

**SINGAPORE POPULATION HEALTH STUDIES – SINGAPORE HEALTH 2012
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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D D M M Y Y Y Y

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

Instructions	
USE SHOWCARD	Please show showcards to participant when asking the questions
Read out	Read out the options available for participants
Read Out If Necessary	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
DO NOT READ OUT	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)

Responses for numeric fields	
Where <u>not applicable</u>, enter:	777
Where <u>participant refuses to answer</u>, enter:	888
Where <u>participant does not know</u>, enter:	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 Q6)

Q5a Did you previously hold citizenship of another country?

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

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.

Q5b 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.

Q5c In which year did you take up Singapore citizenship?

|_|_|_|_|_|_|_| (go to Q7)

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

- Q6 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: _____)

Q7 What is your height? |__|__|__| . |__| cm

Q8 What is your weight? |__|__|__| . |__| kg

Q9 Have you ever been told by a doctor (western trained) that you are overweight or you need to lose weight?

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

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

Q10 What is your current marital status?

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

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.

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

Do not ask participant whether he/she think or feel he/she is overweight.

Ask this question without reading the options to the participant.

**INTERVIEWERS'
GUIDE:**

Q11 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.

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.

Q12 How many years of school, including higher education, have you completed?

_____ years

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

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.

Q13 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

Q14 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 Q3)

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

_____ days a week

Q2a 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 Q5)

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.

Q3 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 Q5)

Q4 In a typical week, on how many days do you do *moderate*-intensity activities as part of your work?

_____ days a week

Q4a 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.

Q5 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 Q6)

Q5a 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.

Q6 In the past 3 months, did you participate in any sports, exercise or walking during your leisure time?

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

Q6a What is your main reason for not doing any leisure physical activity?
[DO NOT READ OUT]

- 1) No time due to work / family commitment
- 2) No companion to exercise with
- 3) Too lazy
- 4) Too tired because of work commitment etc
- 5) Too old
- 6) Poor health
- 7) Doctor advised not to exercise
- 8) Have enough exercise at work
- 9) Lack of facilities
- 10) Weather is too hot / humid
- 11) No interest
- 12) Accident/ short-term injuries
- 13) Others

(Please specify: _____)

(go to Q13)

INTERVIEWERS' GUIDE:

This question aims to find out the main reason why the participant does not do any leisure physical activity.

NOTE – reasons for not doing any leisure physical activity:

- **Doctor's advice** takes priority over **poor health**.
- Examples of **accident/ short-term injuries** can be fractures, broken legs/arms **or** surgeries
- **Others** can refer to blindness, other permanent disabilities

[If “Yes” in Q6]

Q7 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 Q10)

Q8 In a typical week, on how many days do you do *vigorous*-intensity sports, fitness or recreational (leisure) activities?

_____ days a week

Q9 How much time do you spend doing *vigorous*-intensity sports, fitness or recreational activities (leisure) on a typical day?

_____ hours (or) _____ minutes (go to Q13)

Q10 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 Q13)

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

_____ days a week

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

_____ hours (or) _____ minutes

INTERVIEWERS' GUIDE:
<p>Activities are regarded as vigorous intensity if they cause a large increase in breathing and / or heart rate.</p>
<p>“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.</p>
<p>Think of one day you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. Reconfirm if response is >4hours.</p>
<p>Activities are regarded as moderate intensity if they cause a small increase in breathing and / or heart rate.</p>
<p>“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.</p>
<p>Think of one day you can recall easily. Consider the total amount of time doing moderate recreational activities for periods of 10 minutes or more. Reconfirm if response is >4hours.</p>

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.

Q13 How much time do you usually spend sitting or reclining on a typical day?

_____ hours (or) _____ minutes

INTERVIEWERS' GUIDE:

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 Q22)

[If “Yes”]

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 Q22)

Q3 Have you ever smoked cigarettes daily?

- 1) Yes
- 2) No

Q4 Do you smoke now?

- 1) Daily* (go to Q5) **[Daily Smoker]**
- 2) Occasionally (go to Q12) **[Occasional Smoker]**
- 3) Have stopped smoking completely (go to Q17) **[Ex-Smoker]**

* 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.

Daily smoker

Q5 On average, how many cigarettes do you smoke per day?

_____ cigarettes

Q6 How old were you when you first tried (i.e. experimented with) smoking?

_____ years old

Q7 At what age did you start smoking daily?

_____ years old

Q8 What is your main reason for smoking now?

[DO NOT READ OUT]

- 1) To feel **relaxed**/ to **relieve stress**/ to help me cope with problems
 - 2) To help me **concentrate**
 - 3) Addiction/ would feel unbearable if I do not smoke
 - 4) Smoking is **enjoyable**
 - 5) **Boredom**
 - 6) To feel **confident**/ **grown up**/ important
 - 7) To be like my **family members**/ relatives
 - 8) To model **film/ TV stars**
 - 9) To **be like**/ to **impress**/ to **fit in**/ to **bond with** my boyfriend/ girlfriend/ friends/colleagues
 - 10) To **entertain** clients/ friends
 - 11) Out of habit
 - 12) To **lose weight**
 - 13) Others
- (Please specify:

_____)

INTERVIEWERS' GUIDE:

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

Record the age since the participant first tried/experimented with smoking. Probe to get more specific answers as needed.

Record the age since the participant first started smoking on a daily basis. Probe to get more specific answers as needed.

Emphasize main reason. Probe to clarify the response where necessary and classify it into the matching response category.

Q9 Which of the following best describes you?

- 1) I plan to quit smoking within the next month
- 2) I plan to quit smoking within the next 6 months
- 3) I plan to quit smoking within the next 12 months
- 4) I plan to quit smoking within the next 5 years
- 5) I plan to quit smoking sometime in the future
- 6) I do not plan to quit smoking at all but plan to cut down on the number of cigarettes smoked
- 7) I do not plan to quit smoking at all and do not plan to cut down on the number of cigarettes smoked

Q10 Have you abstained from smoking for a period of at least 24 hours in the past 12 months?

- 1) Yes
- 2) No

Q11 How many times did you try quitting smoking during the past 12 months?

_____ times (go to Q22)

Occasional smoker only

Q12 On average, how many cigarettes do you smoke?

_____ cigarettes/week (or) _____ cigarettes/month

999) Do not know

888) Refused to answer

Q13 How old were you when you first tried (i.e. experimented with) smoking?

_____ years old

Q14 What is your main reason for smoking now?
[DO NOT READ OUT]

- 1) To feel **relaxed/ to relieve stress/ to help me cope with problems**
 - 2) To help me **concentrate**
 - 3) Addiction/ would feel **unbearable** if I do not smoke
 - 4) Smoking is **enjoyable**
 - 5) **Boredom**
 - 6) To feel **confident/ grown up/ important**
 - 7) To be like my **family members/ relatives**
 - 8) To model **film/ TV stars**
 - 9) To **be like/ to impress/ to fit in/ to bond with**
my boyfriend/ girlfriend/ friends/colleagues
 - 10) To **entertain** clients/ friends
 - 11) Out of habit
 - 12) To **lose weight**
 - 13) Others
- (Please specify: _____)

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

Record the age since the participant first tried smoking. Probe to get more specific answers as needed.

Emphasize main reason. Probe to clarify the response where necessary and classify it into the matching response category.

Q15 Which of the following best describes you?

- 1) I plan to quit smoking within the next month
- 2) I plan to quit smoking within the next 6 months
- 3) I plan to quit smoking within the next 12 months
- 4) I plan to quit smoking within the next 5 years
- 5) I plan to quit smoking sometime in the future
- 6) I do not plan to quit smoking at all but plan to cut down on the number of cigarettes smoked
- 7) I do not plan to quit smoking at all and do not plan to cut down on the number of cigarettes smoked

Q16 How many times did you try quitting smoking during the past 12 months?

_____ times (if 0, go to Q22)

Q16a What was the main reason for which you attempted to stop smoking?

[DO NOT READ OUT]

- 1) Advised to stop smoking by my **doctor**
- 2) **Learnt** about the **harmful effects** of smoking
- 3) **Health reasons**/experienced the ill effects of smoking
- 4) Concerned about the health of those around me
(through **passive smoking**)
- 5) Cigarettes have become too **expensive**
- 6) Smoking is a **waste of money**
- 7) Pressure/ advice to stop from **family/ friends /colleague**
- 8) **No particular reason**/ decided to give up smoking **voluntarily**
- 9) **Social stigma** associated with smoking
- 10) Pressure to stop from the environment (e.g. **smoking bans**)
- 11) Others
(Please specify: _____) (go to Q22)

INTERVIEWERS' GUIDE:

Emphasize main reason. Probe to clarify the response where necessary and classify it into the matching response category.

"Learnt about the harmful effects of smoking" can include graphic health warning labels on cigarette packs.

Ex-smoker only

Q17 How long has it been since you last smoked daily?

_____ months (or) _____ years

Q18 How long did you smoke daily before you gave up smoking?

_____ months (or) _____ years

Q19 What was the main reason for which you stopped smoking completely?

[DO NOT READ OUT]

- 1) Advised to stop smoking by my **doctor**
- 2) **Learnt** about the **harmful effects** of smoking

INTERVIEWERS' GUIDE:

Emphasize main reason. Probe to clarify the response where necessary and classify it into the matching response category.

"Learnt about the harmful effects of smoking" can include

- 3) **Health reasons**/experienced the ill effects of smoking
- 4) Concerned about the health of those around me
(through **passive smoking**)
- 5) Cigarettes have become too **expensive**
- 6) Smoking is a **waste of money**
- 7) Pressure/ advice to stop from **family/ friends /
colleague**
- 8) **No particular reason**/ decided to give up smoking
voluntarily
- 9) **Social stigma** associated with smoking
- 10) Pressure to stop from the environment
(e.g. **smoking bans**)
- 11) Others
(Please specify: _____)

Q20 How did you quit smoking?
[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Abstained from smoking on own accord	1	2
2	Attended smoking cessation programme/counselling in public/private hospitals	1	2
3	Attended smoking cessation programme/counselling in public/private clinics	1	2
4	Attended smoking cessation programme/counselling in the workplace	1	2
5	Attended smoking cessation programme/counselling in through a community pharmacy (retail/polyclinic)	1	2

6	Through talking to a quit advisor at Quitline	1	2
7	By nicotine replacement therapy (e.g. nicotine patch, inhaler)	1	2
8	By herbal remedy	1	2
9	Used medication (e.g. Bupropion / Zyban, Varenicline / Champix)	1	2
10	Other methods	1	2
10.1	Please specify:		

Q21 How many times did you try to quit smoking before you succeeded?

_____ times

All Participants

Q22 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	
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 4 – ALCOHOL CONSUMPTION

INTERVIEWERS' GUIDE:
<p>“Alcohol beverages” or “drinks with alcohol” at any time in life.</p>

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

The type of alcoholic drink that participants consume most often.

Frequency of drinking in the past year.

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.

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)

[If “Yes”]

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 Has anyone in your family ever had diabetes?

- 1) Yes
- 2) No (go to Q2)
- 999) Do not know (go to Q2)

INTERVIEWERS' GUIDE:

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

[If "Yes"]

Q1a Can you tell me who in your family had diabetes?

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

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 (go to Q2a)
 - 2) Yes, but only during pregnancy
 - 3) No
 - 4) No, pre-diabetes or borderline diabetes
 - 999) Do not know
- } (go to Q7)

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

Q2a 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

Q2b How many years have you had diabetes?

_____ years

Q2c Besides medication prescribed by doctor (if any), did you use other ways to control your diabetes? **[Read out]**

- 1) Yes
- 2) No (go to Q3)
- 999) Do not know (go to Q3)

INTERVIEWERS' GUIDE:

Refers to self-management of the condition

Q2d 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

Q3 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.

Q4 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.

Q5 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 Q6)

Q5a Do you use Medisave to pay for your outpatient treatment of diabetes?

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

Q6 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

(Go to Section 6)

Q7 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 (go to Q10)

Q8 Why did you go for your last blood test to check for diabetes?
[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Know the importance of screening	1	2
2	Advised by doctors/ nurses	1	2
3	My family members/ friends/ colleagues encouraged me	1	2
4	Read/ heard about it/ saw an advertisement about checking for diabetes	1	2
5	Ad-hoc health screening	1	2
6	Routine check-up	1	2
7	Company/ application health screening (e.g. pre-employment or permanent residency application)	1	2
8	Others	1	2
8.1	Please specify:		

INTERVIEWERS' GUIDE:

Circle "Reasons mentioned" according to the response given by participants. If participants did not mention the reasons stated, circle "Reasons not mentioned".

Q9 Where did you go for your last blood test for diabetes?
[DO NOT READ OUT]

- 1) Private GP (Integrated screening programme)
- 2) Private GP (non-integrated screening programme)
- 3) Government polyclinic
- 4) Specialist outpatient clinic (restructured hospital)
- 5) Specialist outpatient clinic (private hospital)
- 6) Workplace
- 7) Community venue
- 8) Others
(Please specify: _____)
- 9) None

INTERVIEWERS' GUIDE:

The Integrated Screening Programme (ISP) is a nationwide subsidized-screening programme for Singapore Citizens and Permanent Residents 40 years and older to go for screening for diabetes, high blood pressure, high blood cholesterol, obesity and cervical cancer at a Chronic Disease Management Programme (CDMP) - registered GP clinic. Patients were given a letter from HPB to bring to the clinic for the subsidized screening.

(Go to Section 6)

[If "Never been checked" in Q7]

Q10 What are the reasons for not having a blood test to check for diabetes?

[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Never heard about it	1	2
2	Not necessary as I am healthy	1	2
3	Not at risk	1	2
4	Too old	1	2
5	Too young	1	2
6	Cost of the test is too expensive	1	2
7	Not suggested by doctors	1	2
8	Afraid of knowing the results	1	2
9	Inconvenient (e.g. clinic/hospital too far away, wait at clinic/hospital too long, English signs at clinic/hospital too confusing)	1	2
10	Not important	1	2
11	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)	1	2
12	Cannot do anything if diabetes is detected	1	2
13	Don't know where to go	1	2
14	Painful test	1	2
15	Fated if I get diabetes	1	2
16	Can't afford the treatment for diabetes	1	2
17	Others	1	2
17.1	Please specify:		

INTERVIEWERS' GUIDE:

Circle "Reasons mentioned" according to the response given by participants. If participants did not mention the reasons stated, circle "Reasons not mentioned".

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 Has anyone in your family ever had high blood pressure?

- 1) Yes
- 2) No (go to Q2)
- 999) Do not know (go to Q2)

INTERVIEWERS' GUIDE:

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

[If "Yes"]

Q1a Can you tell me who in your family had high blood pressure?

	Yes	No	Do not know	Refused to answer
Father	1	2	999	888
Mother	1	2	999	888
Brother	1	2	999	888
Sister	1	2	999	888
Son	1	2	999	888
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 (go to Q2a)
 - 2) Yes, but only during pregnancy
 - 3) No
 - 4) No, borderline high blood pressure
 - 999) Do not know
- } (go to Q5)

Q2a How many years have you had high blood pressure?

_____ years

Q2b Does your doctor currently prescribe tablets for your high blood pressure?

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

Q2c Besides medication prescribed by doctor (if any), did you use other ways to control your blood pressure?

- 1) Yes
- 2) No (go to Q2e)
- 999) Do not know (go to Q2e)

INTERVIEWERS' GUIDE:

Refers to the ways participant controls their blood pressure.

Q2d 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.

Q2e 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.

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

_____ times

Q4 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 Q5)

Q4a Do you use Medisave to pay for your outpatient treatment of hypertension?

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

Q5 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 (go to Q8)

Q6 Why did you last check your blood pressure?
[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Know the importance of screening	1	2
2	Advised by doctors/ nurses	1	2
3	My family members/ friends/ colleagues encouraged me	1	2
4	Read/ heard about it/ saw an advertisement about checking for hypertension	1	2
5	Ad-hoc health screening	1	2
6	Routine check-up	1	2
7	Company/ application health screening (e.g. pre-employment or permanent residency application)	1	2
8	Others	1	2
8.1	Please specify:		

Q7 Where did you go for your last blood pressure check-ups?
[DO NOT READ OUT]

- 1) Private GP (Integrated screening programme)
- 2) Private GP (non-integrated screening programme)
- 3) Government polyclinic
- 4) Specialist outpatient clinic (restructured hospital)
- 5) Specialist outpatient clinic (private hospital)
- 6) Workplace
- 7) Community venue
- 8) Others
(Please specify: _____)
- 9) None

(Go to Section 7)

INTERVIEWERS' GUIDE:

The Integrated Screening Programme (ISP) is a nationwide subsidized-screening programme for Singapore Citizens and Permanent Residents, 40 years and older to go for screening for diabetes, high blood pressure, high blood cholesterol, obesity and cervical cancer at a Chronic Disease Management Programme (CDMP) - registered GP clinic. Patients were given a letter from HPB to bring to the clinic for the subsidized screening. (HPB)..

[If "Never been checked" in Q5]

Q8 What are the reasons for not checking your blood pressure?

[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Never heard about it	1	2
2	Not necessary as I am healthy	1	2
3	Not at risk	1	2
4	Too old	1	2
5	Too young	1	2
6	Cost of the test is too expensive	1	2
7	Not suggested by doctors	1	2
8	Afraid of knowing the results	1	2
9	Inconvenient (e.g. clinic/hospital too far away, wait at clinic/hospital too long, English signs at clinic/hospital too confusing)	1	2
10	Not important	1	2
11	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)	1	2
12	Cannot do anything if high blood pressure is detected	1	2
13	Fated if I get high blood pressure	1	2
14	Can't afford the treatment for high blood pressure	1	2
15	Others	1	2
15.1	Please specify:		

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 Q5)
- 999) Do not know (go to Q5)

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

- 1) Yes
- 2) No
- 3) 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 Q9)

Q4a 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

Q5 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 (go to Q8)

Q6 Why did you go for your last blood test to check for cholesterol?
[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Know the importance of screening	1	2
2	Advised by doctors/ nurses	1	2
3	My family members/ friends/ colleagues encouraged me	1	2
4	Read/ heard about it/ saw an advertisement about checking for cholesterol	1	2
5	Ad-hoc health screening	1	2
6	Routine check-up	1	2
7	Company/ application health screening (e.g. pre-employment or permanent residency application)	1	2
8	Others	1	2
8.1	Please specify:		

Q7 Where did you go for your last blood test to check for cholesterol?
[DO NOT READ OUT]

- 1) Private GP (Integrated screening programme)
- 2) Private GP (non-integrated screening programme)
- 3) Government polyclinic
- 4) Specialist outpatient clinic (restructured hospital)
- 5) Specialist outpatient clinic (private hospital)
- 6) Workplace
- 7) Community venue
- 8) Others
(Please specify: _____)
- 9) None (Go to Q9)

INTERVIEWERS' GUIDE:
The Integrated Screening Programme (ISP) is a nationwide subsidized-screening programme for Singapore Citizens and Permanent Residents, 40 years and older to go for screening for diabetes, high blood pressure, high blood cholesterol, obesity and cervical cancer at a Chronic Disease Management Programme (CDMP) -registered GP clinic. Patients were given a letter from HPB to bring to the clinic for the subsidized screening.

[If "Never been checked" in Q5]

Q8 What are the reasons for not having your blood cholesterol checked?

[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Never heard about it	1	2
2	Not necessary as I am healthy	1	2
3	Not at risk	1	2
4	Too old	1	2
5	Too young	1	2
6	Cost of the test is too expensive	1	2
7	Not suggested by doctors	1	2
8	Afraid of knowing the results	1	2
9	Inconvenient (e.g. clinic/hospital too far away, wait at clinic/hospital too long, English signs at clinic/hospital too confusing)	1	2
10	Not important	1	2
11	Cannot do anything if high blood cholesterol is detected	1	2
12	Don't know where to go	1	2
13	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)	1	2
14	Fated if I get high blood cholesterol	1	2
15	Can't afford the treatment for high blood cholesterol	1	2
16	Others	1	2 (go to Q9)
16.1	Please specify:		

Cardiovascular diseases

Q	Has anyone in your <u>family</u> ever had:	Yes	No	Refused to answer	Do not know
9	Chest pain due to heart problems?	1	2	888	999
10	A heart attack?	1	2	888	999
11	A stroke?	1	2	888	999

INTERVIEWERS' GUIDE:

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

[If "No"/ "888"/ "999" for Q9-11, go to Q15]

[If "Yes" in Q9]

Q12 Can you tell me who in your family had chest pain due to heart problems?

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

INTERVIEWERS' GUIDE:

For Q 9 – 11, if all "NO" please proceed to Q15; or else answer the subsequent questions correspondingly.

[If "Yes" in Q10]

Q13 Can you tell me who in your family had a heart attack?

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

[If "Yes" in Q11]

Q14 Can you tell me who in your family had a stroke?

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

Q	Have you ever been told by a doctor (western trained) that <u>you</u> had:	Yes	No	Refused to answer	Do not know

INTERVIEWERS' GUIDE:

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

15	Chest pain due to heart problems?	1	2	888	999
16	A heart attack?	1	2	888	999
17	A stroke?	1	2	888	999
18	Atherosclerosis?	1	2	888	999

Joint pain

Q19 In the past 12 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 Q20)

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.

Q		Yes	No	Refused to answer	Do not know
19a	Do you feel that these symptoms were caused by work?	1	2	888	999
19b	Were these symptoms <u>present on most days</u> for at least one month?	1	2	888	999
19c	Did these symptoms start only because of an injury?	1	2	888	999
19d	Do you feel that the injury was caused by work?	1	2	888	999
19e	Were you limited in your usual activities because of joint symptoms?	1	2	888	999
19f	Have you had knee pain on most days of the month?	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 / Cancer / Kidney Disease

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

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Q	Have you ever been told by a doctor (western trained) that you have ...	Yes	No	Refused to answer	Do not know
20	Arthritis?	1	2 (go to Q20d)	888 (go to Q20d)	999 (go to Q20d)
20a	Osteoarthritis (wear and tear arthritis) of the knee?	1	2	888	999
20b	Osteoarthritis (wear and tear arthritis) of the hip?	1	2	888	999
20c	Rheumatoid arthritis?	1	2	888	999
20d	Gout?	1	2	888	999
20e	Osteoporosis? This can be told by other health professional.	1	2	888	999
21	Cancer	1	2	888	999

Q22 Has anyone in your family ever had kidney disease?

- 1) Yes
- 2) No (go to Q24)
- 999) Do not know (go to Q24)

[If “Yes”]

Q23 Can you tell me who in your family had kidney disease?

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

Q24 Have you ever been told by a doctor (western trained) that you had weak or failing kidneys? (Do not include kidney stones, bladder infections or incontinence)

- 1) Yes

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

Q25 In the past 1 month (30 days), have you had low back pain that lasted a whole day or more? **[USE SHOWCARD]**

- 1) Yes
- 2) No (go to Q26)

Q25a Do you feel that the pain was caused by work?

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

Q25b About how many days did you experience this pain in the past 1 month?

_____ days

Q25c Were you limited in your usual activities because of low back pain?

- 1) Yes
- 2) No

INTERVIEWERS' GUIDE:

Measure the severity to the extent of affecting one's daily life.

Asthma

Q26 Have you ever been told by a doctor (western trained) that you have asthma?

- 1) Yes
- 2) No (go to Q27)

[If "Yes"]

Q26a How old were you when you were first told you had asthma?

_____ years old

Q26b Do you still have asthma?

- 1) Yes
- 2) No (go to Q27)

Q26c During the last 12 months, have you had an episode of asthma or an asthma attack?

- 1) Yes
- 2) No (go to Q27)

[If “Yes”]

Q26d 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

Q26e 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 Q26g)

Q26f During the last 12 months, how many times were you hospitalized for treatment of asthma?

_____ times

Q26g 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

Q26h During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep?

_____ days

Q26i Are you taking a long term preventive medication for asthma every day?

- 1) Yes
- 2) No (go to Q27)
- 888) Refused to answer (go to Q27)
- 999) Do not know (go to Q27)

INTERVIEWERS’ GUIDE:

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

Q26j 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

Q27 Have you ever been told by a doctor that you have cataract?

1) Yes

2) No

Q28 Do you wear glasses or contact lenses?

1) Yes

2) No (go to Q29)

[If "Yes"]

Q	Why do you need to wear glasses or contact lenses?	Yes	No	Refused to answer	Do not know
28a	Short-sighted	1	2	888	999
28b	Long-sighted	1	2	888	999
28c	Others	1	2 (Go to Q29)	888	999
28d	Please specify:				

Hearing

Q29 Do you feel you have hearing loss?

1) Yes

2) No

INTERVIEWERS' GUIDE:

According to participant's own belief / opinion.

Q30 Did any of your parents, children, brothers or sisters have great difficulty in hearing before the age of 55 years?

1) Yes

2) No

Q31 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 Q33)

[If “Yes”]

Q32.1 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

Q32.2 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

Q33 Have you ever had repeated ear infection or impacted earwax?

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

Q34 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.

Q	Have you ever taken any of the following medications:	Yes	No	Refused to answer	Do not know
35	Gentamicin	1	2	888	999
36	Cisplatin	1	2	888	999

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37	Diuretics	1	2	888	999
38	Aspirin	1	2	888	999
39	Macrolide antibiotics	1	2	888	999

Q	Have you ever been told by a doctor (western trained) that you have ...	Yes	No	Refused to answer	Do not know
40	Meniere's disease	1	2	888	999
41	Hypothyroidism	1	2	888	999
42	Meningitis (infection of the brain)	1	2	888	999

INTERVIEWERS' GUIDE:

Meniere's disease - an inner ear disorder that affects balance and hearing. Attacks of the disease may include these symptoms: hearing loss, pressure in the ear, ringing or roaring in the ear and dizziness.

[For female respondent only]

Q43 At what age did you first had your period?

_____ years old

888) Refused to answer

999) Do not know

Q44 Have your periods stopped because of menopause?

1) Yes

2) No (Go to Q45)

888) Refused to answer (Go to Q45)

999) Do not know (Go to Q45)

Q44a At what age did your periods stop?

_____ years old

888) Refused to answer

999) Do not know

Q45 Did you give birth to any children?

1) Yes

2) No (Go to Section 8)

Q45a How many children did you give birth to?

Q45b At what age did you give birth to your first child?

_____ years old

SECTION 8 – HEALTH SCREENING PROGRAMMES

Now I would like to ask for your opinions on some health screening programmes and whether you have participated in these programmes.

Please state respondent age: _____

Please state respondent gender:

- 1) Male
- 2) Female

If respondent is male & aged 50 and above go to Q5 – Colorectal Cancer Screening
If respondent is male & aged below 50, go to Section 9 – Health Services Utilisation Practices

[For female respondent only]

Cervical Cancer Screening

Q1 Do you know what is a PAP smear?

- 1) Yes
- 2) No (go to Q2)
- 999) Not sure

[If “Yes” or “Not sure”]

Q1a Can you describe to me what you think a PAP smear test is?

[DO NOT READ OUT]

- 1) Test for **detecting cervical cancer** but don't know exactly what it involves
- 2) Examination of the **cervix** to detect cervical cancer
- 3) Examination of the **womb** to detect cervical cancer
- 4) Test involving the **scrapping of cells** from the cervix / mouth of womb to detect cervical cancer
- 5) Test involving the scrapping of cells from the cervix / mouth of womb for **microscopic examination** to detect cervical cancer
- 6) Test to **check** if my womb / cervix **is all right**
- 7) Others
(Please specify:_____)

A PAP smear test is a simple test involving the scrapping of cells from the mouth of the womb to detect cervical cancer. This test is done to detect cervical cancer.

Q2 Have you ever had a PAP smear test?

- 1) Yes
- 2) No (go to Q2b)

999) Do not know (go to Q3)

[If “Yes”]

Q2a.1 How long ago did you have your last smear done?

[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 4 years
- 5) More than 4 years to 5 years
- 6) More than 5 years

Q2a.2 Where did you go for your last PAP smear?

[DO NOT READ OUT]

- 1) Private GP (Integrated screening programme)
- 2) Private GP (non-integrated screening programme)
- 3) Government polyclinic
- 4) Specialist outpatient clinic (restructured hospital)
- 5) Specialist outpatient clinic (private hospital)
- 6) Workplace
- 7) Community venue
- 8) Others

(Please specify: _____)

- 9) None

INTERVIEWERS' GUIDE:

The Integrated Screening Programme (ISP) is a nationwide subsidized-screening programme for Singapore Citizens and Permanent Residents 40 years and older to go for screening for diabetes, high blood pressure, high blood cholesterol, obesity and cervical cancer at a Chronic Disease Management Programme (CDMP) -registered GP clinic. Patients were given a letter from HPB to bring to the clinic for the subsidized screening.

Q2a.3 Why did you go for your last PAP smear test?

[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Know the importance of screening	1	2
2	Have current / previous gynaecological problem	1	2
3	Advised by doctors/ nurses	1	2
4	My family members/ friends/ colleagues encouraged me	1	2
5	Read/ heard about it/ saw an advertisement about PAP smear test	1	2
6	Received a letter to encourage me to go for screening	1	2
7	Ad-hoc health screening	1	2
8	Routine check-up	1	2
9	Others	1	2
9.1	Please specify:		

Q2a.4 Can you tell me how often women of your age should go for PAP smear test?

Once every _____ years

If female respondent is **aged 40 and above**, go to Q3 – Breast Cancer Screening
If female respondent is **aged below 40**, go to Section 9 – Health Services Utilisation Practices

[If “No” in Q2]

Q2b What are your reasons for not doing a PAP smear test?
[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Never heard about it	1	2
2	Not necessary as I am healthy	1	2
3	Not at risk	1	2
4	Too old	1	2
5	Too young	1	2
6	Cost of the test is too expensive	1	2
7	Afraid of possible side effects	1	2
8	Afraid of knowing the results	1	2
9	Inconvenient (e.g. clinic/hospital too far away, wait at clinic/hospital too long, English signs at clinic/hospital too confusing)	1	2
10	Not important	1	2
11	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)	1	2
12	Don't know where to go	1	2
13	Don't have a companion to go with	1	2
14	Painful test	1	2
15	Embarrassing (e.g. need to undress for the procedure, operator may not be female)	1	2
16	Not sexually active	1	2
17	Others	1	2
17.1	Please specify:		

If female respondent is aged 40 and above, go to Q3 – Breast Cancer Screening
If female respondent is aged below 40, go to Section 9 – Health Services Utilisation Practices

Breast Cancer Screening

Q3 Do you know what is a mammogram?

- 1) Yes
- 2) No (go to Q4)
- 999) Not sure

[If “Yes” or “Not sure”]

Q3a Can you describe to me what you think is a mammogram?

[DO NOT READ OUT]

- 1) Test for detecting breast cancer but don't know exactly what it involves
- 2) X-ray of the breast for detecting breast lumps / cancer
- 3) Others
(Please specify: _____)

A mammogram is an x-ray of each breast to look for breast cancer.

Q4 Have you ever had a mammogram?

- 1) Yes
- 2) No (go to Q4b)
- 999) Do not know (go to Q4a5)

[If “Yes”]

Q4a.1 Why did you go for your last mammogram?

[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Know the importance of screening	1	2
2	Have current / previous gynaecological problem	1	2
3	Advised by doctors/ nurses	1	2
4	My family members/ friends/ colleagues encouraged me	1	2
5	Read/ heard about it/ saw an advertisement about checking for mammogram	1	2
6	Received a letter to encourage me to go for screening	1	2
7	Ad-hoc health screening	1	2
8	Routine check-up	1	2
9	Others	1	2
9.1	Please specify:		

Q4a.2 How long has it been since you had your last mammogram?

[Read Only If Necessary]

- | | | |
|---------------------------------|---|---------------|
| 1) 1 year ago or less | } | (go to Q4a.4) |
| 2) More than 1 year to 2 years | | |
| 3) More than 2 years to 3 years | } | (go to Q4a.3) |
| 4) More than 3 years to 4 years | | |
| 5) More than 4 years to 5 years | | |
| 6) More than 5 years | | |

Q4a.3 What are your reasons for not doing another mammogram since your last mammogram?

[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Not necessary as I know my previous result	1	2
2	Too old	1	2
3	Cost of the test is too expensive	1	2
4	Afraid of possible side effects	1	2
5	Inconvenient (e.g. clinic/hospital too far away, wait at clinic/hospital too long, English signs at clinic/hospital too confusing)	1	2
6	Not important	1	2
7	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)	1	2
8	Don't have a companion to go with	1	2
9	Painful test	1	2
10	Embarrassing (e.g. need to undress for the procedure, operator may not be female)	1	2
11	Not sexually active	1	2
12	Others	1	2
12.1	Please specify:		

Q4a.4 Where did you go for your last mammogram?

[DO NOT READ OUT]

- 1) Polyclinic
- 2) Restructured hospital
- 3) Private hospital
- 4) Private X-ray centre
- 5) Mammobus
- 6) Workplace
- 7) Community venue
- 8) Others

(Please specify: _____)

Q4a.5 Can you tell me how often women of your age should go for mammogram?

Once every _____ years

If female respondent is aged 50 and above, go to Q5 – Colorectal Cancer Screening
If female respondent is aged below 50, go to Section 9 – Health Services Utilisation Practices

[If “No” in Q4]

Q4b What are your reasons for not doing a mammogram?

[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Never heard about it	1	2
2	Not necessary as I am healthy	1	2
3	Not at risk	1	2
4	Too old	1	2
5	Too young	1	2
6	Cost of the test is too expensive	1	2
7	Afraid of possible side effects	1	2
8	Afraid of knowing the results	1	2
9	Inconvenient (e.g. clinic/hospital too far away, wait at clinic/hospital too long, English signs at clinic/hospital too confusing)	1	2
10	Not important	1	2
11	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)	1	2
12	Cannot do anything if breast cancer is detected	1	2
13	Don't know where to go	1	2
14	Don't have a companion to go with	1	2
15	Painful test	1	2
16	Embarrassing (e.g. need to undress for the procedure, operator may not be female)	1	2
17	Not suggested by doctors	1	2
18	Not sexually active	1	2
19	Never thought about it	1	2
20	Others	1	2
20.1	Please specify:		

[For all respondent]

**All respondents are aged 50 and above, go to Q5 – Colorectal Cancer Screening
If respondent is aged below 50, go to Section 9 – Health Services Utilisation Practices**

Colorectal Cancer Screening

Q5 A blood stool test is a test to determine whether the stool contains blood.
Have you ever had this test?

- 1) Yes
- 2) No (go to Q8)
- 888) Refused to answer (go to Q8)
- 999) Do not know (go to Q8)

Q6 Why did you go for your last blood stool test?
[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Know the importance of screening	1	2
2	Advised by doctors/ nurses	1	2
3	My family members/ friends/ colleagues encouraged me	1	2
4	Read/ heard about it/ saw an advertisement about blood stool test	1	2
5	Show symptom of stool containing blood	1	2
6	Routine check-up	1	2
7	Company / application health screening (e.g. pre-employment or permanent residency application)	1	2
8	Others	1	2
8.1	Please specify:		

Q7 How long has it been since you had your last blood stool test?
[Read Only If Necessary]

- 1) 1 year ago or less
- 2) More than 1 year to 2 years
- 3) More than 2 years to 5 years
- 4) More than 5 years
- 888) Refused to answer
- 999) Do not know

Q8 Sigmoidoscopy and colonoscopy are examinations in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these examinations?

- 1) Yes

- 2) No
888) Refused to answer
999) Do not know
- } (go to Section 9)

Q9 Why did you go for sigmoidoscopy or colonoscopy examinations?
[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Routine check-up	1	2
2	Show symptom	1	2
3	I have symptom due to the blood stool test	1	2
4	Others	1	2
4.1	Please specify:		

Q10 How long has it been since you had your last sigmoidoscopy or colonoscopy?
[Read Only If Necessary]

- 1) 1 year ago 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
888) Refused to answer
999) Do not know

SECTION 9 – HEALTH SERVICES UTILISATION PRACTICES

Q1 Do you have a regular family doctor / GP whom you will consult when you have a health problem?

- 1) Yes

2) No (go to Q4)

Q2 When was the last time you visited your regular family doctor / GP?

_____ weeks (or) _____ months ago

999) Do not know

Q3 What is the estimated number of time you visited your regular family doctor / GP per year?

_____ times per year

Q4 Would you usually visit a private GP clinic or a polyclinic when / if you have a mild illness such as cold or cough?

1) Yes

2) No

Q5 What would you do if you have a possible medical emergency after office hours (6pm) e.g. sudden spike of high fever?

[DO NOT READ OUT]

1) See a GP / 24-hour GP clinic

2) Go direct to a 24-hour clinic at a private hospital

3) Go direct to a restructured hospital A&E

4) Go direct to a private hospital A&E

Q6 What would you do if you think you may have a potentially serious (non-emergency) medical problem, e.g. you think you have some symptoms of cancer?

[DO NOT READ OUT]

1) Make a private walk-in appointment with a restructured hospital
Specialist Outpatient Clinic (SOC)

2) See a private hospital specialist

3) See a GP / Family doctor

4) See a polyclinic doctor

5) Go direct to a restructured hospital A&E

6) Go direct to a private hospital A&E

Traditional Chinese Medicine

I would like to ask questions on consultations with a traditional Chinese medicine (TCM) practitioner. A TCM practitioner could be a TCM physician, a Chinese sinseh / herbalist / bone setter or an acupuncturist.

Q7 Have you ever visited a TCM practitioner for a medical condition before?

- 1) Yes
- 2) No (go to Section 10)
- 999) Do not know (go to Section 10)

Q8 When was your last visit to a TCM practitioner for a medical condition?

[Read Only If Necessary]

- 1) Less than 6 months ago
 - 2) 6 months to less than 1 year ago
 - 3) 1 year to less than 2 years ago
 - 4) 2 years to less than 5 years ago
 - 5) At least 5 years ago
- } (go to Q10)

Q9 During the last 12 months, how many times did you visit a TCM practitioner for a medical condition?

- 1) 1 to 5 times a year
- 2) 6 to 10 times a year
- 3) More than 10 times a year

Q10 How were you referred to the TCM practitioner?

- 1) Self referral
- 2) Referred by a Western doctor
- 3) Referred by friends or relatives
- 4) Referred by others

(Please specify: _____)

Q11 What were the medical conditions you sought treatment from a TCM practitioner?

		Yes	No
1	Acute minor illness like flu / cough / cold	1	2
2	Acute major illness like pneumonia / heart attack	1	2

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3	Acute minor injuries like sprains / strains	1	2
4	Acute major injuries like fractures / dislocation	1	2
5	Chronic illness like hypertension / diabetes / cancer	1	2
6	Chronic aches and pain like headache / backache / rheumatism	1	2
7	General well-being	1	2
8	Others	1	2 (go to Q12)
8.1	Please specify:		

Q12 Does the TCM practitioner usually prescribe / perform the following during your consultation?

		Yes	No
1	Herbal medicine	1	2
2	Acupuncture	1	2
3	TCM tuina / massage / bone setting	1	2
4	Others	1	2 (go to Q13)
4.1	Please specify:		

Q13 In the last 12 months, how many times did you take herbal medicine?

_____ (if 0, go to Q15)

Q14 What type of herbal medications did you use in the last 12 months?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Q15 Where do you usually go to see a TCM practitioner?

[DO NOT READ OUT]

- 1) Free clinics such as Thong Chai, Chung Hwa or Public Free Clinic
- 2) TCM clinics (including those found in Chinese medical halls) in

HDB estates

- 3) TCM clinics in hospitals and nursing homes
- 4) TCM clinics in specialist medical centres such as Paragon in Orchard Road and Camden Medical Centre
- 5) Others

(Please specify: _____)

Q16 What is the main reason for you to see a TCM practitioner?

[DO NOT READ OUT]

- 1) TCM is effective for the condition I am suffering from
- 2) TCM is holistic and takes care of the whole body
- 3) TCM products has less side effects than Western medicine
- 4) I have tried Western medicine but it does not work
- 5) I have been seeing a TCM practitioner since I was young
- 6) It is cheaper to see a TCM practitioner than a Western doctor
- 7) Others

(Please specify: _____)

Q17 How much do you usually pay for each visit to the TCM practitioner?

\$ _____ per visit

Q18 Do you think is it cheaper to see a TCM practitioner than to see a Western doctor?

- 1) Yes
- 2) No

Q19 Do you usually see a Western doctor and a TCM practitioner for the same medical conditions?

- 1) Yes
- 2) No (go to Q22)

Q20 Do you tell your Western doctor that you are also seeing a TCM practitioner for the same medical conditions?

- 1) Yes
- 2) No

Q21 Why do you usually see a Western doctor and a TCM practitioner for the same medical condition?
[DO NOT READ OUT]

		Reasons mentioned	Reasons not mentioned
1	Western medical treatment not effective	1	2
2	Need the Western doctor to issue medical certificate as medical certificate issued by the TCM practitioner is not valid	1	2
3	Want a second opinion	1	2
4	Others	1	2 (go to Q22)
4.1	Please specify:		

Q22 Have you ever experienced any side effects after seeking treatment from a TCM practitioner?

- 1) Yes
- 2) No (go to Section 10)

Q23 Do you need to be hospitalized for these side effects that you experienced?

- 1) Yes
- 2) No

SECTION 10 – 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 Questionnaire (GHQ) [Self-administered]

SECTION 11 – CHRONIC DISEASE MANAGEMENT

Now I would like to ask questions on Medisave and chronic diseases.

Q1a Do you know that Medisave can be used to pay part of the outpatient costs for chronic diseases under the Medisave for Chronic Disease Management Programme?

- 1) Yes
- 2) No (go to Q2)
- 999) Do not know (go to Q2)

Q1b Name the chronic diseases included in the Medisave for Chronic Disease Management Programme. **[DO NOT READ OUT]**

		Mentioned	Not mentioned	Not sure
1	Diabetes	1	2	999
2	High blood pressure	1	2	999
3	High blood cholesterol	1	2	999
4	Stroke	1	2	999
5	Asthma	1	2	999
6	Chronic obstructive pulmonary disease	1	2	999
7	Schizophrenia	1	2	999
8	Major depression	1	2	999
9	Others:	1	2	999
9.1	Please specify:			

Q2 Do you have any of the following hospitalization insurance coverage?

		Yes	No	Do not know
1	CPF Medishield	1	2	999
2	Enhanced Medishield offered by private insurance firm	1	2	999
3	Other personal hospitalization insurance plan that reimburses your hospitalization and treatment expenses; with or without paying daily hospitalization cash / income benefit (exclude critical illness, disability and personal accident insurance plans)	1	2	999
4	Employer provided medical insurance	1	2	999

INTERVIEWER'S GUIDE:
Examples of enhanced medishield plans are HealthShield (AIA), MyShield (AVIVA), SupremeHealth (GE), PruShield (Prudential).

SECTION 12 – 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 FFQ)
- 888) Refused to answer (Go to FFQ)
- 999) Do not know (Go to FFQ)

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 Q3b)
- 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

Q3a 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 Q3b)
5.1	Please specify:		

Q3b What age is the person to whom you are giving care? _____ years old

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

Q3c Is this person whom you giving care to male or female?

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

Q3d 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

Q3e 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

Q3f 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.

Q3g What is the major health problem, long-term illness, or disability that the person you care for has according to the doctor?

- 1) Arthritis / Rheumatism
- 2) Cancer
- 3) Diabetes
- 4) Heart disease
- 5) Hypertension / High blood pressure
- 6) Lung disease / Emphysema
- 7) Osteoporosis
- 8) Parkinson's disease
- 9) Stroke
- 10) Eye / vision problem (blindness)
- 11) Hearing problems (deafness)
- 12) Multiple Sclerosis (MS)
- 13) Spinal Cord Injury
- 14) Fracture
- 15) Traumatic Brain Injury (TBI)
- 16) Alzheimer's disease or Dementia
- 17) Learning Disabilities (LD)
- 18) Cerebral Palsy (CP)
- 19) Down's Syndrome
- 20) Anxiety / depression
- 21) Others

(Please specify: _____)

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

INTERVIEWER'S GUIDE

Indicate the major health problem according to the doctor.

Q3h 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

Q3i Currently, is there any form of help given to you (the care giver)?

- 1) Yes
- 2) No

Q3j Do you think you should be given training in order to provide care to others?

- 1) Yes
- 2) No (go to FFQ if participant is only giving care to 1 recipient; or else go to Q4)

Q3k In what areas do you think you (the care giver) should be given training in order to provide care for others?

[DO NOT READ OUT]

		Reasons Mentioned	Reasons not mentioned
1	Taking care of others e.g. eating, dressing, or bathing	1	2
2	Taking care of others' residence or personal living spaces e.g. cleaning, managing money or preparing meals	1	2
3	Communicating with others	1	2
4	Moving others around within the home	1	2
5	Transportation others outside of the home	1	2
6	Relieving / decreasing anxiety or depression of others	1	2
7	Others	1	2
7.1	Please specify:		

[Go to FFQ if participant is only giving care to 1 recipient]

Care Recipient 2

Q4 Are you the only person providing care for this person?

- 1) Yes (go to Q4b)
- 2) No

Q4a 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 Q4b)
5.1	Please specify:		

Q4b What age is the person to whom you are giving care? _____ years old

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

Q4c Is this person whom you giving care to male or female?

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

Q4d 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

Q4e 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

Q4f 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.

Q4g What is the major health problem, long-term illness, or disability that the person you care for has according to the doctor?

- 1) Arthritis / Rheumatism
- 2) Cancer
- 3) Diabetes
- 4) Heart disease
- 5) Hypertension / High blood pressure
- 6) Lung disease / Emphysema
- 7) Osteoporosis
- 8) Parkinson's disease
- 9) Stroke
- 10) Eye / vision problem (blindness)
- 11) Hearing problems (deafness)
- 12) Multiple Sclerosis (MS)
- 13) Spinal Cord Injury
- 14) Fracture
- 15) Traumatic Brain Injury (TBI)
- 16) Alzheimer's disease or Dementia
- 17) Learning Disabilities (LD)
- 18) Cerebral Palsy (CP)
- 19) Down's Syndrome
- 20) Anxiety / depression
- 21) Others

(Please specify: _____)

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

INTERVIEWER'S GUIDE

Indicate the major health problem according to the doctor.

Q4h 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

Q4i Currently, is there any form of help given to you (the care giver)?

- 1) Yes
- 2) No

Q4j Do you think you should be given training in order to provide care to others?

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

Q4k In what areas do you think you (the care giver) should be given training in order to provide care for others?

[DO NOT READ OUT]

		Reasons Mentioned	Reasons not mentioned
1	Taking care of others e.g. eating, dressing, or bathing	1	2
2	Taking care of others' residence or personal living spaces e.g. cleaning, managing money or preparing meals	1	2
3	Communicating with others	1	2
4	Moving others around within the home	1	2
5	Transportation others outside of the home	1	2
6	Relieving / decreasing anxiety or depression of others	1	2
7	Others	1	2
7.1	Please specify:		

[Go to FFQ]

FOOD FREQUENCY QUESTIONNAIRE (FFQ)

Note to Interviewer:

If the participant has changed his diet recently in preparation for a festival or to manage a temporary body condition (e.g. indigestion, weight gain, tonsillitis), interview should be based on the typical diet prior to the temporary change.

If the change is intended to be permanent (e.g. the participant decided to stop eating meat because of Buddhism), record the change and base the interview on the new diet.

1 Have you changed your diet in the past one month?

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

2 If yes, why did you do so?

3 What were the changes you made?

4 Have you lost or gained body weight in the past one month?

- 1) Yes, I gained body weight (go to Q5.1)
- 2) Yes, I lost body weight (go to Q5.2)
- 3) No (go to Part A)
- 999) Not sure (go to Part A)

5.1 How much weight did you gain? (Round up to the nearest 0.5kg)

_____ kg

5.2 How much weight did you lose? (Round up to the nearest 0.5kg)

_____ kg

Instructions to interviewers

- A portion is a serving. A food picture guide is provided as a source of reference for participant to visualize. Utensil models are provided.
- Be objective. Do not ask "did you eat chicken with skin?" Ask instead "was chicken eaten with or without skin?"
- Care must be taken when recording composite dishes as some food items may be mistakenly recorded twice, e.g. chicken rice (#18) refers to 1 serving of chicken with 1 serving of rice. Unless participant has had additional chicken, it should not be recorded separately under "chicken".

PART A

I would like to ask you about your food intake over the last 1 month.

BREADS

	Food Item	Portion	Number of times eaten Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
Bread						
1	White bread, including naan	1 slice or piece				<input type="checkbox"/>
2	Wholemeal bread	1 slice or piece				<input type="checkbox"/>
N1	Softmeal bread	1 slice or piece				<input type="checkbox"/>
3	Bread with fruits and nuts	1 slice or piece				<input type="checkbox"/>
Bread spreads used						
4	Butter	1 tsp (D2)				<input type="checkbox"/>
5	Margarine	1 tsp (D2)				<input type="checkbox"/>
6	Peanut butter	1 tsp (D2)				<input type="checkbox"/>
7	Jams / Honey	1 tsp (D2)				<input type="checkbox"/>
8	Kaya	1 tsp (D2)				<input type="checkbox"/>
Other types of breads						
9	Roti prata / murtabak	1 piece				<input type="checkbox"/>
N2	Chapati	1 piece				<input type="checkbox"/>
N3	Dosai / Thosai	1 piece				<input type="checkbox"/>
11	French toast / roti telur / roti john	1 piece				<input type="checkbox"/>
12	Bread buns with coconut / curry / meat fillings	1 piece				<input type="checkbox"/>
N4	Breads made from other flour [rye, pearl millet (bajra), sorghum (jowar) or finger millets (raji)]	1 piece				<input type="checkbox"/>
Breakfast cereals						
13	Plain / flavoured breakfast cereal	4dsp (D1)				<input type="checkbox"/>
14	Mixed (with fruits / nuts) breakfast cereal	4dsp (D1)				<input type="checkbox"/>
4001	For those participants who consume breakfast cereals: How often do you eat breakfast cereals made from wholegrains?	4dsp (D1)				<input type="checkbox"/>
3001	Oats / oatmeal (raw)	4dsp (D1)				<input type="checkbox"/>

RICE AND PORRIDGE

- 1 portion refers to the standard serving when you eat at the hawker centers and restaurants.
- For flavoured rice (#17-23), the portion includes ingredients normally eaten with the rice. E.g. nasi lemak would include omelette and fried fish.
- Additional ingredients could be added in the sections under meat (e.g. luncheon meat) or fish (e.g. grilled if otak fish is eaten)

Food Item		Portion	Number of times eaten Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
15	Plain rice (white, brown or red)	1 rice bowl (B1)				<input type="checkbox"/>
4002	For participants who eat plain rice: You have indicated you eat plain rice. How often do you have rice prepared using brown or red rice?	1 rice bowl (B1)				<input type="checkbox"/>
16	Plain rice porridge (white, brown or red)	1 noodle bowl (B2)				<input type="checkbox"/>
4003	For participants who eat plain rice porridge: You have indicated you eat plain porridge. How often do you have porridge prepared using brown or red rice?	1 noodle bowl (B2)				<input type="checkbox"/>
Flavoured rice						
17	Fried rice	1 rice bowl (B1)				<input type="checkbox"/>
18	Chicken / duck rice (with and without skin)	1 portion				<input type="checkbox"/>
19	Mui fan	1 portion				<input type="checkbox"/>
20	Nasi briyani	1 portion				<input type="checkbox"/>
21	Nasi lemak	1 portion				<input type="checkbox"/>
22	Claypot rice	1 portion				<input type="checkbox"/>
23	Glutinous rice (incl. lo mai khai, lotus leaf rice, rice dumplings)	1 portion				<input type="checkbox"/>
24	Flavoured porridge (e.g. chicken, pork, duck, fish, peanut, century egg)	1 portion				<input type="checkbox"/>

NOODLES (RICE NOODLES, WHEAT NOODLES, BEAN NOODLES, PASTA)

- 1 portion refers to the standard serving when you eat at the hawker centers and restaurants. Use the Noodle Bowl (B2) as a guide.
- Noodles should be recorded according to the different styles of preparation, not types of noodles.
- E.g.1: a pack of instant noodles used in preparation with wantons in addition to the packaged seasoning and ingredients should be recorded under #25 instead of #35.
- E.g. 2: mee siam in assam soup without coconut milk should be recorded under #26.

	Food Item	Portion	Number of times eaten Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
Noodles in soup						
25	Fishball / yong tau foo / wanton / prawn / beef / chicken / fish slice	1 portion				<input type="checkbox"/>
4004	For participants who consume noodles in soup: You have indicated you eat noodles in soup. How often do you have soup noodles prepared using brown rice beehoon?	1 portion				<input type="checkbox"/>
26	Penang laksa / mee siam (w/o coconut milk)	1 portion				<input type="checkbox"/>
Dry noodles						
27	Fishball / yong tau foo / wanton / minced meat & mushrooms / prawn / beef / chicken	1 portion				<input type="checkbox"/>
Fried noodles						
29	Fried kway teow with cockles	1 portion				<input type="checkbox"/>
30	Fried hor fun (incl. all noodles fried with starchy gravy, may be added with meat or seafood)	1 portion				<input type="checkbox"/>
31	Fried noodles (incl. Hokkien mee, mee goreng)	1 portion				<input type="checkbox"/>
32	Fried beehoon (fried dry beehoon)	1 portion				<input type="checkbox"/>
4005	For participants who consume fried beehoon: You have indicated you eat fried beehoon. How often do you have fried beehoon prepared using brown rice beehoon?	1 portion				<input type="checkbox"/>
Noodles in gravy						
28	Lor mee / mee rebus	1 portion				<input type="checkbox"/>
33	Laksa lemak (incl. laksa noodle and lontong)	1 portion				<input type="checkbox"/>
34	Mee siam (with coconut milk)	1 portion				<input type="checkbox"/>
Other noodles						
35	Instant noodles	1 portion				<input type="checkbox"/>
905	Boiled noodles / spaghetti / pasta (plain)	1 portion				<input type="checkbox"/>
906	Boiled noodles / spaghetti / pasta (with tomato sauce)	1 portion				<input type="checkbox"/>
907	Boiled noodles / spaghetti / pasta (with cream white sauce)	1 portion				<input type="checkbox"/>
4006	For participants who consume spaghetti: You have indicated that you eat boiled spaghetti / pasta. How often do you have spaghetti / pasta prepared using wholemeal spaghetti / pasta?	1 portion				<input type="checkbox"/>

VEGETARIAN (CHINESE)

Food Item		Portion	Number of times eaten Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
400	Fried vegetarian kway teow / beehoon / mee / rice	1 portion				<input type="checkbox"/>
401	Gluten (char siew / duck)	1 piece				<input type="checkbox"/>
402	Fried beancurd sheet	1 piece				<input type="checkbox"/>

SOUPS

- If ingredients in the soup (e.g. pork rib, bean curd, cabbage) are eaten, record these eaten ingredients in their respective food category.

Food Item		Portion	Number of times eaten Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
600	Cream soup	1 noodle bowl (B2)				<input type="checkbox"/>
601	Clear soup / broth	1 noodle bowl (B2)				<input type="checkbox"/>

VEGETABLES AND BEANCURD

- Use the Mug (M1) for measurement guide. A serving is the standard hawker centre serving.
- Eating out refers to eating of food at or bought from restaurant, food court, hawker etc.
- Eating in refers to eating of home-cooked food.
- Tick the most frequent choice of the participant.

	Food Item	Venue		Portion	Number of times eaten Enter 1 column only			
		Eat in	Eat out		Per day	Per week	Per month	Rarely / Never
Pale green leafy vegetables (cabbage, pak choy, lettuce, beansprouts, cauliflower etc)								
36	Stir fried, plain	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
40	Stir fried, with meat / seafood	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
44	Stir fried in oyster sauce	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
48	Curry / lemak	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
52	Raw / steamed / in soup	--	--	1 mug				<input type="checkbox"/>
Dark green leafy vegetables (spinach, kai lan, chye sim, kangkong, broccoli, etc)								
53	Stir fried, plain	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
57	Stir fried, with meat / seafood	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
61	Stir fried in oyster sauce	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
65	Stir fried in sambal belacan / dried prawns	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
69	Raw / steamed / in soup	--	--	1 mug				<input type="checkbox"/>
Tomatoes, carrots, red / yellow peppers								
70	Stir fried, plain	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
74	Stir fried, with meat / seafood	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
78	Curry / lemak	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
82	Raw / steamed / in soup	--	--	1 mug				<input type="checkbox"/>
Legumes / pulses (e.g. beans, peas)								
83	Stir fried, plain	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
87	Stir fried in oyster sauce	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
91	Stir fried in sambal belacan	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
95	Dried legumes (e.g. dhal, dried beans) in gravy	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
354	Raw / steamed / boiled	--	--	½ mug				<input type="checkbox"/>
Mixed vegetables								
99	Stir fried, plain	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
103	Stir fried, with meat / seafood	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
107	Stir fried in oyster sauce	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
700	Vegetables battered deep-fried (e.g. tempura)	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
111	Curry / lemak	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>
115	Raw / steamed / in soup / Chinese rojak	--	--	1 mug or serving				<input type="checkbox"/>

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Food Item		Venue		Portion	<u>Number of times eaten</u> Enter 1 column only			
		Eat in	Eat out		Per day	Per week	Per month	Rarely / Never
Tofu / beancurd								
116	Fried	<input type="checkbox"/>	<input type="checkbox"/>	½ square				<input type="checkbox"/>
120	Steamed / in soups	--	--	½ square				<input type="checkbox"/>
Others (roots / stems)								
349	Stir fried potatoes	<input type="checkbox"/>	<input type="checkbox"/>	1 mug				<input type="checkbox"/>
121	Curry lemak	<input type="checkbox"/>	<input type="checkbox"/>	1 mug				<input type="checkbox"/>
125	Soups with meat stock	<input type="checkbox"/>	<input type="checkbox"/>	1 mug				<input type="checkbox"/>
126	Stews	<input type="checkbox"/>	<input type="checkbox"/>	1 mug				<input type="checkbox"/>
Canned / Preserved Vegetables								
704	Preserved vegetables (Chye Sim, Olives, Kimchi etc.)	<input type="checkbox"/>	<input type="checkbox"/>	1 dsp (D1)				<input type="checkbox"/>

SALAD DRESSINGS

Food Item		Portion	<u>Number of times eaten</u> Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
130	Creamy dressing – Regular (thousand island, mayonnaise, salad cream etc)	2 dsp (D1)				<input type="checkbox"/>
131	Creamy dressing – light / low fat	2 dsp (D1)				<input type="checkbox"/>
132	Oil-based dressing (olive oil, Italian dressing)	2 dsp (D1)				<input type="checkbox"/>

FRUITS

Refers to the colour of the flesh, not the skin, of the fruit.

* Examples of 1 serving of fruit:

- 1 small apple/orange/mango (130g)
- 1 wedge papaya/pineapple/watermelon (130g)
- 4 small seeds of jackfruit (80g)
- 10 grapes/longans (50g flesh only)
- 6 lychees/dukus
- 1 mug pure fruit juice (250ml)

Food Item		Portion	<u>Number of times eaten</u> Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
133	Orange / red / yellow fresh fruits	1 serving*				<input type="checkbox"/>
134	Other fresh fruits	1 serving*				<input type="checkbox"/>
135	Bananas	1 medium*				<input type="checkbox"/>
136	Durians	5 seeds (80g)				<input type="checkbox"/>
137	Canned fruits	½ mug (M1) (100g, drained)				<input type="checkbox"/>
800	Mixed fruits (dried)	¼ mug (M1) (40g)				<input type="checkbox"/>

POULTRY, MEAT, FISH and OTHER SEAFOOD

- Eating out refers to eating of food at or bought from restaurant, food court, hawker etc.
- Eating in refers to eating of home-cooked food. Tick the more frequent choice of the participant.
- “Coconut curry” preparation includes curry prepared with full cream milk/yogurt.
- “Curry without coconut” preparation includes curry prepared with low fat milk/yogurt.

POULTRY (CHICKEN, DUCK, GOOSE)

	Food Item	Venue		Portion	<u>Number of times eaten</u> Enter 1 column only			
		Eat in	Eat out		Per day	Per week	Per month	Rarely / Never
Poultry – without skin								
138	Stir fried	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
142	Pan / deep fried	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
146	Coconut curry	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
150	Curry without coconut	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
154	Stew / braised / roasted	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
158	Steamed	--	--	1 serving				<input type="checkbox"/>
Poultry – with skin								
159	Stir fried	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
163	Pan / deep fried	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
167	Coconut curry	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
171	Curry without coconut	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
175	Stew / braised / roasted	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
179	Steamed	--	--	1 serving				<input type="checkbox"/>

MEAT

	Food Item	Venue		Portion	<u>Number of times eaten</u> Enter 1 column only			
		Eat in	Eat out		Per day	Per week	Per month	Rarely / Never
Meat – lean (without visible fat or skin attached)								
180	Stir fried	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
184	Pan / deep fried	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
188	Coconut curry / rendang	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
192	Curry without coconut	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
196	Stewed / braised	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
200	Roasted / grilled / BBQ	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
204	Steamed / soup	--	--	1 serving				<input type="checkbox"/>
Meat – lean and fat								
205	Stir fried	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
209	Pan / deep fried	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
213	Coconut curry / rendang	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>

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	Food Item	Venue		Portion	Number of times eaten Enter 1 column only			
		Eat in	Eat out		Per day	Per week	Per month	Rarely /Never
217	Curry without coconut	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
221	Stewed / braised	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
225	Roasted / grilled / BBQ	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
229	Steamed / soup	--	--	1 serving				<input type="checkbox"/>
Meat – preserved / cured								
230	Sausages	--	--	1				<input type="checkbox"/>
231	Ham	--	--	1 slice				<input type="checkbox"/>
232	Bacon	--	--	1 slice				<input type="checkbox"/>
233	Canned (e.g. luncheon meat, corned beef)	--	--	Size of 4 squares of chocolate				<input type="checkbox"/>
234	Liver and other innards (incl. kway chap without egg and kway)	--	--	Size of 4 squares of chocolate				<input type="checkbox"/>

FISH/ SEAFOOD

	Food Item	Venue		Portion	Number of times eaten Enter 1 column only			
		Eat in	Eat out		Per day	Per week	Per month	Rarely /Never
Fish								
3003	Raw (e.g. sashimi)	--	--	1 slice				<input type="checkbox"/>
235	Stir fried / pan fried / deep fried	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
239	Deep fried with batter	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
243	Steamed	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
247	Assam pedas	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
251	Coconut curry	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
255	Curry without coconut	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
259	Grilled	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
3004	Canned (e.g. tuna)	--	--	1 dsp (D1)				<input type="checkbox"/>
Other seafood – eg. Prawns, squids, crabs, lobsters, cockles, oysters, clams or others								
263	Stir fried / pan fried / deep fried	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
267	Deep fried with batter	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
271	Steamed	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
275	Assam pedas	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
279	Coconut curry	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
283	Curry without coconut	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
287	Grilled	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>

EGGS

- 5 quail eggs is equivalent to 1 hen egg.

Food Item	Venue		Portion	Number of times eaten Enter 1 column only				
	Eat in	Eat out		Per day	Per week	Per month	Rarely /Never	
Whole eggs (including salted and century eggs)								
291	Boiled / poached / in soup / steamed		--	--	1 egg			<input type="checkbox"/>
292	Fried / scrambled		<input type="checkbox"/>	<input type="checkbox"/>	1 egg			<input type="checkbox"/>
Egg whites only								
751	Boiled / poached / in soup / steamed		--	--	1 serving			<input type="checkbox"/>
752	Fried / scrambled		<input type="checkbox"/>	<input type="checkbox"/>	1 serving			<input type="checkbox"/>

DESSERTS / LOCAL SNACKS

Food Item	Portion	Number of times eaten Enter 1 column only				
		Per day	Per week	Per month	Rarely / Never	
Desserts in soup						
296	With coconut milk / cream (e.g. pulot hitam, bubor cha cha)	1 rice bowl (B1)				<input type="checkbox"/>
297	Without coconut milk (e.g. cheng tng, green bean soup, tau suan)	1 rice bowl (B1)				<input type="checkbox"/>
Kueh kueh – steamed						
298	With coconut / coconut milk / coconut cream (e.g. kueh sarlat, kueh dadar, putu mayam, idli)	1 piece				<input type="checkbox"/>
299	Without coconut milk (kueh tutu, soon kway)	1 piece				<input type="checkbox"/>
Others						
300	Fried snacks (e.g. you tiao, goreng pisang, Indian rojak)	1 piece				<input type="checkbox"/>
301	Dim sum – steamed (e.g. chee cheong fun, dumplings, rice dumplings)	1 serving				<input type="checkbox"/>
302	Dim sum – fried / deep fried (e.g. fried carrot cake, wanton, char siew puff)	1 piece				<input type="checkbox"/>
303	Sweet Indian snacks (e.g. burfi, halwa)	1 piece				<input type="checkbox"/>

BISCUITS, PASTRIES AND CAKES

Food Item	Portion	Number of times eaten Enter 1 column only				
		Per day	Per week	Per month	Rarely / Never	
304	Plain biscuits	2 pieces				<input type="checkbox"/>
305	Cream filled biscuits / shortbread	2 pieces				<input type="checkbox"/>
306	Puff / flaky pastries (croissants, baked curry puffs etc)	1 piece				<input type="checkbox"/>
307	Plain butter cake / fruit cake	1 piece				<input type="checkbox"/>
308	Sponge cakes	1 piece				<input type="checkbox"/>
309	Cream cakes	1 piece				<input type="checkbox"/>

WESTERN STYLE FAST FOODS

Food Item		Portion	Number of times eaten Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
310	Burgers, with beef or chicken	1 serving				<input type="checkbox"/>
311	Burgers, fish	1 serving				<input type="checkbox"/>
312	French fries	1 small serving				<input type="checkbox"/>
313	Pizza	2 slices				<input type="checkbox"/>
1100	Mashed potato with gravy	1 regular				<input type="checkbox"/>

NUTS – All types of nuts eg. peanuts, groundnuts, almond, cashew, walnut and etc

Food Item		Portion	Number of times eaten Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
315	Dry roasted	½ mug (M1) or 1 small packet				<input type="checkbox"/>
316	Fried	½ mug (M1) or 1 small packet				<input type="checkbox"/>

TITBITS / SNACKS

Food Item		Portion	Number of times eaten Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
317	Fried salty snacks (crisps, prawn crackers, keropok, salted biscuits etc)	1 small packet or equivalent				<input type="checkbox"/>
318	Ice cream	1 scoop				<input type="checkbox"/>
319	Chocolate	4 squares				<input type="checkbox"/>

BEVERAGES

	Food Item	Portion	Number of times eaten Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
Water						
N5a	Tap plain water	1 glass (G2)				<input type="checkbox"/>
N5b	Sparkling / bottled water / mineral water	1 glass (G2)				<input type="checkbox"/>
Vegetables / Fruit juices						
N6	Tomato / vegetable juice	1 glass (G2)				<input type="checkbox"/>
N7	Orange / lime juice	1 glass (G2)				<input type="checkbox"/>
N8	Sugar cane juice	1 glass (G2)				<input type="checkbox"/>
N9	Grapefruit juice	1 glass (G2)				<input type="checkbox"/>
N10	Other fruit juices (100%)	1 glass (G2)				<input type="checkbox"/>
N11	Other mixed fruit-vegetable juices (100%)	1 glass (G2)				<input type="checkbox"/>
N12	Sugared fruit drinks / other sugared drinks made from syrup / cordial (e.g. lemonade, Rooh afza) / other sweetened canned or packed drinks	1 glass (G2)				<input type="checkbox"/>
Soft drinks						
N13	Carbonated low calories drinks with caffeine (e.g. Diet Coke, Coke Zero)	1 glass (G2)				<input type="checkbox"/>
N14	Other carbonated low calorie drinks without caffeine (diet 7-up)	1 glass (G2)				<input type="checkbox"/>
N15	Carbonated drinks with sugar and caffeine (Coca-Cola, Pepsi)	1 glass (G2)				<input type="checkbox"/>
N16	Other carbonated drinks with sugar but non-caffeinated (e.g. 7-up, root beer)	1 glass (G2)				<input type="checkbox"/>
N17	Sports / energy drinks (e.g. 7-up revive, 100+ isotonic, red bull, gatorade)	1 glass (G2)				<input type="checkbox"/>

COFFEE, TEA AND MALT BEVERAGES

	Food Item	Portion	<u>Number of times eaten</u> Enter 1 column only				Milk Added		Sweetener Added	
			Per day	Per week	Per month	Rarely / Never	Type (code)	Amt per serving	Type (code)	Amt per serving
	Plain Coffee									
N18	Plain brewed coffee (exclude, instant coffee, gourmet coffee, 2-in-1 or 3-in-1)	1 cup				<input type="checkbox"/>				
5003N	For participants who drink brewed coffee: What is your main brewing method?	--	1) Paper filter 2) Mesh filter 3) Sock filter 4) Espresso 5) Boiled/unfiltered (exclude instant) 6) Other: _____ 999) Do not know				--	--	--	--
N19	Instant coffees (exclude 2-in-1 / 3-in-1)	1 cup				<input type="checkbox"/>				
N20	Instant 2-in-1 or 3-in-1 coffee	1 packet (20g)				<input type="checkbox"/>				
N21	Sweetened bottled / canned coffee drinks	1 regular glass (G2)				<input type="checkbox"/>	--	--	--	--
N22	Gourmet coffee (mocha, frappucino, cappuccino)	1 regular glass (G2)				<input type="checkbox"/>				
5004N	For participants who drink coffee: How often is the coffee you drink (both brewed and other types) decaffeinated?	--				<input type="checkbox"/>	--	--	--	--

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	Food Item	Portion	<u>Number of times eaten</u> Enter 1 column only				Milk Added		Sweetener Added	
			Per day	Per week	Per month	Rarely / Never	Type (code)	Amt per serving	Type (code)	Amt per serving
Tea										
N23	Sweetened bottled tea (non-brewed, e.g. ice-lemon/peach teas)	1 regular glass (G2)				<input type="checkbox"/>	--	--	--	--
N24	Ceylon / English tea (brewed)	1 cup (215 ml)				<input type="checkbox"/>				
N25	Chinese tea (brewed)	1 cup (215 ml)				<input type="checkbox"/>				
N26	Green tea (brewed)	1 cup (215 ml)				<input type="checkbox"/>				
N27	Herbal tea (brewed)	1 cup (215 ml)				<input type="checkbox"/>				
N28	Instant 2-in-1 or 3-in-1 tea	1 cup (215 ml)				<input type="checkbox"/>				
5000N	For participants who drink any tea: How often is the tea you drink decaffeinated?	--				<input type="checkbox"/>	--	--	--	--
Malt Beverages										
1320	Malt beverages (e.g. hot chocolate, Horlicks®, Milo®, Ovaltine®)	M1 – D/2 tsp				<input type="checkbox"/>				

MILK & DAIRY PRODUCTS

*This could be liquid milk or powdered milk made up to the same amount using instructions on tin.

Food Item		Portion	Number of times eaten Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
Milk (as a drink)						
341	Full cream milk* (fresh, UHT, powder)	1 regular glass (G2)				<input type="checkbox"/>
342	Low fat milk* (fresh, UHT, powder)	1 regular glass (G2)				<input type="checkbox"/>
343	Skimmed milk* (fresh, UHT, powder)	1 regular glass (G2)				<input type="checkbox"/>
N29	Milkshakes (e.g. banana milkshake)	1 regular glass (G2)				<input type="checkbox"/>
Yoghurt						
344	Regular	1 small glass (G1)				<input type="checkbox"/>
345	Low fat (including frozen yoghurt)	1 small glass (G1)				<input type="checkbox"/>
N30	Yoghurt based drinks (e.g. lassi, Indian buttermilk, yakult)	1 small glass (G1)				<input type="checkbox"/>
Cheese						
346	Cheese / cheese spread	1 slice / 4dsp				<input type="checkbox"/>
347	Low fat cheese	1 slice				<input type="checkbox"/>

SOYA PRODUCTS

Food Item		Portion	Number of times eaten Enter 1 column only			
			Per day	Per week	Per month	Rarely / Never
1200	Soya milk drink (fresh / packet / can)	1 regular glass (G2)				<input type="checkbox"/>
1201	Soya beancurd (tau huay)	1 rice bowl (B1)				<input type="checkbox"/>

PART B

For each type of cooking method, record only one type of oil used (the most frequently used type) e.g. for pan-frying, deep frying and stewing if the participant's answer is canola oil, then list canola oil (Sunbeam), under column A, and tick 2.

1. What was the brand name of the oil / fat?
2. What was the type of oil / fat you or your family used for (specify cooking method)?

		1. Oil name / Brand	2. Type of oil / fat				
			Blended vegetable oil (cooking oil)	Poly-unsaturated oil (corn, soya, sunflower, safflower, gingely oil, grapeseed oil, flaxseed oil)	Mono-unsaturated oil (olive, peanut, canola, rice bran, sesame, mustard)	Saturated fat (lard, ghee, tallow, cooking margarine, butter, shortening, coconut oil, palm kernel oil)	Not applicable (I do not use the cooking method)
A	pan frying, deep frying, stewing		0	1	2	3	4
B	stir frying		0	1	2	3	4
C	baking/roasting		0	1	2	3	4

PART C

How many times do you eat at						
		Per day	Per week	Per month	Per year	Never
1	Hawker centres, food courts or coffee shops					<input type="checkbox"/>
2	Western fast food restaurants (e.g. KFC, McDonald's, Burger King, etc.)					<input type="checkbox"/>

When you eat					
		All the fat	Some of the fat	None of the fat	Do not eat meat / poultry at all
3	Meat with visible fat, how much visible fat will you trim off?	1	2	3	4
4	Poultry with visible fat, how much visible fat will you trim off?	1	2	3	4

PART D

1. Are there any other important foods/beverages that you ate or drank at least once per month during the previous month that is not listed above?

- 1) Yes (go to Q2.1)
- 2) No (End interview)

For portion sizes, use standard food model references, e.g. if a person says 1 glass of coconut juice, then display the glass size and note accordingly e.g. coconut juice $\frac{3}{4}$ G1.
Do not list dry spices or foods captured in other sections

	Food Item	Portion	Number of times eaten Enter 1 column only		
			Per day	Per week	Per month
Q2.1					
Q2.2					

END

Interviewer:

Study ID:

S H

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Language: _____

2nd Ref:

--	--	--	--	--

Date:

d	d	m	m	y	y	y	y

A SUN EXPOSURE***I would like you to think about the times when you are under direct sun exposure.***

- 1 Do you usually wear a hat, cap or visor when you are out under the sun?
(Excludes helmet for bikers and cyclists, swimming cap, Muslim head scarf etc. where the primary reason is not for sun protection)
- 1) Yes
 - 2) No
- 2 Do you usually use an umbrella? (Excludes transparent umbrellas)
- 1) Yes
 - 2) No

I would like you to think about the times when you are outdoors during:

- i) (for working people) working hours***
- ii) (for homemakers) the time you are carrying out domestic duties e.g. groceries shopping, bringing child back from school etc.***

- 3 What is your usual attire for your upper body?
- 1) No shirt
 - 2) Sleeveless or short sleeved shirt (without arm socks)
 - 3) Long sleeved shirt (or short sleeved shirt with arm socks)
 - 777) I hardly go out into the sun during working hours or while carrying out domestic duties (go to Q7)
- 4 What is your usual attire for your lower body?
- 1) Shorts or skirts (knee-length or shorter)
 - 2) Long pants or skirts (longer than knee-length)
- 5 Do you usually use sun-block, sunscreen lotion? (Includes cosmetics with SPF)
- 1) Yes
 - 2) No (go to Q7)
- 6 What is the SPF of the sun-block most frequently used? _____

I would like you to think about the times when you are doing outdoor leisure activities under the sun, but where shade is available, e.g. picnic under a tree or pavilion, on a boat under shelter, travelling in a coach or car etc. This excludes shade provided only by a hat or umbrella.

- 7 What is your usual attire for your upper body?
- 1) No shirt
 - 2) Sleeveless or short sleeved shirt (without arm socks)
 - 3) Long sleeved shirt (or short sleeved shirt with arm socks)
 - 777) I hardly do outdoor leisure activities under the sun where shade is available (go to Q11)
- 8 What is your usual attire for your lower body?
- 1) Shorts or skirts (knee-length or shorter)
 - 2) Long pants or skirts (longer than knee-length)
- 9 Do you usually use sun-block, sunscreen lotion? (Includes cosmetics with SPF)
- 1) Yes
 - 2) No (go to Q11)
- 10 What is the SPF of the sun-block most frequently used? _____

Now I would like you to think about the times when you are doing outdoor leisure activities under the sun, but where shade or shelter is NOT available, e.g. swimming, cycling, gardening, watching an event in an outdoor area etc. (even if a hat or umbrella was used)

- 11 What is your usual attire for your upper body?
- 1) No shirt
 - 2) Sleeveless or short sleeved shirt (without arm socks)
 - 3) Long sleeved shirt (or short sleeved shirt with arm socks)
 - 777) I hardly do outdoor leisure activities under the sun where shade is not available (go to Q15)
- 12 What is your usual attire for your lower body?
- 1) Shorts or skirts (knee-length or shorter)
 - 2) Long pants or skirts (longer than knee-length)
- 13 Do you usually use sun-block, sunscreen lotion? (Includes cosmetics with SPF)
- 1) Yes
 - 2) No (go to Q15)
- 14 What is the SPF of the sun- block most frequently used? _____
- 15 In a typical week, how many days do you spend working?
- 1) 1 day
 - 2) 2 days
 - 3) 3 days
 - 4) 4 days
 - 5) 5 days
 - 6) 6 days
 - 7) 7 days
 - 8) 0 day, I do not work (go to Q17)

16 In a typical week, on the days that you work, how many hours a day do you spend in the sun under direct sun exposure?

Typically, _____ hours a day (round up to nearest 0.5hr)

17 In a typical week, on your rest days or the days that you do not work, how many hours a day do you spend in the sun under direct sun exposure?

Typically, _____ hours a day (round up to nearest 0.5hr)

18 *[To the interviewer: please classify the skin of the participant according to the Fitzpatrick skin colour panel / your observation in the table below.]*

Classification	Response to Ultraviolet Rays
1	Never tans, always burns
2	Tans with difficulty, usually burns
3	Average tanning, sometimes burns
4	Easily tans, rarely burns
5	Very easy to tan, very rarely burns
6	Never burns

B WEIGHT HISTORY

1 Do you consider yourself overweight now?

- 1) Yes
- 2) No (go to section C)

2 Have you tried to lose weight in the past?

- 1) Yes
- 2) No (go to Q6)

3 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

	a) Code	b) Description	c) Did it work?		d) If Yes, for how long did you keep the weight off?		
			Yes	No	Yrs	Mths	Wks
3.1			1	2			
3.2			1	2			
3.3			1	2			

4 Are you maintaining your weight/weight loss currently?

- 1) Yes (go to Q6)
- 2) No

5 What do you think have been the major barriers to maintaining your weight loss?		Yes	No	Do not know	Refused to answer
1	Cannot control food intake <i>(e.g. eat more than is needed, feels hungry even after a meal)</i>	1	2	999	888
2	Cannot resist certain high calorie food/drinks <i>(e.g. crave for a Coke everyday, love to eat nasi bryani)</i>	1	2	999	888
3	Cannot control habit of snacking or taking suppers	1	2	999	888
4	Too costly to continue weight-loss program	1	2	999	888
5	Too busy to keep up with weight-loss method <i>(e.g. no time to eat proper meals, often work late and have dinner before bedtime, no time to continue gym sessions)</i>	1	2	999	888
6	Not motivated/disciplined enough to continue weight-loss method <i>(e.g. do not like exercise, succumbs to food temptation easily)</i>	1	2	999	888
7	Often eat with others <i>(e.g. clients, colleagues, celebrations with friends)</i>	1	2	999	888
8	Limited food choices at work or neighbourhood	1	2	999	888
9	Often need to eat to reduce stress/anxiety/anger/depression	1	2	999	888
10	Others	1	2	999	888
Please specify:					

6 How motivated are you to lose weight now?

- 1) Not at all motivated
- 2) Somewhat motivated
- 3) Motivated
- 4) Extremely motivated

C PITTSBURGH SLEEP QUALITY INDEX

D MINI-MENTAL STATE EXAMINATION (MMSE)

Singapore Population Health Studies – Singapore Health 2012

Health Screening Form

Arrival Time:	<input type="text"/>	Study ID	<input type="text"/>
Date Registered:	<input type="text"/>	2 nd Ref. Number	<input type="text"/>
	<small>Not for Data Entry</small>		
Time Registered:	<input type="text"/>		
Date of Birth:	<input type="text"/>		_____ Staff initial
	<small>Not for Data Entry</small>		

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; Proceed to OGTT Yes; not on any medications/injections. Proceed to OGTT Yes; on regular diabetic (**western-type**) medication / non-compliance / defaulted taking diabetes medications/injections. To be exempted from OGTT

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

Station	Results	For Data Entry Investigator Code									
Station II – Blood pressure measurements to be made on each arm (left and right)											
1 Blood pressure (mmHg) by <u>sphygmomanometer only</u>											
<input type="checkbox"/> Left arm											
	Refuse <input type="checkbox"/> Unable <input type="checkbox"/>	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> </table>									
Systolic / Diastolic 1 st <table border="1" style="width: 100px; height: 20px; display: inline-table;"><tr><td> </td><td>/</td><td> </td></tr></table> 2 nd <table border="1" style="width: 100px; height: 20px; display: inline-table;"><tr><td> </td><td>/</td><td> </td></tr></table> 3 rd <table border="1" style="width: 100px; height: 20px; display: inline-table;"><tr><td> </td><td>/</td><td> </td></tr></table>		/			/			/		Take a 3 rd reading if difference between 2 readings is >25 mmHg systolic or >15mmHg diastolic	_____ Staff Initial/Date
	/										
	/										
	/										
<input type="checkbox"/> Right arm											
	Refuse <input type="checkbox"/> Unable <input type="checkbox"/>	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> </table>									
Systolic / Diastolic 1 st <table border="1" style="width: 100px; height: 20px; display: inline-table;"><tr><td> </td><td>/</td><td> </td></tr></table> 2 nd <table border="1" style="width: 100px; height: 20px; display: inline-table;"><tr><td> </td><td>/</td><td> </td></tr></table> 3 rd <table border="1" style="width: 100px; height: 20px; display: inline-table;"><tr><td> </td><td>/</td><td> </td></tr></table>		/			/			/		Take a 3 rd reading if difference between 2 readings is >25 mmHg systolic or >15mmHg diastolic	_____ Staff Initial/Date
	/										
	/										
	/										
Station III											
	<input type="checkbox"/> Fasting <input type="checkbox"/> Random										
1 Blood sample											
	Refuse <input type="checkbox"/> Unable/N.A. <input type="checkbox"/>	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> </table>									
	Research										
	<input type="checkbox"/> Sodium citrate tube (2.7ml)	<input type="checkbox"/>									
	<input type="checkbox"/> Plain tube (10ml)	<input type="checkbox"/>									
	<input type="checkbox"/> EDTA tube (10ml)	<input type="checkbox"/>									
	Screening										
	<input type="checkbox"/> Plain (5ml)	<input type="checkbox"/>									
	<input type="checkbox"/> EDTA (3ml)	<input type="checkbox"/>									
	<input type="checkbox"/> Fluoride (2ml)	<input type="checkbox"/>									
	<input type="checkbox"/> Fluoride (2ml)-2hr OGTT	<input type="checkbox"/>									
2 OGTT											
	<input type="checkbox"/> Exempted										
Fasting blood	Time taken: <table border="1" style="width: 100px; height: 20px; display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<input type="checkbox"/>					
	24hr	<input type="checkbox"/>									
Time participant finishes trudol:	<table border="1" style="width: 100px; height: 20px; display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<input type="checkbox"/>					
	24hr Format	<input type="checkbox"/>									
		_____ Staff Initial/Date									
2hr OGTT	Time taken: <table border="1" style="width: 100px; height: 20px; display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<input type="checkbox"/>					
	24hr Format	<input type="checkbox"/>									
		_____ Staff Initial/Date									
3 Urine Sample											
	<input type="checkbox"/> Biobank	<input type="checkbox"/>									
	<input type="checkbox"/> ACR	<input type="checkbox"/>									
		<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> </table>									
		_____ Staff Initial/Date									

