

**MULTIETHNIC COHORT
MAIN QUESTIONNAIRE (ENGLISH)**

**SINGAPORE POPULATION HEALTH STUDIES – MULTIETHNIC COHORT
MAIN QUESTIONNAIRE – PERSONAL INFORMATION**

Member ID:

Name: (Mr / Ms / Mrs)* _____

Gender: 1) Male 2) Female

NRIC:

D.O.B.:
D D M M Y Y Y Y

Ethnicity: 1) Chinese 2) Malay 3) Indian 4) Others, please specify: _____

Preferred Language: 1. _____ 2. _____

	<u>Residential Address:</u>		<u>Mailing Address:</u>	
			<input type="checkbox"/> Same as residential address	
Block:				
Street / Building Name:				
Unit No:	#	-	#	-
Postal Code:				
	Home No	Mobile No	Office No	
Contact 1:				
Contact 2:				
Contact 3 (Relative's mobile): <i>Only if participant does not have own mobile number</i>			Relation: _____	
Email Address:				

INDEX'S DETAILS	
Name of Index:	
Relationship to Index:	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Child
	NRIC: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

INTERVIEW DETAILS		STUDY ID:
Interviewer's Name:		
Interview Language:		
Interview Date:	/ /	
Interview Time:	AM / PM*	

**MULTIETHNIC COHORT
MAIN QUESTIONNAIRE (ENGLISH)**

Member ID	Consists of 6 alphanumeric.																																																							
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																																																							
Ethnicity	<p>Document as per NRIC.</p> <table border="1"> <thead> <tr> <th colspan="5">Inclusion list for ethnicity</th> </tr> </thead> <tbody> <tr> <td>Achehnese</td> <td>Bugis</td> <td>Indian</td> <td>Marathi</td> <td>Sindhi</td> </tr> <tr> <td>Ambonese</td> <td>Butonese</td> <td>Indonesian</td> <td>Melanau</td> <td>Sinhalese</td> </tr> <tr> <td>Arab</td> <td>Ceylonese</td> <td>Javanese</td> <td>Minangkabau</td> <td>Srilankan</td> </tr> <tr> <td>Bangala</td> <td>Chinese</td> <td>Kadazan</td> <td>Murut</td> <td>Sumatran</td> </tr> <tr> <td>Bangladeshi</td> <td>Dayak</td> <td>Kelabit</td> <td>Naga</td> <td>Sundanese</td> </tr> <tr> <td>Banjarese</td> <td>Dusun</td> <td>Mahratta</td> <td>Pakistani</td> <td>Tamil</td> </tr> <tr> <td>Batak</td> <td>Goanese</td> <td>Makasarese</td> <td>Punjabi</td> <td>Telugu</td> </tr> <tr> <td>Bengali</td> <td>Gujarati</td> <td>Malabari</td> <td>Rajput</td> <td></td> </tr> <tr> <td>Boyanese</td> <td>Hindustani</td> <td>Malay</td> <td>Marathi</td> <td></td> </tr> <tr> <td>Brahmin</td> <td>Iban</td> <td>Malayalee</td> <td>Sikh</td> <td></td> </tr> </tbody> </table>	Inclusion list for ethnicity					Achehnese	Bugis	Indian	Marathi	Sindhi	Ambonese	Butonese	Indonesian	Melanau	Sinhalese	Arab	Ceylonese	Javanese	Minangkabau	Srilankan	Bangala	Chinese	Kadazan	Murut	Sumatran	Bangladeshi	Dayak	Kelabit	Naga	Sundanese	Banjarese	Dusun	Mahratta	Pakistani	Tamil	Batak	Goanese	Makasarese	Punjabi	Telugu	Bengali	Gujarati	Malabari	Rajput		Boyanese	Hindustani	Malay	Marathi		Brahmin	Iban	Malayalee	Sikh	
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Index's Details	<p>Only participant of the household. OR A participant of the household who serves as a point of reference for relationship with other participating household members. Tip: easier to use oldest participant of the household as Index</p>																																																							

NOTE:

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. All are single answer questions.
4. Circle the appropriate answer number.
5. Do not leave any blanks unless instructed.
6. Enter all date fields in the format "DDMMYYYY".

	Day, Month or Year	String/Text	Numeric
Where not applicable, enter:	77 or 7777	NNN	777
Where participant refuses to answer, enter:	88 or 8888	RRR	888
Where participant does not know, enter:	99 or 9999	DDD	999

MULTIETHNIC COHORT
MAIN QUESTIONNAIRE (ENGLISH)

Date of interview:

D	D	M	M	Y	Y	Y	Y

Study ID

Language of interview: _____

SECTION A – DEMOGRAPHICS

INTERVIEWERS' GUIDE

A1 Date of Birth:

D	D	M	M	Y	Y	Y	Y

A2 Gender:
1) Male
2) Female

Record the gender of participant as observed. Ask participant if unsure.

A3 Ethnicity (according to NRIC):
1) Chinese
2) Malay
3) Indian
4) Others: please specify

Record the ethnicity of participant as stated on their NRIC. Ask participant if unsure.

A4 What is your current marital status?
1) Single (never married)
2) Married
3) Separated
4) Divorced
5) Widowed
888) Refuse to answer

Ask this question **without** reading out the options to the participant.

A5 What is the highest level of education that you have attained?
(USE SHOWCARD)
1) No formal qualifications / Primary
2) PSLE
3) Secondary
4) 'O' / 'N' level or NTC 3 certificate or its equivalent
5) 'A' level or NTC 1–2 or Certificate in office / business skills or its equivalent
6) Polytechnic diploma
7) Other diploma & professional qualification
8) University & above
888) Refuse to answer

Refers to the highest level or standard which a person had completed or attained certification for, either through attendance at an institution of learning or through correspondence or self-study.

**MULTIETHNIC COHORT
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A6 How many years of school, including higher education, have you completed?

_____ years

888) Refuse to answer

999) Do not know

The term "school" refers to any kind of formal education and excludes short courses (e.g. typing, sewing) or religious education such as Bible school or Koranic school. It includes technical or vocational training beyond primary school.

A7 Which of the following best describes your main work status over the last 12 months? **(USE SHOWCARD)**

1) Working:

specify current occupation _____

2) Student (full-time)

3) Homemaker / Housewife

4) Retired:

specify previous occupation _____

5) Unemployed (able to work):

specify previous occupation _____

6) Unemployed

(unable to work because of disability or other medical conditions)

7) Others

888) Refuse to answer

A8 Over the last 12 months, what has the average earnings (S\$) of the household been per month? **(USE SHOWCARD)**

1) Below 2,000

2) 2,000 – 3,999

3) 4,000 – 5,999

4) 6,000 – 9,999

5) 10,000 & above

888) Refuse to answer

999) Do not know

Household includes people living in the same flat or house, excluding tenants and domestic maids.

Average earnings per month includes salaries, bonuses, rental income, dividends from shares and other forms of monetary income, averaged over the last 12 months.

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MAIN QUESTIONNAIRE (ENGLISH)

A9 What type of housing 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 / apartment
- 6) Private housing (landed property)
- 7) Others:

Please specify _____

888) Refuse to answer

999) Do not know

SECTION B – CIGARETTE SMOKING

Now I would like to ask questions on smoking.

Now I would like to ask you some questions about your cigarette consumption patterns and the reasons for picking the habit if you are a daily smoker or quitting the habit if you are an ex-smoker.

INTERVIEWERS' GUIDE

B1 Have you ever smoked at least 100 cigarettes (about 5 packs) in your whole life?

- 1) Yes
- 2) No (**GO TO C1**)

Do not define "cigarettes" for the participant.

B2 Do you smoke now?

- 1) Daily*
- 2) Occasionally
- 3) Have stopped smoking completely (**GO TO B4**)

* Includes respondents who have to stop smoking daily temporarily because of religious fasting or medical reasons.

B3 On average, how many cigarettes do you smoke?

- _____ cigarettes / day
(or) _____ cigarettes / week
(or) _____ cigarettes / month (**GO TO B5**)

Amount of cigarettes smoked per day or per week or per month. Probe to get more specific answers as needed.

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B4 [Ex-smoker only] When you smoked, how many cigarettes on average did you smoke?

- _____ cigarettes / day
 (or) _____ cigarettes / week
 (or) _____ cigarettes / month

B5 Have you ever smoked any of the following tobacco products besides cigarettes? **(USE SHOWCARD)**

	List of other tobacco products	Yes			No
		Daily	Occasionally	Have stopped using other smoked tobacco products	
a	Cigars	1	2	3	4
b	Cigarillos	1	2	3	4
c	Shisha (Waterpipe)	1	2	3	4
d	Beedis	1	2	3	4
e	Rolled cigarettes / Ang Hun (loose tobacco)	1	2	3	4
f	Others: please specify _____	1	2	3	4

SECTION C – MEDICAL HISTORY AND MEDICATION

High Blood Pressure (Hypertension)

Next, I would like to ask questions on hypertension, also commonly known as high blood pressure.

High blood pressure occurs when the arterial blood pressure is above the accepted norm of 140 / 90 mmHg.

C1 Have you ever been told by a western-trained doctor that you have high blood pressure?

[IF “YES” AND RESPONDENT IS FEMALE, PROMPT “WAS THIS ONLY WHEN YOU ARE PREGNANT”?]

1) Yes

2) Yes, but only during pregnancy

3) No

4) No, borderline high blood pressure

999) Do not know

GO TO C4

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C2 How old were you when you were first told you had high blood pressure?

Age when told _____

(or) Year when told |__|__|__|__|

(or) _____ years ago

999) Do not know

Document only
the first time
when it
occurred.

C3 Does your doctor currently prescribe tablets for your high blood pressure?

1) Yes

2) No

999) Do not know

High Blood Cholesterol or Lipids

C4 Have you ever been told by a western-trained doctor that you have high blood cholesterol or lipids?

1) Yes

2) No

999) Do not know

GO TO C7

C5 How old were you when you were first told you had high blood cholesterol or lipids?

Age when told _____

(or) Year when told |__|__|__|__|

(or) _____ years ago

999) Do not know

Document only
the first time
when it
occurred.

C6 Does your doctor currently prescribe tablets for your high blood cholesterol or lipids?

1) Yes

2) No

999) Do not know

Heart Disease

**INTERVIEWERS'
GUIDE**

C7 Have you ever been told by a western-trained doctor that you have blockage of the arteries to your heart?

- 1) Yes (**END INTERVIEW**)
- 2) No
- 999) Do not know

Congenital heart disease / defect is not included.

It has to be when the doctor has done an angiogram to diagnose the condition.

Detection by ECG is not considered as a diagnostic in this context.

C8 Have you ever been told by a western-trained doctor that you had chest pain due to heart problems?

- 1) Yes (**END INTERVIEW**)
- 2) No
- 999) Do not know

C9 Have you ever been told by a western-trained doctor that you had a heart attack?

- 1) Yes (**END INTERVIEW**)
- 2) No
- 999) Do not know

C10 Does your doctor currently prescribe any medication for heart disease?

- 1) Yes, and it is not congenital (**END INTERVIEW**)
- 2) No
- 3) Yes, and it is congenital
- 999) Do not know

Peripheral Arterial Disease

INTERVIEWERS' GUIDE

C11 Have you ever been told by a western-trained doctor that you have blockage of the arteries in your legs?

It has to be when the doctor has done an angiogram to diagnose the condition.

1) Yes

2) No

999) Do not know

GO TO C14

C12 How old were you when you were first told you had blockage of the arteries in your legs?

Document only the first time when it occurred.

Age when told _____

(or) Year when told |__|__|__|__|

(or) _____ years ago

999) Do not know

C13 Does your doctor currently prescribe medication for the blockage of the arteries in your legs?

1) Yes

2) No

999) Do not know

Atherosclerosis

C14 Have you ever been told by a western-trained doctor that you had atherosclerosis?

Atherosclerosis (ah-the-ro-skle-ro-sis) is a condition in which an artery wall thickens as a result of the accumulation of fatty materials such as cholesterol.

1) Yes

2) No

999) Do not know

GO TO C16

C15 How old were you when you were first told that you had atherosclerosis?

Document only the first time when it occurred.

Age when told _____

(or) Year when told |__|__|__|__|

(or) _____ years ago

999) Do not know

Stroke

C16 Have you ever been told by a western-trained doctor that you had a stroke?

- 1) Yes (**END INTERVIEW**)
- 2) No
- 999) Do not know

C17 Have you ever been told by a western-trained doctor that you had a transient ischemic attack (TIA), or a mini stroke?

- 1) Yes (**END INTERVIEW**)
- 2) No
- 999) Do not know

A mini stroke is a stroke where the symptoms completely disappear after 24 hours and the patient appears to recover fully from the attack

Cancer

C18 Have you ever been told by a western-trained doctor that you had cancer?

- 1) Yes (**END INTERVIEW**)
- 2) No
- 999) Do not know

Diabetes Mellitus

Now, I would like to ask questions on diabetes.

Diabetes occurs when there is excess sugar in the blood which needs additional control by diet and exercise **and/or** medication **and/or** insulin.

C19 Have you ever been told by a western-trained doctor that you have diabetes?

[IF "YES" AND RESPONDENT IS FEMALE, PROMPT "WAS THIS ONLY WHEN YOU ARE PREGNANT"?]

- 1) Yes
- 2) Yes, but only during pregnancy
- 3) No
- 4) No, pre-diabetes or borderline diabetes
- 999) Do not know

GO TO C24

Do not include self-diagnosed diabetes or any other conditions other than "diabetes".

"Self-diagnosed" means: thinking that they have but not confirmed or diagnosed by western-trained doctors.

C20 How old were you when you were first told that you had diabetes?

Age when told _____

(or) Year when told |__|__|__|__|

(or) _____ years ago

999) Do not know

Document only the first time when it occurred.

C21 What type of medication are you on?

- 1) None
- 2) Insulin injections
- 3) Oral hypoglycemic agents
- 4) Both insulin injections & oral hypoglycemic agents
- 5) Others: please specify _____
- 999) Do not know

Oral hypoglycemic agents are medicine taken to control blood sugar and which is taken orally.

C22 Has the doctor ever told you that you have eye disease as a result of your diabetes?

- 1) Yes
- 2) No
- 3) Do not know

C23 Has the doctor ever told you that you have kidney disease as a result of your diabetes?

- 1) Yes
- 2) No
- 3) Do not know

Asthma

C24 Have you ever been told by a western-trained doctor that you have asthma?

1) Yes

2) No

999) Do not know

GO TO C28

C25 How old were you when you were first told you had asthma?

Age when told _____

(or) Year when told |__|__|__|__|

(or) _____ years ago

999) Do not know

Document only the first time when it occurred.

C26 Do you still have asthma?

1) Yes

2) No (**GO TO C28**)

999) Do not know

C27 Are you taking a long term preventive medication for asthma every day?

1) Yes

2) No

999) Do not know

Preventive medication is one taken daily for the purpose of preventing asthma attacks.

Chronic Obstructive Pulmonary Disease (COPD)

C28 Have you ever been told by a western-trained doctor that you have chronic obstructive pulmonary disease (COPD)?

1) Yes

2) No

999) Do not know

**FEMALE GO TO C31;
MALE GO TO D1**

C29 How old were you when you were first told you had COPD?

Age when told _____

(or) Year when told |__|__|__|__|

(or) _____ years ago

999) Do not know

Document only the first time when it occurred.

C30 During the last 12 months, how many times did you have to visit A&E or a doctor's clinic for treatment because your COPD symptoms became worse?

_____ times

**FEMALE GO TO C31;
MALE GO TO D1**

Women's Health

C31 At what age did you first had your period?

_____ years old

888) Refuse to answer

999) Do not know

C32 Have your periods stopped because of menopause?

1) Yes

2) No

888) Refuse to answer

999) Do not know

GO TO C34

C33 At what age did your periods stop?

_____ years old

888) Refuse to answer

999) Do not know

C34 Did you give birth to any children?

1) Yes

2) No (**GO TO D1**)

C35 How many children did you give birth to?

_____ children

C36 At what age did you give birth to your first child?

_____ years old

SECTION D – PHYSICAL ACTIVITY

I would like you to think about the physical activities that you do in the last three months.

Leisure Time Activity

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

D1a On average, how many hours per day do you spend sitting down while doing activities in your free time on weekdays?

_____ hours

D1b On average, how many hours per day do you spend sitting down while doing activities in your free time on weekends?

_____ hours

D2 How often do you use stairs when an elevator is available?

- 1) Often
- 2) Not very often
- 3) Seldom
- 4) Never

INTERVIEWERS' GUIDE

- This includes sitting and:
- chatting
 - reading
 - listening to music
 - driving or riding in a car for leisure
 - watching TV
 - playing cards
 - surfing the internet

D3. Which of the following do you do in your spare time (outside working hours)?

INTERVIEWERS' GUIDE

Record "0" under "times/week" if that activity is not performed. If the activity is performed at least 1 time per week, record under "times/week". If the activity is performed less than 1 time per week, record under "times/month". Only record the activity that performed at least once a month.

When estimating the duration of the activities, do not include rest periods when you are active.

Activities	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			

MULTIETHNIC COHORT
MAIN QUESTIONNAIRE (ENGLISH)

Activities	How many times per week	How many times per month	On average, how long do you do this activity each time? (duration in minutes)
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 score game i.e. not keeping score			
34. Basketball/netball - game play (keeping score)			
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			
D4 Please list any other leisure time activities that you do regularly that have not been included in the list. ["NNN" IF NOT APPLICABLE]			
D4.1			
D4.2			

Occupational Physical Activity

INTERVIEWERS' GUIDE

D5a In the last 3 months, did you hold any job that last for more than 1 month?

1) Yes

2) No

888) Refuse to answer

GO TO D6

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

D5b 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 (inactively)		
						Light activity	Moderate activity	Vigorous activity
1								
2								
3								
4								
					Min 4 Max 12	Sum total no. of hours = hours of work per day		

Light activity	Moderate activity	Heavy activity
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	Carrying light loads Continuous walking Heavy cleaning- mopping, sweeping, scrubbing, vacuuming Gardening- planting or weeding Painting/ plastering Electrical work	Carrying moderate to heavy loads Heavy construction Farming- hoeing, digging, mowing, raking Digging ditches/ shoveling

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MAIN QUESTIONNAIRE (ENGLISH)**

D6 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.

INTERVIEWERS' GUIDE

Record "0" under "Min/day" if that activity is not performed.
If the activity takes less than 60min per day, record under "Min/day".
If the activity takes 60min or more per day, record under (Hrs/day).

Activity	Min per day	Hrs per day	Days per week
43. Shopping (e.g. groceries, clothes): excluding 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 thrash 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 in 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 ["NNN" IF NOT APPLICABLE]:			
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)			

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 while on your job.

INTERVIEWERS' GUIDE

D7 Do you walk for at least 10 minutes continuously to get to and from places?

- 1) Yes
- 2) No (**GO TO D11**)

D8 How much time would you spend walking for travel on a typical day?

_____ minutes

D9 In a typical week, how many days do you walk for at least 10 minutes to get to and from places?

_____ days a week

D10 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.

D11 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 E1**)

D12 How much time would you spend bicycling for travel on a typical day?

_____ minutes

D13 In a typical week, how many days do you cycle for at least 10 minutes to get to and from places?

_____ days a week

D14 What is the intensity of cycling?

- 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.

SECTION E – GENERAL HEALTH QUALITY (GHQ) [Self-administered]

SECTION F - EQ-5D™

**SPHS – MEC
Health Screening Form**

Appt Time:

Arrival Time:

Date Registered:

Not for Data Entry

Time Registered:

Visit ID
2nd Ref. Number

Staff initial

Participants:

- A Have you had a fever for the last 14 days? No Yes; **do not proceed**
- B For ladies, are you pregnant? No Yes; **do not proceed** N.A
- C Have you eaten/drink for the last 8 hours? No Yes
- D Have you been taking any medications? No Yes; specify: _____

For Data Entry :

- 1 For ladies, are you still having menses currently? No Yes; do not collect urine (go to 3) N.A (male)
- 2 Have you taken any painkillers / antibiotics in the last 7 days ? No Yes; do not collect urine
- 3 Do you have these medical conditions?
- | | | | | |
|----|--------------------------|-----------------------------|------------------------------|--|
| 1 | High Cholesterol | <input type="checkbox"/> No | <input type="checkbox"/> Yes | 3.12. Other medical conditions:

_____ |
| 2 | Hypertension | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 3 | Diabetes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 4 | Kidney failure | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 5 | Heart failure | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 6 | Heart attack | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 7 | Stroke | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 8 | Cancer | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 9 | Irregular heart beat | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 10 | Congenital heart disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 11 | Other heart diseases | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |

I certify the above information given by me is correct.

Participant's signature

Station	Results	Refuse	Unable	For Data Entry Investigator Code
Station I				
1 Height (m)	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2 Weight (kg)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____ Staff Initial/Date				
<u>Waist/Hip circumference</u>				
3 Waist circumference (cm)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4 Hip circumference (cm)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____ Staff Initial/Date				
5 CASP	<input type="checkbox"/> NOT DONE	Refuse	Unable	
<input type="checkbox"/> CASPRO A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> CASPRO B		<input type="checkbox"/>	<input type="checkbox"/>	
_____ Staff Initial/Date				

6 Blood pressure (mmHg)		Refuse	Unable	
<input type="checkbox"/> Dinamap		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Digital	1 st	Take a 3 rd reading if difference between 2 readings is >10 mmHg systolic or >5mmHg diastolic		<input type="text"/>
<input type="checkbox"/> Manual	2 nd			
	3 rd			
				Staff Initial/Date

Station II		Refuse	Unable	
1. ECG	<input type="checkbox"/> Taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Known heart problems?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Staff Initial/Date
3. Has pacemaker?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
4. Known dextrocardia?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
5. Experiencing heart-related symptoms?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
6. On doctor follow-up for heart problem(s)?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
7. Uncertain diagnosis?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
7a. If YES, what is the ECG referral advice by Dr?		<input type="checkbox"/> No referral	<input type="checkbox"/> Next visit	
		<input type="checkbox"/> In 1-2 weeks	<input type="checkbox"/> Within 24hrs	

Station III		<input type="checkbox"/> NOT DONE		
1. Monofilament 5.07 sensory test	No. of sensory points felt	Refuse	Unable	<input type="text"/>
	R 5	<input type="checkbox"/>	<input type="checkbox"/>	Staff Initial/Date
	L 5			
2. Neurothesiometer Reading (Mv)	Apex 1 st	<input type="checkbox"/>	<input type="checkbox"/>	
	Med Mal.			
3. Brachial BP (mmHg)	1	<input type="checkbox"/>	<input type="checkbox"/>	
(systolic reading by Doppler)	2			
Arm used	<input type="checkbox"/> Left	<input type="checkbox"/> Right		
Is this the dominant arm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Ankle BP (mmHg)	R1	<input type="text"/>	L1	<input type="text"/>
(systolic reading by Doppler)	R2	<input type="text"/>	L2	<input type="text"/>

Station IV - Skinfolds (mm)

				Refuse	Unable	
				<input type="checkbox"/>	<input type="checkbox"/>	
1	Bicep1	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/> Refuse <input type="text"/>
	Bicep2	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
	Bicep3	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
3	Sub-scapula1	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	_____ Staff Initial/Date
	Sub-scapula2	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
	Sub-scapula3	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
2	Tricep1	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
	Tricep2	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
	Tricep3	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
4	Supra-iliac1	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
	Supra-iliac2	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
	Supra-iliac3	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	

Station V – Hand Grip (kg)

				Refuse	Unable	
				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Left	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
<input type="checkbox"/>	Right	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	_____ Staff Initial/Date
		<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	.	<input type="text"/>	

Station VI

1. Blood sample Random Fasting

Research

<input type="checkbox"/> Plain tube (10ml)	Refuse	Unable	<input type="text"/>
<input type="checkbox"/> EDTA tube (10ml)	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Screening

<input type="checkbox"/> Plain (5ml)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EDTA (3ml)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fluoride (2ml)	<input type="checkbox"/>	<input type="checkbox"/>

2. Micral test (mg/L) Neg 50 20 100

Staff Initial/Date

Discharge Time :

Discharge Voucher []

Return copy of consent form to participant

Staff Initial/Date

Remarks (For data entry)
