

Singapore Consortium of Cohort Studies (SCCS)
- Multiethnic Cohort (MEC) Questionnaire

Study ID:

The Study ID will be generated from the computer system.

* Circle where appropriate

Classification: * R / V

Interviewed by: _____

Name: (*Mr/Ms/Mrs) _____ Gender: * M / F

NRIC:

--	--	--	--	--	--	--	--	--	--

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

Email: _____

D.O.B.:

D	D	M	M	Y	Y	Y	Y

Residential Address:

Block/House No/Building Name/Street: _____

Unit No/Apartment No: _____ Postal Code: _____

Mailing Address (fill in only if different from above):

Block/House No/Building Name/Street: _____

Unit No/Apartment No: _____ Postal Code: _____

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

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

Preferred Language: 1. _____ 2. _____

1. Date and time interview commences Date

D	D	M	M	Y	Y	Y	Y

 Time

--	--	--	--

 hrs

2. Subject agrees to health screening? Yes No

3. Date and time for health screening Date

D	D	M	M	Y	Y	Y	Y

 Time

--	--	--	--

 hrs

Mother's IC:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mother's Name: _____

Father's IC:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Father's Name: _____

First case

Related to: (name) _____

(NRIC)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Interviewee is the ____ (choose from below) of the above participant 1

- | | | | |
|----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister | <input type="checkbox"/> Nephew ** _____ | <input type="checkbox"/> Niece ** _____ |
| <input type="checkbox"/> Son | <input type="checkbox"/> Daughter | <input type="checkbox"/> Uncle ** _____ | <input type="checkbox"/> Auntie ** _____ |

Others: _____ ** 2nd degree only; specify "P"- paternal, "M"- maternal

Classification: * R / V

R refers to Random where the participant is recruited from a residence on a prepared list and/or a participant who is blood related to a participant from the prepared list.
V refers to a Volunteer who falls outside the criteria above and initiates and requests recruitment into SCCS

Interviewed by:

Document the full name of staff interviewing the participant.

Name: (*Mr/Ms/Mrs)

Write exactly the way the name was recorded according to the participant's NRIC. Write name in capital letters.

Gender: * M / F

Write the gender as recorded in NRIC

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

Document as per NRIC. Indicate C for Chinese, M for Malay and I for Indian. O refers to others and specify the race e.g Bugis

Email

Document email address if available.

D.O.B: □□□□□□□□

Document the date of birth according to the NRIC.

Residential Address:

Document the address that the participant is currently staying.

Mailing Address (fill in only if different from above):

Document mailing address only if residential address is different.

Contact No.

Obtain telephone number where applicable/contactable. If no contact number available, indicate NNNNNNNN.

Preferred Language: 1. _____ 2. _____

Document the language(s) that is spoken according to the order of preference

1. Date and time of interview commences:

Document the date and time the interview was conducted.

2. Subject agrees to health screening?
Yes No

Tick Yes or No accordingly.

3. Date and time for health screening:
Date □□□□□□□□ Time □□□□ hrs

Document the tentative date and time for the health screening appt.

Mother's NRIC □□□□□□□□
Mother's Name: _____
Father's NRIC □□□□□□□□
Father's Name: _____

This will help us reduce errors in family linkage. Obtain both parents' name & NRIC if possible. If NRIC is not available, at least full names of parents are to be documented.

First case

Tick (✓) in the box if the participant is the first participant in the household to be recruited and he has no other known relatives already in the study. Otherwise go to next.

Related to: (name) _____
NRIC: □□□□□□□□

**a. This can be any one of the 1st and 2nd degree relatives of the current interviewee and had already been recruited.
b. NRIC: Record the NRIC of the participant**

Interviewee is the _____ (choose from below) of the above participant ↓
 Father Mother Spouse
 Niece**
 Brother Sister Nephew**
 Auntie**
 Son Daughter Uncle**
 Grandparent
 Others: _____
** 2nd degree only

**Tick the box which describes the relationship of the participant to the Index.
Tick (✓) Others if the blood-relationship cannot be described by any of the boxes printed. Then record the relationship in the given space _____ e.g. grandmother.
The boxes are for 1st and 2nd degree relatives only, i.e. Nephew and Niece refer only to children of siblings; and Uncle and Auntie refer only to siblings of parents.
All other forms of blood relatives not explicitly listed should be considered as under "others".
should be considered as under "others".**

Interviewer: _____

Study ID:

Date:

D	D	M	M	Y	Y	Y	Y

Note to Interviewer :

1. Each correction of entry must be signed and dated.
2. Do not interpret or make assumptions while interviewing. Document interviewee's response accordingly.
3. Where is provided, tick (✓) when appropriate.

Points to Note:

Do not leave any section of the questionnaire blank.
 Enter all date entry in the format "DDMMYYYY".
 Enter "NNNNNNNN" if not applicable.
 Enter "RRRRRRRR" if subject refuses to answer
 Enter "DDDDDDDD" if subject does not know

Similarly for non-dates,
 "NNN" if not applicable
 "RRR" if subject refuses to answer
 "DDD" if subject does not know

A	<u>LIFESTYLE FACTORS</u>
A1	<u>Smoking</u>
A1.1	Have you ever smoked cigarettes in your life time? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (Go to A1.8) <input type="checkbox"/> 8. Refuse to answer
A1.2	Have you ever smoked cigarettes for 30 days or more, continuously? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (Go to A1.8) <input type="checkbox"/> 8. Refuse to answer
A1.3	When did you first start smoking cigarettes? Age when started _____ (or) Year when started __ __ __ __ (or) _____ years ago <input type="checkbox"/> 8888. Refuse to answer <input type="checkbox"/> 9999. Do not know
A1.4	Do you smoke cigarettes currently? <input type="checkbox"/> 1. Yes (Go to A1.6) <input type="checkbox"/> 2. No <input type="checkbox"/> 8. Refuse to answer

Captures exposure to all forms of tobacco smoking, except Shisha
"Yes" to include those who answer that they have smoked one puff in their lifetime.
It should be continuous smoking for 30 days and does not take into account the time lapsed since the participant stopped smoking.
Document only 1 option. If participant says 'X' years ago, double check by asking "is that in year [present - X]?"
The term "currently" refers to period around time of interview. "Yes", if participant has not quit smoking.

A1.5 When did you last stop smoking cigarettes regularly?

Age when stopped _____

(or) Year when stopped |__|__|__|__|

(or) _____ years ago

8888. Refuse to answer (Go to A2)

9999. Do not know

Participant may quit and restart and quit again. Ask for the last quit year.

Stop smoking "Regularly" refers to a "total" cessation in smoking.

Document only 1 option.

A1.6 What was the highest number of cigarettes that you smoked per day?

_____ sticks per day

8888. Refuse to answer (Go to A2)

9999. Do not know

The highest number of cigarettes smoked in any given day.

Note to Interviewer :

Ask participant the item he/she smoked and document number of smoking and tick per day/week/month and record number of years and months smoked.

If participant is a very irregular smoker who is completely unable to gauge his or her usage, put down answer as "1 time per month".

Record separately, intermittent period(s) of non-smoking.

A1.7 On average, how many of the following do/did you smoke per day?

<input type="checkbox"/> Manufactured cigarettes	____ sticks per	<input type="checkbox"/> day	for ____ year(s)
<input type="checkbox"/> Hand-rolled cigarettes/ tahl/ liangs	____ pipes per	<input type="checkbox"/> week	and ____ month(s)
<input type="checkbox"/> Cigars, cheroots, cigarillos	____ grams per	<input type="checkbox"/> month	
<input type="checkbox"/> Pipes			
<input type="checkbox"/> Manufactured cigarettes	____ sticks per	<input type="checkbox"/> day	for ____ year(s)
<input type="checkbox"/> Hand-rolled cigarettes/ tahl/ liangs	____ pipes per	<input type="checkbox"/> week	and ____ month(s)
<input type="checkbox"/> Cigars, cheroots, cigarillos	____ grams per	<input type="checkbox"/> month	
<input type="checkbox"/> Pipes			
<input type="checkbox"/> Manufactured cigarettes	____ sticks per	<input type="checkbox"/> day	for ____ year(s)
<input type="checkbox"/> Hand-rolled cigarettes/ tahl/ liangs	____ pipes per	<input type="checkbox"/> week	and ____ month(s)
<input type="checkbox"/> Cigars, cheroots, cigarillos	____ grams per	<input type="checkbox"/> month	
<input type="checkbox"/> Pipes			
<input type="checkbox"/> Manufactured cigarettes	____ sticks per	<input type="checkbox"/> day	for ____ year(s)
<input type="checkbox"/> Hand-rolled cigarettes/ tahl/ liangs	____ pipes per	<input type="checkbox"/> week	and ____ month(s)
<input type="checkbox"/> Cigars, cheroots, cigarillos	____ grams per	<input type="checkbox"/> month	
<input type="checkbox"/> Pipes			

Note to Interviewer:

You may want to explain to the participant that even though she/he does not smoke, there is some evidence of health implications from second-hand smoke exposure. The following questions are to capture information on second-hand smoke exposure, i.e. where the participant was close enough to the smoker(s) to smell the smoke.

A1.8 From your **birth to age 18**, did anyone living with you smoke at home on a daily basis for 6 months or longer?

- 1. Yes
- 2. No (Go to **A1.9**)
- 8. Refuse to answer (Go to **A1.9**)
- 9. Do not know (Go to **A1.9**)

A1.8a Who smoked daily at home?

- 1. Father
- 2. Mother
- 3. Grandparent(s)
- 4. Sibling(s)
- 5. Other person(s)
- 8. Refuse to answer

A1.8b For how many years did at least 1 person living in your home smoke daily at home?

- 1. 1 year or less
- 2. 2 – 5 years
- 3. 6 – 11 years
- 4. 12 + years
- 8. Refuse to answer
- 9. Do not know

A1.8 covers smoking exposure primarily in the home when participant was a child.

Home refers to home environment.

Tick one box only.

Tick all that apply.

Tick one box only.

When there are >1 person exposing participant to 2nd-hand smoke at one time, do not double count the overlapping period.

A1.9 **Since you were 18 years old**, did anyone living with you smoke at home on a daily basis for 6 months or longer?

- 1. Yes
- 2. No (Go to **A1.10**)
- 8. Refuse to answer (Go to **A1.10**)
- 9. Do not know (Go to **A1.10**)

A1.9a Who smoked daily at home?

- 1. Spouse
- 2. Parent(s) and/or in-law(s)
- 3. 1 or more of your children
- 4. Other person(s)
- 8. Refuse to answer
- 9. Do not know

A1.9b For how many years has at least 1 person staying with you smoked daily?

- 1. 1 year or less
- 2. 2 - 4 years
- 3. 5 - 14 years
- 4. 15 - 24 years
- 5. 25 + years
- 8. Refuse to answer
- 9. Do not know

A1.9-1.10 cover smoking exposure in whatever residence the participant was staying at from 18 years old onwards, which may include home, rental flat, dormitory, hostel, barracks etc.

Tick one box only.

Tick all that apply.

Other person(s) may include non-relatives who stayed in your home (e.g. tenant, friend).

Tick one box only.

<p>A1.10 Does anyone who <u>currently</u> stays with you smoke on a daily basis?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No (Go to A1.11)</p> <p><input type="checkbox"/> 8. Refuse to answer</p>	
<p>A1.10a Who currently smokes daily in your residence?</p> <p><input type="checkbox"/> 1. Spouse</p> <p><input type="checkbox"/> 2. Parent(s) and/or in-law(s)</p> <p><input type="checkbox"/> 3. 1 or more of your children</p> <p><input type="checkbox"/> 4. Other person(s)</p> <p><input type="checkbox"/> 8. Refuse to answer</p>	<p>Tick one box <u>only</u>.</p>
<p>A1.11 Have you ever had a <u>job</u> in which, on a daily basis, you were exposed to cigarette smoke from others?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No (Go to A2)</p> <p><input type="checkbox"/> 8. Refuse to answer</p>	<p>Tick all that apply.</p> <p>Other person(s) may include non-relatives (e.g. roommate, friend and landlord).</p>
<p>A1.11a For how many years were you exposed to cigarette smoke at work?</p> <p><input type="checkbox"/> 1. 1 year or less</p> <p><input type="checkbox"/> 2. 2 - 4 years</p> <p><input type="checkbox"/> 3. 5 - 9 years</p> <p><input type="checkbox"/> 4. 10 - 19 years</p> <p><input type="checkbox"/> 5. 20 + years</p> <p><input type="checkbox"/> 8. Refuse to answer</p> <p><input type="checkbox"/> 9. Do not know</p>	<p>Tick one box <u>only</u>.</p> <p>If the participant gives a range, take the highest number as the response, then tick accordingly.</p>
<p>A1.11b On the average, how many hours were you exposed to cigarette smoke at work?</p> <p><input type="checkbox"/> 1. 1 hour or less</p> <p><input type="checkbox"/> 2. 1 - 3 hours</p> <p><input type="checkbox"/> 3. 4 + hours</p> <p><input type="checkbox"/> 8. Refuse to answer</p>	<p>Tick one box <u>only</u>.</p> <p>If the participant gives a range, take the highest number as the response, then tick accordingly.</p>
<p>A1.12 Are you <u>currently</u> exposed to cigarette smoke at work on a daily basis?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 8. Refuse to answer</p>	<p>Tick one box <u>only</u>.</p>

A2 Alcohol Consumption

A2.1 Have you ever consumed a drink that contains alcohol such as beer, wine, rice wine or fermented cider or hard liquor?
 1. Yes
 2. No (Go to **B**)
 8. Refuse to answer (Go to **B**)

A2.2 How old were you when you first started regularly drinking alcoholic beverages?
 Age when started _____
 (or) Year when started |__|__|__|__|
 (or) _____ years ago
 8888. Refuse to answer
 9999. Do not know

A2.3 Have you consumed alcohol within the past 3 months?
 1. Yes
 2. No
 8. Refuse to answer

A2.4 How often do you drink in the last year, the following alcoholic beverages?
 Please document in the chart below:
 8. Refuse to answer
 9. Do not know

Any drink that contains alcohol as an ingredient. Tick one box only.

Regularly refers to at least once a week drinking of alcoholic beverages.

Document only one option.

Tick one box only.

Note to Interviewer: Document no. of servings & tick day/week/month/year accordingly as interviewed.

Herbal wines such as Yomeishu, D.O.M. are classified as fortified wine.

Average use during the last year			
Beer	1 small bottle (375ml) or less	_____ bottles per	<input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
Beer	1 large bottle (750ml) or less	_____ bottles per	<input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
Wine	1 wine glass (118ml) or less	_____ glasses per	<input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
Other wine (rice wine, fermented cider, fortified wine etc.)	1 wine cup (30ml) or less	_____ cups per	<input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
Hard liquor (whiskey, rum, vodka, etc)	1 wine cup (30ml) or less	_____ cups per	<input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year

B PERSONAL MEDICAL HISTORY

B1 Medication

B1.1 Are you currently taking any regular medications?

- 1. Yes
- 2. No (Go to B2)
- 8. Refuse to answer (Go to B2)
- 9. Do not know (Go to B2)

Regular medications refer to long term medication taken by a person for chronic conditions such as heart diseases, stroke, high blood pressure, diabetes, high cholesterol, rheumatic arthritis etc. This includes regular health supplements and all contraceptives. Tick one box only.

B1.2 Please list all the medications and the dose that you are taking.

Please ask subject to show packaging of medication (if available)

- 8. Refuse to answer

“How long have you been taking this medication” refers to overall span of time taking this medication. No deduction is required for any intermittent breaks. Record dosage according to prescription where available, not according to participant’s actual consumption.

Sometimes, participants take traditional medicines, TIM (Indian), TCM (Chinese) or TMM (Malay). If these preparations are taken by the participants, then record it down however, you may not have the dosage available – so indicate that this is traditional medicine.

If in doubt as to whether medication mentioned by participant is considered as “regular medication”, simply record the medication.

E.g. of other application type: powder mixed with water, gargle etc.

S/N	Name of Medication	Application/ type				Strength Per dose	No.of doses per day	How long you have been taking this medicine?			
		Tablet	Inhaler	Cream	Others specify:			Year(s)	Month(s)	Week(s)	Day(s)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

B2 Heart Disease

- B2.1 Has a physician ever told you that you have blockage of the arteries to your heart?
- 1. Yes
 - 2. No (Go to **B3**)
 - 8. Refuse to answer (Go to **B3**)
 - 9. Do not know (Go to **B3**)

B2.1.1 When did it first occur?

- Age _____
(or) Year |__|__|__|__|
(or) _____ years ago
 9999. Not sure

B2.1.2 Which hospital/clinic?

- 1. _____
- 2. _____
- 3. _____

B2.2 Have you ever had a heart attack?

- 1. Yes
- 2. No (Go to **B3**)
- 8. Refuse to answer (Go to **B3**)
- 9. Do not know (Go to **B3**)

B2.2.1 When did it first occur?

- Age _____
(or) Year |__|__|__|__|
(or) _____ years ago
 9999 Not sure

B2.2.2 Which hospital/clinic?

- 1. _____
- 2. _____
- 3. _____

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

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

Congenital heart disease/defect is not included.

Tick one box only.

Document only one option and only the first time when it occurred.

Write the hospital's name in full or abbreviations of well recognized hospitals e.g. SGH, TTSH, AH and CGH. If it was done overseas, then indicate country and name of hospital.

Tick one box only.

Heart attack refers to a situation whereby there is loss in heart muscle function due to lack of oxygenation, typically due to restriction in blood flow from blocked arteries

Document only one option and only the first time when it occurred.

Write the hospital's name in full or abbreviations of well recognized hospitals e.g. SGH, TTSH, AH and CGH. If it was done overseas, then indicate country and name of hospital.

B3 Stroke

B3.1 Has a physician ever told you that you had a stroke?

- 1. Yes
- 2. No (Go to **B3.2**)
- 8. Refuse to answer (Go to **B4**)
- 9. Do not know (Go to **B4**)

B3.1.1 When did it first occur?

- Age _____
(or) Year |__|__|__|__|
(or) _____ years ago
 9999. Not sure

B3.1.2 Which hospital/clinic?

1. _____
2. _____
3. _____

B3.2 Has a physician ever told you that you had a TIA or transient ischemic attack, or a mini stroke?

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

- 1. Yes
- 2. No (Go to **B4**)
- 8. Refuse to answer (Go to **B4**)
- 9. Do not know (Go to **B4**)

B3.2.1 When did it first occur?

- Age _____
(or) Year |__|__|__|__|
(or) _____ years ago
 9999. Not sure

B3.2.2 Which hospital/clinic?

1. _____
2. _____
3. _____

Document only one option.

Stroke refers to a condition whereby there is a permanent damage to brain function from lack of oxygenation due to limited blood flow or ruptured blood vessel.

Document only one option and only the first time when it occurred.

Write the hospital's name in full or abbreviations of well recognized hospitals e.g. SGH, TTSH, AH and CGH. If it was done overseas, then indicate country and name of hospital.

Document only one option.

Document only one option and only the first time when it occurred.

Write the hospital's name in full or abbreviations of well recognized hospitals e.g. SGH, TTSH, AH and CGH. If it was done overseas, then indicate country and name of hospital.

<p>B4 <u>High Blood Pressure (Hypertension)</u></p> <p>B4.1 Has a physician (Western-trained), a nurse, or other healthcare professional told you that you have high blood pressure?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No (Go to B5)</p> <p><input type="checkbox"/> 8. Refuse to answer (Go to B5)</p> <p><input type="checkbox"/> 9. Do not know (Go to B5)</p>	<p>Document only one option</p>
<p>B4.2 At what age were you diagnosed to have high blood pressure?</p> <p>Age when told _____</p> <p>(or) Year when told __ __ __ __ </p> <p>(or) _____ years ago</p> <p><input type="checkbox"/> 9999. Not sure</p>	<p>Document only one option.</p>
<p>B5 <u>Diabetes Mellitus</u></p> <p>B5.1 Has a physician ever told you that you have diabetes?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No (Go to B6)</p> <p><input type="checkbox"/> 8. Refuse to answer (Go to B6)</p> <p><input type="checkbox"/> 9. Do not know (Go to B6)</p>	<p>Document only one option.</p>
<p>B5.2 How old were you when the doctor first told you had diabetes?</p> <p>Age when told _____</p> <p>(or) Year when told __ __ __ __ </p> <p>(or) _____ years ago</p> <p><input type="checkbox"/> 9999 Not sure</p>	<p>Document only one option and <u>only the first time</u> when it occurred.</p>
<p>B5.2.1 Which hospital/clinic?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>Write the clinic /hospital's name in full or abbreviations of well recognized hospitals e.g. SGH, TTSH, AH and CGH.</p>
<p>B6 <u>High Cholesterol</u></p> <p>B6.1 Have you ever been told by a physician (western trained) you have high cholesterol?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No (Go to B7)</p> <p><input type="checkbox"/> 8. Refuse to answer (Go to B7)</p> <p><input type="checkbox"/> 9. Do not know (Go to B7)</p>	<p>Document only one option.</p> <p>Should participant seek clarification, this refers to high LDL cholesterol or Triglycerides. High HDL cholesterol is not included as a positive response.</p>

B6.2 When did the doctor first tell you had high cholesterol?

Age when told _____

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

(or) _____ years ago

9999. Not sure

Document only one option and only the first time when it occurred.

B7 Other Chronic Diseases

B7.1 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

Other chronic diseases refer to non-infectious diseases and are addressed as a possibly long term health problem to the participant. This may include diseases such as arthritis, rheumatism, asthma.

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

C1 How many **immediate** family members do you have?

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

00. No blood relatives (Go to D)

Exclude participant, include deceased members.

Does not include family-members who are not blood related (if the participant does disclose).

Step-sibling(s) must be genetically related to the participant through a biological parent.

Biological parents are assumed as 2. Hence no need to ask.

C2. As far as you know, for **heart disease**, which family members are affected?

	Yes	No	NA	DK	
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many?
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Nos.

88. Refuse to answer (Go to C4)

Congenital heart disease is not included.

Tick Yes, No, NA or DK (do not know) and indicate number of siblings/children where applicable and as far as the interviewee is aware.

Tick NA where that family member is non-existent.

If unsure whether parents/siblings/ children have heart disease, tick "DK".

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

Age Range	Male	Female
Less than 30	<input type="checkbox"/>	<input type="checkbox"/>
30-34	<input type="checkbox"/>	<input type="checkbox"/>
35-39	<input type="checkbox"/>	<input type="checkbox"/>
40-44	<input type="checkbox"/>	<input type="checkbox"/>
45-49	<input type="checkbox"/>	<input type="checkbox"/>
50-54	<input type="checkbox"/>	<input type="checkbox"/>
55-59	<input type="checkbox"/>	<input type="checkbox"/>
60-64	<input type="checkbox"/>	<input type="checkbox"/>
65-69	<input type="checkbox"/>	<input type="checkbox"/>
70-74	<input type="checkbox"/>	<input type="checkbox"/>
75-79	<input type="checkbox"/>	<input type="checkbox"/>
80 or older	<input type="checkbox"/>	<input type="checkbox"/>

- 77. Not applicable
- 88. Refuse to answer
- 99. Do not know

Indicate the family-member(s) in the respective gender and age range when the condition occurred. Specify the number of family members in the respective cell.

C4 As far as you know, for **high blood pressure**, which family members are affected?

	Yes	No	NA	DK											
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many? <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">Nos.</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Nos.									
Nos.															
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
P. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
P. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
M. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
M. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

88. Refuse to answer (Go to C6)

Tick Yes, No, NA or DK (do not know) and indicate number of siblings/children where applicable and as far as the interviewee is aware.

Tick NA where that family member is non-existent.

If unsure whether parents/siblings/ children have high blood pressure, tick "DK".

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

Age Range	Male	Female
Less than 30	<input type="checkbox"/>	<input type="checkbox"/>
30-34	<input type="checkbox"/>	<input type="checkbox"/>
35-39	<input type="checkbox"/>	<input type="checkbox"/>
40-44	<input type="checkbox"/>	<input type="checkbox"/>
45-49	<input type="checkbox"/>	<input type="checkbox"/>
50-54	<input type="checkbox"/>	<input type="checkbox"/>
55-59	<input type="checkbox"/>	<input type="checkbox"/>
60-64	<input type="checkbox"/>	<input type="checkbox"/>
65-69	<input type="checkbox"/>	<input type="checkbox"/>
70-74	<input type="checkbox"/>	<input type="checkbox"/>
75-79	<input type="checkbox"/>	<input type="checkbox"/>
80 or older	<input type="checkbox"/>	<input type="checkbox"/>

- 77. Not applicable
- 88. Refuse to answer
- 99. Do not know

Indicate the family-member(s) in the respective gender and age range when the condition occurred. Specify the number of family members in the respective cell.

C6 As far as you know, for **diabetes**, which family members are affected?

	Yes	No	NA	DK	
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many?
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P. Aunty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M. Aunty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Nos.

88. Refuse to answer (Go to C8)

Tick Yes, No, NA or DK (do not know) and indicate number of siblings/children where applicable and as far as the interviewee is aware.

Tick NA where that family member is non-existent

If unsure whether parents/siblings/children have diabetes, tick "DK".

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

Age Range	Male	Female
Less than 30	<input type="checkbox"/>	<input type="checkbox"/>
30-34	<input type="checkbox"/>	<input type="checkbox"/>
35-39	<input type="checkbox"/>	<input type="checkbox"/>
40-44	<input type="checkbox"/>	<input type="checkbox"/>
45-49	<input type="checkbox"/>	<input type="checkbox"/>
50-54	<input type="checkbox"/>	<input type="checkbox"/>
55-59	<input type="checkbox"/>	<input type="checkbox"/>
60-64	<input type="checkbox"/>	<input type="checkbox"/>
65-69	<input type="checkbox"/>	<input type="checkbox"/>
70-74	<input type="checkbox"/>	<input type="checkbox"/>
75-79	<input type="checkbox"/>	<input type="checkbox"/>
80 or older	<input type="checkbox"/>	<input type="checkbox"/>

- 77. Not applicable
- 88. Refuse to answer
- 99. Do not know

Indicate the family-member(s) in the respective gender and age range when the condition occurred. Specify the number of family members in the respective cell.

**Tick Yes, No, NA or DK (do not know) and indicate number of siblings/children and type of cancer where applicable and as far as the interviewee is aware.
 Tick NA where that family member is non-existent
 If unsure whether parents/siblings/ children have cancer, tick "DK".
 If interviewee does not know the specific term for the type of cancer, document the body part e.g bone, liver, nose etc. If unsure, document DDD**

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

	Yes	No	NA	DK		Type(s)	
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Brother	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many?		
Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
P. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
P. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
M. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
M. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

88. Refuse to answer (Go to D)

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

Age Range	Male	Female
Less than 30	<input type="checkbox"/>	<input type="checkbox"/>
30-34	<input type="checkbox"/>	<input type="checkbox"/>
35-39	<input type="checkbox"/>	<input type="checkbox"/>
40-44	<input type="checkbox"/>	<input type="checkbox"/>
45-49	<input type="checkbox"/>	<input type="checkbox"/>
50-54	<input type="checkbox"/>	<input type="checkbox"/>
55-59	<input type="checkbox"/>	<input type="checkbox"/>
60-64	<input type="checkbox"/>	<input type="checkbox"/>
65-69	<input type="checkbox"/>	<input type="checkbox"/>
70-74	<input type="checkbox"/>	<input type="checkbox"/>
75-79	<input type="checkbox"/>	<input type="checkbox"/>
80 or older	<input type="checkbox"/>	<input type="checkbox"/>

- 77. Not applicable
- 88. Refuse to answer
- 99. Do not know

Indicate the family-member(s) in the respective gender and age range when the condition occurred. Specify the number of family members in the respective cell.

<p>D <u>WOMEN'S HEALTH (for men, go to Section E)</u></p> <p>D1.1 How old were you when you had your <u>first menstrual period</u>?</p> <p>_____ years of age</p> <p><input type="checkbox"/> 00. Never</p> <p><input type="checkbox"/> 88. Refuse to answer</p> <p><input type="checkbox"/> 99. Do not know</p>	<p>Enter the numeral which represents the years of age. If the participant is unable to recall her first menstrual period, tick "Do not know".</p>
<p>D1.2 Do you still have periods?</p> <p><input type="checkbox"/> 1. Yes (Go to D1.13)</p> <p><input type="checkbox"/> 2. No (Go to D1.3)</p> <p><input type="checkbox"/> 8. Refuse to answer (Go to D1.13)</p> <p><input type="checkbox"/> 9. Do not know (Go to D1.13)</p>	<p>(Not including the periods caused by use of female hormones after menopause) If the participant is pregnant, she is still capable of having periods so tick "Yes"</p> <p>Document <u>only</u> one option.</p>
<p>D1.3 What was the date of your last period?</p> <p>Year __ __ __ __ Month __ __ </p> <p><input type="checkbox"/> 8888. Refuse to answer</p> <p><input type="checkbox"/> 9999. Do not know</p>	<p>Enter the year and month if available. If the participant is unsure of the month, enter "DD". Otherwise, tick one of the other responses accordingly.</p>
<p>D1.4 Did your period stop <u>naturally</u> or because of a <u>hysterectomy</u>?</p> <p><input type="checkbox"/> 1. Naturally (Go to D1.7)</p> <p><input type="checkbox"/> 2. Hysterectomy</p> <p><input type="checkbox"/> 8. Refuse to answer</p> <p><input type="checkbox"/> 9. Do not know</p>	<p>A hysterectomy is an operation done to remove the uterus (womb).</p> <p>Document <u>only</u> one option .</p>
<p>D1.5 In which year did you have your hysterectomy?</p> <p>Year __ __ __ __ </p> <p><input type="checkbox"/> 8888. Refuse to answer</p> <p><input type="checkbox"/> 9999. Do not know</p>	<p>If participant is unsure of the year, then tick "do not know"</p>
<p>D1.6 Were both ovaries removed?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 8. Refuse to answer</p> <p><input type="checkbox"/> 9. Do not know</p>	<p>If the person is not sure, then tick "do not know"</p> <p>Document <u>only</u> one option.</p>
<p>D1.7 Did you take <u>hormone replacement therapy</u> after your periods stopped?</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No (Go to D1.13)</p> <p><input type="checkbox"/> 8. Refuse to answer (Go to D1.13)</p> <p><input type="checkbox"/> 9. Do not know (Go to D1.13)</p>	<p>Document <u>only</u> one option.</p>

<p>D1.8 What type of hormone replacement therapy did you take?</p> <p><input type="checkbox"/> 1. Estrogen only</p> <p><input type="checkbox"/> 2. Both estrogen and progesterone</p> <p><input type="checkbox"/> 3. Others</p> <p><input type="checkbox"/> 9. Do not know</p>	<p>Document <u>only one</u> option.</p> <p>List of OCPs</p>
<p>D1.9 What is the name of the hormone replacement therapy?</p> <p>_____</p> <p><input type="checkbox"/> 9. Do not know</p>	<p>If the participant cannot remember the name, tick “do not know”</p>
<p>D1.10 When did you start hormone replacement therapy?</p> <p>Age when started _____</p> <p>(or) Year when started __ __ __ __ </p> <p>(or) _____ years ago</p> <p><input type="checkbox"/> 9999. Do not know</p>	<p>Document <u>only one</u> option.</p> <p>If the participant cannot remember when she started hormone replacement therapy, tick “do not know”</p>
<p>D1.11 Are you still taking hormone replacement therapy?</p> <p><input type="checkbox"/> 1. Yes (Go to D1.13)</p> <p><input type="checkbox"/> 2. No</p>	<p>Tick one box <u>only</u>.</p>
<p>D1.12 If NO, when did you stop hormone replacement therapy?</p> <p>Age when stopped _____</p> <p>(or) Year when stopped __ __ __ __ </p> <p>(or) _____ years ago</p> <p><input type="checkbox"/> 9999. Do not know</p>	<p>Document <u>only one</u> option.</p> <p>If the participant cannot remember, tick “do not know”</p>
<p>D1.13 How many times have you been pregnant?</p> <p>Have been pregnant _____ times (If zero, go to E)</p> <p><input type="checkbox"/> 88. Refuse to answer (Go to E)</p>	<p>Includes unsuccessful Pregnancies. Document <u>only one</u> option.</p> <p>If the participant refuses to answer, tick “refuse to answer”</p>

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

8888. Refuse to answer
 9999. Do not know

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

If the participant refuses to answer or do not know, tick the appropriate box accordingly.

Otherwise, use the table below to record the details of the participant's history of pregnancies.

Pregnancy ending date refers to the birth date of the child/children.

S/N	Pregnancy outcome	Pregnancy ending date (MMYYYY)	Total weeks of pregnancy	If live birth, breast fed or not?		If breast fed, for how long?		
				Yes	No	Year(s)	Month(s)	Week(s)
1				<input type="checkbox"/>	<input type="checkbox"/>			
2				<input type="checkbox"/>	<input type="checkbox"/>			
3				<input type="checkbox"/>	<input type="checkbox"/>			
4				<input type="checkbox"/>	<input type="checkbox"/>			
5				<input type="checkbox"/>	<input type="checkbox"/>			
6				<input type="checkbox"/>	<input type="checkbox"/>			
7				<input type="checkbox"/>	<input type="checkbox"/>			
8				<input type="checkbox"/>	<input type="checkbox"/>			
9				<input type="checkbox"/>	<input type="checkbox"/>			
10				<input type="checkbox"/>	<input type="checkbox"/>			
11				<input type="checkbox"/>	<input type="checkbox"/>			
12				<input type="checkbox"/>	<input type="checkbox"/>			

E PHYSICAL ACTIVITY

The following questions will be used to assess the amount of physical activity you do **in the last 3 months.**

E1 Leisure Time Activity

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

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

Weekdays: _____ hours

Weekends: _____ hours

E1.2 How often do you use stairs when an elevator is available?

1. Often

2. Not very often

3. Seldom

4. Never

E1.3 Which of the following do you do in your spare time (outside working hours)?

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

It does not include “sitting down” in the workplace.

Document the number of hours to the nearest half hour.

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

Document only one option.

Many of these activities may not be relevant to the interviewee.

For each activity, if interviewee does this at least once a week, record the number of times per week for that activity.

If the frequency is less than a week but at least once a month, record the number of times per month.

If less than once a month or never, record “0” in the 1st column.

When estimating the duration of the activities, do not include rest periods in the midst of each activity.

	How many times per week	How many times per month	On average, how long do you do this activity each time? (duration in minutes)
Walking and Miscellaneous			
1. Walking for pleasure or exercise (e.g. walking with children or pets-do not include walking to get from one place to another)			
2. Bicycling for pleasure			
3. Dancing- ballroom, square, line and /or disco			
4. Dancing- aerobic, ballet			
5. Cross country hiking			
6. Back packing (walking with a back pack)			
7. Mountain climbing			
8. Horseback riding			
Conditioning Exercise			
9. Home exercise (e.g. sit- ups, push-ups)			
10. Health club exercise classes (e.g. aerobics)			
11. Jog/ walk combinations			
12. Balance exercises: Taiqi, Qigong, breathing exercises			
13. Running			
14. Weight lifting			
Water Activities			
15. Water skiing			
16. Sailing for pleasure			
17. Sailing in competition			
18. Canoeing or rowing for pleasure			
19. Canoeing or rowing for competition			
20. Swimming (at least 50 m in a pool)			

For each of the activities, the interviewer needs to make only 2 entries.

The first entry is either in the weekly column or the monthly column.

The second entry is in terms of how many minutes were spent doing each individual activity.

← Mention each and every activity from 1 - 14.

← Mention “water activities” and name:
- water skiing
- sailing
- swimming

	How many times per week	How many times per month	On average, how long do you do this activity each time? (duration in minutes)
21. Swimming at the beach			
22. Scuba diving			
23. Snorkeling			
Sports Activities			
24. Bowling			
25. Volleyball			
26. Table tennis			
27. Tennis- singles			
28. Tennis- doubles			
29. Sepak Takraw			
30. Martial arts- TKD, karate, judo, silat, lion dance, aikido			
31. Softball			
32. Badminton			
33. Basketball/ netball- non game i.e. not keeping score			
34. Basketball/ netball- game play (keeping score)			
35. Basketball/ netball- refereeing			
36. Rugby or American football			
37. Soccer (football)			
38. Squash			
39. Paddle ball			
40. Racket ball			
41. Handball			

For each of the activities, the interviewer needs to make only 2 entries.

The first entry is either in the weekly column or the monthly column.

The second entry is in terms of how many minutes were spent doing each individual activity.

← Mention “sports activities” and name:

- bowling

- tennis

- football

- martial arts

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

For each of the activities, the interviewer needs to make only 2 entries.

The first entry is either in the weekly column or the monthly column.

The second entry is in terms of how many minutes were spent doing each individual activity.

E2 Occupational Physical Activity

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

1. Yes

2. No (Go to **E3**)

8. Refuse to answer (Go to **E3**)

Job refers to paid work. This question does not include work (e.g. housework) that done in participant's own time.

Document only one option

If participant only held 1 job in the last 3 months, then only 1 row should be filled in.

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

Under Hours of work per day, ask “....on average, how many hours a day do you work? Then minus the time taken for breaks. If overtime is a regular feature in this participant’s work, include this in the number of hours done in an average day.

Under Days of work per week, record how many days per week the participant is required to work. This includes overtime, if it is a regular feature of this job.

Under Hours spent sitting per day while at work, record the number of hours spent doing his/her job while in a sitting position.

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

Definitions

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

E3 Household Activity

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

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

There is a host of activities mentioned in the table. Go through all of them. Do not skip any.

For each activity, record 2 entries only.

The first entry is either in the min(s) per day column or hours per day column. “Min” is preferred because it is more precise.

The second entry is recorded in the days per week column.

When the participant gives a range, record higher end of the range.

When the participant is unsure of the exact number of minutes taken per day, but the time spent is ≥ 1 hour, round up to the nearest number of hours per day and record it in the hours per day column

Q 48, 49, 50 - For food preparation, food service and dish washing, account for it only if the duration of each time exceeds 10 minutes.

Activity	Min(s) per day	Hours per day	Days per week
58. Clearing walks, driveways: sweeping, shoveling, raking			
Looking after elderly persons or children			
59. Older or disabled person (lifting, pushing wheelchair)			
60. Childcare (lifting, carrying or pushing stroller)			

For each activity, record 2 entries only.

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

E4 Transportation

Note to Interviewer:

Walking and Cycling in order to get from one place to another destination. This has no relation to movement while on the job or within the household, or during leisure activity.

E4.1 Do you **walk** for at least 10 minutes continuously to get to and from places?

1. Yes
 2. No (Go to **E4.5**)

E4.2 How much time would you spend walking for travel on a typical day?

_____ hours _____ minutes

E4.3 In a typical week, how many days do you walk for at least 10 minutes to get to and from places?

_____ days a week

E4.4 What is the intensity of walking?

1. Light (no change in breathing pattern)
 2. Moderate (make you breathe somewhat harder than normal)
 3. Vigorous (make you breathe much harder than normal)

Document only one option.

Enter hours and minutes.

Enter number of days a week.

Document only one option.

Offer the option to the participant in terms of breathing intensity as described in the parentheses. Do not suggest "light", "moderate", or "vigorous" to the participant

<p>E4.5 Do you use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (Go to F)</p>
<p>E4.6 How much time would you spend bicycling for travel on a typical day?</p> <p>_____ hours _____ minutes</p>
<p>E4.7 In a typical week how many days do you bicycle for at least 10 minutes to get to and from places?</p> <p>_____ days a week</p>
<p>E4.8 What is the intensity of bicycling?</p> <p><input type="checkbox"/> 1. Light (no change in breathing pattern)</p> <p><input type="checkbox"/> 2. Moderate (make you breathe somewhat harder than normal)</p> <p><input type="checkbox"/> 3. Vigorous (make you breathe much harder than normal)</p>

<p>Document <u>only one</u> option.</p> <p>This does not refer to motorized cycles, whether by electric or engine version.</p>
<p>Enter hours and minutes.</p>
<p>Enter number of days a week.</p>
<p>Document <u>only one</u> option.</p> <p>Offer the option to the participant in terms of breathing intensity as described in the parentheses. Do not suggest “light”, “moderate”, or “vigorous” to the participant</p>

F FOOD FREQUENCY INFORMATION

Note to interviewer:

If the participant has changed his diet recently in preparation for a festival or in response to a new medical condition, dietary data should be based on dietary intake one month prior to the change in diet.

If the change is intended to be permanent , e.g. the participant decided to stop eating meat because of Buddhism, record the change and record food consumption based on the new diet.

F1 Have you changed your diet in the past one month?

- 1. Yes
- 2. No (Go to **Part A**)

Document only one option.

F2 If yes, why did you do so?

Document the reasons given by the participant even if they sound odd to you.

F3 What were the changes you made?

Document the answer given by the participant.

PART A

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

How often do you eat the following:

Note to Interviewer:

Ask each food item as listed.

A portion is a serving. A food picture guide is provided as a source of reference for participant to visualize.

Food pictures & utensil models are provided.

BREADS

Food Item	Portion	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
		Per day	Per week	Per month	Rarely/ Never
Bread					
1. White bread, including naan	1 slice or piece				<input type="checkbox"/>
2. Wholemeal/ 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"/>
10. Chapati /dosai	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"/>
13. Plain cereal	4 dsp (D1)				<input type="checkbox"/>
14. Mixed cereal (with fruit and nut)	4 dsp (D1)				<input type="checkbox"/>

RICE AND PORRIDGE

*** 1 portion refers to the standard serving when you eat at the hawker centers and restaurants**

Food Item	*Portion	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
		Per day	Per week	Per month	Rarely/ Never
15. Plain rice (white or brown)	1 rice bowl (B1)				<input type="checkbox"/>
16. Plain porridge	1 noodle bowl (B2)				<input type="checkbox"/>
Flavoured rice					
17. Fried rice	1 rice bowl (B1)				<input type="checkbox"/>
18. Chicken/duck rice	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	1 portion				<input type="checkbox"/>
24. Flavoured porridge (e.g. chicken, pork, duck, fish)	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.**

Food Item	Portion*	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
		Per day	Per week	Per month	Rarely/ Never
Noodles in soup					
25. Fishball/ niang dou fu/ wanton/ prawn/ beef/ chicken	1 portion				<input type="checkbox"/>
26. Penang laksa	1 portion				<input type="checkbox"/>
Dry noodles					
27. Fishball/niang dou fu/ wanton/ minced meat & mushrooms/ prawn/ beef/ chicken	1 portion				<input type="checkbox"/>

Food Item	Portion*	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
		Per day	Per week	Per month	Rarely/ Never
28. Lor mee/mee rebus	1 portion				<input type="checkbox"/>
Fried noodles					
29. Fried kway teow with cockles	1 portion				<input type="checkbox"/>
30. Fried mee/hor fun (with gravy)	1 portion				<input type="checkbox"/>
31. Fried wet noodles (incl. Hokkien mee, mee goreng)	1 portion				<input type="checkbox"/>
32. Fried dry noodles	1 portion				<input type="checkbox"/>
Noodles in lemak gravy					
33. Laksa lemak	1 portion				<input type="checkbox"/>
34. Mee siam (with coconut milk)	1 portion				<input type="checkbox"/>
Other noodles					
35. Instant noodles (plain)	1 portion				<input type="checkbox"/>
348. Laksa without gravy	1 portion				<input type="checkbox"/>
905. Boiled noodles/spaghetti/pasta (plain)	1 portion				<input type="checkbox"/>
906. Boiled noodles with tomato sauce	1 portion				<input type="checkbox"/>
907. Boiled noodles with cream sauce	1 portion				<input type="checkbox"/>

VEGETARIAN (CHINESE)

Food Item	Portion	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
		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 (chicken/ fish)	1 piece				<input type="checkbox"/>

SOUPS

Food Item	Portion	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
		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 more frequent choice of the participant.

Food Item	Venue		Portion	Number of times eaten <i>Enter 1 column only</i>			
	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	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	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. Legumes and Pulses Raw/ steamed/ boiled	<input type="checkbox"/>	<input type="checkbox"/>	½ mug				<input type="checkbox"/>

Food Item	Venue		Portion	Number of times eaten <i>Enter 1 column only</i>			
	Eat in	Eat Out		Per day	Per week	Per month	Rarely/ Never
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	<input type="checkbox"/>	<input type="checkbox"/>	1 mug or serving				<input type="checkbox"/>
Tofu/beancurd							
116. Fried	<input type="checkbox"/>	<input type="checkbox"/>	½ square				<input type="checkbox"/>
120. Steamed/ in soups	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
704. Canned/Preserved vegetables (Chye Sim, Olives etc.)	<input type="checkbox"/>	<input type="checkbox"/>	1 dsp (D1)				<input type="checkbox"/>

SALAD DRESSINGS

Food Item	Portion*	Number of times eaten <i>Enter 1 column only</i>			
		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	2 dsp (D1)				<input type="checkbox"/>

FRUITS

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

*** Refers to serving size in the recommended guidelines (page 157 of NNS 2004):**

- **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> <i>Enter 1 column only</i>			
		Per day	Per week	Per month	Rarely/ Never
133. Orange/red/yellow [#] fresh fruits and fruit juices (watermelon, papaya, mango, persimmon)	1 serving*				<input type="checkbox"/>
134. Other fresh fruits and fruit juices (pear, apple, grape, dragonfruit)	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 (CHICKEN, DUCK, GOOSE)

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.

Food Item	Venue		Portion	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
	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	<input type="checkbox"/>	<input type="checkbox"/>	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"/>

Food Item	Venue		Portion	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
	Eat in	Eat Out		Per day	Per week	Per month	Rarely/ Never
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	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>

MEAT

Food Item	Venue		Portion	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
	Eat in	Eat Out		Per day	Per week	Per month	Rarely/ Never
Meat- lean							
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. Roast/grilled/BBQ	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
204. Steamed/soup	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
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. Roast/grilled/BBQ	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
229. Steamed/soup	<input type="checkbox"/>	<input type="checkbox"/>	1 serving				<input type="checkbox"/>
Meat – preserved/cured							
230. Sausages	<input type="checkbox"/>	<input type="checkbox"/>	1				<input type="checkbox"/>
231. Ham	<input type="checkbox"/>	<input type="checkbox"/>	1 slice				<input type="checkbox"/>
232. Bacon	<input type="checkbox"/>	<input type="checkbox"/>	1 slice				<input type="checkbox"/>
233. Canned (luncheon, corned)	<input type="checkbox"/>	<input type="checkbox"/>	Size of 4 squares of chocolate				<input type="checkbox"/>
234. Liver and other innards	<input type="checkbox"/>	<input type="checkbox"/>	Size of 4 squares of chocolate				<input type="checkbox"/>

FISH/SEAFOOD

Food Item	Venue		Portion	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
	Eat in	Eat Out		Per day	Per week	Per month	Rarely/ Never
Fish							
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"/>
Other seafood							
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

Food Item	Venue		Portion	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
	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	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	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*	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
		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*	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
		Per day	Per week	Per month	Rarely/ Never
304. Plain crackers	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"/>

FAST FOODS

Soft drinks are basically sweet beverages except tea, coffee/malt beverages. Artificially sweetened drinks are excluded

Food Item	Portion*	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
		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"/>
314. Soft drinks (incl. packet drinks, yoghurt. Excl. diet / low cal drinks)	1 can or 1 pack				<input type="checkbox"/>
1100. Mashed Potato with gravy	1 regular				<input type="checkbox"/>

NUTS

Food Item	Portion*	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
		Per day	Per week	Per month	Rarely/ Never
All types of nuts					
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*	<u>Number of times eaten</u> <i>Enter 1 column only</i>			
		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"/>

MILK USED WITH BEVERAGES

Type of milk		Portion
0.	Creamer/ powdered	1/5 Mug (1 M1 -D) / 2 tsp
1.	Sweetened condensed milk	1/5 Mug (1 M1 -D)
2.	Evaporated milk	1/5 Mug (1 M1 -D)
3.	Full cream milk/powder	1/5 Mug (1 M1 -D) / 2 tsp
4.	Low fat milk/powder	1/5 Mug (1 M1 -D) / 2 tsp
5.	Skimmed milk/powder	1/5 Mug (1 M1 -D) / 2 tsp
6.	No added milk	Nil
7.	Whitener /powder	1/5 Mug (1 M1 -D) / 2 tsp

Whitener is often used in 3-1 instant beverage mix

Drink Item	Milk used (indicate code)	Number of times drunk <i>Enter 1 column only</i>			
		Per day	Per week	Per month	Rarely/ Never
1300. Coffee	a)				<input type="checkbox"/>
	b)				
	c)				
1310. Tea	a)				<input type="checkbox"/>
	b)				
	c)				
1320. Malt beverages (e.g. hot chocolate, Horlicks®, Milo®, Ovaltine®)	a)				<input type="checkbox"/>
	b)				
	c)				

When sugar is added

Food Item	Portion	Number of times eaten <i>Enter 1 column only</i>			
		Per day	Per week	Per month	Rarely/ Never
353. Sugar	1 tsp (D2)				<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	<u>Number of times eaten</u>			
		<i>Enter 1 column only</i>			
		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"/>
Yoghurt					
344. Regular	1 small glass (G1)				<input type="checkbox"/>
345. Low fat (including frozen yoghurt)	1 small glass (G1)				<input type="checkbox"/>
346. Cheese/cheese spread	1 slice/4dsp				<input type="checkbox"/>
347. Low fat cheese	1 slice				<input type="checkbox"/>

SOYA PRODUCTS

Food Item	Portion	<u>Number of times eaten</u>			
		<i>Enter 1 column only</i>			
		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, record only one type of oil used the most frequently used type. e.g. for pan-frying, deep frying, if the participant's answer is 2, then tick the box accordingly under the column A. 1 tick per column.

What type of oil/fat do you/your family used for cooking?

	A. pan frying, deep frying	B. stir frying	C. baking/ roasting
0. Blended vegetable oil (cooking oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Polyunsaturated oil (corn, soya, sunflower, safflower, gingely oil, grapeseed oil, flaxseed oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Monounsaturated oil (olive, peanut, canola, rice bran, sesame, mustard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Saturated fat (lard, ghee, tallow, cooking margarine, butter, shortening, coconut oil, palm kernel oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G COFFEE AND TEA

Use 1 Mug (M1) as a measurement guide.

1 tick per column.

If the slimming tea is made of Ceylon/English tea leaves, they should be included as Ceylon/English tea. If the tea is made of any other herbs, flowers, fruits, etc, then should be excluded.

Decaffeinated coffee and tea are included.

How much tea/coffee do you regularly drink?

	G.1 Coffee	G.2.1 Ceylon/ English tea	G.2.2 Chinese tea	G.2.3 Green tea
1. Never or rarely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Less than 1 cup a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. More than 1 cup a week but less than 1 cup a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 1 to 2 cups a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 3 to 5 cups a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 6 to 9 cups a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 10 or more cups a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H SOCIAL BACKGROUND

I would like to begin this section by asking you some questions about your background.

Same for the rest of the survey questions, your information is **confidential** and **will only be used for research**.

- H1 Gender:
- 1. Male
 - 2. Female

H2 Date of birth

D	D	M	M	Y	Y	Y	Y

- H3 What is your ethnic group?
- 1. Chinese
 - 2. Malay
 - 3. Indian
 - 4. Others: please specify _____

- H4 What is your natural **mother's** ethnic group?
- 1. Chinese
 - 2. Malay
 - 3. Indian
 - 4. Others: please specify _____
 - 88. Refuse to answer
 - 99. Do not know

- H5 What is your natural **father's** ethnic group?
- 1. Chinese
 - 2. Malay
 - 3. Indian
 - 4. Others: please specify _____
 - 88. Refuse to answer
 - 99. Do not know

- H6 How long have you stayed in Singapore?
- 1. Since birth
- Age _____
- (or) Year |__|__|__|__|
- (or) _____ years ago

Record according to NRIC.

Record what is stated in the NRIC.
Examples:
Chinese, Malay, Indian.
Any other deviation from "Chinese", "Malay", and "Indian" will be categorised as "Others" and specified e.g. Javanese, Pakistanis and Arabs.

Tick the appropriate box in accordance to natural mother's NRIC if available.

Tick the appropriate box in accordance to natural father's NRIC.

Document only 1 option. Short term (i.e. 3-4 days, 1 week or 6-7 months) and long term (i.e. 1 or more years) trips away from Singapore need not be deducted.

<p>H7 What is your <u>current marital status</u>?</p> <p><input type="checkbox"/> 1. Never married</p> <p><input type="checkbox"/> 2. Currently married</p> <p><input type="checkbox"/> 3. Separated but not divorced</p> <p><input type="checkbox"/> 4. Divorced</p> <p><input type="checkbox"/> 5. Widowed</p> <p><input type="checkbox"/> 8. Refuse to answer</p>	<p>Document only 1 option</p>
<p>H8 What is the <u>highest level of education*</u> that you have attained?</p> <p><input type="checkbox"/> 1. No formal qualifications/lower primary</p> <p><input type="checkbox"/> 2. Primary (PSLE)</p> <p><input type="checkbox"/> 3. Secondary ('O'/'N' level)</p> <p><input type="checkbox"/> 4. ITE/ NTC</p> <p><input type="checkbox"/> 5. 'A' level/Polytechnic/diploma</p> <p><input type="checkbox"/> 6. University</p> <p><input type="checkbox"/> 8. Refuse to answer</p>	<p>*Refers to the highest level or standard which a person had passed or attained and been awarded a certificate, either through attendance at an institution of learning or through correspondence or self-study.</p>
<p>H9 How many years of school, including higher education, have you completed (starting from primary 1)?</p> <p><input type="checkbox"/> 1. No education</p> <p><input type="checkbox"/> 2. 1-3 years</p> <p><input type="checkbox"/> 3. 4-6 years</p> <p><input type="checkbox"/> 4. 7-10 years</p> <p><input type="checkbox"/> 5. More than 10 years</p> <p><input type="checkbox"/> 8. Refuse to answer</p>	<p>Document only 1 option</p>
<p>H10 Which of the following best describes your <u>usual work status</u> over the <u>last 12 months</u>?</p> <p><input type="checkbox"/> 01. Working</p> <p><input type="checkbox"/> 02. Student (full-time)</p> <p><input type="checkbox"/> 03. Homemaker/Housewife</p> <p><input type="checkbox"/> 04. Retired</p> <p><input type="checkbox"/> 05. Unemployed (able to work)</p> <p><input type="checkbox"/> 06. Unemployed (unable to work)</p> <p><input type="checkbox"/> 07. Others*</p> <p><input type="checkbox"/> 88. Refuse to answer</p>	<p>For participants who work intermittently and are unable to commit to any of the choices, we will place them as working.</p> <p>Unemployed (able to work) describes a person who is fit to work but unable to find a job or have not yet found one.</p> <p>“Unemployed (unable to work)” describe a person who is unable to work due to medical condition.</p> <p>* “Others” describe persons such as disabled persons and persons with private means. Prisoners, patients of mental hospitals, inmates of homes for the aged as well as those who are awaiting call-up for National Service are included in this category.</p>

H11 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

The monthly average of the total income of all members of the household.

This does not include tenants' earnings, but include tenants' rent payment to the household.

Income includes regular inflow of cash from a welfare organization, a pension and money given by participant's children or from relatives staying in another household.

Tick "less than \$2000" if the entire household is not receiving any income and is dependent on own savings.

H12 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. Do not know

Rental of whole condominium/house or any room in a private property/ condominium or HDB flat will be categorized as "Others" and specify them as tenants (also note down the type of housing which they are renting) "Others" may include nursing home, hostel, barracks and staying at workplace

**Singapore Consortium of Cohort Studies (SCCS) – Multiethnic Cohort (MEC)
Health Screening Form**

Date Registered:
Not for Data Entry

**Visit ID
2nd Ref. Number**

Time Registered:

Participants:

- A Have you had a fever for the last 14 days? No Yes; do not proceed _____
Staff Initial
- B For ladies, are you pregnant? N.A No Yes; do not proceed
- C Have you eaten/drink for the last 10 hours? No Yes
- D Are you wearing contact lenses? No Yes; need to remove before any procedures
- E Do you have any known eye diseases/operations? No Yes; please specify: _____
- F Have you been taking any medications? No Yes; please specify: _____
- G Do you have any known drug allergy? No Yes; please specify: _____

I certify the above information given by me is correct

Participant 's Signature

Stations	Results	For Data Entry Investigator Code
<u>Station I</u>		
1 Height (cm)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2 Weight (kg)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
3 Waist circumference (cm)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	_____ Staff Initial/Date
4 Hip circumference (cm)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
5 Blood pressure (mmHg)		
<input type="checkbox"/> Dinamap	Systolic / Diastolic	
<input type="checkbox"/> Digital	1 st <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Manual	2 nd <input type="text"/> / <input type="text"/>	
	3 rd <input type="text"/> / <input type="text"/>	
Take a 3rd reading if difference between 2 readings is >10 mmHg systolic or >5mmHg diastolic		_____ Staff Initial/Date
<u>Station II</u>		
1 Eye drops	<input type="checkbox"/> instilled, time instilled _____ <input type="checkbox"/> Refuse <input type="checkbox"/> Unable	<input type="text"/> <input type="text"/> <input type="text"/> _____ Staff Initial/Date
2 Retinal photography	<input type="checkbox"/> Taken <input type="checkbox"/> Refuse <input type="checkbox"/> Unable	<input type="text"/> <input type="text"/> <input type="text"/> _____ Staff Initial/Date

Stations	Results	For Data Entry Investigator Code										
Station III												
1 Monofilament 5.07 sensory test	No. of sensory points felt <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="padding: 2px;">R</td><td style="padding: 2px;">5</td><td style="width: 40px;"></td></tr> <tr><td style="padding: 2px;">L</td><td style="padding: 2px;">5</td><td></td></tr> </table>	R	5		L	5		<table border="1" style="width: 100%; height: 20px; margin-bottom: 10px;"></table> <hr style="width: 100%;"/> Staff Initial/Date				
R	5											
L	5											
2 Neurothesiometer Reading (Mv)	<table border="1" style="display: inline-table; margin-right: 20px;"> <tr><td style="padding: 2px;">Apex 1st</td><td style="padding: 2px;">R</td><td style="width: 40px;"></td></tr> <tr><td style="padding: 2px;">Med Mal.</td><td style="padding: 2px;">R</td><td></td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td style="padding: 2px;">L</td><td style="width: 40px;"></td></tr> <tr><td style="padding: 2px;">L</td><td></td></tr> </table>	Apex 1 st	R		Med Mal.	R		L		L		<hr style="width: 100%;"/> Staff Initial/Date
Apex 1 st	R											
Med Mal.	R											
L												
L												
3 Brachial BP (mmHg) (systolic reading by Doppler)	1 <table border="1" style="width: 100px; height: 20px;"></table> 2 <table border="1" style="width: 100px; height: 20px;"></table>											
Arm used	<input type="checkbox"/> Left <input type="checkbox"/> Right											
Is this the dominant arm?	<input type="checkbox"/> Yes <input type="checkbox"/> No											
4 Ankle BP (mmHg) (systolic reading by Doppler)	<table style="display: inline-table; margin-right: 20px;"> <tr><td style="padding: 2px;">R1</td><td style="width: 40px;"></td></tr> <tr><td style="padding: 2px;">R2</td><td></td></tr> </table> <table style="display: inline-table;"> <tr><td style="padding: 2px;">L1</td><td style="width: 40px;"></td></tr> <tr><td style="padding: 2px;">L2</td><td></td></tr> </table>	R1		R2		L1		L2				
R1												
R2												
L1												
L2												
Station IV												
1 Blood sample	<input type="checkbox"/> Random <input type="checkbox"/> Fasting											
	Research [STN]											
	<input type="checkbox"/> Plain tube (10ml) <input type="checkbox"/> CPT tube (8ml) <input type="checkbox"/> EDTA tube(10ml)	<table style="margin-left: auto; margin-right: auto;"> <tr><td style="padding: 2px;">Refuse</td><td style="padding: 2px;">Unable</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Refuse	Unable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px; margin-bottom: 10px;"></table> <hr style="width: 100%;"/> Staff Initial/Date	
Refuse	Unable											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
	Screening [SGH]											
	<input type="checkbox"/> Plain (5ml) <input type="checkbox"/> EDTA (3ml) <input type="checkbox"/> Fluoride (6ml)	<table style="margin-left: auto; margin-right: auto;"> <tr><td style="padding: 2px;">Refuse</td><td style="padding: 2px;">Unable</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Refuse	Unable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Refuse	Unable											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
2 Urine dipstick (PRO; g/L)	<input type="checkbox"/> Neg <input type="checkbox"/> 1 <input type="checkbox"/> Trace <input type="checkbox"/> 3 <input type="checkbox"/> 0.3 <input type="checkbox"/> ≥ 20	<table style="margin-left: auto; margin-right: auto;"> <tr><td style="padding: 2px;">Refuse</td><td style="padding: 2px;">Unable</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Refuse	Unable	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px; margin-bottom: 10px;"></table> <hr style="width: 100%;"/> Staff Initial/Date					
Refuse	Unable											
<input type="checkbox"/>	<input type="checkbox"/>											
Time of Discharge:	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px; margin-bottom: 10px;"></table>										
To return copy of consent form to participant		<hr style="width: 100%;"/> Staff Initial/Date										