

Singapore Prospective Study Program (SP2)

Interview booklet

Point to Note: Do not leave any section of the questionnaire blank. The term “Not Applicable or N.A.” must be entered to indicate that all sections of the questionnaire have been attended to by the interviewer.

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 circle the appropriate response numbers and **NOT** the response itself.

Study Number: _____

Name: _____

NRIC: _____

Contact Number: Home: _____ Mobile: _____

Interviewers, please ensure the following information is secured:

- | | | | | |
|---|---------|--|---------|--|
| 1. Date and Time of Appointment | Date | <input style="width: 80%;" type="text"/> | Time | <input style="width: 80%;" type="text"/> |
| 2. Subject to make medication package Available, not tablets/ pills | Yes | | No | |
| 3. Consent forms available? | Yes | | No | |
| 4. Date and Time Interview Commence | Date | <input style="width: 80%;" type="text"/> | Time | <input style="width: 80%;" type="text"/> |
| 5. Time interview completed. | | | Time | <input style="width: 80%;" type="text"/> |
| 6. Subject agrees to Health Screening? | Yes | | No | |
| 7. Date and Time for Health Screening. | Date | <input style="width: 80%;" type="text"/> | Time | <input style="width: 80%;" type="text"/> |
| 8. Is the study subject taking medication for the treatment of diabetes. | Yes | | No | |
| 9. If response to item 7 is NO , is the Subject agreeable to us contacting him/her again at a later date for the Health examination. | Yes | | No | |
| 10. SF- 36- completed by subject | Yes | | No | |
| 11. SF-8- completed by subject | Yes | | No | |
| 12. Language medium used to complete SF- 36 and SF-8? | English | | Chinese | |
| | Malay | | Indian | |

We may wish to contact the subject again within the next 5 years to find out if there is any change in the subject's health status. We would like the subject to provide us with 2 possible contacts that we could get in touch in the event the subject could not be located.

(This required information is optional)

Contact 1: Name: _____

Address: _____

Tel: _____

Contact 2: Name: _____

Address: _____

Tel: _____

Study No: _____

Section A.

For Interviewers to note:

Which SF questionnaire was given to the subject to be completed first?

Kindly indicate first or second by numerating them.

[This set of questionnaires, whichever given first, must be indicated clearly. It must also be completed by the subject himself/ herself You are not to assist unless call for to verify certain question, if any. Discourage the subject from discussing the question with anyone.]

SF 8 set: _____

SF 36 set: _____

I would like to start this questionnaire by asking some questions about your lifestyle factors, your medical background and your physical activity, both at work and during your free time. There will be a section about your dietary preferences. You can be assured that all information obtained is vital to our study and will be treated as confidential and will only be used for research purposes.

Lifestyle factors

A1. Smoking

Now I would like to ask you some questions about your cigarette consumption patterns.

A1.1 Have you ever smoked cigarettes?

Yes

1(Go to A1.2)

No

5(Go to A2)

A1.2 Do you smoke now?

Yes

1(Go to A1.3)

No

5(Go to A1.8)

A1.3. If **Yes**, do you smoke every day?

Yes
No

1 (Go to **A1.4**)
5 (Go to **A1.7**)

A1.4 Can you remember how long you have been smoking on a daily basis?

_____ Years (enter **99** if he/ she cannot remember).

A1.5 At what age did you start smoking daily?

_____ Years old (enter **99** if he/ she cannot remember)

A1.6 On average, how many of the following do you smoke per day?

Manufactured cigarettes	_____ sticks per day	
Pipes full of tobacco	_____ pipes full per day	
Hand-rolled cigarettes	_____ sticks per day	
Cigars, cheroots, cigarillos	_____ sticks per day	(Go to A2)

A1.7 Do you smoke occasionally (not everyday but at least once a week)?

Yes
No

1 (Go to **A1.8**)
5 (Go to **A2**)

A1.8 In the past, did you ever smoke daily?

Yes
No

1 (Go to **A1.9**)
5 (Go to **A2**)

A1.9. If **Yes**, how old were you when you started smoking?

_____ Years (enter **99** if he/ she cannot remember) (Go to **A1.10**)

A1.10 How long did you smoke daily before you gave up smoking?

_____ Years (enter **99** if he/ she cannot remember) (Go to **A1.11**)

A1.11 How many years ago was the last time you smoked on a daily basis?

_____ Years (enter **99** if he/ she cannot remember) (Go to **A2**)

A2 Alcohol consumption

Now I would like to ask you some questions about your alcohol consumption patterns.

A2.1 Have you ever consumed a drink that contains alcohol such as beer, wine, spirit, and fermented cider or rice wine?

Yes	1 (Go to A2.2)
No	5 (Go to Section B)

A2.2 Have you consumed alcohol within the past **three (03)** months?

Yes	1 (Go to A2.3)
No	5 (Go to Section B)

A2.3 Which of the following do you consume the most of?

Beer/stout	1	
Wine	2	
Spirits (e.g. gin, whiskey, rum, brandy, vodka)	3	
Fortified wine	4	
Others	5	
No specific preference	6	(Go to A2.4)

A2.4 On the days that you drink alcohol, on average, how many drinks do you have during that day (1 drink is half a glass of beer, 1 glass of wine, 1 peck of spirits)?

_____ Number of drinks

A2.5 In the past **three (03)** months, how frequently have you had at least one drink?

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

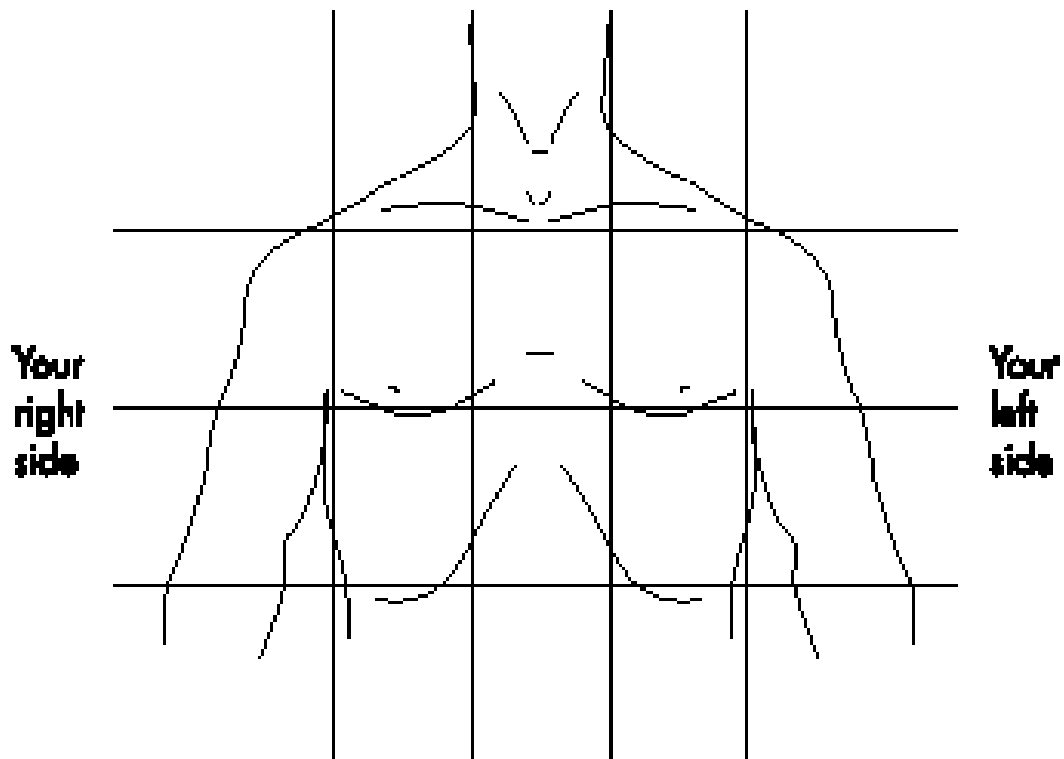
B2 Heart disease

B2.0. Do you ever have any pain or discomfort in your chest?

- | | |
|-------------|--------------------------------|
| Yes | 1 (Go to B2.1) |
| No | 5 (Go to B2.7) |
| Do not know | 99 (Go to B2.7) |

B2.1 Where do you get this pain or discomfort?

Please mark **X** on the displayed diagram at the appropriate places.



B2.2 When you walk at an ordinary pace on the level, does this produce the pain?

- | | | |
|-------------|----|--------------|
| Yes | 1 | (Go to B2.3) |
| No | 5 | (Go to B2.3) |
| Do not know | 99 | (Go to B2.3) |

B2.3 When you walk uphill or in a hurry, does this produce the pain?

- | | | |
|-------------|----|--------------|
| Yes | 1 | (Go to B2.4) |
| No | 5 | (Go to B2.4) |
| Do not know | 99 | (Go to B2.4) |

B2.4 When you get any pain or discomfort in your chest on walking, what do you do?

- | | | |
|-----------------------|----|--------------|
| Stop | 1 | (Go to B2.5) |
| Slow down | 2 | (Go to B2.5) |
| Continue at same pace | 3 | (Go to B2.5) |
| Do not know | 99 | (Go to B2.5) |

B2.5 Does the pain or discomfort in your chest go away if you stand still?

- | | | |
|-------------|----|--------------|
| Yes | 1 | (Go to B2.6) |
| No | 5 | (Go to B2.7) |
| Do not know | 99 | (Go to B2.7) |

B2.6 How long does it take to go away?

- | | | |
|----------------------|---|--------------|
| 10 minutes or less | 1 | (Go to B2.7) |
| more than 10 minutes | 2 | (Go to B2.7) |

B2.7 Has your doctor ever told you that you have blockage of the arteries to your heart?

Yes 1 (Go to B2.71)

No 5 (Go to B2.8)

B2.71 What year did it occur? _____Year

B2.72 Which hospital? _____

B2.8 Have you had ever had a heart attack?

Yes 1 (Go to B2.81)

No 5 (Go to B2.9)

B2.81 What year did it occur? _____Year

If more than 1 time, just list the first time

B2.82 Which hospital? _____

B2.9 Have you ever had any of the following procedures? (if more than 1, please list the first.)

Angiogram:

An angiogram is a diagnostic procedure (to find out and not to cure) performed to find out if there is any blockages to the arteries in the heart. A small tube is inserted into the groin and it is pushed to the heart via the big blood vessel and X-rays are taken to see the blood vessels with the aid of radio opaque dyes

Yes 1 (Go to B2.91)

No 5 (Go to B3)

B2.91 What year did it occur? _____Year

If more than 1 time, just list the first time

B2.92 Which hospital? _____

Angioplasty-ballooning:

An angioplasty- ballooning is almost similar to an angiogram but this is the procedure that the blockages in the heart's blood vessels are cleared.

Yes	1	(Go to B2.93)
No	5	(Go to B3)

B2.93 What year did it occur? _____Year
If more than 1 time, just list the first time

B2.94 Which hospital? _____

Heart bypass operation:

Yes	1	(Go to B2.95)
No	5	(Go to B3)

B2.95 What year did it occur? _____Year
If more than 1 time, just list the first time

B2.95 Which hospital? _____

B3 **Peripheral arterial disease (blockage to blood vessels in the legs)**

B3.1 Do you ever get pain in either leg or buttock while walking?

Yes	1	(Go to B3.2)
No	5	(Go to B4)

B3.2 Does this pain ever begin when you are standing still or sitting?

Yes	1	(Go to B3.3)
No	5	(Go to B3.3)
Do not know	99	(Go to B3.3)

B3.3 In what part of your leg or buttock do you feel the pain?

Pain includes calf/calves	1	(Go to B3.4)
Pain does not includes calf/calves	2	(Go to B3.4)
Do not know	99	(Go to B3.4)

B3.4 Do you get it if you walk uphill or hurry?

Yes	1	(Go to B3.5)
No	5	(Go to B3.5)
Do not know	99	(Go to B3.5)

B3.5 Do you get it if you walk at an ordinary pace on the level?

Yes	1	(Go to B3.6)
No	5	(Go to B3.6)
Do not know	99	(Go to B3.6)

B3.6 Does the pain ever disappear while you are walking?

Yes	1	(Go to B3.7)
No	5	(Go to B3.7)
Do not know	99	(Go to B3.7)

B3.7 What do you do if you get it when you are walking?

Stop	1	(Go to B3.8)
Slow down	2	(Go to B3.8)
Continue at same pace	3	(Go to B3.8)
Do not know	99	(Go to B3.8)

B3.8 Does the pain or discomfort in your legs or buttocks go away if you stand still?

Yes	1	(Go to B3.9)
No	5	(Go to B3.10)
Do not know	99	(Go to B3.10)

B3.9 If relieved, how soon?

10 minutes or less	1	(Go to B3.10)
more than 10 minutes	2	(Go to B3.10)

B3.10 Is this pain predominantly in the right side, left side, or in both legs? Select one of the choices.

Right Leg	1	(Go to B4)
Left Leg	2	(Go to B4)
Both Legs	3	(Go to B4)
Do not know	99	(Go to B4)

B4 **STROKE**

B4.1 Has a physician told you that you had a stroke?

Yes	1	(Go to B4.11)
No	5	(Go to B4.2)

B4.11 What year did it occur? _____ Year
If more than 1 time, just list the first time

B4.12 Which hospital? _____

B4.2 Has a physician ever told you that you had a TIA or transient ischaemic attack, or a mini stroke?

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

Yes	1	(Go to B4.21)
No	5	(Go to B4.3)

B4.21 What year did it occur? _____ Year
If more than 1 time, just list the first time

B4.22 Which hospital? _____

B4.3 Have you ever had sudden painless weakness on one side of your body?

Yes	1	(Go to B4.4)
No	5	(Go to B4.4)
Do not know	99	(Go to B4.4)

B4.4. Have you ever had sudden numbness or a dead feeling on one side of your body?

Yes	1	(Go to B4.5)
No	5	(Go to B4.5)
Do not know	99	(Go to B4.5)

B4.5 Have you ever had sudden painless loss of vision in one or both eyes?

Yes	1	(Go to B4.6)
No	5	(Go to B4.6)
Do not know	99	(Go to B4.6)

B4.6 Have you ever suddenly lost one half of your vision?



Yes	1	(Go to B4.7)
No	5	(Go to B4.7)
Do not know	99	(Go to B4.7)

B4.7 Have you ever suddenly lost the ability to understand what people were saying?

Yes	1	(Go to B4.8)
No	5	(Go to B4.8)
Do not know	99	(Go to B4.8)

B4.8 Have you ever suddenly lost the ability to express yourself verbally or in writing?

Yes	1	(Go to B5)
No	5	(Go to B5)
Do not know	99	(Go to B5)

B5 HIGH BLOOD PRESSURE (HYPERTENSION)

B5.1 Has a physician, a nurse, or other healthcare professional told you that you have high blood pressure?

Yes	1	(Go to B5.2)
No	5	(Go to B6)
Do not know	99	(Go to B6)

B5.2 How many years have you had high blood pressure?

_____ No. of Years **(Go to B5.3)**

B5.3 At what age were you diagnosed to have high blood pressure?

_____ Age (enter **99** if not sure) **(Go to B5.4)**

B5.4 Are you **currently** on regular medication from your physician (Western-trained) for high blood pressure?

Yes	1
No	5

B6 DIABETES MELLITUS

B6.1 Has a doctor ever told you that you have diabetes?

Yes	1	(Go to B6.2)
No	5	(Go to B7)
Do not know	99	(Go to B7)

B6.2 How old were you when the doctor first told you had diabetes?

_____ Age (enter **99** if not sure)

B6.3 Are you currently on regular medication from your doctor for diabetes?

Yes	1	(Go to B6.4)
No	5	(Go to B7)

B6.4 What type of medication?

Tablets/ Pill	1
Insulin injections	2
Both injections and Tablets/ Pill	3
Others: _____	4
Refuse	88

B7 High cholesterol

B7.1 Have you ever been told by a doctor (western trained) you have high cholesterol.

Yes	1	(Go to B7.2)
No	5	(Go to Section C)
Do not know	99	(Go to Section C)

B7.2 Are you taking any medication for high cholesterol?

Yes	1	(Go to Section C)
No	5	(Go to Section C)
Do not know	99	(Go to Section C)

Section C.

Women's Health (for men, go to section D)

C1 For the last 6 months, have you stopped having periods

Yes (and I am not pregnant)	1	(Go to C2)
No	5	(Go to Section D)

C2 How old were you when you stopped having periods?

_____ years (enter **99** if not sure)

C3 Did your period stop naturally or because of a hysterectomy?

Naturally	1	(Go to C6)
Hysterectomy	2	(Go to C4)

C4 If you had a hysterectomy, which year did you have a hysterectomy?

Year? _____

C5 If you had a hysterectomy, were both ovaries removed?

Yes	1
No	5
Do not know	99

C6 Did you take hormone replacement therapy after your periods stopped?

Yes	1	(Go to C7)
No	5	(Go to Section D)
Do not know	99	(Go to Section D)

C7 What type of hormone replacement therapy did you take?

Estrogen only	1
Both estrogen and progesterone	2
Do not know	99
Others	4

C8 What is the name of the hormone replacement therapy?

Name of Medication: _____

Do not know **99**

C9 How old were you when you started hormone replacement therapy?

_____ Age (enter **99** if you are not sure)

C10 Are you still taking hormone replacement therapy?

Yes **1** (Go to **Section D**)

No **5** (Go to **C11**)

Do not know **99** (Go to **Section D**)

C11. If **no**, how old were you when you stopped hormone replacement therapy?

_____ years old

Still taking **1**

Do not know **99**

Section D

D1.0 FAMILY HISTORY OF HEART DISEASE, HYPERTENSION AND DIABETES

D1.1 How many **immediate*** family members do you have?

***immediate members refer to father, mother, brothers, sisters, sons and daughters,**

[Interviewer note: to prompt question in a manner by asking the number of brothers and sisters, the number of children, then add the parents. This is to the best of the subject's knowledge, to also include deceased siblings or parents.]

_____ family members (**excluding study participant**)

D1.2 As far as you know, how many of them have heart disease?

_____ family members with heart disease. (**If nil, go to D1.5**)

D1.3. Did the heart disease occur before the age of 55 (in males) or 65 (in female) in any of these family members?

Yes **1**
No **5**

D1.4 For Heart disease, which family members are affected? (please tick)

Father Yes ____ No ____
Mother Yes ____ No ____
Brother Yes ____ No ____ (if yes, how many brothers) _____ no.
Sister Yes ____ No ____ (if yes, how many sisters) _____ no.
Son Yes ____ No ____ (if yes, how many sons) _____ no.
Daughter Yes ____ No ____ (if yes, how many daughters) _____ no.

D1.5 As far as you know, how many of them have high blood pressure?

_____ family members with high blood pressure.(**if nil, go to D1.7**)

D1.6 For high blood pressure, which family members are affected? (please tick)

Father Yes ____ No ____
Mother Yes ____ No ____
Brother Yes ____ No ____ (if yes, how many brothers) _____ no.
Sister Yes ____ No ____ (if yes, how many sisters) _____ no.
Son Yes ____ No ____ (if yes, how many sons) _____ no.
Daughter Yes ____ No ____ (if yes, how many daughters) _____ no.

D1.7 As far as you know, how many of them have diabetes?

_____ family members with diabetes. (if nil, go to D1.9)

D1.8 For diabetes, which family members are affected? (please tick)

Father Yes ____ No ____

Mother Yes ____ No ____

Brother Yes ____ No ____ (if yes, how many brothers) _____ no.

Sister Yes ____ No ____ (if yes, how many sisters) _____ no.

Son Yes ____ No ____ (if yes, how many sons) _____ no.

Daughter Yes ____ No ____ (if yes, how many daughters) _____ no.

D1.9 Presently, do you have any of the following medical problems?

Circle one number on each line

No		Yes	No
1	Asthma or other lung disease	1	5
2	Cancer	1	5
3	Rheumatism, back pain or other bone or muscle illness	1	5
4	Mental illness (e.g. Schizophrenia, depression, anxiety neurosis)	1	5
5	Other illness (e.g. Kidney problems on dialysis) Please specify:	1	5

Section E

PHYSICAL ACTIVITY

The following questionnaire will be used to assess the amount of physical activity you do. All questions relate to the last 3 months.

When we ask about the intensity of physical activity, the following categories will apply:

E1 Transportation

E1.1 Do you walk for at least 10 minutes continuously to get to and from places?

Yes	1
No	5 (Go to E1.5)

E1.2 How much time would you spend walking for travel on a typical day?

_____ Hours _____ minutes

E1.3 In a typical week, how many days do you walk for at least 10 minutes to get to and from places?

_____ Days a week

E1.4 What is the intensity of walking?

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

E1.5 Do you use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?

Yes	1
No	5 (Go to E2)

E1.6 How much time would you spend bicycling for travel on a typical day?

_____ Hours _____ minutes

E1.7 In a typical week how many days do you bicycle for at least 10 minutes to get to and from places?

_____ Days a Week

E1.8 What is the intensity of bicycling?

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

E2. Leisure Time Activity

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

E2.1 On average, how many hours per day do you spend doing activities in your free time where you are sitting down?

Weekdays: _____ hours (to the nearest half hour)

Weekends: _____ hours (to the nearest half hour)

E2.2 How often do you use stairs when an elevator is available?
(**please read out the options**)

Often	1
Not very often	2
Seldom	3
Never	4

E2.3 Which of the following do you do in your spare time (outside working hours)?

For each activity, if you do this at least once a week, then record the number of times **per week** that you do this activity. If you do this less than a week but at least once a month, record the number of times **per month** that you do this activity. Many of these activities will not be relevant to you. Only list those that you do at least once a month. If you do this **less than once a month**, then **do not** record it.

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

	How many times per week	How many times per month	Duration of each activity in minutes each time
Walking and Miscellaneous			
Walking for pleasure or exercise (e.g. walking with children or pets-do not include walking to get from one place to another)			
Bicycling for pleasure			
Dancing- ballroom, square, line and /or disco			
Dancing- aerobic, ballet			
Cross country hiking			
Back packing (walking with a back pack)			
Mountain climbing			
Horseback riding			
Conditioning Exercise			
Home exercise (e.g. sit-ups, push-ups)			
Health club exercise classes (e.g. aerobics)			
Jog/ walk combinations			
Balance exercises: Taiqi, Qigong, breathing exercises			
Running			
Weight lifting			
Water Activities			
Water skiing			
Sailing for pleasure			
Sailing in competition			
Canoeing or rowing for pleasure			
Canoeing or rowing for competition			
Swimming (at least 50 m in a pool)			
Swimming at the beach			
Scuba diving			
Snorkeling			

		How many times per week	How many times per month	Duration of each activity in minutes each time
Sports Activities				
Bowling				
Volleyball				
Table tennis				
Tennis- singles				
Tennis- doubles				
Sepak Takraw				
Martial arts- TKD, karate, judo, silat, lion dance, aikido				
Softball				
Badminton				
Basketball/ netball- non game i.e. not keeping score				
Basketball/ netball- game play (keeping score)				
Basketball/ netball- refereeing				
Rugby or American football				
Soccer (football)				
Squash				
Paddle ball				
Racket ball				
Handball				
Golf	Riding a powerkart/ buggy			
	Walking: pulling clubs on cart			
	Walking and carrying clubs			
Fishing and hunting	Fishing in stream with wading boots			
	Hunting pheasant or grouse			
	Hunting rabbits, prairie chickens, squirrels, raccoons			
	Hunting larger game: deer, elk, bear, caribou			

Please list any other leisure time activities that you do regularly that have not been included in the list.				
Others				

E3 Occupational Physical Activity

Have you had a job (for which you have been paid or earned money) for more than 1 month in the last 3 months. This does not include work (e.g. housework) that you do in your own time. These will be covered in another section of the questionnaire. **(please circle the appropriate response)**

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

I would like to you to think about the time that you spend at work over the last 3 months. For each job that you've held in the last 3 months, I would like you to think about the activities that you do for that job. If you have only held 1 job in the last 3 months, then only 1 row should be filled in.

The total number of hours of activity (sitting, light , moderate, and heavy) should be added up to the hours worked per day.

No	Job Name	Working Hours Per Day	Days of work Per week	Number of weeks in the last 3 months at the job	Hours spent sitting per day while work	Number of hours spent per day in each categories below when you are not sitting		
						Light activity	Moderate activity	Vigorous activity

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
Heavy	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

E4 Household Activity

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

Activity	Hours per day	Days per week
Shopping (e.g. groceries, clothes): excluding the time to get there		
Stair climbing while carrying the load		
Laundry (time loading, unloading, hanging, or folding only)		
Light housework; tidying/ dusting, sweeping, collecting trash in the home, polishing, indoor gardening, ironing		
Heavy housework: vacuuming, mopping, scrubbing floors and walls, moving furniture, boxes and garbage cans.		
Food preparation: (10 +minutes in duration): chopping, stirring, moving about to get food items/ pans etc.		
Food service(10+ minutes duration): setting table, carrying, food, serving food.		

Activity	Hours per day	Days per week
Dish washing (10+ minutes in duration): clearing table, washing/ drying dishes, putting dishes away.		
Light home repair: small appliances repair, light home maintenance/ repair.		
Heavy home repair: painting, carpentry, washing/ polishing car		
Others:		

Yard work		
Gardening: planting, weeding, digging, or hoeing		
Lawn mowing (walking only)		
Clearing walks, driveways: sweeping, shoveling, raking		

Looking after elderly persons or children		
Older or disabled person (lifting, pushing wheelchair)		
Childcare (lifting, carrying or pushing stroller)		

Section F

FOOD FREQUENCY INFORMATION

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

Yes	1
No	5

2. If yes, why did you do so?

3. What were the changes you made?

PART A

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

Breads

Food Item How often do you eat the following:	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
Bread (Pic 2)					
1. White bread, including naan	1 slice or 1 piece				
2. Wholemeal/ softmeal bread	1 slice or 1 piece				
3. Bread with fruits and nuts	1 slice or 1 piece				
Bread spreads used (Pic 72)					
4. Butter	1 tsp (D2)				
5. Margarine	1 tsp (D2)				
6. Peanut butter	1 tsp (D2)				
7. Jams / Honey	1 tsp (D2)				
8. Kaya	1 tsp (D2)				
Other types of breads					
9. Roti prata/ murtabak	1 piece (P1)				
10. Chapati /dosai	1 piece (P1)				
11. French toast/ roti telur/ roti john	1 piece (P1)				
Pic4					
12. Bread buns with coconut/curry/ meat fillings	1 piece				
13. Plain cereal (50 mls in B1 or B2)	4 dsp (D1)				
14. Mixed cereal (with fruit and nut)	4 dsp (D1)				

Rice and Porridge

Food Item	*Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
How often do you eat the following:					
15. Plain rice (white or brown)	1 B1				
16. Plain porridge	1 B2				
Flavoured rice					
17. Fried rice	1 B1				
18. Chicken/duck rice	1 portion*				
19. Mui fan	1 portion*				
20. Nasi briyani	1 portion*				
21. Nasi lemak	1 portion*				
22. Claypot rice	1 portion*				
23. Glutinous rice	1 portion*				
24. Flavoured porridge (e.g. chicken, pork, duck, fish)	1 portion*				

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

Noodles (rice noodles, wheat noodles, bean noodles, pasta)

Food Item	Portion*	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
How often do you eat the following:					
<u>Noodles in soup</u>					
25. Fishball/ niang dou fu/ wanton/ prawn/ beef/ chicken	1 portion				
26. Penang laksa	1 portion				
<u>Dry noodles</u>					
27. Fishball/niang dou fu/ wanton/ minced meat & mushrooms/ prawn/ beef/ chicken	1 portion				
28. Lor mee/mee rebus	1 portion				
<u>Fried noodles</u>					
29. Fried kway teow with cockles	1 portion				
30. Fried mee/hor fun (with gravy)	1 portion				
31. Fried wet noodles (incl. Hokkien mee , mee goreng)	1 portion				
32. Fried dry noodles	1 portion				
<u>Noodles in lemak gravy</u>					
33. Laksa lemak	1 portion				
34. Mee siam (with coconut milk)	1 portion				
<u>Other noodles</u>					
35. Instant noodles (plain)	1 portion				
348. Laksa without gravy	1 portion				

* 1 portion refers to the standard serving when you eat at the hawker centers and restaurants Use B2 as a guide.

Soups

Food Item	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
How often do you eat the following:					
600. Cream Soup (B3)	1 serving				
601. Clear Soup / broth (B3)	1 serving				

1 Serving = 225 g

This is about equivalent to the size of a regular Campbell soup can or M1. You can also use B3 as a guide.

Vegetables and Beancurd

Use M1 for measurement guide. A serving is the standard hawker center serving.

Please indicate by ticking in the appropriate column.

The response with the higher number should be entered. For example, if the no. of eating out is more than the no. of eating in, tick eating out.

Eating out refers to dining outside of home.

Eating in refers to meals taken at home.

Food Item How often do you eat the following:	Venue		Portion	Number of times eaten			
	Eat in	Eat out		Per day	Per week	Per month	Rarely/ Never
Pale green leafy vegetables (cabbage, pak choy, lettuce, beansprouts, cauliflower etc) Pic 33							
36. Stir fried , plain pic 36			½ cup				
40. Stir fried, with meat/ seafood Pic 34			½ cup				
44. Stir fried in oyster sauce			½ cup				
48. Curry/lemak			½ cup				
52. Raw/steamed/in soup Pic 36			1 cup				
Dark green leafy vegetables (spinach, kai lan, chye sim, kangkong broccoli etc) pic 32							
53. Stir fried , plain			½ cup				
57. Stir fried, with meat/ seafood			½ cup				
61. Stir fried in oyster sauce			½ cup				
65. Stir fried in sambal belacan/dried prawns Pic 35			½ cup				
69. Raw/steamed/in soup			1 cup				
Tomatoes, carrots, red/yellow peppers pic 34							
70. Stir fried, plain			½ cup				
74. Stir fried, with meat/ seafood			½ cup				
78. Curry/lemak			½ cup				
82. Raw/steamed/in soup			1 cup				
Legumes/pulses, e.g. beans, peas pic 34							
83. Stir fried, plain			½ cup				
87. Stir fried in oyster sauce			½ cup				
91. Stir fried in sambal belacan			½ cup				
95. Dried legumes (e.g.dhall, dried beans) in gravy			½ cup				
354. Legumes and Pulses Raw/ steamed/ boiled			½ cup				
Mixed vegetables							
99. Stir fried, plain			½ cup				
103. Stir fried, with meat/ seafood			½ cup				

Mixed vegetables							
107. Stir fried in oyster sauce			½ cup				
700. Vegetables battered deep-fried (e.g. tempura)			1 serving				
111. Curry/lemak			½ cup				
115. Raw/steamed/in Soup/Chinese rojak			1 cup or 1 serving				
Tofu/beancurd							
116. Fried			½ square				
120. Steamed/ in soups			½ square				
Others (roots/stems)							
349 Stir fried potatoes			1 cup				
121. Curry lemak			1 cup				
125. Soups with meat stock			1 cup				
126. Stews			1 cup				

Salad dressings

Food Item	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
How often do you have the following:					
130. Creamy dressing – Regular (thousand island, mayonnaise, salad cream etc)	2 dsp (D1)				
131. Creamy dressing – light/low fat	2 dsp (D1)				
132. Oil-based dressing	2 dsp (D1)				

Fruits

Food Item	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
How often do you eat the following:					
133. Orange/red/yellow fresh fruits and fruit juices pic 25, 29	1 serving*				
134. Other fresh fruits and fruit juices pic 22	1 serving*				
135. Bananas pic 20	1 medium*				
136. Durians	5 seeds				
137. Canned fruits	½ cup (M1)				
800. Mixed fruits (dried)	1 serving* ½ of M1				

Poultry

Refers to chicken, duck, goose

*Please indicate by ticking in the appropriate column.**The response with the higher number should be entered. For example, if the no. of eating out is more than the no. of eating in, tick eating out.**Eating out refers to dining outside of home.**Eating in refers to meals taken at home.*

Food Item How often do you eat the following:	Venue*		Portion	Number of times eaten			
	Eat in	Eat Out		Per day	Per week	Per month	Rarely/ Never
Poultry- without skin pic 46, 47							
138. Stir fried			1 serving				
142. Pan/deep fried			1 serving				
146. Coconut curry			1 serving				
150. Curry without coconut			1 serving				
154. Stew/braised/roasted			1 serving				
158. Steamed			1 serving				
Poultry- with skin pic 49							
159. Stir fried			1 serving				
163. Pan/deep fried			1 serving				
167. Coconut curry			1 serving				
171. Curry without coconut			1 serving				
175. Stew/braised/roasted			1 serving				
179. Steamed			1 serving				

Meat

Food Item	Venue		Portion	Number of times eaten			
	Eat in	Eat out		Per day	Per week	Per month	Rarely/ Never
Meat- lean pic 44, 45, 51							
180. Stir fried			1 serving				
184. Pan/deep fried			1 serving				
188. Coconut curry/rendang			1 serving				
192. Curry without coconut			1 serving				
196. Stewed/braised			1 serving				
200. Roast/grilled/BBQ			1 serving				
204. Steamed/soup			1 serving				
Meat – lean and fat pic 44, 45, 51							
205. Stir fried			1 serving				
209. Pan/deep fried			1 serving				
213. Coconut curry/rendang			1 serving				
217. Curry without coconut			1 serving				
221. Stewed/braised			1 serving				
225. Roast/grilled/BBQ			1 serving				
229. Steamed/soup			1 serving				
Meat – preserved/cured							
230. <u>Sausages</u>			One				
231. <u>Ham</u>			1 slice				
232. <u>Bacon</u>			1 slice				
233. <u>Canned (luncheon, corned)</u>			Size of 4 square of chocolate				
234. <u>Liver and other innards</u>			Size of 4 square of chocolate				
Pic 79							

Fish/Seafood

Food Item How often do you eat the following:	Venue		Portion	Number of times eaten			
	Eat in	Eat out		Per day	Per week	Per month	Rarely/Ne ver
Fish pic 52, 53							
235. Stir fried/pan fried/deep fried			1 serving				
239. Deep fried with batter			1 serving				
243. Steamed			1 serving				
247. Assam pedas			1 serving				
251. Coconut curry			1 serving				
255. Curry without coconut			1 serving				
259. Grilled			1 serving				
Other seafood pic 54, 55, 57							
263. tir fried/pan fried/deep fried			1 serving				
267. Deep fried with batter			1 serving				
271. Steamed			1 serving				
275. ssam pedas			1 serving				
279. Coconut curry			1 serving				
283. Curry without coconut			1 serving				
287. Grilled			1 serving				

Eggs

Food Item How often do you eat the following:	Venue		Portion	Number of times eaten			
	Eat in	Eat out		Per day	Per week	Per month	Rarely/Ne ver
Whole eggs (including salted and century eggs)							
291. boiled / poached/ in soup/ steamed			1 egg				
292. Fried/ scrambled			1 egg				

Desserts/Local Snacks

Food Item How often do you eat the following:	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
Desserts in soup pic 67					
296. with coconut milk/cream (e.g. pulot hitam, bubor cha cha)	1B1				
297. without coconut milk (e.g cheng tng, green bean soup, tau suan)	1B1				
Kueh kueh – steamed pic 67					
298. with coconut/coconut milk / coconut cream (e.g kueh sarlat, kueh dadar, putu mayam, idli)	1 piece				
299. without coconut milk (kueh tutu, soon kway)	1 piece				
Others					
300. Fried snacks (e.g. you tiao, goreng pisang, Indian rojak)	1 piece				
301. Dim sum – steamed (e.g chee cheong fun, dumplings, rice dumplings)	1 serving				
302. Dim sum – fried/deep fried (e.g. fried carrot cake, wanton, char siew puff)	1 piece				
303. Sweet Indian snacks (e.g.-burfi, halwa)	1 piece				
900. Mooncakes	1 piece				
901. Salted egg yolk	1 piece				

Biscuits, Pastries and Cakes

Food Item Pic 66 How often do you eat the following:	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
304. Plain crackers	2 pieces				
305. Cream filled biscuits/shortbread	2 pieces				
306. Puff/flaky pastries (croissants, baked curry puffs etc)	1 piece				
307. Plain butter cake / fruit cake	1 piece				
308. Sponge cakes	1 piece				
309. Cream cakes	1 piece				

Fast Foods

(What you see in fast food outlets)

Food Item	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
How often do you eat the following:					
310. Burgers, with beef or chicken	1 serving				
311. Burgers, fish	1 serving				
312. French fries	1 small serving				
313. Pizza	2 slices				
314. Soft drinks(incl. Packet drinks and yoghurt.excl. diet / low cal drinks)	1 can or 1 pack				
1100. Mashed Potato with gravy	1 regular				

Nuts

Food Item	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
How often do you eat the following:					
All types of nuts					
315. Dry roasted	½ M1 or 1 small pkt (B1 at B level)				
316. Fried	½ M1 or 1 small pkt				

Titbits/Snacks

Food Item	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
How often do you eat the following:					
317. Fried salty snacks (crisps, prawn crackers, keropok, salted biscuits etc)	1 small packet or equivalent				
318. Ice cream	1 scoop				
319. Chocolate Pic 79	4 squares				

Milk used with beverages

Food Item	Milk used (see below)	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
What milk do you usually use with the following:					
320. Coffee*					
327. Tea*					
334. Malt beverages (e.g. hot chocolate, Horlicks®, Milo®, Ovaltine®)					

*Assume no sugar added

Type of milk	Portion
0. Creamer/ powdered	1 M1 -D / 2 tsp
1. Sweetened condensed milk	1 M1 -D
2. Evaporated milk	1 M1 -D
3. Full cream milk/powder	1 M1 -D / 2 tsp
4. Low fat milk/powder	1 M1 -D / 2 tsp
5. Skimmed milk/powder	1 M1 -D / 2 tsp
6. No added milk or sugar	Nil
1007. Whitener /powder	1 M1 -D / 2 tsp

When Sugar is added

Food Item	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
How often do you have the following:					
353. Sugar	1 tsp (D2)				

Milk & Dairy Products

Food Item How often do you have the following:	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
Milk (as a drink)					
341. Full cream milk* (fresh, UHT, powder)	1 G2*				
342. Low fat milk* (fresh, UHT, powder)	1 G2*				
343. Skimmed milk* (fresh, UHT, powder)	1 G2*				
Yoghurt					
344. Regular	1 G1				
345. Low fat (including frozen yoghurt)	1 G1				
346. Cheese/cheese spread	1 slice/4dsp				
347. Low fat cheese	1 slice				

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

Soya Products

Food Item How often do you have the following:	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
1200. Soya milk drink (fresh/ packet/ can)	1 G2*				
1201. Soya beancurd (Tau huay)	1 B1				

Vegetarian (Chinese)

Food Item How often do you have the following:	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
400. Fried vegetarian kway teow/ beehoon/ mee/ rice	1 portion				
401. Gluten (Char siew/ duck)	1 piece				
402. Fried beancurd sheet (chicken/ fish)	1 piece				

Alcoholic drinks

Food Item	Portion	Number of times eaten			
		Per day	Per week	Per month	Rarely/ Never
How often do you have the following:					
500 . Alcohol (Beer/ stout/ wine/ hard liquor)	1 serving				

PART B

Refer to pic 70 or ask to see the actual oil that the subject consumes

A. What type of oil/fat do you/your family used for cooking (pan frying, deep frying)? Choose from list.

- 0. Blended vegetable oil (cooking oil)
- 1. *Polyunsaturated oil (corn, soya, sunflower, safflower, gingely oil, grapeseed oil, flaxseed oil)*
- 2. *Monounsaturated oil (olive, peanut, canola, rice bran, sesame, mustard)*
- 3. *Saturated fat (lard, ghee, tallow, cooking margarine, butter, shortening, coconut oil, palm kernel oil)*

B. What type of oil/fat do you/your family used for cooking (stir frying)? Choose from list.

- 0. Blended vegetable oil (cooking oil)
- 1. *Polyunsaturated oil (corn, soya, sunflower, safflower, gingely oil, grapeseed oil, flaxseed oil)*
- 2. *Monounsaturated oil (olive, peanut, canola, rice bran, sesame, mustard)*
- 3. *Saturated fat (lard, ghee, tallow, cooking margarine, butter, shortening, coconut oil, palm kernel oil)*

C. What type of oil/fat do you/your family used for baking/roasting? Choose from list.

- 0. *Blended vegetable oil (cooking oil)*
- 1. *Polyunsaturated oil (corn, soya, sunflower, safflower, gingely oil, grapeseed oil, flaxseed oil)*
- 2. *Monounsaturated oil (olive, peanut, canola, rice bran, sesame, mustard)*
- 3. *Saturated fat (lard, ghee, tallow, cooking margarine, butter, shortening, coconut oil, palm kernel oil)*

Section G

G 1.0 COFFEE AND TEA

G1.1 How much **COFFEE** do you regularly drink? ('One cup' is a standard "coffee shop" – 'small or regular cup' is 215 mls)

Never or rarely	1
Less than 1 cup a week	2
More than 1 cup a week but less than 1 cup a day	3
1 to 2 cups a day	4
3 to 5 cups a day	6
6 to 9 cups a day	7
10 or more cups a day	8

G1.2 How much **TEA** do you regularly drink? ('One cup' is a standard "coffee shop- "small or regular" cup is 215 mls)
Information sought should be focused on the type of tea listed below.

G1.2.1 CEYLON/ ENGLISH TEA

Never or rarely	1
Less than 1 cup a week	2
More than 1 cup a week but less than 1 cup a day	3
1 to 2 cups a day	4
3 to 5 cups a day	6
6 to 9 cups a day	7
10 or more cups a day	8

G1.2.2 CHINESE TEA

Never or rarely	1
Less than 1 cup a week	2
More than 1 cup a week but less than 1 cup a day	3
1 to 2 cups a day	4
3 to 5 cups a day	6
6 to 9 cups a day	7
10 or more cups a day	8

G1.2.3 GREEN TEA

Never or rarely	1
Less than 1 cup a week	2
More than 1 cup a week but less than 1 cup a day	3
1 to 2 cups a day	4
3 to 5 cups a day	6
6 to 9 cups a day	7
10 or more cups a day	8

Section H

H1.0 FAMILY LIFE

As family life is important in our daily activities, we would like to ask you some questions about your family life. Please answer each question by circling the answer that best applies to your self.

In terms of your satisfaction with your family life in the last three (03) months, please rate the following:

H1.1 The amount of togetherness and cohesion you have:

Poor	1
Fair	2
Good	3
Very Good	4
Excellent	6

H1.2 The support and understanding you give each other:

Poor	1
Fair	2
Good	3
Very Good	4
Excellent	6

H1.3 The amount you talk things over:

Poor	1
Fair	2
Good	3
Very Good	4
Excellent	6

Section I

I 1.0 Near Work

I1.1 **Currently**, how many hours per day do you read and write?

_____ hours per day

I 1.2 Currently how many hours per day do you spend using the computer?

_____ hours per day

I 1.3 Currently how many hours per day do you spend watching television or playing computer/handheld video games on the television screen?

_____ hours per day

I1.4 Currently, how many books do you finish reading **per week**?

_____ books per week

Section J

J1.0 Social Background

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

J1.1 Record sex as observed.

Male	1
Female	2

J1.2 Date of Birth

D	D	M	M	Y	Y	Y	Y

J1.3 What is **your** ethnic group? (**according to NRIC**)

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

J1.4 What is your **mother's** ethnic group? (**according to NRIC**)

Chinese	1
Malay	2
Indian	3
Others: please specify _____	4
Do not know	99

J1.5 What is your **father's** ethnic group? (**according to NRIC**)

Chinese	1
Malay	2
Indian	3
Others: please specify _____	4
Do not know	99

J1.6 What is your current marital status?

Never married	1
Currently married	2
Separated but not divorced	3
Divorced	4
Widowed	5
Refuse	88

J1.7 What is the highest level of education* that you have attained?

No formal qualifications/lower primary	1
Primary (PSLE)	2
Secondary ('O'/'N' level)	3
ITE/ NTC	4
'A' level/Polytechnic/diploma	5
University	7
Refuse	88

* 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.

J1.8 How many years of school, including higher education, have you completed (starting from primary 1)?

No education	1
1-3 years	2
4-6 years	3
7-10 years	4
More than 10 years	5
Refuse	88

J1.9 Which of the following best describes your **main work status** over the **last 12 months**?

Working	1
Student (full-time)	2
Homemaker/Housewife	3
Retired	4
Unemployed (able to work)	5
Unemployed (unable to work)	6
Others*	7
Refuse	88

*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

J1.10. Thinking over the past year, can you tell me what the average earnings of the **household** have been **per month**?

Less than \$ 2 000	1
\$ 2 000 to \$ 3 999	2
\$ 4 000 to \$ 5 999	3
\$ 6 000 to \$ 9 999	4
More than \$ 10 000	5
Refuse	88

J1.11 What type of house do you live in?

HDB 1-2 room flat	1
HDB 3 room flat	2
HDB 4 room flat	3
HDB 5 room or executive flat	4
Private condominium	5
Private house (landed property)	6

SF36v2 questionnaire

Questions not showed

SF8 questionnaire

Questions not showed

Singapore Prospective Study Program (SP2)

Data Collection Form

Study Identification Number:

Participants:

1. Have you had fever for the last 14 days?
 2. For ladies, are you pregnant?

Yes / No
 Yes / No

If answer is Yes to either one or both, the participant are not to proceed with the Health examination. Please contact the Research Nurse.

No	Item	Measurement Results	Investigators Code
1. Registration (SP station 1)			
a	Height (to the nearest decimal)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Cm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b	Weight (to the nearest decimal)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Kg	If unable to do, Please state Reason: _____ _____ _____ To take a 3 rd reading if Difference between two Reading is wide, then Take two closest reading.
c	Waist circumference	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Cm	
d	Hip circumference	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	
e	Blood Pressure	<input type="text"/> / <input type="text"/> mmHg <input type="text"/> / <input type="text"/> mmHg	
	Urine sample collection	Done <input type="checkbox"/> Not done <input type="checkbox"/>	
2. Eye Examination (SP Station 1 & 2)			
a	Auto Refraction	Please paste results overleaf	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b	Presenting Visual Acuity	+/- LogMAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Right	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	Left	+/- LogMAR <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c	Retinal Photography	Done <input type="checkbox"/> Not done* <input type="checkbox"/>	
3. Non- invasive blood pressure monitoring (SP station 3)			
a	Brachial Blood Pressure (systolic reading by Doppler) Arm used	Reading 1 <input type="text"/> Reading 2 <input type="text"/> Left <input type="text"/> Right <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If unable to do, please State reason: _____ _____ _____ _____
	Is this a dominant arm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b	Ankle Blood Pressure (systolic reading by Doppler)	Left leg L1 <input type="text"/> L2 <input type="text"/> Right leg R1 <input type="text"/> R2 <input type="text"/>	
c	Neurothesiometer Reading (please tick appropriately)	Apex 1st Right <input type="checkbox"/> Mv Left <input type="checkbox"/> Mv Med Mal. Right <input type="checkbox"/> Mv Left <input type="checkbox"/> Mv	
d	Monofilament 5.07 Sensory Test (please tick appropriately)	No of Sensory points Felt Right <input type="text"/> <input type="text"/> No of Sensory points Felt Left <input type="text"/> <input type="text"/>	5

4	Blood Sample Screening (SP2 Room 4)		
a.	Blood Taking	Done <input type="checkbox"/>	Not done <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Consent for blood taking	Lipids & glucose <input type="checkbox"/>	DNA <input type="checkbox"/>
c.	HaemoCue Glucose 201 Analyser (OGTT appt. if range is 6.1 to 6.9 mmol/ L)	<input type="checkbox"/> mmol/ L	
d.	OGTT appt date and time	Date <input type="checkbox"/>	Time <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>