SINGAPORE CONSORTIUM OF COHORT STUDIES – DC REVISIT QUESTIONNAIRE

Questionnaire No.:

Study ID:

The Study ID will be generated from the computer system.

** Circle where appropriate*

Interviewed by: _____

Name: [*Mr/Ms/Mrs]_____ Gender: * M / F

NRIC: | | | | | | | | | | Race: * C / M / I / O: _____

Email: _____ D.O.B.: | | | | | | | | |
D D M M Y Y Y Y

Residential Address:

Block/House No/Building Name/Street: _____

Unit No/Apartment No: _____ Postal Code: _____

Mailing Address [fill in only if different from above]:

Block/House No/Building Name/Street: _____

Unit No/Apartment No: _____ Postal Code: _____

Contact 1: Home No: _____ Mobile No: _____ Office No: _____

Contact 2: Home No: _____ Mobile No: _____ Office No: _____

Preferred Language: 1. _____ 2. _____

1. Date and time interview commences Date | | | | | | | | | Time | | | | | hrs
   D D M M Y Y Y Y
2. Date and time for health screening Date | | | | | | | | | Time | | | | | hrs
   D D M M Y Y Y Y

Interviewed by:	**Document the full name of the interviewer.**
Name: [*Mr/Ms/Mrs]	**Circle the appropriate salutation. Document the name as it is printed on the participant's NRIC.**
Gender: * M / F	**Document the gender as printed on the NRIC**
Race: * C / M / I / O:_____	**Document as per NRIC. Circle C for Chinese, M for Malay, I for Indian and O for Other. Specify Other, e.g. Bugis, Sikh, Pakistani**
Email	**Document email address if available.**
D.O.B:	**Document the date of birth as printed on the NRIC.**
Residential Address:	**Document the main address that the participant is currently staying at.**
Mailing Address [fill in only if different from above]:	**Document mailing address only if different from the residential address.**
Contact No.	**Obtain telephone number where applicable/contactable. If no contact number is available, document 77777777.**
Preferred Language: 1.___ 2.____	**Document the language(s) that is spoken according to the order of preference**
1. Date and time of interview commences:	**Document the date and time the interview was conducted.**
2. Date and time for health screening: Date □□□□□□□□ Time □□□□ hrs	**Document the tentative date and time for the health screening appointment, if needed.**

Last interview date: | | | | | | | | |

Current interview date: | | | | | | | | |
D D M M Y Y Y Y

Interviewer: _____

Study ID

Note to Interviewer :

1. **Each correction of entry must be signed and dated.**
2. **Do not interpret or make assumptions while interviewing; document participant's response accordingly.**
3. **Where ☐ is provided, tick [√] when applicable.**
4. **Do not leave any blanks unless instructed.**
5. **All are single answer questions unless indicated "[MA]", i.e. multiple answers question**
6. **Enter all date fields in the format "DDMMYYYY".**
7. **For other fields:**

	Day, month or year	String/Text	Numeric
Where not applicable, enter:	**NN**	**NNN**	**777**
Where participant refuses to answer, enter:	**RR**	**RRR**	**888**
Where participant does not know, enter:	**DD**	**DDD**	**999**

A	**LIFESTYLE FACTORS**	
A1	**Smoking**	**Captures exposure to all forms of tobacco smoking, except Shisha**
A1.1	Have you ever smoked cigarettes in your lifetime? ☐ 1. Yes ☐ 2. No **(Go to A1.8)** ☐ 888. Refuse to answer	**"Yes" to include those who have smoked at least 1 puff in their lifetime.**
A1.2	Have you ever smoked at least 100 cigarettes in your lifetime? ☐ 1. Yes ☐ 2. No **(Go to A1.8)** ☐ 888. Refuse to answer	
A1.3	When did you first start smoking cigarettes? Age when started _____ (or) Year when started |___|___|___|___| (or) _____ years ago ☐ 888. Refuse to answer ☐ 999. Do not know	**If participant says 'X' years ago, double check by asking "is that in year [present – X]?"**
A1.4	Do you smoke cigarettes currently? ☐ 1. Yes ☐ 2. No **(Go to A1.5)** ☐ 888. Refuse to answer **(Go to A1.5)**	**"Currently" refers to period around time of interview.**

A1.4a Do you smoke cigarettes ….? ☐ 1. Everyday ☐ 2. Occasionally **(Go to A1.5)** ☐ 888. Refuse to answer	
A1.4b When did you start smoking daily? Age when started _____ **(Go to A1.7)** (or) Year when started |___|___|___|___| (or) _____ years ago ☐ 888. Refuse to answer ☐ 999. Do not know	
A1.5 When did you last stop smoking cigarettes regularly? Age when stopped _____ (or) Year when stopped |___|___|___|___| (or) _____ years ago ☐ 777. Not applicable ☐ 888. Refuse to answer **(Go to A2)** ☐ 999. Do not know **(Go to A2)**	**Participant might have tried to quit repeatedly. Ask for the last quit year.** **"Stop smoking" means a total cessation in smoking**

A1.7 Please describe your smoking pattern from the time you started smoking till present/you stopped.

- **Ask participant about the entire period of his life when he was smoking, starting from earliest to the most recent.**
- **Document the type of tobacco product he smoked and the amount smoked per day/week/month.**
- **If participant is a very irregular smoker who is completely unable to gauge his or her usage, put down answer as "1 time per month".**
- **Also record intermittent period(s) of non-smoking.**

From _____ mm _________ yyyy to _____ mm _________ yyyy	☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	_____ sticks _____ pipes _____ grams	Per ☐ day ☐ week ☐ month
From _____ mm _________ yyyy to _____ mm _________ yyyy	☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	_____ sticks _____ pipes _____ grams	Per ☐ day ☐ week ☐ month
From _____ mm _________ yyyy to _____ mm _________ yyyy	☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	_____ sticks _____ pipes _____ grams	Per ☐ day ☐ week ☐ month
From _____ mm _________ yyyy to _____ mm _________ yyyy	☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	_____ sticks _____ pipes _____ grams	Per ☐ day ☐ week ☐ month
From _____ mm _________ yyyy to _____ mm _________ yyyy	☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	_____ sticks _____ pipes _____ grams	Per ☐ day ☐ week ☐ month
From _____ mm _________ yyyy to _____ mm _________ yyyy	☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	_____ sticks _____ pipes _____ grams	Per ☐ day ☐ week ☐ month

- **The following questions are to capture information on second-hand smoke exposure, i.e. where the participant was close enough to the smoker(s) to smell the smoke.**
- **"Home", "place of stay" and "residence" may include family home, rental flat, dormitory, hostel, barracks etc.**

A1.8 From your birth to age 18, did anyone living with you smoke at home on a daily basis for 6 months or longer? ☐ 1. Yes ☐ 2. No **(Go to A1.9)** ☐ 888. Refuse to answer **(Go to A1.9)** ☐ 999. Do not know **(Go to A1.9)**	
A1.8a Who smoked daily at home? ☐ 1. Spouse ☐ 2. Parent(s) and/or in-law(s) ☐ 3. 1 or more of your children ☐ 4. Other person(s) ☐ 888. Refuse to answer ☐ 999. Do not know	**(MA)** **Other person(s) may include non-relatives who stayed in your home, e.g. tenant, friend.**
A1.8b For how many years did at least 1 person living in your home smoke daily at home? ☐ 1. 1 year or less ☐ 2. 2 – 5 years ☐ 3. 6 – 11 years ☐ 4. 12 + years ☐ 888. Refuse to answer ☐ 999. Do not know	**When there are >1 person exposing second hand smoke to the participant in the home, sum up the number of non-overlapping years.**
A1.9 Since you were 18 years old, did anyone living with you smoke at home on a daily basis for 6 months or longer? ☐ 1. Yes ☐ 2. No **(Go to A1.10)** ☐ 888. Refuse to answer **(Go to A1.10)** ☐ 999. Do not know **(Go to A1.10)**	
A1.9a Who smoked daily at home? ☐ 1. Spouse ☐ 2. Parent(s) and/or in-law(s) ☐ 3. 1 or more of your children ☐ 4. Other person(s) ☐ 888. Refuse to answer ☐ 999. Do not know	**(MA)** **Other person(s) may include non-relatives who stayed in your home, e.g. tenant, friend.**
A1.9b For how many years has at least 1 person staying with you smoked daily? ☐ 1. 1 year or less ☐ 2. 2 - 4 years ☐ 3. 5 - 14 years ☐ 4. 15 - 24 years ☐ 5. 25 + years ☐ 888. Refuse to answer ☐ 999. Do not know	**When there are >1 person exposing second hand smoke to the participant in the home, sum up the number of non-overlapping years.**

A1.10 Does anyone who <u>currently</u> stays with you smoke on a daily basis? ☐ 1. Yes ☐ 2. No **(Go to A1.11)** ☐ 888. Refuse to answer	
A1.10a Who currently smokes daily in your residence? ☐ 1. Spouse ☐ 2. Parent(s) and/or in-law(s) ☐ 3. 1 or more of your children ☐ 4. Other person(s) ☐ 888. Refuse to answer	**(MA)** **Other person(s) may include non-relatives, e.g. roommate, friend and landlord.**
A1.11 Since the last time we spoke with you, have you taken a <u>job</u> in which, on a daily basis, you were exposed to cigarette smoke from others? ☐ 1. Yes ☐ 2. No **(Go to A2)** ☐ 888. Refuse to answer	
A1.11a For how many years were you exposed to cigarette smoke at work since the last time we spoke with you? _____ years	**If the participant gives a range, take the highest number as the response.**
A1.11b On the average, how many hours were you exposed to cigarette smoke at work? ☐ 1. 1 hour or less ☐ 2. 1 - 3 hours ☐ 3. 4 + hours ☐ 888. Refuse to answer	**If the participant gives a range, take the highest number as the response.**

A2 <u>Alcohol Consumption</u>

A2.1 I would like to ask you about your alcohol consumption in the <u>last 30 days</u>.

- **This refers to the <u>recent and typical</u> alcohol consumption within a 30-day period and may not be the immediate last 30 days.**
- **Document number of servings* under per day, week or month. If consumed less than 1 serving in the last 30 days, tick "Rarely/Never".**
- **1 alcohol serving: 2/3 of 1 mug/can of beer (220ml), 1 glass of wine (about 100ml), 1 measure of hard liquor (20-30ml).**

		Per day	Per week	Per month	Rarely/ Never
500. Alcohol [beer/stout/wine/hard liquor]	1 serving*				☐

- **A2.2 refers to only the immediate last 30 days.**

A2.2 <u>For women</u>: Did you have 4 or more servings at a single drinking session in the last 30 days?
☐ 1. Yes
☐ 2. No

<u>For men</u>: Did you have 5 or more servings at a single drinking session in the last 30 days?
☐ 1. Yes
☐ 2. No

B PERSONAL MEDICAL HISTORY

B1 Medication

B1.1 Are you currently taking any regular medications?
☐ 1. Yes
☐ 2. No **(Go to B2)**
☐ 888. Refuse to answer **(Go to B2)**
☐ 999. Do not know **(Go to B2)**

"Regular medications" refer to medication taken for a long time or to be taken long term, for health or for chronic conditions such as heart diseases, stroke, high blood pressure, diabetes, high cholesterol, arthritis etc. This includes regular health supplements (e.g. vitamins, fish oil) and all contraceptives.

B1.2 Please list all the medications and the dose that you are taking.
Please ask subject to show packaging of medication.
☐ 888. Refuse to answer

- **"How long have you been taking this medicine" refers to the overall span of time taking this medicine; do not deduct any intermittent breaks within this period.**
- **Document strength and frequency of dose according to prescription if available, not according to participant's actual consumption. If participant is prescribed 2 doses per week on a per need basis, document the Frequency as "2/wk" and tick "PRN/as and when I need".**
- **If in doubt as to whether medication mentioned by participant is considered as "regular medication", simply record the medication.**
- **Tablet type includes capsule and soft gel. E.g. of other application type: powder mixed with water, gargle etc.**

S/N	Name of Medication	Application/ type				Strength per dose	Frequency of dose		How long you have been taking this medicine?			
		Tablet	Inhaler	Cream	Others specify:		No. of dose /day, /wk or /mth	PRN/ as and when I need	Year(s)	Month(s)	Week(s)	Day(s)
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				

B2 Heart Disease B2.1 Has a physician ever told you that you have blockage of the arteries to your heart? ☐ 1. Yes ☐ 2. No **(Go to B2.2)** ☐ 888. Refuse to answer **(Go to B2.2)** ☐ 999. Do not know **(Go to B2.2)**	**Participant must have had an angiogram for this diagnosis. ECG alone cannot be used to diagnose.** **Heart Disease in this context does NOT include congenital or 'born with' disease/defects.**
B2.1.1 When did it first occur? Age _____ (or) Year |___|___|___|___| (or) _____ years ago ☐ 999. Not sure	
B2.1.2 Which hospital/clinic? 1. _____ 2. _____ 3. _____	**(MA)** **Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.**
B2.2 Have you ever had a heart attack? ☐ 1. Yes ☐ 2. No **(Go to B2.3)** ☐ 888. Refuse to answer **(Go to B2.3)** ☐ 999. Do not know **(Go to B2.3)**	**Heart attack refers to a situation whereby there is loss in heart muscle function due to lack of oxygenation, typically due to restriction in blood flow from blocked arteries**
B2.2.1 When did it first occur? Age _____ (or) Year |___|___|___|___| (or) _____ years ago ☐ 999. Not sure	
B2.2.2 Which hospital/clinic? 1. _____ 2. _____ 3. _____	**[MA]** **Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.**
B2.3 Is the doctor giving you medication for your heart disease currently? ☐ 1. Yes **(record medications under B1.2)** ☐ 2. No ☐ 777. Not applicable ☐ 999. Do not know	

B2.4 Have you ever had an angiogram? ☐ 1. Yes ☐ 2. No B2.4.1 If Yes, which year was it first done and at which hospital Year |___|___|___|___| B2.4.2 Hospital _____	**An angiogram is a diagnostic procedure performed to find out (not to cure) if there is any blockages to the arteries. A small tube is inserted into a big blood vessel to administer a dye into the blood vessels of the desired area. X-rays are then taken to locate the blockages in the blood vessels.**
B2.5 Have you ever had an angioplasty-ballooning? ☐ 1. Yes ☐ 2. No B2.5.1 If Yes, which year was it first done and at which hospital Year |___|___|___|___| B2.5.2 Hospital _____	**An angioplasty-ballooning a procedure that clears the blockages in the blood vessels.**
B2.6 Have you ever had a heart bypass operation? ☐ 1. Yes ☐ 2. No B2.6.1 If Yes, which year was it first done and at which hospital Year |___|___|___|___| B2.6.2 Hospital _____	**A heart bypass operation creates a new route to supply blood to the heart by transplanting part of a blood vessel.**
B2a <u>Peripheral Arterial Disease</u> B2a.1 Has a physician ever told you that you have <u>blockage</u> of the arteries in your legs? ☐ 1. Yes ☐ 2. No **(Go to B3)** ☐ 888. Refuse to answer **(Go to B3)** ☐ 999. Do not know **(Go to B3)**	
B2a.1.1When did it first occur? Age _____ (or) Year |___|___|___|___| (or) _____ years ago ☐ 999. Not sure	
B2a.1.2Which hospital/clinic? 1. _____ 2. _____ 3. _____	**(MA)** **Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.**

B2a.2 Have you ever had an angiogram? ☐ 1. Yes ☐ 2. No B2a.2.1 If Yes, which year was it first done and at which hospital Year |___|___|___|___| B2a.2.2 Hospital _____	**An angiogram is a diagnostic procedure performed to find out (not to cure) if there is any blockages to the arteries. A small tube is inserted into a big blood vessel to administer a dye into the blood vessels of the desired area. X-rays are then taken to locate the blockages in the blood vessels.**
B2a.3 Have you ever had an angioplasty-ballooning? ☐ 1. Yes ☐ 2. No B2a.3.1 If Yes, which year was it first done and at which hospital Year |___|___|___|___| B2a.3.2 Hospital _____	**An angioplasty-ballooning a procedure that clears the blockages in the blood vessels.**
B2a.4 Have you ever had a bypass operation? ☐ 1. Yes ☐ 2. No B2a.4.1 If Yes, which year was it first done and at which hospital Year |___|___|___|___| B2a.4.2 Hospital _____	**A bypass operation creates a new route to supply blood by transplanting part of a blood vessel.**
B3 <u>Stroke</u> B3.1 Has a physician ever told you that you had a stroke? ☐ 1. Yes ☐ 2. No **(Go to B3.2)** ☐ 888. Refuse to answer **(Go to B4)** ☐ 999. Do not know **(Go to B4)**	**Stroke refers to a condition whereby there is a permanent damage to brain function from lack of oxygenation due to limited blood flow or ruptured blood vessel.**
B3.1.1 When did it first occur? Age _____ (or) Year |___|___|___|___| (or) _____ years ago ☐ 999. Not sure	
B3.1.2 Which hospital/clinic? 1. _____ 2. _____ 3. _____	**(MA)** **Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.**

B3.2 Has a physician ever told you that you had a TIA or transient ischemic attack, or a mini stroke? *A mini stroke is a stroke where the symptoms completely disappear after 24hours and the patient appears to recover fully from the attack.* ☐ 1. Yes ☐ 2. No **(Go to B4)** ☐ 888. Refuse to answer **(Go to B4)** ☐ 999. Do not know **(Go to B4)**	
B3.2.1 When did it first occur? Age _____ (or) Year |___|___|___|___| (or) _____ years ago ☐ 999. Not sure	
B3.2.2 Which hospital/clinic? 1. _____ 2. _____ 3. _____	**(MA)** **Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.**
B4 High Blood Pressure (Hypertension) B4.1 Has a physician (Western-trained), a nurse, or other healthcare professional told you that you have high blood pressure? ☐ 1. Yes ☐ 2. No **(Go to B5)** ☐ 888. Refuse to answer **(Go to B5)** ☐ 999. Do not know **(Go to B5)**	
B4.2 At what age were you diagnosed to have high blood pressure? Age when told _____ (or) Year when told |___|___|___|___| (or) _____ years ago ☐ 999. Not sure	
B4.3 Is the doctor giving you medication for your high blood pressure currently? ☐ 1. Yes **(record medications under B1.2)** ☐ 2. No ☐ 999. Do not know	

B5 <u>Diabetes Mellitus</u> B5.2 How old were you when the doctor first told you had diabetes? Age when told _____ (or) Year when told |___|___|___|___| (or) _____ years ago ☐ 999. Not sure	
B5.2.1 Which hospital/clinic? 1. _____ 2. _____ 3. _____	**(MA)** **Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.**
B5.2.2 Is your doctor giving you medication for your diabetes currently? ☐ 1. Yes **(record medications under B1.2)** ☐ 2. No ☐ 99. Do not know	
B5.3 Have you ever been told by a physician (Western-trained) that you have diabetic eye disease? ☐ 1. Yes ☐ 2. No **(Go to B5.6)** ☐ 888. Refuse to answer **(Go to B5.6)** ☐ 999. Do not know **(Go to B5.6)**	
B5.4 When did the doctor first tell you had diabetic eye disease? Age when told _____ (or) Year when told |___|___|___|___| (or) _____ years ago ☐ 999. Not sure	
B5.5 Did you have surgery or laser procedure for your diabetic eye disease? ☐ 1. Yes ☐ 2. No **(Go to B5.6)** ☐ 888. Refuse to answer **(Go to B5.6)** ☐ 999. Do not know **(Go to B5.6)**	
B5.5.1 Do you know if the surgery or laser procedure was for ☐ 1. Retinopathy? ☐ 2. Cataract? ☐ 3. Other, specify:_____ ☐ 888. Refuse to answer ☐ 999. Do not know	**(MA)**

B5.6 Have you ever been told by a physician (Western-trained) that you have kidney problems caused by your diabetes (including proteinuria)? ☐ 1. Yes ☐ 2. No **(Go to B5.8)** ☐ 888. Refuse to answer **(Go to B5.8)** ☐ 999. Do not know **(Go to B5.8)**	
B5.7 When did the doctor first tell you had kidney problems caused by your diabetes (including proteinuria)? Age when told _____ (or) Year when told |___|___|___|___| (or) _____ years ago ☐ 999. Not sure	
B5.8 Have you ever been told by a physician (Western-trained) that you have nerve problems in your arms or legs caused by your diabetes? ☐ 1. Yes ☐ 2. No **(Go to B6)** ☐ 888. Refuse to answer **(Go to B6)** ☐ 999. Do not know **(Go to B6)**	
B5.9 When did the doctor first tell you had nerve problems in your arms or legs caused by your diabetes? Age when told _____ (or) Year when told |___|___|___|___| (or) _____ years ago ☐ 999. Not sure	
B6 <u>High Cholesterol</u> B6.1 Have you ever been told by a physician (Western-trained) you have high cholesterol? ☐ 1. Yes ☐ 2. No **(Go to B7)** ☐ 888. Refuse to answer **(Go to B7)** ☐ 999. Do not know **(Go to B7)**	**This refers to high levels of LDL cholesterol or total cholesterol in the blood.**
B6.2 When did the doctor first tell you had high cholesterol? Age when told _____ (or) Year when told |___|___|___|___| (or) _____ years ago ☐ 999. Not sure	
B6.3 Is the doctor giving you medication for your high cholesterol currently? ☐ 1. Yes **(record medications under B1.2)** ☐ 2. No ☐ 999. Do not know	

B7 Other Chronic Diseases

B7.1 Have you ever been told by a physician (Western-trained) you have other chronic diseases?

☐ 1. Yes **(fill in the details below)**
☐ 2. No
☐ 999. Do not know **(Go to B8)**

Chronic Diseases	Yes	No	Age diagnosed
Asthma	☐	☐	
Rheumatism	☐	☐	
Hyper-/hypo-thyroidism	☐	☐	
Arthritis (rheumatoid/osteoarthritis)	☐	☐	
Gastritis	☐	☐	
Chronic bronchitis	☐	☐	
Emphysema	☐	☐	
Cancer, type:_____	☐	☐	
Other:_____	☐	☐	
Other:_____	☐	☐	

Chronic: long-lasting or recurring.
Asthma: inflammation of the air passages in the lungs causing recurrent attacks of breathlessness and wheezing.
Rheumatism: a broad term for painful conditions of the muscles, joints, tendons or bones.
Hyper-/hypo-thyroidism: over-/ under-activity of the thyroid gland.
Arthritis: Inflammation of a joint leading to stiffness, warmth, swelling, redness and pain.
Gastritis: inflammation of the stomach.
Chronic bronchitis: inflammation of the lungs that causes the respiratory passages to be swollen and irritated, increases the mucus production and may damage the lungs.
Emphysema: a long-term, progressive disease of the lungs that primarily causes shortness of breath.

B8 Allergies

B8.1 Do you have any food allergy?

☐ 1. Yes
☐ 2. No **(Go to B8.2)**

B8.1.1 If yes, what type of food:

1. _____
2. _____
3. _____

Include allergies not diagnosed by a physician, but the participant is sure he/she has.

B8.2 Do you have any drug allergy?

☐ 1. Yes
☐ 2. No **(Go to C)**

B8.2.1 If yes, what type of drug:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Include allergies not diagnosed by a physician, but the participant is sure he/she has.

C FAMILY HISTORY OF HEART DISEASE, HYPERTENSION (HIGH BLOOD PRESSURE), CANCER AND DIABETES

C1 How many **blood-related** family members do you have?

_____ brother(s) _____ sister(s)
_____ son(s) _____ daughter(s)
_____ paternal uncle(s) _____ paternal aunties
_____ maternal uncle(s) _____ maternal aunties

☐ 00. No blood relatives **(Go to D)**

- **Do not count participant himself or any non-blood relatives**
- **Step-sibling(s) must be genetically related to the participant through a biological parent.**
- **Tick "No blood relatives" if participant does not know their existence, e.g. participant was adopted at a very young age.**
- **Biological parents are assumed as 2. Hence no need to ask.**

C2 As far as you know, for **heart disease**, which family members and how many of them are affected?

- **Heart disease in this context does NOT include congenital or 'born with' disease/defects.**
- **Tick Yes, No, NA (not applicable because that member is non-existent) or DK (not sure if that member has the disease). If Yes, indicate number of family members as far as the participant is aware.**

	Yes	No	NA	DK	If yes, how many? Nos.
Father	☐	☐	☐	☐	
Mother	☐	☐	☐	☐	
Brother	☐	☐	☐	☐	
Sister	☐	☐	☐	☐	
Son	☐	☐	☐	☐	
Daughter	☐	☐	☐	☐	
P. Uncle	☐	☐	☐	☐	
P. Aunty	☐	☐	☐	☐	
M. Uncle	☐	☐	☐	☐	
M. Aunty	☐	☐	☐	☐	

If Yes, did heart disease occur before:		
	Age 55?	**Age 65?**
Father	☐Yes ☐No	
Mother		☐Yes ☐No
Brother	☐Yes ☐No	
Sister		☐Yes ☐No
Son	☐Yes ☐No	
Daughter		☐Yes ☐No

☐ 888. Refuse to answer **(Go to C4)**

C3 As far as you know, did the heart disease occur in any of these family members in the following age ranges? If yes, how many?

Age Range	Male	Female
Less than 30		
30–34		
35–39		
40–44		
45–49		
50–54		
55–59		
60–64		
65–69		
70–74		
75–79		
80 or older		

☐ 777. Not applicable
☐ 888. Refuse to answer
☐ 999. Do not know

C4 As far as you know, for **high blood pressure**, which family members and how many of them are affected?

	Yes	No	NA	DK	If yes, how many? Nos.
Father	☐	☐	☐	☐	
Mother	☐	☐	☐	☐	
Brother	☐	☐	☐	☐	
Sister	☐	☐	☐	☐	
Son	☐	☐	☐	☐	
Daughter	☐	☐	☐	☐	
P. Uncle	☐	☐	☐	☐	
P. Aunty	☐	☐	☐	☐	
M. Uncle	☐	☐	☐	☐	
M. Aunty	☐	☐	☐	☐	

☐ 888. Refuse to answer **(Go to C6)**

Tick Yes, No, NA (not applicable because that member is non-existent) or DK (not sure if that member has the disease). If Yes, indicate number of family members as far as the participant is aware.

C5 As far as you know, did high blood pressure occur in any of these family members in the following age ranges? If yes, how many?

Age Range	Male	Female
Less than 30		
30–34		
35–39		
40–44		
45–49		
50–54		
55–59		
60–64		
65–69		
70–74		
75–79		
80 or older		

☐ 777. Not applicable
☐ 888. Refuse to answer
☐ 999. Do not know

C6 As far as you know, for **diabetes**, which family members and how many of them are affected?

	Yes	No	NA	DK	If yes, how many? Nos.
Father	☐	☐	☐	☐	
Mother	☐	☐	☐	☐	
Brother	☐	☐	☐	☐	
Sister	☐	☐	☐	☐	
Son	☐	☐	☐	☐	
Daughter	☐	☐	☐	☐	
P. Uncle	☐	☐	☐	☐	
P. Aunty	☐	☐	☐	☐	
M. Uncle	☐	☐	☐	☐	
M. Aunty	☐	☐	☐	☐	

☐ 888. Refuse to answer **(Go to C8)**

Tick Yes, No, NA (not applicable because that member is non-existent) or DK (not sure if that member has the disease). If Yes, indicate number of family members as far as the participant is aware.

C7 As far as you know, did diabetes occur in any of these family members in the following age ranges? If yes, how many?

Age Range	Male	Female
Less than 30		
30–34		
35–39		
40–44		
45–49		
50–54		
55–59		
60–64		
65–69		
70–74		
75–79		
80 or older		

☐ 777. Not applicable
☐ 888. Refuse to answer
☐ 999. Do not know

C8 As far as you know, for **cancer**, which family members are affected, how many of them are affected and what are the type(s) of cancer?

- **Tick Yes, No, NA (not applicable because that member is non-existent) or DK (not sure if that member has the disease). If Yes, indicate number of family members as far as the participant is aware.**
- **If participant does not know the specific term for the type of cancer, document the body part e.g. bone, liver, nose etc. If unsure, document "DDD"**

	Yes	No	NA	DK	If yes, how many? Nos.	Type(s)
Father	☐	☐	☐	☐		
Mother	☐	☐	☐	☐		
Brother	☐	☐	☐	☐		
Sister	☐	☐	☐	☐		
Son	☐	☐	☐	☐		
Daughter	☐	☐	☐	☐		
P. Uncle	☐	☐	☐	☐		
P. Aunty	☐	☐	☐	☐		
M. Uncle	☐	☐	☐	☐		
M. Aunty	☐	☐	☐	☐		

☐ 888. Refuse to answer **(Go to D)**

C9 As far as you know, did the cancer occur in any of these family members in the following age ranges? If yes, how many?

Age Range	Male	Female
Less than 30		
30–34		
35–39		
40–44		
45–49		
50–54		
55–59		
60–64		
65–69		
70–74		
75–79		
80 or older		

☐ 777. Not applicable
☐ 888. Refuse to answer
☐ 999. Do not know

D	**WOMEN'S HEALTH [for men, go to Section E]**	
D1.1	How old were you when you had your first menstrual period? _____years of age ☐ 00. Never **(Go to E)** ☐ 888. Refuse to answer ☐ 999. Do not know	**If the participant is unable to recall her first menstrual period, tick "Do not know".**
D1.2	Do you still have periods? ☐ 1. Yes **(Go to D1.13)** ☐ 2. No **(Go to D1.3)** ☐ 888. Refuse to answer **(Go to D1.13)** ☐ 999. Do not know **(Go to D1.13)**	**Not including the periods caused by the use of female hormones after menopause.** **If the participant is pregnant, it means she is still capable of having periods so tick "Yes".**
D1.3	What was the date of your last period? Year |___|___|___|___| / Month |___|___| ☐ 888. Refuse to answer ☐ 999. Do not know	**Enter the year and month if available. If the participant knows the year, but is unsure of the month, enter "99" for the month.**
D1.4	Did your period stop naturally or because of a hysterectomy? ☐ 1. Naturally **(Go to D1.7)** ☐ 2. Hysterectomy ☐ 888. Refuse to answer ☐ 999. Do not know	**A hysterectomy is an operation done to remove the uterus (womb).**
D1.5	In which year did you have your hysterectomy? Year |___|___|___|___| ☐ 888. Refuse to answer ☐ 999. Do not know	
D1.6	Were both ovaries removed? ☐ 1. Yes ☐ 2. No ☐ 888. Refuse to answer ☐ 999. Do not know	
D1.7	Did you take hormone replacement therapy after your periods stopped? ☐ 1. Yes ☐ 2. No **(Go to D1.13)** ☐ 888. Refuse to answer **(Go to D1.13)** ☐ 999. Do not know **(Go to D1.13)**	
D1.8	What type of hormone replacement therapy did you take? ☐ 1. Estrogen only ☐ 2. Both estrogen and progesterone ☐ 3. Others ☐ 999. Do not know	**Refer to the List of OCPs for the classification of hormones.**

D1.9	What is the name of the hormone replacement therapy? _____ ☐ DDD. Do not know	
D1.10	When did you start hormone replacement therapy? Age when started _____ (or) Year when started |___|___|___|___| (or) _____ years ago ☐ 999. Do not know	
D1.11	Are you still taking hormone replacement therapy? ☐ 1. Yes **(Go to D1.13)** ☐ 2. No	
D1.12	If NO, when did you stop hormone replacement therapy? Age when stopped _____ (or) Year when stopped |___|___|___|___| (or) _____ years ago ☐ 999. Do not know	
D1.13	How many times have you been pregnant? Have been pregnant _____ times **(If zero, go to E)** ☐ 888. Refuse to answer **(Go to E)**	**Includes unsuccessful pregnancies.**

D1.14 Next, would you please tell me the ending date and the outcome of each of those pregnancies in sequence?

☐ 888. Refuse to answer
☐ 999. Do not know

Pregnancy outcome	Code
Live birth	1
Abortion	2
Miscarriage	3
Stillbirth	4
Ectopic pregnancies	5
Being pregnant at present	6
Others (please specify)	7

S/N	Pregnancy outcome [refer to code table]	Pregnancy ending date [MM/YYYY]	Total weeks of pregnancy	If live birth, breast fed or not?		If breast fed, for how long?		
				Yes	No	Year(s)	Month(s)	Week(s)
1		/		☐	☐			
2		/		☐	☐			
3		/		☐	☐			
4		/		☐	☐			
5		/		☐	☐			
6		/		☐	☐			
7		/		☐	☐			
8		/		☐	☐			
9		/		☐	☐			
10		/		☐	☐			
11		/		☐	☐			
12		/		☐	☐			

E PHYSICAL ACTIVITY

E1 Leisure Time Activity

I would like you to think about the things that you do in your free time.

E1.1 On average, how many hours per day do you spend sitting down while doing activities in your free time?

Weekdays: _____ hrs /day

Weekends: _____ hrs /day

Activities include watching TV, doing needlework, talking to someone using the telephone, etc.

It does not include "sitting down" or taking breaks at the workplace.

Round up the number of hours to the nearest half hour.

E1.2 Please estimate the total time during the last week that you spent watching TV or videos.

Monday-Friday: _____ hrs

Saturday-Sunday: _____ hrs

This is when it was the main activity that you were doing; for example you would not include time when the TV was switched on and you were preparing a meal.

E1.3 How often do you use stairs when an elevator is available?

☐ 1. Often

☐ 2. Not very often

☐ 3. Seldom

☐ 4. Never

Includes "have to" and "did not have to, but did it anyway" circumstances.

E1.4 Which of the following do you do in your spare time (outside working hours)?

- **Many of these activities may not be relevant to the participant.**
- **For each activity, if participant does this at least once a week, record the number of times per week for that activity.**
- **If the frequency is less than a week but at least once a month, record the number of times per month.**
- **If less than once a month or never, record "0" in the 1st column.**
- **When estimating the duration of the activities, do not include rest periods in the midst of each activity.**

	How many times per week	How many times per month	On average, how long do you do this activity each time? (duration in minutes)
Walking and Miscellaneous			
1. Walking for pleasure or exercise (e.g. walking with children or pets-do not include walking to get from one place to another)			
2. Bicycling for pleasure			
3. Dancing- ballroom, square, line and /or disco			
4. Dancing- aerobic, ballet			
Conditioning Exercise			
9. Home exercise (e.g. sit- ups, push-ups)			
10. Health club exercise classes (e.g. aerobics)			
11. Jog/ walk combinations			
12. Balance exercises: Taiqi, Qigong, breathing exercises			
13. Running			
14. Weight lifting			
Water Activities			
18. Canoeing or rowing for pleasure			
19. Canoeing or rowing for competition			
20. Swimming (at least 50 m in a pool)			
21. Swimming at the beach			
Sports Activities			
24. Bowling			
26. Table tennis			
27. Tennis- singles			
28. Tennis- doubles			
32. Badminton			
33. Basketball/ netball- non game i.e. not keeping score			
34. Basketball/ netball- game play (keeping score)			

For each of the activities, the interviewer needs to make only 2 entries. The 1st entry is either in the weekly column or the monthly column. The 2nd entry is in terms of how many minutes were spent doing each individual activity.

		How many times per week	How many times per month	On average, how long do you do this activity each time? (duration in minutes)
37. Soccer (football)				
42.1 Golf: riding a powerkart/ buggy				
42.2 Golf: walking and pulling clubs on cart				
42.3 Golf: walking and carrying clubs				
Please list any other leisure time activities that you do regularly that have not been included in the list.				

E2 Occupational Physical Activity

In the last 3 months, did you hold any job that last for more than 1 month?

☐ 1. Yes
☐ 2. No **(Go to E3)**
☐ 888. Refuse to answer **(Go to E3)**

- **Job refers to paid work.**
- **This question does not include work (e.g. housework) done at participant's personal time.**

E2a I would like you to think about the activities you do at work over the last 3 months.

- **Under Hours of work per day, ask "….on average, how many hours a day do you work? Then minus the time taken for breaks. If overtime is a regular feature in this participant's work, include this in the number of hours done in an average day.**
- **Under Days of work per week, record how many days per week the participant is required to work. This includes overtime, if it is a regular feature of this job.**
- **Under Hours spent sitting per day while at work, record the number of hours spent doing his/her job while in a sitting position.**
- **Job name should be descriptive enough to give an idea of the kind of intensity of job activity. E.g. document "physical trainer" or "speech trainer", instead of just "trainer" or name of organization.**

S/N	Job Name	Hours of work per day	Days of work per week	Number of weeks in the last 3 months at the job	Hours spent sitting per day while at work	Number of hours spent per day in each categories below when you are not sitting		
						light activity	moderate activity	vigorous activity
1								
2								
3								
4								
				Min 4 Max 12	Sum total no. of hours = hours of work per day			

Intensity of activity	Examples
Light	Standing still without heavy lifting
	Light cleaning-ironing, cooking, washing, or dusting
	Driving a car, bus, taxi, tractor
	Jewelry making/ weaving
	General office work
	Occasional short distance walking
Moderate	Carrying light loads
	Continuous walking
	Heavy cleaning- mopping, sweeping, scrubbing, vacuuming
	Gardening- planting or weeding
	Painting/ plastering
	Electrical work
Heavy	Carrying moderate to heavy loads
	Heavy construction
	Farming- hoeing, digging, mowing, raking
	Digging ditches/ shoveling

E3 **Household Activity**

Now I would like you to think about the activities that you perform in order to look after your own home. Please specify the amount of time that you spend on the following activities.

Activity	Min(s) per day	Hr (s) per day	Days per week
43. Shopping (e.g. groceries, clothes): excluding the time to get there			
44. Stair climbing while carrying a load (e.g. groceries bag)			
45. Laundry (time loading, unloading, hanging, or folding only)			
46. Light housework; tidying/ dusting, sweeping, collecting trash in the home, polishing, indoor gardening, ironing			
47. Heavy housework: vacuuming, mopping, scrubbing floors and walls, moving furniture, boxes and garbage cans.			
48. Food preparation: (10+ minutes in duration): chopping, stirring, moving about to get food items/ pans etc.			
49. Food service (10+ minutes duration): setting table, carrying, food, serving food.			
50. Dish washing (10+ minutes in duration): clearing table, washing/ drying dishes, putting dishes away.			
51. Light home repair: small appliances repair, light home maintenance / repair.			
52. Heavy home repair: painting, carpentry, washing/ polishing car			
53. Others:			
54.			
55.			
Yard Work			
56. Gardening: planting, weeding, digging, or hoeing			
57. Lawn mowing (walking only)			
58. Clearing walks, driveways: sweeping, shoveling, raking			
Looking after elderly persons or children			
59. Older or disabled person (lifting, pushing wheelchair)			
60. Childcare (lifting, carrying or pushing stroller)			

- **For each activity performed, record 2 entries only.**
- **The first entry is either in the "min(s) per day" column or "hours per day" column. Minutes is preferred because it is more precise.**
- **The second entry is recorded in the "days per week" column.**
- **When the participant is unsure of the exact number of minutes taken per day, but the time spent is ≥ 1 hour, round up to the nearest number of hours per day and record it in the "hours per day" column.**
- **Q 48, 49, 50 - food preparation, food service and dish washing, account for it only if the duration of each time exceeds 10 minutes.**
- **For activities which were not performed at all in the last 3 months, record "0" in the first column.**

← Does not include hours spent "keeping an eye" only and not exerting physical effort.

E4	**Transportation** **In this context, the sole purpose of walking and cycling is to travel from one place to another. It does not refer to walking and cycling as a result of a main activity carried out at home, work or for leisure.**		
E4.1	Do you walk for at least 10 minutes continuously to get to and from places? ☐ 1. Yes ☐ 2. No **(Go to E4.5)**		
E4.2	How much time would you spend walking for travel on a typical day? _____ hours _____ minutes		**Enter hours and minutes.**
E4.3	In a typical week, how many days do you walk for at least 10 minutes to get to and from places? _____ days a week		**Enter number of days a week.**
E4.4	What is the intensity of walking? ☐ 1. Light (no change in breathing pattern) ☐ 2. Moderate (make you breathe somewhat harder than normal) ☐ 3. Vigorous (make you breathe much harder than normal)		**Ask the participant in terms of breathing intensity as described in the parentheses.** **Do not suggest "light", "moderate", or "vigorous" to the participant.**
E4.5	Do you use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places? ☐ 1. Yes ☐ 2. No **(Go to H)**		**This does not refer to motorized cycles, whether by electric or engine version.**
E4.6	How much time would you spend bicycling for travel on a typical day? _____ hours _____ minutes		**Enter hours and minutes.**
E4.7	In a typical week how many days do you bicycle for at least 10 minutes to get to and from places? _____ days a week		**Enter number of days a week.**
E4.8	What is the intensity of bicycling? ☐ 1. Light (no change in breathing pattern) ☐ 2. Moderate (make you breathe somewhat harder than normal) ☐ 3. Vigorous (make you breathe much harder than normal)		**Ask the participant in terms of breathing intensity as described in the parentheses.** **Do not suggest "light", "moderate", or "vigorous" to the participant**

H	**SOCIAL BACKGROUND**	
H1	Gender: ☐ 1. Male ☐ 2. Female	
H2	Since the last time we interview you, have you changed the ethnicity as stated on your NRIC? ☐ 1. Yes ☐ 2. No **(Go to H4)** ☐ 3. Not sure	
H3	What is your current ethnicity according to your NRIC? ☐ 1. Chinese ☐ 2. Malay ☐ 3. Indian ☐ 4. Others, please specify:_____	
H4	What is your current marital status? ☐ 1. Never married ☐ 2. Currently married ☐ 3. Separated but not divorced ☐ 4. Divorced ☐ 5. Widowed ☐ 888. Refuse to answer	
H5	Which of the following best describes your usual work status over the last 12 months? ☐ 1. Working ☐ 2. Student (full-time) ☐ 3. Homemaker/Housewife ☐ 4. Retired ☐ 5. Unemployed (able to work) ☐ 6. Unemployed (unable to work) ☐ 7. Others* ☐ 888. Refuse to answer	• **If participant works intermittently and is unable to commit to any of the choices, classify him as working.** • **"Unemployed (able to work)" describes a person who is fit to work but have not yet found employment.** • **"Unemployed (unable to work)" describes a person who is unable to work due to a medical condition.** • **"Others" describe persons such as disabled persons and persons with private means. Prisoners, patients of mental hospitals, inmates of homes for the aged as well as those who are awaiting call-up for National Service are included in this category.**

H6	Thinking over the past year, can you tell me what the average earnings of the <u>household</u> have been <u>per month</u>? ☐ 1. Less than $ 2 000 ☐ 2. $ 2 000 to $ 3 999 ☐ 3. $ 4 000 to $ 5 999 ☐ 4. $ 6 000 to $ 9 999 ☐ 5. More than $ 10 000 ☐ 888. Refuse to answer ☐ 999. Do not know	• **The monthly average of the total income of all members of the household.** • **This does not include tenants' earnings, but include tenants' rent payment to the household.** • **Income also includes regular inflow of cash from a welfare organization, a pension and money given by participant's children or from relatives staying in another household.** • **Tick "less than $2000" if the entire household is not receiving any income and is dependent on savings.**
H7	What type of house do you live in? ☐ 1. HDB 1-2 room flat ☐ 2. HDB 3 room flat ☐ 3. HDB 4 room flat ☐ 4. HDB 5 room or executive flat ☐ 5. Private condominium ☐ 6. Private house (landed property) ☐ 7. Others, please specify:_____ ☐ 888. Refuse to answer ☐ 999. Do not know	• **If participant is a tenant of a rented property, classify him as "Others" and specify, e.g. "renting 1 room in a 4 room HDB flat".** • **"Others" may include nursing home, hostel, barracks, workplace etc.**

END

Questionnaire No:___________

Interviewer:	Which recall is this?					Paste Study ID label over NRIC & first name
	1st		2nd			
	Total pages:				First Name:	
	1	2	3	4		

Date: | | | | | | | | | (d d m m y y y y) Language: ______________ NRIC: | | | | | | | | | |

Was yesterday typical of the way you generally eat (during the weekday/weekend)? ☐ Yes ☐ No

Which date & day does this record? | | | | | | | | | (d d m m y y y y)

Mon	Tue	Wed	Thu	Fri	Sat	Sun

Time (24hr)	**H/O***	**Food/drink name**	**Description of ingredients & preparation**	**Amount**

**** H: home-cooked O: outside***

Please check: Did you leave out anything e.g. other drinks, sweets, snacks, supplements etc?

Questionnaire No:_____

Time (24hr)	H/O*	Food/drink name	Description of ingredients & preparation	Amount

**** H: home-cooked O: outside***

Please check: Did you leave out anything e.g. other drinks, sweets, snacks, supplements etc?

WEIGHT HISTORY AND EATING PATTERNS

Interviewer:	Questionnaire No.:

Paste Study ID label over NRIC & first name

First Name:

Date: d d m m y y y y Language: _____ NRIC:

1. What was your lowest body weight as an adult (age 21 onwards)?
   1.1 _____ kg [round off to the nearest 0.5kg]
   1.2 At what age? _____years old

2. What was your heaviest body weight as an adult (age 21 onwards, exclude pregnancy period)?
   2.1 _____ kg [round off to the nearest 0.5kg]
   2.2 At what age? _____years old

3. How would you describe your weight status at the various stages of your life?

Age Group (yrs)	1. Thin	2. Normal	3. Overweight	4. Very Overweight
5 – 12	☐	☐	☐	☐
13 – 16	☐	☐	☐	☐
17 – 19	☐	☐	☐	☐
20 – 29	☐	☐	☐	☐
30 – 39	☐	☐	☐	☐
40 - 49	☐	☐	☐	☐
> 50	☐	☐	☐	☐

4. Do you consider yourself overweight now?
   ☐ 1. Yes
   ☐ 2. No (Go to Q16)

5. Has your weight caused you problems at home?
   ☐ 1. Yes
   ☐ 2. No, not at all (Go to Q7)

6. What are the problems caused at home? **[MA]**
   ☐ 1. I get tired easily with housework
   ☐ 2. I get ridiculed
   ☐ 3. Other problem: _____

7. Has your weight caused you problems at work?
   ☐ 1. Yes
   ☐ 2. No, not at all (Go to Q9)
   ☐ 7. Not applicable (Go to Q9)

8. What are the problems caused at work? **[MA]**
   ☐ 1. I am given fewer opportunities than my peers
   ☐ 2. I get tired easily
   ☐ 3. I feel less confident
   ☐ 4. Other problem: _____

WEIGHT HISTORY AND EATING PATTERNS

9. Has your weight caused you problems in public places?
   - ☐ 1. Yes
   - ☐ 2. No, not at all (Go to Q11)

10. What are the problems caused at public places? **[MA]**
    - ☐ 1. I have problems finding clothes that fit
    - ☐ 2. I have difficulty squeezing into crowded buses, MRT
    - ☐ 3. I feel self-conscious
    - ☐ 4. I have problems climbing stairs where there is no lift or escalator
    - ☐ 5. Other problem: _____

11. Have you tried to lose weight in the past?
    - ☐ 1. Yes
    - ☐ 2. No (go to Q15)

12. If yes, please list weight loss methods:

Code	Type
1	Diet
2	Exercise
3	Slimming centre treatment
4	Hospital/clinic-based weight loss program
5	Prescribed drug/medicine
6	Accessories e.g. weight-loss belts
7	Over-the-counter drug/medicine
8	Over-the-counter non-drug products e.g. teas, herbal supplements
9	Other

Code	Description	Did it work?		If Yes, for how long did you keep the weight off?		
		Yes	No	Yrs	Mths	Wks
		☐	☐			
		☐	☐			
		☐	☐			
		☐	☐			
		☐	☐			

WEIGHT HISTORY AND EATING PATTERNS

13. Are you maintaining your weight/weight loss currently?
    - ☐ 1. Yes (go to Q15)
    - ☐ 2. No

14. What do you think have been the major barriers to maintaining your weight loss? **[MA]**
    - ☐ 1. Cannot control food intake (e.g. eat more than is needed, feels hungry even after a meal)
    - ☐ 2. Cannot resist certain high calorie food/drinks (e.g. crave for a Coke everyday, love to eat nasi bryani)
    - ☐ 3. Cannot control habit of snacking or taking suppers
    - ☐ 4. Too costly to continue weight-loss program
    - ☐ 5. Too busy to keep up with weight-loss method (e.g. no time to eat proper meals, often work late and have dinner before bedtime, no time to continue gym sessions)
    - ☐ 6. Not motivated/disciplined enough to continue weight-loss method (e.g. do not like exercise, succumbs to food temptation easily)
    - ☐ 7. Often eat with others (e.g. clients, colleagues, celebrations with friends)
    - ☐ 8. Limited food choices at work or neighbourhood
    - ☐ 9. Often need to eat to reduce stress/anxiety/anger/depression
    - ☐ 10. Others, please specify: _____

15. How motivated are you to lose weight now?
    - ☐ 1. .Not at all motivated
    - ☐ 2. Somewhat motivated
    - ☐ 3. Motivated
    - ☐ 4. Extremely motivated

16. Do you usually skip meals?
    - ☐ 1. Yes
    - ☐ 2. No (go to Q18)

17. If yes, which meal do you usually skip?
    - ☐ 1. Breakfast
    - ☐ 2. Lunch
    - ☐ 3. Dinner

18. How long do you usually take to finish a regular-sized meal?
    - ☐ 1. <10min
    - ☐ 2. 10-15min
    - ☐ 3. >15min but <30min
    - ☐ 4. 30min-1hr
    - ☐ 5. >1hr

19. How often do you eat beyond the point of fullness – until you are uncomfortable?
    - ☐ 1. 1 or more times a day
    - ☐ 2. 4-6 times a week
    - ☐ 3. 1-3 times a week
    - ☐ 4. 1-3 times a month
    - ☐ 5. Seldom/never

20. How often do you snack (i.e. eat between meals)? **[Includes beverages with calories]**
    - ☐ 1. 1 or more times a day
    - ☐ 2. 4-6 times a week
    - ☐ 3. 1-3 times a week
    - ☐ 4. 1-3 times a month
    - ☐ 5. Seldom/never (go to Q22)

21. Do you snack whilst… **[MA]**
    - ☐ 1. watching TV
    - ☐ 2. using the computer
    - ☐ 3. reading
    - ☐ 4. other, please specify:_____

22. How hungry are you usually in the morning/when you wake up/before your first meal of the day?
    - ☐ 1. Not at all
    - ☐ 2. A little
    - ☐ 3. Somewhat
    - ☐ 4. Moderately
    - ☐ 5. Very

23. When do you usually eat for the first time in the day?
    - ☐ 1. Before 9am
    - ☐ 2. 9.01am-12pm
    - ☐ 3. 12.01pm-3pm
    - ☐ 4. 3.01-6pm
    - ☐ 5. 6.01pm or later

24. Do you have cravings or urges to eat snacks after dinner but before bedtime?
    - ☐ 1. Not at all
    - ☐ 2. A little
    - ☐ 3. Somewhat
    - ☐ 4. Moderately
    - ☐ 5. Very

25. Do you have cravings or urges to eat snacks when you wake up at night?
    - ☐ 1. Not at all
    - ☐ 2. A little
    - ☐ 3. Somewhat
    - ☐ 4. Moderately
    - ☐ 5. Very
    - ☐ 6. Do not wake up at night

26. How satisfied are you with your…?

	1. Very satisfied	2. Moderately satisfied	3. Neutral	4. Slightly dissatisfied	5. Moderately dissatisfied	6. Very dissatisfied
1. Current weight	☐	☐	☐	☐	☐	☐
2. Current body/shape	☐	☐	☐	☐	☐	☐

END