



Supplementary file 1. Scales of impairment and disability assessment- Multimorbidity Patterns and the Disablement Process among Public Long-term Care Insurance Claimants in the City of Yiwu (Zhejiang Province, China)

Please read the following statements carefully and determine the one best describes the situation.

Vision impairment

1. *Which statement best describes your present vision?*

- 1=basically normal;
- 2=a little vision impairment and some difficulty in activities of daily living;
- 3=some vision impairment and severe difficulty in activities of daily living;
- 4=severe impairment: only with a little visual perception (e.g., perception of the shape of a hand within 1 m);
- 5=severe impairment: blindness or no visual perception.

Mobility impairment

1. *Turning over in the lying position*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;
- 3 = limited hands-on assistance;
- 4 = extensive hands-on assistance;
- 5 = with fully assistance

2. *From sitting to standing*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;
- 3 = limited hands-on assistance;
- 4 = extensive hands-on assistance;
- 5 = with fully assistance

3. *Keep sitting in a chair*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;
- 3 = relying on or grasping a fixed object;
- 4 = relying on a fixed object and needs supervision;
- 5 = with fully assistance

4. *Walk (move) about 5 meters on the flat floor*

- 1 = without assistance;
- 2 = needs a cane or walking aid;
- 3 = needs verbal cueing or wheelchair;
- 4 = limited hands-on assistance;
- 5 = extensive hands-on assistance or with fully assistance

5. *Keep balance*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;

- 3 = relying on or grasping a fixed object;
- 4 = relying on a fixed object and needs supervision;
- 5 = with fully assistance

6. *Upstairs and downstairs*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;
- 3 = limited hands-on assistance;
- 4 = extensive hands-on assistance;
- 5 = with fully assistance

Incontinence

1. *Which statement best describes your present urinary incontinence?*

- 1=without incontinence;
- 2=about once a month;
- 3=about once a week;
- 4 = about once per day;
- 5=almost every time.

2. *Which statement best describes your present fecal incontinence?*

- 1=without incontinence;
- 2=about once a month;
- 3=about once a week;
- 4 = about once per day;
- 5=almost every time.

Physical ADLs

1. *eating*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;
- 3 = limited hands-on assistance;
- 4 = extensive hands-on assistance;
- 5 = with fully assistance

2. *brushing*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;
- 3 = limited hands-on assistance;
- 4 = extensive hands-on assistance;
- 5 = with fully assistance

3. *washing*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;
- 3 = limited hands-on assistance;
- 4 = extensive hands-on assistance;
- 5 = with fully assistance

4. *grooming*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;
- 3 = limited hands-on assistance;
- 4 = extensive hands-on assistance;
- 5 = with fully assistance

5. *wearing clothes*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;
- 3 = limited hands-on assistance;
- 4 = extensive hands-on assistance;
- 5 = with fully assistance

6. *wearing pants*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;
- 3 = limited hands-on assistance;
- 4 = extensive hands-on assistance;
- 5 = with fully assistance

7. *bathing*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;
- 3 = limited hands-on assistance;
- 4 = extensive hands-on assistance;
- 5 = with fully assistance

8. *toileting*

- 1 = without assistance;
- 2 = needs verbal cueing or supervision only;
- 3 = limited hands-on assistance;
- 4 = extensive hands-on assistance;
- 5 = with fully assistance