



Interviewed by:	Document the full name of the interviewer.
Name: [*Mr/Ms/Mrs]	Circle the appropriate salutation. Document the name as it is printed on the participant's NRIC.
Gender: * M / F	Document the gender as printed on the NRIC
Ethnicity	Document as per NRIC. Specify Other, e.g. Bugis, Sikh, Pakistani
D.O.B:	Document the date of birth as printed on the NRIC.
Residential Address:	Document the main address that the participant is currently staying at.
Mailing Address [fill in only if different from above]:	Document mailing address only if different from the residential address.
Contact No.	Obtain telephone number where applicable/contactable. If no contact number is available, document 77777777.
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.

**Note to Interviewer :**

Each correction of entry must be signed and dated.

Do not interpret or make assumptions while interviewing; document participant's response accordingly.

All are single answer questions.

Circle the appropriate answer number.

Do not leave any blanks unless instructed.

Enter all date fields in the format "DDMMYYYY".

For other fields:

	Day, Month or Year	String/Text	Numeric
Where not applicable, enter:	77 / 7777	NNN	777
Where participant refuses to answer, enter:	88 / 8888	RRR	888
Where participant does not know, enter:	99 / 9999	DDD	999

Last Interview Date: \_\_\_\_\_

Current Interview Date: \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_

Interview Language: \_\_\_\_\_

Study ID:

**DIET SCREENER**

A diet screener is a short dietary assessment method for estimating your usual dietary pattern and nutrient intake over a period of time. Please describe your routine habits of eating over the past year, on average, by choosing one of the options to indicate how often you ate the foods listed in the food items. Please take a moment to recall your usual food intake habits instead of recent food consumption.

For each food item, choose the frequency that most appropriately reflects your usual consumption on average over the whole year. If your answer falls between two categories, please select the one frequency that best describes how often you eat the food item. Only select 'Never/Rarely' when you do not eat the food at all or when the food is consumed less than once a month.

**饮食筛选**

“饮食筛选”是一项用来估计您，在平常的一段时间里的饮食习惯和营养摄取量的短版膳食评价方法。请从以下所列出的食物选项中，填写您在过去一年中，平均多常吃各项食物，以形容您平常的饮食习惯。请您用一些时间，来回顾一下您平时的饮食习惯，而不是最近的食物消费。

请从每一种食品项目中，选择最适合反映您在过去一年中，平时的饮食习惯的次数。如果您的答案介于两个类别之间，请选择最能够形容您平时的饮食习惯的那个次数。如果您完全不吃该项食物或每月只吃少过一次，请选择“从不/很少”。

How often do you consume one serving of: 您多常吃一份:		Frequency / 次数										One serving means / 一份代表:	
		Never or rarely 从不/很少	Once a month 1个月 1次	2-3 a month 1个月 2-3次	Once a week 1星期 1次	2-3 a week 1星期 2-3次	4-6 a week 1星期 4-6次	Once a day 1天 1次	2-3 a day 1天 2-3次	4-5 a day 1天 4-5次	6+ a day 1天 6+次		
Item no. 项目	EXAMPLE: Soy milk 例如: 豆奶	1	2	3	4	5	6	7	8	9	10	1 glass, 1 bottle, 1 pack, 1 cup	1 玻璃杯, 1 瓶, 1 包, 1 杯,
1	Red or brown rice (including porridge) 红米或糙米 (包括粥类)	1	2	3	4	5	6	7	8	9	10	1 rice bowl / 1 plate	1 饭碗 / 1 碟
2	White rice (including glutinous rice, biryani, basmati and porridge) 白米 (包括糯米、印度香饭、印度香米和粥)	1	2	3	4	5	6	7	8	9	10	1 rice bowl / 1 plate	1 饭碗 / 1 碟
3	Wholemeal noodles/pasta e.g. brown rice beecheon, wholemeal pasta 全麦面食/意大利面食 例如: 糙米米粉、全麦意大利面食	1	2	3	4	5	6	7	8	9	10	1 medium bowl	1 中型碗
4	Noodles/pasta (not wholemeal) e.g. white rice noodles, wheat noodles 面食/意大利面食 (非全麦) 例如: 白米面条, 麦面条	1	2	3	4	5	6	7	8	9	10	1 medium bowl	1 中型碗
5	Wholemeal bread (including chapati) 全麦面包 (包括印度麦饼)	1	2	3	4	5	6	7	8	9	10	2 slices	2 片
6	White bread (including roti prata) 白面包 (包括印度煎饼)	1	2	3	4	5	6	7	8	9	10	2 slices	2 片
7	Breakfast cereal Please state brand and name of type usually consumed: 早餐谷类食品 请注明您常吃的品牌和种类名称: <hr/>	1	2	3	4	5	6	7	8	9	10	1 medium bowl	1 中型碗

How often do you consume one serving of: 您多常吃一份:		Frequency / 次数										One serving means / 一份代表:	
		Never or rarely 从不/很少	Once a month 1个月1次	2-3 a month 1个月2-3次	Once a week 1星期1次	2-3 a week 1星期2-3次	4-6 a week 1星期4-6次	Once a day 1天1次	2-3 a day 1天2-3次	4-5 a day 1天4-5次	6+ a day 1天6+次		
8	Oily/fatty fish (solid texture, darker colour) e.g. mackerel, kembong, batang, selar/kuning, sardine, salmon, tuna 油性鱼类/多脂鱼类 (肉质扎实、颜色较暗) 例如: 鲭鱼、甘望鱼、马鲛鱼、色拉鱼/君冷鱼、沙丁鱼、三文鱼、金枪鱼	1	2	3	4	5	6	7	8	9	10	1 palm-sized piece	1个手掌大小
9	White fish (dry and flaky) e.g. pomfret, bream, catfish, dory, grouper 白肉鱼类 (肉质干燥、薄片状) 例如: 鲳鱼、鲷鱼、鲶鱼、多利鱼、石斑鱼	1	2	3	4	5	6	7	8	9	10	1 palm-sized piece	1个手掌大小
10	Other seafood e.g. prawns, sotong 其他海鲜 例如: 虾、苏东/乌贼	1	2	3	4	5	6	7	8	9	10	4 medium prawns	4只中型虾
11	Red meat e.g. beef, mutton, lamb, pork 红肉 例如: 牛肉、羊肉、羔羊肉、猪肉	1	2	3	4	5	6	7	8	9	10	1 palm-sized piece	1个手掌大小
12	Processed meat e.g. bacon, bakkwa, lap cheong, sausage 加工肉类 例如: 烟肉/培根、肉干、腊肠、香肠	1	2	3	4	5	6	7	8	9	10	1 sausage, 1 piece	1条, 1片
13	Poultry e.g. chicken, duck 家禽类 例如: 鸡肉、鸭肉	1	2	3	4	5	6	7	8	9	10	1 palm-sized piece	1个手掌大小

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14	Western fast food e.g. french fries, burger, fried chicken 西式快餐 例如: 炸薯条、汉堡包、炸鸡	1	2	3	4	5	6	7	8	9	10	1 regular french fries, 1 burger	1个汉堡包, 1普通装炸薯条,
15	Other deep fried food/snacks e.g. chicken, curry puff, goreng pisang, potato chips, prawn crackers, papadum, murukku, keropok, rempeyek, tortilla chips 其他煎炸食品/小吃 例如: 炸鸡肉、咖喱角、炸香蕉、薯片、炸虾饼、印度脆饼、印度圈圈饼、马来炸鱼饼、马来花生江鱼仔脆饼、墨西哥脆饼	1	2	3	4	5	6	7	8	9	10	1 piece	1块, 1片
16	Stir-fried food e.g. meat, fish, vegetables 翻炒食物 例如: 肉类、鱼类、蔬菜	1	2	3	4	5	6	7	8	9	10	1 scoop	1勺子
17	Gravies containing coconut milk (added on top rice or as part of a main dish, e.g. curry chicken) 含椰奶的肉汁(淋在饭上或作为部分主食, 例如: 咖喱鸡)	1	2	3	4	5	6	7	8	9	10	1 scoop	1勺子

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18	Green leafy vegetables e.g. kailan, kang kong, cabbage, spinach 绿叶蔬菜 例如: 芥蓝菜、空心菜、包菜、菠菜	1	2	3	4	5	6	7	8	9	10	1 scoop	1 勺子
19	Carrots 红萝卜	1	2	3	4	5	6	7	8	9	10	1 scoop	1 勺子
20	Legumes e.g. long beans, peas, lentils/dhal/sambhar 豆类 例如: 长豆、豌豆、扁豆/木豆/南印度桑巴	1	2	3	4	5	6	7	8	9	10	1 scoop	1 勺子
21	Other vegetables e.g. tomato, mushrooms, brinjal, capsicum, ladies fingers 其他蔬菜 例如: 番茄、菇类、茄子、灯笼椒、羊角豆	1	2	3	4	5	6	7	8	9	10	1 scoop	1 勺子
22	Soy products (excluding soy milk) e.g. beancurd/tofu, taukwa, taupok, tempeh, tau huay 豆类食品 (豆浆以外) 例如: 豆腐、豆干、豆卜、马来豆酵饼、豆花	1	2	3	4	5	6	7	8	9	10	2 small blocks	2 小块

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23	Sweet cakes, desserts, confectionery e.g. kueh-kueh, chendol, cheng tng, chocolate, candy 蛋糕、甜品、糕饼 例如: 马来糕点、浆罗、清汤、巧克力、糖果	1	2	3	4	5	6	7	8	9	10	1 piece, 1 bowl, 1 pack	1 块, 1 碗, 1 包
24	Nuts/seeds e.g. cashew, peanuts, sesame seeds 坚果/籽 例如: 腰果、花生、芝麻	1	2	3	4	5	6	7	8	9	10	1 tablespoon	1 汤匙
25	Citrus fruit (excluding juices) e.g. orange, pomelo 柑橘类水果 (果汁以外) 例如: 橙、柚子	1	2	3	4	5	6	7	8	9	10	1 orange, 1 tangerine, 1 pomelo	1 粒
26	Other fresh fruit (excluding juices) 其他新鲜水果 (果汁以外)	1	2	3	4	5	6	7	8	9	10	1 apple, 1 banana, 1 wedge papaya/ watermelon/ pineapple, 10 grapes	1 粒苹果, 1 条香蕉, 1 块木瓜/ 西瓜/黄 梨,10 粒 葡萄
27	Low fat dairy (milk, yoghurt or cheese) 低脂奶类食品 (牛奶、酸乳或乳酪)	1	2	3	4	5	6	7	8	9	10	1 glass milk, 1 pot yoghurt, 1 slice cheese	1 玻璃杯 牛奶, 1 罐酸乳, 1 片乳酪
28	Full fat dairy (milk, yoghurt or cheese) 全脂奶类食品 (牛奶、酸乳或乳酪)	1	2	3	4	5	6	7	8	9	10	1 glass milk, 1 pot yoghurt, 1 slice cheese	1 玻璃杯 牛奶, 1 罐酸乳, 1 片乳酪
29	Soy milk (including fresh and flavoured) 豆浆 (包括现做和加味的豆浆)	1	2	3	4	5	6	7	8	9	10	1 glass, 1 bottle, 1 pack, 1 cup	1 玻璃杯, 1 瓶,1 包, 1 杯,



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30	Malted drink/hot chocolate e.g. Milo®, Ovaltine® 麦芽饮料/热巧克力 例如: 美禄®, 阿华田®	1	2	3	4	5	6	7	8	9	10	1 cup, 1 can, 1 pack	1杯, 1罐, 1包
31	Fruit juice, 100%, no added sugar e.g. watermelon juice, orange juice 果汁, 100%, 无加糖 例如: 西瓜汁、柳橙汁	1	2	3	4	5	6	7	8	9	10	1 glass, 1 cup	1玻璃杯, 1杯
32	Sugar-free sweetened beverages e.g. CokeZero® 无糖份甜饮料 例如: CokeZero®	1	2	3	4	5	6	7	8	9	10	1 can, 1 bottle	1罐, 1瓶
33	Sweetened beverages, including fruit juice drinks with added sugar E.g. cola, bubble tea, ribena, water chestnut drinks, sweetened ice tea., 甜饮料, 包括果汁及加糖饮料 例如: 可乐、泡泡茶、利宾纳、马蹄水、加糖 冰茶	1	2	3	4	5	6	7	8	9	10	1 can, 1 bottle	1罐, 1瓶
34	Tea e.g. Chinese/oolong tea, black tea, green tea 茶 例如: 中国茶/乌龙茶、红茶、绿茶	1	2	3	4	5	6	7	8	9	10	1 cup	1杯
35	Coffee e.g. brewed, instant, cappuccino 咖啡 例如: 冲煮咖啡、即溶咖啡、卡布奇诺	1	2	3	4	5	6	7	8	9	10	1 cup, 1 can	1杯, 1罐
36	Alcohol e.g. beer, wine, spirits 酒精类 例如: 啤酒、葡萄酒、烈酒	1	2	3	4	5	6	7	8	9	10	1 bottle beer, 1 glass wine, 1 measure (25ml) spirit	1瓶啤酒, 1杯葡萄酒, 1份 量烈酒 (25ml)
37	Water 白开水	1	2	3	4	5	6	7	8	9	10	1 glass	1玻璃杯

**Dietary Practices Questions**

		Never or rarely 从不/很少	Once a month 1个月 1次	2-3 a month 1个月 2-3次	Once a week 1星期 1次	2-3 a week 1星期 2-3次	4-6 a week 1星期 4-6次	Once a day 1天 1次	2-3 a day 1天 2-3次	4-5 a day 1天 4-5次	6+ a day 1天 6+次
DP1	How often do you eat at hawker centres, foods courts or coffee shops? 您多常在熟食中心、食阁或咖啡店吃饭?	1	2	3	4	5	6	7	8	9	10
DP2	How often do you eat at workplace or school canteens? 您多常在工作场所或学校食堂吃饭?	1	2	3	4	5	6	7	8	9	10
DP3	How often do you eat at western fast food outlets or quick-service restaurants? 您多常在西式快餐厅或快速服务餐厅吃饭?	1	2	3	4	5	6	7	8	9	10
DP4	How often do you eat at other restaurants? 您多常在其他餐厅吃饭?	1	2	3	4	5	6	7	8	9	10

DP5) How often do you consume chicken with skin?

您多常食用带皮的鸡肉?

- |                       |       |
|-----------------------|-------|
| 1) Never              | 从来不吃  |
| 2) Sometimes          | 偶尔    |
| 3) Always             | 经常    |
| 4) Do not eat chicken | 我不吃鸡肉 |

DP6) How often do you consume meat with visible fat?

您多常食用肉块上面可看见脂肪的肉类?

- |                    |      |
|--------------------|------|
| 1) Never           | 从来不吃 |
| 2) Sometimes       | 偶尔   |
| 3) Always          | 经常   |
| 4) Do not eat meat | 我不吃肉 |

DP7) What type of fat or oil is usually used for cooking at home? (CHOOSE ONE ONLY)

您在家里做饭时，最常使用哪一类的脂肪或食用油？（请只选其中 1 项。）

- |                                                         |                         |
|---------------------------------------------------------|-------------------------|
| 1) Butter, dripping, ghee, lard or any other animal fat | 牛油、肉油滴、印度液体奶油、猪油或其他动物脂肪 |
| 2) Vanaspati (vegetable ghee)                           | 印度人造黄油（植物酥油）            |
| 3) Vegetable oil/blended oil                            | 菜油/混合油                  |
| 4) Palm oil                                             | 棕榈油                     |
| 5) Coconut oil                                          | 椰油                      |
| 6) Hard margarine                                       | 硬性人造黄油                  |
| 7) Soft margarine                                       | 软性人造黄油                  |
| 8) Corn oil                                             | 玉米油                     |
| 9) Soya bean oil                                        | 黄豆油                     |
| 10) Sunflower oil                                       | 葵花籽油                    |
| 11) Peanut oil                                          | 花生油                     |
| 12) Canola oil                                          | 芥花籽油                    |
| 13) Olive oil                                           | 橄榄油                     |
| 14) Others (please specify): _____                      | 其他（请注明）:_____           |
| 15) Do not eat food cooked at home                      | 不吃家里煮的饭菜                |

DP8) At the table, how often do you add salt or sauces to your food? e.g. soy sauce, braised gravy

您在用餐时，多常在食物加入盐或酱汁？（例如：酱油、卤汁）

- |              |      |
|--------------|------|
| 1) Never     | 从来不会 |
| 2) Sometimes | 偶尔   |
| 3) Always    | 经常   |

DP9) What type of milk do you usually add to your coffee? (CHOOSE ONE ONLY)

您通常会在咖啡里加入哪一类的牛奶？（请只选其中一项。）

- |                                            |                    |
|--------------------------------------------|--------------------|
| 1) Do not drink coffee (go to DP10)        | 我不喝咖啡（请到第 10 题）    |
| 2) Milk is already added (I drink 3-in-1)  | 已经加入牛奶（我喝三合一即溶咖啡。） |
| 3) Milk is already added (I drink 2-in-1)  | 已经加入牛奶（我喝二合一即溶咖啡。） |
| 4) Sweetened condensed milk                | 甜炼奶                |
| 5) Evaporated milk                         | 淡炼奶                |
| 6) Whole milk/powder                       | 全脂牛奶 / 奶粉          |
| 7) Low-fat milk/powder                     | 低脂牛奶 / 奶粉          |
| 8) Skimmed milk/powder                     | 脱脂牛奶 / 奶粉          |
| 9) Soya milk                               | 豆奶                 |
| 10) Creamer/whitener                       | 奶精 / 人造稀奶油         |
| 11) Do not add milk (I drink black coffee) | 不加牛奶（我只喝黑咖啡。）      |

DP9a) When you make or buy your coffee, how much sugar do you usually add to your coffee?

当你冲泡或买咖啡的时候，您通常会在咖啡内加入多少糖分？

- |                                     |                    |
|-------------------------------------|--------------------|
| 1) Do not add sugar                 | 不加糖                |
| 2) Less than 1 teaspoon             | 少过 1 茶匙糖           |
| 3) 1 – 2 teaspoon / Ask for less    | 1 – 2 茶匙 / 要求少糖    |
| 4) 3 – 4 teaspoon / Ask for regular | 3 – 4 茶匙 / 不要求加或少糖 |
| 5) 5+ teaspoon / Ask for more       | 5 茶匙或以上 / 要求加糖     |

DP9b) When buying your coffee, how often do you ask for coffee with 'less sugar'?

您在买咖啡 的时候，多常会要求 “少糖” ？

- |                     |      |
|---------------------|------|
| 1) Always           | 经常   |
| 2) Most of the time | 大多时候 |
| 3) Sometimes        | 偶尔   |
| 4) Never            | 从来不会 |
| 777) Not applicable | 不适用  |

DP10) What type of milk do you usually add to your tea? (CHOOSE ONE ONLY)

您通常会在茶内加入哪一类的牛奶？（请只选其中一项。）

- |                                           |                    |
|-------------------------------------------|--------------------|
| 1) Do not drink tea (go to DP11)          | 我不喝茶（请到第 11 题）     |
| 2) Milk is already added (I drink 3-in-1) | 已经加入牛奶（我喝三合一即溶奶茶。） |
| 3) Milk is already added (I drink 2-in-1) | 已经加入牛奶（我喝二合一即溶奶茶。） |
| 4) Sweetened condensed milk               | 甜炼奶                |
| 5) Evaporated milk                        | 淡炼奶                |
| 6) Whole milk/powder                      | 全脂牛奶 / 奶粉          |
| 7) Low-fat milk/powder                    | 低脂牛奶 / 奶粉          |
| 8) Skimmed milk/powder                    | 脱脂牛奶 / 奶粉          |
| 9) Soya milk                              | 豆奶                 |
| 10) Creamer/whitener                      | 奶精 / 人造稀奶油         |
| 11) Do not add milk                       | 不加牛奶               |

DP10a) When you make or buy your tea, how much sugar do you usually add to your tea?

当你冲泡或买茶的时候,您通常会在茶内加入多少糖分?

- |                                     |                    |
|-------------------------------------|--------------------|
| 1) Do not add sugar                 | 不加糖                |
| 2) Less than 1 teaspoon             | 少过 1 茶匙糖           |
| 3) 1 – 2 teaspoon / Ask for less    | 1 – 2 茶匙 / 要求少糖    |
| 4) 3 – 4 teaspoon / Ask for regular | 3 – 4 茶匙 / 不要求加或少糖 |
| 5) 5+ teaspoon / Ask for more       | 5 茶匙或以上 / 要求加糖     |

DP10b) When buying your tea, how often do you ask for tea with 'less sugar'?

您在买茶的时候,多常会要求“少糖”?

- |                     |      |
|---------------------|------|
| 1) Always           | 经常   |
| 2) Most of the time | 大多时候 |
| 3) Sometimes        | 偶尔   |
| 4) Never            | 从来不会 |
| 777) Not applicable | 不适用  |

DP11) What type of milk do you usually add to your malted beverages? (CHOOSE ONE ONLY)

您通常会在麦芽饮料内加入哪一类的牛奶？（请只选其中一项。）

- |                                               |                      |
|-----------------------------------------------|----------------------|
| 1) Do not drink malted beverages (go to DP12) | 我不喝麦芽饮料（请到第 12 题）    |
| 2) Milk is already added (I drink 3-in-1)     | 已经加入牛奶（我喝三合一即溶麦芽饮料。） |
| 3) Milk is already added (I drink 2-in-1)     | 已经加入牛奶（我喝二合一即溶麦芽饮料。） |
| 4) Sweetened condensed milk                   | 甜炼奶                  |
| 5) Evaporated milk                            | 淡炼奶                  |
| 6) Whole milk/powder                          | 全脂牛奶 / 奶粉            |
| 7) Low-fat milk/powder                        | 低脂牛奶 / 奶粉            |
| 8) Skimmed milk/powder                        | 脱脂牛奶 / 奶粉            |
| 9) Soya milk                                  | 豆奶                   |
| 10) Creamer/whitener                          | 奶精 / 人造稀奶油           |
| 11) Do not add milk                           | 不加牛奶                 |

DP11a) When you make or buy your malted beverages, how much sugar do you usually add to your malted beverages?

当你冲泡或买麦芽饮料的时候, 您通常会在麦芽饮料内加入多少糖分?

- |                                     |                    |
|-------------------------------------|--------------------|
| 1) Do not add sugar                 | 不加糖                |
| 2) Less than 1 teaspoon             | 少过 1 茶匙糖           |
| 3) 1 – 2 teaspoon / Ask for less    | 1 – 2 茶匙 / 要求少糖    |
| 4) 3 – 4 teaspoon / Ask for regular | 3 – 4 茶匙 / 不要求加或少糖 |
| 5) 5+ teaspoon / Ask for more       | 5 茶匙或以上 / 要求加糖     |

DP11b) When buying your malted beverages, how often do you ask for malted beverages with 'less sugar'?

您在买麦芽饮料的时候，多常会要求“少糖”？

- |                     |      |
|---------------------|------|
| 1) Always           | 经常   |
| 2) Most of the time | 大多时候 |
| 3) Sometimes        | 偶尔   |
| 4) Never            | 从来不会 |
| 777) Not applicable | 不适用  |

DP12) Do you take vitamins or supplements?

您有在服用维生素或保健食品吗？

- |                  |               |
|------------------|---------------|
| 1) Yes           | 有             |
| 2) No (Go to A1) | 没有 (请前进到第 A1) |



DP12a) If yes, please state the name, brand, number, frequency and duration below.

如果有在服用维生素或保健食品，请注明名称、品牌、数量、次数和您持续服用了多长时间。

	Type e.g. Vitamin C, multivitamin  名称 例如：维生 素 C, 复合维生素	Brand name 品牌	Strength per dose e.g. 500mg (if known) 每剂量浓 度 e.g. 例如： 500mg (若有注明)	Number of pills/ Capsules 数量 (颗/胶 囊)	Frequency / 次数			Length of time taking supplement 持续服用了多久		
					Every day 每天	At least once a week 至少 1 星期 1 次	Less than once a week 少过 1 星期 1 次	Less than 1 year 少过 1 年	Between 1 – 5 years 1 – 5 年	More than 5 years 多过 5 年
1					1	2	3	1	2	3
2					1	2	3	1	2	3
3					1	2	3	1	2	3
4					1	2	3	1	2	3
5					1	2	3	1	2	3

**SECTION A – LIFESTYLE FACTORS**      生活方式

**A1. Smoking 吸烟**

A1.1 Have you ever smoke at least 100 cigarettes in your lifetime?

从您出生到现在,您是否曾经吸过至少 100 支香烟?

- 1) Yes 是
- 2) No (Go to A1.8) 否(Go to A1.8)
- 888) Refuse to answer 拒绝回答

**INTERVIEWERS' GUIDE:**  
Captures exposure to all forms of tobacco smoking, except Shisha

A1.4 Do you smoke cigarettes currently?

您目前是否有吸烟?

- 1) Yes 是
- 2) No (Go to A1.5) 否(Go to A1.5)
- 888) Refuse to answer 拒绝回答

A1.4a Do you smoke cigarettes ....?

您是否...吸烟?

- 1) Everyday 每天
- 2) Occasionally (Go to A1.5) 偶尔 (Go to A1.5)
- 888) Refuse to answer 拒绝回答

**INTERVIEWERS' GUIDE:**  
Currently" refers to period around time of interview

A1.4b When did you start smoking daily?

您什么时候开始每天吸烟?

- Age when started \_\_\_\_\_ 开始的年龄 \_\_\_\_\_
- (or) Year when started |\_|\_|\_|\_|\_|\_|\_|\_| 开始的年份 |\_|\_|\_|\_|\_|\_|\_|\_|
- (or) \_\_\_\_\_ years ago \_\_\_\_\_年前
- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

} → (Go to A1.7)

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

您最后一次停止经常吸烟，是什么时候？

Age when stopped \_\_\_\_\_

停止时的年龄 \_\_\_\_\_

(or) Year when stopped |\_\_|\_\_|\_\_|\_\_|

停止时的年份 |\_\_|\_\_|\_\_|\_\_|

(or) \_\_\_\_\_ years ago

\_\_\_\_\_年前

888) Refuse to answer (Go to A2)

拒绝回答 (Go to A2)

999) Do not know (Go to A2)

不知道 (Go to A2)

**INTERVIEWERS' GUIDE:**  
Participant might have tried to quit repeatedly. Ask for the last quit year. "Stop smoking" means a total cessation in smoking.

A1.7 Please describe your smoking pattern from time you started smoking till present/you stopped.

请您描述从开始吸烟直到您目前的吸烟模式或停止吸烟的模式。

- Ask participant about the entire period of his life when he was smoking, starting from earliest to the most recent.
- Document the type of tobacco product he smoked and the amount smoked per day/week/month.
- 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”.
- Also record intermittent period(s) of non-smoking.

From [MM / YYYY]	To [MM / YYYY]	Type of cigarettes smoke / 香烟的种类	Amount smoked / 吸烟的份量				Per ... / 每...		
/	/	1) Manufactured cigarettes 制成香烟 2) Hand-rolled cigarettes / tahlil / liangs 手卷烟 雪茄, 方头雪茄, 小雪茄 3) Cigars, cheroots, cigarillos 烟斗 4) Pipes 在这期间没吸烟 5) Not smoking at this period	_____	sticks 支	pipes 管	grams 克	day 天	week 周	month 月
/	/	1) Manufactured cigarettes 制成香烟 2) Hand-rolled cigarettes / tahlil / liangs 手卷烟 雪茄, 方头雪茄, 小雪茄 3) Cigars, cheroots, cigarillos 烟斗 4) Pipes 在这期间没吸烟 5) Not smoking at this period	_____	sticks 支	pipes 管	grams 克	day 天	week 周	month 月
/	/	1) Manufactured cigarettes 制成香烟 2) Hand-rolled cigarettes / tahlil / liangs 手卷烟 雪茄, 方头雪茄, 小雪茄 3) Cigars, cheroots, cigarillos 烟斗 4) Pipes 在这期间没吸烟 5) Not smoking at this period	_____	sticks 支	pipes 管	grams 克	day 天	week 周	month 月

From [MM / YYYY]	To [MM / YYYY]	Type of cigarettes smoke / 香烟的种类		Amount smoked / 吸烟的份量				Per ... / 每...		
/	/	1) Manufactured cigarettes	制成香烟	_____	sticks 支	pipes 管	grams 克	day 天	week 周	month 月
		2) Hand-rolled cigarettes / tahlil / liangs	手卷烟							
		3) Cigars, cheroots, cigarillos	雪茄, 方头雪茄, 小雪茄							
		4) Pipes	烟斗							
		5) Not smoking at this period	在这期间没吸烟							
/	/	1) Manufactured cigarettes	制成香烟	_____	sticks 支	pipes 管	grams 克	day 天	week 周	month 月
		2) Hand-rolled cigarettes / tahlil / liangs	手卷烟							
		3) Cigars, cheroots, cigarillos	雪茄, 方头雪茄, 小雪茄							
		4) Pipes	烟斗							
		5) Not smoking at this period	在这期间没吸烟							
/	/	1) Manufactured cigarettes	制成香烟	_____	sticks 支	pipes 管	grams 克	day 天	week 周	month 月
		2) Hand-rolled cigarettes / tahlil / liangs	手卷烟							
		3) Cigars, cheroots, cigarillos	雪茄, 方头雪茄, 小雪茄							
		4) Pipes	烟斗							
		5) Not smoking at this period	在这期间没吸烟							
/	/	1) Manufactured cigarettes	制成香烟	_____	sticks 支	pipes 管	grams 克	day 天	week 周	month 月
		2) Hand-rolled cigarettes / tahlil / liangs	手卷烟							
		3) Cigars, cheroots, cigarillos	雪茄, 方头雪茄, 小雪茄							
		4) Pipes	烟斗							
		5) Not smoking at this period	在这期间没吸烟							

**INTERVIEWERS' GUIDE:**

- 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.
- "Home", "place to stay" and "residence" may include family home, rental flat, dormitory, hostel, barracks etc.

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?

从您**出生到 18 岁**之间，有没有任何和您一起居住的人，每天在家里吸烟至少 6 个月或更长时间？

- 1) Yes 是
- 2) No (Go to A1.9) 否 (Go to A1.9)
- 888) Refuse to answer (Go to A1.9) 拒绝回答 (Go to A1.9)
- 999) Do not know (Go to A1.9) 不知道 (Go to A1.9)

A1.8a Who smoked daily at home?

是谁每天在家里吸烟？

		Yes 是	No 否
1. Father	父亲	1	2
2. Mother	母亲	1	2
3. Grandparent(s)	祖父母	1	2
4. Sibling(s)	兄弟姐妹	1	2
5. Other person(s)	其他人	1	2

**INTERVIEWERS' GUIDE:**

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

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

请问和您一起居住的人，每天至少有 1 个人在家吸烟的情况持续了几年？

- 1) 1 year or less 一年或以下
- 2) 2 – 5 years 2 – 5 年
- 3) 6 – 11 years 6 – 11 年
- 4) 12 + years 12 年或以上
- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

**INTERVIEWERS' GUIDE:**

When there are >1 person exposing second-hand smoke to the participant in the home, sum up the number of non-overlapping year.

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?

在您 **18 岁之后**, 有没有任何和您一起居住的人, 每天在家里吸烟至少 6 个月或更长时间?

- 1) Yes 是
- 2) No (Go to A1.10) 否 (Go to A1.10)
- 888) Refuse to answer (Go to A1.10) 拒绝回答 (Go to A1.10)
- 999) Do not know (Go to A1.10) 不知道 (Go to A1.10)

A1.9a Who smoked daily at home?

是谁每天在家里吸烟?

		Yes 是	No 否
1. Spouse	配偶	1	2
2. Parent(s) and/or in-law(s)	父母亲 and/or 配偶的父母亲	1	2
3. 1 or more of your children	您的一个或多个孩子	1	2
4. Other person(s)	其他人	1	2

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

A1.9b For how many years did at least 1 person living in your home smoke daily at home?

请问和您一起居住的人, 每天至少有 1 个人在家吸烟的情况持续了几年?

- 1) 1 year or less 一年或以下
- 2) 2 – 5 years 2 – 5 年
- 3) 6 – 11 years 6 – 11 年
- 4) 12 + years 12 年或以上
- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

**INTERVIEWERS' GUIDE:**  
When there are >1 person exposing second-hand smoke to the participant in the home, sum up the number of non-overlapping year.

A1.10 Does anyone who **currently** stays with you smoke on a daily basis?

**目前**是否有和您同住的人每天吸烟?

- 1) Yes 是
- 2) No (Go to A1.11) 否 (Go to A1.11)
- 888) Refuse to answer 拒绝回答

A1.10a Who currently smoke daily in your residence?

目前谁每天在您的家里吸烟?

		Yes 是	No 否
1. Spouse	配偶	1	2
2. Parent(s) and/or in-law(s)	父母亲和/或配偶的父母亲	1	2
3. 1 or more of your children	您的一个或多个孩子	1	2
4. Other person(s)	其他人	1	2

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

A1.11 Since the last time we spoke with you, have you taken a **job** in which, on a daily basis, you were exposed to cigarette smoke from others?

自从上回我们访问过您后, 您有没有在**工作中**每天接触到其他人抽烟时的烟雾?

- 1) Yes 是
- 2) No (Go to A2) 否 (Go to A2)
- 888) Refuse to answer 拒绝回答

A1.11a For how many years were you exposed to cigarette smoke at work since the last time we spoke with you?

您在**工作中**每天接触到其他人抽烟时的烟雾的情况持续了几年?

\_\_\_\_\_ years                      \_\_\_\_\_ 年

**INTERVIEWERS' GUIDE:**  
If the participant gives a range, take the highest number as the response.



A1.11b On the average, how many hours were you exposed to cigarette smoke at work?

您在工作中一天平均多少个小时会接触到其他人抽烟时的烟雾?

- 1) 1 hour or less                      1 小时或以下
- 2) 1 – 3 hours                        1 - 3 小时
- 3) 4 + hours                          4 小时或以上
- 888) Refuse to answer              拒绝回答

**A2. Alcohol Consumption 酒精的摄取量**

A2.1 I would like to ask you about your typical alcohol consumption.

我想请问您平常的酒精摄取量。

- This refers to the recent and typical alcohol consumption within a 30-day period and may not be the immediate last 30 days.
- Document number of servings\* under per day, week or month. If consumed less than 1 serving in the last 30 days, tick "Rarely/Never".
- 1 alcohol serving: 2/3 of 1 mug/can of beer (220ml), 1 glass of wine (about 100ml), 1 measure of hard liquor (20-30ml).

**INTERVIEWER'S GUIDE:**

Ask "In the last 30 days, did you drink any alcohol?"

If "Yes", then continue by asking "Is this your typical drinking pattern?"

If it is NOT participant's typical drinking pattern, ask "Please think of a typical month (fairly recent 30 days period) that reflect your usual drinking pattern."

			Per day 每日	Per week 每周	Per month 每月	Rarely / Never 很少 / 从 没
500	Alcohol [beer/stout/wine/hard liquor]	酒 (啤酒/黑啤酒/葡萄酒/烈酒)	1 serving* 1 份*			<input type="checkbox"/>

**A2.2 refers to only the immediate last 30 days. A2.2 是指最近的 30 天**

A2.2 **For women:**                      女性:

Did you have 4 or more servings at a single drinking session in the last 30 days?

您在过去三十天中是否曾经一次喝了 4 份或超过 4 份的酒?

- 1) Yes                                      是
- 2) No                                        否

**For men:**                                  男性:

Did you have 5 or more servings at a single drinking session in the last 30 days?

您在过去三十天中是否曾经一次喝了 5 份或超过 5 份的酒?

- 1) Yes                                      是
- 2) No                                        否

**SECTION B – PERSONAL MEDICAL HISTORY 个人医疗史**

**B1. Medication 药物治疗**

B1.1 Are you currently taking any regular medication?

您目前是否定期服用药物?

- 1) Yes 是
- 2) No (Go to B2) 否 (Go to B2)
- 888) Refuse to answer (Go to B2) 拒绝回答 (Go to B2)
- 999) Do not know (Go to B2) 不知道 (Go to B2)

**INTERVIEWERS' GUIDE:**

“Regular medications” refer to the medication taken for long term, for health or for chronic conditions such as heart diseases, stroke, high blood pressure, diabetes, high cholesterol, arthritis etc.  
This excludes regular health supplements (e.g. vitamins, fish oil).

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

请列下您服用的所有药物的名称以及份量。(请让参与者出示药物的包装。)

- 888) Refuse to answer (Go to B2) 拒绝回答 (Go to B2)

N/S	Name of medicine 药物的名称	According to latest prescription 根据最新的处方					How long have you been taking this type of medicine? 你一直在服用这种药有多长?					
		Strength per dose 每剂量浓度	Frequency of dose 剂量频率			Take when- ever needed 在需要时采 取	No. 次数	Year(s) 年	Month(s) 月	Week(s) 周	Day(s) 天	
			No. of dose 剂量次数	/day 每天	/week 每周							/month 每月
1				1	2	3	4		1	2	3	4
2				1	2	3	4		1	2	3	4
3				1	2	3	4		1	2	3	4
4				1	2	3	4		1	2	3	4
5				1	2	3	4		1	2	3	4
6				1	2	3	4		1	2	3	4
7				1	2	3	4		1	2	3	4
8				1	2	3	4		1	2	3	4
9				1	2	3	4		1	2	3	4
10				1	2	3	4		1	2	3	4

**B2. Heart Disease 心脏疾病**

B2.1 Has a Western-trained doctor ever told you that you have blockage of the arteries to your heart?

西医是否曾经告诉过您、您患有心脏动脉阻塞？

- |      |                               |                   |
|------|-------------------------------|-------------------|
| 1)   | Yes                           | 是                 |
| 2)   | No (Go to B2.2)               | 否 (Go to B2.2)    |
| 888) | Refuse to answer (Go to B2.2) | 拒绝回答 (Go to B2.2) |
| 999) | Do not know (Go to B2.2)      | 不知道 (Go to B2.2)  |

**INTERVIEWERS' GUIDE:**

Participant must have had an angiogram for this diagnosis. ECG alone cannot be used to diagnose.

Heart Disease in this context does NOT include congenital or 'born with' disease/defects.

B2.1.1 When did it first occur?

请问您第一次发生心脏动脉阻塞是什么时候？

- |                             |                 |
|-----------------------------|-----------------|
| Age _____                   | 年龄 _____        |
| (or) Year  __ __ __ __      | 年份  __ __ __ __ |
| (or) _____ years ago        | _____ 年前        |
| 999) Do not know / Not sure | 不知道             |

B2.1.2 Which hospital/clinic?

在哪一间医院、诊所？

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**INTERVIEWERS' GUIDE:**

Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.

B2.2 Have you ever had a heart attack?

您是否曾经心脏病发作过？

- |      |                               |                   |
|------|-------------------------------|-------------------|
| 1)   | Yes                           | 是                 |
| 2)   | No (Go to B2.3)               | 否 (Go to B2.3)    |
| 888) | Refuse to answer (Go to B2.3) | 拒绝回答 (Go to B2.3) |
| 999) | Do not know (Go to B2.3)      | 不知道 (Go to B2.3)  |

**INTERVIEWERS' GUIDE:**

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.

B2.2.1 When did it first occur?

请问您第一次心脏病发作是什么时候?

Age \_\_\_\_\_

年龄 \_\_\_\_\_

(or) Year |\_\_|\_\_|\_\_|\_\_|

年份 |\_\_|\_\_|\_\_|\_\_|

(or) \_\_\_\_\_ years ago

\_\_\_\_\_ 年前

999) Do not know / Not sure

不知道

B2.2.2 Which hospital/clinic?

在哪一间医院、诊所?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**INTERVIEWERS' GUIDE:**  
Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.

B2.3 Is your doctor giving you medication for your heart disease currently?

您的医生目前有没有给您治疗心脏病的药物?

1) Yes (record medications under B1.2) 是 (record medications under B1.2)

2) No 否

999) Do not know 不知道

B2.4 Have you ever had an angiogram?

您是否进行过血管造影检查?

1) Yes 是

2) No (Go to B2.5) 否(Go to B2.5)

**INTERVIEWERS' GUIDE:**  
An angiogram is a diagnostic procedure performed to find out (not to cure) if there is any blockages to the arteries. A small tube is inserted into a big blood vessel to administer a dye into the blood vessels of the desired area. X-rays are then taken to locate the blockages in the blood vessels.

B2.4.1 If Yes, which year was it first done and at which hospital

如果‘是’，您是哪一年在哪一间医院进行的?

Year |\_\_|\_\_|\_\_|\_\_| 年份 |\_\_|\_\_|\_\_|\_\_|

B2.4.2 Hospital:

医院: \_\_\_\_\_

- B2.5 Have you ever had an angioplasty-ballooning?  
您是否进行过心血管扩张手术?
- 1) Yes 是  
2) No (Go to B2.6) 否(Go to B2.6)

**INTERVIEWERS' GUIDE:**  
An angioplasty-ballooning a procedure that clears the blockages in the blood vessels.

- B2.5.1 If Yes, which year was it first done and at which hospital  
如果‘是’, 您是哪一年在哪一间医院进行的?
- Year |\_\_|\_\_|\_\_|\_\_| 年份 |\_\_|\_\_|\_\_|\_\_|

- B2.5.2 Hospital:  
医院: \_\_\_\_\_

- B2.6 Have you ever had a heart bypass operation?  
您是否进行过心脏绕道手术?
- 1) Yes 是  
2) No (Go to B2a.1) 否(Go to B2a.1)

**INTERVIEWERS' GUIDE:**  
A heart bypass operation creates a new route to supply blood to the heart by transplanting part of a blood vessel.

- B2.6.1 If Yes, which year was it first done and at which hospital  
如果‘是’, 您是哪一年在哪一间医院进行的?
- Year |\_\_|\_\_|\_\_|\_\_| 年份 |\_\_|\_\_|\_\_|\_\_|

- B2.6.2 Hospital:  
医院: \_\_\_\_\_

**B2a. Peripheral Arterial Disease 周边动脉疾病**

B2a.1 Has a Western-trained doctor ever told you that you have blockage of the arteries in your legs?

西医是否曾经告诉过您,您的腿部动脉有阻塞?

- 1) Yes 是
- 2) No (Go to B3) 否 (Go to B3)
- 888) Refuse to answer (Go to B3) 拒绝回答 (Go to B3)
- 999) Do not know (Go to B3) 不知道 (Go to B3)

B2a.1.1 When did it first occur?

请问第一次发生是什么时候?

- Age \_\_\_\_\_ 年龄 \_\_\_\_\_
- (or) Year |\_\_|\_|\_|\_|\_| 年份 |\_\_|\_|\_|\_|\_|
- (or) \_\_\_\_\_ years ago \_\_\_\_\_ 年前
- 999) Do not know / Not sure 不知道

B2a.1.2 Which hospital/clinic?

在哪一间医院、诊所?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**INTERVIEWERS' GUIDE:**  
Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.

B2a.2 Have you ever had an angiogram?

您是否进行过血管造影检查?

- 1) Yes 是
- 2) No (Go to B2a.3) 否(Go to B2a.3)

**INTERVIEWERS' GUIDE:**  
An angiogram is a diagnostic procedure performed to find out (not to cure) if there is any blockages to the arteries. A small tube is inserted into a big blood vessel to administer a dye into the blood vessels of the desired area. X-rays are then taken to locate the blockages in the blood vessels.

B2a.2.1 If Yes, which year was it first done and at which hospital

如果‘是’, 您是哪一年在哪一间医院进行的?

Year |\_\_|\_|\_|\_|\_| 年份 |\_\_|\_|\_|\_|\_|

B2a.2.2 Hospital:

医院: \_\_\_\_\_

B2a.3 Have you ever had an angioplasty-ballooning?

您是否进行过心血管扩张手术?

- 1) Yes 是  
2) No (Go to B2a.4) 否 (Go to B2a.4)

**INTERVIEWERS'  
GUIDE:**

An angioplasty-ballooning a procedure that clears the blockages in the blood vessels.

B2a.3.1 If Yes, which year was it first done and at which hospital

如果‘是’, 您是哪一年在哪一间医院进行的?

Year |\_\_|\_\_|\_\_|\_\_| 年份 |\_\_|\_\_|\_\_|\_\_|

B2a.3.2 Hospital:

医院: \_\_\_\_\_

B2a.4 Have you ever had a bypass operation?

您是否进行过绕道手术?

- 1) Yes 是  
2) No (Go to B3.1) 否 (Go to B3.1)

**INTERVIEWERS'  
GUIDE:**

A bypass operation creates a new route to supply blood to the heart by transplanting part of a blood vessel.

B2a.4.1 If Yes, which year was it first done and at which hospital

如果‘是’, 您是哪一年在哪一间医院进行的?

Year |\_\_|\_\_|\_\_|\_\_| 年份 |\_\_|\_\_|\_\_|\_\_|

B2a.4.2 Hospital:

医院: \_\_\_\_\_

**B3. Stroke 中风**

B3.1 Has a Western-trained doctor ever told you that you had a stroke?

西医是否曾经告诉过您,您中风过?

- 1) Yes 是
- 2) No (Go to B3.2) 否 (Go to B3.2)
- 888) Refuse to answer (Go to B4) 拒绝回答 (Go to B4)
- 999) Do not know (Go to B4) 不知道 (Go to B4)

**INTERVIEWERS' GUIDE:**  
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.

B3.1.1 When did it first occur?

请问第一次发生是什么时候?

- Age \_\_\_\_\_ 年龄 \_\_\_\_\_
- (or) Year |\_\_|\_|\_|\_|\_| 年份 |\_\_|\_|\_|\_|\_|
- (or) \_\_\_\_\_ years ago \_\_\_\_\_ 年前
- 999) Do not know / Not sure 不知道

B3.1.2 Which hospital/clinic?

在哪一间医院、诊所?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**INTERVIEWERS' GUIDE:**  
Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.

B3.2 Has a Western-trained doctor 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 24 hours and the patient appears to recover fully from the attack.*

西医是否告诉过您、您有**短暂性的脑部缺血(TIA)** 或是**轻微中风**? *轻微中风是由于大脑特定部位的血液供应暂时受到阻碍, 致使产生了神经系统的功能障碍。一般持续时间少于 24 小时。*

- 1) Yes 是
- 2) No (Go to B4) 否 (Go to B4)
- 888) Refuse to answer (Go to B4) 拒绝回答 (Go to B4)
- 999) Do not know (Go to B4) 不知道 (Go to B4)



B3.2.1 When did it first occur?

请问第一次发生是什么时候?

Age \_\_\_\_\_

年龄 \_\_\_\_\_

(or) Year |\_\_|\_\_|\_\_|\_\_|

年份 |\_\_|\_\_|\_\_|\_\_|

(or) \_\_\_\_\_ years ago

\_\_\_\_\_ 年前

999) Do not know / Not sure

不知道

B3.2.2 Which hospital/clinic?

在哪一间医院、诊所?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**INTERVIEWERS' GUIDE:**  
Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.

**B4. High Blood Pressure (Hypertension) 高血压**

B4.1 Has a Western-trained doctor, nurse, or other healthcare professional told you that you have high blood pressure?

西医、护士或是其他医疗工作者是否曾经告诉您、您患有高血压?

1) Yes 是

2) No (Go to B5) 否 (Go to B5)

888) Refuse to answer (Go to B5) 拒绝回答 (Go to B5)

999) Do not know (Go to B5) 不知道 (Go to B5)

B4.2 At what age were you diagnosed to have high blood pressure?

您几岁时被诊断患有高血压?

Age \_\_\_\_\_

年龄 \_\_\_\_\_

(or) Year |\_\_|\_\_|\_\_|\_\_|

年份 |\_\_|\_\_|\_\_|\_\_|

(or) \_\_\_\_\_ years ago

\_\_\_\_\_ 年前

999) Do not know / Not sure

不知道

- B4.3 Is your doctor giving you medication for your high blood pressure currently?  
您的医生目前是否有给您治疗高血压的药物?
- 1) Yes (record medications under B1.2) 是 (record medications under B1.2)  
2) No 否  
999) Do not know 不知道

**B5. Diabetes Mellitus 糖尿病**

- B5.1 Has a Western-trained doctor ever told you that you have diabetes?  
西医是否曾经告诉过您、您患有糖尿病?
- 1) Yes 是  
2) No (Go to B6) 否 (Go to B6)  
888) Refuse to answer (Go to B6) 拒绝回答 (Go to B6)  
999) Do not know (Go to B6) 不知道 (Go to B6)

- B5.2 How old were you when the doctor first told you had diabetes?  
您几岁时第一次被被诊断患有糖尿病?
- Age \_\_\_\_\_ 年龄 \_\_\_\_\_  
(or) Year |\_\_|\_\_|\_\_|\_\_| 年份 |\_\_|\_\_|\_\_|\_\_|  
(or) \_\_\_\_\_ years ago \_\_\_\_\_ 年前  
999) Do not know / Not sure 不知道

- B5.2.1 Which hospital/clinic?  
在哪一间医院、诊所?
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**INTERVIEWERS' GUIDE:**  
Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.

- B5.2.2 Is your doctor giving you medication for your diabetes currently?  
您的医生目前是否有给您治疗糖尿病的药物?
- 1) Yes (record medications under B1.2) 是 (record medications under B1.2)  
2) No 否  
999) Do not know 不知道

B5.3 Have you ever been told by a Western-trained doctor that you have diabetic eye disease?

西医是否曾经告诉您、您患上了由糖尿病引起的眼部疾病?

- 1) Yes 是
- 2) No (Go to B5.6) 否 (Go to B5.6)
- 888) Refuse to answer (Go to B5.6) 拒绝回答 (Go to B5.6)
- 999) Do not know (Go to B5.6) 不知道 (Go to B5.6)

B5.4 When did the doctor first tell you had diabetic eye disease?

您几岁时第一次被被诊断患上了由糖尿病引起的眼部疾病?

- Age \_\_\_\_\_ 年龄 \_\_\_\_\_
- (or) Year |\_\_|\_|\_|\_|\_| 年份 |\_\_|\_|\_|\_|\_|
- (or) \_\_\_\_\_ years ago \_\_\_\_\_ 年前
- 999) Do not know / Not sure 不知道

B5.5 Did you have surgery or laser procedure for your diabetic eye disease?

您是否曾经因由糖尿病引起的眼部疾病进行过手术或者是激光治疗?

- 1) Yes 是
- 2) No (Go to B5.6) 否 (Go to B5.6)
- 888) Refuse to answer (Go to B5.6) 拒绝回答 (Go to B5.6)
- 999) Do not know (Go to B5.6) 不知道 (Go to B5.6)

B5.5.1 Do you know if the surgery or laser procedure was for:

您是否知道这个手术或激光治疗是为了治疗.....吗?

		Yes 是	No 否	Refuse to answer 拒绝回答	Do not know 不知道
B5.5.1.1	Retinopathy? 视网膜病变	1	2	888	999
B5.5.1.2	Cataract? 白内障	1	2	888	999
B5.5.1.3	Others? 其它	1	2 (Go to B5.6)	888	999
B5.5.1.3.1	Please specify: 请说明:				

B5.6 Have you ever been told by a Western-trained doctor that you have kidney problems caused by your diabetes (including proteinuria)?

西医是否曾经告知您，您因为糖尿病而引起肾脏问题（包括蛋白尿）？

- 1) Yes 是  
2) No (Go to B5.8) 否 (Go to B5.8)  
888) Refuse to answer (Go to B5.8) 拒绝回答 (Go to B5.8)  
999) Do not know (Go to B5.8) 不知道 (Go to B5.8)

B5.7 When did the doctor first tell you had kidney problems caused by your diabetes (including proteinuria)?

西医什么时候首次告诉您，您因为糖尿病而引起肾脏问题(包括蛋白尿)？

- Age \_\_\_\_\_ 年龄 \_\_\_\_\_  
(or) Year |\_\_|\_\_|\_\_|\_\_| 年份 |\_\_|\_\_|\_\_|\_\_|  
(or) \_\_\_\_\_ years ago \_\_\_\_\_ 年前  
999) Do not know / Not sure 不知道

B5.8 Have you ever been told by a Western-trained doctor that you have nerve problems in your arms or legs caused by your diabetes?

西医是否曾经告知您，您因为糖尿病而导致您的手臂或是腿部神经有问题？

- 1) Yes 是  
2) No (Go to B6) 否 (Go to B6)  
888) Refuse to answer (Go to B6) 拒绝回答 (Go to B6)  
999) Do not know (Go to B6) 不知道 (Go to B6)

B5.9 When did the doctor first tell you had nerve problems in your arms or legs caused by your diabetes?

西医什么时候首次告诉您，您因为糖尿病而导致您的手臂或是腿部的神经有问题？

- Age \_\_\_\_\_ 年龄 \_\_\_\_\_  
(or) Year |\_\_|\_\_|\_\_|\_\_| 年份 |\_\_|\_\_|\_\_|\_\_|  
(or) \_\_\_\_\_ years ago \_\_\_\_\_ 年前  
999) Do not know / Not sure 不知道

**B6. High Cholesterol**

**高胆固醇**

B6.1 Have you ever been told by a Western-trained doctor you have high cholesterol?

西医是否曾经告知您，您患有高胆固醇？

- 1) Yes 是
- 2) No (Go to B7) 否 (Go to B7)
- 888) Refuse to answer (Go to B7) 拒绝回答 (Go to B7)
- 999) Do not know (Go to B7) 不知道 (Go to B7)

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

西医什么时候首次告诉您，您患有高胆固醇？

- Age \_\_\_\_\_ 年龄 \_\_\_\_\_
- (or) Year |\_\_|\_\_|\_\_|\_\_| 年份 |\_\_|\_\_|\_\_|\_\_|
- (or) \_\_\_\_\_ years ago \_\_\_\_\_ 年前
- 999) Do not know / Not sure 不知道

B6.3 Is your doctor giving you medication for your high cholesterol currently?

您的医生目前是否有给您治疗高胆固醇的药物？

- 1) Yes (record medications under B1.2) 是 (record medications under B1.2)
- 2) No 否
- 999) Do not know 不知道

**B7. Other Chronic Disease 其它慢性疾病**

B7.1 Have you ever been told by a Western-trained doctor that you have the following chronic diseases (non-infectious type)?

西医是否曾经告知您，您有其它的慢性疾病（非传染性的）？

	<b>Chronic Diseases</b>	<b>慢性疾病</b>	<b>Yes</b> <b>是</b>	<b>No</b> <b>否</b>	<b>If YES, at what age diagnosed</b> <b>诊断时的年龄</b>
<b>B7.1.1</b>	Asthma	哮喘	1	2	
<b>B7.1.2</b>	Rheumatism	风湿	1	2	
<b>B7.1.3</b>	Hyper- / hypo-thyroidism	甲状腺功能亢进症/ 甲状腺功能减退症	1	2	
<b>B7.1.4</b>	Arthritis (rheumatoid / osteoarthritis)	关节炎 (类风湿性/骨关节炎)	1	2	
<b>B7.1.5</b>	Gastritis	胃炎	1	2	
<b>B7.1.6</b>	Chronic Bronchitis	慢性支气管炎	1	2	
<b>B7.1.7</b>	Emphysema	肺气肿	1	2	
<b>B7.1.8</b>	Cancer	癌症	1	2 (Go to B7.1.10)	
<b>B7.1.9</b>	Type of cancer:	癌症类型:			
<b>B7.1.10</b>	Other	其它	1	2 (Go to B8)	
<b>B7.1.10.1</b>	Please specify:	请说明:			
<b>B7.1.11</b>	Other	其它	1	2 (Go to B8)	
<b>B7.1.11.1</b>	Please specify:	请说明:			

**B8. Allergies**                      过敏症

B8.1        Have you ever developed skin reactions such as itchiness, rashes, swellings (especially on the lips or eyes) or hives, to certain drugs?

您是否曾对某些药物产生皮肤过敏的反应, 如瘙痒, 皮疹, 肿胀 (特别是在嘴唇或眼睛) 或荨麻疹?

- |                            |               |
|----------------------------|---------------|
| 1) Yes                     | 是             |
| 2) No (Go to C)            | 否 (Go to C)   |
| 999) Do not know (Go to C) | 不知道 (Go to C) |

B8.1.1    If yes, Please name the drug(s) you had had reactions to:

如果有, 是对那一种类的药物?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_





**Heart Disease**                      **心脏疾病**

C2            As far as you know, which of the following family members had **heart disease**?

据您所知，您的家庭成员中有谁患有**心脏病**？

	Family members 家庭成员	a) had heart disease? 患有心脏病？				c) Did at least one of them have heart disease before age... 如果‘是’，心脏病是否发生在以下年龄之前			
		Yes 是	No 否	NA 不适用	DK 不知道	55?		65?	
						Yes 是	No 否	Yes 是	No 否
C2.1	Father      父亲	1	2	777	999	1	2		
C2.2	Mother     母亲	1	2	777	999			1	2
C2.3	Brother(s) 兄弟	1	2	777	999	1	2		
C2.4	Sister(s)   姐妹	1	2	777	999			1	2
C2.5	Son(s)      儿子	1	2	777	999	1	2		
C2.6	Daughter(s) 女儿	1	2	777	999			1	2

**High Blood Pressure**                      **高血压**

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

据您所知，您的家庭成员中有谁患有**高血压**？

	Family members 家庭成员	a) had high blood pressure? 患有高血压？			
		Yes 是	No 否	NA 不适用	DK 不知道
C4.1	Father      父亲	1	2	777	999
C4.2	Mother     母亲	1	2	777	999
C4.3	Brother(s) 兄弟	1	2	777	999
C4.4	Sister(s)   姐妹	1	2	777	999
C4.5	Son(s)      儿子	1	2	777	999
C4.6	Daughter(s) 女儿	1	2	777	999

**Diabetes**                      **糖尿病**

C6            As far as you know, for **diabetes**, which family members are affected?  
据您所知，您的家庭成员中有谁患有糖尿病？

	Family members 家庭成员	a) had diabetes? 患有糖尿病？			
		Yes 是	No 否	NA 不适用	DK 不知道
<b>C6.1</b>	Father      父亲	1	2	777	999
<b>C6.2</b>	Mother     母亲	1	2	777	999
<b>C6.3</b>	Brother(s) 兄弟	1	2	777	999
<b>C6.4</b>	Sister(s)   姐妹	1	2	777	999
<b>C6.5</b>	Son(s)     儿子	1	2	777	999
<b>C6.6</b>	Daughter(s) 女儿	1	2	777	999

**Cancer**                              **癌症**

C8            As far as you know, for **cancer**, which family members are affected and what are the type(s) of cancer?  
据您所知，您的家庭成员中有谁患有癌症，以及是什么类型的癌症？

	Family members 家庭成员	a) had cancer? 患有癌症？				c) Type(s) of cancer 类型
		Yes 是	No 否	NA 不适用	DK 不知道	
<b>C8.1</b>	Father      父亲	1	2	777	999	
<b>C8.2</b>	Mother     母亲	1	2	777	999	
<b>C8.3</b>	Brother(s) 兄弟	1	2	777	999	
<b>C8.4</b>	Sister(s)   姐妹	1	2	777	999	
<b>C8.5</b>	Son(s)     儿子	1	2	777	999	
<b>C8.6</b>	Daughter(s) 女儿	1	2	777	999	

**SECTION D – WOMEN’S HEALTH (FOR MEN, GO TO SECTION E)**

D1.2 Since the last time we interviewed you, have you stopped having your periods?

自从上次的访问后，您停经期了吗？

1) Yes, I stopped having my periods sometime after the last interview (Go to D1.3)

是，我自上次的访问后已经停经期了(Go to D1.3)

2) No, I have stopped having periods even before the last interview

否，自上次的访问前就已经停经期了

3) No, I am still having periods monthly or irregularly

否，仍然有月经或月经不定期

888) Refuse to answer 拒绝回答

999) Do not know 不知道

(Go to D1.13)

D1.3 What was the date of your last period?

您最后一次的月经是在什么时候？

Year |\_\_|\_|\_|\_|\_| / Month |\_\_|\_|\_|

年 |\_\_|\_|\_|\_|\_| / 月 |\_\_|\_|\_|

888) Refuse to answer 拒绝回答

999) Do not know 不知道

**INTERVIEWERS’ GUIDE:**

Enter the year and month if available. If the participant knows the year, but is unsure of the month, enter “DD” for the month.

D1.4 Did your period stop naturally or because of a hysterectomy?

您是自然停经还是因为进行了子宫切除手术？

1) Naturally (Go to D1.7) 自然停经 (Go to D1.7)

2) Hysterectomy 子宫切除术

888) Refuse to answer 拒绝回答

999) Do not know 不知道

**INTERVIEWERS’ GUIDE:**

A hysterectomy is an operation done to remove the uterus (womb).

D1.5 In which year did you have your hysterectomy?

您在哪一年进行了子宫切除手术？

Year |\_\_|\_|\_|\_|\_| 年 |\_\_|\_|\_|\_|\_|

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D1.6 Were both ovaries removed?

两侧卵巢都切除了吗?

- 1) Yes 是
- 2) No 否
- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道 (Go to B3)

D1.7 Did you take hormone replacement therapy after your periods stopped?

您停经后, 是否有接受荷尔蒙激素替代疗法?

- 1) Yes 是
- 2) No (Go to D1.13) 否 (Go to D1.13)
- 888) Refuse to answer (Go to D1.13) 拒绝回答 (Go to D1.13)
- 999) Do not know (Go to D1.13) 不知道 (Go to D1.13)

D1.8 What type of hormone replacement therapy did you take?

您采取哪一种荷尔蒙激素替代疗法?

- 1) Estrogen only 只有雌激素
- 2) Both estrogen and progesterone 雌激素和孕激素这两种
- 3) Others 其它
- 999) Do not know 不知道

**INTERVIEWERS'  
GUIDE:**

Refer to the List of OCPs for the classification of hormones.

D1.9 What is the name of the hormone replacement therapy?

荷尔蒙激素替代疗法的名称是什么?

\_\_\_\_\_

- 999) Do not know 不知道

D1.10 When did you start hormone replacement therapy?

您什么时候开始荷尔蒙激素替代疗法?

Age when started \_\_\_\_\_ 年龄 \_\_\_\_\_

(or) Year when started |\_\_|\_\_|\_\_|\_\_| 年份 |\_\_|\_\_|\_\_|\_\_|

(or) \_\_\_\_\_ years ago \_\_\_\_\_ 年前

- 999) Do not know 不知道

D1.11 Are you still taking hormone replacement therapy?

您目前还在接受荷尔蒙激素替代疗法吗?

1) Yes (Go to D1.13) 是 (Go to D1.13)

2) No 否

D1.12 If NO, when did you stop hormone replacement therapy?

如果‘否’，您在什么时候停止了荷尔蒙激素替代疗法?

Age when stopped \_\_\_\_\_ 年龄 \_\_\_\_\_

(or) Year when stopped |\_\_|\_\_|\_\_|\_\_| 年份 |\_\_|\_\_|\_\_|\_\_|

(or) \_\_\_\_\_ years ago \_\_\_\_\_ 年前

999) Do not know 不知道

D1.13 Since the last time we interviewed you, have you had any pregnancies, including unsuccessful ones?

自从上次的访问，您是否曾怀孕？包括不成功的怀孕。

Number of times pregnant since the last interview:

怀孕次数自上次的访问:

\_\_\_\_\_ (if '0' or '888', go to Section E)

**INTERVIEWERS'  
GUIDE:**

Record only pregnancies  
occurred between last  
and present interview  
date.

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

接下来，请您按时间顺序告诉我您每一次怀孕的结束日期以及怀孕结果？

888) Refuse to answer 拒绝回答

999) Do not know 不知道

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

**INTERVIEWERS' GUIDE:**

Record only pregnancies occurred between last and present interview date.

S/N	Pregnancy outcome 怀孕结果 [refer to code table]	Pregnancy ending date 怀孕结束日期 [MM/YYYY]	Multiple births? 多胞胎?		Gender 性别 [not for data entry]		Total weeks of pregnancy 总怀孕周	If live birth, breast fed or not? 如果活产，母乳喂养与否?		If breast fed, for how long? 如果母乳喂养，持续多久?			
			Yes 是	No 不	Male 男	Female 女		Yes 是	No 不	No. 次数	Year(s) 年	Month(s) 月	Week(s) 周
			1	/	1	2		1	2	1	2		1
2	/	1	2	1	2	1	2		1	2	3		
3	/	1	2	1	2	1	2		1	2	3		
4	/	1	2	1	2	1	2		1	2	3		
5	/	1	2	1	2	1	2		1	2	3		
6	/	1	2	1	2	1	2		1	2	3		
7	/	1	2	1	2	1	2		1	2	3		
8	/	1	2	1	2	1	2		1	2	3		
9	/	1	2	1	2	1	2		1	2	3		
10	/	1	2	1	2	1	2		1	2	3		
11	/	1	2	1	2	1	2		1	2	3		
12	/	1	2	1	2	1	2		1	2	3		

**SECTION E – PHYSICAL ACTIVITY**

**体能活动**

**E1 Leisure Time Activity 休闲活动**

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

请您想想，您在休闲的时候做些什么？

On average,

平均次数

- a) how many times per week on weekdays do you spend sitting down while doing [activities]  
在周日，每星期有几次，您的休闲活动是坐下来的。
- b) how many hours or minutes each time  
每次几个小时或几分钟
- c) how many times per week on weekend do you spend sitting down while doing [activities]  
在周末，每星期有几次，您的休闲活动是坐下来的。
- d) how many hours or minutes each time  
每次几个小时或几分钟

	Activities 活动	Weekday 周日			Weekend 周末		
		a)	b)		c)	d)	
		How many times per week 每星期多少次	Hours each time 每次几小时	Mins each time 每次几分钟	How many times per week 每星期多少次	Hours each time 每次几小时	Mins each time 每次几分钟
E1.1.1	Sitting and talking on telephone 坐着-电话聊天						
E1.1.2	Sitting and talking with friends 坐着-和朋友聊天						
E1.1.3	Sitting and reading for leisure 坐着-阅读						
E1.1.4	Sitting and listening to music/CD/radio 坐着-听音乐 / CD / 收音机						
E1.1.5	Driving or riding in a car for leisure 驾驶或乘坐汽车休闲						
E1.2.1	Watching television 看电视						
E1.2.2	Watching DVD 看 DVD						
E1.2.3	Playing electronic games/board game/card game 玩电子游戏或纸牌游戏						
E1.2.4	Computer/tablets and internet use for leisure 用电脑/或上网						

E1.3 How often do you use stairs when an elevator is available?

在有电梯的时候，您是否经常使用楼梯？

- 1) Often 经常
- 2) Not very often 不经常
- 3) Seldom 很少
- 4) Never 从来没有

**INTERVIEWERS' GUIDE:**

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

E1.4 Which of the following do you do in your spare time (outside working hours)?

您在空余时间（工作时间以外）进行下列哪项？

Activities	活动	How many times per week 每周有多少次	How many times per month 每月有多少次	On average, how long do you do this activity each time? (duration in minutes) 您平均每次做这个活动多久？ (持续时间以分钟为单位)
<b>Walking and Miscellaneous</b>	<b>步行和其他</b>			
1. Walking for pleasure or exercise (e.g. walking with children or pets - <b>DO NOT</b> include walking to get from one place to another)	为了休闲或锻炼身体而散步(如带孩子或宠物散步, <b>不包括</b> 从一个地方步行到另一个地方)			
2. Bicycling for pleasure	为了休闲而骑脚車			
3. Dancing-ballroom, square, line and / or disco	跳舞——标准舞、土风舞、排舞和/或迪斯科			
4. Dancing-aerobic, ballet	跳舞——有氧舞蹈、芭蕾舞			
<b>Conditioning Exercise</b>	<b>运动训练</b>			
9. Home exercise (e.g. sit-ups, push-ups)	家中运动（如仰卧起坐、俯卧撑）			
10. Health club exercise classes (e.g. aerobics)	健身俱乐部健身课程（如健身操）			
11. Jog/walk combinations	慢跑/散步			
12. Balance exercises: Taiqi, Qigong, breathing exercises	平衡性运动：太极、气功、呼吸练习			
13. Running	跑步			
14. Weight lifting	举重			



Activities	活动	How many times per week 每周有多少次	How many times per month 每月有多少次	On average, how long do you do this activity each time? (duration in minutes) 您平均每次做这个活动多久? (持续时间以分钟为单位)
<b>Water Activities</b>		<b>水上运动</b>		
18. Canoeing or rowing for pleasure	为了休闲, 划独木舟或划船			
19. Canoeing or rowing for competition	为了比赛, 划独木舟或划船			
20. Swimming (at least 50 m in a pool)	游泳 (在泳池游至少 50 米)			
21. Swimming at the beach	在海边游泳			
<b>Sports Activities</b>		<b>体育运动</b>		
24. Bowling	保龄球			
26. Table tennis	乒乓球			
27. Tennis-singles	网球单打			
28. Tennis-doubles	网球双打			
32. Badminton	羽毛球			
33. Basketball/netball - non score game i.e. not keeping score	篮球/无板篮球-非比赛性的,不记分数			
34. Basketball/netball - game play (keeping score)	篮球/无板篮球-比赛性的,计分数			
37. Soccer (football)	足球			
42.1 Golf: riding a powerkart /buggy	高尔夫球: 乘坐电动车/球车			
42.2 Golf: walking and pulling clubs on cart	高尔夫球: 步行并用手推车拉球杆			
42.3 Golf: walking and carrying clubs	高尔夫球: 步行并背着球杆			
<b>E1.5 Please list any other leisure time activities that you do regularly that have not been included in the list.</b>				
列出您定期进行的任何其他不包括在列表中的闲暇活动。				
E1.5.1				
E1.5.2				

**E2 Occupational Physical Activity 职业体育活动**

E2 In the last 3 months, did you hold any job that last for more than 1 month?

在过去 3 个月, 您有没有持续做任何工作超过 1 个月?

- 1) Yes 是
- 2) No (Go to E3) 否 (Go to E3)
- 888) Refuse to answer (Go to E3) 拒绝回答 (Go to E3)

**INTERVIEWERS' GUIDE:**  
Job refers to paid work.  
This question does not include work (e.g. housework) done at participant's personal time.

E2a I would like you to think about the activities you do at work over the last 3 months. 我想请您回想一下您在过去 3 个月在工作时间您所做的活动。

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.

在每天工作的时数, 问: "...平均来说, 您每天工作多少小时? 然后减去休息的时间。如果参与者的工作需要常常加班, 则将加班时数包括在每天平均的工作时数。

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.

在每周工作的天数, 记录参与者每周需要工作的天数。如果这项工作需要常常加班, 也包括加班。

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

每天在工作中坐下的时间, 记录他/她工作时坐着的时数。

Job name should be descriptive enough to give an idea of the kind of intensity of job activity. E.g. document "physical trainer" or "speech trainer", instead of just "trainer" or name of organization.

工作名称应该是足以描述工作活动的强度。例如记录“体能教练”或“语音教练”, 而不是“教练”或机构名称。

N/S	Job Name 工作名称	Hours of work per day 每天工作多少小时	Days of work per week 每周工作多少天	Number of weeks in the last 3 months at the job 在过去 3 个月的工作周数	Hours spent sitting per day while at work 每天在工作中坐下的时数	Number of hours spent per day in each categories below when you are not sitting 当您不坐着时, 您每天花多少时间在以下的每个类别		
						Light activity 轻微活动	Moderate activity 中度活动	Vigorous activity 剧烈活动
1								
2								
3								
4								
				Min 4 Max 12	Sum total no. of hours = hours of work per day			

E2b In a typical month of your work, how many days do you need to work in the.....?  
您在一个平常的工作月里, 有多少天需要在以下的时段工作?

E2b.1 ...evening (e.g\*, from 4pm to 9pm)?  
在傍晚 (例如\*, 从下午 4 点到晚上 9 点)?

\_\_\_\_\_ days of evening shift in the month  
每月 \_\_\_\_\_ 天在傍晚轮班

E2b.2 ...in the night (e.g\*, from 9pm to 6am)  
在夜晚 (例如\*, 从晚上 9 点到早上 6 点)?

\_\_\_\_\_ days of night shift in the month  
每月 \_\_\_\_\_ 天在夜晚轮班

E2b.3 ...in early morning (e.g\*, from 4am to 8am)?  
在清晨 (例如\*, 从凌晨 4 点到早上 8 点)?

\_\_\_\_\_ days of early-morning shift in the month  
每月 \_\_\_\_\_ 天在清晨轮班

**\* These are just some examples, if participant can understand the question very well, we do not need to mention the examples.**

**\*这只是一些例子, 如果参与者能够清楚的了解问题, 我们并不需要提及这些例子。**

E2c Since you started working, how many years have you had to perform shift work in the .....?  
自从您开始工作后, 有多少年, 您需要在以下的时段做轮班工作?

E2b.1 ...evening?  
在傍晚?

\_\_\_\_\_ years of evening shift  
\_\_\_\_\_ 年在傍晚轮班

E2b.2 ...in the night?  
在夜晚?

\_\_\_\_\_ years of night shift  
\_\_\_\_\_ 年在夜晚轮班

E2b.3 ...in early morning?  
在清晨?

\_\_\_\_\_ years of early-morning shift  
\_\_\_\_\_ 年在清晨轮班

**E3 Household Activity 家庭活动**

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.

现在，我想请您回想一下您为了照顾自己家里所做的活动。请注明您花在以下活动的时间。

Activity	活动	Min(s) per day 分钟/ 每天	Hr(s) per day 小时/ 每天	Days per week 天数/ 每周
43. Shopping (e.g. groceries, clothes): excluding time to get there.	购物（如日常用品、衣服）：不包括去的时间			
44. Stair climbing while carrying a load (e.g. groceries bag).	提着东西（如购物袋）爬楼梯			
45. Laundry (time loading, unloading, hanging, or folding only).	洗衣（放入衣物，拿出衣物，晾晒，或只是折叠）			
46. Light housework - tidying/dusting, sweeping, collecting thrash in the home, polishing, indoor gardening, ironing.	轻松的家务 - 整理/除尘，扫地、收集家中的垃圾，打磨，室内园艺，熨衣服			
47. Heavy housework: vacuuming, mopping, scrubbing floors and walls, moving furniture, boxes and garbage cans.	繁重的家务：吸尘，抹地，刷地板和墙壁，移动家具、箱子和垃圾桶			
48. Food preparation (10+ minutes in duration): chopping, stirring, moving about to get food items/pans etc.	准备食物（10+分钟的时间）：切菜，搅拌，走动拿取食品/锅等			
49. Food service (10+ minutes in duration): setting table, carrying food, serving food.	餐饮服务（10+分钟的时间）：摆桌子，上菜，分菜			
50. Dish washing (10+ minutes in duration): clearing table, washing/drying dishes, putting dishes away.	洗碗盘（10+分钟的时间）：清理桌子，清洗/烘干碗盘，收好碗盘			
51. Light home repair: small appliances repair, light home maintenance/repair.	轻微的家居维修：维修小型电器，轻微的家居维护/维修			
52. Heavy home repair: painting, carpentry, washing/polishing car.	繁重的家居维修：油漆、木工、清洗/打蜡车辆			
53. Others:	其他：			
54.				
55.				

Activity	活动	Min(s) per day 分钟/ 每天	Hr(s) per day 小时/ 每天	Days per week 天数/每 周
<b>Yard Work</b>	<b>庭院的工作</b>			
56. Gardening: planting, weeding, digging, or hoeing	园艺: 种植, 除草, 翻土, 或锄地			
57. Lawn mowing (walking only)	草坪割草 (只用走的)			
58. Clearing walks, driveways: sweeping, shoveling, raking	清理走道、车道: 扫地, 铲, 耙			
<b>Looking after elderly persons or children</b>	<b>照顾老人或儿童</b>			
59. Older or disabled person (lifting, pushing wheelchair)	老年人或残疾人 (抬起, 推轮椅)			
60. Childcare (lifting, carrying or pushing stroller)s	托儿服务 (抬起、搬运或推婴儿车)			

#### E4 Transportation 交通

In this context, the sole purpose of walking, cycling or taking motorised transport is to travel from one place to another. It does not refer to walking, cycling or taking motorised transport while on your job.

比方说, 步行, 骑脚车或驾驶或骑乘坐交通工具的唯一目的是从一个地方去到另一个地方。

这不包过您在工作中需要的步行, 骑脚车和驾驶或骑乘坐交通工具。

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

您有没有步行至少 10 分钟来回一些地方?

- 1) Yes 是
- 2) No (Go to E4.5) 否 (Go to E4.5)

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

在平常的一天里, 您会花多少时间步行?

\_\_\_\_\_ hours or \_\_\_\_\_ minutes  
\_\_\_\_\_ 小时 (或) \_\_\_\_\_ 分钟

E4.3 In a typical week, how many days do you walk for at least 10 minutes to get to and from places?  
在平常的一周里, 您有多少天至少走 10 分钟来回一些地方?  
\_\_\_\_\_ days a week 每周\_\_\_\_\_天

E4.4 What is the intensity of walking?  
您步行的强度是什么?

- 1) Light (no change in breathing pattern)  
轻微 (呼吸模式没有变化)
- 2) Moderate (make you breathe somewhat harder than normal)  
中度 (您的呼吸会比平常快)
- 3) Vigorous (make you breathe much harder than normal)  
剧烈 (您的呼吸比正常呼吸更快)

**INTERVIEWERS' GUIDE:**

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

E4.5 Do you use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?  
您有没有骑一辆脚踏车持续至少 10 分钟来回一些地方?

- 1) Yes 是
- 2) No (Go to E4.9) 否 (Go to E4.9)

**INTERVIEWERS' GUIDE:**

This does not refer to motorized cycles, whether by electric or engine version.

E4.6 How much time would you spend bicycling for travel on a day?  
在平常的一天里, 您会花多少时间骑自行车?

\_\_\_\_\_ hours or \_\_\_\_\_ minutes  
\_\_\_\_\_ 小时 (或) \_\_\_\_\_ 分钟

E4.7 In a typical week, how many days do you bicycle for at least 10 minutes to get to and from places?

在平常的一周里, 您有多少天至少骑自行车 10 分钟来回一些地方?  
\_\_\_\_\_ days a week 每周\_\_\_\_\_天

E4.8 What is the intensity of bicycling?

您骑自行车的强度是什么?

- 1) Light (no change in breathing pattern)  
轻微 (呼吸模式没有变化)
- 2) Moderate (make you breathe somewhat harder than normal)  
中度 (您的呼吸会比平常快)
- 3) Vigorous (make you breathe much harder than normal)  
剧烈 (您的呼吸比正常呼吸更快)

**INTERVIEWERS'**

**GUIDE:**

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

E4.9 How much time would you spend driving or riding in a motorized transport for travel on a day?

在平常的一天里, 您会花多少时间驾驶或骑乘坐交通工具来回一些地方?

\_\_\_\_\_ hours or \_\_\_\_\_ minutes

\_\_\_\_\_ 小时 (或) \_\_\_\_\_ 分钟

E4.10 In a typical week, how many days do you drive or ride a motorized transport to get to and from places?

在平常的一个星期中, 您有几天是驾驶或骑乘坐交通工具来回一些地方?

\_\_\_\_\_ days a week                      每周\_\_\_\_\_天

**SECTION H – SOCIAL BACKGROUND 社会背景**

H1 Gender:

性别:

- 1) Male 男
- 2) Female 女

H2 Since the last time we interview you, have you changed the ethnicity as stated on your NRIC?

自从上次我们访问过您后，您是否曾经更改您身份证中的种族？

- 1) Yes 是
- 2) No (Go to H4) 否 (Go to H4)
- 999) Do not know (Go to H4) 不知道 (Go to H4)

H3 What is your current ethnicity according to your NRIC?

您目前身份证的种族所写的是哪个种族？

- 1) Chinese 华人
- 2) Malay 马来人
- 3) Indian 印度人
- 4) Others, please specify \_\_\_\_\_ 其他, 请列明: \_\_\_\_\_

H4 What is your current marital status?

您目前的婚姻状况是什么？

- 1) Never married 从未结婚
- 2) Currently married 已婚
- 3) Separated but not divorced 分居但没有离婚
- 4) Divorced 离婚
- 5) Widowed 丧偶
- 888) Refuse to answer 拒绝回答



H5 Which of the following best describes your usual work status over the last 12 months?

以下哪一项最可以形容您在过去 12 个月中的一般工作状况?

- |                                |               |
|--------------------------------|---------------|
| 1) Working                     | 工作            |
| 2) Student (full-time)         | 学生 (全职)       |
| 3) Homemaker/Housewife         | 主妇/家庭主妇       |
| 4) Retired                     | 退休            |
| 5) Unemployed (able to work)   | 未被雇用 (有工作能力)  |
| 6) Unemployed (unable to work) | 未被雇用 (没有工作能力) |
| 7) Others*                     | 其他*           |
| 888) Refuse to answer          | 拒绝回答          |

H7 Thinking over the past year, can you tell me what the average earnings of the household have been per month?

在过去的一年, 您平均每月的家庭收入是多少?

- |                         |                     |
|-------------------------|---------------------|
| 1) Less than \$ 2 000   | 少于\$ 2 000          |
| 2) \$ 2 000 to \$ 3 999 | \$ 2 000 到 \$ 3 999 |
| 3) \$ 4 000 to \$ 5 999 | \$ 4 000 到 \$ 5 999 |
| 4) \$ 6 000 to \$ 9 999 | \$ 6 000 到 \$ 9 999 |
| 5) More than \$ 10 000  | 多于 \$ 10 000        |
| 888) Refuse to answer   | 拒绝回答                |
| 999) Do not know        | 不知道                 |

**INTERVIEWERS' GUIDE:**

If participant works intermittently and is unable to commit to any of the choices, classify him as working.  
 "Unemployed (able to work)" describes a person who is fit to work but have not yet found employment.  
 "Unemployed (unable to work)" describes a person who is unable to work due to a medical condition.  
 "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.

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 also 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.

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

H7 What type of house do you live in?

您居住于哪一种住宅?

- |                                    |                |
|------------------------------------|----------------|
| 1) HDB 1 – 2 room flat             | 1 – 2 房式政府组屋   |
| 2) HDB 3 room flat                 | 3 房式政府组屋       |
| 3) HDB 4 room flat                 | 4 房式政府组屋       |
| 4) HDB 5 room or executive flat    | 5 房式政府组屋或执行公寓  |
| 5) Private condominium             | 私人公寓           |
| 6) Private house (landed property) | 私人住宅 (有地住宅)    |
| 7) Others, please specify:         | 其它, 请注明: _____ |
| 888) Refuse to answer              | 拒绝回答           |
| 999) Do not know                   | 不知道            |

**INTERVIEWERS' GUIDE:**

If participant is a tenant of a rented property, classify him as "Others" and specify, e.g. "renting 1 room in a 4 room HDB flat".

"Others" may include nursing home, hostel, barracks, workplace etc.

H8 What is the highest level of education that you have attained?

您接受过的最高等级的教育\*是什么?

- |                                           |                   |
|-------------------------------------------|-------------------|
| 1) No formal qualifications/lower primary | 未接受正规教育/小学教育      |
| 2) Primary (PSLE)                         | 小学 (PSLE)         |
| 3) Secondary ('O'/'N' Level)              | 中学 ('O' / 'N' 水准) |
| 4) ITE/NTC                                | ITE/NTC           |
| 5) 'A' level/Polytechnic/Diploma          | 'A' 水准 / 理工学院文凭   |
| 6) University                             | 大学和以上学历           |
| 888) Refuse to answer                     | 拒绝回答              |

**INTERVIEWERS' GUIDE:**

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

**SECTION I – EQ-5D™**

**SECTION J – WELL-BEING QUESTIONNAIRE**

**1. Family Life**

As family life is important in our daily activities, we would like to ask you some questions about your family life. In terms of your satisfaction with your family life in the last 3 months, please rate the following:

家庭生活在我们日常活动中是重要的，我们想问您几个关于您家庭生活的的问题。在过去的3个月，您对您的家庭生活的满意程度，请评价以下内容：

			Poor 很少	Fair 一般	Good 好	Very Good 很好	Excellent 特好
H1.1	The amount of togetherness and cohesion you have	家庭的团结和凝聚力的多少	1	2	3	4	5
H1.2	The support and understanding you gave each other	家庭成员之间的互相支持和理解能力	1	2	3	4	5
H1.3	The amount you talk things over	您的家庭生活中商量事情的多少	1	2	3	4	5

**2 Stress**

2.1 Have you experienced any of the following in the past year?

在过去的一年，您是否有以下的经历？

		Yes 是	No 否
1.	Marital separation / divorce	夫妻分居 / 离婚	1 2
2.	Loss of job / retirement	失去工作 / 退休	1 2
3.	Loss of crop / business failure	失去收入 / 生意失败	1 2
4.	Violence	家庭暴力	1 2
5.	Major intra-family conflict	较大的家庭内部冲突	1 2
6.	Major personal injury or illness	个人重大人身损伤或疾病	1 2
7.	Death / major illness of a close family member	一个亲近的家庭成员的重大疾病或死亡	1 2
8.	Death of a spouse	配偶死亡	1 2
9.	Other major stress	其它主要压力	1 2
9.1	If Yes, please specify: 如果有，请注明：		

2.2 For the following question, stress is defined as feeling irritable or filled with anxiety, or as having sleeping difficulties as a result of conditions at work or at home.

*[If participant has not been working for the most part of the past year, circle "1. Never" for "at work".]*

对于下面的问题, 压力被定义为在工作或生活中感觉烦躁, 充满焦虑或有睡眠困难为结果的身心状况。[如果参与者在过去的一年大部分时间没有工作, 对于工作压力请选择 "1. 从来没有"]

How often have you felt stress:	你有多少次感到压力:	Never experienced stress 从来没有感受压力	Some period of stress 有一些压力	Several periods of stress 有比较多压力	Permanent stress 一直感觉到压力
1. at work in the past year?	过去的一年, 在工作中	1	2	3	4
2. at home in the past year?	过去的一年, 在家里	1	2	3	4

2.3 What level of financial stress do you feel?

对于财务压力水平, 您的感觉是?

- 1) Little/none      一点/没有
- 2) Moderate      中等
- 3) High/severe      很高/很严重

2.4 How much autonomy do you have in organizing the events of your work day?

*(Definition: Autonomy - freedom to determine one's own actions, behaviour, etc)*

在工作的每一天, 您有多少自主权来筹划安排活动?

(定义: 自主性 - 自由决定自己的行动, 行为等)

None 没有	Little 一点	Moderate 中等	Substantial 大量	Complete 完全自主	N.A 不适用
1	2	3	4	5	777

2.5 To which extent do you agree or disagree with the following statements:

您在多大程度上同意或不同意以下情况:

		<b>Strongly Disagree</b> 非常不同意	<b>Disagree</b> 不同意	<b>Neutral</b> 中立	<b>Agree</b> 同意	<b>Strongly Agree</b> 非常同意	<b>N.A.</b> 不适用
1. At work, I feel I have control over what happens in most situations.	在工作中，我感觉在多数情况下我能以控制所发生的事情。	1	2	3	4	5	777
2. I feel what happens in my life is often determined by factors beyond my control	我觉得我生活中发生的事经常是超出我控制的因素决定的。	1	2	3	4	5	777
3. Over the next 5-10 years, I expect to have more positive than negative experiences.	在未来 5-10 年，我期待积极的经历会多过消极的。	1	2	3	4	5	777
4. I often have the feeling I am being treated unfairly.	我经常有受到不公平对待的感觉。	1	2	3	4	5	777
5. In the past 10 years my life has been full of changes without my knowing what will happen next.	在过去的 10 年，我的生活一直充满了我无法预料的变化，不知道接下来会发生什么。	1	2	3	4	5	777
6. I gave up trying to make big improvements in my life a long time ago.	在很久以前，我放弃了努力在生活上做较大的改善。	1	2	3	4	5	777

**3 Kessler Psychological Distress Scale (K10)**

**SECTION K – SF36v2**

**SECTION L - MMSE**

## SPHS – Revisit Health Screening Form

Appt Time:

Arrival Time:

Date Registered:

Not for Data Entry

Time Registered:

**Visit ID**  
**2<sup>nd</sup> Ref. Number**

\_\_\_\_\_  
Staff initial

**Participants:**

- A For ladies, are you pregnant?       No     Yes; **do not proceed**     N.A
- B Have you eaten/drink for the last 8 hours?     No     Yes
- C Have you been taking any medications?     No     Yes; specify: \_\_\_\_\_

**For Data Entry :**

- 1 For ladies, are you still having menses currently?       No     Yes; do not collect urine (go to 3)     N.A (male)
- 2 Have you taken any painkillers / antibiotics in the last 7 days ?     No     Yes; do not collect urine
- 3 Do you have these medical conditions?
- |    |                          |                             |                              |                                                            |
|----|--------------------------|-----------------------------|------------------------------|------------------------------------------------------------|
| 1  | High Cholesterol         | <input type="checkbox"/> No | <input type="checkbox"/> Yes | 3.12. Other medical conditions:<br>_____<br>_____<br>_____ |
| 2  | Hypertension             | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                                                            |
| 3  | Diabetes                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                                                            |
| 4  | Kidney failure           | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                                                            |
| 5  | Heart failure            | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                                                            |
| 6  | Heart attack             | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                                                            |
| 7  | Stroke                   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                                                            |
| 8  | Cancer                   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                                                            |
| 9  | Irregular heart beat     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                                                            |
| 10 | Congenital heart disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                                                            |
| 11 | Other heart diseases     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                                                            |

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

\_\_\_\_\_  
Participant's signature

Station	Results	Refuse	Unable	For Data Entry Investigator Code
<b>Station I</b>				
1 Height (m)	<input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
2 Weight (kg)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Staff Initial/Date
<u>Waist/Hip circumference</u>				
3 Waist circumference (cm)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
4 Hip circumference (cm)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Staff Initial/Date
6 Blood pressure (mmHg)		<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<input type="checkbox"/> Dinamap	<b>Systolic / Diastolic</b>			
<input type="checkbox"/> Digital	1 <sup>st</sup> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	Take a 3 <sup>rd</sup> reading if difference between 2 readings is >10 mmHg systolic or >5mmHg diastolic		
<input type="checkbox"/> Manual	2 <sup>nd</sup> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>			
	3 <sup>rd</sup> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>			
				_____ Staff Initial/Date

**Station II**

1. ECG  Taken  Refuse  Unable  [ ][ ]

2. Known heart problems?  No  Yes

3. Has pacemaker?  No  Yes \_\_\_\_\_

4. Known dextrocardia?  No  Yes Staff Initial/Date

5. Experiencing heart-related symptoms?  No  Yes

6. On doctor follow-up for heart problem(s)?  No  Yes

7. Uncertain diagnosis?  No  Yes

7a. If YES, what is the ECG referral advice by Dr?  No referral  
 Next visit  
 In 1-2 weeks  
 Within 24hrs

**Station III**  **NOT DONE**

1. Monofilament 5.07 sensory test

No. of sensory points felt		
R	5	[ ]
L	5	[ ]

Refuse  Unable [ ][ ]

2. Neurothesiometer Reading (Mv)

Apex 1 <sup>st</sup>	R	[ ]	L	[ ]
Med Mal.	R	[ ]	L	[ ]

Refuse  Unable \_\_\_\_\_

3. Brachial BP (mmHg)

1	[ ]
2	[ ]

Refuse  Unable

Arm used  Left  Right  
 Is this the dominant arm?  Yes  No

4. Ankle BP (mmHg)

R1	[ ]	L1	[ ]
R2	[ ]	L2	[ ]

Refuse  Unable

**Station IV - TUG [for participants age 40 years and above only]**

2. Timed Up-and-Go Test: \_\_\_\_\_ sec [3-300s] [ ][ ]

Refuse  Unable \_\_\_\_\_

Staff Initial/Date

**Station V - Hand Grip (kg)**

Left [ ][ ] . [ ]  Right [ ][ ] . [ ] [ ][ ]

[ ][ ] . [ ]      [ ][ ] . [ ]

[ ][ ] . [ ]      [ ][ ] . [ ]

Staff Initial/Date

**Station VI**

1. Blood sample       Random       Fasting

**Research**

- Sodium Citrate tube (2.7ml)
- Plain tube (10ml)
- EDTA tube (10ml)

Refuse	Unable
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

--	--	--	--

\_\_\_\_\_  
Staff Initial/Date

**Screening**

- Plain (5ml)
- EDTA (3ml)
- Fluoride (2ml)

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

2     Micral test (mg/L)       Neg       50       20       100

--	--	--	--

\_\_\_\_\_  
Staff Initial/Date

Discharge Time :

--	--	--	--

Discharge Voucher [      ]

--	--	--	--

Return copy of consent form to participant

\_\_\_\_\_  
Staff Initial/Date

**Remarks ( For data entry)**