

[3/2021]



ASEAN-wide Research Network on Ageing Report



SERIES 3: STANDARDIZES RESEARCH PROTOCOL ON AGEING

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National Library of Malaysia

National Population and Family Development Board (NPFDB)

Cataloguing-in-Publication Data

ASEAN-wide Research Network on Ageing Report Series 3

ISBN XXXXXXXXX



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FOREWORD

Research has been conducted in several ASEAN member states (AMS) to identify the major challenges of ageing such as health, housing, financial support, and care for older persons. Based on these in-country research findings, policies and programs have been developed to harness the energies of older persons, increase their productivity, and integrate them into the nation's development process. However, there are still a few AMS that are lagging due to financial constraints and lack of expertise to conduct research on ageing.

Problems of in-country research findings and best practices on ageing are not widely shared among ASEAN member states due to limited networking among researchers, lack of standardization in research protocols and limited regional forums to facilitate the sharing of research findings and best practices. Due to this, ASEAN-wide Research Networking on Ageing or ARNA has been established in 2019, initiated by the National Population and Family Development Board (NPFDB), under the purview of the Ministry of Women, Family and Community Development, Malaysia. This project was sponsored by Japan-ASEAN Integration Fund (JAIF).

The objectives of ARNA are to establish a common, cohesive and sustainable ASEAN research agenda on issues pertaining to ageing through exchanges of knowledge, experiences, best practices; identify priority research area on ageing in Southeast Asian region; the development of a standardized research protocol in ASEAN and the establishment of a network of ASEAN experts and researchers on ageing. By end of this project, NPFDB commissioned three main outputs as follows:

- i. Population Ageing Statistics & Ageing-related Policies / Laws and Programs / Service
- ii. Research, Priority on Research Area & List of Experts on Ageing
- iii. Standardized Research Protocol on Ageing demographic in ASEAN countries.

Each output is documented in an individual document that presents the findings of the activities conducted. Additional work is needed to review the implementation and impact on ageing across the region.

NPFDB and JAIF would like to thank respective ASEAN Country Directors and associates for their support in providing information and giving advice on this project.

Thank you.

Abdul Shukur Abdullah

Regional Project Director of ARNA

Director General

National Population and Family Development Board

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EXECUTIVE SUMMARY

This report outlines the development of standardized research instrument on ageing that covers five well-being dimensions – economic, health, social, psychosocial and environment. The development involved experts and researchers on ageing and older persons from ASEAN member states (AMS). The developed document could be referred and used in ASEAN countries.

The standardized research instrument on ageing is one of the three outcomes from the ASEAN-wide Research Network on Ageing (ARNA) project. This project was initiated by the National Population and Family Development Board (NPFDB), supported by the Japan-ASEAN Integrated Fund (JAIF).

The proposed research survey was first discussed in a regional workshop, attended by experts and researchers from the AMS. The recommendations identified the types of variables that could be included in the instrument, taking into consideration five dimensions on ageing. The secretariat, with the support and guidance of the expert subgroups recommended a survey instrument (questionnaire) based on these recommendations. The development process incorporated several rounds of comments/ discussions with the ARNA technical committee and country directors. This final version has been created following feedback from various stakeholders, the views of expert subgroup members and the results of the analysis process.

The report presents several recommendations including:

1. Core and optional variables for the surveys according to five main well-being ageing dimensions.
2. Methodological and non-methodological variables
3. A standardized ageing research protocol that incorporated the discussed variables.

This report will be the guidelines to all researchers in the AMS or other countries when conducting research on ageing. This is to ensure the research is conducted at the highest standards and quality. The variables and protocols are specifically developed to be applicable across five well-being dimensions on ageing – Economic, Health, Social, Psychological and Environmental and could be used as the longitudinal survey in each AMS.

1.0 INTRODUCTION

Research has been conducted in several ASEAN member states (AMS) to identify the major challenges of ageing such as health, housing, financial support, and care for older persons. Currently research capacity and data on ageing are limited in the region, thus hampering the ability of national governments to formulate effective policies, resource allocation and program development. In-country research findings and best practices are also not widely shared among AMS to help a country advance its policies and programs for the aged. Due to lack of standardization in research protocols such as methodology, common definition, and terminology, it is rather difficult to do cross-country comparisons among AMS.

The establishment of ASEAN-wide Research Networking on Ageing will be useful for ASEAN in moving forward the ASEAN Socio-Cultural Community (ASCC) Blueprint's Action Line C.1.ix "Facilitate and exchange research and studies in gerontology and medicine for the elderly". The Brunei Darussalam Declaration on Strengthening Family Institution: Caring for the Elderly adopted at the Seventh ASEAN Ministerial Meeting for Social Welfare and Development (7th AMMSWD) in November 2010 also echoed the need to "facilitate the conduct and exchange of research and studies in gerontology and geriatrics" in the region. This is evidenced by the high-level political commitment of the ASEAN Leaders reflected in the Kuala Lumpur Declaration on Active Ageing: Empowering Older Persons in ASEAN (2015). The declaration provides that preparing for ageing is a shared responsibility requiring intergenerational solidarity and a community-based, rights-based/needs-based, and life-cycle approach. It emphasizes the need to develop capacities to provide comprehensive and integrated care for older persons, and at the same time enable older persons to empower themselves. The declaration mandates the ASEAN Ministerial Meeting on Social Welfare and Development (AMMSWD), with the support of the Senior Officials Meeting on Social Welfare and Development (SOMSWD), to coordinate and collaborate with relevant sectors for inter-sectoral cooperation on the empowerment of older persons and to develop a regional action plan on ageing to implement the declaration. Implementing the Kuala Lumpur Declaration on Ageing will also contribute to the implementation of the 2030 Agenda for Sustainable Development as well as achieving the ASEAN Community Vision 2025.

Currently, research capacity and data bank on ageing are limited in the region/country, thus hampering the ability of national governments to formulate effective policies, resource allocation and program development. In-country research findings and best practices are also not widely shared among ASEAN member states (AMS) to help a country advance its policies and program for the aged. Due to lack of standardization in research protocols such as methodology, common definition, and terminology, it is rather difficult to do cross-country comparisons among AMS. In order to have a valid and reliable data between countries, it is very important to have a standardized research instrument that is usable and replicable, without changes or adaptations in the structure or content in different populations with similar characteristics.

1.1 3rd Regional Workshop: Research Protocol on Ageing



The 3rd Regional Workshop: Research Protocol on Ageing was held on the 17th of December 2020. The 3rd Regional Workshop: Research Protocol on Ageing was held on the 17th of December 2020 is part of the ASEAN-wide Research Network on Ageing (ARNA) project. This virtual workshop was jointly organized by National Population and Family Development Board and Malaysian Research

Institute on Ageing, Universiti Putra Malaysia (MyAgeing™, UPM). A total of 190 participants attended the workshop consisted of Country Directors of ARNA and experts from the AMS.

1.2 Objectives of the Workshop

The workshop aimed to develop a standardized research instrument for ageing. The aim is to have one comprehensive and standard survey that will be used by ASEAN researchers working on ageing field. The instrument covers five well-being dimensions of ageing – economic, health, social, psychological, and environmental.

2.0 METHODOLOGY

This section describes the stages involved in developing the standardized research protocol on ageing that will be recommended for ASEAN countries. The stages are:

1. Focus group discussion
2. Synthetization
3. Development of standardized research protocol on ageing

2.1 Group Discussion

The focus group discussion (FGD) was attended by 190 participants consisting of country directors, researchers, experts, and representatives from ASM. They were divided into five groups according to the five dimensions of well-being in Figure 1:

- i. Health
- ii. Economic
- iii. Social
- iv. Psychological
- v. Environmental

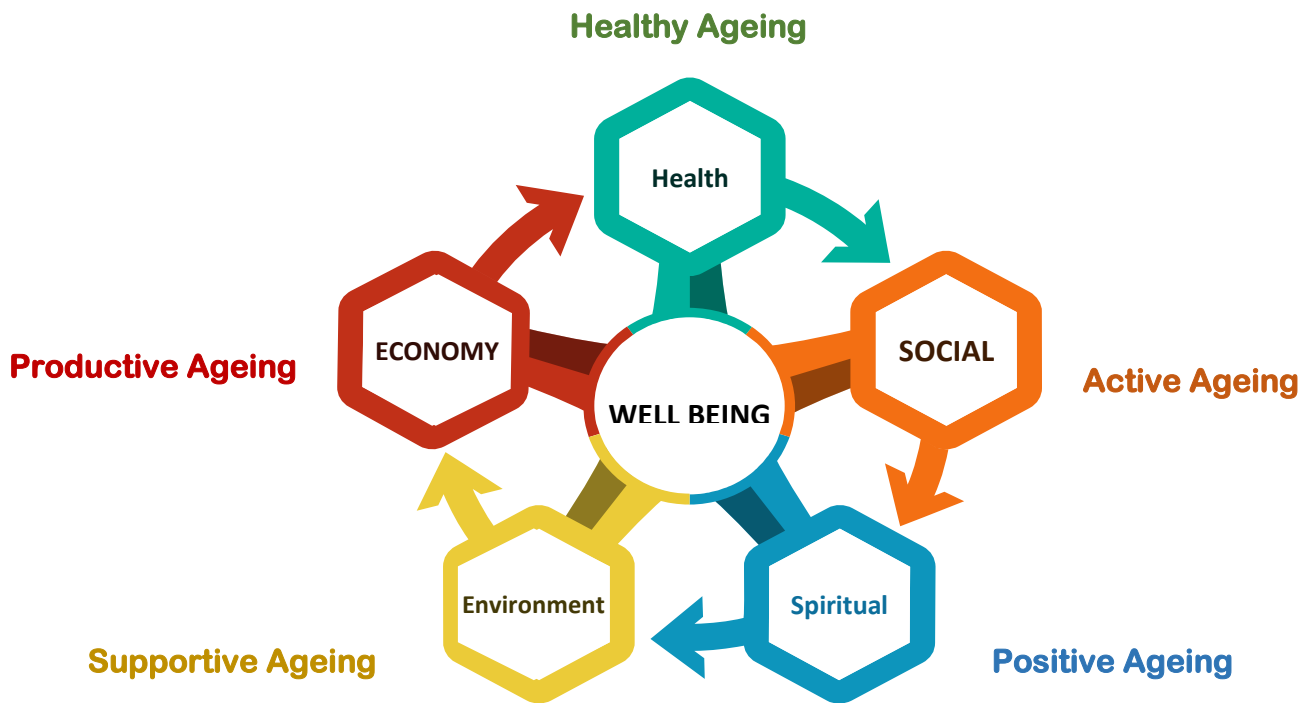


Figure 1: Five Dimensions of Well-being [1]

A moderator and rapporteur was assigned to each group.

The discussion was conducted virtually and recorded using Zoom online platform. The content of the discussion is as follows:

i. To determine core and optional variables based on selected variables.

There are numbers of resources and variables that being used when conducting ageing-related research. In this discussion, members discussed and determined core and optional variables, based on selected variables for each dimension.

Core variables mean they must be included and answered in the survey. An example of core variables is questions on demographic characteristics. For the optional variables, they are depending on the objective of the study.

ii. Methodological considerations

For any survey study, the data collected can be affected by measurement methods adopted. For the potential survey to be conducted in different countries, members of the discussion will discuss potential methodological considerations or constraints based on the dimension that can affect the survey including sampling, screening, scale validation, language and translation of instrument, method of survey, data collection, order of questions, proxy respondent, token, interdisciplinary research team, personal data security and disclosure statement for referral

iii. Non-methodological issues

Other non-technical topics that want to be considered in the study including logistics, source of funding, human resources and publication.

The selected variables are referred from different sources as follows:

i. Demographic and Health Surveys (DHS) Questionnaires and Manuals (Phase 8) [2]

DHS surveys collect primary data using four types of Model Questionnaires – household, women, men, and biomarkers. For this work, the selected variables are based on the household questionnaires. A Household Questionnaire is used to collect information on characteristics of the household's dwelling unit and characteristics of usual residents and visitors. It is also used to identify members of the household who are eligible for an individual interview. It contains two main topics: (1) Household schedule – collected information is about age, sex, relationship to the head of the household, education, parental survivorship and residence, and birth registration and (2) Household characteristics – examples of questions are source of drinking water, toilet facilities, cooking fuel, assets of the household, and exposure to second-hand smoke.

ii. World Values Survey (WVS) Questionnaires and Documentation (WVS-7) [3]

WVS is an international research program that conducts scientific and academic study of social, political, economic, religious, and cultural values of people in the world. The aim is

to assess which impact values stability or change over time has on the social, political, and economic development of countries and societies.

iii. Asia Health and wellbeing Initiatives (AHWIN) Longitudinal Survey of Aging and Health [4]

AHWIN is an organization that promote regional cooperation that fosters sustainable and self-reliant healthcare systems in Asia. Their aim is to create vibrant and healthy societies where people can enjoy long and productive lives, and to contribute to the region's sustainable and equitable development and economic growth.

This longitudinal survey is developed to trace individuals who are aged 60 years or over for a few years and to analyze the factors that contribute to a longer healthy life. The questions include demographic characteristics, living arrangements and subjective health status.

iv. Malaysian Population and Family Survey (MPFS) [5]

The MPFS was developed by the Malaysian National Population and Family Development Board (NPFDB) is a serial study conducted for every ten years since 1974. It serves as a major base for the collection of data which aims to provide a comprehensive set of statistical information on population, family and human reproduction in Malaysia.

v. Indonesian Family Life Survey (IFLS5) [6]

The IFLS is an on-going longitudinal survey conducted in Indonesia since 1993 The survey contains a wealth of information collected at the individual and household levels, including multiple indicators of economic and non-economic well-being: consumption, income, assets, education, migration, labor market outcomes, marriage, fertility, contraceptive use, health status, use of health care and health insurance, relationships among co-resident and non-resident family members, processes underlying household decision-making, transfers among family members and participation in community activities.

vi. Centers for Disease Control and Prevention (CDC) [7]

CDC is the national public health agency of the United States under the Department of Health and Human Services. Its main goal is to be the protection of public health and safety through the control and prevention of disease, injury, and disability. The CDC focuses national attention on developing and applying disease control and prevention, and conduct research and provide information on non-infectious disease.

vii. Health and Retirement Study (HRS) Questionnaires [8]

The HRS is a longitudinal panel developed by the University of Michigan, USA. It provides an invaluable and growing body of multidisciplinary data that researchers can use to address important questions about the challenges and opportunities of ageing. The survey

focuses on the health and economic circumstances of adults over age 50 in the United States

viii. East Asian Social Survey (EASS) Family Module Questionnaire 2006 [9]

The EASS is a biennial social survey project that purports to produce and disseminate academic survey data sets in East Asia. It was first launched in 2003 to do comparative studies on diverse aspects of social lives in east Asia.

ix. Nihon University Longitudinal Study of Aging (NUJLSOA) [10]

The NUJLSOA is a longitudinal survey of a nationally representative sample of the population aged 65 and over in Japan. The study was designed primarily to investigate health status of the Japanese elderly and changes in health status over time.

x. Longitudinal Study on Neuroprotective Model for Healthy Longevity (TUA) [11]

TUA is a longitudinal study on neuroprotective model for healthy longevity to prospectively investigate the magnitude of cognitive decline and its risk factors through a comprehensive multidimensional assessment comprising of biophysical health, auditory and visual function, nutrition and dietary pattern and psychosocial aspects.

After the FGD session was over, representative from each group presented the findings to all the participants. The workshop secretariat took note of the feedback received for the purpose of harmonizing and improving the developed protocol.

2.2 Synthetization

Upon the completion of the workshop, the findings from all five groups were compiled and synthesized. The process was conducted several rounds involving the Secretariat, Technical Committee, ARNA country directors and experts in ageing.

2.3 Development of Standardized Research Protocol on Ageing

A protocol is set of guidelines for conducting a research or also known as action plan. It illustrates what will be done in the study by explaining each important part of it and how it is carried out [12]. In this project, a standardized research protocol on ageing have been developed, incorporating the recommended core and optional variables based on the five well-being dimensions in ageing. This protocol is essential in ensuring the study is conducted at a high-quality standard, structured and effective.

3.0 FINDINGS

3.1 Group Discussion

A total of 190 individuals working in the Southeast Asian region (Malaysia, Singapore, Indonesia, Thailand, Vietnam, Myanmar, Brunei Darussalam, Philippines, and Cambodia) and additional countries (Algeria, Sri Lanka) participated in the group discussion which were divided based on the five dimensions: Health, Economic, Social, Psychological and Environmental. The full list of the participants is attached in Annex 1 that provides the members information including their name, affiliation, and country information.

For the Health group, 43 participants from various agencies participated in the discussion including higher education institutions, government health agencies and private organizations. Among the 43 participants, 29 (67.4%) were from Malaysia, 4 (9.3%) from Indonesia, 3 (7%) from Brunei Darussalam, 3 (7%) from Singapore, 3 (7%) from Vietnam and 1 (2.3%) from Philippines. Findings from the discussion revealed 32 variables were considered for the Health dimension. Among the variables, 28 of them were agreed by the participants as core variables while the rest were considered as optional variables. The findings also revealed the need of country specific variables involving the country culture on older persons, availability of healthcare personnel and facilities, and impact of COVID-19 pandemic.

In the Economic group, 34 participants joined the group discussion. Most of the participants were from higher education institutions while few of them were from government agencies and private organizations. Among the 34 participants, 24 (70.6%) were from Malaysia, 5 (14.7%) from Indonesia, 2 (5.9%) from Brunei Darussalam, 1 (2.9%) from Vietnam, 1 (2.9%) from Philippines and 1 (2.9%) from Algeria. Participants agreed on ten variables for the Economic group in which eight of them were core variables and two of them were optional variables. On the methodological considerations, the participants suggested a cut off 60 years and above for age inclusion, screening phase for financial and health status, phone interview as the choice of data collection, use of proxy respondent and token.

A total of 37 participants joined the Social dimension group discussion. Majority of the participants were from government agencies while few of them from higher education institutions and international organizations. Among them, 18 (48.6%) from Malaysia, 15 (40.5%) were from Indonesia, 2 (5.4%) from Cambodia, 1 (2.7%) from Brunei Darussalam and 1 (2.7%) from Singapore. Participants agreed on 11 variables in which nine were considered as core while two were considered as optional variables. On the methodological consideration, participants suggest for 60 and above as age cut off, English as the first language which is then translated to another language based on the country and use of proxy respondent.

For the Psychosocial group, 35 participants participated in the group discussion. Majority of the participants were from higher education institutions while the rest were from government agencies and private organizations. On the country distribution, 30 (83.3%) of them were from Malaysia, 4 (11.1%) from Indonesia, 1 (2.8%) from Thailand and 1 (2.8%) from Sri Lanka. A total of eight variables were agreed in the Psychosocial dimension, six as core and two as optional. Among the methodological considerations were older person age cut off, screening for cognitive status, scale validation, language consideration, and method of the survey.

A total of 35 participants joined the Environmental dimension group discussion. Majority of them were from government agencies followed by higher education institutions and private institutions. Among them, 27 (77.1%) were from Malaysia, 3 (8.6%) from Indonesia, 2 (5.7%) from Cambodia, 1 (2.9%) from Brunei, Darussalam, 1 (2.9%) from Myanmar and 1 (2.9%) from Sri Lanka. Participants agreed on 11 variables in which all of them were considered as core variables. Among the methodological consideration were 60 years and above as age cut off, need of language translation, face-to-face data collection was more preferred, use of proxy respondents and token.

The full findings of all five dimensions are presented in Table 1. Table 2 and Table 3 summarizes methodological considerations and non-methodological issues, respectively. The raw discussion materials from each dimensions are attached in Annex 2 – 6.

Table 1: Core, Optional and Country Specific Variables for Five Dimensions

Variables	Health	Economic	Social	Psychological	Environmental
Core	<ol style="list-style-type: none"> 1. Self-rated health 2. Vision 3. Hearing 4. Non-communicable diseases 5. Disability (ADL/IADL) 6. Depressive symptom, stress, anxiety 7. Alternative medicine/herbal medicine (as food, supplement) 8. Cognitive status 9. Participation in health screening (cancer etc,) 10. Health education-awareness 11. Self-management 12. Physical activity (IPAC, GPAC) 13. Frailty 14. Social support 15. Nutrition 	<ol style="list-style-type: none"> 1. Personal Income 2. Household income 3. Household items 4. Assets Ownership 5. Standard Living 6. Perceive Income Adequacy 7. Financial Security Preparedness (During Young Age) 8. Digital Practice 	<ol style="list-style-type: none"> 1. Social Participation 2. Lubben Social Network Scale 3. State vs. Family Responsibility 4. Filial Responsibility 5. Exchange of Social Support 6. Relationship quality= Adult child-parent 7. Proximity of Children 8. Living Arrangement 9. Co-residence of Children 10. Births (Female Only) 	<ol style="list-style-type: none"> 1. Depression, anxiety & stress 2. Cognitive Impairment 3. Happiness 4. Psychological Wellbeing 5. Life Satisfaction 6. Loneliness 	<ol style="list-style-type: none"> 1. Dwelling Type 2. Bedrooms 3. Water 4. Toilet 5. Energy (Lighting) 6. Telecommunication 7. Internet Usage 8. Information 9. Social cohesion scale 10. Physical Mobility 11. Transport 12. Infrastructure

	<ul style="list-style-type: none">16. Lifestyle – smoking, alcohol17. Acupuncture18. Health service use19. Family history (cancer, dementia)20. Medication intake21. Urinary symptom22. Anthropometric and functional measurement23. Falls, injury, fracture24. Dementia25. Sleep disturbance26. Dizziness27. Osteoarthritis, pain28. Sexual relationship and sexuality				
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Variables	Health	Economic	Social	Psychological	Environmental
Optional	<ol style="list-style-type: none"> 1. Loneliness 2. Social networks 3. Family support 4. Abuse among older persons 5. Technology used by older people for general and health purposes 	<ol style="list-style-type: none"> 1. Out of pocket expenditure 2. Food Insecurity Experience Scale (FIES) 	<ol style="list-style-type: none"> 1. Vulnerability to Abuse 2. Filial Responsibility Expectation Item Scale [LASA] 	<ol style="list-style-type: none"> 1. COVID-19 Fear 2. Attitude toward ageing 	-
Variables	Health	Economic	Social	Psychological	Environmental
Country Specific	<ol style="list-style-type: none"> 1. Ageism – stereotype older people 2. IADL contextualize to specific country 3. General set up for older adults care, number of specialist 4. Where they usually go if they are sick 	-	-	-	-

	<p>5. Are they covered by health insurance?</p> <p>6. During COVID-19, are they using the health apps?</p>				
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Table 2: Methodological Considerations

Methodological Considerations	Health	Economic	Social	Psychological	Environmental
1. Sampling	(60+? 65+?) 55+ (pre-elderly Indonesia) 60+ (Singapore)	60 years old and above	60 years old and above	Older persons (60+? 65+?), Household	60+, data aggregation after that
2. Screening	Cognitive status	Poverty and health status	-	Cognitive status, depression	Not applicable
3. Scale validation	-	-	-	Pilot studies	-
4. Language & Translations	Indonesia - translation in different dialects	-	English as 1st language, then translated to other language based on the country used	Malaysia: English, Malay, optional: Mandarin, Tamil – Questionnaire bank	Yes
5. Method of survey	-	-	-	Face to face/ phone/ mail/ tablet	-

6. Data Collection	Face to face survey, phone survey (follow-up), part of health screening/check-up/routine follow-up trained enumerators, online (hard for older elderly), question should be simple and clear,	Telephone Interview	-	Issues of recording responses for data analysis	Face-to-face Phone interview Online
7. Order of Questions	-	-	-	Cognitive and performance measures need participant to be mentally alert; screening	Yes
8. Proxy Respondents (no proxy)	For the sick or cannot answer for themselves	Yes	Agreed; non-physical measurement	For health-related variables recommend to compare responses by OP and by a proxy (carer/family member)	Yes, Optional
9. Token	Lunchbox, shopping vouchers	Yes	Up to the normal practice of the country	Incentive	Yes
10. Inter-disciplinary Research Team	Health, social work, family planning	Malaysia and Indonesia	Sociology, communication expert, environment, health, psychology,	-	Yes, architecture, town planning, statistician etc.

			community health worker, national statistics office		
11. Personal Data Security	Each country own the data, to be shared, consent form	Yes	Data is protected by the highest authority of the survey, ethical board	Data ownership	Personal Data Protection Act, Confidentiality – Brunei, Malaysia, Cambodia
12. Disclosure statement for referral	Informed consent, Ethical clearance from institution	-	-	-	-

Table 3: Non-Methodological Issues

Non-methodological issues	Health	Economic	Social	Psychological	Environmental
1.Duplication with other studies		-	1.Data collection – difficulty to reach rural area (logistic issue)	-	-
2.Sources of funding		-	2.Capacity building	-	-
3.Who will lead and division of labor		-	-	-	-
4.Human resources for the conduct of the study		-	-	-	-
5.Data analysis and publication		-	-	-	-

3.2 Synthetization

The synthetization of the survey was performed based on the study methodology and study variables. A panel of experts evaluated the study findings (from the group discussion) and provided suggestions for each methodology considerations/study variables. The methodology consideration covers study sampling, screening, scale validation, scales suitability for older persons, language and translation, method of the survey, data collection method, order of the questions, use of proxy respondent, offering of study token, needs of interdisciplinary team, personal data security and ethical clearance. As for study variables, the expert suggestions are based on the sociodemographic variables and the survey dimensions: Health, Economic, Social, Psychosocial and Environmental. The expert consensus and suggestions for study methodology and variables are presented in Table 4 and Table 5, respectively.

Table 4: Expert Consensus for Study Methodology

No.	Study Methodology	Expert Consensus
1	Sampling	The age of the respondent is suggested to be 55 and above as some country suggested to include pre-elderly population in the study.
2	Screening	Cognitive status
3	Scale validation	Pilot study should be done prior the survey.
4	Language & Translations	English should be used as first language, then translated to other languages based on the local language of each country. The study should also consider translation in other ethnic dialects for country with multi-ethnicity population.
5	Method of survey	Survey can be done through face to face/ phone/ mail/ tablet by trained enumerators.
6	Data Collection	Data collection can be done either face to face survey, phone survey, or online depending on the situation of each country. It can be part of health screening/check-up/routine follow-up in the community or hospital settings. However, researcher should consider the issue for online survey as it may be challenging for older persons.

7	Order of Questions	Question should be simple and clear, cognitive and performance measures need participant to be mentally alert; Arrangement of the question should be in order, begin with sociodemographic and followed by social, economic, health, psychological and environment dimension.
8	Proxy Respondents (no proxy)	Proxy should be considered for the sick respondents or those who are unable to answer for themselves. For health-related variables, it is recommended to compare responses by older persons and by a proxy (carer/family member).
9	Token	Recommended to be given as per normal practice of the country (example: lunchbox, shopping vouchers).
10	Interdisciplinary Research Team	Yes
11	Personal Data Security	Each country owns the data should be shared among participated country. Data is protected by the highest authority of the survey, ethical board.
12	Ethical clearance	Informed consent form should be obtained from the respondents.

Table 5: Recommended Study Variables

No.	Dimension	Study Variables
1	Health	1. Perceived health status <ul style="list-style-type: none"> ● Self-rated health 2. Functionality <ul style="list-style-type: none"> ● Vision ● Hearing ● Disability (ADL/IADL) ● Frailty ● Anthropometric and functional measurement

		<p>3. Diseases and injuries</p> <ul style="list-style-type: none"> ● Non-communicable diseases ● Dementia ● Dizziness ● Osteoarthritis, pain ● Falls, injury, fracture ● Urinary symptom ● Family history (cancer, dementia) <p>4. Lifestyle</p> <ul style="list-style-type: none"> ● Nutrition intake ● Smoking ● Alcohol consumption ● Sleep quality ● Physical activity ● Alternative medicine/herbal medicine (as food, supplement) <p>5. Health behavior</p> <ul style="list-style-type: none"> ● Health education- awareness ● Self-management ● Participation in health screening (cancer etc.) ● Medication intake ● Acupuncture ● Health service use <p>6. Sexual relationship and sexuality</p> <p>7. Optional variables</p> <ul style="list-style-type: none"> ● Abuse among older persons ● Health insurance ● COVID-19
2	Economic	<p>1. Amount of income</p> <ul style="list-style-type: none"> ● Personal income ● Household income <p>2. Household wealth</p> <ul style="list-style-type: none"> ● Household item ● Asset ownership

		<p>3. Financial status</p> <ul style="list-style-type: none"> ● Perceived Income Adequacy ● Financial Security Preparedness ● Digital Practice
3	Social	<p>1. Social Support (Community)</p> <ul style="list-style-type: none"> ● Social participation ● Social network <p>2. Social support (Family)</p> <ul style="list-style-type: none"> ● Family responsibility ● Filial responsibility ● Proximity of Children ● Living arrangement ● Co-residence of children ● Birth (female only)
4	Psychological	<p>1. Mental health</p> <ul style="list-style-type: none"> ● Depression ● Anxiety ● Stress <p>2. Psychological wellbeing</p> <ul style="list-style-type: none"> ● Happiness ● Life satisfaction ● Loneliness
5	Environmental	<p>1. Living facility</p> <ul style="list-style-type: none"> ● Dwelling type ● Bedrooms ● Toilet <p>2. Availability of utility</p> <ul style="list-style-type: none"> ● Water ● Energy(lightning) ● Internet <p>3. Public facility</p> <ul style="list-style-type: none"> ● Information ● Physical Mobility/ Transport ● Infrastructure ● Information source <p>4. Neighborhood safety</p>

4.0 RECOMMENDED RESEARCH PROTOCOL ON AGEING

The protocol explains each essential part that should be included in the ageing research.

Title

The title should be concise and clear, that able to self-explain the nature of the project.

Example: ASEAN-Wide Survey on Ageing

General Information

Leader and members' information that include contact details and address. Location of the study being conducted.

Project Summary

The project summary usually not more than 300 that summarize all the main elements of the project. The elements as below:

1. Overall overview
2. Rationale/ problem statement/ motivation
3. Objectives
4. Methods
5. Populations
6. Time frame
7. Expected outcomes.

The description should be stand-alone without the needs for the readers to refer to the whole protocol.

Background Information

This section should describe the rationale of conducting the research including the need/ problem, supported by references.

Study Goals & Objectives

General objective

1. To conduct an ASEAN-wide survey among adults aged 55 years and above

Specific objective

1. To determine level of health, economic, social, psychosocial, and environmental status of adults aged 55 years and above in ASEAN countries

Methodology

A. Study design

Cross-sectional study

B. Sampling

- i. Target population
Individuals aged 55 years and above living in ASEAN countries.
- ii. Inclusion criteria
 - a. Adults aged 55 years old and above
 - b. Living in community
 - c. Good cognitive function (example: Montreal Cognitive Assessment (MoCA)>17)
 - d. Capable of communicating with the research team.
 - e. Able to read, speak and understand the instrument's language.
 - f. Able to provide written informed consent.
- iii. Exclusion criteria
 - a. Institutionalized individuals (of prisons, jails, nursing homes, and long-term or dependent care facilities)
- iv. Sampling method
 - a. The multistage cluster sampling technique will be used. The sample included four distinct selection stages. The primary stage of sampling is carried out with a probability proportional to size (PPS) selection of municipalities as primary sampling units (PSUs). The secondary sampling units (SSU) are area segments (i.e., blocks) randomly selected within PSUs. The third stage of sample selection is preceded by a complete listing (enumeration) of all housing units (HUs) that are physically located within the bounds of the selected SSU. The third sampling stage is a systematic selection of housing units from the HU listings for the sampled SSU. The fourth and final stage in the multistage design is the selection of the household unit within a sample HU.

C. Data Collection

- i. Study procedure
 - a. All potential candidates for the study will be given a current copy of the Informed Consent Form (ICF) to read. The researchers or authorized investigative staff member will explain all aspects of the study in lay language and answer all of the candidates' questions regarding the study. The candidates wishing to participate in the study are asked to sign the ICF. No study procedure is performed prior to signing the ICF. All participants are given a copy of the signed ICF.
 - b. All participants will be required to complete a basic sociodemographic and study measurement tools in form of questionnaires through face-to-face/phone interview with trained enumerators.

ii. Measures

Study measurements consist of sociodemographic variables and five dimensions of wellbeing including: social, psychosocial, health, economic and environment. Detail description of each dimension explained in Table 6.

Table 6: Study Measures

No	Measures	Variables
1	Sociodemographic	<ol style="list-style-type: none"> 1. Sex 2. Age 3. Citizenship 4. Ethnicity (country specific) 5. Marital status 6. Labor (Employment) status
2	Health	<ol style="list-style-type: none"> 1. Perceived health status <ul style="list-style-type: none"> ● Self-rated health 2. Functionality <ul style="list-style-type: none"> ● Vision ● Hearing ● Disability (ADL/IADL) ● Frailty ● Anthropometric and functional measurement 3. Diseases and injuries <ul style="list-style-type: none"> ● Non-communicable diseases ● Dementia ● Dizziness ● Osteoarthritis, pain ● Falls, injury, fracture ● Urinary symptom ● Family history (cancer, dementia) 4. Lifestyle <ul style="list-style-type: none"> ● Nutrition intake ● Smoking ● Alcohol consumption ● Sleep quality ● Physical activity ● Alternative medicine/herbal medicine (as food, supplement)

		<p>5. Health behavior</p> <ul style="list-style-type: none"> ● Health education- awareness ● Self-management ● Participation in health screening (cancer etc,) ● Medication intake ● Acupuncture ● Health service use <p>6. Sexual relationship and sexuality</p> <p>7. Optional variables</p> <ul style="list-style-type: none"> ● Abuse among older person ● Health insurance ● COVID-19
3	Economic	<p>1. Amount of income</p> <ul style="list-style-type: none"> ● Personal income ● Household income <p>2. Household wealth</p> <ul style="list-style-type: none"> ● Household item ● Asset ownership <p>3. Financial status</p> <ul style="list-style-type: none"> ● Perceived Income Adequacy ● Financial Security Preparedness ● Digital Practice
4	Social	<p>1. Social Support (Community)</p> <ul style="list-style-type: none"> ● Social participation ● Social network <p>2. Social support (Family)</p> <ul style="list-style-type: none"> ● Family responsibility ● Filial responsibility ● Proximity of Children ● Living arrangement ● Co-residence of children ● Birth (female only)

5	Psychological	<ol style="list-style-type: none"> 1. Mental health <ul style="list-style-type: none"> ● Depression ● Anxiety ● Stress 2. Psychological wellbeing <ul style="list-style-type: none"> ● Happiness ● Life satisfaction ● Loneliness
6	Environmental	<ol style="list-style-type: none"> 1. Living facility <ul style="list-style-type: none"> ● Dwelling type ● Bedrooms ● Toilet 2. Availability of utility <ul style="list-style-type: none"> ● Water ● Energy(lightning) ● Internet 3. Public facility <ul style="list-style-type: none"> ● Information ● Physical Mobility/ Transport ● Infrastructure ● Information source 4. Neighborhood safety

D. Data Management and Analysis

All data analysis will be performed using SPSS (latest version available). For descriptive statistics, continuous variables will be reported in form of mean (standard deviation) while categorical variables will be reported in form of frequency (percentage). Potential association between the variables will be analyzed using multivariate analysis including multiple linear regression or multiple logistics regression, when appropriate.

E. Ethical Clearance

Ethical approval will be obtained from required ethics committees. Participants will provide written consent form before participating in the study. Participants were informed that they could choose to withdraw from the study at any time. Interviews (for face-to-face) will be conducted in a separate room to protect the participants' privacy.

Budget

This information is optional to be included in the Research Protocol. The budget is presented in tabular form of the expenses associated with the project. Typical divisions of the budget including personnel, equipment, services, travel and indirect costs. Other categories can be added as needed.

Project Management

There are numbers of project management tools (web-based and non-web based) that could be used to organize tasks, activities, time frame, responsibilities, and people on the project to successfully plan and execute the project. Some examples of project management tools are Microsoft Excel, Microsoft Words, Microsoft Access, RedCap and Basecamp.

5.0 CONCLUSION

Recent years have seen an increase in research activities in the field of aging and older persons. It involves inter- and cross- disciplinary, covering from social, health, and environmental. Various methods, instruments and approaches have been utilized in the process of data collection and analysis. This document presents the standardized research protocol on ageing that looks at 5 well-being dimensions of the older persons: health, economic, social, psychosocial, and environmental.

The protocol has been developed comprehensively by referring to various instruments in ageing research based on these five dimensions. Inputs were obtained from the stakeholders from AMS, followed by several rounds of discussion and synthetization before the final protocol is produced.

The developed standardized research protocol on ageing can be used in all ASEAN countries to collect data related to ageing in their respective countries. It can be modified accordingly to suit the need of the country.

It is recommended to use this protocol for longitudinal studies to provide a comprehensive set of statistical information on older persons based on health, economic, social, psychosocial, and environmental variables.

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ANNEX

Annex 1: Participants' List

Group 1 – Health

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Annex 2: Health Variables

No	VARIABLES	INDICATOR/MEASUREMENT	CORE/ OPTIONAL/ COUNTRY SPESIFIC
1	Self-rated Health	<p>1. In general, would you say your health is very good, good, moderate, bad (or poor), or very bad? [DHS 112 (W8)]</p> <p>2. All in all, how would you describe your state of health these days? Would you say it is...: [WVS-7 Q47] -Very good -Good -Fair (meaning of fair -interpretation) -Poor Very poor</p> <p>3. Do you believe your health to be better, relatively the same, or worse than it was one year ago? [NUJLSOA W1 Q19] Note: This question should be optional</p> <p>Note: Suggestion to use SF-36 category - excellent, very good, good, fair, poor (used by Singapore, Brunei).</p>	Core
2	Vision	<p>1. The next questions are related to vision. How is the current state of your vision? Do you have vision in both eyes? (Note to interviewer) A loss of vision means complete loss of vision in that eye. [NUJLSOA W1 Q20] Note: This question should be optional -Have vision in both eyes -Loss of vision in one eye -Loss of vision in both eyes</p> <p>2. Are you using any form of corrective lenses including reading glasses? (Use of a magnifying glass should be included as a “yes” response) [NUJLSOA W1 Q21]</p>	Core

		<p>(For those not using any form of corrective lenses:) How well are you able to see? -subject to interpretation</p> <ul style="list-style-type: none"> -Very Well -Well -Well Enough -Not Very Well -Not Sure <p>(For those using some form of corrective lenses:) How well are you able to see when you are using your glasses, contact lenses, etc.</p> <p>Note: Suggestion to use simple question Are you wearing glasses? Do you have cataracts?</p> <p>Note: A lot of cases in developing countries- for screening question, make it simple and direct.</p> <p>Note: Suggestion to include in the functioning question. The Washington Group Short Set on Functioning (WG-SS)</p>	
3	Hearing	<p>1. The following questions are related to hearing. What is your current hearing ability? Are you able to hear in both ears? (Note to interviewer) Not able to hear in a given ear means the complete lack of hearing in that ear. [NUJLSOA W1 Q23]</p> <ul style="list-style-type: none"> -Both ears able to hear -Not able to hear in one ear -Not able to hear in either (both) ears <p>2. Are you (subject) using a hearing aid? [NUJLSOA W1 Q24]</p> <p>(For those who are not using a hearing aid) How well do you hear? (For those who are using a hearing aid) How well do you hear with the hearing aid?</p> <ul style="list-style-type: none"> -Very Well -Well -Well Enough 	Core

		<p>-Not Very Well -Not Sure</p> <p>Same question and response as vision</p>	
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4	Non-communicable Diseases	<ol style="list-style-type: none"> 1. Have you ever been told by a doctor or other healthcare worker that you have high blood pressure or hypertension? [CD02] -Yes -No 2. Have you ever been told by a doctor or other healthcare worker that you have high blood sugar or diabetes? [CD07] 3. Have you ever been told by a doctor or other healthcare worker that you have heart disease or a chronic heart condition? [CD11] 4. Have you ever been told by a doctor or other healthcare worker that you have lung disease or a chronic lung condition? [CD13] Note: Suggestion to add examples 5. Have you ever been told by a doctor or other healthcare worker that you have cancer or a tumour? 6. Have you ever been told by a doctor or other healthcare worker that you have arthritis?? [CD20] 7. Have you ever been told by a doctor or other healthcare worker that you have any other chronic disease, that is, any other disease that is long lasting? [CD22] -Yes, specify chronic disease: _____ -No 8. Are you receiving any treatment for _____ (hypertension, diabetes, heart disease, lung disease, cancer, arthritis and other chronic disease) [CD23] <p>Note: Suggestion to list all the conditions</p>	Core
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5	Disability (Washington Group Short Set)	<ol style="list-style-type: none"> 1. Do you have difficulty seeing, even if wearing glasses? -No, no difficulty -Yes, some difficulty -Yes, a lot of difficulty -Cannot do at all 2. Do you have difficulty hearing, even if using a hearing aid? (same response as 1) 3. Do you have difficulty walking or climbing steps? (same response as 1) 4. Do you have difficulty remembering or concentrating? (same response as 1) 5. Do you have difficulty (with self-care such as) washing all over or dressing? (same response as 1) 6. Because of a physical, mental or emotional health condition, do you have difficulty communicating, (for example understanding others or others understanding you)? <p>Note: Suggestion to use ADL/ IADL (standardized)</p>	Core
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6	Physical Functioning (NAGI)	<p>1. The next questions will be on your (subject's) physical ability and agility. Please indicate which of the following actions you (subject) find difficult to perform alone without the assistance of a person or physical prop or aid. [For those that reply "difficult," ask to what extent and from what age the action became difficult. Ask (1) through (10), one at a time.]</p> <ul style="list-style-type: none"> a)Walk 200 to 300 meters b)Climb 10 stairs without resting c)Stand (go without sitting) for 2 hours d)Continue to sit for 2 hours e)Stoop or bend your knees f)Raise your hands above your head g)Extend arms out in front of you as if to shake hands h)Grasp with your fingers or move your fingers easily h)Lift an object weighing approximately 10 kg i)Lift an object weighing approximately 5 kg <p>2. Do you find this (refer to 1 – 10) difficult?</p> <ul style="list-style-type: none"> -Yes -No -Not Sure <p>3. To what extent?</p> <ul style="list-style-type: none"> -Somewhat Difficult -Very Difficult -Unable to Perform -Not Sure <p>4. From what age did this become difficult?</p> <ul style="list-style-type: none"> -From (age) _____ Years (old) -Not Sure 	Not mentioned
7	Bedridden	<p>1. Have you (subject) been bedridden for any reason during the past two weeks?</p> <ul style="list-style-type: none"> -Yes -No <p>2. How many days were you in bed for more than a half a day?</p>	Optional

		<p>- _____ number of days -Not Sure</p> <p>Note: Suggestion to use ADL and IADL</p>	
8	Medication	<p>1. The following questions concern medication. Are you (subject) currently visiting a hospital or clinic to receive medication? (Note to interviewer) -dental offices are included within "hospital or clinic". The subject does not necessarily have to receive the medication directly from the hospital or clinic. [NUJLSOA W1 Q28]</p> <ul style="list-style-type: none"> -Visiting a hospital or clinic to receive medication -Visiting a hospital or clinic, but not receiving medication hospital or clinic -Not visiting a hospital or clinic -Not sure <p>2. For how many different medications do you have a prescription? [SQ2]</p> <ul style="list-style-type: none"> -Internal Medication -External/topical Medication 	Core
9	Healthcare Access (AAI)	<p>1. Was there any time during the past 12 months when you really needed medical examination or treatment (excluding dental) for yourself? [3.3]</p> <ul style="list-style-type: none"> -Yes, I had a medical examination or treatment each time I needed -Yes, but there was at least one occasion when I did not have a medical examination or treatment I needed -No, I did not need any medical examination or treatment <p>2. Was there any time during the past 12 months when you really needed dental examination or treatment for yourself? [3.4]</p>	Core

10	Healthcare Utilization (MyAgeing)	<p>1. In the past 6 months, have you visited any of the following healthcare facilities?</p> <ul style="list-style-type: none"> -Government Hospital -Government Health Clinic -Private Hospital -Private Clinic / GP -Private Pharmacy -Traditional / Alternative Medicine (TCM) -Other 	Core
11	Perceptions of Care Services - Home	<p>1. How do you feel about welfare (health and social care) services that involve someone who is not familiar to you entering your home, for example, personal aid services? [NUJLSOA W1 Q14]</p> <ul style="list-style-type: none"> -Feel no reservations at all -Feel hardly any reservations -Feel some reservations -Have strong reservations -Not sure <p>2. Why do you feel (have) reservations? Please select one of the following:</p> <ul style="list-style-type: none"> -Having someone unfamiliar in the house will cause me undue stress -I feel like I have to tidy the house -I worry that I won't get along with the personal aid (carer) -I don't want to use welfare (home care) services -Other -Not sure 	Not mentioned
12	Perceptions of Care Services - Day Care	<p>1. How do you feel about using welfare (health and social care) services like day care? [NUJLSOA W1 Q15]</p> <ul style="list-style-type: none"> -Feel no reservations at all -Feel hardly any reservations -Feel some reservations -Have strong reservations -Not sure <p>2. Why do you feel (have) reservations? Please select one of the following:</p>	Not mentioned

		<ul style="list-style-type: none"> -Going to an unfamiliar place will give me undue stress -The means of transportation and the time required to get there are an inconvenience. -I don't want to use welfare (day care) services. -Other -Not sure 	
13	Perceptions of Care Services - Residential	1. How do you feel about institutionalization services that involve you entering to, for example, a residential aged care facility / center, nursing or retirement home?	Not mentioned
14	Sleep	<p>1. On average, approximately how much (many hours) do you sleep per day? [NUJLSOA W1 Q37-11]</p> <p>_____</p> <p>2. Do you take naps? How long do you nap? [NUJLSOA W1 Q37-12]</p> <p>_____</p>	Core

15	Sleep (PSQI-Short)	<p>1. Instructions. The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.</p> <ul style="list-style-type: none"> -During the past month, when have you usually gone to bed? -During the past month, how long (in minutes) has it taken you to fall asleep each night? -During the past month, when have you usually gotten up in the morning? -During the past month, how many actual hours of sleep did you get at night? (This may be different than the number of hours you spend in bed.) <p>2. For each of the remaining questions, check the one best response. Please answer all questions.</p> <p>During the past month, how often have you had trouble sleeping because you...</p> <ul style="list-style-type: none"> a. Cannot get to sleep within 30 minutes <ul style="list-style-type: none"> 1. Not during the past month 2. Less than once a week 3. Once or twice a week 4. Three or more times a week b. Wake up in the middle of the night or early morning c. Cannot breathe comfortably d. Cough or snore loudly e. Feel too hot f. Have bad dreams g. Have pain 	Core
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16	Smoking (GATS)	<p>1. Do you currently smoke tobacco on a daily basis, less than daily, or not at all? [Q1]</p> <ul style="list-style-type: none"> -Daily -Less than Daily -Not at All -Don't Know <p>2. Have you smoked tobacco daily in the past?</p> <ul style="list-style-type: none"> -Yes -No <p>3. In the past, have you smoked tobacco on a daily basis, less than daily, or not at all? On average, how many of the following products do you currently smoke each (day/week)? Also, let me know if you smoke the product, but not every (day/week)</p> <ul style="list-style-type: none"> a.Manufactured cigarettes? _____ per day / week b.Hand-rolled cigarettes? c.Kreteks? d.Pipes full of tobacco? e.Cigars, cheroots or cigarillos? f.Number of water pipe sessions? g.Any others? <p>4. How often does anyone smoke inside your home? Would you say daily, weekly, monthly, less than monthly, or never? [Q6]</p>	Core
17	Anthropometric	<p>1. The next questions will be about your (subject's) height and weight.</p> <ul style="list-style-type: none"> -Height How tall are you (subject) in centimetres? [NUJLSOA W1 SQ35] -Weight How many kilograms do you (subject) weigh? [NUJLSOA W1 SQ36] -Body mass index (BMI) -Waist-to-hip ratio 	Core

18	Performance Measures	<ol style="list-style-type: none"> 1. Hand Grip Strength Test (Dynamometer) 2. Timed Up and Go test (TUG) 	Core
19	Biomarkers	<ol style="list-style-type: none"> 1. Systolic blood pressure (SBP) & Diastolic blood pressure (DBP) 2. Pulse pressure & Resting pulse rate 3. Total homocysteine (tHcy) 4. Total cholesterol, Low-density lipoprotein (LDL), Very low-density lipoprotein (VLDL), High-density lipoprotein (HDL) cholesterol, & Triglycerides 5. Fasting glucose, Glycosylated hemoglobin (HbA1c) 6. Leptin, Adiponectin, C-reactive protein (CRP), Interleukin-6 (IL-6) 7. Fibrinogen, Albumin, Tumor necrosis factor-α (TNFα) 8. Serum amyloid A (SAA), Cytomegalovirus (CMV), Epstein-Barr virus (EBV) 9. T cells, Amyloid β42, Total (t)-Tau, Phosphorylated (p)-Tau, F2-isoprostanes (F2-iso) 10. Cortisol, Dehydroepiandrosterone sulfate (DHEA-S), Free insulin-like growth factor-1 (IGF-1) 11. Norepinehrine, Epinephrine (adrenaline) 12. Creatinine, Cystatin C (CysC) 13. Peak expiratory flow (PEF), Electrocardiogram (EKG) 14. Reactive oxidative species (ROS), Superoxide dismutase (SOD) 	Not mentioned
Additional			
20	Car Accidents and Injuries	-	Not mentioned
21	Falls	-	Not mentioned
22	COVID-19 Knowledge	-	Not mentioned
Additional Suggestion			
23	Depressive symptom, stress, anxiety	-	Core

24	Alternative medicine/herbal medicine (as food, supplement)	-	Core
25	Cognitive status	-	Core
26	Participation in health screening (cancer etc,)	-	Core
27	Health education-awareness	-	Core
28	Self-management	-	Core
29	Physical activity	IPAC,GPAC	Core
30	Frailty	-	Core
31	Social support	-	Core
32	Nutrition	-	Core
33	Lifestyle	Smoking, alcohol consumption	Core
34	Acupuncture	-	Core
35	Family history (cancer, dementia)	-	Core
36	Urinary symptom	-	Core
37	Falls, injury, fracture	-	Core
38	Dementia	-	Core
39	Dizziness	-	Core
40	Osteoarthritis, pain	-	Core
41	Sexual relationship and sexuality	-	Core
42	Loneliness	Compare pre and post COVID-19 pandemic	Optional

43	Social networks	-	Optional
44	Family support	-	Optional
45	Abuse among older person	-	Optional
46	Technology used by older people for general and health purposes	-	Optional
49	Ageism	Stereotype of older people	Country specific
50	IADL contextualize to specific country	-	Country specific
51	General set up for older adults	Care, number of specialist	Country specific
52	Health seeking	Where they usually go if they are sick?	Country specific
53	Health insurance	Are they covered by health insurance?	Country specific
54	COVID-19 and technology	During COVID-19 are they using the health apps?	Country specific

Annex 3: Economic Variables

No	VARIABLES	INDICATOR/MEASUREMENT	CORE/ OPTIONAL/ COUNTRY SPESIFIC
1	Work Status	<p>1. Are you currently working for past one week (paid work)? [NUJLSOAw1Q7]</p> <ul style="list-style-type: none"> -Yes -No <p>2. What are your currently status of working? [LRGSTUA adapted from DOSM]</p> <ul style="list-style-type: none"> -Employed full time -Employed part time -Self-employed -Helping family members -Not working -Housewife/Househusband -Disabled -Other 	Core
2	Employment - Occupational Category	<p>1. What type of work are you currently engaged in? [NUJLSOAW1Q8] Note: Suggestion do it in category</p> <p>2. Do you usually work throughout the year, or do you work seasonally, or only once in a while?</p> <ul style="list-style-type: none"> -Throughout the year -Seasonally/Part of the year -Once in a while <p>3. Are you paid in cash or kind for this work or are you not paid at all?</p> <ul style="list-style-type: none"> -Cash only -Cash and in kind -In kind only -Not paid 	Core

3	Source of Income	<p>1. What is your current sources of income for sustenance [LRGSTUA]</p> <ul style="list-style-type: none"> -Salary/wages -Pension -Business -Rental -Savings -Dividends -Welfare -Spouse -Children -Other <p>Note: Separate choices of answer into main income, second income, other income.</p> <ul style="list-style-type: none"> -Main income: Salary/Wages/Pension -Second income: Rental/Dividends/Received by household -Other income: Welfare (example: government) 	Core
4	Personal Income	<p>Total individual monthly income</p> <ol style="list-style-type: none"> 1)Main income 2)Side income 	Core
5	Household Income	<ol style="list-style-type: none"> 1. Total household monthly income _____ 2. Number of people who are working/employed in the house (paid work)? _____ 3. Size of household? _____ 	Core

6	Out of Pocket Expenditure	<ol style="list-style-type: none"> 1. Food & non-alcoholic beverages 2. Alcoholic beverages, tobacco & narcotics 3. Clothing and footwear 4. Housing, water, electricity, gas & other fuel 5. Furnishings, household equipment & routine household maintenance 6. Health 7. Transport 8. Communication 9. Recreation & culture 10. Education 11. Restaurants & hotels 12. Miscellaneous goods & services 	Optional
7	Household Items	<ol style="list-style-type: none"> 1. Does your household have? <ol style="list-style-type: none"> a) Electricity b) Radio c) Television d) Non mobile telephone e) Computer f) Refrigerator g) Air conditioner/cooler h) Microwave i) Water heater j) Sewing machine <p>Note: Other suggestion - Do it in category</p> <p>Example:</p> <ol style="list-style-type: none"> a) Transportation b) Mobilization c) Gadgets d) Other 	Core

8	Asset Ownership	<ol style="list-style-type: none"> 1. Residential property <ul style="list-style-type: none"> -House 2. Commercial property <ul style="list-style-type: none"> -Shop lot 3. Non-agricultural land 4. Other real estate 5. Ownership matrix [Multiple choice answer (implies joint ownership)] <ul style="list-style-type: none"> -Self -Spouse -Children -Other relative -Non-relative (employer/company/state/government) 	Core
9	Standard Living	<ol style="list-style-type: none"> 1. Comparing your standard of living with your parents' standard of living when they were about your age, would you say that you are better off, worse off or about the same? [WVS-7Q56] <p>Note: Can be ask both either elderly/ family members</p> <ul style="list-style-type: none"> -Better off -Worse off -Same 	Core
10	Perceive Income Adequacy (PIA)	<ol style="list-style-type: none"> 1. In general, how would you describe the adequacy of your current income? <ul style="list-style-type: none"> -Not enough -Enough for basic needs -Enough for most things, but not all -Enough for all the things needed -Enough for all needed can still have 	Core
11	Food Insecurity Experience	<ol style="list-style-type: none"> 1. You or others in your household worried about not having enough food to eat because of a lack of money or other resources? [FS01] <ul style="list-style-type: none"> -Yes 	Optional

	<p>Scale (FIES)</p> <p>Note: suggestion to ask this question if suitable to target group</p>	<p>-No -Refused to answer -Do not know</p> <p>2. Still thinking about the last 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources? [FS02]</p> <p>3. Was there a time when you or others in your household ate only a few kinds of food because of a lack of money or other resources? [FS03]</p> <p>4. Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food? [FS04]</p> <p>5. Still thinking about the last 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources? [FS05]</p> <p>6. Was there a time when you or your household ran out of food because of a lack of money or other resources? [FS06]</p> <p>7. Was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food? [FS07]</p> <p>8. Was there a time when you or others in your household went without eating in a whole day because of a lack of money or other resources? [FS08]</p>	
12	Financial Security Preparedness (During Young Age)	<p>1. How well does this statement describe you or your situation? The statement describes me:</p> <p>a)I could handle a major unexpected expense</p>	Core

	<p>1)Completely 2)Very well 3)Somewhat 4)Very little 5)Not at all</p>	<p>b)I am securing my financial future</p> <p>c)Because of my money situation, I feel like I will never have the things I want in life</p> <p>d)I can enjoy life because of the way I'm managing my money</p> <p>e)I am just getting by financially</p> <p>f)I am concerned that the money I have or will save won't last</p>	
13	Digital Practice	<p>Ask question related to banking, internet, smartphone</p> <ol style="list-style-type: none"> 1. Do you have an account in a bank or other financial institution that you yourself use? [DHS12599W8] 2. Did you yourself put money in or take money out of this account in the last 12 months? [DHS126(W8)] 3. Does any member of this household have an account in a bank or other financial institution? 	Core

Annex 4: Social Variables

No	Variables	Indicator/Measurement	Core/Optional/ Country Specific
Household			
1	Age		Core
2	Sex / Gender		Core
3	Relationship to Respondent / Householder / Head of Household		Core
4	Employment status		Core
5	Disability		Core
6	Relationship to Head of Household	1. Head (of Household) 2. Wife or Husband (Spouse) 3. Son or Daughter (Child) 4. Son-in-Law or Daughter-in-Law (Child's Spouse) 5. Grandchild 6. Grandchild's Spouse 7. Parent 8. Parent-in-Law (Spouse's Parent) 9. Brother or Sister (Sibling) 10. Brother-in-Law or Sister-in-Law (Sibling's Spouse) 11. Spouse's Sibling 12. Spouse's Sibling's Spouse 13. Other Relative 14. Adopted / Foster / Stepchild 15. Not Related 16. Don't Know 17. Maid? Friend? Lodger?	Core
Individual			

1	Age	1. How old were you at your last birthday? [DHS 111(W8)] _____ year old	Core
2	Sex / Gender	Male Female	Core
3	Ethnicity	1. What is your ethnic group? [DHS 130 (W8)] _____	Core
4	Religion	2. What is your religion? [DHS 130 (W8)] _____	Core
5	Education	1. Have you ever attended school? -Yes -No 2. What is your highest level of education? -No formal education -Primary education -Secondary education -Post-secondary education -Tertiary education 3. How many years have you been in school? _____ years	Core
6	Marital Status	1. What is your current marital status? [NUJLSOA Q2 (W1)] -Married -Separated from spouse -Divorced -Widowed -Never married -Living together but not married 2. Is this current marriage your first marriage? Or have you remarried? [NUJLSOA Q3 (W1)] -First marriage -Remarried 3. (For those divorced or widowed) Was this your first marriage? Or had you remarried? [NUJLSOA Q4 (W1)] -First marriage	Core

		-Remarried	
7	Siblings	<p>1. How many brothers and sisters do you have? Please include deceased brothers and sisters, if any: [EASS FM QF2]</p> <p>a) 1. Older Brother Alive: ___ Deceased: ___</p> <p>b) 2. Older Sister Alive: ___ Deceased: ___</p> <p>c) 3. Younger Brother Alive: ___ Deceased: ___</p> <p>d) 4. Younger Sister Alive: ___ Deceased: ___</p>	Core
8	Births (Female Only)	<p>1. Now I would like to ask about all the births you have had during your life. Have you ever given birth? [DHS 201 (W8)]</p> <p>-Yes</p> <p>-No</p> <p>2. How many sons or daughter to whom you have given birth are alive?</p> <p>_____</p> <p>3. Have you ever given birth to a boy or girl who was born alive but later died? [DHS 206 (W8)]</p> <p>-Yes</p> <p>-No</p> <p>4. How many boys have died?</p> <p>_____</p> <p>5. How many girls have died?</p> <p>_____</p> <p>6. Total Live Births</p> <p>_____</p> <p>7. How many children do you have?</p> <p>_____</p> <p>8. Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?</p>	Core

		<p>-Yes -No</p> <p>9. How many miscarriages, abortions, and stillbirths have you had? _____</p> <p>10. Pregnancy losses _____</p> <p>(note: must define the term of miscarriage- for example age of the fetus)</p>	
9	Co-residence of Children	<p>1. Do you have any sons or daughters to whom you have given birth who are now living with you? [DHS 202 (W8)] -Yes -No</p> <p>If Yes:</p> <p>1. How many sons live with you? _____</p> <p>2. How many daughters live with you? _____</p> <p>2. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? -Yes -No</p> <p>If Yes:</p> <p>1. How many sons are alive but do not live with you? _____</p> <p>2. How many daughters are alive but do not live with you? _____</p>	Core

10	Living Arrangement (MyAgeing)	<p>1. Tick where applicable and (optional) state co-residing number of persons in relation to Head of Household or Respondent</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Child</p> <p><input type="checkbox"/> Child's Spouse</p> <p><input type="checkbox"/> Grandchild (including Spouse, if any)</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Parent-in-Law</p> <p><input type="checkbox"/> Sibling (including Spouse, if any)</p> <p><input type="checkbox"/> Other Relatives</p> <p><input type="checkbox"/> Domestic Live-in Help / Maid</p> <p><input type="checkbox"/> Non-relatives</p>	Core
11	Proximity of Children (MyAgeing)	<p>Number of children...</p> <p>1. Living in the same household _____</p> <p>2. Living in a different household but in the same area / district _____</p> <p>3. Living in a different area / district but in the same state _____</p> <p>4. Living in a different state _____</p> <p>5. Living abroad / overseas _____</p>	Core
12	Relationship quality= Adult child-parent	<p>1. How often do you tell your mother/father everything that is on your mind?(intimacy) (1=never - 5 =Always)</p> <p>2. How often does your mother/father let you know that you are good at many things? (admiration) (1=never - 5 =Always)</p> <p>3. How close are you emotionally to your mother/father? (1 =not close at all" - 4 = "very close")</p>	Core

13	Exchange of Social Support	<p>Response:</p> <ol style="list-style-type: none"> 1. Very Frequently 2. Often 3. Sometimes 4. Seldom 5. Not at All 6. Not Applicable <p>Question:</p> <ol style="list-style-type: none"> 1. How frequently did you do each of the following things to your own parent(s) for the last 12 months? [EASS 2006 QQ2] 2. Providing financial support 3. Taking care of household chores (e.g. cleaning, meal preparation, shopping, running errands, etc.) or care work (e.g. child care, health care for parents, etc. 4. How frequently did your own parents(s) do each of the following things to you for the last 12 months? [EASS 2006 QQ3] 5. Providing financial support 6. Taking care of household chores (e.g. cleaning, meal preparation, shopping, running errands, etc.) or care work (e.g. child care, health care for parents, etc.) 	Core
14	Filial Responsibility	<ol style="list-style-type: none"> 1. Who do you think is most responsible for taking care of old parents? (Choose only one) [EASS 2006 QQ7] <ul style="list-style-type: none"> -Eldest son (and/or his family members) -Any son (and/or his family members) -Any daughter (and/or her family members) -Any son or daughter (and/or his/her family members) -All children (and/or their family members) -Children (and/or their family members) are not responsible -Other (Please specify_____) 	Core

15	State vs. Family Responsibility	<p>Response: Choose a number from 1 to 5 for each question:</p> <ol style="list-style-type: none"> 1. Always Government's 2. Usually or Mostly Government's 3. Equally between Government and Family 4. Usually or Mostly Family's 5. Always Family's <p>1. Who do you think should be responsible for the following?</p> <ol style="list-style-type: none"> a. Elderly's medical treatment and nursing care b. Elderly's livelihood c. Childrearing and care work d. Child(ren)'s education cost 	Core
16	Lubben Social Network Scale	<p>Response:</p> <p>0 = None 1 = 1 person 2 = 2 persons 3 = 3 - 4 persons 4 = 5 - 8 persons 5 = 9 persons or more</p> <p>Questions:</p> <ol style="list-style-type: none"> 1. FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc <ol style="list-style-type: none"> a) How many relatives do you see or hear from at least once a month? b) How many relatives do you feel at ease with that you can talk about private matters? c) How many relatives do you feel close to such that you could call on them for help? 2. FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood 	Core

		<ul style="list-style-type: none"> a) How many of your friends do you see or hear from at least once a month? b) How many friends do you feel at ease with that you can talk about private matters? c) How many friends do you feel close to such that you could call on them for help? 	
17	Social Participation	<ul style="list-style-type: none"> 1. Individual 2. Group 3. The Australian Community Participation Questionnaire (ACPQ) (15- item short form) 4. Brief Assessment of Social Engagement (BASE) 5. Membership in specific of clubs 	Core
18	Vulnerability to Abuse	<p>Response:</p> <ul style="list-style-type: none"> -Yes -No <p>Questions:</p> <ul style="list-style-type: none"> 1. Are you afraid of anyone in your family? 2. Has anyone close to you tried to hurt you or harm you recently? 3. Has anyone close to you called you names or put you down or made you feel bad recently? 4. Do you have enough privacy at home? 5. Do you trust most of the people in your family? 6. Can you take your own medication and get around by yourself? 7. Are you sad or lonely often? 8. Do you feel that nobody wants you around 9. Do you feel uncomfortable with anyone in your family? 	Optional

		<p>10. Does someone in your family make you stay in bed or tell you you're sick when you know you're not?</p> <p>11. Has anyone forced you to do things you didn't want to do?</p> <p>12. Has anyone taken things that belong to you without your OK?</p>	
19	Filial Responsibility Expectation Item Scale [LASA]	<p>Parents expect different things from their children. We are interested in your opinion of these expectations, whether you have children, have had children, or have never had children. Circle the number of the answer, which corresponds, to your choice. Circle one number per question only.</p> <p>Response:</p> <ol style="list-style-type: none"> 1. Totally disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Totally agree <p>Questions:</p> <ol style="list-style-type: none"> 1. Children should live close to their parents 2. Children should take care of their sick parents 3. Children should give their parents financial support 4. Children who live nearby should visit their parent at least once a week 5. Children should phone their parents on a regular basis 6. Children should feel responsible for their parents 7. Children and parents should be together on special occasions, like Christmas and weddings 8. Parents should be able to talk to their children about matters of personal 	Optional

		<p>importance, which have influence on their lives</p> <ol style="list-style-type: none"> 9. Children should give emotional support to their parents 10. Children should be willing to give up free time for their parents 11. In emergencies children should make room for their parents in their home 12. Children should offer advice to their parents 13. Children should adjust their work situation in order to help their parents, e.g., by working less overtime or temporarily working less hours 14. Children should monitor the quality of care given to their parents 15. Children should adjust their situation at home in order to help their parents, e.g., assign activities to others or put activities aside temporarily a) 16. Children should familiarise their parents with health care services 	
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Annex 5: Psychological Variables

No	Variables	Indicator/Measurement	Core/Optional/ Country Specific
1	Depression, anxiety and stress	<p>Depression Anxiety and Stress (Dass-21) - 21 Question</p> <p>Rating:</p> <ul style="list-style-type: none"> 0 - Did not apply to me at all 1 - Applied to me to some degree, or some of the time 2 - Applied to me to a considerable degree, or a good part of time 3 - Applied to me very much, or most of the time <p>Item:</p> <ol style="list-style-type: none"> 1. I found it hard to wind down 2. I was aware of dryness of my mouth 3. I couldn't seem to experience any positive feeling at all 4. I experienced breathing difficulty (eg, excessively rapid breathing, . breathlessness in the absence of physical exertion) 5. I found it difficult to work up the initiative to do things 6. I tended to over-react to situations 7. I experienced trembling (eg, in the hands) 8. I felt that I was using a lot of nervous energy 9. I was worried about situations in which I might panic and make a fool of myself 10. I felt that I had nothing to look forward to 11. I found myself getting agitated 12. I found it difficult to relax 13. I felt down-hearted and blue 14. I was intolerant of anything that kept me from getting on with what I was doing 15. I felt I was close to panic 16. I was unable to become enthusiastic about anything 	Core

		<p>17. I felt I wasn't worth much as a person</p> <p>18. I felt that I was rather touchy</p> <p>19. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)</p> <p>1. 20. I felt scared without any good reason</p> <p>2. 21. I felt that life was meaningless</p>	
		<p>Geriatric Depression Scale (GDS-4) (for Screening)</p> <p>Rating: Yes/No</p> <p>1. Are you basically satisfied with your life?</p> <p>2. Do you feel that your life is empty?</p> <p>3. Are you afraid that something bad is going to happen to you?</p> <p>4. Do you feel happy most of the time?</p>	Core
		15-Item Version of The Geriatric Depression Scale (GDS)	Not mentioned
		11- Item Version of The Center For Epidemiologic Studies Depression (CESD) Scale	Not mentioned
2	Cognitive impairment	Mini Mental State Examination (MMSE) (need the license)	Not mentioned
		Montreal Cognitive Assessment (MoCA) (required training for enumerators)	Core
		Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) Test	
3	Happiness	<p>World Value Survey-7 Q46</p> <p>Taking all things together, would you say you are: [WVS-7 Q46]</p> <p>1. Very happy</p> <p>2. Rather happy</p> <p>3. Not very happy</p> <p>4. Not at all happy</p>	Core
4	Psychological well-being	<p>WHO-5 (5 Statement)</p> <p>Rating:</p>	Core

		<ol style="list-style-type: none"> 1. At no time 2. Some of the time 3. Less than half of the time 4. More than half of the time 5. Most of the time 6. All of the time <p>Questions</p> <ol style="list-style-type: none"> 1. I have felt cheerful and in good spirits 2. I have felt calm and relaxed 3. I have felt active and vigorous 4. I woke up feeling fresh and rested 5. My daily life has been filled with things that interest me 	
5	Life satisfaction	WVS-7 Q49	Core
		<p>Satisfaction with Life Scale (SWLS) - 5 statement</p> <p>Rating:</p> <ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Slightly Disagree 4. Neither Agree Nor Disagree 5. Slightly Agree 6. Agree 7. Strongly Agree <p>Question:</p> <ol style="list-style-type: none"> 1. In most ways my life is close to my ideal 2. The conditions of my life are excellent 3. I am satisfied with my life 4. So far I have gotten the important things I want in life 5. If I could live my life over, I would change almost nothing 	Core
6	Loneliness	<p>UCLA Three-Item Loneliness Scale (3 items)</p> <p>Rating:</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Always 	Core

		<p>Question:</p> <ol style="list-style-type: none"> 1. How often do you feel that you lack companionship? 2. How often do you feel left out? 3. How often do you feel isolated from others? 	
7	COVID-19 fear	This differentiate between DASS an other scale of fear. It specific to measure the COVID fear only	Optional
8	Morale	<p>PGC MORALE SCALE (17 QUESTION)</p> <p>Rating:</p> <ul style="list-style-type: none"> -Yes -No <p>Question:</p> <ol style="list-style-type: none"> 1. Things keep getting worse as I get older. 2. I have as much pep as I had last year. 3. How much do you feel lonely? (Not Much, A Lot) 4. Little things bother me more this year. 5. I see enough of my friends and relatives. 6. As you get older, you are less useful. 7. I sometimes worry so much that I can't sleep. 8. As I get older, things are (better/worse) than I thought they would be. 9. I sometimes feel that life isn't worth living. 10. I am as happy now as I was when I was younger. 11. I have a lot to be sad about. 12. I am afraid of a lot of things. 13. I get mad more than I used to. 14. Life is hard for me much of the time. 15. How satisfied are you with your life today? (Satisfied, Not Satisfied) 16. I take things hard. 17. I get upset easily. 	Optional
9	Personality (Neuroticism)	Eysneck (15 items)	Not mentioned

10	Stigma		
	Attitude towards aging	AAQ (9 ITEMS)	Not mentioned
		Attitude Towards Aging Scale (AAQ-24) -24 ITEMS Have 3 domain 1. Psychological loss (PL) 2. Psychological Growth (PG) 3. Physical change (PC)	Optional
11	Retirement readiness	-	Not mentioned
12	Vulnerability to abuse	-	Not mentioned

Annex 6: Environmental Variables

No	Variables	Indicator/Measurement	Core/Optional /Country Specific
1	Country and place of birth	1. What country were you born? _____ 2. What [PROVINCE/ REGION/ STATE/ DISTRICT/ VILLAGE] were you born in? _____	Core
2	Place of residence	1. How long have you been living continuously ___years 2. In what month and year did you move here? _____ (Month) _____ (Year) 3. Just before you moved here, which [PROVINCE/REGION/STATE/DISTRICT/VILLAGE] did you live in? _____ 4. Just before you moved here, did you live in a city, in a town, or in a rural area? _____	Core
3	Dwelling Type	1. Type -Bungalow -Semi-detached House -Terrace House / Row / Link -Longhouse -Apartment / Condominium / High-rise -Shop house -Room -Village House -Hot / Shed -Squatter -Institutional (eg: old folks home, madrasah) -Other 2. Structure (Yes/No) ___Wall	Core

		<p>___Floor ___Roof</p> <p>3. Built material (Bamboo, earth, concrete, aluminium, galvanized iron, plywood, etc)</p> <p>Wall: _____ Floor: _____ Roof: _____</p>	
4	Bedrooms	<p>1. How many rooms in this house? Including living room _____</p> <p>2. How many bedrooms in this house? _____</p>	Core
5	Water	<p>1. Is water supplied to the compound of the house? -Yes -No</p> <p>2. What is the main source of drinking water? -Potable drinking water eg. Government water supply, agency water supply -Non potable (river, well, spring, damn, stream etc) (non-purified water)</p> <p>3. In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed? -Yes -No</p> <p>4. What is the distance from home to drinking water source? ___ meter</p> <p>5. Which member of your household fetch the drinking water? -Yourself -Husband -Wife -Child -Other family member: ___</p>	Core

6	Toilet	<p>1. What kind of toilet facility do members of your household usually use?</p> <ul style="list-style-type: none"> -Flush or Pour Flush Toilet (to Piper Sewer System / Septic Tank) -Pit Latrine (Ventilated Improved / with Slab / without Slab / Open Pit) -Composting Toilet -Bucket Toilet -Hanging Toilet / Latrine -No Facility (Bush / Field) -Other <p>2. Does the toilet facility elderly-friendly [eg: present of handle/ sit-based/ non-slip floor?]</p> <ul style="list-style-type: none"> -Yes -No 	Core
7	Energy (Lighting)	<p>1. At night, what does your household mainly use to light the home?(Multiple answer)</p> <ul style="list-style-type: none"> -Electricity -Solar Lantern -Rechargeable Flashlight, Torch or Lantern -Battery Powered Flashlight, Torch or Lantern -Biogas Lamp -Gasoline Lamp -Kerosene or Paraffin Lamp -Charcoal -Wood -Straw / Shrubs / Grass -Agricultural Crop -Animal Dung / Waste -Oil Lamp -Candle -No Lighting in House -Other 	Core
8	Telecommunications Device	<p>1. Do you own a mobile phone?</p> <ul style="list-style-type: none"> -Yes -No <p>2. Is your mobile phone a smart phone? -----</p> <ul style="list-style-type: none"> Yes -No 	Core

		<p>3. In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, receiving wages or contact family members? -Yes -No</p> <p>4. Have you used a mobile phone? -Ye -No</p> <p>5. If yes, what are the usage of the smart phone? (Financial transaction, Shoopping, call, reading news, social etc) (multiple answer) _____</p>	
9	Internet Usage	<p>1. Have you ever used the Internet from any location on any device? -Yes -No</p> <p>2. During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all? -Almost Every Day -At Least Once a Week -Less than Once a Week -Not at All</p>	Core
10	Information	<p>1. Where do you receive most of your information on health and welfare? Please pick the three main source that provides you with the most information from below: (Multiple answer, max = 3 answers) -Newspaper, TV, Radio, etc. -Circulated Notices, Local Area Newsletters, etc. -Family, Relatives -Friends, Acquaintances -The Internet</p>	Core

		<ul style="list-style-type: none"> -Magazines, Books -Hospitals and Other Medical Organizations -Other -Not Sure 	
11	Neighborhood safety	<p>Rating:</p> <ul style="list-style-type: none"> -Very Frequently -Quite Frequently -Not Frequently -Not at All Frequently <p>Question:</p> <ol style="list-style-type: none"> 1. How frequently do the following things occur in your neighborhood? 2. Alcohol Consumption in the Streets 3. Disturb from neighbour (eg: Loud noise) 4. Police or Military Interfere with People's Private Life 5. Racist Behavior 6. Drug Sale in Streets 7. Street Violence and Fights 8. Sexual Harassment 9. Street lighting 	Core
12	Social Cohesion Scale	<p>Rating:</p> <ul style="list-style-type: none"> -Strongly Disagree -Disagree -Neither Agree Nor Disagree -Agree -Strongly Agree <p>Question:</p> <ol style="list-style-type: none"> 1. People around here are willing to help their neighbour 2. This is a close-knit neighbourhood 3. People in this neighborhood can be trusted 4. People in this neighborhood generally can get along with each other 5. People in this neighborhood do not share the same values 	Core

13	Physical Mobility/Transport	<p>1. (How) Do you get around for things like shopping, visiting the doctor, running errands or going to other places in the following ways?</p> <ul style="list-style-type: none"> -Drive yourself -Have others drive you -Walk -Ride a Bike / Motorcycle -Use Public Transportation <ul style="list-style-type: none"> -Bus -Train -Rail (e.g. Monorail, MRT, LRT etc.) -Take a Taxi / Cab -Use e-Hailing Services (e.g. Grab) -Use a Special Transportation Service, such as one for Seniors or -Person with Disabilities -Others, please state _____ 	Core
14	Infrastructure	<p>1. Elderly-friendly streets/roads (eg; safe to walk etc)</p> <p>2. Built environment , transportation (OKU, Elderly-friendly, PWD)</p>	Core