

MAJOR TOPICS INCLUDED IN THE NUJLSOA SURVEY

FAMILY STRUCTURE, BACKGROUND, AND LIVING ARRANGEMENTS

What is your date of birth? Gender, Marital status
Was this a "marriage of love" or an arranged marriage?
(For those divorced) when were you divorced?
(For those widowed) When did your husband/wife pass
away? How old was your husband/wife when
he/she passed away?
Are you an oldest son? /Is your husband an oldest son?
How many of your (your spouse's) siblings are still living?

Questions about Subjects' Parents/Spouse's Parents/Children

Are they in good health
How old are they/were they if they died
What was their cause of death
Where did they live as a child (urban or rural)
Education level
What type of occupation did they work the longest
Do they have an income
Do you live with your parents/children?
How long have you lived with your parents/children
How far do you live from your parents/children
What transportation do you need to visit them?
Have you ever lived with them before?
How often do you speak on the phone to them?
Are you satisfied with the amount of contact?

SOCIOECONOMIC STATUS

What was the last educational level completed?
Primary, secondary and tertiary income (income from
work, publicly funded pension, severance or private
pension, savings, from other relatives, real estate
ownership)
Do you plan to rely on children for support
Annual income including bonuses, after taxes
Are you (is your spouse) currently earning an income?
Are you currently working? What type of work are you
currently engaged in?

Intergenerational Exchange

Living with offspring/parents
Are you (is your spouse) able to take care of another person?
Exchange of time, money, help with meals, shopping, household help, companionship, emotional support, etc.

Health Behaviors

Do you/did you smoke? How old were you when you started smoking? What age were you when you quit smoking?
Why did you quit? How much did you smoke?
Do you drink? Did you drink in the past? Age when started drinking? Age when gave up drinking? What made you give
up drinking? How many days a week/a month do you drink normally? how much do you normally consume?
How tall are you (subject) in centimeters?
How many kilograms do you weigh?
How many days a week do you normally go for walks?
Approximately how much time do you spend walking in one day? Have you walked for more than one hour at a time?
How many days a week normally do you ride a bicycle?
Have you (subject) engaged in any sports or done any exercise recently?
Do you use stairs every day?
How many meals do you eat per day? Do you: eat at the same time every day? eat breakfast everyday? Snack?
How many times a day do you brush your teeth or clean your dentures

Years in current occupation? Which occupation were you
(your spouse) engaged in the longest?

Total years employed over all

second wave

sources of assets
size of house
income from work (respondent + spouse)
additional real estate ownership

Health: Chronic conditions

Have you (subject) ever experienced or are currently experiencing ()?

- (1) Heart Attack (Tachycardia) from angina, myocardial infarction, etc.
what age were you when you experienced it?
- Are you presently following the prescription of a physician for this condition?
- (2) Other forms of heart disease.
- (3) Cancer (excluding skin cancers)
- (4) Cerebrovascular ailments (cerebral hemorrhage, cerebral infarction, etc.)
- (5) Dementia (only to be asked to the proxy)

- (6) High blood pressure
- (7) Diabetes
- (8) Respiratory illness (chronic illness, such as asthma)
- (9) Digestive illness (stomach or intestinal)
- (10) Renal or urinary tract ailments
- (11) Ailments of the liver or gallbladder
- (12) Arthritis, neuralgia or rheumatism
- (13) Chronic back pain
- (14) Osteoporosis
- (15) Fractures fissures (femur, hip, etc.)
- (16) Other fractures and/or fissures.

Health: Physical Functioning

Do you find it difficult to do this due to your health or physical state? How difficult do you find it to ____ by yourself?
When did you begin to experience this condition? Could you perform alone if you had a device or tool to use to assist you?

NAGI Measures1

- | | |
|---|--|
| 1. Walk 200 to 300 meters (2 to 3 blocks) | 7. Extend arms out in front of you as to shake hands |
| 2. Climb 10 steps of a stairs without resting | 8. Grasp with your fingers or move your fingers easily |
| 3. Stand straight (go without sitting) for 2hours | 9. Lift an object weighting approximately 10kg |
| 4. Continue to sit for 2 hours | 10. Lift an object weighting approximately 5kg |
| 5. Stoop or bend your | |
| 6. Raise your hand above your head | |

Activities of daily living (ADL)

- | | |
|--|---|
| 1. Bathing or showering problem | 5. Walking (around the house) |
| 2. Dressing | 6. Going outside (leaving the house) |
| 3. Eating | 7. Toileting |
| 4. Standing up from a bed or chair/sitting down on a chair | If a nursing care service is being used, who is responsible for the expenses incurred?
Primary and secondary cause of ADL difficulty |

Instrumental Activities of Daily Living (IADLS)

- | | |
|---|---|
| 1. Preparing meals | 4. Using the telephone |
| 2. Leaving home to purchase necessary items or medication | 5. Dusting, cleaning, and other light housework |
| 3. Taking care of financial matters (paying utility or newspaper bills) | 6. Taking the bus or train to leave home |
| | 7. Taking medication as prescribed |

Functioning in the community

Find escalators and or elevators hard to use
It is difficult to determine how quickly approaching bicycles are moving
It is difficult to get on and off a bus

When I plan on doing one thing, I realize later I have done something else.
Do you drive?

Health: Mental Health

Depression Measures CES-D: During past week...

- | | |
|----------------------------------|---------------------------|
| Didn't have much appetite | People seem unfriendly |
| Felt depressed | Felt happy |
| Ordinary things feel troublesome | Felt sad |
| Trouble sleeping | Felt like hated by others |
| Felt like smiling | Trouble feeling motivated |
| Felt lonely | Future seemed bright |

CIDI measure of depression (recommended by the WHO) was added to test the CES-D

Philadelphia Geriatric Morale Scale	Are you satisfied with present life?	Do you feel powerless despite being alive?
Do you feel you have as much energy as this time last year?	In the last year did small, trifling matters bother you?	Are you happier now than when you were young?
Do you feel not as useful as you used to be now that you are older?	Do you feel trouble sleeping because you are worried or troubled?	Do you have a lot to be unhappy about?
		Do you feel your life as gotten steadily worse as you have grown older?
		Do you always take things seriously?
		Do things that have cause for concern fluster you?

Health: Vision & Hearing

How well are you able to see? Are you using any form of corrective lenses Have you ever had a cataract? surgery for cataract? glaucoma? Right eye; Left eye
Are you able to hear in both ears? Are you using a hearing aid?

Health: Dental Health

Do you have all your original teeth? Missing teeth? Dentures?
How old are your dentures? How long did it take for you to be comfortable with them? Are you satisfied?
Do your dentures: fit well, can you bite and chew, speak clearly, do they cause pain, are you concerned about their look

Health Care Utilization

Primary source of info on medical facilities (newspaper, newsletters, relatives, friends, internet, magazines, other)
Do you feel you have access to sufficient information about medical facilities?
Are you (subject) currently using a hospital or clinic?
How many different hospitals or clinics are you (subject) using?
How many different prescription medications are you taking?
Where is the pharmacy used to fill the prescription located?
When you (subject) receive the medication, is the proper application or dosage explained?
Where is the prescription filled?
Are you (subject) using medication other than that prescribed by the hospital or clinic?
How many different types of medication are you (subject) taking?

Other Service Utilization

(1) Personal aid	Have you ever heard of this service?
(2) Full day care	Have you (subject) ever used the () service?
(3) Half day care	Are you satisfied with the () service that you (subject) received?
(4) Bathing service	would you use pay to use () services?
(5) Visiting nurse service	
(6) Rehabilitation and physical therapy	

How many days were you in the bed for more than a half a day?
Have you (subject) applied for nursing care?
Did you visit the dentist in the last year?
How do you feel about welfare services that involve someone not familiar to you entering your home, for example, personal aid services? Day services and day care?

HOUSING

How many are there in your household, including yourself?

Please give the relationship to you (subject), age and gender of the other members of the household.

Who is the head of the household?

What sort of community do you currently live in?

City/Suburbs; Farming, Fishing village

What sort of area did you (your spouse) live in when you (he/she) were a child?

City/Suburbs; Farming, Fishing village

Did you move from another residence in order to live with?

To what extent are you (subject) responsible for housekeeping expenses?

In what type of home are you currently living?

Is this home one that you or your spouse inherited from a parent?

How many living children (natural, adoptive or step children)

Support received from each family member (financial, preparing meals)

Information and Technology

Computers

e-mail

Internet

Have you heard of? Are you familiar with? Do you know how to use? Do you think you could learn to use? Do you have one? What prompted you to use it?

Second Wave Additions

Long-Term Care Insurance

Eligible for receiving-term care services

Receiving long-term care services

Level of severity of long-term care need

List of long-term services used

Satisfaction with long-term care

Proxy questionnaire for deceased participants

For those deceased, information was collected on cause of death, place, days in bed, and money spent in the final three months on health care costs