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Yonsei Health and Longevity Project : Survey on Korean Social Life, Health and Aging Project

Hello.

Thank you for participating in the [2011 Yonsei Health and Longevity Project: Survey on Korean Social Life, Health and Aging].

This survey is conducted from December 2011 to January 2012 in K village for the elderly aged 60 or over with using standardized questionnaire. The content of the survey includes individual's health status, health-related activities, mental health, social networks, socioeconomic status and etc.

Individual responses and any personal information obtained from the survey will be used for statistical purpose only and kept completely confidential.

Your responses will help us to measure the performance and contribute to establish a healthy community.

The study consists of two parts that are physical examination and this survey you are currently conducting.

Thank you again for participating in the Korean Social Life, Health and Aging Project.

Yonsei University Healthy Ageing Project Group

Contact for Inquiries	Research Director : Professor Yoosik Youm, Department of Sociology, Yonsei University (02-2123-2431) Research Implementing Agency : Hyundai Research Institute Assigned Researcher : Jihwan Kang (02-3218-9639) Research Supervisor : Juwon Lee (02-3218-9658)
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<Statistics Act, Article 33 (Protection of Secrets, etc.)>

- 1) Matters belonging to the confidential information of individuals, corporations, organizations, etc. that have become known in the course of producing statistics shall be protected.
- 2) Data belonging to the confidential information of individuals, corporations, organizations, etc. that have been produced for the production of statistics shall not be used for any purpose other than that of producing statistics.

SQ1. Participation in Physical Examination	<input type="checkbox"/> Yes	SQ1-1. Date of Participation	_____ Month _____ Date
	<input type="checkbox"/> No	SQ1-2. Reason for Refusal	

SQ2. Name		SQ3. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
SQ4. Contact	_____ - _____ - _____		
SQ5. Address	Incheon Metropolitan City K Township _____ Village _____ Street No.		
SQ6. Survey Start Date	_____ Year _____ Month _____ Date _____ : _____ (Hour : Minute)		
SQ7. Survey Location	<input type="checkbox"/> At Home <input type="checkbox"/> Others (Please Specify : _____)		

SQ8. Presence of Spouse	<input type="checkbox"/> No spouse <input checked="" type="checkbox"/> I have a spouse	SQ8-1. Name of Spouse	
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SQ9. Withdrawal from the Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SQ9-1. Reason for Withdrawal	
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Supervisor	<input type="checkbox"/> <input type="checkbox"/>	Examination	<input type="checkbox"/> <input type="checkbox"/>	Editing	<input type="checkbox"/> <input type="checkbox"/>	Coding	<input type="checkbox"/> <input type="checkbox"/>
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Instructions for the Study

1. Title

Yonsei Health and Longevity Project: Survey on Korean Social Life, Health and Aging Project

2. Purpose of the Study

This study aims to investigate the relevancy among social, physical and mental health status of the elderly. Beyond the simple theory of the relationship between social support and health status, we would like to have a more comprehensive understanding on the elderly's health mechanism. Therefore, we designed an integrated study of social sciences and medical sciences to discover what is essential for the elderly's healthy life such as how to build healthy social relationships and how to best manage high blood pressure, vascular inflammation or other kinds of disease. Any information obtained from this study will be used to identify the determinants of the health of the elderly, and we will notify participants of the blood test results to help with individual's health care.

3. Methods

This study is divided into two parts: a survey and a physical examination and the details are as follows.

Survey	Physical Examination and Blood Test
<ul style="list-style-type: none">• Social Networks survey on the interviewee's close acquaintances.• Survey on physical health, mental health, functional health and etc.	<ul style="list-style-type: none">• Physical examination: Body measurement, blood pressure measurement, body fat test, bone density test• Blood test: Anemia examination, white blood cell test, etc.<ul style="list-style-type: none">- For an accurate test, you are required to be on an empty stomach on the day of physical examination.

An expert interviewer from Hyundai Research Institute will visit each participant's house to carry out a survey which will take about 1 hour.

Physical examination and blood test will be conducted in the public health center of K Township. For those who are not able to visit the health center, we will provide vehicle service on a designated date for each village.

During the blood test, about 20~30 ml of the participant's blood will be collected. Collected blood will be used for health examination and the rest will be separated into serum and plasma and stored at College of Medicine, Yonsei University. Participants may have minor side effects such as feeling dizzy or slight pain during the blood collection, or subcutaneous hematoma may occur if hemostasis was not properly accomplished. Those symptoms will be resolved quickly as they are temporary symptoms which is usual, however, if the symptoms or any kind of side effects persist, we will provide the participants any kinds of necessary treatment.

4. Participation in the Study

It is entirely by the participant's voluntary will to collect and keep their samples for the purposes described in the consent form. Participants may withdraw from the study at any time without any disadvantage. Participants may request to discard their samples if they withdraw from the study. For those who want to participate in the study, please check all the contents of this instruction and sign the consent form included in this survey.

5. Confidentiality

We declare that any personal information that is identifiable will be completely kept confidential when reporting research findings including scholarly paper. All participant's samples will be stored with using unidentifiable numeric codes. Any identifiable information will be protected in a reliable way. Data and information obtained from this study may be published for statistical purposes or submitted to the relevant authorities after deleting identifiable personal information.

6. Benefits of Participating in the Study

Participants will receive the blood test results by phone or mail. We do not provide any kinds of monetary reward for participation, but instead, prescribed small gifts and snacks will be provided as a reward.

Participant Consent Form

Yonsei Health and Longevity Project: Survey on Korean Social Life, Health and Aging Project

1. I have received detailed information about the study and I understand the general purposes, risks and methods of this study. I voluntarily agree to participate in this study.
2. I understand that I can withdraw from the study at any time without any consequences of any kind.
3. I agree to use my personal resident registration number to link with public data sources(National Health Insurance Service(NHIS), Health Insurance Review and Assessment Service(HIRA), Statistics Korea, National Cancer Center and etc.) in order to check the occurrence of the disease.
4. I agree that my samples will be kept and used for research purposes.

I voluntarily agree to the above statements.

Date: _____ Year _____ Month _____ Date _____

Participant : Name

Signature

Resident Registration No.

-

Interviewer : Name

Signature

Research Managing Institutions :

Social Sciences Korea(SSK), Yonsei University Healthy Ageing Project Group

Birth, Education & Occupation

1. How long have you lived in K Township?

years

2. What is the highest level of education you have completed? (* Based on graduation)

e.g. if you dropped out of middle school, your answer should be elementary school.

- | | |
|--|--|
| <input type="checkbox"/> 1 None | <input type="checkbox"/> 2 Seodang |
| <input type="checkbox"/> 3 Elementary School | <input type="checkbox"/> 4 Middle School |
| <input type="checkbox"/> 5 High School | <input type="checkbox"/> 6 College or higher |
| <input type="checkbox"/> 7 Others | |

3. Are you currently working? (Work here includes followings: farming, running your own business or helping your family/relatives' business)

- 1 Yes (→Go to 3-1) 2 No (→Go to 4)

3-1. What type of work are you doing?

- | | |
|---|---|
| <input type="checkbox"/> 1 Agriculture | <input type="checkbox"/> 2 Fishery |
| <input type="checkbox"/> 3 Self-employed | <input type="checkbox"/> 4 Hospitality |
| <input type="checkbox"/> 5 Government/company employee | <input type="checkbox"/> 6 Unpaid family worker (Agriculture) |
| <input type="checkbox"/> 7 Unpaid family worker (non-Agriculture) | <input type="checkbox"/> 8 Others (_____) |

3-2. Have you ever done other types of work before having your current job?

- 1 Yes (→Go to 3-2-1)
 2 No (→Go to 'Status at the Village' section)

3-2-1. If yes, when was the last time you quit your job?

(◆ record either as a year or age)

Year, (age)

3-2-2. What type of work was it when you quit your job? (→Go to 'Status at the Village' section)

- | | |
|---|---|
| <input type="checkbox"/> 1 Agriculture | <input type="checkbox"/> 2 Fishery |
| <input type="checkbox"/> 3 Self-employed | <input type="checkbox"/> 4 Hospitality |
| <input type="checkbox"/> 5 Government/company employee | <input type="checkbox"/> 6 Unpaid family worker (Agriculture) |
| <input type="checkbox"/> 7 Unpaid family worker (non-Agriculture) | <input type="checkbox"/> 8 Others (_____) |

4. [Ask only if the interviewee answered "2" to Q3] What is the reason for not working?

- 1 I am in poor health
 2 Because of child-rearing or housework
 3 I'm studying/receiving education
 4 I want to take a rest
 5 I can't find a job
 6 Others (Please specify : _____)

4-1. Do you have work experiences before?

- 1 Yes (→Go to 4-1-1)
 2 No (→Go to 'Status at the Village' section)

4-1-1. When was the last time you quit your job?

(◆ record either as a year or age)

Year, (age)

4-1-2. What type of work was it when you quit your last job?

- | | |
|---|---|
| <input type="checkbox"/> 1 Agriculture | <input type="checkbox"/> 2 Fishery |
| <input type="checkbox"/> 3 Self-employed | <input type="checkbox"/> 4 Hospitality |
| <input type="checkbox"/> 5 Government/company employee | <input type="checkbox"/> 6 Unpaid family worker (Agriculture) |
| <input type="checkbox"/> 7 Unpaid family worker (non-Agriculture) | <input type="checkbox"/> 8 Others (_____) |

Status at the Village

5. Except for the jobs you mentioned above (e.g. jobs for breadwinning such as farming), do you currently hold any positions at the village? (e.g. Head of community, president of senior' s association, secretary of alumni association, accountant at women' s association or etc.) If any, please list below.

Marriage & Spouse

6. Have you ever married before? (Including common-law marriage)?

- 1 Yes (→Go to 6-1)
 2 No (→ Go to 'Social Network Roster' section)

6-1. In which year did you get married?

(◆ record either as a year or age)

year, (age)

6-2. What is your current marital status?

- 1 Living with spouse (⇒ Go to 6-3)
 - 2 Living apart from spouse
(Excluding temporary situation
such as business trip)
 - 3 Widowed (No spouse)
 - 4 Divorced (No spouse)
- (⇒ Go to 7)

★ Instruction: Please READ the below instruction before moving to the next section.

★ Instruction: In this survey, it is necessary to check the real names of the interviewees' spouse, family, and other acquaintances. Therefore, interviewers must make sure to ask their real names, not their nicknames. Please explain the below well.

This section aims to ask you about the people you interact with. In this regard, we have received a list of residents in K Township from the head of the community [show the list]. We would appreciate if you tell us the exact names of the people for the following questions.

6-3. What is the name of your spouse?

★ Instruction: Please record spouse' s name on the first row of Social Network Card 1.

Social Network Roster

From now, you will be asked about people you interact with apart from your spouse. Please recall the people you interact with on a regular basis. They can include a range of people such as family members, friends, neighbors, social workers, monks, pastors or public official at district office.

★ Instruction: Please record responses simultaneously on Social Network Card 1 while you proceed interview.

7. People often discuss their important issues with others. For example, it may be a good thing or bad thing that personally happened to you or it could be a concern or interest you are having. Over the past year, how many of these people have you had?

persons

7-1. Of the people you mentioned above in Q7, please recall the maximum 5 people you talk to most often and list their names in order.

★ Instruction : Record all the names on Social Network Card 1. Please kindly ask once more if the interviewee refuses to talk their real names. If the interviewee obstinately refuses, please ask their nicknames or bynames and record them as they are, for example, 'first son' s wife' or 'friend from Incheon'

★ Instruction: Please make sure to ask real names of the people, not their nicknames. It is very important to verify their real names in this study. Record all the names that the interviewees provide even if they are not included in the list of K Township. Explain the below to the interviewees well.

This section aims to ask about the people you interact with. In this regard, we have received a list of residents in K Township from the head of the community [show the list]. We would appreciate if you tell us the exact names of the people for the following questions.

7-2. Apart from the people you mentioned above, are there any other people you feel important to you, or who you feel particularly close to? If so, please tell us his/her name. If more than one person, please choose the one that you feel the closest to.

★ *Instruction : Repeat the below questions for all the individuals that the interviewees listed above.
(e.g. : What is your relationship with [name 1]?)*

7-3. What is your relationship with this person? Choose the one that best describes your relationship with this person.

- | | |
|--|--|
| <input type="checkbox"/> 1 Spouse | <input type="checkbox"/> 2 Boyfriend or Girlfriend (Romantic partner) |
| <input type="checkbox"/> 3 Parent | <input type="checkbox"/> 4 Mother-in-law or Father-in-law |
| <input type="checkbox"/> 5 Child | <input type="checkbox"/> 6 Son-in-law or Daughter-in-law |
| <input type="checkbox"/> 7 Grandchild | <input type="checkbox"/> 8 Sibling |
| <input type="checkbox"/> 9 Other relative | <input type="checkbox"/> 10 Neighbor |
| <input type="checkbox"/> 11 Friend but not a neighbor | <input type="checkbox"/> 12 Religious advisor (deacons, pastors, priests, monks, etc.) |
| <input type="checkbox"/> 13 Medical employee (doctor, nurse, counselor, acupuncturist, etc.) | <input type="checkbox"/> 14 Social worker |
| <input type="checkbox"/> 15 Others (Please Specify) : _____ | |

★ *Instruction : Repeat the below questions for all the individuals that the interviewees listed. (e.g. : Is [name1] a male or female?) Depending on the situation, you can show the interviewees the list provided for convenience of the survey. Please record responses simultaneously while you proceed interview.*

Information on people listed on the Social Network Roster

From now, we will ask you about the people you have listed above one by one in detail. We would appreciate if you could answer for the following questions as far as you know even if you are not sure.

★ *Instruction : Record below responses for each individual on Social Network Card 1 [Repeat Q8-Q17]*

8. Is [name1] currently living in K Township?

- 1 Yes (⇒ Go to 8-1) 2 No (⇒ Go to 9)

8-1. Which village is [name1] currently living in? (* Show the provided list of villages in K Township)

9. How old is [name1]?

years old

10. What is [name1]' s sex?

- 1 Male 2 Female

11. What is [name1]' s highest level of education completed?

(* Based on graduation, e.g. if he/she dropped out of middle school, your answer should be elementary school)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 1 None | <input type="checkbox"/> 2 Elementary School | <input type="checkbox"/> 3 Middle School | <input type="checkbox"/> 4 High School |
| <input type="checkbox"/> 5 2-year College | <input type="checkbox"/> 6 4-year College | <input type="checkbox"/> 7 Graduate School | <input type="checkbox"/> 8 Don't Know |

12. Are you living with [name1]?

- 1 Yes (⇒Go to 13)
- 2 No (⇒Go to 12-1)

12-1. If not, where does [name1] live in?

- | | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 Seoul | <input type="checkbox"/> 2 Busan | <input type="checkbox"/> 3 Daegu | <input type="checkbox"/> 4 Incheon |
| <input type="checkbox"/> 5 Gwangju | <input type="checkbox"/> 6 Daejeon | <input type="checkbox"/> 7 Ulsan | <input type="checkbox"/> 8 Gyeonggi |
| <input type="checkbox"/> 9 Gangwon | <input type="checkbox"/> 10 Chungbuk | <input type="checkbox"/> 11 Chungnam | <input type="checkbox"/> 12 Jeonbuk |
| <input type="checkbox"/> 13 Jeonnam | <input type="checkbox"/> 14 Gyeongbuk | <input type="checkbox"/> 15 Gyeongnam | <input type="checkbox"/> 16 Jeju |

13. How long have you and [name1] known each other?

years

14. How often do you talk to [name1]?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 1 Everyday | <input type="checkbox"/> 2 Several times a week | <input type="checkbox"/> 3 Once a week | <input type="checkbox"/> 4 Every other week |
| <input type="checkbox"/> 5 Once a month | <input type="checkbox"/> 6 Several times a year | <input type="checkbox"/> 7 Once a year | <input type="checkbox"/> 8 Less than once a year |

15. How often do you meet with [name1]?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 1 Everyday | <input type="checkbox"/> 2 Several times a week | <input type="checkbox"/> 3 Once a week | <input type="checkbox"/> 4 Every other week |
| <input type="checkbox"/> 5 Once a month | <input type="checkbox"/> 6 Several times a year | <input type="checkbox"/> 7 Once a year | <input type="checkbox"/> 8 Less than once a year |
| <input type="checkbox"/> 9 Never met before | | | |

16. How close do you think you are to [name1]?

- | | | | |
|---|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 1 Not very close | <input type="checkbox"/> 2 Somewhat close | <input type="checkbox"/> 3 Close | <input type="checkbox"/> 4 Very close |
|---|---|----------------------------------|---------------------------------------|

17. When you have a health problem or make an important decision regarding health, how likely are you to discuss with [name1]?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> 1 Very likely | <input type="checkbox"/> 2 Somewhat likely | <input type="checkbox"/> 3 Not likely |
|--|--|---------------------------------------|

Information on relationship between people

From now, we will give you two of the names you listed above to ask about the relationship between people you mentioned including your spouse. Please tell us how often these two people talk to each other. You don't need to worry if you are not sure as we will try to make this part easy for you.

★Instruction: Record the below responses on Social Network Card 2.

18. How close are [name1] and [name2] to each other?

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 They don't know each other (⇒ Go to 20) | <input type="checkbox"/> 2 Not very close | <input type="checkbox"/> 3 Somewhat close |
| <input type="checkbox"/> 4 Close | <input type="checkbox"/> 5 Very close | |

19. How often do [name1] and [name2] talk to each other?

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 Everyday | <input type="checkbox"/> 2 Several times a week | <input type="checkbox"/> 3 Once a week |
| <input type="checkbox"/> 4 Every other week | <input type="checkbox"/> 5 Once a month | <input type="checkbox"/> 6 Several times a year |
| <input type="checkbox"/> 7 Once a year | <input type="checkbox"/> 8 Less than once a year | <input type="checkbox"/> 9 They have never talked to each other |

★Instruction : Repeat Q.18-Q.19 for all the available pairs.

Social Support (Spouse)

This section is about your spouse. Skip this section if you don't have spouse.

20. Some couples spend their leisure time together, while others do different things in their leisure time. How do you and your spouse spend your free time?

- 1 Spend together
- 2 Sometimes together, sometimes apart
- 3 Separately
- 9 Don't know

21. How often can you talk to your spouse about your concerns?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 9 Don't know

22. How often do you rely on your spouse to get help when you are in trouble?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 9 Don't know

23. How often does your spouse make unreasonable demands on you?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 9 Don't know

24. How often does your spouse blame on you?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 9 Don't know

Social Support (Family members/Relatives)

This section is about your family members and relatives except for your spouse. Skip this section if you have no family member other than spouse or relatives that are alive.

25. How often can you talk to your family members or relatives about your concerns?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 9 Don't know

26. How often do you rely on your family members or relatives to get help when you are in trouble?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 9 Don't know

27. How often do your family members or relatives make unreasonable demands on you?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 9 Don't know

28. How often do your family members or relatives blame on you?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 9 Don't know

29. Except for your spouse, how many family members or relatives do you feel close to?

- 1 None
- 2 1 person
- 3 2-3 persons
- 4 4-9 persons
- 5 10-20 persons
- 6 More than 21 persons
- 9 Don't know

Social Support (Friends & Neighbors)

This section is about your friend or neighbors except for your spouse, family members and relatives. Some people think they have many friends while others don't. Please recall people that you think as a friend. Very close friend or good friend, all is fine.

30. How often can you talk to your friends or neighbors about your concerns?

- 1 Never 2 Rarely
 3 Sometimes 4 Often
 9 Don't know

31. How often do you rely on your friends or neighbors to get help when you are in trouble?

- 1 Never 2 Rarely
 3 Sometimes 4 Often
 9 Don't know

32. How often do your friends or neighbors make unreasonable demands on you?

- 1 Never 2 Rarely
 3 Sometimes 4 Often
 9 Don't know

33. How often do your friends or neighbors blame on you?

- 1 Never 2 Rarely
 3 Sometimes 4 Often
 9 Don't know

34. How many close friends do you think you have?

- 1 None 2 1 person
 3 2-3 persons 4 4-9 persons
 5 10-20 persons 6 More than 21 persons
 9 Don't know

Intergenerational Support

Just as people help with each other, parents also help their children and vice versa. This section is about how you and your children help each other.

35. How many sons do you have that are alive?

persons

36. How many daughters do you have that are alive?

persons

★Instruction: Skip below and move to 'Smoking' section if the interviewee has no children that are alive.

Please recall your children mentioned above. If you have more than 5 children that are alive, then recall the maximum 5 children that you contact and meet the most frequently. Tell us their name or nickname (e.g. 'first son', 'our little baby', etc.)

37. Are you living with ()?

- 1 Yes 2 No (→Go to 38)

38. (if living apart) Where does _____ live?

- 0 Ganghwa-gun 1 Seoul 2 Busan 3 Daegu 4 Incheon
 5 Gwangju 6 Dejeon 7 Ulsan 8 Gyeonggi 9 Gangwon
 10 chungbuk 11 Chungnam 12 Jeonbuk 13 Jeonnam 14 Gyeongbuk
 15 Gyeongnam 16 Jeju

No.	Name or Nickname	Q37.	Q38.
e.g.	John Doe	2	15
1			
2			
3			
4			
5			

This part is about what kind of help and how much help you have received from your children for the last one year.

39. Over the past year, have you received emotional support from your children when you were in trouble? (e.g. comforting word or sympathetic ear, etc.)

- 1 Never 2 Rarely
 3 Somewhat 4 Very Much

40. Over the past year, have you received help from your children in everyday life? (e.g. housework, driving to hospital, etc.)

- 1 Never 2 Rarely
 3 Somewhat 4 Very Much

41. Over the past year, have you received financial support from your children?

- 1 Never 2 Rarely
 3 Somewhat 4 Very Much

42. Over the past year, have you received useful information from your children? (e.g. good restaurant, hospital, etc.)

- 1 Never 2 Rarely
 3 Somewhat 4 Very Much

This part is about what kind of help and how much help you have provided to your children for the last one year.

43. Over the past year, have you offered mental support to your children when they are in trouble? (e.g. words of consolation or sympathetic ear, etc.)

- 1 Never 2 Rarely
 3 Somewhat 4 Very Much

44. Over the past year, have you offered help to your children in everyday life? (e.g. housework, driving to hospital, etc.)

- 1 Never 2 Rarely
 3 Somewhat 4 Very Much

45. Over the past year, have you offered financial help to your children?

- 1 Never 2 Rarely
 3 Somewhat 4 Very Much

46. Over the past year, have you offered useful information to your children? (e.g. good restaurant, hospital, etc.)

- 1 Never 2 Rarely
 3 Somewhat 4 Very Much

Smoking

47. Do you smoke cigarettes?

- 1 Yes (⇒ Go to 47-1)
 2 I quit (smoked in the past) (⇒ Go to 47-1)
 3 Never (⇒ Go to 48)
 4 Recently Yes, but not in the past (⇒ Go to 47-1)

47-1. (Ask only if the interviewee answered "1, 2, 4" to Q47) How long have/had you been smoking?

years

47-2. (Ask only if the interviewee answered "1, 2, 4" to Q47) How many cigarettes do/did you smoke per day?

cigarettes

Drinking

(※ Drinking in special events such as traditional ancestral rite is not included)

48. How often do you drink alcohol?

- 1 Never (⇒ Go to 49)
 2 Rarely (Less than once a week on average) (⇒ Go to 49)
 3 At least once a week on average (⇒ Go to 48-1)

48-1. (Ask only if the interviewee answered "3" to Q48) How many days do you drink on average per week?

days

48-2. (Ask only if the interviewee answered "3" to Q48) How many glasses do you drink on average in a day? (※ Including all alcoholic beverages regardless of the type of drink)

glasses

Sleep

49. Over the past year, what time did you usually go to bed and get up in the morning?

Wake-up time : hours minute

Bedtime : hours minute

50. Over the past year, how many hours on average (including daytime nap) did you sleep per day?

hours minute

Falling Accident

51. Have you ever fallen in the last 12 month?

※ Including slipping, making a false step, collapsing, etc.

Yes → times No (⇒ Go to 53)

52. Where did you have fall?

At home Outside the home

★ *Instruction : If it is more than once, repeat Q51-Q52 for each accident.*

Falling Accident				
1	2	3	4	5

Diagnostic History

[Hypertension]

53. Over the past year, how many times did you check your blood pressure?

Per day
 Per week
 Per month
 Per year
 Never

} → times

54. Do you know your blood pressure level?

Yes (⇒ Go to 54-1) No (⇒ Go to 55)

54-1. (Ask only if the interviewee answered "1" to Q54) How high or low is your blood level?

High Normal Low

55. Have you ever been diagnosed with Hypertension by doctor?

Yes (⇒ Go to 55-1) No (⇒ Go to 58)

55-1. Are you currently on medication for Hypertension?

Yes (⇒ Go to 56) No (⇒ Go to 58)

[Medication for Hypertension]

56. Over the past year, have you ever forgotten to take medication for Hypertension?

Yes (⇒ Go to 56-1) No (⇒ Go to 57)

56-1. For the last one month, for how many days have you forgotten to take medication for Hypertension?

for several days more than a week almost everyday

57. For the last one month, have you ever decided by yourself to stop medication for Hypertension at least once?

Yes (⇒ Go to 57-1) No (⇒ Go to 58)

57-1. For the last one month, how many days have you stopped medication for Hypertension?

for several days more than a week almost everyday

57-2. Have you ever stopped medication for Hypertension because you felt better?

Yes No

57-3. Have you ever stopped medication for Hypertension because you felt the condition had been worsened by medicine?

Yes No

[Metabolic Syndrome]

58. Have you ever heard of Metabolic Syndrome or read about it?

Yes (⇒ Go to 59) No (⇒ Go to 60)

59. Have you ever been diagnosed with Metabolic Syndrome by doctor?

Yes No

[Diabetes]

60. Over the past year, how many times did you check your blood sugar?

- 1 Per day
 - 2 Per week
 - 3 Per month
 - 4 Per year
 - 5 Never
- times

61. Have you ever been diagnosed with Diabetes by doctor?

- 1 Yes (⇒ Go to 61-1) 2 No (⇒ Go to 62)

61-1. Are you currently on medication for Diabetes?

- 1 Yes 2 No

[Dyslipidemia (including Hyperlipidemia)]

62. Have you ever been diagnosed with Dyslipidemia (including Hyperlipidemia) by doctor?

- 1 Yes (⇒ Go to 62-1) 2 No (⇒ Go to 63)

62-1. Are you currently on medication for Dyslipidemia (including Hyperlipidemia)?

- 1 Yes 2 No

[Osteoporosis and fracture]

63. Have you ever been diagnosed with Osteoporosis by doctor?

- 1 Yes (⇒ Go to 63-1) 2 No (⇒ Go to 64)

63-1. Have you ever been diagnosed with fractured of following bones by doctor? Please answer all.

- 1) Hip bone 1 Yes 2 No
- 2) Spine 1 Yes 2 No
- 3) Carpal bone 1 Yes 2 No
- 4) Others 1 Yes 2 No

[Cancer]

64. Have you ever been diagnosed with cancer by doctor?

- 1 Yes (⇒ Go to 64-1) 2 No (⇒ Go to 65)

64-1. What type of cancer were you diagnosed with?

(※ Record the maximum 3 responses below. In case of more than 3 responses, write in the margin. Record exactly as the interviewee says.)

- A. _____
- B. _____
- C. _____

Have you ever officially been diagnosed with the followings?

65. Stroke	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 N
66. Myocardial Infarction	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 N
67. Angina Pectoris	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 N
68. Arthritis (Degenerative arthritis or rheumatoid arthritis)	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 N
69. Pulmonary Tuberculosis	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 N
70. Asthma	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 N
71. Cataract	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 N
72. Glaucoma	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 N
73. Hepatitis B	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 N
74. Depressive disorder	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 N
75. Urinary Incontinence	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 N
76. (for male only) Prostatic Hypertrophy	<input type="checkbox"/> 1 Y	<input type="checkbox"/> 2 N

Medical Use, Medical Checkup & Vaccination

77. Over the past year, have you ever vaccinated for influenza?

- 1 Yes 2 No

78. For the last two years, have you ever had a medical examination for your health?

- 1 Yes 2 No

79. Over the past year, have you ever been unable to see a doctor when you wanted to? (except for the dentist)

- 1 Yes 2 No

Mental health

80. How much stress do you feel in your daily life?

- 1 Very much
- 2 Much
- 3 A little
- 4 Rarely

81. Over the past year, have you ever felt sad or hopeless to the extent that it disturbed your daily life for the consecutive two weeks?

1 Yes 2 No

82. Over the past year, have you ever wanted to die?

1 Yes 2 No

83. Over the past year, have you attempted to commit suicide?

1 Yes 2 No

Below part is about your feelings and mood for the past week. Please listen to the interviewer and choose the one that describes you the best.

- 1 Rarely (less than once a week)
- 2 Occasionally (1-2 a week)
- 3 Sometimes (3-4 times a week)
- 4 Mostly (more than 5 times a week)

84-1. I was bothered by things that usually don't bother me.	1	2	3	4
84-2. I did not feel like eating; my appetite was poor.	1	2	3	4
84-3. I felt that I could not shake off the blues with help from anyone.	1	2	3	4
84-4. It was hard to concentrate whatever I do.	1	2	3	4
84-5. I stayed well.	1	2	3	4
84-6. I felt very depressed.	1	2	3	4
84-7. Everything felt so hard.	1	2	3	4
84-8. I did not feel hopeful about the future.	1	2	3	4
84-9. I thought my life had been a failure.	1	2	3	4
84-10. I felt I was just as good as other people.	1	2	3	4

84-11. I couldn't sleep well.	1	2	3	4
84-12. I felt fearful.	1	2	3	4
84-13. I talked less than usual.	1	2	3	4
84-14. I felt like I was left alone in the world.	1	2	3	4
84-15. I did not have any dissatisfaction.	1	2	3	4
84-16. I felt like people were unfriendly suddenly.	1	2	3	4
84-17. I had crying spells.	1	2	3	4
84-18. I felt sad.	1	2	3	4
84-19. I felt that everybody hates me.	1	2	3	4
84-20. I couldn't do anything.	1	2	3	4

Mini-Mental State Examination (MMSE-DC)

Instruction

- Total score is a sum of the scores from individual items excluding items scored 'Unable to assess'
- Sentence in *italics* are instructions.
- Sentence in **bold** should be read out to the interviewee.
- Items underlined> are the answers for the question.
- Evaluate the answers by choosing 'Incorrect(I)', 'Correct(C)', 'Unable to assess(N)' which correspond to '0', '1' or '9' respectively and circle one of them.
- Some questions are scored by different criteria provided in instruction.

※ To Interviewer, please start the examination with the following sentence: "From now on, I will ask you several questions to test your memory and concentration ability. Some questions may be easy or hard."

	I	C	N
85-1. What year is it?	0	1	9
85-2. What season is it now?	0	1	9
85-3. What date is it today?	0	1	9
85-4. What day is it today?	0	1	9
85-5. What month is it? [Ask in lunar calendar if the interviewee is more familiar with it]	0	1	9
85-6. Which metropolitan city are we now?	0	1	9
85-7. Which county are we now?	0	1	9
85-8. Which village are we now?	0	1	9
85-9. What floor of the building are we on?	0	1	9
85-10. What is the name of this place?	0	1	9

86. From now, I will read aloud three items. Please repeat those three items after me. In a few minutes, I will ask you again, so remember these three items.

Tree, Car, Hat

Now tell me the three items you have just heard.

[Evaluate Q86 based on the interviewee's first trial. If the interviewee failed to say the three items, interviewer may say them again for Q88 and this process can be repeated three times. That is, after evaluation of Q86, the interviewer can say those items the maximum three times more.]

	I	C	N
Tree	0	1	9
Car	0	1	9
Hat	0	1	9

87. Now, we will do subtraction. Please answer below.

	I	C	N
What is 100 minus 7?	0	1	9
Subtract 7 from the previous answer.	0	1	9
Subtract 7 from the previous answer.	0	1	9
Subtract 7 from the previous answer.	0	1	9
Subtract 7 from the previous answer.	0	1	9

88. Please name the three items that I have asked you to remember earlier.

	I	C	N
Tree	0	1	9
Car	0	1	9
Hat	0	1	9

89. [Show an actual clock and pencil]	I	C	N
[Show the clock] What is this called?	0	1	9
[Show the pencil] What is this called?	0	1	9

90. Please listen to the phrase carefully and repeat after the interviewer. Phrase will be said only once.

	I	C	N
Cooks cook cupcakes quickly.	0	1	9

[Don't repeat the phrase]

91. To Interviewer, please read aloud following sentence:
"I am going to give you some instructions, please follow. I will only say them once so please listen carefully and follow the instructions exactly. I will give you a piece of paper. Please take it with your right hand, fold it in half and place it on top of your knees."

[After saying instructions completely, give the paper to the interviewee. Do not repeat again or help with any of instructions.]

	I	C	N
The interviewee took paper in right hand	0	1	9
The interviewee folded paper in half	0	1	9
The interviewee placed paper on top of the knees	0	1	9

92. [Point out to the pentagonal figure on a separated sheet attached] Please copy this pentagonal figure in the black space below.

I	C	N
0	1	9

93. Why do you wash your clothes?

I	C	N
0	1	9

94. What does it mean by "little brooks make great river" ?

I	C	N
0	1	9

Total Score : / 30

Welfare Service

95. Do you use or visit below welfare services or facilities? If so, please answer your experience and tell us how satisfactory they were.

★ *(Visiting care service) : Public service that nurse visits from the public health center*
(Domiciliary caregiver service) : Public service that public caregiver visits for domestic work and care (for officially graded cases only)
(Senior citizen center) : Be careful that people in K Township may use a different name for Senior citizen center.
(Senior welfare center) : There is one center in Ganghwa town.

★ *For "Senior citizen center", it is highly possible for the interviewee to visit multiple days per week, therefore, ask question based on 'per week' and convert answers to 'per month'*

Item	Use/Visit		Frequency of use/visit per month	Satisfaction score				
	Y	N		VU	U	N	S	VS
1) Senior citizen center	0	1		1	2	3	4	5
2) Public health center	0	1		1	2	3	4	5
3) Hospital	0	1		1	2	3	4	5
4) Welfare service from Township office	0	1		1	2	3	4	5
5) Domiciliary care service (for domestic work and care service)	0	1		1	2	3	4	5
6) Visiting nursing service	0	1		1	2	3	4	5
7) Senior welfare center	0	1		1	2	3	4	5
8) Others 1 ()	0	1		1	2	3	4	5
9) Others 2 ()	0	1		1	2	3	4	5

★ *Instruction: Ask only if the interviewee visits Senior Citizen Center.*

95-1-1. (If answered "Yes" to [1] Senior citizen center' of Q95) What is the name of the senior citizen center that you visit?

95-1-2. What is the main reason for visiting Senior citizen center?

- 1 to get along with the neighbors
- 2 for leisure
- 3 to have a meal with the neighbors
- 4 to get information
- 5 Others (Specify : _____)

95-1-3. How many hours do you stay in Senior citizen center on average per day?

 hours

95-1-4. Do you take any roles in Senior citizen center?

- 0 No
- 1 President
- 2 Vice-president
- 3 Manager
- 4 Department head
- 5 Others (Specify : _____)

96. From who or How would you like to get help if you become less mobile when you get older? (Please choose one)

- 1 Spouse 2 Children
 3 Siblings or other relatives 4 Domiciliary caregiver
 5 Admission in nursing home 6 Others (_____)

97. Do you receive support from the government as a qualified recipient of the national basic livelihood security?

- 1 Yes 2 No 3 Don't know

★ *It means the government's service that provides financial support to a small income earner and qualifies them as medical-aid beneficiaries so that beneficiaries can use hospital service for free of charge.*

98. Do you usually participate in the following activities?

	Y	N
1) Event at the senior citizen center	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2) Volunteer work	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3) Religious activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4) Socializing activities (e.g. alumni meeting)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5) Hobby/Leisure activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6) Local community activities (e.g. senior's association, women's association)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7) Senior employment program	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Life Satisfaction

99. How satisfied are you with your life so far?

- 1 Very unsatisfied 2 Unsatisfied
 3 Neutral 4 Satisfied
 5 Very satisfied

SF-12

※ This section asks your opinion about your health condition. Your response will help us better understand on how you usually feel in daily life and how you can handle with your daily activities.

100. In general, how would you rate your health condition??

- 1 Excellent 2 Very good
 3 Good 4 Poor
 5 Very poor

101. Following questions are about your daily activities. Do your health conditions interfere below activities? If so, to what extend do they disturb?

	Very much	Slightly	Not at all
1) Slightly strenuous activities (moving the table, sweeping the floor, 1-hour walk, cycling)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2) Going up the stairs for several floors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

102. During the past 4 weeks, how often did your physical health disturb the followings?

	Always	Often	Sometimes	Rarely	Never
1) I worked less than I planned.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2) I was unable to do certain things that are part of my work or daily activities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

103. During the past 4 weeks, how often did your emotional problems (e.g. feeling unwell or anxiety) disturb followings?

	Always	Often	Sometimes	Rarely	Never
1) I worked less than I planned.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2) It was difficult to concentrate on my work or daily activities which is not usual.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

104. During the past 4 weeks, how often did your physical symptoms disturb your daily works (including both indoor and outdoor works)?

- 1 Never 2 Slightly
 3 Sometimes 4 Often
 5 Extremely

105. Following questions are about how you have felt and how you have been over the past 4 weeks. Please choose one for each item that best describes you.

	Always	Often	Sometimes	Rarely	Never
1) I felt calm and peaceful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2) I felt energetic.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3) I felt downhearted and depressed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

106. During the past 4 weeks, how often did your physical health or emotional problems disturb your social activities (e.g. visiting friends or relatives)?

- 1 Always 2 Often
 3 Sometimes 4 Rarely
 5 Never

Household Information

107. This section is about your family members or relatives living together with you. How many family members or relatives are you living with?

persons

108. Among the mentioned persons in Q107, how many of them are in the below categories? (Please specify numbers if you have more than one person in one category)

- | | | | |
|---|---|---|---------|
| <input type="checkbox"/> 1 Spouse | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | persons |
| <input type="checkbox"/> 2 Parents | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | persons |
| <input type="checkbox"/> 3 Parents-in-law | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | persons |
| <input type="checkbox"/> 4 Children | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | persons |
| <input type="checkbox"/> 5 Siblings | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | persons |
| <input type="checkbox"/> 6 Grand children | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | persons |
| <input type="checkbox"/> 7 Relatives | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | persons |
| <input type="checkbox"/> 8 Others (e.g. friend) | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | persons |

109. What was the total income of your household last year in 10 thousands won? (Including family members living together only) – don't know=9999

KRW

★ (Farming)

what is your actual annual income after harvesting excluding necessary expenses for farming such as agricultural chemicals?

(Weaving figured matting)

Do you weave figured matting apart from farming? If so, how many mats do you usually make on average per year? How much do you earn if you sell them all?

★ If the interviewee answered "in deficit" or "loss", then record as "loss".

★ If the interviewee answered "I don't know", try to check the income as categorical scale from below Q109-1.

109-1. Which of the following was the total income of your household last year?

- | | |
|---|---|
| <input type="checkbox"/> 1 Less than 10 million KRW | <input type="checkbox"/> 2 Less than 20 million KRW |
| <input type="checkbox"/> 3 Less than 30 million KRW | <input type="checkbox"/> 4 Less than 40 million KRW |
| <input type="checkbox"/> 5 More than 50 million KRW | <input type="checkbox"/> 9 Refused to answer |

Religious Activity

110. Do you have religion? If so, what religion do you follow?

- | | |
|---|---|
| <input type="checkbox"/> 1 None | <input type="checkbox"/> 2 Protestantism |
| <input type="checkbox"/> 3 Catholicism | <input type="checkbox"/> 4 Buddhism |
| <input type="checkbox"/> 5 Won Buddhism | <input type="checkbox"/> 6 Others (_____) |

111. Over the past year, how often have you attended religious activities?

- | |
|---|
| <input type="checkbox"/> 1 Several times a week (3-4 times) |
| <input type="checkbox"/> 2 Once a week |
| <input type="checkbox"/> 3 Once a month |
| <input type="checkbox"/> 4 Several times a year (5-6 times) |
| <input type="checkbox"/> 5 1-2 times a year |
| <input type="checkbox"/> 6 Less than once a year |
| <input type="checkbox"/> 7 Never |

Survey was completed.

Thank you for participating in the survey.

★ Check if the interviewee has participated in physical examination for our study. If he/she responds "not yet", explain briefly on it and provide instruction paper on physical examination. Make sure to have the interviewee's signature on the confirmation sheet after offering gifts as a reward.

Interviewer :

(Signature)

Survey End Date	2011 year _____ Month _____ Date _____ : _____ (Hours:Minute)
------------------------	---

Date of Visit	1st : 2011 year _____ Month _____ Date, _____ : _____ (Hour:Minute)	<input type="checkbox"/> completed <input type="checkbox"/> Not completed
	2nd : 2011 year _____ Month _____ Date, _____ : _____ (Hour:Minute)	<input type="checkbox"/> completed <input type="checkbox"/> Not completed
	3rd : 2011 year _____ Month _____ Date, _____ : _____ (Hour:Minute)	<input type="checkbox"/> completed <input type="checkbox"/> Not completed

Thank you for your response.

Confirmation of receiving the gift.

After completed the survey, I received a gift as a survey reward from the interviewer.

Year Month Date

Name: _____ (Signature)

LIST-NO				-			-	
---------	--	--	--	---	--	--	---	--

Yonsei Health and Longevity Project: Korean Social Life, Health and Aging Project

-Social Network Card-

[Social Network Card 1]

item	No.	Q7-1. Q7-2. Name	Q7-3. Relationship	Q8. Is this person currently living in K Township?	Q8-1. If this person is living in K Township, which village is this person currently living in?	Q9. Age	Q10. Sex	Q11. What is this person's highest level of education completed?	Q12. Are you living together with this person?	Q12-1. (If you are not living with this person), where does this person live in?	Q13. How long have you and this person known each other?	Q14. How often do you talk to this person?	Q15. How often do you meet with this person?	Q16. How close do you think you are to this person?	Q17. When you have a health problem or make an important decision regarding health, how likely are you to discuss with this person?	
		Record the <u>real names</u> in full as long as possible (If impossible, write the nicknames)	Please refer to the below relationship examples	①Yes ②No		() years old	①Male ②Female	①None ②Elementary School ③Middle School ④High School ⑤2-year College ⑥4-year College ⑦Graduate School ⑧Don't know	①Yes ②No	①Seoul ②Busan ③Daegu ④Incheon ⑤Gwangju ⑥Daejeon ⑦Ulsan ⑧Gyeonggi ⑨Gangwon ⑩Chungbuk ⑪Chungnam ⑫Jeonbuk ⑬Jeonnam ⑭Gyeongbuk ⑮Gyeongnam ⑯Jeju	() years	①Everyday ②Several times a week ③Once a week ④Every other week ⑤Once a month ⑥Several times a year ⑦Once a year ⑧Less than once a year	①Everyday ②Several times a week ③Once a week ④Every other week ⑤Once a month ⑥Several times a year ⑦Once a year ⑧Less than once a year ⑨Never met before	①Not very close ②Somewhat close ③Close ④Very close	①Very likely ②Somewhat likely ③Not likely	
Spouse	1		1													
5 persons in order that the interviewee talked to the most often	1															
	2															
	3															
	4															
	5															
1 person that the interviewee feel the closest to	6															

Relationship Examples				
1) Spouse	2) Boyfriend or Girlfriend (Romantic partner)	3) Parent	4) Mother-in-law or Father-in-law	
5) Child	6) Son-in-law or Daughter-in-law	7) Grandchild	8) Sibling	
9) Other relatives	10) Neighbors	11) Friend but not a neighbor	12) Religious advisor (deacons, pastors, priests, monks, etc.)	
13) Medical employee (doctor, nurse, counselor, acupuncturist, etc.)	14) Social worker	15) Others (Please Specify) :		

[Social Network Card 2 : Relationship between people]

Q18. How close are [name1] and [name2] to each other?

	Spouse	Name 1	Name 2	Name 3	Name 4	Name 5	Name 6
Spouse:							
Name 1:							
Name 2:							
Name 3:							
Name 4:							
Name 5:							
Name 6:							

- ① They don't know each other at all
- ② They are rarely close to each other.
- ③ They are somewhat close to each other.
- ④ They are close to each other.
- ⑤ They are very close to each other.

Q19. How often do [name1] and [name2] talk to each other?

	Spouse	Name 1	Name 2	Name 3	Name 4	Name 5	Name 6
Spouse:							
Name 1:							
Name 2:							
Name 3:							
Name 4:							
Name 5:							
Name 6:							

- ① Everyday
- ② Several times a week
- ③ Once a week
- ④ Every other week
- ⑤ Once a month
- ⑥ Several times a year
- ⑦ Once a year
- ⑧ Less than once a year
- ⑨ They have never talked to each other.