

Supplementary File 1: Questionnaire

I. Basic Information

1. Gender: [Single-choice question] *
 - → Male
 - → Female
2. Date of Birth: _____ (e.g., March 1960) [Fill-in-the-blank question]
3. Are you a recipient of minimum living allowance? [Single-choice question] *
 - → Yes
 - → No
4. Type of household registration: [Single-choice question] *
 - → Rural
 - → Urban
5. Education level: [Single-choice question] *
 - → Primary school and below
 - → Junior high school
 - → Senior high school or secondary technical school
 - → Junior college
 - → Undergraduate
 - → Postgraduate and above
6. Marital status: [Single-choice question] *
 - → Unmarried
 - → Married
 - → Widowed
 - → Divorced
7. Total number of living children: _____ [Fill-in-the-blank question]

8. Living situation: [Single-choice question] *

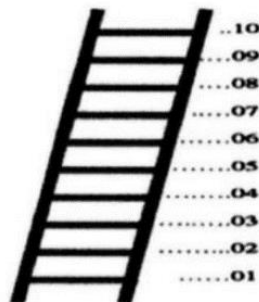
- → Living in a nursing home
- → Living alone
- → Living with spouse/partner
- → Living with children
- → Living with parents
- → Living with relatives or friends
- → Other, please specify _____

9. On average, what is your family's monthly per capita consumption expenditure? (Including rent, food, clothing, transportation, communication, utilities, entertainment expenses, medical expenses, etc.) _____ yuan [Fill-in-the-blank question]

10. How satisfied are you with your current financial situation? [Single-choice question] *

- → Very dissatisfied
- → Somewhat dissatisfied
- → Average
- → Somewhat satisfied
- → Very satisfied

11. Below is a diagram of a 10-step ladder. Please imagine that this ladder represents "the social class in your city". The higher the level, the higher the social status. For example: "1" represents the lowest social class, where people have the worst living conditions, low education level, the most menial jobs, and the lowest income; "10" represents the highest social class, where people have the most affluent living conditions, the highest education level, the most respectable jobs, and the highest income. Now, please consider your own situation (education level, occupational status, and income) and think: Which step of the ladder are you on? _____ (choose a number from 1-10) [Fill-in-the-blank question]



II. Physical and Mental Health Status

(A) → Mental Health Continuum–Short Form (MHC–SF)

Source: Santini ZI, Torres-Sahli M, Hinrichsen C, et al. Measuring positive mental health and flourishing in Denmark: validation of the mental health continuum-short form (MHC-SF) and cross-cultural comparison across three countries. *Health Qual Life Outcomes*. 2020;18(1):297. doi:10.1186/s12955-020-01546-2

Instruction:

During the past month, how often did you feel the following? *

Response options:

→ **Never** → **Once or twice** → **About once a week** → **About two or three times a week** → **Almost every day** → **Every day**

1. Happy [Single-choice question] *
 - → Never
 - → Once or twice
 - → About once a week
 - → About two or three times a week
 - → Almost every day
 - → Every day
2. Interested in life [Single-choice question] *
 - → Never
 - → Once or twice
 - → About once a week
 - → About two or three times a week
 - → Almost every day
 - → Every day
3. Satisfied with your life [Single-choice question] *
 - → Never
 - → Once or twice
 - → About once a week
 - → About two or three times a week
 - → Almost every day
 - → Every day
4. That you had something important to contribute to society [Single-choice question] *
 - → Never

- → Once or twice
 - → About once a week
 - → About two or three times a week
 - → Almost every day
 - → Every day
5. That you belonged to a community (like a social group, your neighborhood, or your city) [Single-choice question] *
- → Never
 - → Once or twice
 - → About once a week
 - → About two or three times a week
 - → Almost every day
 - → Every day
6. That our society is becoming a better place for people like you [Single-choice question] *
- → Never
 - → Once or twice
 - → About once a week
 - → About two or three times a week
 - → Almost every day
 - → Every day
7. That people are basically good [Single-choice question] *
- → Never
 - → Once or twice
 - → About once a week
 - → About two or three times a week
 - → Almost every day
 - → Every day
8. That the way our society works makes sense to you [Single-choice question] *
- → Never
 - → Once or twice
 - → About once a week
 - → About two or three times a week
 - → Almost every day
 - → Every day
9. That you liked most parts of your personality [Single-choice question] *

- → Never
- → Once or twice
- → About once a week
- → About two or three times a week
- → Almost every day
- → Every day

10. That you are good at managing the responsibilities of your daily life [Single-choice question] *

- → Never
- → Once or twice
- → About once a week
- → About two or three times a week
- → Almost every day
- → Every day

11. That you had warm and trusting relationships with others [Single-choice question] *

- → Never
- → Once or twice
- → About once a week
- → About two or three times a week
- → Almost every day
- → Every day

12. That you had experiences that challenged you to grow and become a better person [Single-choice question] *

- → Never
- → Once or twice
- → About once a week
- → About two or three times a week
- → Almost every day
- → Every day

13. That you were confident to think or express your own ideas and opinions [Single-choice question] *

- → Never
- → Once or twice
- → About once a week
- → About two or three times a week
- → Almost every day

- → Every day
14. That your life has a sense of direction or meaning to it [Single-choice question] *
- → Never
 - → Once or twice
 - → About once a week
 - → About two or three times a week
 - → Almost every day
 - → Every day
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(B) → 12-Item Short Form Health Survey (SF-12)

Source: Ware, J. E., Kosinski, M., & Keller, S. D. (1996). *A 12-Item Short-Form Health Survey: Construction of scales and preliminary tests of reliability and validity. Medical Care, 34*(3), 220–233.

Instruction:

The following questions ask for your views about your health and how you feel and perform your usual activities. Please choose the one answer that best describes your experience. *

1. In general, would you say your health is: [Single-choice question] *
 - → Excellent
 - → Very good
 - → Good
 - → Fair
 - → Poor
2. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? [Single-choice question] *
 - → Yes, limited a lot
 - → Yes, limited a little
 - → No, not limited at all
3. Does your health now limit you in climbing several flights of stairs? [Single-choice question] *
 - → Yes, limited a lot
 - → Yes, limited a little

- → No, not limited at all
4. During the past 4 weeks, have you accomplished less than you would like because of your physical health? [Single-choice question] *
 - → All of the time
 - → Most of the time
 - → Some of the time
 - → A little of the time
 - → None of the time
 5. During the past 4 weeks, were you limited in the kind of work or other activities because of your physical health? [Single-choice question] *
 - → All of the time
 - → Most of the time
 - → Some of the time
 - → A little of the time
 - → None of the time
 6. During the past 4 weeks, have you accomplished less than you would like because of any emotional problems (such as feeling depressed or anxious)? [Single-choice question] *
 - → All of the time
 - → Most of the time
 - → Some of the time
 - → A little of the time
 - → None of the time
 7. During the past 4 weeks, did you not do work or other activities as carefully as usual because of any emotional problems (such as feeling depressed or anxious)? [Single-choice question] *
 - → All of the time
 - → Most of the time
 - → Some of the time
 - → A little of the time
 - → None of the time
 8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? [Single-choice question] *
 - → Not at all
 - → A little bit
 - → Moderately

- → Quite a bit
 - → Extremely
9. 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.
- a. Have you felt calm and peaceful [Single-choice question]?
 - b. Did you have a lot of energy [Single-choice question]?
 - c. Have you felt downhearted and blue [Single-choice question]?
- → All of the time
 - → Most of the time
 - → Some of the time
 - → A little of the time
 - → None of the time
10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? [Single-choice question] *
- → All of the time
 - → Most of the time
 - → Some of the time
 - → A little of the time
 - → None of the time

III. Demand for care services

Please select up to three types of services that you consider most needed from a community care center:

- → **Daily care** (e.g., meal delivery, cleaning, mobility assistance, or household maintenance)
- → **Health care** (e.g., medical checkups, nursing, rehabilitation, medication guidance, or palliative care)
- → **Safety support** (e.g., safety guidance and emergency response)
- → **Care services** (e.g., day care or short-term respite care)
- → **Emotional support** (e.g., home visits, companionship, or psychological counseling)
- → **Entertainment services** (e.g., cultural, recreational, or physical activity programs)
- → **Legal support** (e.g., legal consultation or fraud prevention)