

**SINGAPORE POPULATION HEALTH STUDIES – SINGAPORE HEALTH 2  
MAIN QUESTIONNAIRE – PERSONAL INFORMATION**

Member ID: 

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Name: (Mr / Ms / Mrs)\* \_\_\_\_\_

Gender: 1) Male  
2) Female

NRIC: 

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D.O.B.: 

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

Residential Address:

Block / House No: \_\_\_\_\_

Street / Building Name: \_\_\_\_\_

Unit No: # \_\_\_\_\_ - \_\_\_\_\_

Postal Code: SINGAPORE (\_\_\_\_\_)

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

Block / House No: \_\_\_\_\_

Street / Building Name: \_\_\_\_\_

Unit No: # \_\_\_\_\_ - \_\_\_\_\_

Postal Code: SINGAPORE (\_\_\_\_\_)

Contact 1: Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Office No: \_\_\_\_\_

Contact 2: Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Office No: \_\_\_\_\_

Preferred Language: 1. \_\_\_\_\_ 2. \_\_\_\_\_

INTERVIEW DETAILS		STUDY ID:
Interviewer's Name:		
Interview Date:	/ /	
Interview Time:	AM / PM*	
Interview Language:		
Audio Recorded:	YES / NO	

**GENERAL INSTRUCTIONS:**

- All are single-answer questions
- Circle the appropriate answer number
- Each correction of entry must be signed and dated
- Do not leave any blanks unless instructed
- Use the introductory sentences throughout the questionnaire to ease the transition from one section to another.
- Do not interpret or make assumptions while interviewing; ask every question as it is written and document participant's response as it is given

<b>Instructions</b>	
<b>USE SHOWCARD</b>	Please show showcards to participant when asking the questions
<b>Read out</b>	Read out the options available for participants
<b>Read Out If Necessary</b>	Read out options only when participant gives a wide range of answers, could not provide answer or give answers that is not relevant to the questions
<b>DO NOT READ OUT</b>	Do not read out the responses. Probe non-directively to classify into matching response category or others. (Non-directive: do not interpret/explain the question in a way that will influence respondent's answer. Respondent should be encouraged to answer freely)

<b>Responses for numeric fields</b>	
<b>Where <u>not applicable</u>, enter:</b>	777
<b>Where <u>participant refuses to answer</u>, enter:</b>	888
<b>Where <u>participant does not know</u>, enter:</b>	999

**STUDY ID:**

Date of Interview:

D	D	M	M	Y	Y	Y	Y

**SECTION 1 – DEMOGRAPHICS**

Q1 Date of birth:

D	D	M	M	Y	Y	Y	Y

Q2 Gender:

- 1) Male
- 2) Female

Q3 Ethnicity:

- 1) Chinese
- 2) Malay
- 3) Indian
- 4) Others (Please specify: \_\_\_\_\_)

Q4 Are you a Singapore citizen?

- 1) Yes, I am a Singapore citizen
- 2) No, I am a permanent resident (go to Q8)

Q5 Did you previously hold citizenship of another country?

- 1) Yes
- 2) No (go to Q9)

**INTERVIEWERS' GUIDE:**

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

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

Record the citizenship of the participant. (NRIC pink = Citizen; NRIC blue = PR)

Record if participant previously holds citizenship of another country.

Q6 What is the country of your previous citizenship?

- 1) Malaysia
- 2) Other Southeast Asian countries  
(e.g. Indonesia, Thailand, Philippines)
- 3) China
- 4) Hong Kong, Taiwan, Japan or South Korea
- 5) India
- 6) Other Asian countries (e.g. Pakistan, Russia, Saudi Arabia) excluding countries listed in (1) to (5) above
- 7) Australia or New Zealand
- 8) European countries  
(e.g. United Kingdom, France, Germany)
- 9) USA or Canada
- 10) South American countries  
(e.g. Brazil, Argentina, Mexico)
- 11) African countries (e.g. Egypt, South Africa, Nigeria)
- 12) Others (Please specify: \_\_\_\_\_)

**INTERVIEWERS'  
GUIDE:**

Record the country of participant's previous citizenship. If the country is not available in the list, please indicate the name of the country in #12.

Q7 In which year did you take up Singapore citizenship?

|\_|\_|\_|\_|\_|\_|\_| (go to Q9)

Record the year (e.g. 1985) in which participant takes up Singapore citizenship.

Q8 What is the country of your current citizenship?

- 1) Malaysia
- 2) Other Southeast Asian countries  
(e.g. Indonesia, Thailand, Philippines)
- 3) China
- 4) Hong Kong, Taiwan, Japan or South Korea
- 5) India
- 6) Other Asian countries (e.g. Pakistan, Russia, Saudi Arabia) excluding countries listed in (1) to (5) above
- 7) Australia or New Zealand
- 8) European countries  
(e.g. United Kingdom, France, Germany)
- 9) USA or Canada
- 10) South American countries  
(e.g. Brazil, Argentina, Mexico)
- 11) African countries (e.g. Egypt, South Africa, Nigeria)
- 12) Others (Please specify: \_\_\_\_\_)

**INTERVIEWERS' GUIDE:**

Record the country of participant's current citizenship. If the country is not available in the list, please indicate the name of the country in #12.

Q9 What is your height?     |\_|\_|\_|\_| . |\_|\_| cm

Q10 What is your weight?    |\_|\_|\_|\_| . |\_|\_| kg

Now I would like to ask questions on socio-economic status.

Q11 What is your current marital status?

- 1) Never married
- 2) Currently married
- 3) Separated
- 4) Divorced
- 5) Widowed
- 888) Refused to answer

Ask participant for his/her last-measured or last-known weight (in kg). If the participant cannot remember, ask for his/her best estimate.

Ask this question without reading the options to the participant.

**INTERVIEWERS'  
GUIDE:**

Q12 What is the highest level of education\* that you have attained?

- 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
- 9) Refused to answer

\*Refers to the highest level or standard which a person had passed or attained and awarded a certificate, either through attendance at an institution of learning or through correspondence or self-study.

Q13 How many years of school, including higher education, have you completed?

\_\_\_\_\_ years

- 888) Refused to answer
- 999) Do not know

This question is designed to find out about formal education. Probe the response if it seems that the participant's answer is reporting the highest level of school attended, not necessary completed.

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

Q14 Which of the following best describes your main work status over the last 12 months?

- 1) Working  
(Specify current occupation: \_\_\_\_\_)
- 2) Student (full-time)
- 3) National Service
- 4) Homemaker/Housewife
- 5) Retired  
(Specify previous occupation: \_\_\_\_\_)
- 6) Unemployed (able to work)  
(Specify previous occupation: \_\_\_\_\_)
- 7) Unemployed  
(Unable to work because of disability or other medical conditions)
- 888) Refused to answer

Q15 Over the last 12 months, can you tell me what the average earnings (S\$) of the household have been per month?

- 1) Below 2,000 per month
- 2) 2,000 – 3,999 per month
- 3) 4,000 – 5,999 per month
- 4) 6,000 – 9,999 per month
- 5) 10,000 & above
- 888) Refused to answer
- 999) Do not know

**INTERVIEWERS' GUIDE:**

Household includes persons 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.

## SECTION 2 – PHYSICAL ACTIVITY

I would like to assure that all information provided is confidential and will only be used for research purposes.

Let me start by asking about your physical activity participation in three settings –

- Activity at work
- Travel to and from places and
- Recreational activities

Think first about the time you spend doing work.

Think of work as the things that you **have to do** such as paid and unpaid work, household chores, or looking for a job or attending classes (if you are studying). In answering the following questions, ‘vigorous-intensity activities’ are activities that require hard physical effort and cause large increases in breathing or heart rate, ‘moderate-intensity activities’ are activities that require moderate physical effort and cause small increases in breathing or heart rate.

Q1 Does your work involve *vigorous*-intensity activity that causes large increases in breathing or heart rate, [like heavy lifting, digging or construction work] for at least 10 minutes continuously?

**[USE SHOWCARD; INSERT EXAMPLES]**

- 1) Yes
- 2) No (go to Q4)

Q2 In a typical week, on how many days do you do *vigorous*-intensity activities as part of your work?

\_\_\_\_\_ days a week

Q3 On a typical day on which you do *vigorous*-intensity activities, how much time (in total) do you spend doing such work?

\_\_\_\_\_ hours (or) \_\_\_\_\_ minutes (go to Q7)

### INTERVIEWERS' GUIDE:

Activities are regarded as vigorous intensity if they cause a large increase in breathing and / or heart rate.

“Typical week” means a week when a person is doing vigorous intensity activities and not an average over a period. Valid responses range from 1 – 7.

Think of one day you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. Reconfirm if response is >4hours.



Q4 Does your work involve *moderate*-intensity activity that causes small increases in breathing or heart rate, [like mopping the floor or carrying light loads] for at least 10 minutes at a time?

**[USE SHOWCARD; INSERT EXAMPLES]**

- 1) Yes
- 2) No (go to Q7)

Q5 In a typical week, on how many days do you do *moderate*-intensity activities as part of your work?

\_\_\_\_\_ days a week

Q6 On a typical day on which you do *moderate*-intensity activities, how much time (in total) do you spend doing such work?

\_\_\_\_\_ hours (or) \_\_\_\_\_ minutes

The next questions exclude the physical activities at work that you have already mentioned.

Now, I would like to ask you about the usual way you travel to and from places. For example, going to work, shopping, market, or church, temple or mosque or going out for lunch.

Q7 Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?

- 1) Yes
- 2) No (go to Q10)

Q8 In a usual week, on how many days do you walk or bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?

\_\_\_\_\_ days a week (if 0, go to Q10)

Q9 On a typical day when you walk or bicycle (pedal cycle) for at least 10 minutes, how much time (in total) do you spend walking or cycling?

\_\_\_\_\_ hours (or) \_\_\_\_\_ minutes

**INTERVIEWERS' GUIDE:**

Activities are regarded as moderate intensity if they cause a small increase in breathing and / or heart rate.

"Typical week" means a week when a person is doing moderate intensity activities and not an average over a period. Valid responses range from 1 – 7.

Think of one day you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. Reconfirm if response is >4hours.

Think of one day you can recall easily. Consider the total amount of time walking for trips of 10 minutes or more. Reconfirm if response is >4hours.

The next questions exclude the work and transport activities that you have already mentioned.

Now, I would like to ask you about sports, fitness and recreational activities (leisure) like swimming and badminton.

Q10 Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate such as running or football, for at least 10 minutes continuously?

**[USE SHOWCARD; INSERT EXAMPLES]**

- 1) Yes
- 2) No (go to Q13)

Q11 In a typical week, on how many days do you do *vigorous*-intensity sports, fitness or recreational (leisure) activities?

\_\_\_\_\_ days a week

Q12 How much time do you spend doing *vigorous*-intensity sports, fitness or recreational activities (leisure) on a typical day?

\_\_\_\_\_ hours (or) \_\_\_\_\_ minutes (go to Q16)

Q13 Do you do any *moderate*-intensity sports, fitness or recreational (leisure) activities that cause small increases in breathing or heart rate such as brisk walking, for at least 10 minutes continuously?

**[USE SHOWCARD; INSERT EXAMPLES]**

- 1) Yes
- 2) No (go to Q16)

Q14 In a typical week, on how many days do you do *moderate*-intensity sports, fitness or recreational (leisure) activities?

\_\_\_\_\_ days a week

**INTERVIEWERS' GUIDE:**

Activities are regarded as vigorous intensity if they cause a large increase in breathing and / or heart rate.

"Typical week" means a week when a person is doing vigorous intensity activities and not an average over a period. Valid responses range from 1 – 7.

Think of one day you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. Reconfirm if response is >4hours.

Activities are regarded as moderate intensity if they cause a small increase in breathing and / or heart rate.

"Typical week" means a week when a person is doing moderate intensity activities and not an average over a period. Valid responses range from 1 – 7.

Q15 How much time do you spend doing *moderate*-intensity sports, fitness or recreational activities (leisure) on a typical day?

\_\_\_\_\_ hours (or) \_\_\_\_\_ minutes

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends, including time spent [sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping.

Q16 How much time do you usually spend sitting or reclining on a typical day?

\_\_\_\_\_ hours (or) \_\_\_\_\_ minutes

**INTERVIEWERS' GUIDE:**

Think of one day you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. Reconfirm if response is >4hours.

Consider total time spent at work sitting, in an office, reading, watching television, using a computer, doing hand craft like knitting, resting etc. Do not include time spent sleeping.

**SECTION 3 – CIGARETTE SMOKING**

Now I would like to ask questions on smoking.

Q1 Have you ever smoked cigarettes?

- 1) Yes
- 2) No (go to Q11)

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.

Q2 Have you ever smoked at least 100 cigarettes (about 5 packs) in your whole life?

- 1) Yes
- 2) No (go to Q11)

Q3 How old were you when you first tried smoking?

\_\_\_\_\_ years old

Q4 Do you smoke now?

- 1) Daily\* (go to Q5)
- 2) Occasionally (go to Q6)
- 3) Have stopped smoking completely (go to Q8)

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

INTERVIEWERS' GUIDE:
Do not define "cigarettes" for the participants.
Classifies the current smoking status and directs the skip to the appropriate section.

**INTERVIEWERS' GUIDE:**

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

Q5 At what age did you start smoking daily

\_\_\_\_\_ years old

Q6 On average, how many cigarettes do you smoke

\_\_\_\_\_ cigarettes / day  
(or) \_\_\_\_\_ cigarettes / week  
(or) \_\_\_\_\_ cigarettes / month

Q7 How many times did you try quitting smoking during the past 12 months?

\_\_\_\_\_ times (go to Q11)

**[Ex-smoker only]**

Q8 When you smoked, how many cigarettes on average would you smoke?

\_\_\_\_\_ cigarettes / day  
(or) \_\_\_\_\_ cigarettes / week  
(or) \_\_\_\_\_ cigarettes / month

Q9 How long has it been since you last smoked?

\_\_\_\_\_ months (or) \_\_\_\_\_ years

Q10 How long did you smoke before you gave up smoking?

\_\_\_\_\_ months (or) \_\_\_\_\_ years

Q11 Have you ever smoked any of the following other tobacco products besides cigarettes?

	List of other tobacco products	Yes			No
		Daily	Occasionally	Have stopped using other smoked tobacco products	
1	Cigars	1	2	3	4
2	Cigarillos	1	2	3	4
3	Shisha (waterpipe)	1	2	3	4
4	Beedis	1	2	3	4
5	Rolled cigarettes / Ang Hun (loose tobacco)	1	2	3	4
6	Others (Please specify: _____)	1	2	3	4

**SECTION 4 – ALCOHOL CONSUMPTION**

Now, I would like to ask questions on alcohol consumption.

Q1 Have you ever consumed alcohol?

- 1) Yes
- 2) No (go to Section 5)

Q2 Have you consumed alcohol within the past 12 months?

- 1) Yes
- 2) No (go to Section 5)

Q3 What is your main alcoholic drink?

- 1) Beer
- 2) Stout
- 3) Wines (champagne, port)
- 4) Spirits (gin, whisky, rum, brandy, vodka)
- 5) Alcopops/ other premixed drinks
- 6) Other

(Please specify: \_\_\_\_\_)

)

- 7) No specific preference

Q4 In the past 12 months, how frequently have you had at least one drink?

- 1) 5 or more days a week
- 2) 1-4 days per week
- 3) 1-3 days a month
- 4) Less than once a month

Q5 On the days that you drank alcohol, how many drinks on average did you have in a day?

**[USE SHOWCARD]**

\_\_\_\_\_ number

INTERVIEWERS' GUIDE:
<p>"Alcohol beverages" or "drinks with alcohol" at any time in life.</p>
<p>The type of alcoholic drink that participants consume <u>most often</u>.</p>
<p>Frequency of drinking in the past year.</p>
<p>The usual average number of drinks on a typical day on days when the participant is drinking and NOT the average number of drinks per day over the past 1 week or month or past 12 months.</p>

Q6 During the past month, have you ever had **X [X = 5 for men, X = 4 for women]** drinks or more (all types of alcoholic drinks) in any one drinking session?

- 1) Yes
- 2) No (go to Section 5)

Q7 How many times during the past month did you have **X [X = 5 for men, X = 4 for women]** drinks or more drinks (all types of alcoholic drinks) in any one drinking session?

\_\_\_\_\_ times in the past month

**SECTION 5 – DIABETES**

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.

Q1 Who in your family ever had diabetes?

		Yes	No	Do not know	Refused to answer
1	Father	1	2	999	888
2	Mother	1	2	999	888
3	Brother	1	2	999	888
4	Sister	1	2	999	888
5	Son	1	2	999	888
6	Daughter	1	2	999	888

**INTERVIEWERS' GUIDE:**

Family refers to parents, siblings and children; blood-related.

Q2 Have you ever been told by a doctor (western trained) 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 Q12)

**INTERVIEWERS' GUIDE:**

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

Self-diagnosed: think they have but not confirmed or diagnosed by western-trained doctors

Q3 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: \_\_\_\_\_)
- 888) Refused to answer
- 999) Do not know

Q4 How many years have you had diabetes?

\_\_\_\_\_ years



Q5 Besides medication prescribed by doctor (if any), did you use other ways to control your diabetes? **[Read out]**

- 1) Yes
- 2) No (go to Q7)
- 999) Do not know (go to Q7)

**INTERVIEWERS' GUIDE:**

Refers to self-management of the condition

Q6 What other ways do you do to control your diabetes? **[Read out]**

		Yes	No	Refused to answer	Do not know
1	Lose weight / maintain ideal weight	1	2	888	999
2	Reduce intake of sugar, rice, bread	1	2	888	999
3	Increase intake of wholemeal bread, brown rice, vegetables and high fibre food	1	2	888	999
4	Reduce fat intake	1	2	888	999
5	Cutting down/stop smoking	1	2	888	999
6	Exercise	1	2	888	999
7	Reduce alcohol intake	1	2	888	999
8	Others	1	2	888	999
8.1	Please specify: _____				

**INTERVIEWERS' GUIDE:**

Refers to self-management of the condition

Q7 About how often do you check your blood for glucose or sugar yourself? Include times when checked by family member or friend, but do not include times when checked by health professional.

No. of times	Per day	Per week	Per month	Per year	Do not know
	1	2	3	4	999

**INTERVIEWERS' GUIDE:**

Refers to self monitoring of blood glucose or when assisted by family or friend but not by health care professional.

Q8 About how many times in the past 12 months have you seen a doctor for your diabetes?

\_\_\_\_\_ times

- 999) Do not know

**INTERVIEWERS' GUIDE:**

Includes the number of regular check-ups done for the condition.

Q9 Where do you seek treatment for your diabetes most of the time?  
**[DO NOT READ OUT]**

- 1) Private GP
- 2) Government polyclinic
- 3) Specialist outpatient clinic (restructured hospital)
- 4) Specialist outpatient clinic (private hospital)
- 5) Others (Please specify: \_\_\_\_\_)
- 6) None (go to Q11)

Q10 Do you use Medisave to pay for your outpatient treatment of diabetes?

- 1) Yes
- 2) No
- 888) Refused to answer
- 999) Do not know

Q11 A test for haemoglobin “A one C” measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse or health professional checked you for haemoglobin “A one C”?

\_\_\_\_\_ Number of times

- 1) Never heard of this test
- 999) Do not know

Q12 When was the last time you had a blood test to check for diabetes?  
**[Read Only If Necessary]**

- 1) 1 year ago or less
- 2) More than 1 year to 2 years
- 3) More than 2 years to 3 years
- 4) More than 3 years to 5 years
- 5) More than 5 years
- 6) Never been checked

**SECTION 6 – 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.

Q1 Who in your family ever had high blood pressure?

**INTERVIEWERS' GUIDE:**  
Family refers to parents, siblings and children; blood-related.

		Yes	No	Do not know	Refused to answer
1	Father	1	2	999	888
2	Mother	1	2	999	888
3	Brother	1	2	999	888
4	Sister	1	2	999	888
5	Son	1	2	999	888
6	Daughter	1	2	999	888

Q2 Have you ever been told by a doctor (western trained) 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 Q11)

Q3 How many years have you had high blood pressure?

\_\_\_\_\_ years

Q4 Does your doctor currently prescribe tablets for your high blood pressure?

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

Q5 Besides medication prescribed by doctor (if any), did you use other ways to control your blood pressure?

- 1) Yes
- 2) No (go to Q7)
- 999) Do not know (go to Q7)

**INTERVIEWERS' GUIDE:**

Refers to the ways participant controls their blood pressure.

Q6 What other ways do you do to control your blood pressure? **[Read Out]**

		Yes	No	Refused to answer	Do not know
1	Lose weight	1	2	888	999
2	Reduce salt intake	1	2	888	999
3	Reduce fat intake	1	2	888	999
4	Exercise	1	2	888	999
5	Cutting down/ stop smoking	1	2	888	999
6	Reduce alcohol intake	1	2	888	999
7	Reduce / cope with stress	1	2	888	999
8	Others	1	2	888	999
8.1	Please specify: _____				

**INTERVIEWERS' GUIDE:**

Refers to the ways participant controls their blood pressure.

Q7 About how long ago was your most recent blood pressure check done?

- 1) Less than 1 month
- 2) 1 to 3 months
- 3) 4 to 6 months
- 4) More than 6 months

**INTERVIEWERS' GUIDE:**

The number of regular check-ups done for the condition.

Q8 How many times in the past 12 months have you seen a doctor for your high blood pressure?

\_\_\_\_\_ times

Q9 Where do you seek treatment for your high blood pressure most of the time?  
**[DO NOT READ OUT]**

- 1) Private GP
- 2) Government polyclinic
- 3) Specialist outpatient clinic (restructured hospital)
- 4) Specialist outpatient clinic (private hospital)
- 5) Others  
(Please specify: \_\_\_\_\_)
- 6) None (go to Q11)

Q10 Do you use Medisave to pay for your outpatient treatment of hypertension?

- 1) Yes
- 2) No
- 888) Refused to answer
- 999) Do not know

Q11 When was the last time you had your blood pressure checked?  
**[Read Only If Necessary]**

- 1) 1 year ago or less
- 2) More than 1 year to 2 years
- 3) More than 2 years to 3 years
- 4) More than 3 years to 5 years
- 5) More than 5 years
- 6) Never been checked

## SECTION 7 – HEALTH CONDITIONS

Next I would like to ask questions on health conditions.

### High blood cholesterol or Lipids

Q1 Have you ever been told by a doctor (western trained) that you have high blood cholesterol or lipids?

- 1) Yes
- 2) No (go to Q6)
- 999) Do not know (go to Q6)

Q2 Does your doctor currently prescribe tablets for your high blood cholesterol or lipids?

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

Q3 How many times in the past 12 months have you seen a doctor for your high blood cholesterol or lipids?

\_\_\_\_\_ number of times

- 999) Do not know

**INTERVIEWERS' GUIDE:**

The number of regular check-ups done for the condition.

Q4 Where do you seek treatment for your high blood cholesterol or lipids most of the time?

**[DO NOT READ OUT]**

- 1) Private GP
- 2) Government polyclinic
- 3) Specialist outpatient clinic (restructured hospital)
- 4) Specialist outpatient clinic (private hospital)
- 5) Others  
(Please specify: \_\_\_\_\_)
- 6) None (go to Q7)

Q5 Do you use Medisave to pay for your outpatient treatment of high blood cholesterol or lipids?

- 1) Yes
- 2) No
- 888) Refuse to answer

999) Do not know

Q6 When was the last time you had your blood cholesterol checked?  
**[Read Only If Necessary]**

- 1) 1 year ago or less
- 2) More than 1 year to 2 years
- 3) More than 2 years to 3 years
- 4) More than 3 years to 5 years
- 5) More than 5 years
- 6) Never been checked

Q7 Has anyone in your family ever had cancer? If yes, which type?

	Types of cancer:	Yes	No	Don't know
1	Lung	1	2	999
2	Breast	1	2	999
3	Colon	1	2	999
4	Stomach	1	2	999
5	Nose	1	2	999
6	Prostate	1	2	999
7	Liver	1	2	999
8	Cervical/ Ovarian/ Uterine/ Gynaecological area	1	2	999
9	Blood	1	2	999
10	Bone	1	2	999
11	Others	1	2	999
11.1	Please specify: _____			

**INTERVIEWERS' GUIDE:**

Family refers to parents, siblings and children; blood-related.

**INTERVIEWERS' GUIDE:**

For bone, probe "Do you know if the cancer started from bone or started elsewhere & spread to the bone?"

Q8 Who in your family ever had chest pain due to heart problem?

		Yes	No	Do not know	Refused to answer
1	Father	1	2	999	888
2	Mother	1	2	999	888
3	Brother	1	2	999	888
4	Sister	1	2	999	888
5	Son	1	2	999	888

SINGAPORE HEALTH 2  
MAIN QUESTIONNAIRE

6	Daughter	1	2	999	888
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Q9 Who in your family ever had a heart attack?

		Yes	No	Do not know	Refused to answer
1	Father	1	2	999	888
2	Mother	1	2	999	888
3	Brother	1	2	999	888
4	Sister	1	2	999	888
5	Son	1	2	999	888
6	Daughter	1	2	999	888

Q10 Who in your family ever had a stroke?

		Yes	No	Do not know	Refused to answer
1	Father	1	2	999	888
2	Mother	1	2	999	888
3	Brother	1	2	999	888
4	Sister	1	2	999	888
5	Son	1	2	999	888
6	Daughter	1	2	999	888

Q11 Who in your family ever had kidney disease?

		Yes	No	Do not know	Refused to answer
1	Father	1	2	999	888
2	Mother	1	2	999	888
3	Brother	1	2	999	888
4	Sister	1	2	999	888
5	Son	1	2	999	888
6	Daughter	1	2	999	888



Q12 Have you ever been told by a doctor (western trained) that you had:

		Yes	No	Refused to answer	Do not know
1	Chest pain due to heart problems?	1	2	888	999
2	A heart attack?	1	2	888	999
3	A stroke?	1	2	888	999
4	Atherosclerosis?	1	2	888	999
5	Cancer?	1 (go to 13)	2 (go to 14)	888	999

**INTERVIEWERS' GUIDE:**

**Atherosclerosis** - a condition in which an artery wall thickens as a result of the accumulation of fatty materials such as cholesterol.

Q13 If yes, what type of cancer?

	Types of cancer:	Yes	No	Don't know
1	Lung	1	2	999
2	Breast	1	2	999
3	Colon	1	2	999
4	Stomach	1	2	999
5	Nose	1	2	999
6	Prostate	1	2	999
7	Liver	1	2	999
8	Cervical/ Ovarian/ Uterine/ Gynaecological area	1	2	999
9	Blood	1	2	999
10	Bone	1	2	999
11	Others	1	2	999
11.1	Please specify _____			

**INTERVIEWERS' GUIDE:**

For bone, probe "Do you know if the cancer started from bone or started elsewhere & spread to the bone?"

**Joint pain**

Q14 In the past 6 months, have you had pain, aching, stiffness or swelling in or around a joint?  
(e.g. hip, knee, shoulder, elbow, wrist, fingers)

- 1) Yes
- 2) No (go to Q15)

**INTERVIEWERS' GUIDE:**

Joint problems do not have to be diagnosed by a doctor (western-trained). Simply having the symptoms is enough. This excludes neck and back pain.

		Yes	No	Refused to answer	Do not know
1	Do you feel that these symptoms were caused by work?	1	2	888	999
2	Were these symptoms <u>present on most days</u> for at least one month?	1	2	888	999
3	Did these symptoms start only because of an injury?	1	2	888	999
4	Do you feel that the injury was caused by work?	1	2	888	999

**INTERVIEWERS' GUIDE:**

**Most days** means more than half the days in any 1-month period during the past 12 months.

**Arthritis / Gout / Kidney Disease**

Q15 Have you ever been told by a doctor (western trained) that you have ...

		Yes	No	Refused to answer	Do not know
1	Arthritis?	1	2 (go to Q15.5)	888 (go to Q15.5)	999 (go to Q15.5)
2	Osteoarthritis (wear and tear arthritis) of the knee?	1	2	888	999
3	Osteoarthritis (wear and tear arthritis) of the hip?	1	2	888	999
4	Rheumatoid arthritis?	1	2	888	999
5	Gout?	1	2	888	999
6	Osteoporosis? This can be told by other health professional.	1	2	888	999

**INTERVIEWERS' GUIDE:**

**Arthritis** is a condition affecting the bone and muscle, i.e. the inflammation of a joint.  
**Osteoarthritis** is a chronic disease characterised by destruction of cartilage and overgrowth of bone with malformation.  
**Rheumatoid arthritis** is a form of arthritis with inflammation of the joints, stiffness and swelling.  
**Gout** is a disease involving uric acid deposits in the joints.  
**Osteoporosis** is a condition where the bones become weak and brittle, leading to an increased risk of fracture.

7	<u>Weak or failing</u> kidneys? (Do not include kidney stones, bladder infections or incontinence)	1	2	888	999
---	---	---	---	-----	-----

Q16 In the past 6 month, have you had low back pain that lasted a whole day or more?  
**[USE SHOWCARD]**

- 1) Yes
- 2) No (go to Q18)

Q17 Do you feel that the pain was caused by work?

- 1) Yes
- 2) No
- 888) Refused to answer
- 999) Do not know

**Asthma**

Q18 Have you ever been told by a doctor (western trained) that you have asthma?

- 1) Yes
- 2) No (go to Q28)

Q19 How old were you when you were first told you had asthma?

\_\_\_\_\_ years old

Q20 During the last 12 months, have you had an episode of asthma or an asthma attack?

- 1) Yes
- 2) No (go to Q28)

Q21 Do you feel that the episode of asthma or asthmatic attack was caused by or made worse by work?

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

Q22 During the last 12 months, how many times did you have to visit A&E or a doctor's clinic for urgent treatment of asthma?

\_\_\_\_\_ times (if 0, go to Q24)

Q23 During the last 12 months, how many times were you hospitalized for treatment of asthma?

\_\_\_\_\_ times

Q24 Over the past 1 month, on average, how many times **per week** do you need to use your inhaler medication for quick relief of asthma symptoms?

\_\_\_\_\_ times per week

Q25 During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep?

\_\_\_\_\_ days

Q26 Are you taking a long term preventive medication for asthma every day?

- 1) Yes
- 2) No (go to Q28)
- 888) Refused to answer (go to Q28)
- 999) Do not know (go to Q28)

**INTERVIEWERS' GUIDE:**

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

Q27 Do you use Medisave to pay for your outpatient treatment of asthma?

- 1) Yes
- 2) No
- 888) Refused to answer
- 999) Do not know

## Vision

Q28 Have you ever been told by a doctor that you have cataract?

- 1) Yes
- 2) No

Q29 Have you ever had or do you have...

		Yes	No	Refused to answer	Do not know
1	Short-sightedness?	1	2	888	999
2	Long-sightedness?	1	2	888	999

## Hearing

Q30 Do you feel you have hearing loss?

- 1) Yes
- 2) No

**INTERVIEWERS' GUIDE:**

According to participant's own belief / opinion.

Q31 Did any of your parents, children, brothers or sisters have great difficulty in hearing before the age of 55 years?

- 1) Yes
- 2) No

Q32 Have you been exposed to loud noises in your job or leisure activities where you did not use protective devices such as ear plugs or ear muffs?

- 1) Yes
- 2) No (go to Q35)

Q33 How frequent was such exposure?

- 1) Daily (less than 4 hours/day)
- 2) Daily (more than 4 hours/day)

- 3) Less than daily (less than 4 hours/day)
- 4) Less than daily (more than 4 hours/day)
- 888) Refused to answer
- 999) Do not know

Q34 For what duration was this exposure (in total)?

- 1) <3 months
- 2) 3 – 6 months
- 3) 6 – 12 months
- 4) 1 – 3 years
- 5) > 3 years
- 888) Refused to answer
- 999) Do not know

Q35 Have you ever had repeated ear infection or impacted earwax?

- 1) Yes
- 2) No
- 888) Refused to answer
- 999) Do not know

Q36 Do you wear a hearing aid?

- 1) Yes
- 2) No

**INTERVIEWERS' GUIDE:**

**Hearing aid** is a small electronic apparatus that amplifies sound and is worn in or behind the ear to compensate for impaired hearing.

Do not assume participant does not use one based on appearance.

**Tuberculosis**

Q37 Did you receive BCG vaccination at birth?

- 1) Yes
- 2) No
- 999) Not sure

Q38 Did you receive BCG vaccination at school-going age?

- 1) Yes
- 2) No
- 999) Not sure

Q39 Have you ever had tuberculosis (TB), including latent TB (i.e. diagnosed with TB but has no symptoms)?

- 1) Yes
- 2) No (go to Q43)
- 999) Not sure (go to Q43)

Q40) Did you ever have symptoms?

- 1) Yes (go to Q42)
- 2) No

Q41 When were you diagnosed?

m	m	y	y	y	y

 (go to Q43)

Q42 When did you have episode(s) of symptoms? (beginning from most recent)

Episode 1						
Episode 2						
Episode 3						
	m	m	y	y	y	y

Q43 Have you ever lived within the same house with a family or friend who has symptomatic/active TB?

- 1) Yes
- 2) No (go to Q45)
- 999) Not sure (go to Q45)

Q44 When did the symptoms occur?

Episode 1						
Episode 2						
	m	m	y	y	y	y

**[If respondent is female go to Q45]**  
**[If respondent is male go to Section 8]**

**[For female respondent only]**

Q45 At what age did you first had your period?

\_\_\_\_\_ years old

888) Refused to answer

999) Do not know

Q46 Have your periods stopped because of menopause?

1) Yes

2) No (Go to Q48)

888) Refused to answer (Go to Q48)

999) Do not know (Go to Q48)

Q47 At what age did your periods stop?

\_\_\_\_\_ years old

888) Refused to answer

999) Do not know

Q48 Did you give birth to any children?

1) Yes

2) No (Go to Section 8)

Q49 How many children did you give birth to?

\_\_\_\_\_

Q50 At what age did you give birth to your first child?

\_\_\_\_\_ years old



**SECTION 8 – CARE GIVING**

**Care giving**

Now, I would like to ask you on care giving (i.e. providing regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.)

Q1 During the past month, did you provide any such care or assistance to a friend or family member?

- 1) Yes
- 2) No (Go to Section 9)
- 888) Refused to answer (Go to Section 9)
- 999) Do not know (Go to Section 9)

Q2 How many persons are you providing care to?

\_\_\_\_\_ person(s)

Q3 Are you the only person providing care for this person?

- 1) Yes (go to Q5)
- 2) No

**INTERVIEWER'S GUIDE:**

If providing care to more than 2 persons, please ask the participant to provide information on the 2 persons to whom he / she is giving the most care.

**Care Recipient 1**

Q4 Who else provides care to this person?

		Yes	No
1	Other family members	1	2
2	Live-in maid	1	2
3	Nurse / other nursing professional	1	2
4	Day-care & other institutions	1	2
5	Others	1	2 (go to Q5)
5.1	Please specify:		

Q5 What age is the person to whom you are giving care? \_\_\_\_\_ years old

- 888) Refused to answer
- 999) Do not know

Q6 Is this person whom you giving care to male or female?

- 1) Male
- 2) Female
- 888) Refused to answer

Q7 What is his / her relationship to you? For example is he / she your (mother / daughter or father / son)?

- 1) Parent
- 2) Parent-in-law
- 3) Child
- 4) Spouse
- 5) Sibling
- 6) Grandparent
- 7) Grandchild
- 8) Other relative
- 9) Non-relative
- 888) Refused
- 999) Do not know

Q8 How long have you provided care for this friend or family member?

- 1) 1 year or less
- 2) More than 1 year to 2 years
- 3) More than 2 years to 5 years
- 4) More than 5 years to 10 years
- 5) More than 10 years
- 999) Do not know

Q9 In an average week, how many hours do you provide care for this person?

\_\_\_\_\_ hours per week

- 888) Refused to answer
- 999) Do not know

**INTERVIEWER'S GUIDE**

The total number of hours per week the participant spends providing care to this person.

Q10 In which of the following areas does the person you care for most need your help?  
**[Read Only If Necessary]**

		Yes	No	Do not know	Refuse to answer
1	Taking care of himself/herself, such as eating, dressing, or bathing	1	2	999	888
2	Taking care of his/her residence or personal living spaces, such as cleaning, managing money or preparing meals	1	2	999	888
3	Communicating with others	1	2	999	888
4	Learning or remembering	1	2	999	888
5	Seeing or hearing	1	2	999	888
6	Moving around within the home	1	2	999	888
7	Transportation outside of the home	1	2	999	888
8	Relieving/ decreasing anxiety or depression	1	2	999	888

**[Go to Section 9 if participant is only giving care to 1 recipient]**

**Care Recipient 2**

Q11 Are you the only person providing care for this person?

- 1) Yes (go to Q13)
- 2) No

Q12 Who else provides care to this person?

		Yes	No
1	Other family members	1	2
2	Live-in maid	1	2
3	Nurse / other nursing professional	1	2
4	Day-care & other institutions	1	2
5	Others	1	2 (go to Q13)
5.1	Please specify:		

Q13 What age is the person to whom you are giving care? \_\_\_\_\_ years old

888) Refused to answer

999) Do not know

Q14 Is this person whom you giving care to male or female?

1) Male

2) Female

888) Refused to answer

Q15 What is his / her relationship to you? For example is he / she your (mother / daughter or father / son)?

1) Parent

2) Parent-in-law

3) Child

4) Spouse

5) Sibling

6) Grandparent

7) Grandchild

8) Other relative

9) Non-relative

888) Refused

999) Do not know

Q16 How long have you provided care for this friend or family member?

1) 1 year or less

2) More than 1 year to 2 years

3) More than 2 years to 5 years

4) More than 5 years to 10 years

5) More than 10 years

999) Do not know

Q17 In an average week, how many hours do you provide care for this person?

\_\_\_\_\_ hours per week

888) Refused to answer

999) Do not know

**INTERVIEWER'S GUIDE**

The total number of hours per week the participant spends providing care to this person.

Q18 In which of the following areas does the person you care for most need your help?  
**[Read Only If Necessary]**

		Yes	No	Do not know	Refuse to answer
1	Taking care of himself/herself, such as eating, dressing, or bathing	1	2	999	888
2	Taking care of his/her residence or personal living spaces, such as cleaning, managing money or preparing meals	1	2	999	888
3	Communicating with others	1	2	999	888
4	Learning or remembering	1	2	999	888
5	Seeing or hearing	1	2	999	888
6	Moving around within the home	1	2	999	888
7	Transportation outside of the home	1	2	999	888
8	Relieving/ decreasing anxiety or depression	1	2	999	888

## SECTION 9 – HEALTH STATE DESCRIPTIONS

Now I would like to ask questions on your state of health.

### Overall Health

The first question is about your overall health, including both your physical health and mental health.

Q1 In general, how would you rate your health today?

- 1) Very good
- 2) Good
- 3) Moderate
- 4) Bad
- 5) Very bad
- 888) Refused to answer
- 999) Do not know

#### INTERVIEWER'S GUIDE

Participant should answer according to how he/she considers his/her health to be and give his/her best estimate.

### General Health Quality (GHQ-12) [Self-administered]

### Pittsburgh Sleep Quality Index (PSQI)

### Positive Mental Health Instrument

### Kessler Psychological Distress Scale (K6)

### Mini-Mental State Examination (MMSE)

### EuroQol Five Dimensions Questionnaire (EQ-5D)

## Singapore Population Health Studies – Singapore Health 2 Health Screening Form

<b>Appt Time:</b>		→	Not for Data Entry		<b>Visit ID</b>  <b>2<sup>nd</sup> Ref. Number</b>
<b>Arrival Time:</b>					
<b>Date Registered:</b>		}			
<b>Time Registered:</b>			Not for Data Entry		
<b>Date of Birth:</b>		}			_____ 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 or have delivered within the past three months?  N.A  No  Yes; **do not proceed**

C Did you eat food or drink beverages in the last 8 hours?  No  Yes

D Are you a known diabetic?  
 No  Yes; not on any medications/injections.  Yes; on regular diabetic (**western-type**) medication / non-compliance / defaulted taking diabetes medications/injections.

E For women, are you still having menses currently?  No  Yes; do not collect urine (Skip Question F)  
 N.A (male)

F Have you taken any painkillers / antibiotics in the last 7 days?  No  Yes; do not collect urine for Biobank only collect urine for ACR

**I certify the above information given by me is correct.**

\_\_\_\_\_

*Participant's signature:*

Station	Results	Refuse	Unable	For Data Entry Investigator Code
<b>Station I</b>				
1 Height (cm)	[ ][ ] . [ ]	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]
2 Weight (kg)	[ ][ ] . [ ]	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Waist/Hip circumference</u>				_____ Staff Initial/Date
<b>Reading 1</b>				
3 Waist circumference (cm)	[ ][ ] . [ ]	<input type="checkbox"/>	<input type="checkbox"/>	
Hip circumference (cm)	[ ][ ] . [ ]			
<b>Reading 2</b>				
Waist circumference (cm)	[ ][ ] . [ ]	<input type="checkbox"/>	<input type="checkbox"/>	[ ][ ]
Hip circumference (cm)	[ ][ ] . [ ]			
*Take 3 <sup>rd</sup> measurement if the difference between 2 readings is more than 2cm in either waist and/or hip measurements				_____ Staff Initial/Date
<b>Reading 3*</b>				
Waist circumference (cm)	[ ][ ] . [ ]	<input type="checkbox"/>	<input type="checkbox"/>	
Hip circumference (cm)	[ ][ ] . [ ]			

Station	Results	For Data Entry Investigator Code
<b>Station II – Blood pressure measurements to be made on each arm (left and right)</b>		
1 Blood pressure (mmHg) <input type="checkbox"/> Dinamap <input type="checkbox"/> Manual		
<input type="checkbox"/> <b>Left arm</b>		
	Refuse      Unable	
	<input type="checkbox"/> <input type="checkbox"/>	[ ] [ ] [ ]
Systolic / Diastolic		
1 <sup>st</sup>	/	Take a 3 <sup>rd</sup> reading if difference between 2 readings is >25 mmHg systolic or >15mmHg diastolic
2 <sup>nd</sup>	/	
3 <sup>rd</sup>	/	
		Staff Initial/Date
<input type="checkbox"/> <b>Right arm</b>		
	Refuse      Unable	
	<input type="checkbox"/> <input type="checkbox"/>	[ ] [ ] [ ]
Systolic / Diastolic		
1 <sup>st</sup>	/	Take a 3 <sup>rd</sup> reading if difference between 2 readings is >25 mmHg systolic or >15mmHg diastolic
2 <sup>nd</sup>	/	
3 <sup>rd</sup>	/	
		Staff Initial/Date
<b>Station III</b>		
<input type="checkbox"/> Fasting <input type="checkbox"/> Random		
1 Blood sample <b>Research</b>		
	Refuse      Unable/N.A.	
	<input type="checkbox"/> <input type="checkbox"/>	[ ] [ ] [ ]
<input type="checkbox"/> Plain (9ml)		
<input type="checkbox"/> EDTA (9ml)	<input type="checkbox"/> <input type="checkbox"/>	
		Staff Initial/Date
<b>Screening</b>		
<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"/>	
<b>TB</b>		
<input type="checkbox"/> QFT-C (1ml)	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> QFT-A (1ml)	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> QFT-M (1ml)	<input type="checkbox"/> <input type="checkbox"/>	
2 Urine Sample <input type="checkbox"/> Biobank <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>	[ ] [ ] [ ]
<input type="checkbox"/> ACR		
		Staff Initial/Date
<b>Station IV</b>		
1 Do you wear a hearing aid?		
<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes, left ear <input type="checkbox"/> 3. Yes, right ear <input type="checkbox"/> 4. Yes, both ears		
2 <b>Audioscope (do not perform on ear with hearing aid)</b>		
	Refuse      Unable/NA	
	<input type="checkbox"/> <input type="checkbox"/>	[ ] [ ] [ ]
<u>Reading 1 at 40db HL</u>		
	1000    2000    4000    500 (Hz)	
Left Ear	[ ] [ ] [ ] [ ]	<input type="checkbox"/> <input type="checkbox"/>
Right Ear	[ ] [ ] [ ] [ ]	<input type="checkbox"/> <input type="checkbox"/>
		Staff Initial/Date
<b>Rescreen if participant cannot hear 1 or more out of 4 frequencies</b>		
<u>Reading 2 at 40db HL</u>		
	1000    2000    4000    500 (Hz)	
Left Ear	[ ] [ ] [ ] [ ]	<input type="checkbox"/> <input type="checkbox"/>
Right Ear	[ ] [ ] [ ] [ ]	<input type="checkbox"/> <input type="checkbox"/>
	(Y=Response      N=No Response)	
<b>Station V</b>		
1 ECG <input type="checkbox"/> Taken		
	Refuse      Unable	
	<input type="checkbox"/> <input type="checkbox"/>	[ ] [ ] [ ]
		Staff Initial/Date



**Station VI - Skinfolds (mm)**

				Refuse <input type="checkbox"/>	Unable <input type="checkbox"/>							
1	Bicep1	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	2	Tricep1	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
	Bicep2	<input type="text"/>	<input type="text"/>	.	<input type="text"/>		Tricep2	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
	Bicep3	<input type="text"/>	<input type="text"/>	.	<input type="text"/>		Tricep3	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
3	Sub-scapula1	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	4	Supra-iliac1	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<hr style="width: 100%;"/> Staff Initial/Date
	Sub-scapula2	<input type="text"/>	<input type="text"/>	.	<input type="text"/>		Supra-iliac2	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	
	Sub-scapula3	<input type="text"/>	<input type="text"/>	.	<input type="text"/>		Supra-iliac3	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	

Time of Discharge	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b><u>Not for Data Entry</u></b>						
	Discharge Voucher _ [					]	
<input type="checkbox"/> Return copy of consent form to participant							
							<hr style="width: 100%;"/> Staff Initial/Date
<b>Remarks (For data entry)</b>							