Study Number: _____

Singapore Consortium of Cohort Studies- DC
Interview booklet

Points to Note: Do not leave any section of the questionnaire blank.
Enter all date entry in the format "DDMMYYYY".
Enter,
7(s) if not applicable
8(s) if subject refuses to answer
9(s) if subject does not know

For interviewers: Put forward the questions to the subject directly, discussion between the subject and family members, prompting of response and third party responses should be strongly discouraged. Please tick the appropriate response or fill in the correct figures.

1.   Date of interview: ⬚⬚⬚⬚⬚⬚⬚⬚

2.   Interviewed by: _____

Patient's sticker, if available

3.   Name: Mr/ Ms/ Mrs/ Mdm *
     *(*Circle the salutation. For Chinese name, underline the surname)*

4.   NRIC (e.g.S1234567X): ⬚⬚⬚⬚⬚⬚⬚⬚⬚

5.   Contact Number: Home: ⬚⬚⬚⬚⬚⬚⬚⬚
                        Mobile: ⬚⬚⬚⬚⬚⬚⬚⬚

BLANK

Study Number: _____

Date of interview: □□□□□□□

Interviewed by: _____

A Social Background

I would like to begin this section by asking you some background questions. As for the rest of the study survey questions, this information is confidential and will only be used for research purposes.

A1. Gender:

    □ 1. Male
    □ 2. Female

A2. Date of Birth |___|___|___|___|___|___|___|___|

A3. What is your ethnic group, according to your NRIC?

    □ 1. Chinese
    □ 2. Malay
    □ 3. Indian
    □ 4. Others: please specify _____

A4. What is your natural **mother's** ethnic group, according to her NRIC?

    □ 1. Chinese
    □ 2. Malay
    □ 3. Indian
    □ 4. Others: please specify _____
    □ 9. Do not know

A5. What is your natural **father's** ethnic group, according to his NRIC?

    □ 1. Chinese
    □ 2. Malay
    □ 3. Indian
    □ 4. Others: please specify _____
    □ 9. Do not know

A6. What is your **current marital status**?

    □ 1. Never married
    □ 2. Currently married
    □ 3. Separated but not divorced
    □ 4. Divorced
    □ 5. Widowed
    □ 8. Refuse to answer

A7.   What is the **highest level of education*** that you have attained?

     ☐ 1.   No formal qualifications/lower primary
     ☐ 2.   Primary (PSLE)
     ☐ 3.   Secondary ('O'/'N' level)
     ☐ 4.   ITE/ NTC
     ☐ 5.   'A' level/Polytechnic/diploma
     ☐ 6.   University
     ☐ 8.   Refuse 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.

A8.   How many years of school, including higher education, have you completed (starting from primary 1)?

     ☐ 1.   No education
     ☐ 2.   1-3 years
     ☐ 3.   4-6 years
     ☐ 4.   7-10 years
     ☐ 5.   More than 10 years
     ☐ 8.   Refuse to answer

A9.   Which of the following best describes your **usual work status** over the **last 12 months**?

     ☐ 01.   Working
     ☐ 02.   Student (full-time)
     ☐ 03.   Homemaker/Housewife
     ☐ 04.   Retired
     ☐ 05.   Unemployed (able to work)
     ☐ 06.   Unemployed (unable to work)
     ☐ 07.   Others*
     ☐ 88.   Refuse to answer

*Persons such as disabled persons and persons with private means. Prisoners, patients of mental hospitals, inmates of homes for the aged as well as those who were awaiting call-up for NS are included in this category

A10.   Thinking over the past year, can you tell me what the average earnings of the **household** have been **per month**?

     ☐ 1.   Less than $ 2 000
     ☐ 2. $ 2 000 to $ 3 999
     ☐ 3. $ 4 000 to $ 5 999
     ☐ 4. $ 6 000 to $ 9 999
     ☐ 5.   More than $ 10 000
     ☐ 8.   Refuse to answer
     ☐ 9.   Do not know

A11. What type of house do you live in?

       ☐ 01. HDB 1-2 room flat
       ☐ 02. HDB 3 room flat
       ☐ 03. HDB 4 room flat
       ☐ 04. HDB 5 room or executive flat
       ☐ 05. Private condominium
       ☐ 06. Private house (landed property)
       ☐ 07. Others: please specify _____
       ☐ 88. Refuse to answer
       ☐ 99. Unknown

B Smoking

B1. Have you ever smoked in your life time?

       ☐ 1. Yes
       ☐ 2. No (Go to **C**)
       ☐ 8. Refuse to answer

B1.1 Have you ever smoked for 30 days or more, continuously?

       ☐ 1. Yes
       ☐ 2. No (Go to **C**)
       ☐ 8. Refuse to answer

B1.2 When did you first start smoking cigarettes? (Fill in 1 of the options below)

    Age when started _____

    (or) Year when started |___|___|___|___|

    (or) _____ years ago

       ☐ 8888. Refuse to answer
       ☐ 9999. Do not know

B1.3 Do you smoke cigarettes currently?

       ☐ 1. Yes (Go to **B1.5**)
       ☐ 2. No
       ☐ 8. Refuse to answer

B1.4a When did you last stop smoking cigarettes regularly? (Fill in 1 of the options below)

    Age when stopped _____

    (or) Year when stopped |___|___|___|___|

    (or) _____ years ago

       ☐ 8888. Refuse to answer (Go to **C**)
       ☐ 9999. Do not know

B1.4b What was the highest number of cigarettes that you smoked per day?

_____ sticks per day

☐ 8888. Refuse to answer (Go to **C**)
☐ 9999. Do not know

B1.5 On average, how many of the following do/did you smoke per day?
☐ 8888. Refuse to answer
☐ 9999. Do not know

☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	____ sticks per ____ pipes per ____ grams per	☐ day ☐ week ☐ month	for ____ year(s) and ____ month(s)
☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	____ sticks per ____ pipes per ____ grams per	☐ day ☐ week ☐ month	for ____ year(s) and ____ month(s)
☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	____ sticks per ____ pipes per ____ grams per	☐ day ☐ week ☐ month	for ____ year(s) and ____ month(s)
☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	____ sticks per ____ pipes per ____ grams per	☐ day ☐ week ☐ month	for ____ year(s) and ____ month(s)
☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	____ sticks per ____ pipes per ____ grams per	☐ day ☐ week ☐ month	for ____ year(s) and ____ month(s)

C Personal Medical History

C1   HIGH BLOOD PRESSURE (HYPERTENSION)

C1.1 Has a physician or a nurse (Western-trained) told you that you have high blood pressure?

☐ 1. Yes
☐ 2. No (Go to **C2**)
☐ 8. Refuse to answer (Go to **C2**)
☐ 9. Do not know (Go to **C2**)

C1.2 When were you diagnosed to have high blood pressure? (Fill in 1 of the

options below)

Age diagnosed _____

_____ years ago

Year when diagnosed |___|___|___|___|

- ☐ 8888. Refuse to answer
- ☐ 9999. Not sure

C1.3 Are you **currently** on regular medication from your physician (Western-trained) for high blood pressure?

- ☐ 1. Yes
- ☐ 2. No (Go to **C2**)
- ☐ 8. Refuse to answer (Go to **C2**)
- ☐ 9. Do not know (Go to **C2**)

C1.4 When did you start taking this high blood pressure medication? (Fill in 1 of the

options below)

Age started _____

_____ years ago

Year when started |___|___|___|___|

- ☐ 8888. Refuse to answer
- ☐ 9999. Not sure

C2 **DIABETES MELLITUS**

C2.1 Has a doctor or nurse (Western-trained) ever told you that you have diabetes?

- ☐ 1. Yes
- ☐ 2. No (Go to **C3**)
- ☐ 8. Refuse to answer
- ☐ 9. Do not know (Go to **C3**)

C2.2 When did the doctor first tell you that you have diabetes? (Fill in 1 of the

options below)

Age when told _____

_____ years ago

Year when told |___|___|___|___|

- ☐ 8888. Refuse to answer
- ☐ 9999. Not sure

C2.3 Has the doctor or nurse ever instructed you to control your diabetes by diet or exercise?

    ☐ 1.   Yes
    ☐ 2.   No
    ☐ 8.   Refuse to answer
    ☐ 9.   Do not know

C2.4 Are you currently on regular medication from your doctor for diabetes?

    ☐ 1.   Yes
    ☐ 2.   No (go to **C2.6**)
    ☐ 8.   Refuse to answer

C2.5 What type of medication?

    ☐ 1.   Oral medication
    ☐ 2.   Insulin injections
    ☐ 3.   Both injections and oral medications
    ☐ 4.   Others: _____
    ☐ 8.   Refuse to answer

C2.6 How many years have you been using diet, exercise and/or oral medication (without insulin use) to control diabetes, as advised by your doctor?
_____ years _____ months

    ☐ 88. Refuse to answer
    ☐ 99. Not sure

C2.7 When did you start using insulin injections to help control your diabetes? (Fill in 1 of the options below)

Age started _____

_____ years ago

Year when started |___|___|___|___|

    ☐ 7777. Not applicable
    ☐ 8888. Refuse to answer
    ☐ 9999. Not sure

C2.8 How often do you do Home Blood Glucose Monitoring?
    _____ times/ day

(or) _____ times/ week

(or) _____ times/ month

    ☐ 99. Less than 1 time / month
    ☐ 0.   Never

C2.9 Have you been told by your doctor (Western-trained) that you have diabetic eye disease (retinopathy)?
☐ 1. Yes
☐ 2. No (Go to **C2.10**)
☐ 8. Refuse to answer
☐ 9. Do not know (Go to **C2.10**)

C2.9a When were you diagnosed? (Fill in 1 of the options below)

Age diagnosed _____

_____ years ago

Year when diagnosed |___|___|___|___|

☐ 8888. Refuse to answer
☐ 9999. Not sure

C2.10 Have you been told by a doctor (Western-trained) that you have kidney problems caused by your diabetes (including proteinuria)?
☐ 1. Yes
☐ 2. No (Go to **C2.11**)
☐ 8. Refuse to answer (Go to C2.11)
☐ 9. Do not know (Go to **C2.11**)

C2.10a When were you diagnosed? (Fill in 1 of the options below)

Age diagnosed _____

_____ years ago

Year when diagnosed |___|___|___|___|

☐ 8888. Refuse to answer
☐ 9999. Not sure

C2.11 Do you use traditional medicine?
☐ 1. Yes
☐ 2. No- Never (Go to **C3**)
☐ 3. Previously but not now
☐ 4. Not sure: specify _____
☐ 8. Refuse to answer

C2.12 Did you use this traditional medicine for controlling your diabetes?

☐ 1. Yes
☐ 2. No
☐ 3. Not sure: specify _____
☐ 8. Refuse to answer

C2.13 Did you use this traditional medicine for controlling your blood pressure?
☐ 1. Yes
☐ 2. No
☐ 3. Not sure: specify _____
☐ 7. Not applicable
☐ 8. Refuse to answer

C3 **High Cholesterol**

C3.1 Have you ever been told by a physician (Western-trained) you have high cholesterol?
☐ 1. Yes
☐ 2. No
☐ 9. Do not know

C3.2 When were you diagnosed? (Fill in 1 of the options below)

Age diagnosed _____

_____ years ago

Year when diagnosed |___|___|___|___|

☐ 8888. Refuse to answer
☐ 9999. Not sure

C4 **Other Chronic Diseases**

C4.1 Have you ever been told by a physician (Western-trained) you have other chronic disease?
☐ 1. Yes, please specify:_____
☐ 2. No
☐ 8. Refuse to answer
☐ 9. Do not know

D Family History (Natural family members)

D1. How many **immediate*** family members do you have?
[*blood-related brothers, sisters, sons and daughters (including deceased siblings). Fill in '88' for refusal to answer and '99' for not sure/do not know.]
(**Excluding study participant**)
_____ brother(s)   _____ sister(s)
_____ son(s)   _____ daughter(s)

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

D2. As far as you know, for heart disease, which family members are affected? (please tick where applicable)

	Yes	No	NA	DK		Nos.
Father						
Mother						
Brother					(if yes, how many brothers)	
Sister					(if yes, how many sisters)	
Son					(if yes, how many sons)	
Daughter					(if yes, how many daughters)	

☐ 88. Refuse to answer

D3. As far as you know, for high blood pressure, which family members are affected? (please tick where applicable)

	Yes	No	NA	DK		Nos.
Father						
Mother						
Brother					(if yes, how many brothers)	
Sister					(if yes, how many sisters)	
Son					(if yes, how many sons)	
Daughter					(if yes, how many daughters)	

☐ 88. Refuse to answer

D4. As far as you know, for diabetes, which family members are affected? (please tick where applicable)

	Yes	No	NA	DK		Nos.
Father						
Mother						
Brother					(if yes, how many brothers)	
Sister					(if yes, how many sisters)	
Son					(if yes, how many sons)	
Daughter					(if yes, how many daughters)	

☐ 88. Refuse to answer

D5. As far as you know, for stroke, which family members are affected? (please tick where applicable)

	Yes	No	NA	DK		Nos.
Father						
Mother						
Brother					(if yes, how many brothers)	
Sister					(if yes, how many sisters)	
Son					(if yes, how many sons)	
Daughter					(if yes, how many daughters)	

☐ 88. Refuse to answer

D6. Have your grandparents or relatives (uncles, aunties, cousins) ever been diagnosed with diabetes, heart disease, hypertension, stroke or cancer?

☐ 1. Yes
☐ 2. No
☐ 88. Refuse to answer
☐ 99. Do not know

E   Examination   ☐ This section not applicable

			Refuse	Unfit
E1.	Height (m)	·	☐	☐
E2.	Weight (kg)	·	☐	☐
E3.	Waist (cm)		☐	☐
E4.	Hip (cm)		☐	☐

E5.   In the last 7 days did you consume NSAIDS or other analgesics (aspirin, panadol, ponstan etc)?
☐ 1.   Yes (do not collect urine)
☐ 2.   No
☐ 8.   Refuse to answer (do not collect urine)
☐ 9.   Do not know (do not collect urine)

E6.   In the last 7 days did you consume antibiotic?
☐ 1.   Yes (do not collect urine)
☐ 2.   No
☐ 8.   Refuse to answer (do not collect urine)
☐ 9.   Do not know (do not collect urine)

E7.   Urine specimen collected?
☐ 1.   Yes, time of collection |__|__|__|__|
☐ 2.   No (end of questionnaire)

E8.   Urine pH _____

E9.   Urine Protein
☐ 1. Negligible
☐ 2. Trace
☐ 3. + (0.3 g/L)
☐ 4. ++ (1 g/L)
☐ 5. +++ (3 g/L)
☐ 6. ++++ ($\geq$ 20 g/L)

E10.   Urine Glucose
☐ 1. Negligible
☐ 2. Trace (1 g/L)
☐ 3. + (2.5 g/L)
☐ 4. ++ (5 g/L)
☐ 5. +++ (10 g/L)
☐ 6. ++++ ($\geq$ 20 g/L)

E11. Urine Ketone
  ☐ 1. Negligible
  ☐ 2. Trace (0.05 g/L)
  ☐ 3. + (0.15 g/L)
  ☐ 4. ++ (0.4 g/L)
  ☐ 5. +++ (0.8 g/L)
  ☐ 6. ++++ ($\geq$ 1.6 g/L)

E12. Urine Blood
  ☐ 1. Negligible
  ☐ 2. Non-Haemolyzed Trace (10 Ery/uL)
  ☐ 3. Haemolyzed Trace (10 Ery/uL)
  ☐ 4. + (25 Ery/uL)
  ☐ 5. ++ (80 Ery/uL)
  ☐ 6. +++ (200 Ery/uL)

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