Appendix D

SINGAPORE CONSORTIUM OF COHORT STUDIES – MEC REVISIT QUESTIONNAIRE

Questionnaire No.:

Study ID:

The Study ID will be generated from the computer system.

** Circle where appropriate*

Interviewed by: ____________________________________

Name: [*Mr/Ms/Mrs]____ Gender: * M / F

NRIC: | | | | | | | | | |

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

Email: _________________________________

D.O.B.: | | | | | | | | | D D M M Y Y Y Y

Residential Address:

Block/House No/Building Name/Street: ____

Unit No/Apartment No: ____________________________ Postal Code: _______________

Mailing Address [fill in only if different from above]:

Block/House No/Building Name/Street: ____

Unit No/Apartment No: ____________________________ Postal Code: _______________

Contact 1: Home No: ____________ Mobile No: ____________ Office No: ___________

Contact 2: Home No: ____________ Mobile No: ____________ Office No: ___________

Preferred Language: 1. _________________________ 2. __________________________

1. Date and time interview commences — Date | | | | | | | | | D D M M Y Y Y Y — Time | | | | | hrs
2. Date and time for health screening — Date | | | | | | | | | D D M M Y Y Y Y — Time | | | | | hrs

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**
Race: * C / M / I / O:__________	**Document as per NRIC. Circle C for Chinese, M for Malay, I for Indian and O for Other. Specify Other, e.g. Bugis, Sikh, Pakistani**
Email	**Document email address if available.**
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.**
2. Date and time for health screening: Date □□□□□□□□ Time □□□□ hrs	**Document the tentative date and time for the health screening appointment, if needed.**

Last interview date:									Study ID
Current interview date:									
	D	D	M	M	Y	Y	Y	Y	

Interviewer: ____________________

Note to Interviewer :

1. **Each correction of entry must be signed and dated.**
2. **Do not interpret or make assumptions while interviewing; document participant's response accordingly.**
3. **Where ☐ is provided, tick [√] when applicable.**
4. **Do not leave any blanks unless instructed.**
5. **All are single answer questions unless indicated "[MA]", i.e. multiple answers question**
6. **Enter all date fields in the format "DDMMYYYY".**
7. **For other fields:**

	Day, month or year	String/Text	Numeric
Where not applicable, enter:	NN	NNN	777
Where participant refuses to answer, enter:	RR	RRR	888
Where participant does not know, enter:	DD	DDD	999

A LIFESTYLE FACTORS **A1 Smoking**	**Captures exposure to all forms of tobacco smoking, except Shisha**
A1.1 Have you ever smoked cigarettes in your lifetime? ☐ 1. Yes ☐ 2. No **(Go to A1.8)** ☐ 888. Refuse to answer	**"Yes" to include those who have smoked at least 1 puff in their lifetime.**
A1.2 Have you ever smoked at least 100 cigarettes in your lifetime? ☐ 1. Yes ☐ 2. No **(Go to A1.8)** ☐ 888. Refuse to answer	
A1.3 When did you first start smoking cigarettes? Age when started ____________ (or) Year when started |___|___|___|___| (or) ____________ years ago ☐ 888. Refuse to answer ☐ 999. Do not know	**If participant says 'X' years ago, double check by asking "is that in year [present – X]?"**
A1.4 Do you smoke cigarettes currently? ☐ 1. Yes ☐ 2. No **(Go to A1.5)** ☐ 888. Refuse to answer **(Go to A1.5)**	**"Currently" refers to period around time of interview.**

A1.4a Do you smoke cigarettes ….? ☐ 1. Everyday ☐ 2. Occasionally **(Go to A1.5)** ☐ 888. Refuse to answer	
A1.4b When did you start smoking daily? Age when started ____________ **(Go to A1.7)** (or) Year when started |___|___|___|___| (or) ___________ years ago ☐ 888. Refuse to answer ☐ 999. Do not know	
A1.5 When did you last stop smoking cigarettes regularly? Age when stopped ____________ (or) Year when stopped |___|___|___|___| (or) ___________ years ago ☐ 777. Not applicable ☐ 888. Refuse to answer **(Go to A2)** ☐ 999. Do not know **(Go to A2)**	**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 the time you started smoking till present/you stopped.

- **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	☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	_____ sticks _____ pipes _____ grams	Per ☐ day ☐ week ☐ month
From _____ mm _________ yyyy to _____ mm _________ yyyy	☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	_____ sticks _____ pipes _____ grams	Per ☐ day ☐ week ☐ month
From _____ mm _________ yyyy to _____ mm _________ yyyy	☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	_____ sticks _____ pipes _____ grams	Per ☐ day ☐ week ☐ month
From _____ mm _________ yyyy to _____ mm _________ yyyy	☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	_____ sticks _____ pipes _____ grams	Per ☐ day ☐ week ☐ month
From _____ mm _________ yyyy to _____ mm _________ yyyy	☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	_____ sticks _____ pipes _____ grams	Per ☐ day ☐ week ☐ month
From _____ mm _________ yyyy to _____ mm _________ yyyy	☐ Manufactured cigarettes ☐ Hand-rolled cigarettes/ tahil/ liangs ☐ Cigars, cheroots, cigarillos ☐ Pipes	_____ sticks _____ pipes _____ grams	Per ☐ day ☐ week ☐ month

- **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 of stay" and "residence" may include family home, rental flat, dormitory, hostel, barracks etc.**

Question	Notes
A1.8 From your birth to age 18, did anyone living with you smoke at home on a daily basis for 6 months or longer? ☐ 1. Yes ☐ 2. No **(Go to A1.9)** ☐ 888. Refuse to answer **(Go to A1.9)** ☐ 999. Do not know **(Go to A1.9)**	
A1.8a Who smoked daily at home? ☐ 1. Spouse ☐ 2. Parent(s) and/or in-law(s) ☐ 3. 1 or more of your children ☐ 4. Other person(s) ☐ 888. Refuse to answer ☐ 999. Do not know	**(MA)** **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? ☐ 1. 1 year or less ☐ 2. 2 – 5 years ☐ 3. 6 – 11 years ☐ 4. 12 + years ☐ 888. Refuse to answer ☐ 999. Do not know	**When there are >1 person exposing second hand smoke to the participant in the home, sum up the number of non-overlapping years.**
A1.9 Since you were 18 years old, did anyone living with you smoke at home on a daily basis for 6 months or longer? ☐ 1. Yes ☐ 2. No **(Go to A1.10)** ☐ 888. Refuse to answer **(Go to A1.10)** ☐ 999. Do not know **(Go to A1.10)**	
A1.9a Who smoked daily at home? ☐ 1. Spouse ☐ 2. Parent(s) and/or in-law(s) ☐ 3. 1 or more of your children ☐ 4. Other person(s) ☐ 888. Refuse to answer ☐ 999. Do not know	**(MA)** **Other person(s) may include non-relatives who stayed in your home, e.g. tenant, friend.**
A1.9b For how many years has at least 1 person staying with you smoked daily? ☐ 1. 1 year or less ☐ 2. 2 - 4 years ☐ 3. 5 - 14 years ☐ 4. 15 - 24 years ☐ 5. 25 + years ☐ 888. Refuse to answer ☐ 999. Do not know	**When there are >1 person exposing second hand smoke to the participant in the home, sum up the number of non-overlapping years.**

A1.10 Does anyone who <u>currently</u> stays with you smoke on a daily basis? ☐ 1. Yes ☐ 2. No **(Go to A1.11)** ☐ 888. Refuse to answer	
A1.10a Who currently smokes daily in your residence? ☐ 1. Spouse ☐ 2. Parent(s) and/or in-law(s) ☐ 3. 1 or more of your children ☐ 4. Other person(s) ☐ 888. Refuse to answer	**(MA)** **Other person(s) may include non-relatives, e.g. roommate, friend and landlord.**
A1.11 Since the last time we spoke with you, have you taken a <u>job</u> in which, on a daily basis, you were exposed to cigarette smoke from others? ☐ 1. Yes ☐ 2. No **(Go to A2)** ☐ 888. Refuse to answer	
A1.11a For how many years were you exposed to cigarette smoke at work since the last time we spoke with you? ________ years	**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? ☐ 1. 1 hour or less ☐ 2. 1 - 3 hours ☐ 3. 4 + hours ☐ 888. Refuse to answer	**If the participant gives a range, take the highest number as the response.**

A2 <u>Alcohol Consumption</u>

A2.1 I would like to ask you about your alcohol consumption in the <u>last 30 days</u>.

- **This refers to the <u>recent and typical</u> 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).**

		Per day	Per week	Per month	Rarely/ Never
500. Alcohol [beer/stout/wine/hard liquor]	1 serving*				☐

- **A2.2 refers to only the immediate last 30 days.**

A2.2 <u>For women</u>: Did you have 4 or more servings at a single drinking session in the last 30 days?
☐ 1. Yes
☐ 2. No

<u>For men</u>: Did you have 5 or more servings at a single drinking session in the last 30 days?
☐ 1. Yes
☐ 2. No

B PERSONAL MEDICAL HISTORY

B1 Medication

B1.1 Are you currently taking any regular medications?
☐ 1. Yes
☐ 2. No **(Go to B2)**
☐ 888. Refuse to answer **(Go to B2)**
☐ 999. Do not know **(Go to B2)**

"Regular medications" refer to medication taken for a long time or to be taken long term, for health or for chronic conditions such as heart diseases, stroke, high blood pressure, diabetes, high cholesterol, arthritis etc. This includes regular health supplements (e.g. vitamins, fish oil) and all contraceptives.

B1.2 Please list all the medications and the dose that you are taking.
Please ask subject to show packaging of medication.
☐ 888. Refuse to answer

- **"How long have you been taking this medicine" refers to the overall span of time taking this medicine; do not deduct any intermittent breaks within this period.**
- **Document strength and frequency of dose according to prescription if available, not according to participant's actual consumption. If participant is prescribed 2 doses per week on a per need basis, document the Frequency as "2/wk" and tick "PRN/as and when I need".**
- **If in doubt as to whether medication mentioned by participant is considered as "regular medication", simply record the medication.**
- **Tablet type includes capsule and soft gel. E.g. of other application type: powder mixed with water, gargle etc.**

S/N	Name of Medication	Application/ type				Strength per dose	Frequency of dose		How long you have been taking this medicine?			
		Tablet	Inhaler	Cream	Others specify:		No. of dose /day, /wk or /mth	PRN/ as and when I need	Year(s)	Month(s)	Week(s)	Day(s)
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				
		☐	☐	☐				☐				

Question	Instructions
B2 <u>Heart Disease</u> B2.1 Has a physician ever told you that you have blockage of the arteries to your heart? ☐ 1. Yes ☐ 2. No **(Go to B2.2)** ☐ 888. Refuse to answer **(Go to B2.2)** ☐ 999. Do not know **(Go to B2.2)**	**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? Age ____________ (or) Year |___|___|___|___| (or) ___________ years ago ☐ 999. Not sure	
B2.1.2 Which hospital/clinic? 1. ______________________________ 2. ______________________________ 3. ______________________________	**(MA)** **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? ☐ 1. Yes ☐ 2. No **(Go to B2.3)** ☐ 888. Refuse to answer **(Go to B2.3)** ☐ 999. Do not know **(Go to B2.3)**	**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? Age ____________ (or) Year |___|___|___|___| (or) ___________ years ago ☐ 999. Not sure	
B2.2.2 Which hospital/clinic? 1. ______________________________ 2. ______________________________ 3. ______________________________	**[MA]** **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? ☐ 1. Yes **(record medications under B1.2)** ☐ 2. No ☐ 999. Do not know	

B2.4 Have you ever had an angiogram? ☐ 1. Yes ☐ 2. No B2.4.1 If Yes, which year was it first done and at which hospital Year |___|___|___|___| B2.4.2 Hospital _______________________________________	**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.**
B2.5 Have you ever had an angioplasty-ballooning? ☐ 1. Yes ☐ 2. No B2.5.1 If Yes, which year was it first done and at which hospital Year |___|___|___|___| B2.5.2 Hospital _______________________________________	**An angioplasty-ballooning a procedure that clears the blockages in the blood vessels.**
B2.6 Have you ever had a heart bypass operation? ☐ 1. Yes ☐ 2. No B2.6.1 If Yes, which year was it first done and at which hospital Year |___|___|___|___| B2.6.2 Hospital _______________________________________	**A heart bypass operation creates a new route to supply blood to the heart by transplanting part of a blood vessel.**
B2a <u>Peripheral Arterial Disease</u> B2a.1 Has a physician ever told you that you have <u>blockage</u> of the arteries in your legs? ☐ 1. Yes ☐ 2. No **(Go to B3)** ☐ 888. Refuse to answer **(Go to B3)** ☐ 999. Do not know **(Go to B3)**	
B2a.1.1When did it first occur? Age ____________ (or) Year |___|___|___|___| (or) ___________ years ago ☐ 999. Not sure	
B2a.1.2Which hospital/clinic? 1. ______________________________ 2. ______________________________ 3. ______________________________	**(MA)** **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? ☐ 1. Yes ☐ 2. No B2a.2.1 If Yes, which year was it first done and at which hospital Year |___|___|___|___| B2a.2.2 Hospital ____	**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.3 Have you ever had an angioplasty-ballooning? ☐ 1. Yes ☐ 2. No B2a.3.1 If Yes, which year was it first done and at which hospital Year |___|___|___|___| B2a.3.2 Hospital ____	**An angioplasty-ballooning a procedure that clears the blockages in the blood vessels.**
B2a.4 Have you ever had a bypass operation? ☐ 1. Yes ☐ 2. No B2a.4.1 If Yes, which year was it first done and at which hospital Year |___|___|___|___| B2a.4.2 Hospital ____	**A bypass operation creates a new route to supply blood by transplanting part of a blood vessel.**
B3 <u>Stroke</u> B3.1 Has a physician ever told you that you had a stroke? ☐ 1. Yes ☐ 2. No **(Go to B3.2)** ☐ 888. Refuse to answer **(Go to B4)** ☐ 999. Do not know **(Go to B4)**	**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? Age _____________ (or) Year |___|___|___|___| (or) ____________ years ago ☐ 999. Not sure	
B3.1.2 Which hospital/clinic? 1. _______________________________ 2. _______________________________ 3. _______________________________	**(MA)** **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 physician ever told you that you had a TIA or transient ischemic attack, or a mini stroke? *A mini stroke is a stroke where the symptoms completely disappear after 24hours and the patient appears to recover fully from the attack.* ☐ 1. Yes ☐ 2. No **(Go to B4)** ☐ 888. Refuse to answer **(Go to B4)** ☐ 999. Do not know **(Go to B4)**	
B3.2.1 When did it first occur? Age ____________ (or) Year |___|___|___|___| (or) ___________ years ago ☐ 999. Not sure	
B3.2.2 Which hospital/clinic? 1. ______________________________ 2. ______________________________ 3. ______________________________	**(MA)** **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 <u>High Blood Pressure (Hypertension)</u> B4.1 Has a physician (Western-trained), a nurse, or other healthcare professional told you that you have high blood pressure? ☐ 1. Yes ☐ 2. No **(Go to B5)** ☐ 888. Refuse to answer **(Go to B5)** ☐ 999. Do not know **(Go to B5)**	
B4.2 At what age were you diagnosed to have high blood pressure? Age when told ____________ (or) Year when told |___|___|___|___| (or) ___________ years ago ☐ 999. Not sure	
B4.3 Is your doctor giving you medication for your high blood pressure currently? ☐ 1. Yes **(record medications under B1.2)** ☐ 2. No ☐ 999. Do not know	

B5 **Diabetes Mellitus** B5.1 Has a physician ever told you that you have diabetes? ☐ 1. Yes ☐ 2. No **(Go to B6)** ☐ 8. Refuse to answer **(Go to B6)** ☐ 9. Do not know **(Go to B6)**	
B5.2 How old were you when the doctor first told you had diabetes? Age when told ____________ (or) Year when told |___|___|___|___| (or) ___________ years ago ☐ 999. Not sure	
B5.2.1 Which hospital/clinic? 1. ______________________________ 2. ______________________________ 3. ______________________________	**(MA)** **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? ☐ 1. Yes **(record medications under B1.2)** ☐ 2. No ☐ 99. Do not know	
B5.3 Have you ever been told by a physician (Western-trained) that you have diabetic eye disease? ☐ 1. Yes ☐ 2. No **(Go to B5.6)** ☐ 888. Refuse to answer **(Go to B5.6)** ☐ 999. Do not know **(Go to B5.6)**	
B5.4 When did the doctor first tell you had diabetic eye disease? Age when told ____________ (or) Year when told |___|___|___|___| (or) ___________ years ago ☐ 999. Not sure	
B5.5 Did you have surgery or laser procedure for your diabetic eye disease? ☐ 1. Yes ☐ 2. No **(Go to B5.6)** ☐ 888. Refuse to answer **(Go to B5.6)** ☐ 999. Do not know **(Go to B5.6)**	

Question	Notes
B5.5.1 Do you know if the surgery or laser procedure was for ☐ 1. Retinopathy? ☐ 2. Cataract? ☐ 3. Other, specify:_________________________ ☐ 888. Refuse to answer ☐ 999. Do not know	**(MA)**
B5.6 Have you ever been told by a physician (Western-trained) that you have kidney problems caused by your diabetes (including proteinuria)? ☐ 1. Yes ☐ 2. No **(Go to B5.8)** ☐ 888. Refuse to answer **(Go to B5.8)** ☐ 999. Do not know **(Go to B5.8)**	
B5.7 When did the doctor first tell you had kidney problems caused by your diabetes (including proteinuria)? Age when told _____________ (or) Year when told |___|___|___|___| (or) ____________ years ago ☐ 999. Not sure	
B5.8 Have you ever been told by a physician (Western-trained) that you have nerve problems in your arms or legs caused by your diabetes? ☐ 1. Yes ☐ 2. No **(Go to B6)** ☐ 888. Refuse to answer **(Go to B6)** ☐ 999. Do not know **(Go to B6)**	
B5.9 When did the doctor first tell you had nerve problems in your arms or legs caused by your diabetes? Age when told _____________ (or) Year when told |___|___|___|___| (or) ____________ years ago ☐ 999. Not sure	
B6 <u>High Cholesterol</u> B6.1 Have you ever been told by a physician (Western-trained) you have high cholesterol? ☐ 1. Yes ☐ 2. No **(Go to B7)** ☐ 888. Refuse to answer **(Go to B7)** ☐ 999. Do not know **(Go to B7)**	**This refers to high levels of LDL cholesterol or total cholesterol in the blood.**
B6.2 When did the doctor first tell you had high cholesterol? Age when told _____________ (or) Year when told |___|___|___|___| (or) ____________ years ago ☐ 999. Not sure	

B6.3 Is your doctor giving you medication for your high cholesterol currently?
☐ 1. Yes **(record medications under B1.2)**
☐ 2. No
☐ 999. Do not know

B7 Other Chronic Diseases

Chronic: long-lasting or recurring. **Asthma:** inflammation of the air passages in the lungs causing recurrent attacks of breathlessness and wheezing. **Rheumatism**: a broad term for painful conditions of the muscles, joints, tendons or bones. **Hyper-/hypo-thyroidism**: over-/ under-activity of the thyroid gland. **Arthritis:** Inflammation of a joint leading to stiffness, warmth, swelling, redness and pain. **Gastritis**: inflammation of the stomach. **Chronic bronchitis**: inflammation of the lungs that causes the respiratory passages to be swollen and irritated, increases the mucus production and may damage the lungs. **Emphysema**: a long-term, progressive disease of the lungs that primarily causes shortness of breath.

B7.1 Have you ever been told by a physician (Western-trained) you have other chronic diseases (non-infectious type)?
☐ 1. Yes **(fill in the details below)**
☐ 2. No
☐ 999. Do not know **(Go to B8)**

Chronic Diseases	**Yes**	**No**	**Age diagnosed**
Asthma	☐	☐	
Rheumatism	☐	☐	
Hyper-/hypo-thyroidism	☐	☐	
Arthritis (rheumatoid/osteoarthritis)	☐	☐	
Gastritis	☐	☐	
Chronic bronchitis	☐	☐	
Emphysema	☐	☐	
Cancer, type:____________________	☐	☐	
Other:__________________________	☐	☐	
Other:__________________________	☐	☐	

B8 Allergies

Include allergies not diagnosed by a physician, but the participant is sure he/she has.

B8.1 Do you have any food allergy?
☐ 1. Yes
☐ 2. No **(Go to B8.2)**

B8.1.1 If yes, what type of food:
1. ______________________________
2. ______________________________
3. ______________________________

Include allergies not diagnosed by a physician, but the participant is sure he/she has.

B8.2 Do you have any drug allergy?
☐ 1. Yes
☐ 2. No **(Go to C)**

B8.2.1 If yes, what type of drug:
1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________

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

C1 How many **blood-related** family members do you have?

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

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

- **Do not count participant himself or any non-blood relatives**
- **Step-sibling(s) must be genetically related to the participant through a biological parent.**
- **Tick "No blood relatives" if participant does not know their existence, e.g. participant was adopted at a very young age.**
- **Biological parents are presumed to be 2.**

C2 As far as you know, for **heart disease**, which family members and how many of them are affected?

- **Heart disease in this context does NOT include congenital or 'born with' disease/defects.**
- **Tick Yes, No, NA (not applicable because that member is non-existent) or DK (not sure if that member has the disease). If Yes, indicate number of family members as far as the participant is aware.**

	Yes	**No**	**NA**	**DK**	**If yes, how many? Nos.**
Father	☐	☐	☐	☐	
Mother	☐	☐	☐	☐	
Brother	☐	☐	☐	☐	
Sister	☐	☐	☐	☐	
Son	☐	☐	☐	☐	
Daughter	☐	☐	☐	☐	
P. Uncle	☐	☐	☐	☐	
P. Aunty	☐	☐	☐	☐	
M. Uncle	☐	☐	☐	☐	
M. Aunty	☐	☐	☐	☐	

If Yes, did heart disease occur before:		
	Age 55?	**Age 65?**
Father	☐Yes ☐No	
Mother		☐Yes ☐No
Brother	☐Yes ☐No	
Sister		☐Yes ☐No
Son	☐Yes ☐No	
Daughter		☐Yes ☐No

☐ 888. Refuse to answer **(Go to C4)**

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

Age Range	Male	Female
Less than 30		
30–34		
35–39		
40–44		
45–49		
50–54		
55–59		
60–64		
65–69		
70–74		
75–79		
80 or older		

☐ 777. Not applicable
☐ 888. Refuse to answer
☐ 999. Do not know

C4 As far as you know, for **high blood pressure**, which family members and how many of them are affected?

	Yes	No	NA	DK	If yes, how many? Nos.
Father	☐	☐	☐	☐	
Mother	☐	☐	☐	☐	
Brother	☐	☐	☐	☐	
Sister	☐	☐	☐	☐	
Son	☐	☐	☐	☐	
Daughter	☐	☐	☐	☐	
P. Uncle	☐	☐	☐	☐	
P. Aunty	☐	☐	☐	☐	
M. Uncle	☐	☐	☐	☐	
M. Aunty	☐	☐	☐	☐	

☐ 888. Refuse to answer **(Go to C6)**

Tick Yes, No, NA (not applicable because that member is non-existent) or DK (not sure if that member has the disease). If Yes, indicate number of family members as far as the participant is aware.

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

Age Range	Male	Female
Less than 30		
30–34		
35–39		
40–44		
45–49		
50–54		
55–59		
60–64		
65–69		
70–74		
75–79		
80 or older		

☐ 777. Not applicable
☐ 888. Refuse to answer
☐ 999. Do not know

C6 As far as you know, for **diabetes**, which family members and how many of them are affected?

	Yes	No	NA	DK	If yes, how many? Nos.
Father	☐	☐	☐	☐	
Mother	☐	☐	☐	☐	
Brother	☐	☐	☐	☐	
Sister	☐	☐	☐	☐	
Son	☐	☐	☐	☐	
Daughter	☐	☐	☐	☐	
P. Uncle	☐	☐	☐	☐	
P. Aunty	☐	☐	☐	☐	
M. Uncle	☐	☐	☐	☐	
M. Aunty	☐	☐	☐	☐	

☐ 888. Refuse to answer **(Go to C8)**

Tick Yes, No, NA (not applicable because that member is non-existent) or DK (not sure if that member has the disease). If Yes, indicate number of family members as far as the participant is aware.

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

Age Range	Male	Female
Less than 30		
30–34		
35–39		
40–44		
45–49		
50–54		
55–59		
60–64		
65–69		
70–74		
75–79		
80 or older		

☐ 777. Not applicable
☐ 888. Refuse to answer
☐ 999. Do not know

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

- **Tick Yes, No, NA (not applicable because that member is non-existent) or DK (not sure if that member has the disease). If Yes, indicate number of family members as far as the participant is aware.**
- **If participant does not know the specific term for the type of cancer, document the body part e.g. bone, liver, nose etc. If unsure, document "DDD"**

	Yes	**No**	**NA**	**DK**	**If yes, how many? Nos.**	**Type(s)**
Father	☐	☐	☐	☐		
Mother	☐	☐	☐	☐		
Brother	☐	☐	☐	☐		
Sister	☐	☐	☐	☐		
Son	☐	☐	☐	☐		
Daughter	☐	☐	☐	☐		
P. Uncle	☐	☐	☐	☐		
P. Aunty	☐	☐	☐	☐		
M. Uncle	☐	☐	☐	☐		
M. Aunty	☐	☐	☐	☐		

☐ 888. Refuse to answer **(Go to D)**

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

Age Range	Male	Female
Less than 30		
30–34		
35–39		
40–44		
45–49		
50–54		
55–59		
60–64		
65–69		
70–74		
75–79		
80 or older		

☐ 777. Not applicable
☐ 888. Refuse to answer
☐ 999. Do not know

D WOMEN'S HEALTH [for men, go to Section E]	
D1.1 How old were you when you had your first menstrual period? _________years of age ☐ 00. Never ☐ 888. Refuse to answer ☐ 999. Do not know	**If the participant is unable to recall her first menstrual period, tick "Do not know".**
D1.2 Do you still have periods? ☐ 1. Yes **(Go to D1.13)** ☐ 2. No **(Go to D1.3)** ☐ 888. Refuse to answer **(Go to D1.13)** ☐ 999. Do not know **(Go to D1.13)**	**Not including the periods caused by the use of female hormones after menopause.** **If the participant is pregnant, it means she is still capable of having periods so tick "Yes"**
D1.3 What was the date of your last period? Year |___|___|___|___| / Month |___|___| ☐ 888. Refuse to answer ☐ 999. Do not know	**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? ☐ 1. Naturally **(Go to D1.7)** ☐ 2. Hysterectomy ☐ 888. Refuse to answer ☐ 999. Do not know	**A hysterectomy is an operation done to remove the uterus (womb).**
D1.5 In which year did you have your hysterectomy? Year |___|___|___|___| ☐ 888. Refuse to answer ☐ 999. Do not know	
D1.6 Were both ovaries removed? ☐ 1. Yes ☐ 2. No ☐ 888. Refuse to answer ☐ 999. Do not know	
D1.7 Did you take hormone replacement therapy after your periods stopped? ☐ 1. Yes ☐ 2. No **(Go to D1.13)** ☐ 888. Refuse to answer **(Go to D1.13)** ☐ 999. Do not know **(Go to D1.13)**	
D1.8 What type of hormone replacement therapy did you take? ☐ 1. Estrogen only ☐ 2. Both estrogen and progesterone ☐ 3. Others ☐ 999. Do not know	**Refer to the List of OCPs for the classification of hormones.**

D1.9 What is the name of the hormone replacement therapy? ______________________________ ☐ DDD. Do not know	
D1.10 When did you start hormone replacement therapy? Age when started ____________ (or) Year when started |___|___|___|___| (or) ___________ years ago ☐ 999. Do not know	
D1.11 Are you still taking hormone replacement therapy? ☐ 1. Yes **(Go to D1.13)** ☐ 2. No	
D1.12 If NO, when did you stop hormone replacement therapy? Age when stopped ____________ (or) Year when stopped |___|___|___|___| (or) ___________ years ago ☐ 999. Do not know	
D1.13 How many times have you been pregnant? Have been pregnant ________ times **(If zero, go to E)** ☐ 888. Refuse to answer **(Go to E)**	**Includes unsuccessful pregnancies.**

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

☐ 888. Refuse to answer
☐ 999. Do not know

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

S/N	Pregnancy outcome [refer to code table]	Pregnancy ending date [MM/YYYY]	Total weeks of pregnancy	If live birth, breast fed or not?		If breast fed, for how long?		
				Yes	No	Year(s)	Month(s)	Week(s)
1		/		☐	☐			
2		/		☐	☐			
3		/		☐	☐			
4		/		☐	☐			
5		/		☐	☐			
6		/		☐	☐			
7		/		☐	☐			
8		/		☐	☐			
9		/		☐	☐			
10		/		☐	☐			
11		/		☐	☐			
12		/		☐	☐			

E PHYSICAL ACTIVITY **E1 Leisure Time Activity** I would like you to think about the things that you do in your free time. E1.1 On average, how many hours per day do you spend sitting down while doing activities in your free time? Weekdays: _________ hrs /day Weekends: _________ hrs /day	**Activities include watching TV, doing needlework, talking to someone using the telephone, etc.** **It does not include "sitting down" or taking breaks at the workplace.** **Round up the number of hours to the nearest half hour.**
E1.2 Please estimate the total time during the last week that you spent watching TV or videos. Monday-Friday: _________ hrs Saturday-Sunday: _________ hrs	**This is when it was the main activity that you were doing; for example you would not include time when the TV was switched on and you were preparing a meal.**
E1.3 How often do you use stairs when an elevator is available? ☐ 1. Often ☐ 2. Not very often ☐ 3. Seldom ☐ 4. Never	**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)?	• **Many of these activities may not be relevant to the participant.** • **For each activity, if participant does this at least once a week, record the number of times per week for that activity.** • **If the frequency is less than a week but at least once a month, record the number of times per month.** • **If less than once a month or never, record "0" in the 1st column.** • **When estimating the duration of the activities, do not include rest periods in the midst of each activity.**

	How many times per week	How many times per month	On average, how long do you do this activity each time? (duration in minutes)
Walking and Miscellaneous			
1. Walking for pleasure or exercise (e.g. walking with children or pets-do not include walking to get from one place to another)			
2. Bicycling for pleasure			
3. Dancing- ballroom, square, line and /or disco			
4. Dancing- aerobic, ballet			
Conditioning Exercise			
9. Home exercise (e.g. sit- ups, push-ups)			
10. Health club exercise classes (e.g. aerobics)			
11. Jog/ walk combinations			
12. Balance exercises: Taiqi, Qigong, breathing exercises			
13. Running			
14. Weight lifting			
Water Activities			
18. Canoeing or rowing for pleasure			
19. Canoeing or rowing for competition			
20. Swimming (at least 50 m in a pool)			
21. Swimming at the beach			
Sports Activities			
24. Bowling			
26. Table tennis			
27. Tennis- singles			
28. Tennis- doubles			
32. Badminton			
33. Basketball/ netball- non game i.e. not keeping score			

For each of the activities, the interviewer needs to make only 2 entries. The 1st entry is either in the weekly column or the monthly column. The 2nd entry is in terms of how many minutes were spent doing each individual activity.

34. Basketball/ netball- game play (keeping score)						**For each of the activities, the interviewer needs to make only 2 entries. The 1st entry is either in the weekly column or the monthly column. The 2nd entry is in terms of how many minutes were spent doing each individual activity.**
37. Soccer (football)						
42.1 Golf: riding a powerkart/ buggy						
42.2 Golf: walking and pulling clubs on cart						
42.3 Golf: walking and carrying clubs						
Please list any other leisure time activities that you do regularly that have not been included in the list.						

E2 Occupational Physical Activity

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

☐ 1. Yes
☐ 2. No **(Go to E3)**
☐ 888. Refuse to answer **(Go to E3)**

- **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.

- **Under Hours of work per day, ask "….on average, how many hours a day do you work? Then minus the time taken for breaks. If overtime is a regular feature in this participant's work, include this in the number of hours done in an average day.**
- **Under Days of work per week, record how many days per week the participant is required to work. This includes overtime, if it is a regular feature of this job.**
- **Under Hours spent sitting per day while at work, record the number of hours spent doing his/her job while in a sitting position.**
- **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.**

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

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

E3 Household Activity

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

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

- **For each activity performed, record 2 entries only.**
- **The first entry is either in the “min(s) per day” column or “hours per day” column. <u>Minutes is preferred because it is more precise.</u>**
- **The second entry is recorded in the “days per week” column.**
- **When the participant is unsure of the exact number of minutes taken per day, but the time spent is ≥ 1 hour, round up to the nearest number of hours per day and record it in the “hours per day” column.**
- **Q 48, 49, 50 - food preparation, food service and dish washing, account for it only if the duration of each time exceeds 10 minutes.**
- **For activities which were not performed at all in the last 3 months, record “0” in the first column.**

← Does not include hours spent “keeping an eye” only and not exerting physical effort.

E4	**Transportation** **In this context, the sole purpose of walking and cycling is to travel from one place to another. It does not refer to walking and cycling as a result of a main activity carried out at home, work or for leisure.**		
E4.1	Do you walk for at least 10 minutes continuously to get to and from places? ☐ 1. Yes ☐ 2. No **(Go to E4.5)**		
E4.2	How much time would you spend walking for travel on a typical day? _______ hours ________ minutes		**Enter hours and minutes.**
E4.3	In a typical week, how many days do you walk for at least 10 minutes to get to and from places? ________ days a week		**Enter number of days a week.**
E4.4	What is the intensity of walking? ☐ 1. Light (no change in breathing pattern) ☐ 2. Moderate (make you breathe somewhat harder than normal) ☐ 3. Vigorous (make you breathe much harder than normal)		**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? ☐ 1. Yes ☐ 2. No **(Go to H)**		**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 typical day? ________ hours __________ minutes		**Enter hours and minutes.**
E4.7	In a typical week how many days do you bicycle for at least 10 minutes to get to and from places? __________ days a week		**Enter number of days a week.**
E4.8	What is the intensity of bicycling? ☐ 1. Light (no change in breathing pattern) ☐ 2. Moderate (make you breathe somewhat harder than normal) ☐ 3. Vigorous (make you breathe much harder than normal)		**Ask the participant in terms of breathing intensity as described in the parentheses.** **Do not suggest "light", "moderate", or "vigorous" to the participant**

H SOCIAL BACKGROUND H1 Gender: ☐ 1. Male ☐ 2. Female	
H2 Since the last time we interview you, have you changed the ethnicity as stated on your NRIC? ☐ 1. Yes ☐ 2. No **(Go to H4)** ☐ 3. Not sure	
H3 What is your current ethnicity according to your NRIC? ☐ 1. Chinese ☐ 2. Malay ☐ 3. Indian ☐ 4. Others, please specify:______________________	
H4 What is your current marital status? ☐ 1. Never married ☐ 2. Currently married ☐ 3. Separated but not divorced ☐ 4. Divorced ☐ 5. Widowed ☐ 888. Refuse to answer	
H5 Which of the following best describes your usual work status over the last 12 months? ☐ 1. Working ☐ 2. Student (full-time) ☐ 3. Homemaker/Housewife ☐ 4. Retired ☐ 5. Unemployed (able to work) ☐ 6. Unemployed (unable to work) ☐ 7. Others* ☐ 888. Refuse to answer	• **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.**

H6	Thinking over the past year, can you tell me what the average earnings of the household have been per month? ☐ 1. Less than $ 2 000 ☐ 2. $ 2 000 to $ 3 999 ☐ 3. $ 4 000 to $ 5 999 ☐ 4. $ 6 000 to $ 9 999 ☐ 5. More than $ 10 000 ☐ 888. Refuse to answer ☐ 999. Do not know		• **The monthly average of the total income of all members of the household.** • **This does not include tenants' earnings, but include tenants' rent payment to the household.** • **Income 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.** • **Tick "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? ☐ 1. HDB 1-2 room flat ☐ 2. HDB 3 room flat ☐ 3. HDB 4 room flat ☐ 4. HDB 5 room or executive flat ☐ 5. Private condominium ☐ 6. Private house (landed property) ☐ 7. Others, please specify:___________________________ ☐ 888. Refuse to answer ☐ 999. Do not know		• **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.**

FOOD FREQUENCY QUESTIONNAIRE

Note to Interviewer:
- **If the participant has changed his diet recently in preparation for a festival or to manage a temporary body condition (e.g. indigestion, weight gain, tonsillitis), interview should be based on the typical diet prior to the temporary change.**
- **If the change is intended to be permanent (e.g. the participant decided to stop eating meat because of Buddhism), record the change and base the interview on the new diet.**

1. Have you changed your diet in the past one month?
   ☐ 1. Yes
   ☐ 2. No (go to Q4)

2. If yes, why did you do so?
____
____

3. What were the changes you made?
____
____

4. Have you lost or gained body weight in the past one month?
   ☐ 1. Yes (go to Q5)
   ☐ 2. No (go to Part A)
   ☐ 999. Not sure (go to Part A)

5. How much weight did you gain or lose? (round up to the nearest 0.5kg)
   ☐ Lost weight, (−)____ kg
   ☐ Gained weight, (+)____ kg

PART A

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

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

BREADS

Food Item	**Portion**	**Number of times eaten** *Enter 1 column only*			
		Per day	**Per week**	**Per month**	**Rarely/ Never**
Bread					
1. White bread, including naan	1 slice or piece				☐
2. Wholemeal bread	1 slice or piece				☐

Food Item	Portion	Number of times eaten *Enter 1 column only*			
		Per day	**Per week**	**Per month**	**Rarely/ Never**
N1. Softmeal bread	1 slice or piece				☐
3. Bread with fruits and nuts	1 slice or piece				☐
Bread spreads used					
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				☐
N2. Chapati	1 piece				☐
N3. Dosai/Thosai	1 piece				☐
11. French toast/roti telur/roti john	1 piece				☐
12. Bread buns with coconut/curry/meat fillings	1 piece				☐
N4. Breads made from other flour [rye, pearl millet (bajra), sorghum (jowar) or finger millets (raji)]	1 piece				☐
Breakfast cereals					
13. Plain/flavoured breakfast cereal	4 dsp (D1)				☐
14. Mixed (with fruits/nuts) breakfast cereals	4 dsp (D1)				☐
For those participants who consume breakfast cereals: 4001. How often do you eat breakfast cereals made from wholegrains?	4 dsp (D1)				☐
3001. Oats/oatmeal (raw)	4 dsp (D1)				☐

RICE AND PORRIDGE

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

Food Item	Portion	Number of times eaten *Enter 1 column only*			
		Per day	Per week	Per month	Rarely/ Never
15. Plain rice (white, brown or red)	1 rice bowl (B1)				☐
For participants who eat plain rice: 4002. You have indicated you eat plain rice. How often do you have rice prepared using brown or red rice?	1B1				☐
16. Plain rice porridge (white, brown or red)	1 noodle bowl (B2)				☐
For participants who eat plain rice porridge: 4003. You have indicated you eat plain porridge. How often do you have porridge prepared using brown or red rice?	1 portion				☐
Flavoured rice					
17. Fried rice	1 rice bowl (B1)				☐
18. Chicken/duck rice (with and without skin)	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 (incl. lo mai khai, lotus leaf rice, rice dumplings)	1 portion				☐
24. Flavoured porridge (e.g. chicken, pork, duck, fish, peanut, century egg)	1 portion				☐

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

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

Food Item	Portion	Number of times eaten *Enter 1 column only*			
		Per day	Per week	Per month	Rarely/ Never
Noodles in soup					
25. Fishball/yong tau foo/wanton/prawn/beef/chicken/fish slice	1 portion				☐
For participants who consume noodles in soup: 4004. You have indicated you eat noodles in soup. How often do you have soup noodles prepared using brown rice beehoon?	1 portion				☐
26. Penang laksa	1 portion				☐
Dry noodles					
27. Fishball/yong tau foo/wanton/minced meat & mushrooms/prawn/beef/chicken	1 portion				☐
Fried noodles					
29. Fried kway teow with cockles	1 portion				☐
30. Fried hor fun (incl. all noodles fried with starchy gravy, may be added with meat or seafood)	1 portion				☐
31. Fried noodles (incl. Hokkien mee, mee goreng)	1 portion				☐
32. Fried beehoon (fried dry beehoon)	1 portion				☐
For participants who consume fried beehoon: 4005. You have indicated you eat fried beehoon. How often do you have fried beehoon prepared using brown rice beehoon?	1 portion				☐
Noodles in gravy					
28. Lor mee/mee rebus	1 portion				☐
33. Laksa lemak (incl. laksa noodle and lontong)	1 portion				☐
34. Mee siam (with coconut milk)	1 portion				☐

Food Item	Portion	Number of times eaten *Enter 1 column only*			
		Per day	Per week	Per month	Rarely/ Never
Other noodles					
35. Instant noodles	1 portion				☐
905. Boiled noodles/spaghetti/pasta (plain)	1 portion				☐
906. Boiled noodles/spaghetti/pasta with tomato sauce	1 portion				☐
907. Boiled noodles/spaghetti/pasta with cream white sauce	1 portion				☐
For participants who consume spaghetti: 4006. You have indicated that you eat boiled spaghetti/pasta. How often do you have spaghetti/pasta prepared using wholemeal spaghetti/pasta?	1 portion				☐

VEGETARIAN (CHINESE)

Food Item	Portion	Number of times eaten *Enter 1 column only*			
		Per day	Per week	Per month	Rarely/ Never
400. Fried vegetarian kway teow/beehoon/mee/rice	1 portion				☐
401. Gluten (char siew/duck)	1 piece				☐
402. Fried beancurd sheet	1 piece				☐

SOUPS

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

Food Item	Portion	Number of times eaten *Enter 1 column only*			
		Per day	Per week	Per month	Rarely/ Never
600. Cream Soup	1 noodle bowl (B2)				☐
601. Clear Soup/broth	1 noodle bowl (B2)				☐

VEGETABLES AND BEANCURD

Use the Mug (M1) for measurement guide. A serving is the standard hawker centre serving.

Eating out refers to eating of food at or bought from restaurant, food court, hawker etc.
Eating in refers to eating of home-cooked food.
Tick the most frequent choice of the participant.

Food Item	Venue		Portion	Number of times eaten *Enter 1 column only*			
	Eat in	Eat out		Per day	Per week	Per month	Rarely/ Never
Pale green leafy vegetables (cabbage, pak choy, lettuce, beansprouts, cauliflower etc)							
36. Stir fried , plain	☐	☐	½ mug				☐
40. Stir fried, with meat/seafood	☐	☐	½ mug				☐
44. Stir fried in oyster sauce	☐	☐	½ mug				☐
48. Curry/lemak	☐	☐	½ mug				☐
52. Raw/steamed/in soup	--	--	1 mug				☐
Dark green leafy vegetables (spinach, kai lan, chye sim, kangkong broccoli etc)							
53. Stir fried, plain	☐	☐	½ mug				☐
57. Stir fried, with meat/seafood	☐	☐	½ mug				☐
61. Stir fried in oyster sauce	☐	☐	½ mug				☐
65. Stir fried in sambal belacan/dried prawns	☐	☐	½ mug				☐
69. Raw/steamed/in soup	--	--	1 mug				☐
Tomatoes, carrots, red/yellow peppers							
70. Stir fried, plain	☐	☐	½ mug				☐
74. Stir fried, with meat/seafood	☐	☐	½ mug				☐
78. Curry/lemak	☐	☐	½ mug				☐
82. Raw/steamed/in soup	--	--	1 mug				☐
Legumes/pulses, e.g. beans, peas							
83. Stir fried, plain	☐	☐	½ mug				☐
87. Stir fried in oyster sauce	☐	☐	½ mug				☐
91. Stir fried in sambal belacan	☐	☐	½ mug				☐

Food Item	Venue		Portion	Number of times eaten *Enter 1 column only*			
	Eat in	Eat out		Per day	Per week	Per month	Rarely/ Never
95. Dried legumes (e.g. dhal, dried beans) in gravy	☐	☐	½ mug				☐
354. Raw/steamed/boiled	--	--	½ mug				☐
Mixed vegetables							
99. Stir fried, plain	☐	☐	½ mug				☐
103. Stir fried, with meat/seafood	☐	☐	½ mug				☐
107. Stir fried in oyster sauce	☐	☐	½ mug				☐
700. Vegetables battered deep-fried (e.g. tempura)	☐	☐	1 serving				☐
111. Curry/lemak	☐	☐	½ mug				☐
115. Raw/steamed/in soup/Chinese rojak	--	--	1 mug or serving				☐
Tofu/beancurd							
116. Fried	☐	☐	½ square				☐
120. Steamed/in soups	--	--	½ square				☐
Others (roots/stems)							
349. Stir fried potatoes	☐	☐	1 mug				☐
121. Curry lemak	☐	☐	1 mug				☐
125. Soups with meat stock	☐	☐	1 mug				☐
126. Stews	☐	☐	1 mug				☐
Canned/Preserved Vegetables							
704. Preserved vegetables (Chye Sim, Olives, Kimchi etc.)	☐	☐	1 dsp (D1)				☐

SALAD DRESSINGS

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

FRUITS

 # Refers to the colour of the flesh, not the skin, of the fruit.
*** Examples of 1 serving of fruit:**

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

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

POULTRY (CHICKEN, DUCK, GOOSE)

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

Food Item	**Venue**		**Portion**	**Number of times eaten** *Enter 1 column only*			
	Eat in	**Eat out**		**Per day**	**Per week**	**Per month**	**Rarely/ Never**
Poultry- without skin							
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							
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** *Enter 1 column only*			
	Eat in	**Eat out**		**Per day**	**Per week**	**Per month**	**Rarely/ Never**
Meat- lean (without visible fat or skin attached)							
180. Stir fried	☐	☐	1 serving				☐
184. Pan/deep fried	☐	☐	1 serving				☐
188. Coconut curry/rendang	☐	☐	1 serving				☐

Food Item	Venue		Portion	Number of times eaten *Enter 1 column only*			
	Eat in	Eat out		Per day	Per week	Per month	Rarely/ Never
192. Curry without coconut	☐	☐	1 serving				☐
196. Stewed/braised	☐	☐	1 serving				☐
200. Roasted/grilled/BBQ	☐	☐	1 serving				☐
204. Steamed/soup	--	--	1 serving				☐
Meat – lean and fat							
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. Roasted/grilled/BBQ	☐	☐	1 serving				☐
229. Steamed/soup	--	--	1 serving				☐
Meat – preserved/cured							
230. Sausages	--	--	1				☐
231. Ham	--	--	1 slice				☐
232. Bacon	--	--	1 slice				☐
233. Canned (e.g. luncheon meat, corned beef)	--	--	Size of 4 squares of chocolate				☐
234. Liver and other innards (incl. kway chap without egg and kway)	--	--	Size of 4 squares of chocolate				☐

FISH/SEAFOOD

Food Item	Venue		Portion	Number of times eaten *Enter 1 column only*			
	Eat in	Eat out		Per day	Per week	Per month	Rarely/ Never
Fish							
3003. Raw (e.g. sashimi)	--	--	1 slice				☐
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				☐
3004. Canned (e.g. tuna)	--	--	1 dsp (D1)				☐
Other seafood							
263. Stir fried/pan fried/deep fried	☐	☐	1 serving				☐
267. Deep fried with batter	☐	☐	1 serving				☐
271. Steamed	☐	☐	1 serving				☐
275. Assam pedas	☐	☐	1 serving				☐
279. Coconut curry	☐	☐	1 serving				☐
283. Curry without coconut	☐	☐	1 serving				☐
287. Grilled	☐	☐	1 serving				☐

EGGS

5 quail eggs is equivalent to 1 hen egg.

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

DESSERTS/LOCAL SNACKS

Food Item	Portion	Number of times eaten *Enter 1 column only*			
		Per day	Per week	Per month	Rarely/ Never
Desserts in soup					
296. With coconut milk/cream (e.g. pulot hitam, bubor cha cha)	1 rice bowl (B1)				☐
297. Without coconut milk (e.g. cheng tng, green bean soup, tau suan)	1 rice bowl (B1)				☐
Kueh kueh – steamed					
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				☐

BISCUITS, PASTRIES AND CAKES

Food Item	Portion	Number of times eaten *Enter 1 column only*			
		Per day	**Per week**	**Per month**	**Rarely/ Never**
304. Plain biscuits	2 pieces				☐
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				☐

WESTERN STYLE FAST FOODS

Food Item	Portion	Number of times eaten *Enter 1 column only*			
		Per day	**Per week**	**Per month**	**Rarely /Never**
310. Burgers, with beef or chicken	1 serving				☐
311. Burgers, fish	1 serving				☐
312. French fries	1 small serving				☐
313. Pizza	2 slices				☐
1100. Mashed Potato with gravy	1 regular				☐

NUTS

Food Item	Portion	Number of times eaten *Enter 1 column only*			
		Per day	**Per week**	**Per month**	**Rarely/ Never**
All types of nuts					
315. Dry roasted	½ mug (M1) or 1 small packet				☐
316. Fried	½ mug (M1) or 1 small packet				☐

TITBITS/SNACKS

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

BEVERAGES

Food Item	Portion	Number of times eaten *Enter 1 column only*			
		Per day	Per week	Per month	Rarely/ Never
N5. Plain water (tap, sparkling or bottled)	1 glass (G2)				☐
Vegetable/Fruit juices					
N6. Tomato/vegetable juice	1 glass (G2)				☐
N7. Orange/lime juice	1 glass (G2)				☐
N8. Sugar cane juice	1 glass (G2)				☐
N9. Grapefruit juice	1 glass (G2)				☐
N10. Other fruit juices (100%)	1 glass (G2)				☐
N11. Other mixed fruit-vegetable juices (100%)	1 glass (G2)				☐
N12. Sugared fruit drinks/other sugared drinks made from syrup/cordial (e.g. lemonade, Rooh afza)/other sweetened canned or packed drinks	1 glass (G2)				☐
Soft drinks					
N13. Carbonated Low calories drinks with caffeine (e.g. Diet Coke, Coke Zero)	1 glass (G2)				☐
N14. Other carbonated low calorie drinks without caffeine (diet 7-up)	1 glass (G2)				☐
N15. Carbonated drinks with sugar and caffeine (Coca-Cola, Pepsi)	1 glass (G2)				☐
N16. Other carbonated drinks with sugar but non-caffeinated (e.g. 7-up, root beer)	1 glass (G2)				☐
N17. Sports/Energy drinks (e.g. 7-up revive, 100+ isotonic, red bull, gatorade)	1 glass (G2)				☐

COFFEE, TEA AND MALT BEVERAGES

	Milk Codes	Portion		Sweetener Codes	Portion
0	Creamer/powdered	1/5 Mug (1 M1 –D)/2 tsp	10	Sugar	1 teaspoon
1	Sweetened condensed milk	1/5 Mug (1 M1 –D)	11	Honey	1 teaspoon
2	Evaporated milk	1/5 Mug (1 M1 –D)	12	Artificial sweetener	1 sachet
3	Full cream milk/powder	1/5 Mug (1 M1 –D)/2 tsp	13	Do not add sugar/sweetener	
4	Low fat milk/powder	1/5 Mug (1 M1 –D)/2 tsp			
5	Skimmed milk/powder	1/5 Mug (1 M1 –D)/2 tsp			
6	No added milk	Nil			
7	Whitener/powder	1/5 Mug (1 M1 –D)/2 tsp			

Food Item	**Portion**	**Number of times eaten** *Enter 1 column only*				**Milk Added**		**Sweetener Added**	
		Per day	**Per week**	**Per month**	**Rarely /Never**	**Type (code)**	**Amt per serving**	**Type (code)**	**Amt per serving**
Plain Coffee									
N18. Plain brewed coffee (exclude, instant coffee, gourmet coffee, 2-in-1 or 3-in-1)	1 cup				☐				
For participants who drink brewed coffee: 5003N. What is your main brewing method?	--	☐ 1. Paper filter ☐ 2. Mesh filter ☐ 3. Sock filter ☐ 4. Espresso ☐ 5. Boiled/unfiltered (exclude instant) ☐ 6. Other: ____________ ☐ 99. Don’t know				--	--	--	--
N19. Instant coffees (exclude 2-in-1/3-in1)	1 cup				☐				
N20. Instant 2-in-1 or 3-in-1 coffee	1 packet (20 g)				☐				
N21. Sweetened bottled/canned coffee drinks	1 regular glass (G2)				☐	--	--	--	--
N22. Gourmet coffee (mocha, frappuccino, cappuccino)	1 regular glass (G2)				☐				
5004N. How often is the coffee you drink (both brewed and other types) decaffeinated?	--				☐	--	--	--	--

Food Item	Portion	Number of times eaten *Enter 1 column only*				Milk Added		Sweetener Added	
		Per day	Per week	Per month	Rarely /Never	Type (code)	Amt per serving	Type (code)	Amt per serving
Tea									
N23. Sweetened bottled tea (non-brewed, e.g. ice-lemon/peach teas)	1 regular glass (G2)				☐	--	--	--	--
N24. Ceylon/English Tea (brewed)	1 cup (215 ml)				☐				
N25. Chinese Tea (brewed)	1 cup (215 ml)				☐				
N26. Green Tea (brewed)	1 cup (215 ml)				☐				
N27. Herbal Tea (brewed)	1 cup (215 ml)				☐				
N28. Instant 2-in-1 or 3-in-1 tea	1 cup (215 ml)				☐				
For participants who drink any tea: 5005N. How often is the tea you drink decaffeinated?	--				☐	--	--	--	--
Malt beverages									
1320. Malt beverages (e.g. hot chocolate, Horlicks®, Milo®, Ovaltine ®)	M1 –D/2 tsp				☐				

MILK & DAIRY PRODUCTS

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

Food Item	Portion	Number of times eaten *Enter 1 column only*			
		Per day	Per week	Per month	Rarely/ Never
Milk (as a drink)					
341. Full cream milk* (fresh, UHT, powder)	1 regular glass (G2)				☐
342. Low fat milk* (fresh, UHT, powder)	1 regular glass (G2)				☐
343. Skimmed milk* (fresh, UHT, powder)	1 regular glass (G2)				☐
N29. Milkshakes (e.g. banana milkshake)	1 regular glass (G2)				☐

Food Item	Portion	**Number of times eaten** *Enter 1 column only*			
		Per day	**Per week**	**Per month**	**Rarely/ Never**
Yoghurt					
344. Regular	1 small glass (G1)				☐
345. Low fat (including frozen yoghurt)	1 small glass (G1)				☐
N30. Yoghurt based drinks (e.g. lassi, Indian buttermilk, yakult)	1 small glass (G1)				☐
Cheese					
346. Cheese/cheese spread	1 slice/4dsp				☐
347. Low fat cheese	1 slice				☐

SOYA PRODUCTS

Food Item	Portion	**Number of times eaten** *Enter 1 column only*			
		Per day	**Per week**	**Per month**	**Rarely/ Never**
1200. Soya milk drink (fresh/packet/can)	1 regular glass (G2)				☐
1201. Soya beancurd (tau huay)	1 rice bowl (B1)				☐

PART B

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

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

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

PART C

1. How often do you eat at hawker centres, food courts or coffee shops?
   ______ per ☐ day ☐ week ☐ month ☐ year

2. How often do you eat at western fast food restaurants (e.g. KFC, McDonald's, Burger King, etc.)?
   ______ per ☐ day ☐ week ☐ month ☐ year

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

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

PART D

Are there any other important foods/beverages that you ate or drank at least once per month during the previous month?

For portion sizes, use standard food model references, e.g. if a person says 1 glass of coconut juice, then display the glass size and note accordingly e.g. coconut juice ¾ G1. Do not list dry spices or foods captured in other sections

Food item name	Portion	Frequency		
		Per day	Per week	Per month
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

END

HEALTHCARE SERVICES EXPENDITURE

Interviewer:	Questionnaire No.:		*Paste Study ID label over NRIC & first name*
		First Name:	
Date: ☐☐☐☐☐☐☐☐ (d d m m y y y y)	Language: ______________	NRIC:	☐☐☐☐☐☐☐☐☐

(A) HEALTH INSURANCE

Q1 Do you have a Medisave account for yourself?
☐ 1. Yes
☐ 2. No [go to Q7]
☐ 888. Refused
☐ 999. Don't know [go to Q7]

Q2 Have you ever used your personal Medisave account to pay for outpatient health services? (Outpatient treatment does not require the patient to stay overnight)
☐ 1. Yes
☐ 2. No
☐ 888. Refused
☐ 999. Don't know

Q3 Have you ever used your personal Medisave account to pay for inpatient health services? (Inpatient treatment requires at least 1 night stay)
☐ 1. Yes
☐ 2. No
☐ 888. Refused
☐ 999. Don't know

Q4 Do you have _________ in your Medisave account?
☐ 1. < $10,000
☐ 2. > $10,000
☐ 888. Refused
☐ 999. Don't know (go to Q6)

Q5 I would like to ask you about chances that various events will happen in the future.

On a scale of 0 to 10, where 0 is absolutely no chance and 10 is absolutely certain, what do you think are the chances that your medical expenses will use up all your Medisave account savings within your lifetime?

Absolutely no chance ... *Absolutely certain*

0	1	2	3	4	5	6	7	8	9	10

Q6 Has any of your immediate family member's (spouse/child/parent) accessed your Medisave account for their use?
☐ 1. Yes
☐ 2. No
☐ 3. I do not have an immediate family member (go to Q10)
☐ 888. Refused
☐ 999. Don't know

HEALTHCARE SERVICES EXPENDITURE

Q7 Have you ever accessed an immediate family member's (spouse/child/parent) Medisave account for your own use?
☐ 1. Yes
☐ 2. No (go to Q9)
☐ 888. Refused (go to Q9)
☐ 999. Don't know (go to Q9)

Q8 Did you use it for your own ….
☐ 1. inpatient services only (treatment requiring at least 1 night stay) (go to Q10)
☐ 2. outpatient services only (treatment that does not require a night stay) (go to Q10)
☐ 3. both in- and out-patient services (go to Q10)

Q9 If needed, would your immediate family member grant you access to their Medisave account for your own use?
☐ 1. Yes
☐ 2. No
☐ 888. Refused
☐ 999. Don't know

Q10 Are you currently covered by Medishield?
☐ 1. Yes
☐ 2. No (go to Q12)
☐ 888. Refused (go to Q12)
☐ 999. Don't know (go to Q12)

Q11 Did you upgrade your Medishield to Medishield Plus?
☐ 1. Yes
☐ 2. No
☐ 888. Refused
☐ 999. Don't know

Q12 Are you currently covered by Eldershield?
☐ 1. Yes
☐ 2. No
☐ 888. Refused
☐ 999. Don't know

Q13 Does your employer pay for your medical bills? This excludes work injury compensation.
☐ 1. Yes
☐ 2. No (go to Q15)
☐ 3. I am currently not employed (go to Q15)
☐ 888. Refused (go to Q15)
☐ 999. Don't know (go to Q15)

Q14 Do you need to co-pay a portion of your medical bills?
☐ 1. Yes
☐ 2. No
☐ 888. Refused
☐ 999. Don't know

HEALTHCARE SERVICES EXPENDITURE

Q15 Have you purchased any health insurance or a Medisave-approved Integrated Shield Plan for yourself from private insurers? This excludes insurance provided by your employer.

☐ 1. Yes
☐ 2. No
☐ 888. Refused
☐ 999. Don't know

(B) HEALTHCARE SERVICES

In this section, Q1-Q10, add the number of visits/admissions on the same row only when the payment amount cannot be broken down to per visit/admission.
Where multiple code numbers apply, record in the same cell and separate with comma(s)

Q1 In the past 3 months, did you visit the Accident and Emergency Department (either private or government/restructured hospital)?

☐ 1. Yes
☐ 2. No (go to Q2)
☐ 888. Refused (go to Q2)
☐ 999. Don't know (go to Q2)

Hospital name	Number of admissions	Main medical condition that warrants overnight stay (enter code)	Type of care provided (enter code)	Medical procedures received (enter code)	Total bill including amount paid by government or company subsidy, medisave/ medifund/ medishield and insurance, if any ($)	Net amount paid out of own pocket ($)

HEALTHCARE SERVICES EXPENDITURE

Q2 In the past 3 months, have you spent at least 1 night in an acute care hospital (e.g. SGH, TTSH) or a community care hospital (e.g. Ang Mo Kio Hospital). This includes private and government (restructured) hospitals. [Excludes admissions through A&E which have already been recorded in the above]

☐ 1. Yes
☐ 2. No (go to Q3)
☐ 888. Refused (go to Q3)
☐ 999. Don't know (go to Q3)

Hospital name	Number of admissions	Type of ward	Number of nights	Main medical condition that warrants overnight stay (enter code)	Type of care provided (enter code)	Medical procedures received (enter code)	Net amount paid out of own pocket ($)

Q3 In the past 3 months, have you spent at least 1 night in nursing home, convalescent home, hospice care facility or a respite care facility?

☐ 1. Yes
☐ 2. No (go to Q4)
☐ 888. Refused (go to Q4)
☐ 999. Don't know (go to Q4)

Facility name	Type of facility	Number of nights	Main medical condition that warrants overnight stay (enter code)	Type of care provided (enter code)	Medical procedures received (enter code)	Net amount paid out of own pocket ($)

HEALTHCARE SERVICES EXPENDITURE

Q4 In the past 3 months, did you visit a specialist, a private GP or a government polyclinic GP for a medical condition? This excludes regular medical check-up, health screening, vaccination etc.

☐ 1. Yes
☐ 2. No (go to Q5)
☐ 888. Refused (go to Q5)
☐ 999. Don’t know (go to Q5)

					If medicine was given						
Clinic name	Number of visits	Main medical condition for the clinic visit (enter code)	Type of care provided (enter code)	Medical procedures received (enter code)	Name of prescribed medicine	How long is the prescription expected to last?			What medical condition(s) is the prescription for? (enter code)	Net amount paid out of own pocket for medicine only ($) (*Cost of prescription, not individual medicine*)	Net amount paid out of own pocket, including cost of treatment, tests and medication ($)
						days	Wks	mths			
									Total		

HEALTHCARE SERVICES EXPENDITURE

Q5 In the past 3 months, did you go to a retail pharmacy (e.g. Guardian or Unity) – independent of a doctor visit to purchase medication for a medical condition? This includes prescribed and non-prescription medicines.

☐ 1. Yes
☐ 2. No (go to Q6)
☐ 888. Refused (go to Q6)
☐ 999. Don't know (go to Q6)

Name of medicine	How long is the medicine expected to last?			What medical condition(s) is the medicine for? (enter code)	Net amount paid out of own pocket ($)
	days	Wks	mths		
				Total	

HEALTHCARE SERVICES EXPENDITURE

Q6 In the past 3 months, have you used any herbal or traditional medicine (for treatment of a medical or health condition only and include only ingestible medicines)? This excludes those prescribed by your clinic GPs or specialists.

☐ 1. Yes
☐ 2. No (go to Q7)
☐ 888. Refused (go to Q7)
☐ 999. Don’t know (go to Q7)

Code	Herbal and traditional medicine types
1	Herbs
2	Pills (processed herbs)
3	Herbal tea
4	Herbal soup
5	Other (please specify_____)

Name of medicine	type of medicine (enter code)	Number of times taken per day in the past 3 months	Date started on this medication (dd / mm / yyyy)	For how long do you have to take this medicine? (*If participant will be taking the medicine for an indefinite period – for life/till he concludes that the medicine is ineffective/till he is cured – tick “up to me”)*				For what medical conditions are you taking the medicine? (enter code)
				days	Wks	mths	Up to me (tick)	
			/ /					
			/ /					
			/ /					
			/ /					
			/ /					

HEALTHCARE SERVICES EXPENDITURE

Q7 In the past 3 months, have you used any complementary and alternative therapy (for the treatment of a health/medical condition only, ***not for wellness***)? This excludes those prescribed by your clinic GPs or specialists.

☐ 1. Yes
☐ 2. No (go to Q8)
☐ 888. Refused (go to Q8)
☐ 999. Don't know (go to Q8)

Code	Complementary and alternative therapy
1	Acupuncture
2	Tui na / bone setting
3	Foot reflexology
4	Moxibustion
5	Homeopathy
6	Other (please specify_____)

Name/type of therapy (enter code)	Number of times used in the past 3 months	For what medical conditions? (enter code)	Cost per treatment ($)

HEALTHCARE SERVICES EXPENDITURE

Q8 As a result of physical or mental health issues, have you at any time during the past 3 months received **home health care** services from a trained medical professional? Home health services include but are not limited to changing bandages, wound care, giving medication, taking blood pressure, giving shots or injections, physical therapy, occupational therapy, speech therapy and counselling.

☐ 1. Yes
☐ 2. No (go to Q9)
☐ 888. Refused (go to Q9)
☐ 999. Don't know (go to Q9)

Code	Type of provider
1	Doctor
2	Nurse
3	Physiotherapist
4	Counsellor
6	Other (please specify_____)

Type of provider (enter code)	Start of services (dd / mm / yyyy)	What is the total number of hours worked in the last 3 months?	Number of visits in the last 3 months?	Main medical condition for the home health care provider's visit (enter code)	Type of care provided (enter code)	Medical procedures received (enter code)	Net amount paid out of own pocket for services in the past 3 months ($)
	/ /						
	/ /						
	/ /						
	/ /						
	/ /						

Q9 In the past 3 months, have you used any special medical equipment?

☐ 1. Yes
☐ 2. No (go to Section C)
☐ 888. Refused (go to Section C)
☐ 999. Don't know (go to Section C)

Code	Special medical equipment
1	Walkers, canes, crutches
2	Orthopaedic shoes, orthotics
3	Home blood glucose monitor
4	Wheelchair or scooter
5	Braces for arm, leg, or back
6	Prosthetic limbs
7	Joint replacement parts
8	Blood pressure monitor
9	Hearing aids
10	Other (please specify_____)

Name/type of equipment (enter code)	When did you start using it? (dd / mm / yyyy)	Net amount paid out of own pocket for purchasing or renting equipment ($). If rented, please give the rental rate in terms of cost per hour, day, week or month.
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

(C) WORK PRODUCTIVITY

The following questions ask about the effect of your health problems on your ability to work and perform regular activities. By health problems I mean any physical or emotional problem or symptom.

Q1 In the past 3 months, how many days did you spend at least half of the day in bed due to a physical illness or injury, or a mental or emotional problem?
Number of days _________

Q2 Are you currently employed (working for pay)?
☐ 1. Yes (go to Q4)
☐ 2. No

Q3.1 What is the primary reason you are not working right now?
☐ 1. Illness or disability (Go to Q3.2)
☐ 2. Retired because of illness (Go to Q3.2)
☐ 3. Retired voluntarily
☐ 4. Could not find work
☐ 5. Temporary layoff
☐ 6. Maternity/paternity leave
☐ 7. Going to school
☐ 8. Taking care of home or family
☐ 9. Wanted some time off
☐ 10. Waiting to start new job
☐ 11. Other, please specify: ___________________________________

(Options 3–11: Go to Q6)

Q3.2 What was the medical condition that caused you to stop working? (enter code) ______

Q3.3 Please specify the year in which you stopped work completely |___|___|___|___|

Q3.4 Please select your occupation type at the time you were diagnosed with this medical condition.
☐ 1. Senior Official / Manager
☐ 2. Professional
☐ 3. Technician / Associate Professional
☐ 4. Clerical Worker
☐ 5. Service / Sales Worker
☐ 6. Production Craftsmen
☐ 7. Machine Operators / Assemblers
☐ 8. Cleaners and Laborers

Q3.5 From the time you were diagnosed with this medical condition till you stopped work completely, did you have to change your occupation type due to your medical condition?
☐ 1. Yes
☐ 2. No

Q3.6 Please select the occupation type you changed to.
☐ 1. Senior Official / Manager
☐ 2. Professional
☐ 3. Technician / Associate Professional
☐ 4. Clerical Worker

☐ 5. Service / Sales Worker
☐ 6. Production Craftsmen
☐ 7. Machine Operators / Assemblers
☐ 8. Cleaners and Laborers

Q3.7 From the time you were diagnosed with this medical condition till you stopped work completely, did you also experience the following changes as a result of your medical condition?

Q3.7.1. Worked fewer hours per week	☐ 1. Yes	☐ 2. No
Q3.7.2. Sick leave > 2 months at a time	☐ 1. Yes	☐ 2. No
Q3.7.3. Required help with job tasks	☐ 1. Yes	☐ 2. No
Q3.7.4. Changed duties within job	☐ 1. Yes	☐ 2. No
Q3.7.5 Quit one or more jobs	☐ 1. Yes	☐ 2. No
Q3.7.6 Took up a new job	☐ 1. Yes	☐ 2. No
Q3.7.7 Others	☐ 1. Yes	☐ 2. No
Q3.7.7.1 If Yes, please specify: ____		

(Go to Q6)

Q4 During the past 3 months, how many hours/days/weeks did you miss from work because of your health problems? *Include hours you missed on sick days, times you went in late, left early, etc., because of your health problems.*

Number of	Hours	Days	Weeks
	1	2	3

(if zero, go to Q6)

Q5 What are the health problems that caused you to miss work?
(Enter code from Medical Conditions showcard)

1.
2.
3.
4.
5.

HEALTHCARE SERVICES EXPENDITURE

Q6 During the past **one week**, how much did your health problems affect your productivity while you were working?

Think about days you were limited in the amount or kind of work you could do, days you accomplished less than you would like, or days you could not do your work as carefully as usual. If health problems affected your work only a little, choose a low number. Choose a high number if health problems affected your work a great deal.

☐ 888. Refused (go to Q9)
☐ 999. Do not know (go to Q9)

Health problems had no effect on my work	Circle a number on this scale											Health problems completely prevented me from working
	0	1	2	3	4	5	6	7	8	9	10	

Q7 During the past **one week**, how much did your health problems affect your ability to do your regular daily activities, other than work at a job?

By regular activities, we mean the usual activities you do, such as work around the house, shopping, childcare, exercising, studying, etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like. If health problems affected your activities only a little, choose a low number. Choose a high number if health problems affected your activities a great deal.

☐ 888. Refused (go to Section D)
☐ 999. Do not know (go to Section D)

Health problems had no effect on my daily activities	Circle a number on this scale											Health problems completely prevented me from daily activities
	0	1	2	3	4	5	6	7	8	9	10	

During the past 3 months, did you have a change in job?

☐ 1. Yes
☐ 2. No

(D) RISK AVERSION

		1. Always	2. Most of the time	3. Some of the time	4. Never
Q1	Do you wear your seatbelt in the front passenger seat when travelling in a car (whenever a seatbelt is available)?				
Q2	Do you wear your seatbelt in the back passenger seat when travelling in a car (whenever a seatbelt is available)?				

HEALTHCARE SERVICES EXPENDITURE

SHOWCARDS FOR SECTION B

Code	Medical Conditions
1	High blood pressure
2	High cholesterol
3	Diabetes
4	Heart disease
5	Stroke
6	Lung disease or asthma
7	Cancer
8	Rheumatism, back pain or other bone or muscle illness
9	Mental illness (e.g. depression, anxiety neurosis, schizophrenia)
10	Running nose, sore throat, cough
11	Vomiting, diarrhea
12	Headache
13	Sprain/strain
14	Gastric problem
15	Sleep disturbance
16	Flu, fever
17	Other (please specify_____)

Code	Type of care
1	Treatment of a physical health problem
2	Treatment of an emotional or mental health problem
3	A regular check-up (including regular pre-natal care)
4	Care of an injury
5	Respite care (A short term temporary relief to those who are caring for family members with disabilities/chronic illnesses)
6	Other (please specify_____)

Code	Medical procedures
1	Major surgery
2	Medicine
3	Injection
4	Dressing
5	Minor surgical procedure
6	Laboratory test (e.g. blood cholesterol, blood sugar level, pap smear)
7	Vaccination (e.g. flu, hepatitis)
8	Physiotherapy, chiropractic
9	Other (please specify_____)

Fractures

Interviewer:	Questionnaire No.:

Date: __ __ __ __ __ __ __ __ (d d m m y y y y) Language: ____________

Paste Study ID label over NRIC & first name

First Name:

NRIC:

Q1. Have you ever sustained a fracture (broken bone) before?

☐ 1. Yes
☐ 2. No (go to Q5)
☐ 99. Don't know (go to Q5)

	Q2. 1st fracture	Q3. 2nd fracture	Q4. 3rd fracture
1. Age of fracture [enter 999 if don't know]			
2. Site of fracture **[MA; tick]**	1st fracture	2nd fracture	3rd fracture
1 Head			
2 Neck			
3 Collarbone			
4 Arm/forearm			
5 Elbow			
6 Wrist			
7 Hand/finger			
8 Rib			
9 Spine			
10 Hip			
11 Thigh/foreleg			
12 Knee			
13 Ankle			
14 Foot/toe			
15 Other			
3. What is the cause of the fracture? **[SA; tick]** **(Pathologic cause outranks the others)**	1st fracture	2nd fracture	3rd fracture
1 Motor vehicle accident			
2 Fall from greater than standing height (e.g. from stairs or a ladder, fell into a manhole, fell from the roof)			
3 Fall from standing height			
4 Fall from less than standing height (e.g. slipped from seat)			
5 Spontaneous/non-pathologic (e.g. due to spinal compression without having sustained trauma or fall)			
6 Pathologic			
7 Recreational (e.g. hit by a tennis racket, hit during martial arts class, crash into tree while cycling)			
8 Other, please describe			
99 Unknown			

Fractures

4. If pathologic, what was the pathologic cause? **[SA; tick]**	1st fracture	2nd fracture	3rd fracture
1 Periprosthetic or peri-implant			
2 Metastatic bone disease			
3 Primary bone malignancy (e.g. multiple myeloma, osteosarcoma)			
4 Benign bone disease (e.g. fibrous dysplasia, bone cyst, osteomyelitis)			
5 Metabolic bone disease (e.g. osteomalacia, hyperparathyroidism, Paget's)			
6 Congenital disorders (e.g. osteogenesis imperfecta, Camurati-Engelman Syndrome)			
7 Others (e.g. radiation, chemotherapy, surgery, iatrogenic)			

Periprosthetic: fractures around joint replacement prostheses

Peri-implant: fractures around plates or rods.

Metastatic: cancers that originate in other parts of the body, spreading to the bones and begin "growing" there.

Primary bone malignancy: cancerous tumours that arise from the tissue of the bones.

Benign: tumour or other condition is often described as benign to emphasize that it is not cancer

Metabolic bone disease: most commonly these disorders are caused by abnormalities of minerals such as calcium, phosphorus, magnesium or vitamin D leading to dramatic clinical disorders that are commonly reversible once the underlying defect has been treated.

Congenital bone disease: refers to diseases that are present from birth and affect the body's bones.

Iatrogenic disorder: a condition that is caused by medical personnel or procedures or that develops through exposure to the environment of a health care facility.

Q5. Has your father ever had a hip fracture?
☐ 1. Yes
☐ 2. No
☐ 99. Don't know

Q6. Has your mother ever had a hip fracture?
☐ 1. Yes
☐ 2. No
☐ 99. Don't know

Q7. Has the doctor ever told you that you have osteoporosis?
☐ 1. Yes
☐ 2. No (go to Q9)
☐ 99. Don't know (go to Q9)

Fractures

Q8. Do you know if your osteoporosis is due to the following conditions?		1. Yes	2. No	99. Don't know
1	Type 1 (insulin-dependent) diabetes			
2	Osteogenesis imperfecta			
3	Untreated long-standing hyperthyroidism			
4	Hypogonadism or premature menopause (<45 years old)			
5	Malabsorption			
6	Chronic liver disease			
7	Chronic kidney disease			
8	Rheumatoid arthritis			
9	Long term corticosteroid use (eg. Prednisolone)			

Q9. *[To the interviewer: please classify the skin of the participant according to the Fitzpatrick skin colour panel / your observation in the table below.]*

Classification		**Response to Ultraviolet Rays**	**Skin Color**
I		Never tans, always burns	White
II		Tans with difficulty, usually burns	White
III		Average tanning, sometimes burns	White
IV		Easily tans, rarely burns	Moderate Brown
V		Very easy to tan, very rarely burns	Hispanic, Latin, African, Asian, Indian
VI		Never burns	Black

END

Sun Exposure

Interviewer:	Questionnaire No.:

Paste Study ID label over NRIC & first name

First Name:

NRIC:

Date: d d m m y y y y

Language: ____________

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

Q1. Do you usually wear a hat, cap or visor when you are out under the sun? (Excludes helmet for bikers and cyclists, swimming cap, Muslim head scarf etc. where the primary reason is not for sun protection)

☐ 1. Yes
☐ 2. No

Q2. Do you usually use an umbrella? (Excludes transparent umbrellas)

☐ 1. Yes
☐ 2. No

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

Q3. What is your usual attire for your upper body?

☐ 1. No shirt
☐ 2. Sleeveless or short sleeved shirt (without arm socks)
☐ 3. Long sleeved shirt (or short sleeved shirt with arm socks)
☐ 77. I hardly do outdoor leisure activities under the sun where shade is available (go to Q7)

Q4. What is your usual attire for your lower body?

☐ 1. Shorts or skirts (knee-length or shorter)
☐ 2. Long pants or skirts (longer than knee-length)

Q5. Do you usually use sun-block, sunscreen lotion? (Includes cosmetics with SPF)

☐ 1. Yes
☐ 2. No (go to Q7)

Q6. What is the SPF of the sun-block most frequently used? _______

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

Q7. What is your usual attire for your upper body?

☐ 1. No shirt
☐ 2. Sleeveless or short sleeved shirt (without arm socks)
☐ 3. Long sleeved shirt (or short sleeved shirt with arm socks)
☐ 77. I hardly do outdoor leisure activities under the sun where shade is not available (go to Q11)

Q8. What is your usual attire for your lower body?

☐ 1. Shorts or skirts (knee-length or shorter)
☐ 2. Long pants or skirts (longer than knee-length)

Sun Exposure

Q9. Do you usually use sun-block, sunscreen lotion? (Includes cosmetics with SPF)
☐ 1. Yes
☐ 2. No (go to Q11)

Q10. What is the SPF of the sun- block most frequently used? _______

Q11. Typically, at work and at leisure, how many days per week would you be under direct sun exposure for at least ½ hour each time?
_______ day(s) per week (if zero, go to Q13)

Q12. In a typical week, from what time to what time on each day would you be under direct sun exposure? (Tick in the cells accordingly then sum up the hours per week)

	Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total hours per week spent at this time
1	7-8am								
2	8-9am								
3	9-10am								
4	10-11am								
5	11am–12noon								
6	12-1pm								
7	1-2pm								
8	2-3pm								
9	3-4pm								
10	4-5pm								
11	5-6pm								
12	6-7pm								

END

Interviewer:	Questionnaire No.:	Paste Study ID label over NRIC & first name
Date: _ _ _ _ _ _ _ _ (d d m m y y y y)	Language: ____________	First Name: NRIC:

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:

	1 Poor	2 Fair	3 Good	4 Very good	5 Excellent
H1.1 The amount of togetherness and cohesion you have	☐	☐	☐	☐	☐
H1.2 The support and understanding you gave each other	☐	☐	☐	☐	☐
H1.3 The amount you talk things over	☐	☐	☐	☐	☐

2. **Stress**

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

	1.Yes	2.No
1. Marital separation/Divorce	☐	☐
2. Loss of job/retirement	☐	☐
3. Loss of crop/business failure	☐	☐
4. Violence	☐	☐
5. Major intra-family conflict	☐	☐
6. Major personal injury or illness	☐	☐
7. Death/major illness of a close family member	☐	☐
8. Death of a spouse	☐	☐
9. Other major stress (if yes, please specify): ____________________	☐	☐

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, tick "1. Never" for "at work".]

How often have you felt stress:	1. Never experienced stress	2. Some period of stress	3. Several periods of stress	4. Permanent stress
1. at work in the past year?	☐	☐	☐	☐
2. at home in the past year?	☐	☐	☐	☐

2.3 What level of financial stress do you feel?

☐ 1. Little/none
☐ 2. Moderate
☐ 3. High/severe

2.4 How much autonomy do you have in organizing the events of your work day?
- ☐ 1. None
- ☐ 2. Little
- ☐ 3. Moderate
- ☐ 4. Substantial
- ☐ 5. Complete
- ☐ 777. Not applicable

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

	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree	777 N.A.
1. At work, I feel I have control over what happens in most situations.	☐	☐	☐	☐	☐	☐
2. I feel what happens in my life is often determined by factors beyond my control	☐	☐	☐	☐	☐	☐
3. Over the next 5-10 years, I expect to have more positive than negative experiences.	☐	☐	☐	☐	☐	☐
4. I often have the feeling I am being treated unfairly.	☐	☐	☐	☐	☐	☐
5. In the past 10 years my life has been full of changes without my knowing what will happen next.	☐	☐	☐	☐	☐	☐
6. I gave up trying to make big improvements in my life a long time ago.	☐	☐	☐	☐	☐	☐

3. Kessler Psychological Distress Scale (K10)

4. Sleep

4.1 According to what others have told you, please estimate how often you snore
- ☐ 1. Never
- ☐ 2. Rarely (only once or a few times ever)
- ☐ 3. Sometimes (a few nights per month)
- ☐ 4. Often (at least once a week, but pattern may be irregular)
- ☐ 5. Almost always (every night or almost every night)

4.2 Has anyone mentioned, or have you woken up feeling that you have abnormal breathing during your sleep? [If yes, tick all that apply]
- ☐ 1. No
- ☐ 2. Yes, gasping
- ☐ 3. Yes, snorting
- ☐ 4. Yes, choking

4.3 Has anyone mentioned, or are you aware, that you have stopped breathing during your sleep?
- ☐ 1. Yes
- ☐ 2. No

4.4 How many hours of sleep do you usually get during:

4.4.1.1 A workday night? _______ hrs

4.4.1.2 A weekend or non-work night? ________ hrs

4.4.1.3 A typical week from daytime or evening naps? _________ hrs

[Round up to the nearest 0.5 hr]

4.5 Please indicate to what extent you have each of the following sleep problems.

	1 Never	2 Rarely (once per month)	3 Sometimes (2-4 times per month	4 Often (5-15 times per month)	5 Almost always (16-30 times per month)
1. Difficulty getting to sleep	☐	☐	☐	☐	☐
2. Waking up in the night and having a hard time getting back to sleep	☐	☐	☐	☐	☐
3. Waking up repeatedly during the night	☐	☐	☐	☐	☐
4. Waking up too early in the morning and can't get back to sleep	☐	☐	☐	☐	☐

4.6 Epworth Sleepiness Scale

5. EuroQol five dimensions questionnaire (EQ-5D)

6. Health Utilities Index Mark 2 and 3 (HUI2/3)

7. Mini-Mental State Examination (MMSE)

END

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

Appt Time: ____________

Date Registered: ____________
Not for Data Entry

Visit ID
2nd Ref. Number ____________

Time Registered: ☐☐☐☐

____
Staff initial

Participants:

A	Have you had a fever for the last 14 days?		☐ No	☐ Yes; **do not proceed**
B	For ladies, are you pregnant?	☐ N.A	☐ No	☐ Yes; **do not proceed**
C	Have you eaten/drink for the last 8 hours?		☐ No	☐ Yes
D	Have you been taking any medications?		☐ No	☐ Yes; please specify:____________________________

For Data Entry :

1 Date Of Birth : ☐☐☐☐☐☐☐☐ (d d m m y y y y) Gender: ☐ Male ☐ Female

2 Have you taken any painkillers / antibiotics in the last 7 days / (for women) having menses currently? ☐ No ☐ Yes; do not collect urine

3 For women, are you still having periods? ☐ Yes ☐ No (menopausal) ☐ N.A (male)
☐ No (Other medical conditions:____________________)

4 Do you have any known medical history? ☐ No ☐ Yes; ** High Cholesterol / Hypertension / Diabetes / Kidney failure / Heart failure / Heart attack / Stroke / Cancer
***Please circle*
Other chronic condition:________________________________

5 Are you on high dose steroids? # ☐ No ☐ Yes; specify: ____________________________________

		No/ never	L hip	R hip	L1	L2	L3	L4	Not sure which L
6	Do you have a metallic implant in your body?								
7	Have you ever had a hip/disc replacement surgery?								
8	Have you ever had a fracture in your spine/hip?								

I certify the above information given by me is correct.

____
Participant's signature:

 # High dose: >10 mg prednisolone per day (or equivalent) for >1 week in the past 1 year. Not applicable to topical (applied to the skin) or inhaled (for asthma etc) applications.
Omit DXA and CT Ca if kidney failure/ heart failure/ heart attack/ stroke/ cancer/ on high dose steroids.

Stations	Results	For Data Entry Investigator Code

Station I

1 Height (cm) ☐☐☐ . ☐
2 Weight (kg) ☐☐☐ . ☐
3 Waist circumference (cm) ☐☐☐ . ☐
4 Hip circumference (cm) ☐☐☐ . ☐

Investigator Code ☐☐☐ ______________ Staff Initial/Date

5 Blood pressure (mmHg)
☐ Dinamap
☐ Digital
☐ Manual

	Systolic / Diastolic
1st	/
2nd	/
3rd	/

Take a 3rd reading if difference between 2 readings is >10 mmHg systolic or >5mmHg diastolic

Investigator Code ☐☐☐ ______________ Staff Initial/Date

6 CASP ☐ CASPRO **A** Ref:____________ Refuse ☐ Unable ☐
☐ CASPRO **B** Ref:____________

Investigator Code ☐☐☐ ______________ Staff Initial/Date

Station II

			Refuse	Unable	
1	ECG	☐ Taken	☐	☐	Staff initial/Date

Station III

1 Monofilament 5.07 sensory test

No. of sensory points felt

R	**5**	
L	**5**	

2 Neurothesiometer Reading (Mv)

Apex 1st	R		L	
Med Mal.	R		L	

Staff initial/Date

3 Brachial BP (mmHg)
(systolic reading by Doppler)

1	
2	

Arm used ☐ Left ☐ Right

Is this the dominant arm? ☐ Yes ☐ No

4 Ankle BP (mmHg)
(systolic reading by Doppler)

R1		L1	
R2		L2	
ABI	(Not for Data Entry)	**ABI**	(Not for Data Entry)

Staff initial [**Not for Data Entry**]

Station IV

1 Blood sample ☐ Random ☐ Fasting

	Refuse	Unable
Research [ ]		
☐ Sodium citrate tube (3ml)	☐	☐
☐ Plain tube (10ml)	☐	☐
☐ EDTA tube (10ml)	☐	☐
☐ EDTA tube(10ml)	☐	☐
Screening [ ]		
☐ Plain (5ml)	☐	☐
☐ EDTA (3ml)	☐	☐
☐ Fluoride (6ml)	☐	☐

Staff Initial/Date

2 Urine dipstick (PRO; g/L)

☐ Neg	☐ 1	☐	☐
☐ Trace	☐ 3		
☐ 0.3	☐ ≥ 20		

Staff Initial/Date

Time of Discharge |___|___|___|___|

Return copy of consent form to participant

Not for Data Entry
Discharge Voucher _ [H]
Discharge Voucher _ [I]
Discharge Voucher _ [E]

Staff Initial/Date

Remarks (For data entry)

Additional Notes (For site use only; not for data entry)
☐ Time-chit-

OGTT appt

Date | | | | | | | | |
Time | | | | | | | | |

☐ Done
☐ Refuse
☐ Not Applicable

Staff Initial/Date

Station V - Skinfolds (mm)

1 Bicep1 |__|__| . |__|
Bicep2 |__|__| . |__|
Bicep3 |__|__| . |__|

2 Tricep1 |__|__| . |__|
Tricep2 |__|__| . |__|
Tricep3 |__|__| . |__|

|__|__|__|

Staff Initial/Date

3 Sub-scapula1 |__|__| . |__|
Sub-scapula2 |__|__| . |__|
Sub-scapula3 |__|__| . |__|

4 Supra-iliac1 |__|__| . |__|
Supra-iliac2 |__|__| . |__|
Supra-iliac3 |__|__| . |__|

5 Para-umbilicus1 |__|__| . |__|
Para-umbilicus2 |__|__| . |__|
Para-umbilicus3 |__|__| . |__|

6 Thigh1 |__|__| . |__|
Thigh2 |__|__| . |__|
Thigh3 |__|__| . |__|

7 Calf1 |__|__| . |__|
Calf2 |__|__| . |__|
Calf3 |__|__| . |__|

Station VI

Appointment Time |__|__|__|__|
Not for Data Entry

Arrival Time |__|__|__|__|
Not for Data Entry

Station VI

For female participant only

I certify that I am not pregnant or suspected to be pregnant

Participant's signature and Date

			Refuse	Unable	
1	DXA – BMD	☐ Taken	☐	☐	|__|__|__|
2	DXA – FM & MM	☐ Taken	☐	☐	Staff Initial/Date
3	CT Ca	☐ Taken	☐	☐	|__|__|__| Staff Initial/Date
4	CT BMD	☐ Taken	☐	☐	|__|__|__| Staff Initial/Date

Time of Discharge |___|___|___|___|

Not for Data Entry
Discharge Voucher _ [S]

|__|__|__|

Return copy of consent form to participant

Staff Initial/Date