A survey on social isolation and its influencing factors of the older adults in Shanghai community

Dear Seniors:

Thank you very much for completing this questionnaire. We are conducting a study on the social isolation of older adults. This questionnaire aims to understand the current situation and factors affecting the social isolation of older adults. This survey is conducted anonymously, and it will take about 20 minutes to complete this questionnaire. This study strictly follows the principles of informed consent and confidentiality, and the survey data will only be used for this study. Thank you for your support and cooperation, and I wish you good health and happiness!

Part I

Guidance: Please carefully read the questions and options and mark "√" in the corresponding option according to the situation.

1. Sex:
   ○ Male
   ○ Female

2. Age (years):
   ○ 65~70
   ○ 71~75
   ○ 76~80
   ○ 81~85
   ○ 86~90
   ○ 90 or more

3. Educational level:
   ○ Primary school and below
   ○ Junior high school
   ○ High school or technical school
   ○ College or above
4. Whether there are people living with you:
   ○ No
   ○ Yes (○ Spouse ○ Children ○ Other)
5. Monthly income per household (yuan):
   ○ 0~
   ○ 1000~
   ○ 2000~
   ○ 3000~
   ○ 4000~
   ○ 5000 or more
6. Main economic sources:
   ○ Retirement pensions
   ○ Children
   ○ Re-employment income
   ○ Low-income insurance
   ○ Others
7. Number of chronic diseases:
   ○ 0
   ○ 1
   ○ 2
   ○ ≥ 3
8. Self-assessed health status:
   ○ Very good
   ○ Good
   ○ Ordinary
   ○ Poor
   ○ Very poor
   Compared with a year ago, your health condition is:
   ○ Much better than a year ago
Better than a year ago
○ About the same as a year ago
○ Worse than a year ago
○ Much worse than a year ago

Within the last two months:

9. Have you lost any family members or friends:
○ Yes
○ No

10. Have you ever left your place of residence and visited the following places:
○ No
○ Hospital
○ Square cabin hospital
○ Segregated hotel
○ Other: _______

11. Have you ever received in-home care service?
○ No
○ Social worker
○ Medical care
○ Nursing caregiver in nursing facility
○ Other: _______

Part II

Guidance: Please carefully read the questions and options and mark "✓" in the corresponding option according to the situation.

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3 ~ 4</th>
<th>5 ~ 8</th>
<th>≥9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many relatives do you see or hear from at least once a month?</td>
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<tr>
<td>2. How many relatives do you feel at ease with that you can talk to about private matters?</td>
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</tbody>
</table>
3. How many relatives do you feel close to such an extent that you could call on them for help?  
4. How many friends do you see or hear from at least once a month?  
5. How many friends do you feel at ease with that you can talk to about private matters?  
6. How many friends do you feel close to such an extent that you could call on them for help?

### Part III

**Guidance:** Please carefully read the questions and options and mark "✓" in the corresponding option according to the situation.

**Within half a month:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you basically satisfied with your life?</td>
<td></td>
<td></td>
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<tr>
<td>2. Have you dropped many of your activities and interests?</td>
<td></td>
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<tr>
<td>3. Do you feel that your life is empty?</td>
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<td>4. Do you often get bored?</td>
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<td>5. Are you in good spirits most of the time?</td>
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<td>6. Are you afraid that something bad is going to happen to you?</td>
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<td>7. Do you feel happy most of the time?</td>
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<td>8. Do you often feel helpless?</td>
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<tr>
<td>9. Do you prefer to stay at home, rather than going out and doing new things?</td>
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<tr>
<td>10. Do you feel you have more problems with memory than most?</td>
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<tr>
<td>11. Do you think it is wonderful to be alive?</td>
<td></td>
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<tr>
<td>12. Do you feel pretty worthless the way you are now?</td>
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<tr>
<td>13. Do you feel full of energy?</td>
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<tr>
<td>14. Do you feel that your situation is hopeless?</td>
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<td></td>
</tr>
<tr>
<td>15. Do you think that most people are better off than you are?</td>
<td></td>
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</tbody>
</table>

### Part IV
Guidance: Please carefully read the questions and options and mark "√" in the corresponding option according to the situation.

I. Health and daily activities

1. The following items are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Yes, limited a lot</th>
<th>Yes, limited a little</th>
<th>No, not limited at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td></td>
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<tr>
<td>1.2 Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</td>
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<tr>
<td>1.3 Lifting or carrying groceries</td>
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<tr>
<td>1.4 Climbing several flights of stairs</td>
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<td></td>
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<tr>
<td>1.5 Climbing one flight of stairs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1.6 Bending, kneeling, or stooping</td>
<td></td>
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<tr>
<td>1.7 Walking more than a mile</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1.8 Walking several blocks</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1.9 Walking one block</td>
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<td></td>
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<tr>
<td>1.10 Bathing or dressing yourself</td>
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</tbody>
</table>

2. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Cut down the amount of time you spent on work or other activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Accomplished less than you would like</td>
<td></td>
<td></td>
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<tr>
<td>2.3 Were limited in the kind of work or other activities</td>
<td></td>
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<tr>
<td>2.4 Had difficulty performing the work or other activities (for example, it took extra effort)</td>
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</tbody>
</table>

3. During the past 4 weeks, have you had any of the following problems with
your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Cut down the amount of time you spent on work or other activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Accomplished less than you would like</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Didn't do work or other activities as carefully as usual</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?</td>
<td></td>
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<tr>
<td>5. How much bodily pain have you had during the past 4 weeks?</td>
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<tr>
<td>6. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</td>
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</table>

II. Your feeling

1. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Did you feel full of pep?</td>
<td></td>
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</tbody>
</table>
1.2 Have you been a very nervous person?

1.3 Have you felt so down in the dumps that nothing could cheer you up?

1.4 Have you felt calm and peaceful?

1.5 Did you have a lot of energy?

1.6 Have you felt downhearted and blue?

1.7 Did you feel worn out?

1.8 Have you been a happy person?

1.9 Did you feel tired?

III. Overall health status

How TRUE or FALSE is each of the following statements for you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely true</th>
<th>Mostly true</th>
<th>Don't know</th>
<th>Mostly false</th>
<th>Definitely false</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I seem to get sick a little easier than other people</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. I am as healthy as anybody I know</td>
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<td></td>
<td></td>
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<tr>
<td>3. I expect my health to get worse</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Part V

Guidance: Please carefully read the questions and options and mark "✓" in the corresponding option according to the situation.

Your height (cm):  _________  Weight (kg):  _________

1. Weight change in the past three months:
   ◦ Decrease or increase >3 kg
   ◦ Don't know
   ◦ Decrease or increase between 1 kg and 3 kg
1. Decrease or increase within 1 kg
2. Mobility:
   - Bedridden
   - Dependent on tools for mobility
   - Independent
3. Dental condition:
   - Defective
   - Denture
   - Normal
4. Neuropsychiatric disorders (based on hospital diagnosis):
   - Severe cognitive impairment or depression
   - Mild cognitive impairment or depression
   - No cognitive impairment or depression
5. Any change in diet in the past three months:
   - Severe increase or decrease
   - Increase or decrease
   - No change
6. Taking medication for more than one month and taking >3 types of medication:
   - Yes
   - No
7. Sleep time:
   - < 5 hours/day
   - ≥5 hours/day
8. Independent outdoor activity time:
   - < 1 hour/day
   - ≥1 hour/day
9. Meals per day:
   - 1 time
   - 2 times
○3 times and above

10. Daily intake of milk; daily intake of soy products; daily intake of fish/meat/poultry/egg foods:
○0~1 items
○2 items
○3 items

11. Daily intake of cooking oil:
○＞25 g (2 spoons of small size spoons)
○≤25 g

12. Daily intake of vegetables and fruits 500 g (1 pound) and above:
○Yes
○No

13. Calf circumference (the maximum circumference length measured by standing with a soft ruler horizontally around the healthy side of the calf belly):
○＜31cm
○≥31cm

14. Waist circumference:
Men: ○＞90cm ○≤90cm
Female: ○＞80cm ○≤80cm

Thank you for your participation!