A14 1__ No schooling 2__ Preschool 3__ Elementary 4__ High School 5__ College/University 96__ Other 7__ DK</p>

MAIN QUESTIONNAIRE

Subject Information

A15. How many siblings do you have?	___ No. of siblings	
A16. How many of your siblings are still living?	___ No. of living siblings a. ___ Brothers b. ___ Sisters	
A17. What type of community did you live in when you were growing up (from birth to age 12)? Was it a city, poblacion, rural, or abroad?	1___ City 2___ Poblacion	3___ Rural 4___ Abroad
A18. Are you currently working?	1___ Working 2___ Stopped working completely 3___ Not working but looking for work 4___ Not working and not looking for work	GO TO A22 GO TO A19 GO TO A21 GO TO A21
A19 Why did you stop working permanently?	1___ Retired formally 2___ Ill health/health reasons 96___ Others. SPECIFY: _____	
A20 At what age did you stop working completely?	___ years →	GO TO A26
A21 Did you ever work before?	1___ Yes 2___ No	GO to A26 GO to A27
A22. What is your current occupation?	1___ Employer 2___ Work in agriculture 3___ Work in non-agriculture 4___ Work in family without salary 5___ wage earner 6___ Other	
A23 Are you working full time or part time?	1___ Yes, full time 2___ Yes, part-time	
A24 Before this current job, did you retire from any job because you reached the retirement age?	1___ Yes 2___ No	GO TO A26
A25 If yes, why are you still working	1___ To earn for daily needs/to augment income 2___ Want to work as long as health allows 3___ To while away the time/leisure 96___ Others. SPECIFY: _____	
A26. Which occupation were you engaged in the longest?	1___ Employer 2___ Work in agriculture 3___ Work in non-agriculture 4___ Work in family without salary 5___ wage earner 6___ Other	

A27. What is your current marital status? Are you never married, currently married, living in, separated/divorced/annulled, or widowed?

- 1___ Never married
 2___ Currently married (includes being separated from the spouse due to the hospitalization of spouse, living in an institution or living in another area for business reasons)
 3___ Live-in (includes being separated from the spouse due to the hospitalization of spouse, living in an institution or living in another area for business reasons)
 4___ Separated/Divorced/Annulled
 5___ Widowed
 7___ Not sure

GO TO BLOCK B

GO TO BLOCK B

A28. How many times have you been in union, that is formally married or living in? _____

MAIN QUESTIONNAIRE

A29. In what month and year did you first officially marry/start living together? (Reference is first partner)

_____ Month _____ Year 9997__DK

A30. How would you rate your relationship with your first partner?

- 1__ Very good
- 2__ Good
- 3__ So-so
- 4__ Not good

IF A28 = 1, GO TO A33. IF A28 > 1, CONTINUE.

A31. In what month and year did you last officially marry/start living together?

_____ Month _____ Year 9997__DK

A32. FOR (separated/divorced/annulled, widowed): How would you rate your relationship with your last partner?
FOR (currently married): How would you rate your relationship with your current partner?

- 1__ Very good
- 2__ Good
- 3__ So-so
- 4__ Not good

IF A27 = 1, 2, 3 OR 4, GO TO A37. IF A27 = 5, CONTINUE.

A33. How old was your husband/wife when he/she passed away? (Reference is the last partner) _____ Yrs. old

A34. In what month and year did he/she die? _____ Month _____ Year
9997__DK

A35. What was the cause of his/her death? _____

IF CAUSE OF DEATH IN A35 IS ILLNESS, CONTINUE. OTHERWISE, GO TO A37.

A36. How long was he/she ill before he/she died? _____ Months _____
Years

REFER TO CURRENT SPOUSE FOR CURRENTLY MARRIED OR LIVE IN (A27=2 OR 3).

REFER TO LAST PARTNER FOR SEPARATED/DIVORCED/ANNULLED (A27=4) AND WIDOWED (A27=5).

The next are a few questions about your spouse.

	SPOUSE
A37.	(Grade/Year Currently Attending/Highest Educational Attainment)
For currently married or live in: What is the highest educational attainment of your spouse/partner?	1. No grade completion/No school
	2. Preschool
For separated/divorced/annulled: What is the highest educational attainment of your last spouse/partner?	3. Complete primary 5/12
	4. Completed primary 4/10
	5. Completed Middle school 9/12
	6. Completed High school 12/12
	7. Completed Middle school 7/10
	8. Completed highschool 10/10
	9. Vocational Orientation training
	10. Vocational degree
	11. Vocation College

MAIN QUESTIONNAIRE

	12. College 13. University 14. Master 15. PhD/Dr 999. Don't remember/DK
IF SEPARATED/DIVORCED/ANNULLED (A27=4) AND WIDOWED (A27=5), GO TO BLOCK B. OTHERWISE CONTINUE.	
A38. Is your spouse currently working?	1__ Working 2__ Stopped working completely GO TO A41 3__ Never worked GO TO BLOCK B
A39. What type of work is your spouse currently engaged in?	1__ Employer 2__ Work in agriculture 3__ Work in non-agriculture 4__ Work in family without salary 5__ wage earner 6__ Other
A40. Which occupation did your spouse engage in the longest? RECORD VERBATIM RESPONSE	1__ Employer 2__ Work in agriculture 3__ Work in non-agriculture 4__ Work in family without salary 5__ wage earner 6__ Other
A41. At what age did your spouse start working?	_____ years old 97_____ DK

MAIN QUESTIONNAIRE

Residence and migration history

A42. How long have you lived here in this house continuously?

- ____ Years
94 ____ Less than one (1) year
95 ____ Since birth **GO TO A44**
97 ____ DK
98 ____ NI

A43. Before you moved to this house, where were you residing?

____ Commune
____ District
____ Province

A44. Do you expect to move in the next 2 years?

- 1 ____ Yes
2 ____ No **GO TO A46**
3 ____ Maybe
4 ____ Yes, not sure
7 ____ DK
8 ____ NI

A45. Where do you expect to move?

____ Commune
____ City/Municipality
____ Province

A46. If you could choose, in what type of place do you want to live? Would you like to live in a city, población, barrio/rural area, or abroad?

- 1 ____ City
2 ____ Sub-urban
3 ____ Rural
4 ____ Abroad
97 ____ DK

A47. Where were you born? _____

A48. Where did you live most of your childhood time? (to 18 year old?)

- 1 ____ Same with this current commune
2 ____ Lived most my time in Province: _____

A49. Which province did you live more than 6th months during the age of 18-60?

- 1 ____ I lived in this province and never move to any province
2 ____ lived in (province) _____ from _____ to _____
3 ____ lived in (province) _____ from _____ to _____
4 ____ lived in (province) _____ from _____ to _____
5 ____ lived in (province) _____ from _____ to _____
6 ____ lived in (province) _____ from _____ to _____

END OF BLOCK A. GO TO BLOCK B.

MAIN QUESTIONNAIRE

BLOCK B HEALTH STATUS

IF PROXY INTERVIEW, ASK ALL EXCEPT B1, B2, AND B16 TO B22.

The next questions will be regarding your health and health care behavior.

IF PROXY INTERVIEW, PROCEED TO B3.

B1. In general, how would you describe your state of health? **(SHOW FLASHCARD)**

- 1___ Very healthy
- 2___ Healthier than average
- 3___ Of average health
- 4___ Somewhat unhealthy
- 5___ Very unhealthy
- 7___ Not sure

B2 Consider your health while you were growing up, from birth to age 16. Would you say that during that time you were: **(SHOW FLASHCARD)**

- 1___ Very healthy
- 2___ Healthier than average
- 3___ Of average health
- 4___ Somewhat unhealthy
- 5___ Very unhealthy
- 7___ Not sure

B3. For the past 6 months or more, have you been limited because of a health problem in activities people usually do? Would you say you have been: **(SHOW FLASHCARD)**

- 1__ Yes, severely limited
- 2__ Yes, limited but not severely
- 3__ Not limited at all

The next questions will be about your experience of physical illnesses.

ASK ABOUT THE FOLLOWING ILLNESSES AND RECORD RESPONSES IN TABLE BELOW. IF THE RESPONDENT ANSWERS POSITIVELY, CONTINUE TO ASK OTHER QUESTIONS.

ILLNESSES	B4. Have you been told by a doctor that you have _____? 1__ Yes 2__ No } GO TO 7__ DK } NEXT ILLNESS	B5. At what age did you start to have this condition? 995__ Since birth	B6. At present do you take any medicine for _____? 1__ Yes 2__ No (IF THE ANSWER IN #5 AND #6 IS "NO", GO TO #7)	B7. Do you get medicine for _____ from the health center? 1__ Yes, all the time 2__ Yes, some of the time 3__ No
1. Angina, myocardial infarction, etc.				
2. Cancer				
3. Cerebrovascular disease (hemorrhage, infarction, stroke, etc.)				
4. Dementia (only to be asked to the proxy)				
5. High blood pressure				
6. Diabetes				
7. Respiratory illness (chronic, such as				

MAIN QUESTIONNAIRE

ILLNESSES	B4. Have you been told by a doctor that you have _____? 1__ Yes 2__ No } GO TO 7__ DK } NEXT ILLNESS	B5. At what age did you start to have this condition? 995__ Since birth	B6. At present do you take any medicine for _____? 1__ Yes 2__ No (IF THE ANSWER IN #5 AND #6 IS "NO", GO TO #7)	B7. Do you get medicine for _____ from the health center? 1__ Yes, all the time 2__ Yes, some of the time 3__ No
asthma, emphysema)				
8. Digestive illness (stomach or intestinal)				
9. Renal or urinary tract ailments/kidney				
10. Ailments of the liver or gallbladder				
11. Arthritis, neuralgia or rheumatism				
12. Chronic back pain				
13. Osteoporosis				
14. Tuberculosis				
15. Cataracts				
16. Glaucoma				
RECORD ONLY THE MOST RECENT INCIDENCE OF FRACTURES FOR (18) AND (19) BELOW.				
17. Fractures of the hip, thigh and pelvis/broken hip				
18. Other fractures e (Specify _____)				
19. Slipped disc				

B8. What supplements are you currently taking for your health (e.g., vitamins, etc.)? **(SHOW FLASHCARD)**

- A__ Multivitamin/Multimineral supplements
 B__ Antioxidants
 C__ Creatine
 D__ Omega-3 Fatty acids (e.g., Solgar Omega 3 Fish Oil, GNC Triple Strength Fish Oil)
 X__ Others. SPECIFY: _____
 Y__ NONE

B9. Have you ever had a heart attack?

- 1__ Yes **GO TO B10**
 2__ No **GO TO B12**

B10. At what age did you experience a heart attack? _____ years old

B11. At present, do you take any medicine for your heart condition?

- 1__ Yes
 2__ No

B12. Since you were 60 years old, who usually takes care of you whenever you get sick?

- 01__ Spouse 04__ Daughter-in-law 07__ Relative other
 02__ Son 05__ Son-in-law than the aforementioned

MAIN QUESTIONNAIRE

03___ Daughter

06___ Grandchild

96___ Other. SPECIFY:

The following questions are related to oral health.

B13. Do you have dentures?

1___ Yes

→

CONTINUE

2___ No

→

GO TO B16

B14. Do you use your denture(s) when you eat?

1___ Yes

2___ Sometimes

3___ No

B15. Are you satisfied with your dentures?

1___ Yes

2___ No

7___ Not sure

IF PROXY INTERVIEW, GO TO B23.

B16. The following foods are ordered from hardest to softest to chew. What is the hardest group you are able to bite and chew? If you are using dentures, please respond as if you were eating with your dentures. **(SHOW FLASHCARD AND ENCIRCLE ONE ONLY)**

1___ Dry Squid (fried) or Dried beef

2___ Nut candy, fresh Carrots, or dried mango

3___ Singkamas, red Tomato, or Nata de coco

4___ Rice, boiled stringbeans, or fried Fish Ball

5___ Banana, ripe Mango, or hard-boiled egg

Sleep

B17. On average, approximately how much do you sleep per night?

_____ Hrs.

_____ Mins.

97___ Not sure

B18. Are you satisfied with your sleep?

1___ Yes

2___ No

7___ Not sure

B19. How often do you have trouble falling asleep? Would you say most of the time, sometimes, or rarely or never? **(SHOW FLASHCARD)**

1___ Most of the time

2___ Sometimes

3___ Rarely

4___ Never

7___ DK

B20. How often do you have trouble with waking up during the night? Would you say most of the time, sometimes, or rarely or never? **(SHOW FLASHCARD)**

1___ Most of the time

2___ Sometimes

3___ Rarely

4___ Never

7___ DK

B21. How often do you have trouble with waking up too early and not being able to fall asleep again? Would you say most of the time, sometimes, or rarely or never? **(SHOW FLASHCARD)**

1___ Most of the time

2___ Sometimes

3___ Rarely

4___ Never

7___ DK

B22. How often do you feel really rested when you wake up in the morning? Would you say most of the time, sometimes, or rarely or never? **(SHOW FLASHCARD)**

1___ Most of the time

2___ Sometimes

3___ Rarely

4___ Never

7___ DK

MAIN QUESTIONNAIRE

B23. In the past two weeks, have you taken any medications or used other treatments to help you sleep?

1___Yes 2___No 7___DK

B24. Do you take naps?

1___Yes, regularly
2___Yes, not regularly
3___No
7___DK

GO TO B26
GO TO B26

B25. How long do you take naps? _____Hrs. _____Mins. **(ASK AVERAGE DURATION OF NAPS)**

IF PROXY INTERVIEW, PROCEED TO B30.

Pain

B26. Are you often troubled with pain?

1___Yes 2___No **GO TO B30** 7___DK

B27. How bad is the pain most of the time: mild, moderate or severe?

1___Mild 2___Moderate 3___Severe 7___DK

B28. Does the pain make it difficult for you to do your usual activities such as household chores or work?

1___Yes 2___No 7___DK

B29. In what parts of your body did you feel pain? **(MULTIPLE RESPONSE)**

A ___ Head
B ___ Neck
C ___ Shoulders
D ___ Back
E ___ Lower back
F ___ Joints of the hands/arms
G ___ Hip joint
H ___ Knees
I ___ Ankle
J ___ Feet
X ___ Others. SPECIFY: _____

History of fall

B30. Have you fallen in the past 12 months?

1___Yes 2___No **GO TO B33** 7___DK

B31. How many times have you fallen in the past 12 months?

_____ Number of times 97___DK

B32. In that fall/In any of those falls, did you injure yourself seriously enough to need medical treatment?

1___Yes 2___No 7___DK

MAIN QUESTIONNAIRE

B33. The Washington Group Short Set on Functioning (WG-SS)

The next questions ask about difficulties you may have doing certain activities because of a health problem. **(SHOW FLASHCARD)**

Questions	No, no difficulty	Yes, some difficulty	Yes, a lot of difficulty	Cannot do it at all
1 Do you have difficulty seeing, even if wearing glasses?	1	2	3	4
2 Do you have difficulty hearing, even if using a hearing aid?	1	2	3	4
3 Do you have difficulty walking or climbing steps?	1	2	3	4
4 Do you have difficulty remembering or concentrating?	1	2	3	4
5 Do you have difficulty (with self-care such as) washing all over or dressing?	1	2	3	4
6 Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)?	1	2	3	4

END OF BLOCK B. PROCEED TO BLOCK C.

MAIN QUESTIONNAIRE
BLOCK C
PHYSICAL ABILITY AND DISABILITY

NAGI Functioning Measures

The next questions will be on your physical ability and agility. Please indicate which of the following actions you find difficult to perform alone without the assistance of

a person or physical prop or aid. **FOR THOSE THAT REPLY “DIFFICULT,” ASK TO WHAT EXTENT AND FROM WHAT AGE THE ACTION BECAME DIFFICULT. ASK (1) THROUGH (10), ONE AT A TIME.**

ACTIVITY	C1. Do you find it difficult to ____ alone without the assistance of a person or physical prop or aid?	C2. To what extent?	C3. From what age did this become difficult?
1. Walk 200 to 300 meters	1__ Yes 2__ No 7__ Not sure } GO TO # 2	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
2. Climb 10 steps without resting	1__ Yes 2__ No 7__ Not sure } GO TO # 3	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
3. Stand (go without sitting) for 2 hours	1__ Yes 2__ No 7__ Not sure } GO TO # 4	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
4. Continue to sit for 2 hours	1__ Yes 2__ No 7__ Not sure } GO TO # 5	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
5. Stoop or bend your knees	1__ Yes 2__ No 7__ Not sure } GO TO # 6	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
6. Raise your hands above your head	1__ Yes 2__ No 7__ Not sure } GO TO # 7	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
7. Extend arms out in front of you as if to shake Hands	1__ Yes 2__ No 7__ Not sure } GO TO # 8	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure
8. Grasp with your fingers or move your fingers Easily	1__ Yes 2__ No 7__ Not sure } GO TO # 9	1__ Somewhat difficult 3__ Unable to perform 2__ Very difficult 7__ Not sure	____ Yrs. old 997__ Not sure

MAIN QUESTIONNAIRE

ACTIVITY	C1. Do you find it difficult to _____ alone without the assistance of a person or physical prop or aid?	C2. To what extent?	C3. From what age did this become difficult?
9. Lift an object weighing approximately 10 kg	1___ Yes 2___ No 7___ Not sure } GO TO C4	1___ Somewhat difficult 3___ Unable to perform 2___ Very difficult 7___ Not sure	____ Yrs. old 997___ Not sure
10. Lift an object weighing approximately 5 kg	1___ Yes 2___ No 7___ Not sure } GO TO C4	1___ Somewhat difficult 3___ Unable to perform 2___ Very difficult 7___ Not sure	____ Yrs. old 997___ Not sure

Activities of Daily Living

The next questions are concerning your ability to perform daily activities. Please respond to what extent you find each of the following activities difficult to perform alone without the assistance of a person or assistive device. **FIRST ASK C4, THEN C5. CONTINUE WITH C6 THROUGH C8, IF APPLICABLE.**

ACTIVITIES OF DAILY LIVING	C4 Do you find it difficult to _____ alone without the assistance of a person or assistive device due to your health or physical state?	C5 How difficult do you find it to _____ by yourself?	C6 When did you begin to experience this condition? (IF IT HAS BEEN LESS THAN ONE YEAR, RECORD IN MONTHS. IF IT HAS BEEN MORE THAN ONE YEAR, RECORD IN YEARS.)	C7 Do you need assistance to _____?
1. Take a bath/shower by yourself	1___ Yes 2___ No 7___ Not sure } GO TO # 2	1___ Somewhat difficult 2___ Very difficult 3___ Unable to perform activity 7___ Not sure } GO TO #2	____ mo. ____ yrs. 97___ Not sure 95___ Since birth	1___ Yes 2___ No 7___ Not sure
2. Dress	1___ Yes 2___ No 7___ Not sure } GO TO # 3	1___ Somewhat difficult 2___ Very difficult 3___ Unable to perform activity 7___ Not sure } GO TO #3	____ mo. ____ yrs. 97___ Not sure 95___ Since birth	1___ Yes 2___ No 7___ Not sure

MAIN QUESTIONNAIRE

ACTIVITIES OF DAILY LIVING	C4 Do you find it difficult to _____ alone without the assistance of a person or assistive device due to your health or physical state?	C5 How difficult do you find it to _____ by yourself?	C6 When did you begin to experience this condition? (IF IT HAS BEEN LESS THAN ONE YEAR, RECORD IN MONTHS. IF IT HAS BEEN MORE THAN ONE YEAR, RECORD IN YEARS.)	C7 Do you need assistance to _____?
3. Eat	1___ Yes 2___ No 7___ Not sure } GO TO # 4	1___ Somewhat difficult 2___ Very difficult 3___ Unable to perform activity 7___ Not sure } GO TO #4	_____mo. _____yrs. 97___ Not sure 95___ Since birth	1___ Yes 2___ No 7___ Not sure
4. Stand up from a bed or chair; sit down on a chair	1___ Yes 2___ No 7___ Not sure } GO TO # 5	1___ Somewhat difficult 2___ Very difficult 3___ Unable to perform activity 7___ Not sure } GO TO #5	_____mo. _____yrs. 97___ Not sure 95___ Since birth	1___ Yes 2___ No 7___ Not sure
5. Walk (around the house)	1___ Yes 2___ No 7___ Not sure } GO TO # 6	1___ Somewhat difficult 2___ Very difficult 3___ Unable to perform activity 7___ Not sure } GO TO #6	_____mo. _____yrs. 97___ Not sure 95___ Since birth	1___ Yes 2___ No 7___ Not sure
6. Go outside (leave the house)	1___ Yes 2___ No 7___ Not sure } GO TO # 7	1___ Somewhat difficult 2___ Very difficult 3___ Unable to perform activity 7___ Not sure } GO TO #7	_____mo. _____yrs. 97___ Not sure 95___ Since birth	1___ Yes 2___ No 7___ Not sure
7. using the toilet	1___ Yes 2___ No 7___ Not sure } GO TO C8	1___ Somewhat difficult 2___ Very difficult 3___ Unable to perform activity 7___ Not sure } GO TO C8	_____mo. _____yrs. 97___ Not sure 95___ Since birth	1___ Yes 2___ No 7___ Not sure

MAIN QUESTIONNAIRE

MAIN QUESTIONNAIRE

IF THE RESPONDENT REPORTED DIFFICULTY IN ANY OF ITEMS 1 TO 7 IN C4 ABOVE, ASK THE FOLLOWING. OTHERWISE, GO TO C9.

C8. What is the cause of the difficulty? Please pick the first and second most important cause of the difficulty from the following: **(MULTIPLE RESPONSE)**

ILLNESSES	C8. CHECK ALL MENTIONED	C8A. First	C8B. Second
A. Angina, myocardial infarction, etc.			
B. Cancer			
C. Cerebrovascular disease (hemorrhage, infarction, stroke, etc.)			
D. Dementia (only to be asked to the proxy)			
E. High blood pressure			
F. Diabetes			
G. Respiratory illness (chronic, such as asthma, emphysema)			
H. Digestive illness (stomach or intestinal)			
I. Renal or urinary tract ailments/kidney			
J. Ailments of the liver or gallbladder			
K. Arthritis, neuralgia or rheumatism			
L. Chronic back pain			
M. Osteoporosis			
N. Tuberculosis			
O. Cataracts			
P. Glaucoma			
Q. Fractures of the hip, thigh and pelvis/Broken hip			
R. Other fractures			
S. Slipped disc			
T. Old Age			
U. Accident			
X. Others. SPECIFY: _____			
Y. Not sure			

C9. Do you experience loss of bladder or bowel movement control?

- 1__ Loss of both bladder control and bowel movement
 2__ Loss of bladder control only
 3__ Loss of bowel movement control only
 4__ No loss of control
 7__ DK

GO TO C11

C10 How often?

- 1__ Very often
 2__ Often
 3__ Sometimes
 4__ Seldom
 5__ Very seldom

MAIN QUESTIONNAIRE

Instrumental Activities of Daily Living

Next is a question regarding slightly more complex physical capacities. How difficult is it for you to perform the tasks that I am about to read without help from other people or without using some form of technical aid. **(ASK PER ACTIVITY)**

Instrumental Activities of Daily Living	C11 Do you find it difficult _____ due to your health or physical state?	C12 How difficult do you find it to _____ by yourself?	C13 When did you begin to experience this condition? (IF IT HAS BEEN LESS THAN ONE YEAR, PLEASE RESPOND IN MONTHS. IF IT HAS BEEN MORE THAN ONE YEAR, PLEASE RESPOND IN YEARS.)	C14 Do you need assistance to _____?
1. Prepare own meals	1___ Yes 2___ No 3___ Unable to perform a } activity GO due to another reason } TO #2 7___ Not sure	1___ Somewhat difficult 2___ Very difficult 3___ Unable to perform } activity GO TO } 7___ Not sure #2	_____ mo. _____ yrs. 97___ Not sure 95___ Since birth	1___ Yes 2___ No 7___ Not sure
2. Leave the home to purchase necessary items or medication	1___ Yes 2___ No 3___ Unable to perform a } activity GO due to another reason } TO #3 7___ Not sure	1___ Somewhat difficult 2___ Very difficult 3___ Unable to perform } activity GO TO } 4___ Not sure #3	_____ mo. _____ yrs. 97___ Not sure 95___ Since birth	1___ Yes 2___ No → 7___ Not sure
3. Take care of financial matters such as paying utilities (electricity, water)	1___ Yes 2___ No 3___ Unable to perform a } activity GO due to another reason } TO #4 7___ Not sure	1___ Somewhat difficult 2___ Very difficult 3___ Unable to perform } activity GO TO } 7___ Not sure #4	_____ mo. _____ yrs. 97___ Not sure 95___ Since birth	1___ Yes 2___ No 7___ Not sure
4. Use the telephone	1___ Yes 2___ No 3___ Unable to perform a } activity GO due to another reason } TO #4 7___ Not sure	1___ Somewhat difficult 2___ Very difficult 3___ Unable to perform } activity GO TO } 7___ Not sure #4	_____ mo. _____ yrs. 97___ Not sure 95___ Since birth	1___ Yes 2___ No 7___ Not sure

MAIN QUESTIONNAIRE

Instrumental Activities of Daily Living	C11 Do you find it difficult _____ due to your health or physical state?	C12 How difficult do you find it to _____ by yourself?	C13 When did you begin to experience this condition? (IF IT HAS BEEN LESS THAN ONE YEAR, PLEASE RESPOND IN MONTHS. IF IT HAS BEEN MORE THAN ONE YEAR, PLEASE RESPOND IN YEARS.)	C14 Do you need assistance to _____?
	TO #5 7___Not sure	7___Not sure #5		
5. Dust, cleanup and other light housework	1___Yes 2___No 3___Unable to perform a } activity GO due to another reason } TO #6 7___Not sure	1___Somewhat difficult 2___Very difficult 3___Unable to perform } activity } GO TO 7___Not sure #6	____mo. ____yrs. 97___Not sure 95___Since birth	1___Yes 2___No 7___Not sure
6. Take the bus or the jeepney or public transport to leave home	1___Yes 2___No 3___Unable to perform a } activity GO due to another reason } TO #7 7___Not sure	1___Somewhat difficult 2___Very difficult 3___Unable to perform } activity } GO TO 7___Not sure #7	____mo. ____yrs. 97___Not sure 95___Since birth	1___Yes 2___No 7___Not sure
7. Take medication as prescribed	1___Yes 2___No 3___Unable to perform a } activity GO due to another reason } TO 7___Not sure C15	1___Somewhat difficult 2___Very difficult 3___Unable to perform } activity } GO TO 7___Not sure C15	____mo. ____yrs. 97___Not sure 95___Since birth	1___Yes 2___No 7___Not sure

MAIN QUESTIONNAIRE

IF THE RESPONDENT REPORTED DIFFICULTY IN ANY OF ITEMS 1 TO 7 IN C11 ABOVE, ASK THE FOLLOWING. OTHERWISE, GO TO C16:

C15. What is the cause of the difficulty? Please pick the first and second most important cause of the difficulty from the following: **(MULTIPLE RESPONSE)**

ILLNESSES	C15. Check all mentioned	C15A. First	C15B. Second
A. Angina, myocardial infarction, etc.			
B. Cancer			
C. Cerebrovascular disease (hemorrhage, infarction, stroke, etc.)			
D. Dementia (only to be asked to the proxy)			
E. High blood pressure			
F. Diabetes			
G. Respiratory illness (chronic, such as asthma, emphysema)			
H. Digestive illness (stomach or intestinal)			
I. Renal or urinary tract ailments/kidney			
J. Ailments of the liver or gallbladder			
K. Arthritis, neuralgia or rheumatism			
L. Chronic back pain			
M. Osteoporosis			
N. Tuberculosis			
O. Cataracts			
P. Glaucoma			

MAIN QUESTIONNAIRE

Q. Fractures of the hip, thigh and pelvis/Broken hip			
R. Other fractures			
S. Slipped disc			
T. Old Age			
U. Accident			
X. Others. SPECIFY: _____			
Y. Not sure			

C16. Have you been bedridden for any reason during the past two weeks?

1___Yes

2___No

GO TO C18



C17. How many days were you in bed? _____ days

MAIN QUESTIONNAIRE

Personal Habits

C18. Do you currently smoke cigarettes/cigar?

1___Yes →

C19 On the average, how many cigars/cigarettes do you usually smoke in one day? _____ stick/s

C20 How old were you when you started smoking? (about)

_____ years old → **GO TO C25**

2___No →
GO TO C25

C21 Did you use to smoke? 1___Yes → 2___No

C22 How many sticks per day? _____ Sticks

C23 How old were you when you started smoking? (about)

C24 How old were you when you stopped smoking? (about)

___years old

___years old

C25. Do you currently drink alcohol?

1___Yes →

C26 On the average, how often do you drink alcohol?

1___ (almost) every day

5___ Less than once a month

2___ Once every two or three days

6___ Occasional

3___ Once a week

7___ DK

4___ Once or twice a month

8___ NI

C27 How old were you when you started drinking regularly? (about)

_____years old.

2___No →

C28 Did you use to drink?

1___ Yes

2___ No →

GO TO BLOCK D

C29 How old were you when you started drinking regularly? (about)

_____years old

MAIN QUESTIONNAIRE

C30 How old were you when you stopped drinking regularly? (about)
_____ years old

END OF BLOCK C. PROCEED TO BLOCK D.

MAIN QUESTIONNAIRE

BLOCK D MENTAL HEALTH

IF PROXY INTERVIEW, DO NOT ASK THE ENTIRE BLOCK. GO TO BLOCK E.

CES-D Scale

During the past 7 days, to what extent has the following been true to you? There may be some questions for which you have no answer or which seem the same as another question, but the same questions are used internationally in studies and tests. We ask for your full cooperation.

ASK ALL OF QUESTIONS 1 THROUGH 12.

D1. During the past 7 days, to what extent has the following been true to you? Is it not at all/rarely, sometimes, or often? (SHOW FLASHCARD)	Rarely/ Not at all (<1 day)	Sometimes (1-2 days)	Often (3-4 days)	Most of time (5-7 days)
1. Your appetite was poor	1	2	3	4
2. You felt depressed	1	2	3	4
3. You felt that everything you did was an effort	1	2	3	4
4. Your sleep was restless	1	2	3	4
5. You felt happy	1	2	3	4
6. You felt lonely	1	2	3	4
7. You felt people were unfriendly	1	2	3	4
8. You enjoyed life	1	2	3	4
9. You felt sad	1	2	3	4
10. You felt that people dislike (do not like) you	1	2	3	4
11. You could not get "going"	1	2	3	4
12. You felt hopeful about the future	1	2	3	4

Self-rated Memory

D2. How would you rate your memory at the present time? Would you say it is excellent, very good, good, fair, or poor?

- 1 ___ Excellent
- 2 ___ Very good
- 3 ___ Good
- 4 ___ Fair
- 5 ___ Poor

D3. Compared with two years ago, would you say your memory is better now, about the same, or worse now than it was then?

- 1 ___ Better now
- 2 ___ About the same
- 3 ___ Worse now than it was then

D4. Are you satisfied with your present life? **(READ OUT RESPONSES)**

- 1 ___ Yes, Very satisfied
- 2 ___ Yes, Somewhat satisfied
- 3 ___ No, Not satisfied

D5. How much do you feel that your family, relatives, or friends are willing to listen when you need to talk about your worries or problems? **(READ OUT RESPONSES)**

- | | |
|--------------------|----------------------|
| 1 ___ A great deal | 5 ___ Not at all |
| 2 ___ Quite a bit | 6 ___ Keep to myself |
| 3 ___ Some | 7 ___ DK |
| 4 ___ Very little | |

MAIN QUESTIONNAIRE

END OF BLOCK D. PROCEED TO BLOCK E.

MAIN QUESTIONNAIRE

BLOCK E
HEALTH UTILIZATION

IF PROXY INTERVIEW, ASK ALL EXCEPT E26 TO E29.

In-patient Utilization

E1. In the past 12 months, have you ever stayed overnight in a hospital or any other medical facility because of an illness or accident?

- 1__ Yes
2__ No
7__ DK }

GO TO E10

E2 How many times in the past 12 months did you stay at least overnight in a hospital or medical facility?
_____ times

E3 The last time you were hospitalized, what type of facility did you use?

- | | |
|--|--|
| 01__ Municipal hospital
Center, Kidney Institute, | 06__ Public specialty hospitals (Heart Center, Lung
etc.) |
| 02__ District hospital | 07__ Private clinic |
| 03__ Provincial/City hospital | 08__ Private hospital |
| 04__ Regional hospital | 96__ Others. SPECIFY: _____ |
| 05__ Public/national hospitals (PGH, East Avenue Medical Hospital, etc.) | |

E4 What was/were the reason(s) why you were hospitalized?

- A__ Diarrhea
B__ Headache
C__ Diabetes/Increase in blood sugar level
D__ High blood pressure
E__ Stroke
F__ Asthma attack
X__ Others. SPECIFY: _____

E5 Who paid the most for your hospitalization? **CHOOSE ONE ONLY**

- | | |
|--------------------|-----------------------------|
| 01__ Respondent | 05__ Other relatives |
| 02__ Spouse | 06__ Friends |
| 03__ Children | 96__ Others. SPECIFY: _____ |
| 04__ Grandchildren | |

E6 Did you avail of Health Insurance benefits?

- 1__ Yes, as Retired Social Health Insurance member
2__ Yes, as Poor Social health insurance member
3__ Yes, as Voluntary Social Health Insurance member
4__ No, not a Social Insurance member or dependent of a Military Health Insurance member
7__ DK
9__ Not applicable

E7 Did you avail of other medical/health insurance aside from Social Health Insurance?

- 1__ Yes
2__ No → **GO TO E9**
7__ DK

E8 What kind of medical/health insurance?

- A__ Private HI Company
D__ Employees compensation

MAIN QUESTIONNAIRE

B___ Private International HI company

X___ Others. SPECIFY:

C___ Veterans

E9 Did you avail of discounts for the senior citizen for medical expenses?

1___ Yes

2___ No

7___ DK

9___ Not a senior citizen at

that time

Out-patient Utilization

OUT-PATIENT MEANS THAT THE PATIENT DID NOT SPEND A NIGHT AT A FACILITY.

E10 In the past 12 months, have you received medical care for an illness or accident from any medical facility or practitioner without staying overnight?

1___ Yes

2___ No

7___ DK

GO TO E13

E11 In the past 12 months, which health facility did you visit most as an out-patient? **(CHOOSE ONLY ONE)**

01___ Commune Health Station 06___ International Hospital hospital

02___ Public Poli-Clinic 07___ Public/National hospitals (PGH, East Avenue Medical Hospital, etc.)

03___ District hospital

08___ Public Specialty hospitals (Heart Center, Lung Center, Kidney Institute, etc.)

04___ Regional hospital

09___ Private Clinic

05___ Provincial/City hospital

10___ Private hospital

96___ Others (SPECIFY _____)

E12 In the past 12 months, which health practitioner did you see most often for your health problems? **(CHOOSE ONLY ONE)**

01___ Traditional practitioner

06___ Private doctor

02___ Doctor

96___ Other (SPECIFY) _____

03___ Nurse

97___ DK

04___ Midwife

05___ Barangay Health worker (BHW)

E13 Within the past 12 months, have you felt ill, and thought about going to see a doctor, but didn't?

1___ Yes

2___ No

7___ DK

GO TO E16

E14 Why didn't you go? **(MULTIPLE RESPONSE)**

A___ Not enough money

B___ Not enough time

C___ Self-medication

D___ Couldn't find a doctor

E___ No transportation

F___ Couldn't take time off from work to see a doctor

G___ Illness was not serious/need is not urgent

H___ Was afraid to find out about the illness

I___ Too far

J___ Don't know how to get there

K___ Could not find someone to go with me

X___ Others. SPECIFY: _____

MAIN QUESTIONNAIRE

MAIN QUESTIONNAIRE

IF MORE THAN ONE ANSWER IN E14 CONTINUE, OTHERWISE SKIP TO E16.

E15 Of the reasons given in E14, what was the most important reason for not going to see a doctor?
(CHOOSE ONLY ONE)

- | | |
|--|--|
| 01___ Not enough money | 10___ Don't know how to get there |
| 02___ Not enough time | 11___ Could not find someone to go with me |
| 03___ Self-medication | 12___ Other (SPECIFY) _____ |
| 04___ Couldn't find a doctor | 97___ DK |
| 05___ No transportation | 98___ NI |
| 06___ Couldn't take time off from work to see a doctor | 99___ NAP |
| 07___ Illness was not serious/need is not urgent | |
| 08___ Was afraid to find out about the illness | |
| 09___ Too far | |

E16 Do you have a health insurance?

- 1___ Yes 2___ No **GO TO E18**

E17 What type of health insurance? **CHECK ALL MENTIONED**

- | | |
|--------------------------------------|-----------------------------|
| A___ Social Health Insurance | D___ Employees compensation |
| B___ Private health insurance system | X___ Others. SPECIFY: _____ |
| _____
C___ Veterans | |

Long-Term Care

E26. Are you currently receiving care because of your continuing condition of ill-health or disability?

- 1___ Yes
2___ No **GO TO E30**

E27. Who is mainly taking care of you?

- 0___ None
1___ Spouse
2___ Son
3___ Daughter
4___ Daughter-in-law
5___ Son-in-law
6___ Grandchild
7___ House help
96___ Others. SPECIFY: _____
97___ Not sure

E28. How often does (answer in E27) take care of you?

- 1___ Everyday
2___ Every few days
3___ Every week
4___ Every month
5___ Every few months

E29. What kind of care does (answer in E27) provide you?

- A___ Preparing my food
B___ Giving my medicine
C___ Self-care (e.g., bathing, washing, toileting, etc.)
D___ Getting up from bed/chair
E___ Assist in moving around

MAIN QUESTIONNAIRE

X__ Others. SPECIFY: _____

IF PROXY INTERVIEW, PROCEED TO BLOCK F.

The following questions are hypothetical and assume that you may need long-term care. First, (1) assume you have dementia (senility). **(ASK E30 AND E31 BELOW.)** Next, (2) you assume you have become an invalid. **(ASK E32 AND E33 BELOW.)**

E30. In case you will be needing long-term care in the future due to dementia (senility), who would you like to receive care from?

- | | |
|---------------------|-----------------------------|
| 1__ Spouse | 6__ Personal aid |
| 2__ Son | 7__ Hospital |
| 3__ Daughter | 8__ Convalescence home |
| 4__ Daughter-in-law | 96__ Others. SPECIFY: _____ |
| 5__ Son-in-law | 97__ Not sure |

E31. In case you will be needing long-term care in the future due to dementia (senility), who is most likely to take care of you?

- | | |
|---------------------|-----------------------------|
| 1__ Spouse | 6__ Personal aid |
| 2__ Son | 7__ Hospital |
| 3__ Daughter | 8__ Convalescence home |
| 4__ Daughter-in-law | 96__ Others. SPECIFY: _____ |
| 5__ Son-in-law | 97__ Not sure |

E32. In case you will be needing long-term care in the future because you became invalid or bedridden, who would you like to receive care from?

- | | |
|---------------------|-----------------------------|
| 1__ Spouse | 6__ Personal aid |
| 2__ Son | 7__ Hospital |
| 3__ Daughter | 8__ Convalescence home |
| 4__ Daughter-in-law | 96__ Others. SPECIFY: _____ |
| 5__ Son-in-law | 97__ Not sure |

E33. In case you will be needing long-term care in the future because you became invalid or bedridden, who is most likely to take care of you?

- | | |
|---------------------|-----------------------------|
| 1__ Spouse | 6__ Personal aid |
| 2__ Son | 7__ Hospital |
| 3__ Daughter | 8__ Convalescence home |
| 4__ Daughter-in-law | 96__ Others. SPECIFY: _____ |
| 5__ Son-in-law | 97__ Not sure |

END OF BLOCK E. PROCEED TO BLOCK F.

MAIN QUESTIONNAIRE

BLOCK F INCOME AND ASSETS

IF PROXY INTERVIEW, ASK ALL EXCEPT F1, F3, F5, AND F6.

F1. Now, think about your family when you were growing up, from birth to age 16. Would you say your family during that time was pretty well-off financially, about average, or poor?

1____ Pretty well-off

2____ Average

3____ Poor

F2. We would like to know your and your spouse's current sources of income. For each of the following sources, please tell me if you or your spouse receive income from it. **(READ OUT CATEGORIES)**

Sources of Income	Older Person R	Spouse	No
1. Earnings from work			
2. Pension			
3. Government subsidies			
4. Interest of time deposits, savings, and earnings from stocks			
5. From property and real estate rentals			
6. Income from family business (e.g. store, backyard piggery, poultry, etc.)			
7. Income from farm			
8. Money from children within the country			
9. Money from children outside the country			
10. Money from other relatives outside the household			
11. Friends or neighbors			
12. DK			

IF MORE THAN ONE ANSWER ABOVE, ASK F3. OTHERWISE, GO TO F4. F3 CANNOT BE ASKED TO THE PROXY.

F3 Which of those you mentioned is the most important source to you? _____
(WRITE THE NUMBER, e.g. 2 FOR PENSION)

F4a. What was the total annual income in the past 12 months of the household?

- <2,000,000 1
- 2,000,000-<10,000,000 2
- 10,000,000 - <50,000,0003
- 50,000,000-<100,000,0004
- 100,000,000-300,000,0005
- More than 300,000,0006
- Does not know8

F4b. Do you have any type of savings (money, gold...except for land)?

1____ Yes

2____ No => F4e

F4c What is the current value of your savings?

- <2,000,000 1
- 2,000,000-<10,000,000 2
- 10,000,000 - <50,000,000 3
- 50,000,000-<100,000,000.....4
- 100,000,000-300,000,000.....5
- More than 300,000,000 6
- Does not know amount 8

F4d. What is your main purpose of savings?

Retirement 1

Inheritance..... 2

MAIN QUESTIONNAIRE

For emergencies 3
Others (specific)..... 9

F4e. Does your household have any debt?

- 1 ____ Yes
2 ____ No => f5

F4f. What is the total value of the debt?

_____ thousand VND

F4g. What is the cause of your household's debt? (*Multiple answers permitted -- Circle all that apply.*)

- Investment for business..... 1
Health problem..... 2
Daily expense 3
Building/Renovating houses 4
Wedding/funeral expenses 5
Purchasing house appliances..... 6
Unexpected shocks..... 7
Others (be specific)..... 9

IF PROXY INTERVIEW, GO TO F7.

F5. When you think about the income of all the members of your household and all the expenses for maintaining (or running) the whole household, would you say: **CHECK ONE ONLY**

- 1 ____ There is enough (income), with money left over **GO TO F7**
2 ____ Just enough to pay expenses, with no difficulty **GO TO F7**
3 ____ Some difficulty in meeting expense }
4 ____ Considerable difficulty in meeting expenses **CONTINUE**
7 ____ DK **GO TO F7**

IF PROXY INTERVIEW, GO TO F7.

F6. What is your household's main source of funds to meet the shortfall in income? **CHECK ONE ONLY**

- | | |
|---|-----------------------------------|
| 01 ____ Draw from savings of R and spouse
(e.g. 5-6) | 05 ____ Borrow from money lenders |
| 02 ____ Request more money from children | 06 ____ Borrow from bank |
| 03 ____ Sell assets | 96 ____ Others. SPECIFY: |
| _____ | |
| 04 ____ Borrow from relatives/friends | |

F7. Who owns the house that you are currently residing in?

- | | |
|---|---------------------------------|
| 01 ____ Respondent | 07 ____ Parents and/or siblings |
| 02 ____ Spouse | 08 ____ Son/daughter |
| 03 ____ Belongs to both R and spouse | 09 ____ Other relative |
| 04 ____ Jointly owned by R (or couple) and children | 10 ____ Renting |
| 05 ____ Belong to clan/ancestors | 96 ____ Others. SPECIFY: |
| _____ | |
| 06 ____ Provided by government or employer | |

Assets and Liabilities

F8. Do you and/or your spouse own other assets such as: **CHECK ALL MENTIONED**

- | | |
|--|---|
| A ____ Real estate besides your house and/or lot | F ____ Jewelry |
| B ____ Cash | G ____ Appliances (TV, ref, microwave oven) |
| C ____ Bank accounts | H ____ Motor vehicles |
| D ____ Farm/fishpond | X ____ Others. SPECIFY: |
| _____ | |
| E ____ Business (sari-sari store, poultry) | |

MAIN QUESTIONNAIRE

F9. Do you and/or your spouse have any liability such as bank loans, personal loans, amortization, etc.?

1 ☐ Yes

2 ☐ No

GO TO BLOCK G

F10. What are these liabilities? **CHECK ALL MENTIONED**

A ☐ Bank loans

B ☐ Personal loans

C ☐ Amortization for housing

D ☐ Loans from money-lenders, credit unions, cooperatives

E ☐ Loans from government

F ☐ Unpaid debts

X ☐ Others. SPECIFY: _____

END OF BLOCK F. PROCEED TO BLOCK G.

BLOCK G ATTITUDES AND BELIEFS

IF PROXY INTERVIEW, DO NOT ASK THE ENTIRE BLOCK. GO TO BLOCK H.

G1. Please tell me whether you agree or disagree with the following statements.

Statements	Agree	Disagree
1. It is the child's duty to support and take care of older/aged parents.	1	2
2. It is acceptable for someone in their 60s or older to fall in love.		

MAIN QUESTIONNAIRE

	1	2
3. It is acceptable for someone in their 60s or older to (re)marry if they find a suitable partner.	1	2
4. It is acceptable for children who looked after their parents to inherit larger portions of their estate when they pass away.	1	2
5. It is better for the elderly parent to live with a daughter than with a son.	1	2
6. Men should work to support the family, and women should stay home and take care of the household.	1	2
7. It is the parents' duty to do their best for their children even at the expense of their own wellbeing.	1	2

G2. What do you think is the best living arrangement for older persons like you, should they **(READ OUT RESPONSES)**

- 1__ Live by themselves
- 2__ Live by themselves but near one or more children
- 3__ Rotate residence among children
- 4__ Live with a son
- 5__ Live with a daughter
- 96__ Others. SPECIFY: _____

Loyola Generativity Scale

G3. For each of the following statements, please indicate how often the statements apply to you. Is it never, occasionally/ seldom, fairly often, or very often/nearly always? **(SHOW FLASHCARD)**

Statements	Never	Occasionall y/ seldom	Fairly often	Very often/ Nearly always
1. You have important skills you can pass along to others.	0	1	2	3
2. Many people come to you for advice.	0	1	2	3
3. You feel that other people need you.	0	1	2	3
4. You have had a good influence on the lives of other people.	0	1	2	3
5. You like to teach things to other people	0	1	2	3
6. Others would say you have made unique contributions to society.	0	1	2	3

END OF BLOCK G. PROCEED TO BLOCK H.

MAIN QUESTIONNAIRE

BLOCK H ACTIVITIES, SOCIAL ISOLATION, AND INFORMATION TECHNOLOGY

IF PROXY INTERVIEW, ASK ALL EXCEPT H5 AND H9 TO H15.

Now let us talk about your activities.

Could you please tell me how often you engage in the following activities? **(RECORD RESPONSE IN THE TABLE BELOW)**

RECORD FREQUENCY OF PARTICIPATION AS FOLLOWS: (H1)

1___ Every day
2___ Several times/week
3___ About once a week
4___ About once a month
5___ A few times a year
0___ Never
9___ Not applicable

Activities	H1. How often?
1. Listen to radio	0 1 2 3 4 5 9
2. Read newspapers, magazines or books	0 1 2 3 4 5 9
3. Watch TV	0 1 2 3 4 5 9
4. Watch movies outside the house	0 1 2 3 4 5 9
5. Attend social activities (e.g. going together with friends, family or neighbors, going out to eat, walking for pleasure, attend parties, fiestas)	0 1 2 3 4 5 9
6. Physical exercises such as walking, calisthenics, ballroom dancing.	0 1 2 3 4 5 9
7. Gardening	0 1 2 3 4 5 9
8. Gambling for leisure (cockfight, mahjong, tong-its, casino, bingo, etc.)	0 1 2 3 4 5 9
9. Hangout with friends and neighbors (chikahan/kwentuhan)	0 1 2 3 4 5 9

Religiosity and aging

Now, let us talk about your religious activities.

Religious activity	H2. Do you ____	*H3. About how often have you attended this activity during the last year (last 12 months)?
1. Attend religious services outside the home	1___Yes 2___No GO TO	1 2 3 4 5 0
2. Attend religious activities outside the home (prayer, meeting, bible studies, etc.)	1___Yes 2___No GO TO	1 2 3 4 5 0
3. Pray by yourself or privately in places other than a public place of worship (e.g. church, mosque, etc.)	1___Yes 2___No GO TO	1 2 3 4 5 0
4. Perform religious activities at home with other family members (e.g. praying the rosary, bible study)	1___Yes 2___No GO TO	1 2 3 4 5 0

MAIN QUESTIONNAIRE

5. Watch or listen to religious activities through TV or radio	1___Yes H2.6	2___No GO TO	1	2	3	4	5	0
6. Read the Bible or any religious materials	1___Yes	2___No GO TO H4	1	2	3	4	5	0

Codes for H3:

1___Everyday 2___Several times/week 3___About once a week 4___About once a month
5___A few times a year 0___Never

H4. Are you currently a member of any religious group or organization, e.g. CWL, CFC, Knights of Columbus, Men's Fellowships, etc.?

1___Yes 2___No

IF PROXY INTERVIEW, GO TO H6.

H5. How important is religion in your life?

1___Very important
2___Somewhat important
3___Not at all important
8___Dont know
9___Refused

Membership in Organizations

H6. Are you a member of any type(s) of non-religious organizations?

1___Yes 2___No **GO TO H9**

H7. What are these organizations? **MULTIPLE RESPONSE**

A___ Business professional or farm association (e.g., Cooperative, Medical Association, Education Association etc.)
B___ Political group (e.g., Communist party group, etc.)
C___ Mass organization (e.g., Peasant, Veteran, WU Association, etc.)
D___ Clan association
E___ Organization of retired elderly persons (e.g., Association, etc.)
X___ Others. SPECIFY: _____

H8. Are you engaged in any volunteer work in church or community, such as feeding program, teaching catechism, community services, etc.?

1___Yes 2___No 7___Not sure

Social Isolation

IF PROXY INTERVIEW, GO TO H16.

H9. The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.... **(SHOW FLASHCARD)**

Questions	Never	Rarely	Occasionally	Fairly often	Always
1. How often do you feel that you lack companionship?	0	1	2	3	4
2. How often do you feel left out?	0	1	2	3	4

MAIN QUESTIONNAIRE

3. How often do you feel isolated from others?	0	1	2	3	4
--	---	---	---	---	---

Now I am going to ask some questions about your relationships with other people. Most people discuss with others the good or bad things that happen to them, problems they are having, or important concerns they may have.

H10. Among all your relatives not living with you (including children, grandchildren, in-laws, siblings, nieces, nephews, cousins, uncles, aunties, etc.)... (SHOW FLASHCARD)							
		0	1	2	3 ~ 4	5 ~ 8	≥ 9
1	How many relatives do you see or hear from at least once a month?	0	1	2	3	4	5
2	How many relatives do you feel at ease with that you can talk about private matters?	0	1	2	3	4	5
3	How many relatives do you feel close to such that you could call on them for help?	0	1	2	3	4	5

H11. Among all your relatives not living with you (including children, grandchildren, in-laws, siblings, nieces, nephews, cousins, uncles, aunties, etc.)... (SHOW FLASHCARD)							
		Never	Seldom	Sometimes	Often	Very Often	Always
1	How often do you see or hear from relatives with whom you have the most contact?	0	1	2	3	4	5
2	When one of your relatives has an important decision to make, how often do they talk to you about it?	0	1	2	3	4	5
3	How often is one of your relatives available for you to talk to when you have an important decision to make?	0	1	2	3	4	5

H12. Are you satisfied with the level of contact with your relatives? **(SHOW FLASHCARD)**

- 1___ Very satisfied
- 2___ Satisfied
- 3___ Unsatisfied
- 4___ Very unsatisfied
- 5___ Not sure

H13. Among all of your friends including those who live in your neighborhood... (SHOW FLASHCARD)							
		0	1	2	3 ~ 4	5 ~ 8	≥ 9
1	How many friends do you see or hear from at least once a month?	0	1	2	3	4	5
2	How many friends do you feel at ease with that you can talk about private matters?	0	1	2	3	4	5

MAIN QUESTIONNAIRE

3	How many friends do you feel close to such that you could call on them for help?	0	1	2	3	4	5
---	--	---	---	---	---	---	---

H14. Among all of your friends including those who live in your neighborhood... (SHOW FLASHCARD)		Never	Seldom	Sometimes	Often	Very Often	Always
1	How often do you see or hear from friends with whom you have the most contact?	0	1	2	3	4	5
2	When one of your friends has an important decision to make, how often do they talk to you about it?	0	1	2	3	4	5
3	How often is one of your friends available for you to talk to when you have an important decision to make?	0	1	2	3	4	5

H15. Are you satisfied with the level of contact with your friends? **(SHOW FLASHCARD)**

- 1__ Very satisfied
- 2__ Satisfied
- 3__ Unsatisfied
- 4__ Very unsatisfied
- 5__ Not sure

Information Technology and Aging

The next questions are about information technologies and information/telecommunication services.

H16. Do you have access to internet connection?

1__ Yes →

2__ No

H17. How many hours in a day do you access the internet? _____ Hours in a day

H18. Do you have a social networking account like Facebook, Instagram, Twitter, etc.?

1__ Yes 2__ No **GO TO H20**

H19 If yes, what are these? **CHECK ALL MENTIONED**

- A__ Facebook
- B__ Instagram
- C__ Youtube
- D__ Zalo
- X__ Others. SPECIFY:

H20. Do you have your own cellular phone?

MAIN QUESTIONNAIRE

1____ Yes

→ H21 How many hours do you use your cellphone in a day?

2____ No

H22. Do you have a tablet?

1____ Yes

→ H23 How many hours do you use your tablet in a day?

2____ No

H24 Do you have a laptop?

1____ Yes

→ H25 How many hours do you use your laptop in a day?

2____ No

IF RESPONDENT ANSWERED YES IN ANY OF THE QUESTIONS FROM H16 TO H24, ASK H26. OTHERWISE, GO TO BLOCK I.

H26. Do you use any of these gadgets for the following?

	Yes	No
A. Calling friends and family 2	1	
B. Sending or receiving emails	1	2
C. Chat sites messaging 2	1	
D. Voice or video call using the internet (e.g. Skype, Whatsapp, Viber, Messenger, FB) 2		1
E. Playing video or computer games 2	1	
F. Watching movies and TV shows, and listening to music 2		1
G. Read e-books, magazines and online news 2	1	
H. Internet banking 2	1	
X. Other activities, SPECIFY _____		

H37. Who helps you with the use of these technologies? **CHECK ALL MENTIONED**

- | | |
|---------------------|----------------------------|
| A__ None | G__ Grandchild |
| B__ Spouse | H__ Brother |
| C__ Son | I__ Sister |
| D__ Daughter | J__ Other relatives |
| E__ Son-in-law | K__ Friends |
| F__ Daughter-in-law | X__ Others. SPECIFY: _____ |

END OF BLOCK H. PROCEED TO BLOCK I.

MAIN QUESTIONNAIRE

BLOCK I SERVICES FOR THE ELDERLY

- I1. Have you heard about the government's program that provides privileges to senior citizens, 60 years and over like discount on the purchase of public transport tickets, fare fees, and some other benefits?

1___ Yes
2___ No

GO TO I3

- I2. Are you a registered senior citizen, that is, do you have senior citizen ID card?

1___ Yes
2___ No

GO TO I4

- I3. Have you availed of some of the privileges which the senior citizens are entitled to, like...? **CHECK ALL MENTIONED**

PRIVILEGES	Yes	No
1. Priority to use medical services (for elderly 80+)	1	2
2. Discount from establishments for public transportation services, sightseeing;	1	2
3. Legal aid fo elderly	1	2
4. Assistance for the poor elderly or elderly without family support	1	2
5. Funeral service for poor elderly or elderly without family	1	2
6. Income tax exemption for person aged 65 and above	1	2
7. Priority loan (low interest)	1	2
8. Longevity wishing ceremony (90+)	1	2
9. Re-participate in social activities	1	2

- I4. Are you a recipient of the monthly social pension given by the Department of Social Welfare and Development (DOLISA)?

1___ Yes

2___ No

MAIN QUESTIONNAIRE

I5. Do you think it is a good idea to have "Homes for the Aged or the elderly" in the Vietnam?
"Homes for the Aged" is a place where older people can live together with other older people away from their families.

1___ Yes

→

I6 Why? **CHECK ALL MENTIONED**

- A___ Spare the family from burden of caring for the elderly
- B___ Health will be better taken care of
- C___ Better chance to socialize with people of same age
- D___ Beneficial for those who have no one to care for them
- X___ Others. SPECIFY: _____

2___ No

→

I7 Why not? **CHECK ALL MENTIONED**

- A___ The family should take care of the elderly
- B___ Elderly will miss family
- C___ Elderly will not want to live with strangers
- D___ Expensive
- E___ Shameful for the family
- X___ Others. SPECIFY: _____

3___ It depends →

I8

It depends on what?

- A___ If older person is abandoned
- B___ If children do not want to care of their elderly parents
- C___ If children do not treat their elderly parents well
- D___ If older person has no children or grandchildren
- E___ If the conditions and treatment in the Home for the Aged is good
- X___ Others. SPECIFY: _____

is good

IF PROXY INTERVIEW, GO TO BLOCK J.

I9. If there were "Homes for the Aged" near your current residence, would you ever want to live in such a place?

1___ Yes

GO TO I11

2___ No

GO TO BLOCK J

3___ It depends

7___ DK

I10. If desire to live in a "Home for the Aged" is conditional, it depends on what? **CHECK ALL MENTIONED**

- A___ If older person is abandoned
- B___ If children do not want to care of their elderly parents
- C___ If children do not treat their elderly parents well
- D___ If older person has no children or grandchildren
- E___ If the conditions and treatment in the Home for the Aged is good
- X___ Others. SPECIFY: _____

I11. If there were "Homes for the Aged" near your current residence, would you want to live there now?

1___ Yes

GO TO BLOCK J

2___ No

GO TO BLOCK J

3___ It depends

7___ DK

I12. If desire to live in a "Home for the Aged" now is conditional, it depends on what? **CHECK ALL MENTIONED**

MAIN QUESTIONNAIRE

- A___ If older person is weak and sickly
B___ If older person has no place to live/abandoned
C___ If children do not want to care of their elderly parents/If older person becomes a burden
D___ If children do not treat their elderly parents well
E___ If older person has no children or grandchildren
F___ If the conditions and treatment in the Home for the Aged is good
G___ If children will allow
X___ Others. SPECIFY: _____

END OF BLOCK I. PROCEED TO BLOCK J.

BLOCK J CHILDREN AND GRANDCHILDREN

Children

Now, let's talk about your children.

J1. Do you have any children including adopted/stepchildren?

- 1___ Yes
2___ No

GO TO J31

J2. How many children did you have over your lifetime (Referring to own children)? _____ No. of children

J3. How old were you when you had your first child? _____ Years old

J4. How many are still alive? _____ No. of living children

J5. How many are dead? _____ No. of children dead

J6. Do you have any adopted or stepchildren? 1___ Yes 2___ No **GO TO J9**



J7. How many are living? _____ No. of living children

MAIN QUESTIONNAIRE

J8. How many are dead? _____ No. of children dead

MAIN QUESTIONNAIRE

ASK RESPONDENT TO CONFIRM THE LIST OF NAMES OF CHILDREN.

Now, let's talk about your children and any kind of social contact and assistance that you gave them.

Line No.	Name of children	Social contact		Assistance			
		*J9. In the past 12 months, how often did you visit _____?	*J10. In the past 12 months, how often did you write, call/text _____? (Any form of social contact)	J11. In the past 12 months, did you give financial support to ____? 1__Yes 2__No	J12. In the past 12 months, did you give material support like food, clothes, and medicine to ____? 1__Yes 2__No	J13. In the past 12 months, did you give instrumental support like bathing and going to the toilet to ____? 1__Yes 2__No	J14. In the past 12 months, did you give emotional support like companionship, consultation or advice for troubles to ____? 1__Yes 2__No
R1							
R2							
R3							
R4							
R5							
N1							
N2							
N3							
N4							
N5							

MAIN QUESTIONNAIRE

ASK RESPONDENT TO CONFIRM THE LIST OF NAMES OF CHILDREN.

Now, let's talk about the social contact and assistance that you received from your children.

Line No.	Name of children	Social contact		Assistance			
		*J15. In the past 12 months, how often were you visited by _____?	*J16. In the past 12 months, how often did you received letter, call or text from _____? (Any form of social contact)	J17. In the past 12 months, did you receive financial support from _____? 1___Yes 2___No	J18. In the past 12 months, did you receive material support like food, clothes, and medicine from _____? 1___Yes 2___No	J19. In the past 12 months, did you receive instrumental support like assistance in bathing and going to the toilet from _____? 1___Yes 2___No	J20. In the past 12 months, did you receive emotional support like companionship, consultation or advice for troubles from _____? 1___Yes 2___No
R1							
R2							
R3							
R4							
R5							
N1							
N2							
N3							
N4							
N5							

CODES FOR *J9 AND *J15

1___Everyday 7___Has not exchanged visits

CODES FOR *J10 and *J16

0___Never
1___Everyday

MAIN QUESTIONNAIRE

- 2___ Every few days than a year
3___ Every week 8___ Special occasions only
4___ Every month mas, Wedding, etc.)
5___ Every few month
6___ Every year
- 2___ Every few days
3___ Every week
4___ Once
9___ Not applicable

J21. In the past 12 months, have you (and your spouse) ever given a large amount to help any of your children either to start a business, special medical expense, travel abroad, or some other special purpose like wedding, buying a house etc.?

1___ Yes 2___ No **GO TO J23**

J22. If gave large amount, how much did it amount to? _____

J23. Do you get monthly financial support from any of your children?

1___ Yes 2___ No **GO TO J25**

J24. On average, how much money do you receive from all your children every month? _____

ASK J25 ONLY TO THOSE WITH LIVING CHILDREN. FOR THOSE WITH NO CHILDREN, SKIP TO J31.

IF PROXY INTERVIEW, GO TO J31.

J25. Do you plan to rely on your children (including adoptive or stepchildren) for financial support?

- 1___ Yes
2___ No
3___ Haven't thought of issue yet

J26. Are you satisfied with the level of contact with your children?

1___ Yes, very satisfied. 2___ Yes, satisfied but can be improved. 3___ No, I am not satisfied.

J27. Are you satisfied with the level of assistance given by your children?

1___ Yes, very satisfied. 2___ Yes, satisfied but can be improved 3___ No, I am not satisfied 4___ I am not getting any assistance from any of my children

MAIN QUESTIONNAIRE

- J28. Among all your children, who do you think is the most likely to take care of you in the future when you need help? _____
- J29. Why do you think _____ will most likely take care of you in the future? _____
- J30. Other than _____, who else among your other children will most likely take care of you in the future when you need help? _____

MAIN QUESTIONNAIRE

IF OLDER PERSON R HAS CHILDREN (J1 = 1), CONTINUE.
IF OLDER PERSON R HAS NO CHILDREN (J1 = 2), GO TO BLOCK K.

Grandchildren

Now, let's talk about your grandchildren.

J31. Do you have any grandchildren from you own, step and adopted children?

1__ Yes, from own, step and adopted children
 0__ None (**GO TO BLOCK K**)

J32. Do you take care of any of your grandchildren, either fully or partially?

1__ Yes 2__ No **GO TO BLOCK K**

Let us talk about your own grandchildren you take care of either fully or partially at present. Please give me their names starting from oldest to youngest.

J33. Name of own grandchild	J34. Sex of grandchild	J35. Age of grandchild	J36. Who is the parent of this grandchild? 1 - R's son 2 - R's daughter	J37. Does this grandchild live with you? 1__ Yes 2__ Lives next 3__ Lives in barangay 4__ Lives the barangay	J38. Are you solely in charge of taking care of _____? 1 – Yes 2 – No (GO to J40)	*J39. Why are you solely in charge of taking care of _____? GO TO J41	*J40. If partially, what kind of _____? (MULTIPLE RESPONSE)	J41. How many hours per week on average do you spend for the care of _____?

J42. At what age did you first have a grandchild? _____ 97__ DK

MAIN QUESTIONNAIRE

***CODES FOR J39**

- 1 Child's parent is working abroad
- 2 Child is orphaned
- 3 Child prefers to live with R than with own parents
- 4 Mother/Father or both parents of child is working outside the town/city but within the Philippines
- 5 Child's parents are separated
- 6 Child's parents are not married
- 7 Others. SPECIFY: _____

***CODES FOR J40**

- A Babysitting
- B Fetching and bringing child to school
- C Helping in school work
- D Playing with the child
- E Bringing the child to the doctor/taking care of the child when sick
- F Helping in feeding, etc.
- X Others. SPECIFY: _____

END OF BLOCK J. PROCEED TO BLOCK K.

MAIN QUESTIONNAIRE

BLOCK K
CONSENT FOR ANCHOR CHILD AND CAREGIVER

We would also like to interview one of your children and your current or potential primary caregiver.

Primary/potential caregiver

K1. Do you have a primary caregiver at the moment?

1___Yes 2___No **GO TO K4**

K2. Is it okay to interview this person?

1___Yes 2___No **GO TO K7**

K3. Can we have the name and the contact details of your primary caregiver?

Name: _____

Contact number: _____

Relationship to older person: _____

GO TO K7

K4. Do you have a person in mind whom you think will take care of you when you need one?

1___Yes 2___No **GO TO K7**

K5. Is it okay to interview this person?

1___Yes 2___No **GO TO K7**

K6. Can we have the name and the contact details of your potential caregiver?

Name: _____

Contact number: _____

Social media account/s: _____

Relationship to older person: _____

Children

K7. Is it okay for you if we contact anyone of your children for interview?

1___Yes 2___No **GO TO K9** 9___No children **GO TO K9**

K8. Can we get his/her contact information from you?

interview 1___Yes 2___No 9___No children available for
GO TO K9

Name: _____

Contact number: _____

Social media account/s: _____

Name: _____

Contact number: _____

Social media account/s: _____

K9. In case we want to get in touch with you in the future, who do you think should we contact?

Name: _____

Contact number: _____

Social media account/s: _____

MAIN QUESTIONNAIRE

Relationship to older person: _____

1___ Same as K3 (Primary caregiver)

2___ Same as K6 (Potential caregiver)

END OF INTERVIEW.

End time: _____

MAIN QUESTIONNAIRE

BLOCK L COGNITIVE ASSESSMENT

IF PROXY INTERVIEW, DO NOT ASK THE ENTIRE BLOCK.

Date: _____

Start time: _____

Scoring: One point for each correct answer.

L3. "What season is it?" _____ 0 = Incorrect 1 = Correct

L8. "Count backwards from 20 to 1."

Trial #1: (Circle each correct response): 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

(If participant correctly counted backwards on trial #1 Score = 2 points. If participant did not correctly count backwards on trial #1, administer trial #2).

Trial #2: (Administer only if Older Person R did not correctly complete trial #1): "Now, let's try that again. I would like for you to count backwards from 20 to 1."

20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

If participant correctly counted backwards on trial #2 Score = 1 point). If participant did not correctly complete task in two trials (Score = 0 points)

(Score = 0, 1 or 2) _____

L9. "I am going to read a list of 10 words. Please listen carefully and try to remember them. When I am done, tell me as many words as you can, in any order. Ready? The words are:"

Cabin	_____	Theatre	_____
Pipe	_____	Watch	_____
Elephant	_____	Whip	_____
Chest	_____	Pillow	_____
Silk	_____	Giant	_____

"Now, tell me all the words you can remember." (Check each correct response above)

Score = 1 point for each correct response. No penalty for repetitions or intrusions.

Plurals are considered correct. Record total number of correct responses.

(Total correct = 0–10)

MAIN QUESTIONNAIRE

L10. "Now I'd like you to subtract 7 from 100. Then keep subtracting 7 from each answer until I tell you to stop. What is 100 take away 7?" (Record the Older Person R's responses in the boxes. Score the total number of correct answers)

93	86	79	72	65

NOTE: Answer is correct if a response is exactly 7 from the previous response, regardless of whether that response was correct or not.

(Total correct = 0–5)

L12. "How many things are in a dozen?"

(Score = 1 point for L12)

(Score = 0-1) _____

L20. "I'm going to give you a word and I want you to give me its opposite. For example, the opposite of hot is cold. What is the opposite of west?"

(Score = 1 point for east)

(Score = 0-1) _____

L22. "Earlier I read a long list of words to you. Please tell me all of the words that you can remember from that list."

(Check each correct response)

Cabin	_____	Theatre	_____
Pipe	_____	Watch	_____
Elephant	_____	Whip	_____
Chest	_____	Pillow	_____
Silk	_____	Giant	_____

Score = 1 point for each correct response. No penalty for repetitions or intrusions.
Plurals are considered correct. Record total number of correct responses.

(Score = 0-10) _____

SUBTOTAL CORRECT:

MAIN QUESTIONNAIRE

L23. Now I want to see how many different animals you can name. You will have 60 seconds. When I say, 'Begin,' say the animal names as fast as you can.

END OF INTERVIEW.

End time: _____

Post interview: Observations of the Interviewer

Observation 1. Select one from below that best describes the interview.

1. Responses given by the subject (GO TO SQ1 to SQ3)
2. Responses given by the subject who required the assistance of a third party (GO TO SQ4 to SQ5)
3. Responses given by proxy (GO TO Observation 2)

(Those responding "1" for Observation 1)

SQ1. During the survey, was there someone either present in the room or in a room nearby who could hear the contents of the interview?

- | | | |
|---|-------------|-----------------------|
| 1__ Yes, during most of the | } interview | GO TO SQ2 |
| 2__ Yes, during half of the | | |
| 3__ Yes, at times during the | | |
| 4__ For the most part, no third party was present to hear | --- | (GO TO Observation 2) |

SQ2. If there was someone present, what was his or her relationship to the subject? **CHECK ALL MENTIONED**

- | | | |
|--------------|---------------------|-----------------------------|
| A__ Spouse | D__ Daughter-in-law | G__ Relative other than the |
| B__ Son | E__ Son-in-law | aforementioned. SPECIFY: |
| C__ Daughter | F__ Grandchild | X__ Others. SPECIFY: |

SQ3. To what extent did this third party influence the subject's response?

- 1__ Would correct the subject's responses or prevent the subject from giving his or her own responses
- 2__ Listened to the interview, but did not interrupt verbally
- 3__ Hardly paid any attention to the interview
- 4__ Didn't seem to have any effect on the subject's responses

(GO TO Observation 2)

(Those responding "2" for Observation 1)

SQ4. If there was someone assisting the subject, what was his or her relationship to the subject? **CHECK ALL MENTIONED**

- A__ The subject has been hospitalized
- B__ The subject has difficulty hearing (the subject is hearing impaired, etc.)
- C__ The subject has difficulty speaking (the subject is experiencing verbal difficulties)
- D__ The subject has experienced psychological disorder such as memory loss, confusion or loss of consciousness, dementia, etc.
- X__ Others. SPECIFY: _____

(To all respondents)

Observation 2. The following concerns your impression of the subject. (This includes subjects responding for themselves, with the assistance of a third party or by proxy)

MAIN QUESTIONNAIRE

Impressions	Yes	Somew hat	Not really	No	Not sure
1) Did you feel that the subject was mentally competent enough to provide adequate responses?	1	2	3	4	5
2) Did you feel that the subject's responses were largely accurate?	1	2	3	4	5
3) Did you feel that the subject understood the questions?	1	2	3	4	5
4) Did you feel that the subject was responsive to and enjoyed the interview?	1	2	3	4	5

Observation 3. How tired did the subject appear after the interview?

1___ Very

2___ Somewhat

3___ Not at all

Observation 4. Did you experience trouble interviewing the subject due to hearing difficulties on the part of the subject?

1___ Yes

2___ No

3___ Not sure

If Yes, Continue to SQ6. Otherwise, end.

SQ6. Do you feel the subject's hearing difficulties adversely affected the survey?

1___ Yes

2___ No

2018 LONGITUDINAL STUDY OF AGING AND HEALTH IN VIETNAM

ANTHROPOMETRIC QUESTIONNAIRE

IDENTIFICATION AND CALL RECORD

IDENTIFICATION NUMBER	_____	<input type="text"/> <input type="text"/> <input type="text"/>
PROVINCE	_____	<input type="text"/> <input type="text"/>
CITY/MUNICIPALITY	_____	<input type="text"/> <input type="text"/>
COMMUNE	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ENUMERATION AREA	_____	<input type="text"/> <input type="text"/>
URBAN/RURAL (URBAN=1, RURAL=2)	_____	<input type="text"/>
NAME OF OLDER PERSON	_____	
ADDRESS	_____	
MOBILE NUMBER	_____	

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				INTERVIEWER'S CODE
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NO. OF VISITS
RESULT CODES 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 OTHERS/SPECIFY				
LANGUAGE OF INTERVIEW <input type="checkbox"/> 1 ENGLISH 2 Other				
INTERVIEWER <input type="text"/> <input type="text"/> _____ Name and signature Date		SUPERVISOR <input type="text"/> <input type="text"/> _____ Name and signature Date		_____ _____

INTRODUCTION AND CONSENT

We would like to better understand certain aspects related to the health and physical status of persons your age. For this reason, we are going to take some measurements including your weight. If you have questions now or later, please do not hesitate to ask me. Is it okay to do the measurements now?

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AA1	Indicate whether the respondent agreed to have his/her anthropometric measurements taken.	AGREE 1 DID NOT AGREE 2	→ END
AA2	NOTE TO INTERVIEWER: Observe and record if R	CAN STAND ON HIS/HER OWN 1 CAN STAND WITH ASSISTIVE DEVICE 2 CAN STAND WITH ASSISTANCE OF ANOTHER PERSON 3 UNABLE TO STAND AT ALL 4	
AA3	Now, I am going to weigh you...	WEIGHT (Kgs) <input type="text"/> <input type="text"/> <input type="text"/> TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 CAN'T STAND UP 997 REFUSED 999	
AA4	Height (standing)	HEIGHT (cm) <input type="text"/> <input type="text"/> <input type="text"/> TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 CAN'T STAND UP 997 REFUSED 999	
AA5	Waist circumference	WAIST IN CM <input type="text"/> <input type="text"/> <input type="text"/> DID NOT TRY 996 REFUSED 999	
AA6	Arms length	ARMS LENGTH IN CM <input type="text"/> <input type="text"/> <input type="text"/> TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 REFUSED 999	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																						
AA7	How many original teeth do you have?	NO. OF ORIGINAL TEETH <input type="text"/> <input type="text"/>																						
AA8	How many pairs of upper and lower teeth do you have?	NUMBER OF PAIRS OF FUNCTIONING TEETH <input type="text"/> <input type="text"/>																						
AA9 Blood pressure <table border="1" style="margin-top: 10px;"> <thead> <tr> <th>Measurement #</th><th>Time of reading</th><th>Systolic Reading</th><th>Diastolic Reading</th><th>Pulse</th></tr> </thead> <tbody> <tr> <td>1</td><td>: am/pm</td><td>mmHg</td><td>mmHG</td><td>P</td></tr> <tr> <td>2</td><td>: am/pm</td><td>mmHg</td><td>mmHG</td><td>P</td></tr> <tr> <td>3</td><td>: am/pm</td><td>mmHg</td><td>mmHG</td><td>P</td></tr> </tbody> </table>					Measurement #	Time of reading	Systolic Reading	Diastolic Reading	Pulse	1	: am/pm	mmHg	mmHG	P	2	: am/pm	mmHg	mmHG	P	3	: am/pm	mmHg	mmHG	P
Measurement #	Time of reading	Systolic Reading	Diastolic Reading	Pulse																				
1	: am/pm	mmHg	mmHG	P																				
2	: am/pm	mmHg	mmHG	P																				
3	: am/pm	mmHg	mmHG	P																				
AA10	Which arm was used to conduct the measurements?	LEFT ARM 1 RIGHT ARM 2																						
AA11	How compliant was R during this measurement?	R WAS FULLY COMPLIANT 1 R WAS PREVENTED FROM FULLY COMPLYING DUE TO ILLNESS, PAIN OR OTHER SYMPTOMS OF DISCOMFORT 2 R WAS NOT FULLY COMPLIANT, BUT NO OBVIOUS REASONS FOR THIS 3																						
AA12	What was R's position for this test?	SITTING 1 LYING DOWN 2																						
AA13	Did R smoke, exercise, consume alcohol or food within 30 minutes prior to completing the blood pressure test?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>SMOKE</td><td>1</td><td>2</td></tr> <tr> <td>EXERCISE</td><td>1</td><td>2</td></tr> <tr> <td>DRINK ALCOHOL</td><td>1</td><td>2</td></tr> <tr> <td>EAT</td><td>1</td><td>2</td></tr> </tbody> </table>			YES	NO	SMOKE	1	2	EXERCISE	1	2	DRINK ALCOHOL	1	2	EAT	1	2						
	YES	NO																						
SMOKE	1	2																						
EXERCISE	1	2																						
DRINK ALCOHOL	1	2																						
EAT	1	2																						
AA14	Are you a left-handed or right-handed or ambidextrous?	LEFT-HANDED 1 RIGHT-HANDED 2 AMBIDEXTROUS 3																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AA15	Grip Strength	1ST TRIAL LEFT HAND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RIGHT HAND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2ND TRIAL LEFT HAND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RIGHT HAND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3RD TRIAL LEFT HAND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RIGHT HAND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
AA16	Functional reach	REGULAR REACH (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FUNCTIONAL REACH (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 REFUSED 999	
AA17	Position during the functional reach	STANDING 1 SITTING 2	
AA18	Balance Test	FEET TOGETHER (sec) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SEMI TANDEM (sec) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TANDEM (sec) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 REFUSED 999	
AA19	Gait speed (comfortable speed)	GAIT SPEED (sec) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 REFUSED 999	
AA20	Use of assistive device during the measurement of Gait speed	WITH ASSISTIVE DEVICE 1 WITHOUT ASSISTIVE DEVICE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AA21	Peak flow	1ST TRIAL 2ND TRIAL 3RD TRIAL TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 REFUSED 999	<div> <div></div><div></div><div></div> <div></div><div></div><div></div> <div></div><div></div><div></div> </div>
AA22	Muscle mass	LEFT-ARM (kgs) RIGHT-ARM (kgs) LEFT-LEG (kgs) RIGHT-LEG (kgs) BODY (kgs) TOTAL (kgs) TRIED, BUT COULDN'T DO IT 995 DID NOT TRY 996 REFUSED 999	<div> <div></div><div></div><div></div> <div></div><div></div><div></div> <div></div><div></div><div></div> <div></div><div></div><div></div> <div></div><div></div><div></div> <div></div><div></div><div></div> </div>
END OF INTERVIEW			

2018 LONGITUDINAL STUDY OF AGING AND HEALTH IN VIETNAM
CAREGIVER QUESTIONNAIRE

IDENTIFICATION AND CALL RECORD

IDENTIFICATION NUMBER		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
PROVINCE		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
CITY/MUNICIPALITY		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
BARANGAY		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
URBAN/RURAL (URBAN=1, RURAL=2)		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
ENUMERATION AREA		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME OF CHILD RESPONDENT		
ADDRESS		
MOBILE NUMBER		

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE				DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
INTERVIEWER'S NAME				INTERVIEWER'S CODE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
RESULT*				RESULT* <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NEXT VISIT: DATE				TOTAL NO. OF VISITS
RESULT CODES 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 OTHERS/SPECIFY				
LANGUAGE OF INTERVIEW <input type="checkbox"/> 1 ENGLISH 2 Other				
INTERVIEWER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> _____ Name and signature Date		SUPERVISOR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> _____ Name and signature Date		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> _____

INTRODUCTION AND CONSENT

You have been identified by (Name of Older Person R) as his/her primary (or potential) caregiver. We have asked his/her permission for your participation in this study. We would like to ask you some questions about what this responsibility means to you. Your participation in this study will help us understand informal care and how to improve care for older people. All your answers will be held strictly confidential.

Do you have any questions? May I begin now?

- 1 Respondent agrees to be interviewed GO TO PC1.
- 2 Respondent does not agree to be interviewed END. THANK THE RESPONDENT.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					
	RECORD THE TIME STARTED.	HOURS MINUTES	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
PC1	Household Number		<table border="1"><tr><td></td><td></td></tr></table>				
PC2	Line Number of Older Person R		<table border="1"><tr><td></td><td></td></tr></table>				
PC3	Line Number of Primary/Potential Caregiver Respondent (If living in the same household as Older Person R)		<table border="1"><tr><td></td><td></td></tr></table>				
PC3A	Type of Caregiver	PRIMARY POTENTIAL	1 2				
PC4	Name of Primary/Potential Caregiver Respondent	<hr/>					
PC5	Address	<hr/> <hr/> <hr/>					
PC6	Telephone Number	<hr/>					
PC7	Email address	<hr/>					
PC8	Social media account	<hr/>					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	3- Own account worker in non-farm 4 - unpaid family worker 5 - Wage worker 6 - Other (specify)	_____ _____ _____ PSOC <input type="checkbox"/> <input type="checkbox"/>	
RELATIONSHIP TO OLDER PERSON RESPONDENT			
PC17	How are you related to (Name of Older Person R)?	WIFE/HUSBAND 01 SON/DAUGHTER 02 SON-IN-LAW/DAUGHTER-IN-LAW 03 GRANDCHILD 04 PARENT 05 PARENT-IN-LAW 06 BROTHER/SISTER 07 OTHER RELATIVE 08 ADOPTED/FOSTER/STEPCHILD 09 NOT RELATED 10 DK 97	
PC18	At present, do you live in the same household as (Name of Older Person R)?	YES 01 NO, LIVES NEXT DOOR 02 NO, LIVES IN SAME Village/commu 03 NO, LIVES IN THE SAME CITY/ MUNICIPALITY 04 NO, LIVES IN THE SAME PROVIN 05 NO, LIVES IN A DIFFERENT PROVINCE 06 NO, LIVES ABROAD 07	
HEALTH STATUS			
PC19	Now, I would like to ask you about your own personal health. In general, how would you describe your state of health? READ OUT RESPONSES	VERY HEALTHY 1 HEALTHIER THAN AVERAGE 2 OF AVERAGE HEALTH 3 SOMEWHAT UNHEALTHY 4 VERY UNHEALTHY 5 NOT SURE 6	IF PRIMARY CAREGIVER, SKIP TO PC21. OTHERWISE, CONTINUE.
PC20	In case (Name of Older Person R) would need personal care, are you willing to assume primary responsibility as caregiver?	YES 1 NO, BUT WILL PAY SOMEONE TO DO THE JOB 2 NO, I AM NOT EQUIPPED/	END OF INTERVIEW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	READ OUT RESPONSES	TRAINED TO PROVIDE CARE 3	
ACTIVITIES OF DAILY LIVING The following questions concern (Name of Older Person R)'s ability to perform daily activities . Please tell me to what extent you think he/she finds difficulty to perform the following activities alone without the assistance of a person or assistive device due to his/her health or physical state.			
PC21	Does (Name of Older Person R) find it difficult to take a bath or shower by himself/herself due to his/her health or physical state?	DIFFICULT 1 NOT DIFFICULT 2 NOT SURE 3	} PC23
PC22	Does he/she need assistance to take a bath or shower?	YES 1 NO 2 NOT SURE 3	
PC23	Does (Name of Older Person R) find it difficult to dress by himself/herself due to his/her health or physical state?	DIFFICULT 1 NOT DIFFICULT 2 NOT SURE 3	} PC25
PC24	Does he/she need assistance to dress?	YES 1 NO 2 NOT SURE 3	

PC25	Does (Name of Older Person R) find it difficult to eat by himself/herself due to his/her health or physical state?	DIFFICULT 1 NOT DIFFICULT 2 NOT SURE 3	} PC27
PC26	Does he/she need assistance to eat?	YES 1 NO 2 NOT SURE 3	
PC27	Does (Name of Older Person R) find it difficult to stand up from a bed or chair, sit down on a chair by himself/herself due to his/her health or physical state?	DIFFICULT 1 NOT DIFFICULT 2 NOT SURE 3	} PC29

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
PC28	Does he/she need assistance to stand up from a bed or chair, sit down on a chair?	YES 1 NO 2 NOT SURE 3	
PC29	Does (Name of Older Person R) find it difficult to walk (around the house) by himself/herself due to his/her health or physical state?	DIFFICULT 1 NOT DIFFICULT 2 NOT SURE 3	} PC31
PC30	Does he/she need assistance to walk (around the house)?	YES 1 NO 2 NOT SURE 3	
PC31	Does (Name of Older Person R) find it difficult to go outside (leave the house) by himself/herself due to his/her health or physical state?	DIFFICULT 1 NOT DIFFICULT 2 NOT SURE 3	} PC33
PC32	Does he/she need assistance to go outside (leave the house)?	YES 1 NO 2 NOT SURE 3	
PC33	Does (Name of Older Person R) find it difficult to use the toilet by himself/herself due to his/her health or physical state?	DIFFICULT 1 NOT DIFFICULT 2 NOT SURE 3	} PC35

PC34	Does he/she need assistance to use the toilet?	YES 1 NO 2 NOT SURE 3	
<p>TIME SPENT CARING FOR OLDER PERSON R</p> <p>The following questions are about the amount of time you spend caring or looking after (Name of Older Person R). We will be asking you whether you have given assistance for various activities of daily life to (Name of Older Person R). In the past week, have you had to help (Name of Older Person R) with the following tasks and activities due to his/her health problems:</p>			
PC35	Household tasks such as preparing food and drinks, cleaning the house, washing, ironing and sewing	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	of clothes, shopping for groceries or odd jobs in the house or the garden? If yes, how many hours per week?	NOS. OF HOURS PER WEEK <input type="text"/> <input type="text"/>	
PC36	Personal care (dressing and undressing, washing, combing, shaving), going to toilet, moving around the house, eating, drinking or administering medication? If yes, how many hours per week?	YES 1 NO 2 NOS. OF HOURS PER WEEK <input type="text"/> <input type="text"/>	
PC37	Moving around outside the house, going on outings and visiting family or friends, contacts with health care (accompanying him/her for example to the doctor, hospital, therapy) arranging assistance, devices and/or home modifications and organizing financial and administrative matters? If yes, how many hours per week?	YES 1 NO 2 NOS. OF HOURS PER WEEK <input type="text"/> <input type="text"/>	
PC38	Does (Name of Older Person) receive help from other caregivers or volunteers besides you?	YES 1 NO 2	
PC39	In your opinion, one being easy and 10 being difficult, how easy or how hard is it to care for (Name of Older Person R)?	DIFFICULTY IN CARING FOR R <input type="text"/> <input type="text"/>	
PC40	How long have you been taking care of (Name of Older Person R)?	NUMBER OF MONTHS <input type="text"/> <input type="text"/> <input type="text"/>	
PC41	Why are you the primary caregiver of (Name of Older Person R)?	I VOLUNTEERED 1 OLDER PERSON R REQUESTED 2 OTHER FAMILY MEMBERS REQUESTED ME 3 I AM THE ONLY ONE AVAILABLE 4 OTHERS: 5 SPECIFY: _____	
SITUATION AS A CAREGIVER I will now mention some statements that describe your experiences as caregiver of (Name of Older Person). Please tell me if you strongly disagree, disagree, neutral, agree or strongly agree with the statement.			
PC42	I gain personal satisfaction from performing my care	STRONGLY DISAGREE 1	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	tasks for (Name of Older Person R).	DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	
PC43	I have problems with (Name of Older Person R) (for example, he/she is demanding, we have communication problems, he/she has started behaving differently).	STRONGLY DISAGREE 1 DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	
PC44	I have problems with my own mental health (feeling of stress, anxiety, despondency, concern about the future).	STRONGLY DISAGREE 1 DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	
PC45	I have problems with my own physical health (being sick more often, fatigue, physical over-exertion).	STRONGLY DISAGREE 1 DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	

PC46	I have problems combining my daily activities (work, household chores, education, family and free time) with my care tasks for (Name of Older Person R).	STRONGLY DISAGREE 1 DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	
PC47	I have financial problems concerning my care tasks for (Name of Older Person R).	STRONGLY DISAGREE 1 DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	
PC48	I have support from family/friends/neighbors/paid help	STRONGLY DISAGREE 1	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	in performing my care tasks for (Name of Older Person R).	DISAGREE 2 NEUTRAL 3 AGREE 4 STRONGLY AGREE 5	
END OF INTERVIEW			

2018 LONGITUDINAL STUDY OF AGING AND HEALTH IN VIETNAM
CHILD QUESTIONNAIRE

IDENTIFICATION AND CALL RECORD

IDENTIFICATION NUMBER		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
PROVINCE		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
CITY/MUNICIPALITY		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
BARANGAY		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
ENUMERATION AREA		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
URBAN/RURAL (URBAN=1, RURAL=2)		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME OF CHILD RESPONDENT		
ADDRESS		
MOBILE NUMBER		

INTERVIEW RECORD

	1	2	3	FINAL VISIT
DATE				DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
INTERVIEWER'S NAME				INTERVIEWER'S CODE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
RESULT*				RESULT* <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NEXT VISIT: DATE				TOTAL NO. OF VISITS
RESULT CODES 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 OTHERS/SPECIFY				
LANGUAGE OF INTERVIEW <input type="checkbox"/> 1 ENGLISH 2 Other				
INTERVIEWER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> _____ Name and signature Date		SUPERVISOR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> _____ Name and signature Date		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> _____

INTRODUCTION AND CONSENT

You have been identified as one of the children of (Name of Older Respondent R), who is a respondent in our study, Longitudinal Study of Aging and Health in the Philippines. We asked permission from your parent to contact you to participate in this study. As part of the study, we would like to understand the dynamics of parent-child relationship, especially in old age. We would like to ask you some questions about your relationship with your parent. Your participation in this study will help us better improve the care for older people in the country.

Do you have any questions about the survey? May I begin the interview now?

- 1 Respondent agrees to be interviewed GO TO AC1.
- 2 Respondent does not agree to be interviewed END. THANK THE RESPONDENT.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					
	RECORD THE TIME STARTED.	HOURS MINUTES	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
AC1	Older Person R ID		<table><tr><td></td><td></td></tr></table>				
AC2	Name of Older Person R		<table><tr><td></td><td></td></tr></table>				
AC3	Line Number of Adult Child of Respondent (If living in the same household as Older Person R)		<table><tr><td></td><td></td></tr></table>				
AC4	Name of Adult Child Respondent		<hr/>				
AC5	Address		<hr/> <hr/> <hr/>				
AC6	Telephone Number		<hr/>				
AC7	Email address		<hr/>				
AC8	Social media account		<hr/>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AC9	In what month and year were you born? COMPARE, PROBE IF NEEDED AND CORRECT ACQ9 AND CQ10 IF INCONSISTENT.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
AC10	How old were you as of your last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
AC11	Sex of respondent	MALE 1 FEMALE 2	
AC12	What is the highest grade/year you completed? 000 - No grade completed 010 - Preschool 110 - 12 level education 210 - 10 level education 310 - Elementary Occupation 410 - Vocational school 510 - Vocational college 610 - College 710 - University 810 - Master degree 910 - Doctorate degree	<input type="text"/> <input type="text"/> <input type="text"/>	

AC13	What is your current marital status? Are you never married, married, living-in, separated, divorced or widowed?	NEVER MARRIED 1 MARRIED 2 LIVE IN 3 SEPARATED 4 DIVORCED 5 WIDOWED 6	
AC14	Are you currently working?	WORKING 1 STOPPED WORKING COMPLETE 2 NEVER WORKED 3	} AC16
AC15	What type of work are you currently engaged in? 1 - Employer 2 - Own account worker in farm 3- Own account worker in non-farm 4 - unpaid family worker 5 - Wage worker 6 - Other (specify)	<input type="text"/> <input type="text"/> code <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
RELATIONSHIP TO OLDER PERSON RESPONDENT			
AC16	At present, do you live in the same household as (Name of Older Person R)?	YES 01 NO, LIVES NEXT DOOR 02 NO, LIVES IN SAME Village/Comm 03 NO, LIVES IN THE SAME CITY/ MUNICIPALITY 04 NO, LIVES IN THE SAME PROVIN 05 NO, LIVES IN A DIFFERENT PROVINCE 06 NO, LIVES ABROAD 07	→ AC21
AC17	How long have you lived separately from (Name of Older Person R)	Number of Months <div> <input type="text"/> <input type="text"/> </div>	
AC18	In the past 12 months, how often did you visit (Name of Older Person R)?	NOT AT ALL 0 EVERYDAY 1 EVERY FEW DAYS 2 EVERY WEEK 3 EVERY MONTH 4 EVERY FEW MONTHS 5 ONCE A YEAR 6 ON SPECIAL OCCASION 7 AS THE NEED ARISES 8	
AC19	In the past 12 months, how often were you visited by (Name of Older Person R)	NOT AT ALL 0 EVERYDAY 1 EVERY FEW DAYS 2 EVERY WEEK 3 EVERY MONTH 4 EVERY FEW MONTHS 5 ONCE A YEAR 6 ON SPECIAL OCCASION 7 AS THE NEED ARISES 8	
AC20	In the past month, how often did you talk/chat with (Name of Older Person R) by phone, Facebook, and other social media platforms?	NOT AT ALL 0 EVERYDAY 1 EVERY FEW DAYS 2 EVERY WEEK 3 ONCE 4 AS THE NEED ARISES 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
AC21	When you were growing up (from birth to age 15), how well did you and (Name of Older Person R) get along?	WE GET ALONG WELL ALL THE TIME 1 WE GET ALONG WELL MOST OF THE TIME 2 WE GET ALONG WELL SOMETIMES 3 WE DON'T GET ALONG WELL AT ALL 4	
AC22	At present, how well do you and (Name of Older Person R) get along?	WE GET ALONG WELL ALL THE TIME 1 WE GET ALONG WELL MOST OF THE TIME 2 WE GET ALONG WELL SOMETIMES 3 WE DON'T GET ALONG WELL AT ALL 4	
EXCHANGE OF SUPPORT The following questions will explore whether you give to or receive support from (Name of Older Person R)			
AC23	In the past month, did you provide financial support to (Name of Older Person R)?	YES 1 NO 2 → AC26	
AC24	Do you provide financial support to (Name of Older Person R) every month?	YES 1 NO 2 → AC26	
AC25	On average, how much do you give every month?	AMOUNT (in PHP): _____	
AC26	Do your brothers/sisters give financial support to (Name of Older Person R)? PROBE	YES, ALL OF US PROVIDE 1 YES, SOME SIBLINGS PROVIDE 2 NO, I ALONE PROVIDE HELP 3 NO, I AM AN ONLY CHILD 4	
AC27	Aside from financial support, what other form of support did you give to (Name of Older Person R) in the past 12 months?	NONE A MATERIAL SUPPORT B HELP IN HOUSEHOLD CHORES C HELP IN TRANSPORTATION D	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	ENCIRCLE ALL THAT APPLY	MANAGE FINANCIAL TRANSACTIONS E MANAGE BUSINESS F PERSONAL CARE G EMOTIONAL SUPPORT H OTHERS X SPECIFY: _____	
AC28	Now, let us talk about the support you receive from (Name of Older Person). In the past month, did you receive financial support from (Name of Older Person R)?	YES 1 NO 2	AC31
AC29	Do you receive financial support from (Name of Older Person R) every month?	YES 1 NO 2	AC31
AC30	On average, how much do you receive every month?	AMOUNT (in VND): _____	
AC31	Aside from financial support, what other form of support did you receive from (Name of Older Person R) in the past 12 months? ENCIRCLE ALL THAT APPLY	NONE A MATERIAL SUPPORT B HELP IN HOUSEHOLD CHORES C HELP IN TRANSPORTATION D MANAGE FINANCIAL TRANSACTIONS E MANAGE BUSINESS F PERSONAL CARE G EMOTIONAL SUPPORT H CHILD CARE I OTHERS SPECIFY _____ X	
AC32	As our parents get older, their health declines that the time may come that their functional and cognitive abilities are affected. How would you describe the health status of (Name of Older Person R) at present?	HE/SHE IS FUNCTIONAL AND HEALTHY 1 HE/SHE HAS SOME MEDICAL CONDITION BUT CAN STILL DO THINGS ON HIS/HER OWN 2 HE/SHE HAS SOME MEDICAL CONDITION THAT REQUIRES HELP IN DOING SOME THINGS 3 HE/SHE HAS SOME MEDICAL CONDITION AND IS DEPENDENT ON A CAREGIVER 4	AC34 AC34
AC33	At present, who mainly provides assistance to (Name of Older Person R)?	MAINLY MYSELF 01 MOTHER 02 SISTER 03 BROTHER 04	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
		MY CHILDREN 05 OTHER FAMILY MEMBERS 06 PAID HELP 07 OTHERS, SPECIFY _____ 96	
ATTITUDES AND BELIEFS			
	Tell me whether you agree or disagree with the following statements:	AGREE DISAGREE 1 2	
AC34	A child is expected to support and take care of his or her aged parents, as the child should feel a sense of gratitude to the parents for raising him or her.	1 2	
AC35	It is acceptable for someone in their 60s or older to fall in love.	1 2	
AC36	It is acceptable for someone in their 60s or older to (re)marry if they find a suitable partner.	1 2	
AC37	It is acceptable for children who looked after their parents to inherit larger portions of their estate when they pass away	1 2	
AC38	It is better for the elderly parent to live with a daughter than with a son.	1 2	
		AGREE DISAGREE 1 2	
AC39	Men should work to support the family and women should stay home and take care of the household.	1 2	
AC40	Parents' duty is to do their best for their children even at the expense of their own wellbeing.	1 2	
INFORMANT QUESTIONNAIRE ON COGNITIVE DECLINE IN THE ELDERLY (JORM-IQCODE TEST) (AC41 - AC56 using flashcard)			
AC41	Compared with 24 months ago, how is (Name of Older Person R) at remembering things about family and friends, such as occupations, birthdays, and addresses? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	(Using flashcard)		
AC42	Compared with 24 months ago, how is (Name of Older Person R) at remembering things that have happened recently? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC43	Compared with 24 months ago, how is (Name of Older Person R) at recalling conversations a few days later? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC44	Compared with 24 months ago, how is (Name of Older Person R) at remembering [his/her] address and telephone number? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC45	Compared with 24 months ago, how is (Name of Older Person R) at remembering what day and month it is? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	

AC46	Compared with 24 months ago, how is (Name of Older Person R) at remembering where things are usually kept? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC47	Compared with 24 months ago, how is (Name of Older Person R) at remembering where to find things which have been put in a different place from usual? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC48	Compared with 24 months ago, how is (Name of Older Person R) at knowing how to work familiar machines around the house? Has this improved, remained the	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	same (no change), or worsen?	DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC49	Compared with 24 months ago, how is (Name of Older Person R) at learning to use a new gadget or machine around house? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC50	Compared with 24 months ago, how is (Name of Older Person R) at learning new things in general? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC51	Compared with 24 months ago, how is (Name of Older Person R) at following a story in a book or on TV? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC52	Compared with 24 months ago, how is (Name of Older Person R) at making decisions on everyday matters? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC53	Compared with 24 months ago, how is (Name of Older Person R) at handling money for shopping? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC54	Compared with 24 months ago, how is (Name of Older Person R) at handling financial matters; for example, the pension, or dealing with the bank? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC55	Compared with 24 months ago, how is (Name of Older Person R) at handling other everyday arithmetic problems; for example, knowing how much food to	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	buy, knowing how long between visits from family or friends? Has this improved, remained the same (no change), or worsen?	DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
AC56	Compared with 24 months ago, how is (Name of Older Person R) at using his/her intelligence to understand what's going on and to reason things through? Has this improved, remained the same (no change), or worsen?	IMPROVED 1 REMAINED THE SAME (NO CHANGE) 2 WORSEN 3 DK 7 NAP (R DOESN'T DO ACTIVITY) 9	
END OF INTERVIEW			