REPORT ON THE INTERCOUNTRY WORKSHOP
ON HEALTH OF THE ELDERLY

Fukuoka, Japan
22 - 27 October 1984

January 1985
Manila, Philippines
REPORT ON THE INTERCOUNTRY WORKSHOP
ON HEALTH OF THE ELDERLY

Convened by the
REGIONAL OFFICE FOR THE WESTERN PACIFIC
OF THE
WORLD HEALTH ORGANIZATION

Fukuoka, Japan
22 - 27 October 1984

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January 1985
Note

The views expressed in this report are those of the participants in the Workshop and do not necessarily reflect the policies of the Organization.

This report has been prepared by the Regional Office for the Western Pacific of the World Health Organization for Governments of Member States in the Region and for those who participated in the Intercountry Workshop on the Health of the Elderly, which was held in Fukuoka, Japan, from 22 to 27 October 1984.
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1. INTRODUCTION

Health care of the elderly is increasingly recognized as a main priority for development in the Western Pacific Region of the World Health Organization. A Working Group on Health Care of the Elderly, which first met in Manila on 18-24 August 1981, identified "insufficiency of data available on the needs, demands and problems of this age group as well as the inadequacy of skills and knowledge in providing for their health and social care."1 Since that time, the World Assembly on Aging has been held under United Nations auspices in Vienna in July/August 1982. The Vienna Plan of Action, which was subsequently adopted by the United Nations General Assembly, called attention to the importance of increasing international cooperation and regional cooperation. In particular, emphasis was given to intercountry activities in order to promote cooperative research, as well as the exchange of information and expertise among interested countries at regional level.

It has now been widely accepted that, given demographic projections and changing socio-economic features, together with increasing urbanization, modernization and pressures on traditional values, the aging population in the developing countries of the world will represent a major challenge to health care policy-makers and providers in the coming decades. That these factors are evidently at work in the Western Pacific Region is set down in detail in the Research Protocol for the Health of the Elderly Project (Annex 3).

The relative number and proportion of the elderly in most countries of the Western Pacific is still small so that the impact of population aging on social and health services is only now beginning to be evident. As this sector of the population grows rapidly in absolute and proportional terms during the next few decades, the impact will increasingly be felt and, because of its relative needs, it can be expected to be out of proportion to the actual increase in the aging population itself. The opportunity thus exists in the Region to anticipate future needs and, on the basis of concrete data, to develop appropriate policies and programmes to effectively meet the challenge within the context of the World Health Organization's overriding goal of health for all by the year 2000.

A study of the health and social aspects of aging, sponsored by the World Health Organization Regional Office for the Western Pacific, was begun in response to these objectives in cooperation with the Governments of Malaysia, the Republic of Korea, the Philippines and Fiji. The study is being conducted in two parts. The first is to examine data which are already available in accordance with a standard format. The second is to collect information and population data which are not currently available through the use of a survey instrument and indepth case studies. A full description of the research design, instruments, survey methodology and timetable is given in Annex 2. The project has proceeded in accordance with the original timetable established in October 1983.

The Intercountry Workshop on the Health of the Elderly was held at the Sun Palace, Fukuoka, Japan, from 22 to 24 October 1984 to coincide with the completion of the fieldwork and the initial analysis of the results for both parts of the study for Malaysia, the Republic of Korea and the Philippines. The workshop also coincided with the commencement of fieldwork for Fiji.

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The workshop was attended by 15 participants, 3 WHO temporary advisers, 2 consultants, 4 observers and a WHO secretariat of 2, comprising the Regional Nutrition Adviser (Operational Office) and the Manager, Global Programme on Health of the Elderly. Present at the meeting were participants, observers and advisers from Australia, China, Fiji, Hong Kong, Indonesia, Japan, Malaysia, New Zealand, the Philippines, the Republic of Korea, and Singapore.

Following the WHO workshop, the participants were then actively involved in additional workshops and a symposium, which were collaboratively sponsored and organized by the WHO Regional Office for the Western Pacific, the International Association of Gerontology/Asia Oceania Region and the Japan Geriatric Society. The six-day programme was as follows:

- **Monday, 22 October -** WHO Intercountry Workshop on the Health of the Elderly
- **Wednesday, 24 October**
- **Thursday, 25 October -** International Workshop and seminar:
  - Workshop I - Population based studies of aging
  - Workshop II - Dementia in the developing world
- **Friday, 26 October**
- **Saturday, 27 October** - Symposium on Aging

In his address to the WHO Intercountry Workshop on the Health of the Elderly, Dr Hiroshi Nakajima, Regional Director of the WHO Regional Office for the Western Pacific said that the examination of the health of the elderly in the Region was in accordance with the plan of action accepted by the United Nations following the World Assembly on Aging held in Vienna in 1982. He emphasized that basic research, cooperation and exchange of information on the health of the elderly would significantly contribute to the WHO objective of health for all by the year 2000. The issue was of particular importance in the Western Pacific Region because of improved control of infectious diseases, changes in traditional values, family structure and lack of information generally in the developing countries. He stressed the value on this particular occasion of the joint meeting with the International Association of Gerontology/Asia Oceania Region and the Japan Geriatric Society in contributing to the sharing of expertise and information. The address is annexed in full.

Throughout the three days, the workshop focused on the questions of future action in research, policy formulation, programme development and professional and community education. The preliminary data provided to the meeting formed a basis on which to build a framework for further activities and gave some rationale for the establishment of policy directions, priorities and future planning at regional and national levels. It became evident that, while substantial further analysis of the available data is justified and more indepth consideration should be given to key policy issues, the future main thrusts of action should be country-based and emphasis must be given to nationally and locally focused action plans.
Annex 6 contains a timetable for the project detailing:

- progress to date
- the completion of the present intercountry study in 1985
- development of policy guidelines in 1985
- development of individual country action plans in 1985/86
- further development of the study

2. OBJECTIVES

Objectives were established and agreed for both the study itself and the three-day intercountry workshop.

The study objectives were formulated in the light of the demographic, socio-economic and cultural changes expected in the Region. It was recognized that there would be an increasing need to provide data on aging to assist in policy formulation, planning, priority rating and resource allocation. Particular consideration should be given to the level of expertise and resources available within the Region. Thus the study was undertaken with the following specific objectives in mind:

(1) to increase awareness among researchers and policy-makers of the issues associated with an aging population;

(2) to provide a pilot cross-sectional study using largely quantifiable techniques to gain experience in undertaking such research in an Asian setting;

(3) to generate provisional and indicative quantifiable information on which to base objectives for more intensive and specific investigations;

(4) to move towards the alternate achievement of a comprehensive data base on aging for the Western Pacific Region of WHO; and finally,

(5) to provide some information which will be relevant in the formulation of policies and provision of programmes to meet the needs of the aging population.

The specific objectives set down for the three-day intercountry workshop as such were:

In connection with the cross-national study on social and health aspects of aging, undertaken in Fiji, Malaysia, the Philippines and the Republic of Korea, to:

(1) formulate recommendations for gathering ongoing data within countries and for the Region by reviewing background data collected from existing sources;

(2) develop a framework for translating the survey results into proposals for a plan of action on the basis of the preliminary results of the survey on a national and cross-national level;

(3) make recommendations on plans for future research activities on the aging, particularly proposals for indepth studies which arise out of the preliminary results of the present study;
(4) discuss the implications of the research results for the development of national policies and guidelines on health care of the aging, within the context of primary health care and organization of health services for health for all by the year 2000.

The overriding objective of both the study and the workshop was to achieve some concrete recommendations which would govern future action in the area of health care of the elderly. In this respect and in order to establish a process for formulating action plans, the workshop adopted the following general framework for setting out the relationship of survey information to policy and programme development.

Table 1

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Issue</th>
<th>Policy</th>
<th>Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental status</td>
<td>Prevalence of dementia and depression</td>
<td>Promotion of mental health of the aging</td>
<td>Counselling and community mental health care</td>
</tr>
<tr>
<td>Economic resources</td>
<td>Poverty</td>
<td>Minimum income</td>
<td>Financial supplementation or assistance</td>
</tr>
<tr>
<td>Health</td>
<td>Relationship of health and aging</td>
<td>Health care of the aging</td>
<td>Provision of primary health care</td>
</tr>
<tr>
<td>Utilization of health services</td>
<td>Relationship of utilization and aging</td>
<td>Health planning for the aged</td>
<td>Provision of comprehensive health services</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>Relationship of lifestyle and health</td>
<td>Prevention</td>
<td>Health education and promotion</td>
</tr>
<tr>
<td>Disabilities</td>
<td>Relationship of disability and aging</td>
<td>Minimization of handicap</td>
<td>Provision of aids and community assistance</td>
</tr>
<tr>
<td>Activities of daily living</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport</td>
<td>Mobility and aging</td>
<td>Access</td>
<td>Provision of transport</td>
</tr>
<tr>
<td>Housing</td>
<td>Housing problems and aging</td>
<td>Housing</td>
<td>Alternative accommodation provisions</td>
</tr>
<tr>
<td>Social resources and family support</td>
<td>Family and community roles and aging</td>
<td>Family and community responsibility</td>
<td>Family support services</td>
</tr>
</tbody>
</table>
3. WORKSHOP PROCEEDINGS

3.1 Organization

Dr. Hajime Orimo, Japan, was elected Chairman for the meeting. The individual participants are listed in Annex 3.

The following Rapporteurs were appointed for the meeting as a whole:

Professor Paul C. Y. Chen, Malaysia
Professor John Campbell, New Zealand
Dr. Hal Kendig, Australia (Observer/Rapporteur)

The workshop followed the agenda given on Annex 4. Participants were divided for small group discussion into three working groups:

- physical health and medical service
- mental health
- social aspects.

Each group was asked to review a section of the research protocol/questionnaire and survey results in terms of the following:

1. implications for policy, programmes and training;
2. cross-country variation;
3. suggestions for further analysis;
4. improvements in study methodology and questionnaire design.

The group discussions were recorded in detail in the Rapporteurs' reports. The reports will contribute significantly to the completion of the project and the development of the survey instrument.

The workshop activity, small group sessions and plenary meetings were characterized by active participation and involvement of all of the participants, and the degree of interaction achieved between all involved in the meeting was seen itself as a most worthwhile outcome of the exercise.

3.2 Project review

The consultants reported progress in the implementation of the project in the four-country study. In addition, the approach to preliminary analysis was described and the initial results and tabulations were discussed. Principal investigators for each of the countries reported on their experience.

The results of the review of existing data sources for Malaysia, the Republic of Korea and the Philippines were reported. This consisted of an exhaustive analysis of routine data collections, national surveys and one-off data collections and studies, which were reviewed in terms of the timeliness, specificity and appropriateness of data collections. In general, a paucity of specific data relating to aging beyond that gathered in routine census collections was identified. The main gaps in data collections and specification of the agreed minimum data set on the aging population are given in Annex 6.
The survey had been successfully implemented in the field in Malaysia, Republic of Korea and the Philippines, and would shortly be applied to a sample of the aging population in Fiji.

Completed questionnaires were analysed as follows:

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of analysed questionnaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaysia</td>
<td>1001</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>977</td>
</tr>
<tr>
<td>Philippines</td>
<td>827</td>
</tr>
</tbody>
</table>

Results had been processed on schedule in Adelaide and draft-weighted (for age, sex, ethnicity where appropriate and urban/rural distribution) tables were presented for discussion. 1

In general the principal investigators had not experienced any major difficulties in implementing the study. While formal validation and reliability testing had not been undertaken in the field, the Principal Investigators' meeting held previously had thoroughly explored the face validity of individual items and questions had been scrutinized carefully for cultural bias. 2 The field experience of the questionnaire in test-runs had been generally positive. Detailed recommendations for alterations to the questionnaire, particularly in the area of financial resources, were noted. 3 Response rates were generally reported as being very high with more refusals being experienced in the urban higher-class areas, but even in these instances response rates of better than 85% were noted.

The detailed results required further close study and more in-depth analysis. A broad review, however, revealed generally a reassuring consistency in results generally. Overall the impression was of a reasonably physically and mentally agile aging population with a very high proportion of the respondents residing in households of two or more generations. Lifestyle factors, particularly smoking and drinking behaviour, revealed some interesting cross-country variations for further problems such as visual impairment could be identified as specific issues for further consideration. More detailed and in-depth review of both country results and intercountry comparisons is planned for the final report and the workshop provided valuable pointers for an approach to analysing the data available.


3Reports by the rapporteurs of the three working groups at the WHO Intercountry Workshop on the Health of the Elderly, Fukuoka, Japan, October 1984, as detailed in Section 3 "Workshop Proceedings".
3.3 Other projects

A broad review of current and planned project activities throughout the countries represented at the meeting was undertaken on a round-table basis. A range of studies extending over such projects as reviews of mental health services for the elderly, definition of physiological reference values, surveys of dementia, risk factor studies, studies of housing needs for extended families, socio-economic surveys of the aging population, labour force involvement, etc. etc. were reported upon briefly. This emphasized the need for some effective means of monitoring current activities in aging research throughout the Region.

Dr Macfadyen made reference to activities of the Global Programme including the availability of a microcomputer graphics programme for data display and a proposed International Course on Epidemiology of Aging to be held in London during September 1985. In addition, some key WHO reports were now available which were relevant to the topic. 1

4. RECOMMENDATIONS

4.1 GENERAL CONCLUSIONS AND RECOMMENDATIONS REGARDING FUTURE POLICIES, PROGRAMMES AND TRAINING

4.1.1 The workshop participants concluded:

- that the WHO Regional Office for the Western Pacific, in collaboration with countries of the Region, should initiate the process of developing policy guidelines on aging which could be discussed and possibly adopted at the next regional WHO meeting.

4.1.2 In formulating guidelines the workshop participants believe:

(i) that special consideration must be given to the consequences of demographic transition in terms of the particular needs of the aging population as identified in studies and the importance of promoting and maintaining the health of the aging population;

(ii) that use should be made of available survey data at national and cross-national levels to formulate in more detail the development of specific policies, programmes and training requirements.

4.1.3 The participants considered:

(i) that the range of policies, programmes and training requirements which emerge will require reconceptualization of key aspects of health care delivery, especially primary health care, to focus on the special needs of the aging, and that this reconceptualization will need to reach well beyond health care delivery to encompass such areas as economic development, employment, productivity, housing, education and exploration of the positive contributions of the aging to the community and society generally;

(ii) that the programme implications which then evolve may well not require expensive new resources but may represent a reorientation of priorities and programme directions to reflect the identified special needs of the aging.

4.1.4 The participants directed specific attention to the following:

(i) The family as the principal source of support for the aging. Note was however taken of the increasing pressures on families and especially on female children so that adequate emphasis needs to be given to appropriate mechanisms for providing family as well as community support. This may require some direct support to be provided to carers rather than necessarily being directed to the needs of the aging individuals themselves (e.g. respite care).

(ii) The manner in which preliminary survey results highlighted the areas requiring development of specific recommendations such as set out in the foregoing. Broad areas of programme reconceptualization included, by way of example, such approaches as:

- challenging the misconception that the aged are more handicapped than indeed they actually are;
- reviewing and improving the availability of needed health aids;
- focusing mental health training towards depression and dementia as key problems associated with aging; and
- exploring the effectiveness of health promotion strategies directed to improving the health behaviour of the aging population.

4.1.5 The participants considered action should now be taken to:

(i) consolidate and analyse in detail the results of the WHO Cross-Country Study in order to provide a data base on which to mount national workshops on health of the elderly to be held in 1985/1986 with WHO support in each of the countries participating in the study with a view to developing specific policy and programme proposals taking account of the demography, level of development, resources and specific needs of each individual country;

(ii) review ongoing data collections available in each country including census, morbidity collections, national household survey exercises, population surveys, etc. in terms of the appropriateness and timeliness of these activities in relation to defining community needs, manpower requirements and health care resource requirements;

(iii) comprehensively review at national level the provision of primary health care in the light of the anticipated aging of the population generally. Having regard to the patterns of morbidity and association of physical, mental and social factors in the health of the elderly, the appropriateness, utilization and accessibility of existing services should be examined. Programme
priorities and current organization of services should then be appraised in terms of the need to accommodate the special needs of the elderly and their families in the future;

(iv) improve the degree to which positive attitudes and appropriate knowledge and skills are achieved in health professional training in relation to the elderly. In this respect the data base which will be provided through the WHO-sponsored regional cross-country study and other available sources of data should be utilized to provide the necessary information required for a full understanding of the experience of aging in the unique economic, social and cultural settings of the Region. The resource document on curriculum development, developed at a cross-country interregional WHO meeting in Singapore in 1981 (as updated), could also be a useful resource in this area;

(v) utilize the information obtained from the study to promote through the media channels a wider understanding of the key issues associated with aging through public education.

4.2. GENERAL CONCLUSIONS AND RECOMMENDATIONS FOR RESEARCH

4.2.1 The participants made the following recommendations:

(i) The differentiation between impairment, disability and handicap provides a useful framework for conceptualizing the principal applications of epidemiological and social research.

(ii) Priorities given by individual countries depend upon the availability of resources and expertise. Thus, all countries should at least undertake research such as that described in the WHO-sponsored cross-country study aimed at providing data on prevalence, particularly of handicaps and associated social support networks. Such population-based studies will provide basic data relevant to programme development.

(iii) Those countries in the Region with sufficient resources should undertake more sophisticated etiological and epidemiological studies directed to elucidation of causes, risk factors and specific incidence of disease in the aging population. Both quantitative research and qualitative information to establish a more complete picture of the context of identified problems should be undertaken. Such research should draw on the valuable contrasts in social, economic and cultural environments which exist within the Region and fieldwork should then be designed to include several countries. Where resources are appropriate, the nature of the issues is such that longitudinal studies will be of particular value.

(iv) The WHO Regional Office for the Western Pacific should move to create a register of current research on aging for appropriate distribution throughout the Region to encourage collaboration and cross-country transfer of skills, knowledge and experience. This register should be achieved in the first instance by surveying the countries throughout the Region to obtain up-to-date information on current activities. The information could then be regularly
updated at least every three years. Particular note was taken of
the impressive range of biological research currently under way in
the Region into dementia, and the potential value of developing a
pool of information concerning risk factors, which are currently
being explored in a relatively disjointed fashion, was also
stressed.

4.3. SPECIFIC RECOMMENDATION FOR THE CURRENT CROSS-COUNTRY SURVEY

4.3.1 Participants advised:

(i) that further research should now be pursued based upon the
WHO-sponsored cross-country study. The research protocol and
survey instruments should be refined and improved along the
specific lines recommended by the small groups during this
intercountry workshop. ¹ The objective should be to achieve a
culturally transferable "core package", which can then be used in
future surveys throughout the Region. This core set of
instruments should be formally tested for reliability and validity
in this regional setting to assist further application in the
field.

(ii) that further studies should then be promoted throughout the
Region with the primary aim of establishing prevalences using
standardized methodology as a means of assisting in the
development of scientifically supported policy formulation and
programmes.

¹Reports by the rapporteurs of the three working groups at the WHO
Intercountry Workshop on the health of the Elderly, Fukuoka, Japan, October
1984, as detailed in Section 3 "Workshop Proceedings".
ANNEX 1

SOME KEY FINDINGS

The work groups highlighted some key findings which indicate, as examples only, the nature of issues, policies and programmes which are likely to be developed once the analysis of the project results has been completed.

The examples developed so far highlight the extent to which a broad range of issues of relevance to the whole community have impact on the health and perceptions of health of the elderly, and in particular on the extent to which they cope with disabilities. The initial results indicate that the most appropriate action for many of the key issues is a reconceptualization of existing policies and programmes.

1. Economic Resources

(a) Issue

A concept of economic well-being broader than income and assets owned is more relevant. Many aging people live with or near their families and are dependent on the families' economic wealth. Nevertheless, the elderly sometimes contribute labour, child care and assets to the family. The numbers of elderly living with their children are:

- Malaysia 72%
- Republic of Korea 77%
- Philippines 76%

(b) Policy

The family should be seen as the economic unit in many but not all cases. Employment status of children and the degree of unity of the family should be taken into consideration in developing programmes.

(c) Programmes

Programmes could support maintenance of exchange, between the aging person and other members of the family, to strengthen the family unit. Programmes also could support stimulation to general economic activity in the community.

2. Work

(a) Issue

About one-quarter of the aging contribute in a work sense. However, the changing structure of the labour force to a greater proportion being employed can threaten the ability of persons of post-retirement age to contribute.
Annex 1

**Works full- or part-time**

<table>
<thead>
<tr>
<th></th>
<th>Republic of Malaysia</th>
<th>Republic of Korea</th>
<th>Republic of Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Male</td>
<td>34</td>
<td>45</td>
<td>35</td>
</tr>
<tr>
<td>Female</td>
<td>11</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td>Urban</td>
<td>14</td>
<td>14</td>
<td>24</td>
</tr>
<tr>
<td>Rural</td>
<td>27</td>
<td>54</td>
<td>25</td>
</tr>
<tr>
<td>Overall</td>
<td>22</td>
<td>31</td>
<td>24</td>
</tr>
</tbody>
</table>

Also the majority of elderly do not feel that they are consulted by the community.

(b) **Policy**

Develop new programmes to respond to changes in the structure of the labour force and to promote the economic and social contribution of the elderly to the community, at a rate which they find desirable, to strengthen the social and economic base of the elderly.

(c) **Programmes**

Programmes could include informal and formal re-education of the aging of retiring age.

3. **Literacy**

**Illiterate, including blind**

<table>
<thead>
<tr>
<th></th>
<th>Republic of Malaysia</th>
<th>Republic of Korea</th>
<th>Republic of Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Male</td>
<td>27</td>
<td>57</td>
<td>35</td>
</tr>
<tr>
<td>Female</td>
<td>79</td>
<td>80</td>
<td>46</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>68</td>
<td>40</td>
</tr>
</tbody>
</table>

(a) **Issue**

Illiteracy is greater in rural areas and among the 70+ age group.

(b) **Policy**

Develop all health and welfare policies and programmes in such a manner as not to be dependent on the literacy of the recipient.

(c) **Programmes**

Existing programmes in all areas could be affected through the use of pictorial material etc. and through the involvement of other literate members of the family and community.
4. **Housing**

(a) **Issue**

Survey data indicate housing may present difficulties for the aging in the Republic of Korea. Issues include residents' perception of the house, and availability of fresh water and cooking facilities.

(b) **Policy**

Review the availability of housing and the suitability of housing for the elderly. Establish the extent, if any, to which housing is inappropriate and, if so, how the elderly are affected.

(c) **Programmes**

Final programmes could be based on local communities' or families' involvement in upgrading housing for the elderly.

5. **Utilization of services**

(a) **Issue**

Differential rates for utilization of services between areas are indicated in the survey data.

<table>
<thead>
<tr>
<th>Utilization of services</th>
<th>Republic of Malaysia</th>
<th>Korea</th>
<th>Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doesn't feel healthy</td>
<td>27</td>
<td>50</td>
<td>17</td>
</tr>
<tr>
<td>Illness affects activities of daily living</td>
<td>26</td>
<td>43</td>
<td>66</td>
</tr>
<tr>
<td>Saw doctor at least once</td>
<td>41</td>
<td>20</td>
<td>28</td>
</tr>
<tr>
<td>Saw nurse at least once</td>
<td>1</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Saw pharmacist at least once</td>
<td>1</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Saw HW at least once</td>
<td>5</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Sick one or more days</td>
<td>7</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>Needs more medical care</td>
<td>9</td>
<td>48</td>
<td>16</td>
</tr>
<tr>
<td>Took prescribed medicine</td>
<td>47</td>
<td>25</td>
<td>58</td>
</tr>
<tr>
<td>Took over-counter medicine</td>
<td>27</td>
<td>44</td>
<td>42</td>
</tr>
</tbody>
</table>

The results suggest that polypharmacy could be a problem and that there are specific groups in need of additional services.

There is also a suggestion that there exists a group who are financially deprived and who require more treatment.

(b) **Policy**

Review the causes for the recorded poor perceived health in Korea.
Annex 1

(c) Programmes

Programmes could be based on building a greater reliance on doctors rather than on pharmacists.

6. Activities of Daily Living (ADL)

**Activities of daily living**

<table>
<thead>
<tr>
<th></th>
<th>Republic of Malaysia</th>
<th>Republic of Korea</th>
<th>Republic of Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>2%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Shopping</td>
<td>6%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Handle money</td>
<td>3%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Get to WC in time</td>
<td>4%</td>
<td>22%</td>
<td>3%</td>
</tr>
<tr>
<td>No help available</td>
<td>14%</td>
<td>22%</td>
<td>4%</td>
</tr>
</tbody>
</table>

(a) Issue

The same five factors were highest rating, out of eleven factors, in each of the three countries.

Apart from getting to the WC in time, ADL factors relating to activities within the home did not generally rate beyond 1-2%.

(b) Policy

Policy and programme outcomes regarding ADL issues will depend upon further analysis of the data, concentrating on the availability of support from the family and the local community.

7. Health Aids

**Specific health problems**

<table>
<thead>
<tr>
<th></th>
<th>Republic of Malaysia</th>
<th>Republic of Korea</th>
<th>Republic of Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot problem -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>restricting activity</td>
<td>7%</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td>Hearing problems</td>
<td>16%</td>
<td>20%</td>
<td>26%</td>
</tr>
<tr>
<td>Sight problems</td>
<td>68%</td>
<td>33%</td>
<td>81%</td>
</tr>
<tr>
<td>Evidence of cataract</td>
<td>57%</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>Dental prosthesis</td>
<td>37%</td>
<td>39%</td>
<td>35%</td>
</tr>
<tr>
<td>Difficulty chewing</td>
<td>48%</td>
<td>62%</td>
<td>35%</td>
</tr>
</tbody>
</table>
Eyesight and use of glasses

<table>
<thead>
<tr>
<th></th>
<th>Malaysia</th>
<th>Korea</th>
<th>Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasses used</td>
<td>44</td>
<td>44</td>
<td>61</td>
</tr>
<tr>
<td>Glasses needed</td>
<td>7</td>
<td>3</td>
<td>18</td>
</tr>
</tbody>
</table>

(a) Policy

Investigate causative factors for high prevalence of sight problems recorded in the Philippines.

(b) Programmes

Final programmes could be centred around: (1) increased provision of glasses; (2) reduction in the eyesight risk factors in the community.

8. Lifestyle

Heavy smoker (15 or more per day)

<table>
<thead>
<tr>
<th></th>
<th>Malaysia</th>
<th>Korea</th>
<th>Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>21</td>
<td>51</td>
<td>18</td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>Overall</td>
<td>12</td>
<td>35</td>
<td>13</td>
</tr>
</tbody>
</table>

(a) Policy

Discourage smoking.

(b) Programmes

Educate community on risks of smoking.

9. Mental Status

(a) Issue

There is a low prevalence of psychotic disorders. The prevalence of dementia and depression is higher but the greater majority show normal cognitive functions. The Korean data shows poorer cognitive function and greater depression.
Annex 1

Cognitive score on 15 items

<table>
<thead>
<tr>
<th>No correct responses</th>
<th>Republic of Malaysia</th>
<th>Republic of Korea</th>
<th>Republic of Philippines</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 3</td>
<td>2%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>4 - 7</td>
<td>4%</td>
<td>14%</td>
<td>1%</td>
</tr>
<tr>
<td>8 - 11</td>
<td>23%</td>
<td>31%</td>
<td>12%</td>
</tr>
<tr>
<td>12 - 15</td>
<td>71%</td>
<td>52%</td>
<td>87%</td>
</tr>
</tbody>
</table>

(b) Policy

In the mental health area, place a greater emphasis on supporting demented and depressed persons in the community rather than on psychotic disorders.

(c) Programmes

Modify training programmes for health care workers, service-providers and the general community.

10 Social resources and family support

(a) Issues

- Living conditions of the elderly are influenced strongly by family circumstances.
- The extent to which family can cope with providing support is important.
- Family planning is reducing family size and affecting families' ability to provide support.
- The exchange of contributions between the elderly and the family and community can be unnecessarily unbalanced. The value of the contribution from the aged is not always recognised.

(b) Policy

Enhance and promote opportunities for the aging to contribute. Provide recognition of the contribution of the aging.

Provide support for the carers (family and community) where appropriate, rather than directly for the elderly person.

11. Overall Situation

(a) Issue

With the exception of sight and hearing problems, prevalence of specific health complaints is low. In particular the elderly are quite mentally agile and reasonably physically agile.
(b) Policy

- Promote the elderly as a group who have the potential to contribute to the family and community.

- Investigate means of reducing the level of sight and hearing handicaps.

Summary

The brief analysis given above indicates the types of results which a detailed analysis of the study data will produce.
Ladies and Gentlemen,

It gives me great pleasure to say a few words to you on the second day of this Intercountry Workshop on Health of the Elderly which is being held to review the results of the WHO-sponsored national collaborative studies on social and health aspects of aging in Malaysia, the Republic of Korea, and the Philippines.

The Vienna Plan of Action, which was accepted by the United Nations General Assembly, following the World Assembly on aging held in July and August of 1982 in Vienna, specifically referred to the need for basic research and especially for programmes of cooperation and exchange of skills and knowledge at regional level. The studies which are being reported at this workshop are fully consistent with these important objectives.

As you know, only sixteen years remain between now and the end of this century, for us to achieve the World Health Organization's goal of health for all by the year 2000, and it is essential that the special needs of the aging population should not be overlooked during this critical period.

As I remarked in December last year at the Principal Investigators' Meeting for the project in Manila, the programme for the care of the elderly is receiving an increasing share of attention, both at national level and within international organizations like WHO. As the problems of communicable diseases have come under increasing control in most parts of the world, the expectation of life has increased not only in developed countries but also in developing countries. The proportion of the aged is thus growing in the majority of countries, and this changed population structure will become more definite in the years to come. In addition, the traditional joint family structure and the ancient cultural pattern under which the younger generation were duty bound to care for their elders are gradually changing and more and more aged persons are being left to look after themselves. As a consequence of these factors, the problems of the aged will need to receive priority attention.

Although there is a reasonable amount of data available on the situation in the developed countries throughout the world, this is not the case in the developing countries, and, in order to decide on programmes for the welfare of the aged, it is essential to have a clearer picture of the nature and extent of their problems. This has led us to support national studies on the social and health aspects of aging in Malaysia, the Republic of Korea, the Philippines and subsequently, Fiji.

The presence at this meeting of participants from China, Hong Kong, Japan, and Singapore - countries or areas which were not involved in the initial survey - is most important as it is our hope that this type of work will be extended throughout the Region to eventually provide a valuable and comprehensive regional and national data base on the health and social aspects of aging in the Western Pacific.
I understand that today you will be reviewing the survey results in depth while tomorrow you will undertake the important task of formulating recommendations for future action.

This meeting is also very significant as it will continue throughout the week in a collaborative exercise with the International Association of Gerontology, Asia Oceania Region and the Japanese Geriatric Society. I am also very pleased to note that Dr David Macfadyen, the Manager of the Global Programme on Health of the Elderly, is also participating in the meeting.

I wish to extend my special thanks to our Japanese hosts and particularly to Professor Kenzo Tanaka, President of the Kyushu University and his esteemed colleagues. I must also thank the consultants for this project: Professor Gary Andrews, who has been the principal consultant involved and - for the assistance in the study - MR Cam Rungie and Mr Adrian Easterman, who is responsible for the statistical analysis. I would also like to acknowledge the admirable work that has been undertaken under the direction of the Principal Investigators in the participating countries, with the support of their National Advisory Groups.

I will conclude these remarks by wishing all of you a pleasant stay in Fukuoka and a most fruitful meeting. I look forward with keen interest to learning of the outcome of your discussions which will be vitally important in determining the future support of WHO for this most important Regional Project. Thank you.
AGENDA

Monday, 22 October

8:30 Welcome Address
Dr N. V. K. Nair, WHO Regional Adviser in Nutrition

Opening Remarks
Professor Gary Andrews, WHO Consultant

Election of Chairperson and Rapporteurs

9:00 COFFEE BREAK

9:15 Working Session - Participating Country Reports

Republic of Korea
Malaysia
Philippines
Fiji

11:45 Reports on Current Activities in Other Countries

China
Hong Kong
Japan
Singapore

12:30 LUNCH

13:30 Working Session - Statistical Report
Mr Adrian Easterman, WHO Temporary Adviser

14:00 Small Group Discussion - Cross National Comparisons

15:00 COFFEE BREAK

15:30 Working Session - Framework for Policy and Programme Recommendations

Plenary Discussion

17:00 Adjournment
Annex 3
WPR/HEE/84.1

Tuesday, 23 October

9:00  Address by Dr Hiroshi Nakajima
      Regional Director, WHO/WPRO

      Review of First Day
      Dr David Macfadyen
      Manager, Global Programme, HEE/EURO

9:30  COFFEE BREAK

9:45  Working Session - Review of Survey Results

      Demographic Information
      Economic Resources
      Housing

12:30 LUNCH

13:30 Working Session - Review of Survey Results

      Health - Physical and Mental
      Activities of Daily Living

15:00 COFFEE BREAK

15:30 Working Session - Review of Survey Results

      Social
      Resources Assessment

17:00 Adjournment

Wednesday, 24 October

8:30  Review Session
      Professor Gary Andrews and
      Mr Cam Rungie - WHO Consultants

9:00  Small Groups - Recommendations for Ongoing Data
      Collection of National and Regional Levels

10:00 COFFEE BREAK

10:15 Working Session - Plenary
      Small Group Reports
10:30 Small Groups - Recommendations for Policy Formulation and Programmes
   . Primary Health Care
   . Specialist Training and Programmes
   . Community Support Programmes
   . Institutional Care

12:00 Working Session - Plenary
   Small Group Reports

12:30 LUNCH

14:00 Working Session - Future Research Directions
   Research Implications for Other Countries
   Japan
   China
   Singapore
   Hong Kong

15:00 Working Session - Longitudinal Studies
   . Advantages
   . Feasibility
   . Recommendations

15:30 COFFEE BREAK

16:00 Working Session - Format for Final Report and Recommendations

17:00 Working Session - Proposals for Further Action

17:30 Adjournment
WHO INTERCOUNTRY WORKSHOP ON THE HEALTH OF THE ELDERLY
Fukuoka, Japan
22 to 27 October 1984

INFORMATION BULLETIN NO. 2
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Annex 4

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RESEARCH PROTOCOL

By

Professor Gary R. Andrews\(^1\)
WHO Consultant

and

Cam M. Rungie\(^2\)
Senior Research Assistant

<table>
<thead>
<tr>
<th>Title of Project</th>
<th>Health Care of the Elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Malaysia, Republic of Korea and Philippines</td>
</tr>
<tr>
<td>Source of Funds</td>
<td>JSIF and General Funds</td>
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</table>

---

\(^1\) Chairman and Chief Executive Officer, South Australian Health Commission - PO Box 1303, Adelaide, S.A. 5001. Clinical Professor of Community Medicine, Flinders University of South Australia and the Adelaide University.

\(^2\) Social Researcher, 25 Hutt Street, Adelaide, South Australia, 5000.
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APPENDIX C - THE QUESTIONNAIRE
HEALTH CARE OF THE ELDERLY PROJECT

SUMMARY

The WHO/WPRO is sponsoring a study of the health and social aspects of aging in cooperation with the Governments of Malaysia, the Republic of Korea, the Philippines and Fiji.

The first phase of the project has now been completed and included contracting national counterparts, identification of issues and resources and the development of a general framework for the study.

The study is being conducted in two parts. The first part will examine data which is already available in accordance with a standard format and will seek to identify gaps in information collection which exist at present. The second will seek to collect information and data which is not currently available. It is proposed that this be done through a survey.

The data to be collected will be related to specified issues and it is proposed that it be analysed in such a way as to demonstrate relevance for policy formulation and programme development.

The survey sample size will be 800-1000 subjects randomly selected from specified districts which are themselves reasonably representative in socio-economic and ethnic terms of the countries as a whole. Both urban and rural districts will be included. Appropriate sampling will be critical to the survey.

The survey questionnaire (Appendix C) is attached as is the format for collection of existing data (Appendix B).
1. INTRODUCTION

This protocol presents the agreed approach for data collection and field work of the WHO sponsored "Health Care of the Elderly" research project. The project is initially being undertaken in Malaysia, Republic of Korea, the Philippines and Fiji under the auspices of the governments of those four countries and the WHO.

The project will include both a collation of statistics currently available within the participating countries in an agreed format and the results of a survey to be conducted of a sample of aging people and their immediate families in each of the selected countries.

The protocol includes:

- background information
- a project overview
- study objectives
- details of sample size and selection
- survey instrument review
- draft questionnaire and
- a bibliography

The results will be analysed centrally and commented upon by the participating agencies in each of the countries and cross-national comparisons will be made.

The project commenced in early 1983. The field work will be undertaken in mid 1984 with a view to preliminary results being available in October 1984 and a final report in early 1985.

2. BACKGROUND TO PROJECT

In the developed world aging has been an accepted area of specific interest in research and policy formulation for some time. This has not been so in the less developed parts of the world.

The UN demographic figures show that the aging population in the less developed nations of the world is now numerically as large as the total aged population for the rest of the world and is growing faster. Thus by the year 2000 those aged 65 and over will have increased by 100 million in the developing world compared to 35 million in the more developed (Table 1).
2.

TABLE 1

World Population Projections

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Population (Millions)</th>
<th>Population _ 65</th>
<th>% _ 65</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing Countries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1980</td>
<td>3284</td>
<td>129</td>
<td>3.9</td>
</tr>
<tr>
<td>2000</td>
<td>4297</td>
<td>229</td>
<td>4.7</td>
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<tr>
<td>Developed Countries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1980</td>
<td>1131</td>
<td>129</td>
<td>11.4</td>
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<tr>
<td>2000</td>
<td>1272</td>
<td>167</td>
<td>13.2</td>
</tr>
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</table>


The Western Pacific Region of WHO is made up largely of countries which are developing. The demographic profile of the region will be characterised by rapid growth, increased urbanisation, declining fertility and increased life expectancy at birth. The two factors of dramatic decrease in birth and death rates can be expected to result in significant aging of the population. The increase in aging population described above can be expected because of increasing prevalence of physical and mental morbidity to result in increasing need for health and social services. While old age is not necessarily a time of ill health, disability and misery, a variety of chronic disorders occur much more frequently among the aged than among younger people. At the same time, it is recognised that development, urbanisation, industrialisation and technological change (all of which are being experienced in developing countries) have significant impact upon the lifestyle and wellbeing of the aging members of the population. There is some evidence that the patterns of family structure (and in particular the predominance of the multigenerational household) is changing so that the aged will become more dependent upon health and social services provided by governments.
The relative number and proportion of the elderly in most countries of the Western Pacific is still small so that its impact on social and health services is now only beginning to be evident. As this sector of the population grows rapidly in absolute and proportional terms during the next few decades, the impact will however be increasingly felt and because of their relative needs, it can be expected to be out of proportion to the actual increase in the aging population in these respects.

Four countries were chosen to be studied in the first instance: Malaysia, Philippines, the Republic of Korea and Fiji. The demographic projections for the population 60 and over in each of the four countries is shown in Table 2.

### TABLE 2

**Aging Population**

<table>
<thead>
<tr>
<th>Country</th>
<th>KOREA</th>
<th>MALAYSIA</th>
<th>PHILIPPINES</th>
<th>FIJI</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 Years+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>million</td>
<td>2.2</td>
<td>5.2</td>
<td>0.7</td>
<td>0.9</td>
</tr>
<tr>
<td>%</td>
<td>5.9</td>
<td>9.8</td>
<td>5.1</td>
<td>4.8</td>
</tr>
<tr>
<td>65 Years+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>million</td>
<td>1.4</td>
<td>3.3</td>
<td>0.4</td>
<td>0.6</td>
</tr>
<tr>
<td>%</td>
<td>3.7</td>
<td>6.3</td>
<td>3.2</td>
<td>3.1</td>
</tr>
<tr>
<td>70 Years+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>million</td>
<td>0.8</td>
<td>1.9</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>%</td>
<td>2.1</td>
<td>3.6</td>
<td>1.9</td>
<td>1.8</td>
</tr>
<tr>
<td>60 Years+</td>
<td>n.a.</td>
<td>n.a.</td>
<td>.103</td>
<td>.093</td>
</tr>
<tr>
<td>working age group (15-59)</td>
<td></td>
<td></td>
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</table>

**SOURCE:** Report of a Regional Survey of the Aging (Bangkok, ESCAP, 1981) (Data supplied by countries)
In the light of the demographic, socio-economic and cultural changes which are expected in the region, there is an increasing need for research to provide data on aging to assist in policy formulation, planning, priority setting and resource allocation. Because of the close interrelationships which exist in the aging population between physical, mental and social aspects of health, all three aspects should be investigated in an integrated approach. This present study, then, is being undertaken:

1. to increase awareness among researchers and policy makers of the issues associated with an aging population;
2. to provide a pilot cross-sectional study using largely quantifiable techniques to gain experience in undertaking such research in an Asian setting;
3. to generate provisional and indicative quantifiable information on which to base objectives for more intensive and specific investigations;
4. to move towards the alternate achievement of a comprehensive data base on aging for the Western Pacific Region of WHO;
5. to provide some information which will be relevant in the formulation of policies and provision of programmes to meet the needs of the aging population.

These aims are consistent with the recommendations made at the United Nations World Assembly on Aging held in Vienna, Austria, July/August 1982. The Vienna Plan of Action which was subsequently accepted by the UN General Assembly addressed the need for the basic research and especially for programmes of cooperation and exchange of skills and knowledge at regional level.

3. AN OVERVIEW OF THE RESEARCH PROJECT

3.1 Terms of Reference

The terms of reference for this research project are as follows.

"In collaboration with the appropriate persons at the Ministry of Health and with individuals of other Ministries and non-Governmental Organisations as designated by the Health Ministry:

(a) to develop a format for sociological/health studies for the elderly in the Philippines, Republic of Korea, Malaysia, and Fiji;
(b) to discuss plans for implementing health care services for the elderly as part of community health services in these countries; and
(c) to submit a report on completion of the assignment."
3.2 Strategy

The proposed study is basically descriptive in nature. No hypotheses have been formulated as such. The view is, however, taken that information on the health and social characteristics of the aging population, their attitudes and utilisation of current services and certain information to be obtained from their immediate family (where appropriate) are relevant to a formulation of their needs and therefore useful in the processes of planning of programmes and formulation of policies on aging.

Thus, the data collected can be related to the underlying issues which are being explored and the policy and programme implications as set out in the following scheme. (Table 3)

**TABLE 3**

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Issue</th>
<th>Policy</th>
<th>Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Status</td>
<td>Prevalence of Dementia and Depression</td>
<td>Promotion of Mental Health of the Aging</td>
<td>Counselling and Community Mental Health Care</td>
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<td>Poverty</td>
<td>Minimum Income</td>
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<td>Provision of Primary Health Care</td>
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<td>Provision of Transport</td>
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<td>Alternative Accommodation Provisions</td>
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3.3 Specific Objectives

The study was seen as having specific objectives of providing data where practical and appropriate as specified below. To a large extent the specific objectives fall into two categories. The first category includes data which can be collected through examination of existing sources. Generally the objectives 3.3.1 to 3.3.4 fall into this group. The second category covers data which is more likely to be available only through field research. Generally this covers the remaining objectives and it is proposed that a survey be used to collect that data. It should, however, be understood that the two categories may not be mutually exclusive.

3.3.1 Basic Demographic Data - Present and Projected

1) Number and proportion of aged; over 55, over 65, over 75 and over 85.

2) Sex ratios.

3) Societal age dependency ratio.

4) Population distributions/urban - rural/migration patterns - internal and external.

5) Statistics as above for present and projected to years 2000 and 2025.

3.3.2 Mortality and Morbidity

1) Life expectancy.

2) Age specific death rate.

3) Causes of death.

4) Morbidity/hospital statistics/community morbidity.

3.3.3 Socio-economic Factors

1) Marital status.

2) Family size.

3) Family relationships.

4) Support relationships in times of good health and in times of bad health.

5) Accommodation and living arrangements.

6) Income and occupation.

7) Extent and type of valued roles.
3.3.4 Social Indicators

(1) Proportion of aged in hospital.

(2) Proportion of aged in other institutional settings.

(3) Proportion of aged receiving other welfare or health services.

(4) Proportion of aged receiving pension, provident funds, etc.

3.3.5 Facilities

(1) Availability of access and use of facilities relevant to health and a healthy lifestyle.

(2) On specific health services - the use of health workers, nurses, doctors, clinical attendants, hospitalisation. Use of traditional medicine.

(3) Use of medications.

(4) Use of voluntary community services and facilities.

3.3.6 Nutrition (Western and Traditional Food)

(1) Availability of a diet that is sufficient nutritional level.

(2) Eating habits.

(3) Changes in eating habits and level of nutrition.

3.3.7 Physical Health Status

(1) General health status.

(2) Symptoms.

(3) Disability, handicap and impairment.

(4) Health habits; smoking, drinking, exercise.

(5) Dental status.

3.3.8 Mental Health Status

(1) Cognitive function.

(2) Mood.

(3) Symptomatology.
3.3.9 Activities of Daily Living

(1) Mobility.
(2) Eating and Drinking
(3) Washing.
(4) Toileting.
(5) Recreation.

3.3.10 Attitudinal & Cultural Framework

(1) Religious attitudes and practices (where appropriate).
(2) Attitudes to aging.
(3) Attitudes to death.

3.4 Final Report

This project is primarily an exploratory exercise. It is being undertaken to identify those areas which might well be the subject of further examination in relation to the development and implementation of health care services for the aging as a part of community health services. It is intended that the report on this project will highlight those areas in which the quality of life and, in particular, the health of the aging, can be enhanced through a better understanding of their circumstances and through the possible development of policies which lead to changes in attitudes and the behaviour within the community or to the provision of services or facilities.

Gore (1983), Brody (1983), WHO (1980), Kadir (1982), Kalache (1983) and Regional Office for the West Pacific WHO (1981) cite the need for such research. To fully address all the issues in the above list of specific objectives it would require resources beyond those available for this project. Consequently, the project will concentrate more on those areas where there is some indication of generating results which will subsequently enhance the lifestyles and the circumstances of the aging.

4. METHODOLOGY

4.1 Study Framework

It is proposed that the data collection and field work for the study may be undertaken in two parts. The first part will examine data which already largely is available from present data collection sources, although the extent, depth and accuracy of the information will be variable. The second will seek to collect through a survey that information and data which is not otherwise currently available.
4.2 Descriptive and Background Information

It is proposed that local working groups in each country review the currently available information in accordance with the specific objectives. The groups, it is intended, will identify gaps in the information currently available, and with the assistance of the consultant, will make recommendations for improvement of ongoing data collections relevant to the social and health aspects of aging.

4.3 The Survey

The objectives for the study call for specific data and cross correlations on a range of issues. As discussed below, much of the data required is of a nature which can be collected by trained but still relatively unskilled interviewers using structured and validated questionnaires and survey instruments. Survey instruments using self-reporting techniques require verification and validation to ensure that they are accurate predictors of the health situation of the respondent. (Brody, 1983). Thus it is argued that an interview survey methodology is appropriate for the study.

However, not all the specific objectives can be covered by validated survey instruments. For example, the objectives on nutrition cannot be achieved. Less formal data collection techniques will be adopted, by necessity in some areas of the objectives. Other areas will have to be excluded from the study.

While few, if any, instruments have been validated in the three countries to be included in the study, there are valuable instruments that have been validated in the developed world. See Jenicek et. al. (1979). Fillenbaum (1982), presents a detailed review of several instruments and in particular CARE (Comprehensive Assessment and Referral Evaluation, Gurland et. al. 1977-1978); MAI (Philadelphia Geriatric Centre Multilevel Assessment Instrument, Lawton, Moss, Flintcourier & Kleban, 1982); and OARS (Older Americans Resources and Services Multidimensional Functional Assessment Questionnaire, Duke OARS, 1978).

Selected parts of these instruments have been adopted in the questionnaire for this research. As the questionnaire will be translated verbally and culturally every attempt has been made not to use those sections less likely to maintain validity through such a process. Mental health instruments such as the General Health Questionnaire, Goldberg (1972), are examples of relatively culture bound instruments which most certainly will require new scoring procedures when translated to another language and culture. Similarly the "Mini-Mental State" Folstein and Folstein (1975) is related to education or age and is not well suited to respondents with restricted education. (Anthony et. al., 1982).
4.4 Field Research Resources

The resources available for the project are limited. The project will use a carefully chosen selection of those most relevant from the full range of survey instruments available. The final questionnaire will aim to produce the most useful results for the resources available. Further, the capacity of aging respondents to understand and answer detailed questions, the culturally bounded nature of some instruments and the resources required to train interviewers who will be one person and not a geriatric assessment unit are all factors contributing to the adoption of a questionnaire which would be relatively short in comparison to what is otherwise possible in studies of this nature. (Denton 1983).

4.5 Survey Sample Size

Sampling theory would indicate that a sample of at least 200 is required in each sub-group to be considered in the analysis of the results. The resources for the survey are likely to allow a sample of at least 800 in each of the three countries to be included. This will allow comparisons of major but not minor sub-groups in the populations. Current literature highlights the different plight of the rural and urban aging. (T'Ae-Hyson, 1982; Republic of Korea, 1982). Thus a quota sample of 400 rural and 400 urban respondents would be of value. The literature also highlights migration and in particular the move to the cities and the growth of the landless rural population. (Meegama, 1982). On a total sample of 800 the number of respondents in these categories may be below 200 and detailed comparative comments on each of these sub-groups without aggregating the results from all three countries may not be possible from the data.

4.6 Method of Sampling

Sample sizes of 800 respondents per country are of value provided the sample is selected on a correctly random basis. All surveys, but in particular those with smaller sample sizes require careful attention to sampling. (Hursh-Cesar and Roy, 1976). Where complete sampling frames are not available some compromise is often necessary to avoid the excessive use of resources. (Lutz, 1981 and 1982). Data on population distribution is available for some areas but not all. (Eng, 1982b).

The definition of the aging population varies. The official definitions of aging are reported by Hoshino (1981), to be Korea: no definition, Malaysia 60 and over, and Philippines 65 and over. Retirement ages are reported to be 55-60 years in Malaysia and Korea and 65 in Philippines. In this survey the sample will be drawn from those 60 years and over. (Kadir, 1982).

No convenient, readily accessible sampling frame for those over 60 in the population is available. A truly national representative sample is beyond the available resources at this stage.
Each of the countries will identify districts which on the basis of census data are reasonably representative of the country as a whole in demographic and socio-economic terms. The selection of districts will be made from both urban and rural settings.

The selected districts which will have total populations of up to 1 million. The smallest demographically defined areas, (e.g. in Malaysia the Enumeration Blocks of the census) are then identified and a number of these will be randomly selected from within the chosen District. It is then proposed, where feasible, either to systematically identify all of those over 60 within each area and to use that information to provide a sampling frame from which to randomly select the required numbers, or to commence at a random point within the area and collect the required numbers on a quota basis.

It is envisioned that in each of the three countries there will be a sample of 800-1000 respondents 60 years and over living outside of institutions. The importance of the institutionalised elderly population is acknowledged but their proportion in the countries under consideration is small and they should be the subject of a separate study. The sample will be selected to provide approximately equal numbers of urban and rural subjects. Close attention will be given to obtaining a sample which is duly random and representative.

5. **Survey Instrument**

The specific objectives can be divided into the following four groups:

1. data which is to be considered in part A of the study and not be included in the survey;
2. data which can be easily collected in the survey;
3. data requires some subtlety if it is to be collected via a survey and for which appropriate survey instruments exist;
4. data requiring some subtlety if it is to be collected via a survey and for which an appropriate instrument does not exist.
5.1 Socio-economic Factors

5.1.1 Social Support

The "social" position of the aging in Asia is seen to be changing. Substantial difficulties are reported to be arising from the loss by the aging of the traditional rank and valued role as cultural leaders and teacher by Bakar (1982), Eng (1981), KaI (1982), T'Ae-Hyon (1982), Republic of Korea (1982) and Social Research Centre (1982). While the cultural background of Asia is vastly different this appears similar to the modern western trend said to result from the removal of valued social roles. The aged are reported to be losing their important roles because they cannot cope with new urban technology and change by Eng (1982), and migration of the young. (Eng, 1981). The extent of the devaluation, in Asia, is not known. The family bond and the valuing of the aged is still to be found in Asia. (Wee 1981). For instance reports that in Singapore there is substantial evidence that the aged perform valued roles, although in a modern urban environment in providing housing, child care and a central hub for the family.

Donald et. al. (1978), identifies four areas critical to social participations:-

- family and home
- social (e.g. friendship)
- community involvement (e.g. participation in organisations)
- work (or major role activity if unemployed in the traditional sense)

Fillenbaum (1982) discusses the important to health as demonstrated by Kahn and Antonucci (1979), of a confidante. This reflects the finding that the number of people known or the frequency of contact does not ensure greater satisfaction, better health, or better coping with old age. Rather it is the quality of social support and the presence of a confidante which relate to personal well-being and to physical health status. This is measured through questions such as: "Do you have someone you can trust and confide in?" and "Do you find yourself feeling lonely?" The literature on aging in Asia refers less to the absence of close friends and relatives. Possibly, with the exception of those effected by migrations or unusual family structures the frequency of a lack of a confidante may be small. This is not to suggest that a confidante is any less important.
The recent WHO-supported survey of aging in 11 countries, Heikkinen (1982), reported on a range of social factors relevant to the welfare of the aging. These include:

1. **Active membership of clubs, associations or societies**
2. **Number of social occasions in which participated**
   - Family gathering
   - Religious services
   - Foreign tourism
3. **Number of cultural activities in which participated**
   - Theater, films, concerts, art exhibitions, library outings and sports competitions.

These factors are not frequently identified in the literature on aging in the Asian setting.

Membership of clubs, however, may be of importance as demonstrated in a survey carried out in Korea. (Jae-Kan, 1982) and Korean Senior Citizens Association, 1982). Additional factors which should be included in this Asian study are:

- Number of visitors
- Times spent alone
- Contact with neighbors
- Feelings of loneliness
- Life satisfaction

### 5.1.2 Economic

The literature heavily underlines the economic plight of the aging in Asia and in particular the inadequacy of the income is critical but also of some complexity. Both tasks are probably beyond the resources of this study. Rudimentary as it may be the survey may have to be restricted to collecting information on type and cost of provision of accommodation, the provision of financial support or items such as food from family and friends, the existence of pensions etc. and employment, nett income, assistance to other members of the household such as "Bantuan Capa" scheme in Malaya, and the frequency of begging. (Eng, 1982). The participating agencies in each country may well be able to provide general income statistics for comparisons, including the availability of pensions and the effects of inflation.
5.1.3 Occupation

In addition to establishing frequency of valued roles the questionnaire should also establish the frequency of employment. In some communities the aging retire at 55 years of age such as in Malaysia (Eng, 1982c), while in others they never retire. Unemployment and retirement should be differentiated. (Eng, 1981; Jae-Kan, 1982). Retirement exacerbates the low income situation. (Bakar, 1982). Spouses occupations should also be recorded as a growing number of women, in Malaysia, at least, are working. (Eng, 1981 and 1982c).

5.1.4 Housing

While the number of generations living in one household is a critical part of both support networks for the aging and changing domestic and family structures, less importance appears to be placed in the literature on problems of accommodation and the quality of dwellings. Eng (1982) reports on difficulties for the aging whose families have migrated. He also comments on the need for research into housing. Western studies frequently investigate housing in detail. This survey should at least establish ownership, general style - house etc. - and the cost of housing to the aging person. In addition, comparison of the housing with the neighbourhood as seen separately by the interviewer and the respondent will be recorded. The accuracy of such an approach cannot presently be validated. Finally consideration should also be given to using a simple classification on private dwellings; the same as classifications used in census questionnaires. This classification should be discussed with local research groups. While this study does not include Hong Kong it is worthwhile noting the difficulties there. (Hong Kong Government, 1977).

Housing is a problem for a proportion of the elderly who do not qualify for public housing under existing policies. These are essentially those elderly in one and two person households. According to the 1976 bi-census, 30,000 such old people were estimated to be living in sub-standard housing, irrespective of income. Types of housing included:

(a) accommodation in temporary structures and in non-residential quarters (such as squatter or roof-top huts, living quarters in industrial buildings etc.) which are not suitable for habitation;

(b) accommodation is in self-contained flats where facilities such as the kitchen, toilet, or even water supply are not available within the flat;
15. Annex 5

(c) a high degree of sharing, when three or more households share the same flat;

(d) overcrowding when nett living area per person (i.e. excluding kitchen and toilet etc.) is less than the minimum standard of accommodation in public housing i.e. 35 sq. ft. per person;

(e) difficult access, such as accommodation in the upper storeys of a building where there is no lift;

(f) high rent (in relation to income);

(g) the reluctance of some landlords to rent accommodation (especially cubicles or bedspace) to old people, particularly old persons living alone.

Many of these problems also confront the non-elderly population, but they are more likely to prove intractable to the elderly owing to their generally infirmity, reduced mobility and reduced income upon retirement.

Variations between countries, regions and cultures in attitudes and expectations towards housing highlight the need for subtlety in selecting the instrument for this study and in developing its cultural and linguistic translations. The contribution of local participating groups will be paramount in developing relevant questions for the survey. Just one example is the variation in defecation habits. Questions such as "Do you have a water closet?" and "Do you share the water closet with other households?" are of less relevance where water closets are not usually available or expected for most members of a community. Similarly, questions on housing must reflect different values in relation to sharing accommodation with relatives and other attitudinal and cultural variations.

5.1.5 Literacy

Eng (1981) has suggested that an improvement in literacy has increased longevity. A simple literacy test would be of value in the survey.

5.2 Facilities

The critical issues for the aging in Asia centre round the role of the aging, role of the family, poverty and primary care. Western studies show that recall of the use of facilities can be so low that survey methodology should be used with care, and should concentrate on recent usage.
The list might include:

- health workers
- nurses
- doctors
- hospitals: outpatient
- hospitals: inpatient, length of stay
- traditional medicines
- traditional practitioners
- other medicines
- home helps
- voluntary community services
- dentists

Given that attitudes towards the aging using such services, questionnaires on need and availability will be of doubtful value. How the aging person travels to and pays for the service will be of importance.

5.3 Nutrition

While diet is a critical issue there is not a realistic and suitable means for evaluating the nutritional content of respondents' diets. Even a single informed observation by interviewers would be of only limited valued. Important as it is, nutrition will be covered only briefly in the survey. Given the cultural variations, neither the respondents appearance nor their comments about (perceived) difficulties in getting food can be taken as a true indicator of nutrition/malnutrition, although both will be covered in the survey. Questions regarding changes in diet and changes in the difficulty in getting food will give some indication but may be the result of the effects of cultural, economic or domestic changes.

5.4 Physical Health Status

Fillenbaum sights several approaches to assessment of physical health including:

(a) self assessment of overall health;
(b) symptoms list;
(c) inquiry into illness, conditions and use of medication;
(d) level of activity;
(e) use of medical services.

All five approaches will be used.
An activity indicator (d) will be used, see 5.6 and use of services will be used as an indication of issues relating to impairment, disability and handicap. To differentiate between the three, as has been attempted elsewhere. (WHO Kozarevic, 1983), would place unnecessary demands on interviewers, respondents and resources though some indication will be provided in the analysis of the survey results.

The questionnaire should record habits, i.e.: smoking, drinking and exercise. Similar questions to a previous WHO study will be used. (Heikkinen et. al., 1982).

There will be a general self-assessment of overall health. Where the self assessment is of poor health, questions will record the type and length of the ill health, i.e. accident, injury, disease, acute, chronic. Finally there will be a question on the use of medication, where used and the type of medication. On the questions on type of illness and type of medication it is likely that open ended questions would be desirable with general probing to establish the overall nature of ill health and the general type of medication. The respondents actual comments would be recorded to given an indication of their perceptions.

5.5 Mental Health

Mental condition and status features heavily in research in the developed world particularly in relation to assessing the need for institutional care. (Grauer and Birnbom, 1975). A short mental functioning questionnaire would be most appropriate in this survey. Such questionnaires, however, can easily be culture bound and are of less value without standardisation. While there are several suitable questionnaires for the developed world, one single questionnaire suitable for all 3 countries under review is not known. (Eng, 1982b). Thus it will be necessary to modify an instrument used in the developed world.

5.6 Activities of Daily Living

Both the OARS and the Katz et. al. (1963), instruments of physical and instrumental activities of daily living show good reliability and their language and cultural translations should not be difficult.

Eng (1982) suggests that the aging face difficulties in access to transport, largely due to income. This area should also be considered for the study. Flexibility will be required with questions relating to telephones in some areas.

5.7 Interviewer Selection, Training and Monitoring

It is envisaged that 800 interviews will take in the vicinity of 60 interviewing weeks. This could be 10 interviewers working 6 weeks or 6 interviewers working 10 weeks each etc.

Interviewers should have some previous interviewing experience. They need not have university degrees but evidence of good scholastic ability is desirable.
Training will be essential. This is likely to take 1 to 2 weeks. Regular monitoring and quality control of the interviewers will also be essential. So too will be a check by re-interviewing a small sample of respondents using a short questionnaire.

6. CASE HISTORIES

In addition to the information collected from available sources and the survey, it is proposed that in each country a series of approximately 15 detached case histories will be prepared. The subjects for case histories will be selected according to agreed criteria from the survey respondents and the histories will be recorded in a standard format. Material from case histories will be most important in interpretation of cross culture survey data.

7. ANALYSIS OF RESULTS

It is envisaged that the open ended questions would be analysed and collated first by each work group. Then the results for all 4 countries would be jointly computer analysed. The individual results for each country will be sent back to the work groups for comment before final documentation.
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FINALISE PROTOCOL.
FINALISE QUESTIONNAIRE.
PRODUCE CODING INSTRUCTIONS.
STANDARD FORMAT OF EXISTING DATA.
SURVEY EXISTING DATA.
PRODUCE TRAINING MANUAL.
DESIGN SAMPLE.
FIELD TEST QUESTIONNAIRE.
SELECT AND TRAIN INTERVIEWERS.
FIELD SURVEY.
PRELIMINARY DESIGN OF ANALYSIS.
FINAL CODING OF QUESTIONNAIRES.
DATA REVIEW AND ENTRY.
DATA EDIT/VERIFICATION/CORRECT.
DATA BASE CREATION.
PRELIM. DATA ANALYSIS.
DESCRIPT. STATS ANALYSIS.
INTERPRETATION & REPORT.
DETAILED COUNTRY REPORTS.
CROSS COUNTRY REPORT.

MALAYSIA AND PHILIPPINES.

REPUBLIC OF KOREA.
"HEALTH CARE OF THE ELDERLY" PROJECT

A survey of the Social and Health Aspects of Aging in Malaysia, Republic of Korea and the Philippines

Field Work – Part I

Data Collections from Existing Sources

Coordination Contact Point

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WHO Consultant
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SOUTH AUSTRALIA. 5001

Participating Agencies

Government of Malaysia
Government of the Republic of Korea
Government of Fiji
Government of the Philippines
World Health Organisation
1. The Project

The WHO sponsored research project "Health Care of the Elderly" is documented in the "Research Protocol", G.R. Andrews and C.M. Rungie, 25th October, 1983. The Project is initially being undertaken in Malaysia, Republic of Korea, the Philippines, and Fiji.

2. Study Framework

This document specifies the types of data to be collected from existing sources in each country. This data collection is part 1 of the field work for the Research Project. Part 2 is a survey of random samples of the aging populations in each country. The two parts of the field work can be undertaken concurrently.

3. Classifications of Data

The types of data to be collected are specified below, and is in the Master Information Sheet. Unless otherwise stated, data is sought for the aging population, which, for the project, has been defined to be 60 years of age and older, and data is sought for the whole population for use in comparisons.

4. Detail Information Sheet

A detail information sheet has been prepared to identify the specific characteristics of any data which is available. Where a group of classifications of data is available from the one source and where the same analysis is undertaken on each classification, one information sheet can be used to describe the whole group. Otherwise, it will be necessary to use one or more information sheets for each data classification and each source.

5. Procedure

The Master Information Sheet is to be completed by the Principal Investigator(s) or their agents and returned as indicated. Please indicate on the Master Information Sheet which data is available and for each category available ensure that a detail information sheet is completed, e.g. for population, income, accommodation, hospital morbidity, self-assessment, health, etc. etc. The Detail Information Sheet has been designed so that it can be forwarded by the Principal Investigator directly to the appropriate agency for completion.
"WHO HEALTH CARE OF THE ELDERLY" PROJECT
SURVEY OF EXISTING DATA SOURCES

Master Information Sheet

INSTRUCTIONS:- Please indicate which data is available for
(1) whole of population
and (2) population 60 years and above
Tick appropriate column in each case
N/A = not applicable

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### Annex 3

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<th>whole popn.</th>
<th>≥60 yrs</th>
<th>yes</th>
<th>no</th>
<th>yes</th>
<th>no</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### E Economic

- Gross national product per capita
- Labour force participation
- Income distribution
- Poverty levels
- Tax levels
- Total health expenditure
  - (public and private)
- Public health expenditure
- Physicians
- Hospital
- Nursing home
- Dental
- Traditional medicines expenditure
- Sources of financing medical services
- Financing by type of medical service

#### F Social Security, Pensions and Provision of Social Accommodation

- Social Security benefits
  - beneficiaries
  - expenditure
- Proportion of aging population receiving pension, provident funds, etc.
- Proportion of aging population receiving social security health benefits
- Proportion of aging in special housing (public)
- Proportion of aging in old peoples homes or hostels
- Proportion of aging in long-term institutions
- Proportion of aging in hospitals

#### G Mortality

- Life expectancy
- Age specific death rates
- Cause of death
- Suicide rate

#### H Morbidity

- Hospital morbidity
- Community morbidity
- General health status
- Chronic conditions
- Symptoms
- Disabilities
- Restrictions in activities of daily living
- Mobility restrictions
- Dental health
- Mental Health
<table>
<thead>
<tr>
<th>PHYSICAL HEALTH HABITS</th>
<th>Smokin</th>
<th>Drinking</th>
<th>Exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIAN</td>
<td>Physicians by place of care</td>
<td>Physicians by specialty</td>
<td>Physicians by subspecialty</td>
</tr>
<tr>
<td>HEALTH FACILITIES</td>
<td>Hospitals</td>
<td>Nursing homes</td>
<td>Hostels (long term care)</td>
</tr>
<tr>
<td>HEALTH SERVICES UTILISATION</td>
<td>Hospital discharges</td>
<td>Nursing home discharges</td>
<td>Drug utilisation (prescriptions)</td>
</tr>
<tr>
<td>HEALTH BENEFITS</td>
<td>Free medical services</td>
<td>National health insurance</td>
<td>Free hospitalisation</td>
</tr>
</tbody>
</table>
### Annex 5

<table>
<thead>
<tr>
<th>whole poon.</th>
<th>yes no</th>
<th>&gt; 60 yrs</th>
<th>yes no</th>
<th>N/A</th>
</tr>
</thead>
</table>

#### SOCIOECONOMIC AND ATTITUDDINAL SURVEY DATA

- Family relationships - In times of good and bad health
- Support relationships - In times of good and bad health
- Shared responsibility for housing
- Extent and type of valued roles
- Religious attitudes and practices
- Attitudes to aging "death"
- Self-assessment of health

#### NUTRITION

- Eating habits
- Nutrition levels
- Availability of diet of sufficient nutritional level
- Changes in eating habits and levels of nutrition

**Note:** Please complete the above "master information sheet" and return together with "detailed information sheets" in all cases where data is available. Detailed Information Sheets have been provided for forwarding to agencies where appropriate. You should complete the return address requirements and deadline as applicable.

To be returned to:

Professor G.R. Andrews  
Health Commission of South Australia  
GPO Box 1313  
Adelaide. S.A. 5001  
AUSTRALIA

marked "Personal & Confidential".
"WHO HEALTH CARE OF THE ELDERLY" PROJECT
SURVEY OF EXISTING DATA SOURCES

Detail Information Sheet

This "Detail Information Sheet" relates to a survey of existing data sources for the WHO cross-national study of the social and health aspects of aging.

Please complete all questions as fully as possible.

If possible, please attach examples of the available data, e.g. copies of reports, computer printouts etc.

Please return the completed sheet by ............... .

Thank you very much for your cooperation.

Signed ..............................

Date ..............................

Please indicate:

I would like to receive a copy of the Project Report when it is completed  

YES  NO
Annex 5

DETAIL INFORMATION SHEET

1. **Classification(s) of data**
   (e.g. hospital morbidity data // income)

   ........................................................................................................

2. **Who collected the data, i.e. which agency etc?** (e.g: Ministry of Health, Bureau of Census & Statistics, Department of Labour & Industry)

   ........................................................................................................

3. **How was the data collected?** (e.g. survey or census or routine collection as part of administrative procedures)

   - Census
   - Household survey
   - Routine collection/administrative records
   - "One off" survey
   - Case records (or case studies)
   - Other, please specify

   ........................................................................................................

4. **Is the data available for the whole population?**

   - Yes
   - No

   If no, which sub-group does it apply to?
   (e.g. public hospital patients only, or urban regions only, etc.)

   ........................................................................................................

5.1 **Is the primary data available for secondary analysis?** (i.e. for further analysis)

   - Yes
   - No

5.2 **If yes, in what form(s) is it available?**

   - A published report
   - An unpublished report
   - Computer printout
   - Computer readable forms such as magnetic records (tape or disc) etc. for computer use
   - Questionnaires
   - Case notes
   - Other, please specify

   ........................................................................................................
5.3 Is the data available in aggregate forms which could be used for secondary analysis?

- Yes
- No

5.4 If yes, in what forms?

- A published report
- An unpublished report
- Computer printout
- Computer readable forms such as magnetic records (tape or disc) etc. for computer use
- Other, please specify

6. How is the data broken down? By:

1. Age groups
   - Yes
   - No
   If yes, please specify age groups used (e.g. >55, >65, >70, >60 etc)

2. Sex
   - Yes
   - No

3. Ethnicity
   - Yes
   - No
   If yes, please specify groups covered individually) (e.g. Malay, Chinese, Indochinese etc.)

7. How often is the data collected?

- Continuously
- Regularly (specify frequency: every 5 years)
- Irregularly (likely to be repeated from time to time)
- "One off" (unlikely to be repeated)

8. When was data last collected? (e.g. 1981 or 1978-79)
Annex 5

9. Are projections available? If so, for what years (e.g. 2000, 2025)
   [ ] Yes Years ...........
   [ ] No

10. From where is the data available?
    
    Agency (e.g. Bureau of Census & Statistics)
    
    Name: ...........................................................

    Contact (e.g. Miss Wong)
    
    Name: ...........................................................
    Title: ..........................................................
    Address: ........................................................
### Annex 5

**HEALTH CARE OF THE ELDERLY PROJECT**

<table>
<thead>
<tr>
<th>Subject No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

1. **COUNTRY:** .................................................................

2. **DISTRICT:** .................................................................

3. **LOCALITY:** .................................................................

4. **RECORD OF VISIT(S)**

<table>
<thead>
<tr>
<th>NUMBER OF VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE(S)</td>
</tr>
</tbody>
</table>

5. **TOTAL TIME TAKEN FOR INTERVIEW**

6. **INTERVIEWED BY:** ......................................................

7. **SUPERVISOR:** .............................................................

8. **REMARKS:** .....................................................................

<table>
<thead>
<tr>
<th>Name Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

9. **Name Informant** ........................................................

10. **Relationship of Informant to Subject** ...........................

11. **Informant or other persons present during much of interview with subject?**

    - Yes 1
    - No 2

12. **Type of Housing**

    - Detached house
    - Shop or terrace house
    - Semi-detached house
    - Shanty house
    - Group dwelling - Multistorey flats, apartment
    - Special aged housing
    - Boarding house or hotel
    - Other
Annex 5

DEMOGRAPHIC

1. Sex of Subject:

   Male 1
   Female 2

2. Are you married?

   Never married 1
   Married 2
   Widowed 3
   Divorced 4
   No answer X
   Not appropriate Y

3. How many people normally live here with you?

4. Who lives here with you? [CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING]

   Yes No No answer Not appropriate
   No one 1 2 X Y
   Husband or wife 1 2 X Y
   Grandchildren 1 2 X Y
   Daughter 1 2 X Y
   Son 1 2 X Y
   Children-in-law 1 2 X Y
   Parents 1 2 X Y
   Grandparents 1 2 X Y
   Brothers and sisters 1 2 X Y
   Other relatives [DOES NOT INCLUDE IN-LAWS COVERED IN THE ABOVE CATEGORIES] 1 2 X Y
   Friends 1 2 X Y
   Non-related paid helper [INCLUDES FREE ROOM] 1 2 X Y
   Others [SPECIFY] 1 2 X Y

5. Now I would like to know how many living children and including adopted children you have:

   Children 0 1 2 3 4 5 6 7 8 9+ X Y
   Sisters or brothers 0 1 2 3 4 5 6 7 8 9+ X Y

6. How many living sisters or brothers have you?

7. Race of subject

   Chinese 1
   Eurasian 2
   European 3
   Indian 4
   Korean 5
   Malaysian 6
   Philippino 7
   Other 8
   No answer X
   Not appropriate Y

8. What religion are you?

   None 1
   Buddhist/Taoist 2
   Christian 3
   Muslim 4
   Confucian 5
   Hindu 6
   Other 7
   No answer X
   Not appropriate Y

9. a. When were you born?

   b. How old are you?

   c. [FOR THE INTERVIEWER] Are 9.a and b reliable

   Yes 1
   No 2
   No answer X
   Not appropriate Y

If NO - Estimate age
0.8 For how many years did you attend school? 

11.8 Did you undertake studies beyond high school or secondary school? 

ECONOMIC RESOURCES

If I'd like to ask you some questions about your work situation.

12.8 Are you presently: [CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING]

<table>
<thead>
<tr>
<th>Working full-time</th>
<th>Working part-time</th>
<th>Retired</th>
<th>Retired on disability</th>
<th>Not employed and seeking work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No answer</td>
<td>Not appropriate</td>
<td>Yes</td>
</tr>
</tbody>
</table>

[IF RETIRED ASK a.] 

a. How long ago did you stop working? 

13.8 What kind of work have you done most of your life?

Professional proprietor 
White collar 
Skilled labour 
Armed service (excluding Officers) etc. 
Unskilled labour (domestic) 
Housewife 
Never employed 
Other 
No answer 
Not appropriate

14.8 [IF NOT IN MAIN OCCUPATION NOW] [MAIN REASON ONLY]

Did you leave your main occupation [SPECIFY] because of:

- Age/Reached retirement 
- Ill health/Invalidity 
- Redundancy/Retrenchment 
- Better occupation? 
- Couldn't find appropriate work? 
- Never employed? 
- Other reasons? 
- Not relevant 
- No answer 
- Not appropriate

15.8 Does your husband/wife work or did he/she ever work? [QUESTION APPLIES ONLY TO SPOUSE TO WHOM MARRIED THE LONGEST]

[IF "YES" ASK a.] 

a. What kind of work did or does he/she do most of his/her life?

Professional proprietor 
White collar 
Skilled labour 
Armed service 
Unskilled labour 
Other 
No answer 
Not applicable

16.8 Do you think people your age should be allowed to work if they wish?

Yes 
No 
Never married 
No answer 
Not appropriate

17.8 What is your main source of income? [CODE MAIN SOURCE ONLY]

Employment or work? 
Pension? 
Provident Fund/Superannuation? 
Dependence on family including spouse? 
Social welfare care? 
Friends/Community 
Other? 
No answer 
Not appropriate

18.8 In addition to your main source of income, do you receive other money regularly?

Yes 
No 
No answer 
Not appropriate

Annex 5
Annex 5

19.B Do you receive any other forms of support?

[IF "YES"] From whom?

20.A Thinking about your money situation, would you say you:

Do not have enough for basic requirements? 1
Have just enough to get along on?, or 2
Are you comfortable? 3
No answer X
Not appropriate Y

21.B Do you (and your husband/wife) pay all the costs, some of the costs, or none of the costs of the (rent/mortgage) and expenses of this house?

a. Who owns this house/dwelling/building in which you live?

Subject 1
Subject and spouse 2
Subject and other 3
Sons 4
Daughters 5
Sons and daughters 6
Other relative 7
Government 8
Charitable institution 9
Other 10
No answer X
Not appropriate Y

22.B How much income do you (and your husband/wife) have a year? [SHOW ANNUAL INCOME AND CIRCLE THE LETTER WHICH IDENTIFIES EITHER YEARLY OR MONTHLY INCOME CATEGORY]

[Multiple choice answers to be advised by countries]

HEALTH

Now I would like to ask you some questions about your health.

23.A How do you feel about your present health; do you feel quite healthy?

Yes 1
No 2
No answer X
Not appropriate Y

24.A How would you evaluate your present health; is it:

Very good? 1
Fairly good? 2
Average? 3
Fairly bad? 4
Bad? 5
No answer X
Not appropriate Y

25.A If you compare your health with that of other persons you know of your own age, is your own health:

Better? 1
About the same? 2
Worse? 3
Cannot say? 4
No answer X
Not appropriate Y

26.B Have you had some accident, injury or long term illness or long term health problem which affects activities of daily living, including work?

[IF "YES"] which disease, injury or accident affects your daily activities including work? [FOR EVERY DISEASE IT IS DESIRABLE TO FIND OUT THE NAME OR, IF THIS IS NOT POSSIBLE, THE MAIN SYMPTOM.]

1. .................................................................
2. .................................................................
3. .................................................................
4. .................................................................
5. .................................................................
6. .................................................................
Annex 5

1. Do you have any other diseases, injuries or accidents which do not affect your daily activities, including work? [EVERY DISEASE IT IS DESIRABLE TO FIND OUT THE NAME OR, IF THIS IS NOT POSSIBLE, THE MAIN SYMPTOMS.]

2. What problem do you need treatment for?  
   - Can't afford  
   - Can't get there  
   - Not available  
   - Other [SPECIFY]  
   - No answer  
   - Not applicable

3. During the last month have you taken any medicine or use any Traditional medications?  
   - Yes  
   - No  
   - No answer  
   - Not applicable

4. Do you feel that you need medical care or treatment beyond what you are receiving at this time?  
   - Yes  
   - No  
   - No answer  
   - Not applicable

5. Do you take medicine yourself or does someone help you? [CHECK BELOW]

6. If you had to take medicine, could you do it? [CHECK BELOW]
   - Yes  
   - No  
   - No answer  
   - Not applicable
Annex 5

38.B Do you use any of the following aids all or most of the time? [CHECK "YES" OR "NO" FOR EACH AID]

<table>
<thead>
<tr>
<th>Aid</th>
<th>Yes</th>
<th>No</th>
<th>No answer</th>
<th>Not appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cane (including tripod-tip cane)</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Walker</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Wheelchair</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Leg brace</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Back brace</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Pacemaker</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Glasses</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Artificial limb</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Hearing aid</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Colostomy equipment</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Catheter</td>
<td>1</td>
<td>2</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Other [SPECIFY]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

39.B Do you need any aids (supportive or prosthetic devices) that you currently do not have?

[IF "YES", ASK a. and b.]

a. What aid do you need? [SPECIFY - TICK BOXES NEXT TO Q.38]
   b. Why can't you obtain it? [IF MORE THAN ONE ASK FOR MOST IMPORTANT]
      | Not available | Too expensive | Other [SPECIFY] |
      |               |               |                 |
      |               |               |                 |

b. Do you have any problems with your feet such as bunions, corns, bent toes or long toe-nails or varicose veins?

[IF "YES" ASK a.]

a. Do these foot problems restrict your activities?

41.B Do you hear what a person speaking at normal volume is saying to you, when you are alone with him or her?

42.A Hearing Test:

Hearing impaired one ear
Hearing impaired both ears
No hearing
No answer
Not appropriate

42.B Do you have difficulty in chewing food?

44.A Sight Test: [LOCAL NEWSPAPER]

a. Evidence of cataract?

45.A Reading Test: [LOCAL NEWSPAPER]

45.B Do you have a dental prosthesis?

46.B Do you have difficulty in chewing food?
## Activities of Daily Living

I'd like to ask you about some of the activities of daily living, things that we all need to do as a part of our daily lives. I would like to know if you can do these activities without any help at all, or if you need some help to do them, or if you can't do them at all. [BE SURE TO READ ALL ANSWER CHOICES IF APPLICABLE IN NEXT 11 QUESTIONS TO RESPONDENT]

### Instrumental ADL

### 1. Can you walk to ... (SELECT POINT ZOOM AWAY)

- Yes  
- With difficulty  
- No  
- Not appropriate

**ACTIVITIES OF DAILY LIVING**

<table>
<thead>
<tr>
<th>1. B</th>
<th>[IF TELEPHONES GENERALLY AVAILABLE] Can you use the telephone when one is available? [PROBE]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without help, including looking up numbers and dialing</td>
</tr>
<tr>
<td></td>
<td>With some help (can answer phone or dial operator in an emergency, but need a special help in getting the number or dialing)</td>
</tr>
<tr>
<td></td>
<td>Or are you completely unable to use the telephone?</td>
</tr>
<tr>
<td></td>
<td>Never knew how to use telephone</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
</tr>
<tr>
<td></td>
<td>Not appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. B</th>
<th>Can you get to places out of walking distance ...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without help (can travel alone on buses, taxis, or drive you own car),</td>
</tr>
<tr>
<td></td>
<td>With some help (need someone to help you or go with you when travelling), or</td>
</tr>
<tr>
<td></td>
<td>Are you unable to travel unless emergency arrangements are made for a specialized vehicle like an ambulance?</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
</tr>
<tr>
<td></td>
<td>Not appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. B</th>
<th>Can you go shopping for food or clothes [ASSUMING S HAS TRANSPORTATION] ...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without help (taking care of all shopping needs yourself, assuming you had transportation),</td>
</tr>
<tr>
<td></td>
<td>With some help (need someone to go with you on all shopping trips),</td>
</tr>
<tr>
<td></td>
<td>Or are you completely unable to do any shopping?</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
</tr>
<tr>
<td></td>
<td>Not appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. B</th>
<th>[WOMEN ONLY] Can you prepare your own meals ...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without help (plan and cook full meals yourself),</td>
</tr>
<tr>
<td></td>
<td>With some help (can prepare some things but unable to cook full meals yourself),</td>
</tr>
<tr>
<td></td>
<td>Or are you completely unable to prepare any meals?</td>
</tr>
<tr>
<td></td>
<td>Does not cook</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
</tr>
<tr>
<td></td>
<td>Not appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. B</th>
<th>Can you handle your own money ...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without help (write checks, pay bills, etc.),</td>
</tr>
<tr>
<td></td>
<td>With some help (manage day-to-day buying but need help with managing your checkbook and paying your bills),</td>
</tr>
<tr>
<td></td>
<td>Or are you completely unable to handle money?</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. B</th>
<th>Can you eat ...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without help (able to feed yourself completely),</td>
</tr>
<tr>
<td></td>
<td>With some help (need help with cutting, etc.),</td>
</tr>
<tr>
<td></td>
<td>Or are you completely unable to feed yourself?</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
</tr>
<tr>
<td></td>
<td>Not appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. B</th>
<th>Can you dress and undress yourself ...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without help (able to pick out clothes, dress and undress yourself),</td>
</tr>
<tr>
<td></td>
<td>With some help,</td>
</tr>
<tr>
<td></td>
<td>Or are you completely unable to dress and undress yourself?</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
</tr>
<tr>
<td></td>
<td>Not appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. B</th>
<th>Can you take care of your appearance, for example combing your hair and (for men) shaving ...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without help,</td>
</tr>
<tr>
<td></td>
<td>With some help,</td>
</tr>
<tr>
<td></td>
<td>Or are you completely unable to maintain your appearance yourself?</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
</tr>
<tr>
<td></td>
<td>Not appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. B</th>
<th>Can you walk ...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without help (except from a cane),</td>
</tr>
<tr>
<td></td>
<td>With some help (from a person or with the use of a walker, or crutches, etc),</td>
</tr>
<tr>
<td></td>
<td>Or are you completely unable to walk?</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
</tr>
<tr>
<td></td>
<td>Not appropriate</td>
</tr>
</tbody>
</table>
Annex 5

57.8 Can you get in and out of bed ...
   Without any help or aids, 2
   With some help [either from a person or with the aid of some device], 1
   Or are you totally dependent on someone else to lift you? 0
   No answer X
   Not appropriate Y

58.8 Can you take a bath or shower ...
   Without help 2
   With some help (need help in getting in and out of the tub, or need special attachments on the tub), 2
   Or are you completely unable to bathe yourself? 0
   No answer X
   Not appropriate Y

59.8 Do you ever have trouble getting to the toilet on time?
   Yes 2
   Have a catheter or colostomy 1
   No answer X
   Not appropriate Y

60.8 How often do you wet or soil yourself (either day or night)?
   Once or twice a week 2
   Three times a week or more 0
   No answer X
   Not appropriate Y

61.8 Is there someone who helps you with such things as shopping, housework, bathing, dressing and getting around?
   Yes 1
   No 0
   No answer X
   Not appropriate Y

   [IF "YES" ASK a. to e.]
   a. Who is your major helper? ................................................................. Name
   b. Relationship [PROBE]
      Spouse 1  b.  d.
      Daughter 2 2
      Son 3
      Child-in-law 4 4
      Sister 5 5
      Brother 6 6
      Other relative 7 7
      Elderly friend 8 8
      Other friend 9 9
      Neighbour A A
      Other person in community B B
      Person from charity group C C
      Government person D D
      No answer X
      Not appropriate Y

   c. Who else helps you? ........................................................................ Name
   d. Relationship? [CODE ABOVE]

LIVING HABITS

The next lot of questions concern your living habits and physical activity. It is important that we know these for our research.

52.8 Have you ever smoked regularly, almost every day at least for one year?

   [IF "YES"] for how many years?
   [IF "NO"] skip to question 63
   a. Do you smoke regularly now?

   b. [IF "NO"] how many years ago did you stop smoking?

   c. [IF "YES"] How many cigarettes, paddas, cigars, pipefuls do you smoke daily?
      None 1
      1-4 2
      5-24 3
      More than 24 4
      No answer X
      Not appropriate Y

   - 16-29

   Cigarettes 1 1
   Cigars 1 1
   Pipefuls 1 1
Annex 5

1. Do you drink alcohol such as beer, wine, liquor (todi)?

[If "YES", ASK a to e.]

a. How many days ago did you last have a drink?

b. Has any member of your family complained about the amount you drink?

c. Do you think you drink too much?

2. On how many days in the past month did you stop to say prayers by yourself?

3. On how many days in the past month did you attend a religious meeting or service, or join in prayers with other people?

4. Do you belong to a group, regular meeting, club or society other than a religious group or meeting?

[If "YES", ASK a and b.]

a. On how many days in the past month did you attend the meeting or join in the group?

b. For the organization in which you are most active, which of the following statements best describes your function.

I am only an inactive member and do not participate in activities

I am a member and participate occasionally in activities

I am an active member

I am a leader or organiser of group

No answer

Not appropriate

5. Do you belong to some group, meeting or society for the elderly or the retired? [PROBE]

6. How often do you attend family ceremonies, weddings, funerals or birthday parties, etc.

7. How often do you visit relatives or have them visit you?

8. Do you assist in taking care of any grandchildren or other children not including economic help?

9. Are you consulted or asked to participate in making decisions for the family?

10. Are you consulted regarding community problems? [PROBE]
72.A About how often do you go out of this (house/building) in good weather?

- Never
- Less than once a month
- Once a month
- 2 or 3 days a month
- Once a week
- 2-4 days a week
- 5 days a week or more
- No answer
- Not appropriate

73.B How many people do you know well enough to visit with in their homes?

- Five or more
- Three to four
- One to two
- None
- No answer
- Not appropriate

74.B Do you have someone you can trust and confide in?

[IF "YES" ASK a.]
- Relationship [PROBE]

75.A Do you find yourself feeling lonely quite often, sometimes, or almost never?

- Quite often
- Sometimes
- Almost never
- No answer
- Not appropriate

76.A Do you see your relatives and friends as often as you want to or are you somewhat unhappy about how little you see them?

- As often as wants to
- Somewhat unhappy about how little
- No answer
- Not appropriate

77.B Is there someone who would give you any help at all if you were sick or disabled, for example your husband/wife, a member of your family, or a friend?

[IF "YES" ASK a. and b.]
- a. Is there someone who would take care of you as long as needed, or only for a short time, or only someone who would help you now and then (for example, taking you to the doctor, or fixing lunch occasionally, etc.)?
- b. Who is this person?

78.B How long have you been living at your present address?

number of years
Annex 5

11

9.8 About how far away was the home you lived in before this. Was it:
- in this neighbourhood [within 8 blocks or a half a mile], 1
- in this city (town) but in a different neighbourhood, 2
- in another city (town), or
- in another province
No answer
Not appropriate

9.9 During your childhood did you live in:
- in this neighbourhood
- in this city (town) but in a different neighbourhood
- in another city (town)
- in another province
No answer
Not appropriate

10.8 As an adult did you live in:
- in this
- in another city (town)
- in another province
No answer
Not appropriate

HOUSING

12.4 How would you rate this (house/building) as a place to live - would you say it is:
- Excellent? 1
- Good? 2
- Fair?, or
- Poor? 4
No answer
Not appropriate

12.5 Do you have convenient access to:
- Clean fresh water?
- Toilet facilities?
- Cooking facilities?
- Bathing facilities?
No answer
Not appropriate

12.6 a. Which floor do you mainly live on: [CODE THE LOWEST NUMBER]
- Basement?
- Ground floor/First floor?
- Second floor?
- Third floor?
- Fourth floor?
- Fifth floor?
- Sixth floor?
- Seventh floor?
- Eighth floor?
- Ninth or higher?
No answer
Not appropriate

b. Is there a lift?

13.5 All things considered, how satisfied do you feel with (city/village/town) as a place to live? Are you:
- Very satisfied, 1
- Fairly satisfied, or
- Not very satisfied?
No answer
Not appropriate

14.5 How safe do you feel in your (house/apartment) at night?

MENTAL STATE EXAMINATION

15.1 I would like you to remember my name. [USE CULTURAL NAME]

My name is .............................................. Can you repeat that?

[REITERATE NAME UNTIL CORRECTLY REPEATED]
- No error
- Cannot repeat interviewer's name after three or less repetitions. (Minor mispronunciations are allowed)
- No answer, no codable reply
- Not appropriate
Annex 5

88.A I am going to name three objects. After I have said them, remember what they are because I am going to ask you to name them again in a few minutes.

"Banana" "Table" "Money"

Could you repeat the three items for me?

[SCORE FIRST TRIAL]

| a. Banana | 1 | 2 | X | Y |
| b. Table  | 1 | 2 | X | Y |
| c. Money  | 1 | 2 | X | Y |

89.A Could you please touch your right ear with your left hand?

90.A What is this called? [SHOW PENCIL]

91.A Please copy this design.

92.A Now, what were the three objects I asked you to remember?

| a. Banana | 1 | 2 | X | Y |
| b. Table  | 1 | 2 | X | Y |
| c. Money  | 1 | 2 | X | Y |

93.A Can you remember my name? What is it?

94.A What year is it (now)?

What month is it (now)?

What day or date of the month is it (now)?

95.A How would you describe where you live to someone else?

96.A Do you have difficulty with sleep?

Do you find that you are sleeping too much?

97.A Do you feel more tense and worry more than usual about little things?

98.A Have you lost interest in doing things you usually cared about or enjoyed?

99.A Have you ever felt so sad or depressed you thought of committing suicide?

100.A Do you feel tired all the time?

101.A Do you forget where you left things more than you used to, or forget the names of close friends or relatives?

102.A Since you reached the age of 60, have you ever had the experience of hearing things that other people could not?

103.A Since you reached the age of 60, have you ever had the experience of seeing things that other people could not?

104.A Do you ever believe that people are watching you, or spying on you, or plotting against you?

105.A Do you ever feel that special messages are being sent to you on the TV or radio?
QUESTIONS TO BE ASKED OF AN INFORMANT BASED ON HIS KNOWLEDGE OF THE SUBJECT

[IF THE SUBJECT IS UNRELIABLE THESE QUESTIONS MUST BE ASKED OF AN INFORMANT]

[IF THE SUBJECT IS RELIABLE, THE QUESTIONS MUST BE ASKED IF AN INFORMANT IS AVAILABLE]

SOCIAL RESOURCES

106. How well does ........... [SUBJECT] get along with his/her family and friends:
- Very well
- Fairly well [HAS SOME CONFLICT OR TROUBLE WITH THEM]
- Poorly [HAS CONSIDERABLE TROUBLE OR CONFLICT WITH THEM]
- No answer
- Not appropriate

7. Is there someone who would (or is) helping ........... [SUBJECT] at all if he/she were sick or disabled, for example his/her husband or wife, a member of the family or a friend?
- Yes, or already receives help
- No answer
- Not appropriate

[IF "1" ASK a. and b.]

a. Is there (this) someone who would (is) taking care of him/her as long as needed, or only for a short time, or only someone who would (is) helping now and then (for example, taking him/her to the doctor, fixing lunch, etc.)?
- Someone who would take care of Subject indefinitely (as long as needed)
- Someone who would take care of Subject a short time (a few weeks to six months)
- Someone who would help him now and then (taking him to the doctor or fixing lunch, etc.)
- No answer
- Not appropriate

b. Who is this person? Name ..............................................................
   Relationship ..............................................................

ECONOMIC RESOURCES

108. In your opinion are ........... [SUBJECT]'s needs for the following basic necessities being well met, or are they not being met?

<table>
<thead>
<tr>
<th></th>
<th>Well met</th>
<th>Barely met</th>
<th>Not met</th>
<th>No answer</th>
<th>Not appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Housing</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Clothing</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Medical care</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Small luxuries</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>X</td>
<td>Y</td>
</tr>
</tbody>
</table>

MENTAL HEALTH

199. Does ........... [SUBJECT] show good, common sense in making judgments and decisions?
- Yes
- No
- No answer
- Not appropriate

201. Is ........... [SUBJECT] able to handle (cope with) major problems which occur in his/her life?
- Yes
- No
- No answer
- Not appropriate

111. Have you ever noticed any change for the worse in his/her personality, such as the way he/she behaves socially or otherwise?
- No
- Yes occasionally
- Yes often
- No answer
- Not appropriate

12. Does he/she sometimes get involved in embarrassing situations in public because of his/her behaviour?
- No
- Yes occasionally
- Yes often
- No answer
- Not appropriate

113. Has he/she become more irritable or angry?
- No
- Yes occasionally
- Yes often
- No answer
- Not appropriate
114. Does he/she have difficulty knowing where he/she is, or recognizing you?  

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Slight</td>
<td>1</td>
</tr>
<tr>
<td>Great</td>
<td>2</td>
</tr>
<tr>
<td>No answer</td>
<td>X</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

115. Does he/she have difficulty remembering when he/she last saw you, or what happened the day before?  

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Slight</td>
<td>1</td>
</tr>
<tr>
<td>Great</td>
<td>2</td>
</tr>
<tr>
<td>No answer</td>
<td>X</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

116. When speaking, does he/she have difficulty finding the right word or use wrong words?  

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Yes occasionally</td>
<td>1</td>
</tr>
<tr>
<td>Yes often</td>
<td>2</td>
</tr>
<tr>
<td>No answer</td>
<td>X</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

117. Does he/she have difficulty with his/her sleep?  

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Yes occasionally</td>
<td>1</td>
</tr>
<tr>
<td>Yes often</td>
<td>2</td>
</tr>
<tr>
<td>No answer</td>
<td>X</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

118. Do you think he/she is depressed?  

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Yes occasionally</td>
<td>1</td>
</tr>
<tr>
<td>Yes often</td>
<td>2</td>
</tr>
<tr>
<td>No answer</td>
<td>X</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

**PHYSICAL HEALTH**

119. How would you rate ............... [SUBJECT'S] health at the present time - excellent, good, fair, or poor?  

<table>
<thead>
<tr>
<th>Health Rating</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>3</td>
</tr>
<tr>
<td>Good</td>
<td>2</td>
</tr>
<tr>
<td>Fair</td>
<td>1</td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
</tr>
<tr>
<td>No answer</td>
<td>X</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

120. How much do ............... [SUBJECT'S] health troubles stand in the way of his/her doing the things he/she wants to do - not at all, a little (some), or a great deal?  

<table>
<thead>
<tr>
<th>Health Trouble</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>3</td>
</tr>
<tr>
<td>A little (some)</td>
<td>2</td>
</tr>
<tr>
<td>A great deal</td>
<td>0</td>
</tr>
<tr>
<td>No answer</td>
<td>X</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

**INTERVIEWER ASSESSMENT**

THE REMAINING QUESTIONS ARE TO BE ANSWERED BY THE INTERVIEWER IMMEDIATELY AFTER LEAVING THE INTERVIEW SITE]

121. Factual information obtained from:  

<table>
<thead>
<tr>
<th>Source</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject</td>
<td>1</td>
</tr>
<tr>
<td>Relative</td>
<td>2</td>
</tr>
<tr>
<td>Other [SPECIFY]</td>
<td>3</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

122. Factual questions (obtained from Subject and/or informant) are:  

<table>
<thead>
<tr>
<th>Reliability</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely reliable</td>
<td>1</td>
</tr>
<tr>
<td>Reliable in most items</td>
<td>2</td>
</tr>
<tr>
<td>Reliable on only a few items</td>
<td>3</td>
</tr>
<tr>
<td>Completely unreliable</td>
<td>4</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

123. Subjective questions (obtained from Subject only) are:  

<table>
<thead>
<tr>
<th>Reliability</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely reliable</td>
<td>1</td>
</tr>
<tr>
<td>Reliable on most items</td>
<td>2</td>
</tr>
<tr>
<td>Reliable on only a few items</td>
<td>3</td>
</tr>
<tr>
<td>Completely unreliable</td>
<td>4</td>
</tr>
<tr>
<td>Not obtained</td>
<td>5</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

[IF 5 ANSWER a.]  

a. Why didn't the Subject answer the Subjective questions? [BE SPECIFIC]

........................................................................................................
........................................................................................................
........................................................................................................
**SOCIAL RESOURCES**

4. Which of the following best describes the availability of help for the Subject if he(she) were sick or disabled?

<table>
<thead>
<tr>
<th>Help Options</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one person could and would take care of the Subject indefinitely (as long as needed)</td>
<td>1</td>
</tr>
<tr>
<td>At least one person could and would take care of the Subject for a short time (a few weeks to 6 months)</td>
<td>2</td>
</tr>
<tr>
<td>Help would only be available now and then for such things as taking him/her to the doctor, fixing lunch etc.</td>
<td>3</td>
</tr>
<tr>
<td>No help at all (except possibly emergency help) would be available</td>
<td>4</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

5. Which of the following best describes the Subject's social relationships?

<table>
<thead>
<tr>
<th>Social Relationship</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfactory, extensive</td>
<td>1</td>
</tr>
<tr>
<td>Fairly satisfactory, adequate</td>
<td>2</td>
</tr>
<tr>
<td>Un satisfactory, of poor quality, few</td>
<td>3</td>
</tr>
<tr>
<td>Help would only be available now and then for such things as taking him/her to the doctor, fixing lunch etc.</td>
<td>4</td>
</tr>
<tr>
<td>No help at all (except possibly emergency help) would be available</td>
<td>Y</td>
</tr>
</tbody>
</table>

**ECONOMIC RESOURCES**

126. In your opinion which of the following best describes the Subject's income?

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ample</td>
<td>1</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>2</td>
</tr>
<tr>
<td>Somewhat inadequate</td>
<td>3</td>
</tr>
<tr>
<td>Totally inadequate</td>
<td>4</td>
</tr>
<tr>
<td>No income at all</td>
<td>5</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

7. In your opinion does the Subject have any financial reserves?

<table>
<thead>
<tr>
<th>Reserve Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, has reserves</td>
<td>1</td>
</tr>
<tr>
<td>Yes, has (little or) no reserves</td>
<td>0</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

9. In your opinion which of the following statements best describes the extent to which the Subject's needs are met?

<table>
<thead>
<tr>
<th>Needs Met Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food, housing, clothing, and medical needs are met; Subject can afford small luxuries</td>
<td>1</td>
</tr>
<tr>
<td>Food, housing, clothing, and medical needs are met; Subject cannot afford small luxuries</td>
<td>2</td>
</tr>
<tr>
<td>Either food or housing, or clothing, or medical needs are unmet. Subject cannot afford small luxuries</td>
<td>3</td>
</tr>
<tr>
<td>Two or more basic needs (housing, food, clothing, medical care) are unmet; Subject cannot afford small luxuries</td>
<td>4</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

**PHYSICAL HEALTH**

19 Is the Subject either extremely overweight, or malnourished and anemicated?

<table>
<thead>
<tr>
<th>Weight Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, neither</td>
<td>0</td>
</tr>
<tr>
<td>Yes, extremely overweight</td>
<td>1</td>
</tr>
<tr>
<td>Yes, malnourished or anemicated</td>
<td>2</td>
</tr>
<tr>
<td>No answer</td>
<td>X</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

**MENTAL HEALTH**

0. Is it your impression that the Subject shows good, common sense in making judgments and decisions?

<table>
<thead>
<tr>
<th>Judgment Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>No answer</td>
<td>Y</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

11. Is it your impression that the Subject is able to handle (cope with) major problems which occur in his/her life?

<table>
<thead>
<tr>
<th>Ability Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>No answer</td>
<td>X</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

**HOUSING**

2. Standard of latrine/toilet:

<table>
<thead>
<tr>
<th>Latrine Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flushing</td>
<td>1</td>
</tr>
<tr>
<td>Water-sealed</td>
<td>2</td>
</tr>
<tr>
<td>Pit system</td>
<td>3</td>
</tr>
<tr>
<td>None</td>
<td>4</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>5</td>
</tr>
<tr>
<td>No answer</td>
<td>X</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

3. Opinion of hygiene in the home/accommodation

<table>
<thead>
<tr>
<th>Hygiene Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>1</td>
</tr>
<tr>
<td>Sufficient</td>
<td>2</td>
</tr>
<tr>
<td>Insufficient</td>
<td>3</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>

4. Opinion of hygiene of the person: (clothes, hair, hands)

<table>
<thead>
<tr>
<th>Hygiene Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>1</td>
</tr>
<tr>
<td>Sufficient</td>
<td>2</td>
</tr>
<tr>
<td>Insufficient</td>
<td>3</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Y</td>
</tr>
</tbody>
</table>
Annex 5

135. Place of interview: 

136. Area of residence: 

SOCIAL RESOURCES RATING SCALE

137. [Rate the current social resources of the person being evaluated along the six-point scale presented below. Circle the one number which best describes the person's present circumstances. Social resources questions are numbers 116, 117, 118.] 

Excellent social resources. Social relationships are very satisfying and extensive; at least one person would take care of him/her indefinitely. 1 

Good social resources. Social relationships are fairly satisfying and adequate; and at least one person would take care of him/her indefinitely. 2 

Mildly socially impaired. Social relationships are unsatisfactory, or poor quality, few; but at least one person would take care of him/her indefinitely. 3 

Severely socially impaired. Social relationships are at least adequate or satisfactory; but help would only be available now and then. 4 

Totally socially impaired. Social relationships are unsatisfactory, or poor quality, few; and help is not even available now and then. 5 

Not appropriate. 6

ECONOMIC RESOURCES RATING SCALE

138. [Rate the current economic resources of the person being evaluated along the six-point scale presented below. Circle the one number which best describes the person's present circumstances. Economic questions are numbers 119.] 

Economic resources are excellent. Income is ample; Subject has reserves. 1 

Economic resources are satisfactory. Income is ample; Subject has no reserves. 2 

Economic resources are mildly impaired. Income is adequate; Subject has no reserves. 3 

Economic resources are moderately impaired. Income is somewhat inadequate; Subject has no reserves. 4 

Economic resources are severely impaired. Income is totally inadequate; Subject may or may not have reserves. 5 

Economic resources are completely destitute. Subject is destitute, completely without income or reserves. 6 

Not appropriate. 7

PHYSICAL HEALTH RATING SCALE

139. [Rate the current physical functioning of the person being evaluated along the six-point scale presented below. Circle the one number which best describes the person's present functioning. Physical health questions are numbers 120.] 

In excellent physical health. Engages in vigorous physical activity, either regularly or at least from time to time. 1 

In good physical health. No significant illnesses or disabilities. Only routine medical care such as annual check ups required. 2 

Mildly physically impaired. Has only minor illnesses and/or disabilities which might benefit from medical treatment or corrective measures. 3 

Moderately physically impaired. Has one or more diseases or disabilities which are either painful or which require substantial medical treatment. 4 

Severely physically impaired. Has one or more illnesses or disabilities which are either severely painful or life threatening, or which require extensive medical treatment. 5 

Totally physically impaired. Confinement to bed and requiring full time medical assistance or nursing care to maintain vital bodily functions. 6 

Not appropriate. 7

PERFORMANCE RATING SCALE FOR ACTIVITIES OF DAILY LIVING

140. [Rate the current performance of the person being evaluated on the six-point scale presented below. Circle the one number which best describes the person's present performance. Activities of daily living questions are numbers 121.] 

Excellent ADL capacity. Can perform all of the Activities of Daily Living without assistance and with ease. 1 

Good ADL capacity. Can perform all of the Activities of Daily Living without assistance. 2 

Mildly impaired ADL capacity. Can perform all but one to three of the Activities of Daily Living. Some help is required with one to three, but not necessarily every day. Can get through any single day without help. 3 

Moderately impaired ADL capacity. Regularly requires assistance with at least four Activities of Daily Living, but is able to get through any single day without help. Or regularly requires help with meal preparation. 4 

Severely impaired ADL capacity. Needs help each day but not necessarily throughout the day or night with many of the Activities of Daily Living. 5 

Completely impaired ADL capacity. Needs help throughout the day and/or night to carry out the Activities of Daily Living. 6 

Not appropriate. 7

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ANNEX 6

**MINIMUM DATA SET**

| **POPULATION** | . Age Distribution |
| . Sex Distribution |
| . Population Distribution |

| **MORBIDITY** | . Community Morbidity * |
| . Restrictions in activities of daily living |

| **PHYSICAL HEALTH HABITS** | . Smoking |
| . Drinking |
| . Exercise |

| **HEALTH MANPOWER** | . Distribution of Physicians |
| . Distribution of Physicians by place of care |
| . Distribution of Physicians by speciality |
| . Distribution of Registered Nurses |
| . Distribution of Health Care Workers |
| . Distribution of other health professionals |
| . Distribution of traditional practitioners |
Annex 6

HEALTH FACILITIES

- Distribution of Hospitals
- Distribution of Hospital Beds
- Distribution of Nursing Homes (long term nursing care)
- Distribution of Nursing Home Beds
- Distribution of hostels (long term accommodation for frail persons)
- Distribution of special housing
- Distribution of home health services (community health)
- Distribution of Clinic Services (hospital)
- Distribution of Clinic Services (non-hospital)
- Distribution of Dental Services

HEALTH SERVICES UTILIZATION**

- Hospital discharges
- Hospital bed days
- Nursing home discharges
- Nursing home bed days
- Drug utilization (prescriptions)
- Clinic attendances

NUTRITION

- Eating habits
- Nutrition levels
- Availability of diet sufficient nutritional level
- Changes in eating habits and levels of nutrition

Note:  * Possibly one of the most valuable descriptors but very difficult, even unrealistic to obtain.

** Weak data but readily available.