

Population Health Survey 2022

Participant ID: _____

Responded by: ☐ Participant ☐ Proxy

A. Demographics

1. Date of Birth (MM/YYYY):

DO NOT READ

777) Refused

2. Participant's Age:

DO NOT READ

777) Refused

3. Ethnic Group (as listed in NRIC):

1) Chinese

2) Malay

3) Indian

4) Others, please specify: _____

DO NOT READ

777) Refused

4. Gender:

1) Male

2) Female

DO NOT READ

777) Refused

5. Are you a Singapore Citizen or Permanent Resident?

1) I am a Singapore citizen

2) I am a Permanent Resident

DO NOT READ

777) Refused

6. What is your current marital status?

1) Never Married

2) Married

3) Divorced

4) Separated

5) Widowed

DO NOT READ

777) Refused

7. Preferred language (choose only one option):

- 1) English
- 2) Mandarin
- 3) Malay
- 4) Tamil
- 5) Hokkien
- 6) Teochew
- 7) Cantonese
- 8) Others

DO NOT READ

777) Refused

8. What is your religion?

- 1) Buddhism
- 2) Taoism
- 3) Islam
- 4) Hinduism
- 5) Sikhism
- 6) Christianity
- 7) Free-Thinker
- 8) Others

DO NOT READ

777) Refused

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

**main work status refers to what you spend most of the usual working hours on*

- 1) Working full-time
- 2) Working part-time
- 3) Full-time Student
- 4) Serving National Service
- 5) Homemaker or Housewife
- 6) Retired
- 7) Unemployed

DO NOT READ

777) Refused

[If response is option 1 or 2, go to Question 10. Else, go to Question 11.]

10. What is or was your occupation?

Occupations	Examples
1) Legislators, Senior Officials and Managers	Senior Officials, Managing Directors, Chief Executives, General Managers
2) Professionals	Scientists, Engineers, Actuaries, Statisticians, Architects, Designers, Doctors, Nursing Professionals, TCM professionals, Lecturers, Teachers, authors, editors, creative and performing artists, Economists, Counsellors, Lawyers, Trade broker, Financial/investment advisers, management and business consultants
3) Associate Professionals and Technicians	Assistant engineers, Technicians, Engineering Technicians, Draughtsmen, Quality and safety inspectors, Enrolled/Assistant nurses, Paramedics, Assistant accountants, Executives, Buyers, Real estate agents, Insurance sales agent/broker, Sportsman/fitness instructors, Chefs, Interior designers, Private tutors, Police inspectors
4) Clerical Support Workers	Clerk, Secretary, Bank teller, Telephone operators, Receptionist, Postman
5) Service and Sales Workers	Cooks, Waiters, Barista, Hairdresser, Hawker/Stall holders, Shop sales assistants, Cashiers, Healthcare assistants, Police officers, Security Guards, Fire-fighting and rescue officers, Lifeguards, Child/after school care centre worker,
6) Agricultural and Fishery Workers	Farm workers, Gardeners and horticultural workers, plant nursery workers
7) Craftsmen and Related Trades Workers	Building and related trade workers supervisors and general foremen, Carpenter, Plumbers, Mechanics, Installers, Repairmen, Painter, Building structure cleaners, Precision and handicraft workers, Printing, Electricians, Automotive mechanics, Food preparers, bakers, food tasters and grader, furniture makers, tailors, cobblers, underwater divers
8) Plant and Machine Operators and Assemblers	Plant and machine operators, supervisors and general foremen, assemblers and quality checkers, train operators, transport drivers, private-hire car driver and motorcycle delivery man, Fork lift truck operator
9) Cleaners, Labourers and Related Workers	Cleaners and helpers, dishwashers, food stall assistant, warehouse worker, mover, farm labourers, porters, attendants
10) Workers Not Elsewhere Classified	Singapore armed forces personnel Foreign diplomatic personnel
11) Others	
DO NOT READ	
777) Refused	

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

Highest level of education refers to highest level or standard which a person had passed or attained and was awarded a certificate, either through attendance at an institution of learning, through correspondence or self-study.

- 1) No formal education / Primary
- 2) PSLE or equivalent
- 3) Secondary
- 4) 'O' / 'N' level or NTC3 cert or its equivalent
- 5) 'A' level / International Baccalaureate (IB) / NTC 1-2 or Cert in office/business skills or its equivalent, WSQ certificates
- 6) Polytechnic Diploma
- 7) Other diploma & professional qualification
- 8) University and above
- 9) Others, please specify: _____

DO NOT READ

777) Refused

12. Including yourself, how many people currently live in your household?

	No. of people in my household
1) Persons $\geq$ 21 years old	
2) Persons between 13 and 20 years old	
3) Persons between 7 and 12 years old	
4) Persons between 3 to 6 years old	
5) Persons between 0 to 2 years old	

DO NOT READ

777) Refused

13. Who are you currently living with? **(Choose all options that are applicable).**

- 1) Alone
- 2) With spouse/ partner
- 3) With child/children
- 4) With grandchild/grandchildren
- 5) With parent(s)/guardian(s)
- 6) With sibling(s)
- 7) With other relative(s)
- 8) With domestic helper
- 9) With non-relative(s) - others e.g. tenants

DO NOT READ

777) Refused

14. What is your accommodation type?

- 1) HDB 1- and 2- Room Flats (include HDB studio apartments)
- 2) HDB 3-Room Flats
- 3) HDB 4-Room Flats
- 4) HDB 5-Room and Executive Flats
- 5) Condominium and Private Flats
- 6) Landed Properties –Bungalows/ Semi-Detached Bungalows/ Terrace Houses
- 7) Others

DO NOT READ

777) Refused

15. Over the last 12 months, what is the average earnings (S\$) of your household in one month, before any deductions? Please include all sources of income such as bonuses, rental and investment income, and other sources such as pension and contributions from relatives and friends who are not staying in the same household.

- 1) Below 2,000 per month
- 2) 2,000 – 3,999 per month
- 3) 4,000 – 5,999 per month
- 4) 6,000 – 9,999 per month
- 5) 10,000 - 14,999 per month
- 6) 15,000 & above per month

DO NOT READ

777) Refused

End of Section A. Go to Section B.

B. Cognition

Interviewer: I am going to ask you a few questions to test your memory.

Question	Assessment by interviewer		[DO NOT READ] Refused
	Pass	Fail	
16. What is the month?	☐	☐	☐
17. What is the year?	☐	☐	☐
18. What is the time? (within 1 hour)	☐	☐	☐
19. What is your age?	☐	☐	☐
20. What is your date of birth?	☐	☐	☐
21. What is your home address?	☐	☐	☐
22. Where are we now?	☐	☐	☐
23. Who is our country's Prime Minister?	☐	☐	☐

24. Recognition of 2 persons (use showcards in Annex A) What is his/her job?	☐	☐	☐
Please memorize: "37 Bukit Timah Road"^			
25. Count backwards from 20 to 1	☐	☐	☐
26. Please recall the memory phrase^	☐	☐	☐

27 - 28. ATTENTION

Interviewer: Now, I will ask you to count by subtracting seven from 100, and then, subtracting seven from your answer.

100		
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DO NOT READ

777) Refused

Interviewer: This is another memory test. I am going to read a list of words that you will have to remember later on. Listen carefully.

List of words: **FACE SILK CHURCH ROSE RED**

End of Section B. Go to Section C.

Interviewer: For the next few questions, we will be asking you about your health behaviors.

C. Nutrition

Interviewer: I will start by asking you some questions on nutrition and weight status.

29. May I know your height?

	cm (nearest whole number) OR
	metres (nearest two decimal places) OR
	Feet (nearest whole number) OR
	Inches (nearest whole number)
DO NOT READ	
	Refused

30. May I know your current weight?

	kg (nearest one decimal place), OR
	lbs (nearest whole number)
DO NOT READ	
	Unable to recall
	Refused

31. Do you have any unintentional weight loss during the last 3 months?

- 0 = weight loss greater than 3kg (6.6lbs)
- 1 = does not know
- 2 = weight loss between 1 and 3kg (2.2 and 6.6lbs)
- 3 = no weight loss

DO NOT READ

777) Refused

32. Has food intake declined over the past 3 months due to chewing or swallowing difficulties?

- 0 = Severe decrease in food intake
- 1 = Moderate decrease in food intake
- 2 = No decrease in food intake

DO NOT READ

777) Refused

33. Has food intake declined over the past 3 months due to loss of appetite or digestive problems?

- 0 = Severe decrease in food intake
- 1 = Moderate decrease in food intake
- 2 = No decrease in food intake

DO NOT READ

777) Refused

34. How many full meals do you eat daily?

- 0 = 1 meal
- 1 = 2 meals
- 2 = 3 meals

DO NOT READ

777) Refused

35. Do you take at least one serving of dairy products (milk, cheese, yoghurt) per day?

- 0 = No
- 1 = Yes

DO NOT READ

777) Refused

36. Do you take two or more servings of legumes or eggs per week?

- 0 = No
- 1 = Yes

DO NOT READ

777) Refused

37. Do you take meat, fish or poultry every day?

- 0 = No
- 1 = Yes

DO NOT READ

777) Refused

38. Do you consume two or more servings of fruit or vegetables per day?

0 = No

1 = Yes

DO NOT READ

777) Refused

39. How much fluid (water, juice, coffee, tea, milk ...) is consumed per day?

0 = Less than 3 cups

1 = 3 to 5 cups

2 = More than 5 cups

DO NOT READ

777) Refused

40. What is your self view of nutritional status?

0 = Views self as being malnourished

1 = Is uncertain of nutritional state

2 = Views self as having no nutritional problem

DO NOT READ

777) Refused

41. In comparison with other people of the same age, how do you consider your health status?

0.0 = Not as good

0.5 = Does not know

1.0 = As good

2.0 = Better

DO NOT READ

777) Refused

End of Section C. Go to Question 42.

42-46. DELAYED RECALL

Interviewer: I read some words to you earlier, which I asked you to remember. Tell me as many of those words as you can remember.

Check (✓) in the allocated spaces those words that you can recall.

DELAYED RECALL	Has to recall words WITH NO CUE	FACE []	SILK []	CHURCH []	ROSE []	RED []

DO NOT READ

777) Refused

Go to Section D.

D. Sleep & Rest Patterns

Interviewer: Now, I will be asking you some questions on your sleep and rest patterns.

47. On average, how many hours do you sleep a day?

Hour(s) (to the nearest hour)

DO NOT READ

777) Refused

48. How often do you feel well rested when you wake up in the morning?

1) Most of the time

2) Sometimes

3) Rarely/ Never

DO NOT READ

777) Refused

End of Section D. Go to Section E.

E. Physical Activity

Interviewer: The next few questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

49. Think about all the vigorous activities that you did in the last 7 days/ in a typical week. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal such as running, swimming laps, fast bike riding, or playing badminton. Think only about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days/in a typical week**, on how many days did you do **vigorous** physical activities?

1) 0 day

2) 1 day

3) 2 days

4) 3 days

5) 4 days

6) 5 days

7) 6 days

8) 7 days

DO NOT READ

777) Refused

[If response for Q49 = 0 day, go to Q51. Else, go to Q50.]

50. How much time did you usually spend doing **vigorous** physical activities on one of those days?

minutes per day

DO NOT READ

777) Refused

51. Think about all the moderate activities that you did in the last 7 days/ in a typical week. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal such as brisk walking, taiji, leisurely bike riding, dancing, low-impact aerobics. Think only about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days/in a typical week**, on how many days did you do **moderate** physical activities? Do not include walking.

- 1) 0 day
- 2) 1 day
- 3) 2 days
- 4) 3 days
- 5) 4 days
- 6) 5 days
- 7) 6 days
- 8) 7 days

DO NOT READ

777) Refused

[If response for Q51 = 0 day, go to Section F. Else, go to Q52.]

52. How much time did you usually spend doing **moderate** physical activities on one of those days?

minutes per day

DO NOT READ

777) Refused

End of Section E. Go to Section F.

F. Smoking

Interviewer: The next question is on smoking.

53. Do you currently smoke tobacco products?

Tobacco products include Cigar, Cigarillo, E-cigarettes, Heated tobacco, Beedis, Rolled cigarettes, Ang Hun (loose tobacco), Ang Hun, Pipe Tobacco.

- 1) Daily
- 2) Occasionally
- 3) Have stopped smoking $\leq$ 5yrs
- 4) Have stopped smoking $>$ 5yrs
- 5) Have never smoked

DO NOT READ

777) Refused

End of Section F. Go to Section G.

G. Alcohol Consumption

Interviewer: Now I will be asking you about your alcohol consumption in the past 12 months.

54. In the past 12 months, how frequent did you have at least one alcoholic drink?

- 1) 5 or more days a week
- 2) 1 - 4 days per week
- 3) 1 - 3 days a month
- 4) Less than once a month
- 5) Did not drink alcohol in the past 12 months

DO NOT READ

777) Refused

[If response for Q54 = option 5, go to Section H. Else, go to Q55.]

55. How many times during the past month did you have X [**X = 5 for men, X = 4 for women**] or more drinks in any one drinking session? Please include all types of alcoholic drinks.

times in the past month

DO NOT READ

777) Refused

End of Section G. Go to Section H.

H Screening and Vaccination

Interviewer: Now I will be asking you a few questions on your past screening and vaccinations.

[If respondent is female & below 25 years of age, go to Q62.]

[If respondent is female & aged 25 and above, go to Q56.]

[If respondent is male & below 40 years of age, go to Q62.]

[If respondent is male & aged 40 and above, go to Q58.]

56. **[For Female respondents aged 25 years and older]** A Pap smear is a simple test involving the scraping of cells from the mouth of the womb to detect cervical cancer. When was the last time you had a Pap smear?

- 1) Never been checked
- 2) 1 year ago or less
- 3) More than 1 year to 2 years
- 4) More than 2 years to 3 years
- 5) More than 3 years to 4 years
- 6) More than 4 years to 5 years
- 7) More than 5 years ago
- 8) Not Applicable

DO NOT READ

777) Refused

[If female respondent is between 25 – 40 years of age, go to Q62.]

[If female respondent is aged 40 and above, go to Q57.]

57. **[For Female respondents aged 40 years and older]** A mammogram is an x-ray of each breast to look out for breast cancer. When was the last time you had a mammogram?

- 1) Never been checked
- 2) 1 year ago or less
- 3) More than 1 year to 2 years
- 4) More than 2 years to 3 years
- 5) More than 3 years to 4 years
- 6) More than 4 years to 5 years
- 7) More than 5 years ago

DO NOT READ

777) Refused

58. **[For Male & Female respondents aged 40 years and older]** When was the last time you had your blood pressure checked?

- 1) Never been checked
- 2) 1 year ago or less
- 3) More than 1 year to 2 years
- 4) More than 2 years to 3 years
- 5) More than 3 years to 4 years
- 6) More than 4 years to 5 years
- 7) More than 5 years ago

DO NOT READ

777) Refused

59. **[For Male & Female respondents aged 40 years and older]** When was the last time you had your blood cholesterol checked?

- 1) Never been checked
- 2) 1 year ago or less
- 3) More than 1 year to 2 years
- 4) More than 2 years to 3 years
- 5) More than 3 years to 4 years

DO NOT READ

777) Refused

60. **[For Male & Female respondents aged 40 years and older]** A blood sugar test is a method to check for diabetes. When was the last time you had a blood sugar test?

- 1) Never been checked
- 2) 1 year ago or less

- 3) More than 1 year to 2 years
- 4) More than 2 years to 3 years
- 5) More than 3 years to 4 years
- 6) More than 4 years to 5 years
- 7) More than 5 years ago

DO NOT READ

777) Refused

[For respondents aged 50 and above, go to Q61. Else, go to Q62.]

61. **[For Male & Female respondents aged 50 years and older]** A blood stool test is a test to determine whether the stool contains blood. This test is done to detect colorectal cancer. When was the last time you had a blood stool test?

- 1) Never been checked
- 2) 1 year ago or less
- 3) More than 1 year to 2 years
- 4) More than 2 years to 3 years
- 5) More than 3 years to 5 years
- 6) More than 5 years ago

DO NOT READ

777) Refused

62. Did you receive any influenza vaccine in the past 12 months? Do not include COVID-19 vaccination.

- 1) Yes
- 2) No

DO NOT READ

777) Refused

[For respondents aged 65 and above, go to Q63. Else, go to Section I.]

63. **[For respondents aged 65 years and older]** Have you had a pneumococcal vaccination? Do not include COVID-19 vaccination.

- 1) Yes
- 2) No

DO NOT READ

777) Refused

888) Do not know

End of Section H. Go to Section I.

I Resident Activation

Interviewer: Now I will read to you some statements. On a scale from 1- Strongly Disagree to 5 – Strongly Agree, please choose how much you agree/disagree with each statement that describes your engagement in your own health.

1	2	3	4	5
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree

64. Even when life is stressful, I know I can continue to do the things that keep me healthy.

- 1) Strongly Disagree
- 2) Disagree
- 3) Neither
- 4) Agree
- 5) Strongly Agree

DO NOT READ

777) Refused

65. I feel comfortable talking to my doctor about my health.

- 1) Strongly Disagree
- 2) Disagree
- 3) Neither
- 4) Agree
- 5) Strongly Agree

DO NOT READ

777) Refused

66. When I work to improve my health, I succeed.

- 1) Strongly Disagree
- 2) Disagree
- 3) Neither
- 4) Agree
- 5) Strongly Agree

DO NOT READ

777) Refused

67. I have brought my own information about my health to show my doctor.

- 1) Strongly Disagree
- 2) Disagree
- 3) Neither
- 4) Agree
- 5) Strongly Agree

DO NOT READ

777) Refused

68. I can stick with plans to exercise and eat a healthy diet.

- 1) Strongly Disagree
- 2) Disagree
- 3) Neither
- 4) Agree
- 5) Strongly Agree

DO NOT READ

777) Refused

69. I have lots of experience using the health care system.

- 1) Strongly Disagree
- 2) Disagree
- 3) Neither
- 4) Agree
- 5) Strongly Agree

DO NOT READ

777) Refused

70. I handle my health well.

- 1) Strongly Disagree
- 2) Disagree
- 3) Neither
- 4) Agree
- 5) Strongly Agree

DO NOT READ

777) Refused

End of Section I. Go to Section J.

J Experience

Interviewer: Now I will read to you some statements. On a scale from 1- Strongly Disagree to 5 – Strongly Agree, please choose how much you agree/disagree with each statement that describes your health experience in the community and with the healthcare system in general.

1	2	3	4	5
Strongly Disagree	Disagree	Agree	Strongly Agree	Don't know

71. There are enough health promotion/ education initiatives in my neighbourhood (E.g. Health talk, Health coaching, Health and wellness activities, goldlympics, healthy cooking classes, share-a-pot).

- 1) Strongly disagree
- 2) Disagree

- 3) Agree
- 4) Strongly agree
- 5) Don't know

DO NOT READ

777) Refused

72. There are enough trustworthy health information that I need.

- 1) Strongly disagree
- 2) Disagree
- 3) Agree
- 4) Strongly agree
- 5) Don't know

DO NOT READ

777) Refused

73. Affordable healthier food options (lower in salt, sugar and fat) are available in my neighbourhood.

- 1) Strongly disagree
- 2) Disagree
- 3) Agree
- 4) Strongly agree
- 5) Don't know

DO NOT READ

777) Refused

74. I/ My family have adequate funds to meet my health expenses (inclusive of caregiver expenses).

- 1) Strongly disagree
- 2) Disagree
- 3) Agree
- 4) Strongly agree
- 5) Don't know

DO NOT READ

777) Refused

[For respondents aged 40 and above, go to Q75. Else, go to Section K]

75. **[For respondents aged 40 years and older]** Do you know of Advanced Care Planning (ACP)?

- 1) No
- 2) Yes

DO NOT READ

777) Refused

[If response for Q75 = Yes, go to Q76. Else, go to Q77]

76. **[For respondents aged 40 years and older]** Have you completed your ACP?

1) No

2) Yes

DO NOT READ

777) Refused

77. **[For respondents aged 40 years and older]** On a scale of 1 to 10, where 10 being the most important and 1 being the least important, how important is long-term healthcare planning for you and your family?

Please circle.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Least

Important

Most

important

DO NOT READ

777) Refused

End of Section J. Go to Section K.

K Healthcare Utilisation and Experience of Care

Interviewer: In the next few questions, we will be asking you questions on your healthcare use and experience of care received at different healthcare settings.

Private General Practitioner (GP)

78. In the past 12 months, how many times did you visit a General Practitioner (GP) in a private clinic / see a doctor at home?

1) 0

2) No. of times (exclude 0) : _____

DO NOT READ

666) Unable to recall

777) Refused

[If response is option 2, go to Q79. Else, go to Q85.]

79. On average, how much was your total bill per GP visit after Government subsidy, including consultation, tests, and medications?

\$ _____

DO NOT READ

666) Unable to recall

777) Refused

888) Do not know

80. In the past 12 months, how many different General Practitioners doctors did you visit?

_____ doctors

DO NOT READ

666) Unable to recall

777) Refused

Experience of care at private GP clinics

81. How satisfied are you with the way your care team at the GP clinics communicated with you?

1) Very poor

2) Poor

3) Satisfied

4) Good

5) Excellent

DO NOT READ

777) Refused

82. Regarding your treatment, the care team at GP clinics involved you and/or your family in the discussion on the matter. Would you say you...

1) Strongly disagree

2) Disagree

3) Agree

4) Strongly agree

5) Don't know

DO NOT READ

777) Refused

83. How satisfied are you with the medical treatment you received at GP clinics?

1) Very poor

2) Poor

3) Satisfied

4) Good

5) Excellent

DO NOT READ

777) Refused

84. On the whole, how satisfied are you with the service you receive at GP clinics?

1) Very poor

2) Poor

3) Satisfied

4) Good

5) Excellent

DO NOT READ

777) Refused

Polyclinic

85. In the past 12 months, how many times did you visit a doctor in a polyclinic?

1) 0

2) No. of times (exclude 0) : _____

DO NOT READ

666) Unable to recall

777) Refused

[If response is option 2, go to Q86. Else, go to Q91.]

86. On average, how much was your total bill per Polyclinic visit after Government subsidy, including consultation, tests, and medications?

\$ _____

DO NOT READ

666) Unable to recall

777) Refused

888) Do not know

Experience of care at Polyclinics

87. How satisfied are you with the way your care team at Polyclinics communicated with you?

1) Very poor

2) Poor

3) Satisfied

4) Good

5) Excellent

DO NOT READ

777) Refused

88. Regarding your treatment, the care team at Polyclinics involved you and/or your family in the discussion on the matter. Would you say you...

1) Strongly disagree

2) Disagree

3) Agree

4) Strongly agree

5) Don't know

DO NOT READ

777) Refused

89. How satisfied are you with the medical treatment you received at Polyclinics?

1) Very poor

2) Poor

3) Satisfied

- 4) Good
- 5) Excellent

DO NOT READ

777) Refused

90. On the whole, how satisfied are you with the service you receive at Polyclinics?

- 1) Very poor
- 2) Poor
- 3) Satisfied
- 4) Good
- 5) Excellent

DO NOT READ

777) Refused

Specialist Outpatient Clinic (SOC)

91. In the past 12 months, how many times did you visit a doctor in a specialist outpatient clinic (SOC)?

- 1) 0
- 2) No. of times (exclude 0) : _____

DO NOT READ

666) Unable to recall

777) Refused

[If response is option 2, go to Q92. Else, go to Q93.]

92. On average, how much was your total bill per SOC visit after Government subsidy, including consultation, tests, and medications?

\$ _____

DO NOT READ

666) Unable to recall

777) Refused

888) Do not know

Utilisation: Emergency Department

93. In the past 12 months, how many times have you had Emergency Department (ED) visits

- 1) 0
- 2) No. of times (exclude 0) : _____

DO NOT READ

666) Unable to recall

777) Refused

[If response is option 2, go to Q94. Else, go to Q96.]

94. What was/were the reason(s) for the visit(s) to the ED?

DO NOT READ

777) Refused

95. On average, how much was your total bill per ED visit after Government subsidy, including consultation, tests, ward charges and medications?

\$ _____

DO NOT READ

666) Unable to recall

777) Refused

888) Do not know

Utilisation: hospital admissions – Public hospital including acute hospital and community hospital

Hospital admissions refer to visits to the hospital that results in at least 1 overnight stay in the hospital.

96. In the past 12 months, how many times have you had public hospital admissions including public community hospital admissions

1) 0

2) No. of times (exclude 0) : _____

DO NOT READ

666) Unable to recall

777) Refused

[If response is option 2, go to Q97. Else, go to Q103.]

97. On average, how much was your total bill per public hospital admission including public community hospital after Government subsidy, including consultation, tests, ward charges and medications?

\$ _____

DO NOT READ

666) Unable to recall

777) Refused

888) Do not know

98. How long did you stay in public hospital (acute hospitals and community hospital) in the past 12 months (inclusive of all admissions in the past 12 months)?

_____ nights

DO NOT READ

777) Refused

Experience of inpatient care at public hospitals (acute hospitals and community hospitals)

99. How satisfied are you with the way your inpatient care team communicated with you?

1) Very poor

- 2) Poor
- 3) Satisfied
- 4) Good
- 5) Excellent

DO NOT READ

777) Refused

100. Regarding your treatment, the inpatient care team involved you and/or your family in the discussion on the matter. Would you say you...

- 1) Strongly disagree
- 2) Disagree
- 3) Agree
- 4) Strongly agree
- 5) Don't know

DO NOT READ

777) Refused

101. How satisfied are you with the medical treatment you received during your admission?

- 1) Very poor
- 2) Poor
- 3) Satisfied
- 4) Good
- 5) Excellent

DO NOT READ

777) Refused

102. On the whole, how satisfied are you with the service you received during your admission?

- 1) Very poor
- 2) Poor
- 3) Satisfied
- 4) Good
- 5) Excellent

DO NOT READ

777) Refused

Utilisation: hospital admissions – Private hospital

103. In the past 12 months, how many times have you had private hospital admissions

- 1) 0
- 2) No. of times (exclude 0) : _____

DO NOT READ

666) Unable to recall

777) Refused

[If response is option 2, go to Q104. If response for Q96 is option 2, go to Q106. Else, go to Q108.]

104. On average, how much was your total bill per private hospital admission after Government subsidy, including consultation, tests, ward charges and medications?

\$ _____

DO NOT READ

666) Unable to recall

777) Refused

888) Do not know

105. How long did you stay in private hospital (acute and community hospital) in the past 12 months (inclusive of all admissions in the past 12 months)?

_____ nights

DO NOT READ

777) Refused

106. What was/were the reason(s) for the visit(s) to the hospitals?

DO NOT READ

777) Refused

107. After discharge from your last hospital admission, which of the following did you need?

	Please indicate (✓)
1) Wound dressing	☐
2) Injections	☐
3) Change of feeding tube	☐
4) Change of urinary catheter	☐
5) Physiotherapy	☐
6) Speech Therapy	☐
7) Occupational Therapy	☐
8) None of the above	☐
DO NOT READ	
777) Refused	☐

108. During the past 12 months, was there a time you did not receive a consultation / check-up / prescribed treatment at any polyclinic or general practitioner when you really needed it for your health problem?

1) Yes

- 2) No
- 3) Not applicable as there was no need for health care

DO NOT READ

777) Refused

[If response is option 1, go to Q109. Else, go to Q110.]

109. What was the main reason for not receiving the consultation / check-up /prescribed treatment (choose the most applicable option only)?

- 1) Could not afford to (too expensive)
- 2) Long waiting time at clinic
- 3) Could not take time off work/ from caring for children
- 4) Too far to travel or transport problem
- 5) Fear of doctor/checkup/treatment
- 6) Wanted to wait and see if problem got better on its own
- 7) No one to accompany/ take me to clinic
- 8) Fear of language barrier for communication
- 9) Other reason, please specify: _____

DO NOT READ

777) Refused

110. During the past 12 months, was there a time you did not receive a consultation / check-up /prescribed treatment at any public hospital when you really needed it for your health problem?

- 1) Yes
- 2) No
- 3) Not applicable as there was no need for health care

DO NOT READ

777) Refused

[If response is option 1, go to Q111. Else, go to Q112.]

111. What was the main reason for not receiving the consultation / check-up /prescribed treatment (choose the most applicable option only)?

- 1) Could not afford to (too expensive)
- 2) Long waiting time for an appointment*
** Waiting time for an appointment refers to the duration between the date an individual makes an appointment and the actual date of appointment (Not including the waiting time at the clinic on the day of appointment itself).*
- 3) Could not take time off work/ from caring for children
- 4) Too far to travel or transport problem
- 5) Fear of doctor/check-up/treatment
- 6) Wanted to wait and see if problem got better on its own
- 7) No one to accompany/ take me to clinic
- 8) Fear of language barrier for communication

9) Other reason, please specify: _____

DO NOT READ

777) Refused

Dental

112. How often do you visit a dentist?

1) Once every 6 months

2) At least once a year

3) At least once every 2 years

4) Only if there is pain or when I have a dental problem

5) Others, please specify: _____

DO NOT READ

777) Refused

113. What was the reason for your most recent visit to a dentist?

1) I was experiencing dental problems (e.g. toothache, swollen or bleeding gums)

2) For treatment/ follow-up treatment (e.g. dentures, root canal treatment, teeth whitening)

3) I thought it was time for a check-up

4) The dentist reminded me it was time for a check-up

5) Others, please specify: _____

DO NOT READ

666) Unable to recall

777) Refused

114. On average, how much was your total bill per dental visit after Government subsidy, including consultation, tests, and medications?

\$ _____

DO NOT READ

666) Unable to recall

777) Refused

888) Do not know

Traditional Chinese Medicine (TCM)

A TCM practitioner could be a TCM physician, a Chinese sinseh, herbalist, bone setter or an acupuncturist.

115. In the past 12 months, how many times did you: visit a Traditional Chinese Medicine (TCM) practitioner or a traditional healer?

1) 0

2) No. of times (exclude 0) : _____

DO NOT READ

666) Unable to recall

777) Refused

[If response is option 1, go to Q116. Else, go to Q117.]

116. On average, how much was your total bill per TCM/traditional healer visit after Government subsidy, including consultation, tests, and medications?

\$ _____

DO NOT READ

666) Unable to recall

777) Refused

888) Do not know

Other health-related services

117. Did you use any of the following health-related services in the past 12 months? Please tick (✓) all applicable responses.

Health-related services	Please indicate (✓)
1) Day care centers (including dementia day care centers or day rehab centers)	☐
2) Community Nurse Post	☐
3) Senior Activity Centers	☐
4) Home health services e.g. nurse, doctor, therapist etc.	☐
5) Home help services e.g. for cleaning, delivering meals, etc.	☐
6) Caregiver support services or respite care	☐
7) Visits from "Befrienders" or other volunteers for social interactions	☐
8) Escort services/transportation services	☐
9) Rehabilitation services (including speech therapy, physiotherapy, and occupational therapy services)	☐
10) Any other health/ healthcare services, please specify: _____	☐
11) None	☐
DO NOT READ	
777) Refused	☐

Health-related expenses

The next few questions are about other health-related costs which will exclude cost on healthcare services that have already been asked earlier.

In the past 12 months, how much did you spend on the following items:

118. Prescribed medical products, equipment or appliances (such as Prescribed glasses, contact lenses, hearing aids etc)

\$ _____

DO NOT READ

777) Refused

888) Do not know

119. Medications /medical products bought over the counter and medical products to promote health or for prevention (such as painkillers, cough syrup, medical products, supplements and vitamins bought over-the-counter)

\$ _____

DO NOT READ

777) Refused

888) Do not know

120. Health insurance premium (inclusive of health insurance premiums paid using your Medisave but not inclusive of Medishield Life or Careshield Life)

\$ _____

DO NOT READ

777) Refused

888) Do not know

Please list any other health-related cost that you have spent on in the past 12 months which have not been included in the above?

121. Any other health-related cost:

Items	Cost in the past 12 months
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

DO NOT READ

777) Refused

End of Section K. Go to Section L.

L. Volunteering

Interviewer: Now I will be asking you a few questions on your experience and perceptions of volunteering. Volunteering refers to activities done out of one's free will, without expecting financial payment, to help others outside your household, family, relatives or friends. **Excludes** micro giving acts (e.g. giving up your seat on public transport), and compulsory community work such as CIP in schools and Corrective work order, except where it exceeded the compulsory no. of hours.

122. How often did you volunteer in the past 12 months?

- 1) At least once a week
- 2) Less than once a week but at least once a month
- 3) Less than once a month
- 4) One-off
- 5) Did not volunteer in the past 12 months

DO NOT READ

777) Refused

[If response for Q120 is option 4 and 5, go to Q123. Else, go to Section M]

123. Why? What are some reasons that may have stopped you from volunteering? (You can choose more than one reason.)

- 1) Physically not capable
- 2) No time due to family commitments
- 3) No time due to work commitments
- 4) Have not thought about it
- 5) Tired/burnout from volunteering
- 6) Too much responsibility in volunteer work
- 7) Lack of guidance/training
- 8) Lack of family support
- 9) Have not been approached
- 10) Don't know where and how to get involved / I need someone to organise an activity for me
- 11) Not interested / Boring
- 12) Other reasons

DO NOT READ

777) Refused

End of Section L. Go to Section M.

M. Clinical

Interviewer: The next few questions will be asking you about your health conditions.

124. Have you been told by a western-trained doctor that you have high blood pressure?

- 1) Yes
- 2) No
- 3) No, but I have borderline hypertension

DO NOT READ

777) Refused

888) Do not know

[If response to Q124 = Yes, and respondent is female, go to Q125. Else, go to Q126]

125. **[For female respondents only]** Was this only when you were pregnant?

- 1) Yes

2) No

DO NOT READ

777) Refused

888) Do not know

126. Have you ever been told by a western-trained doctor that you have diabetes?

1) Yes

2) No

3) No, but I have pre-diabetes or borderline diabetes

DO NOT READ

777) Refused

888) Do not know

[If response to Q126 = Yes, and respondent is female, go to Q127. Else, go to Q128]

127. **[For female respondents only]** Was this only when you were pregnant?

1) Yes

2) No

DO NOT READ

777) Refused

888) Do not know

128. Have you been told by a western-trained doctor that you have high blood cholesterol or lipids?

1) Yes

2) No

3) No, but I have borderline high blood cholesterol

DO NOT READ

777) Refused

888) Do not know

129. Has the resident been told by a western-trained doctor that he/she have Dementia/ Alzheimer's?

1) Yes

2) No

DO NOT READ

777) Refused

888) Do not know

130. Have you ever been told by a western-trained doctor that you have other chronic conditions apart from those mentioned?

1) Yes, please specify: _____

2) No

DO NOT READ

List of chronic conditions:

- A) Heart attack (myocardial infarction), angina
- B) Heart failure
- C) Other forms of heart diseases
- D) Cancer
- E) Cerebrovascular diseases (such as stroke)
- F) Chronic respiratory illness (e.g. asthma or COPD [chronic obstructive pulmonary disease])
- G) Digestive illness (stomach or intestinal)
- H) Renal / kidney or urinary tract ailments
- I) Ailments of the liver or gall bladder
- J) Joint pain, arthritis, rheumatism or nerve pain
- K) Chronic back pain
- L) Osteoporosis
- M) Fractures of the hip, thigh and pelvis
- N) Other fractures
- O) Cataract
- P) Glaucoma
- Q) Age-related macular degeneration
- R) Autoimmune disorder
- S) Chronic skin condition (e.g. eczema, psoriasis)
- T) Epilepsy
- U) Thyroid disorder
- V) Migraine
- W) Parkinsonism
- X) Other conditions , if any, please specify
- 777) Refused

131. Do you take any medications on a long term basis?

- 1) Yes
- 2) No

DO NOT READ

777) Refused

[\[If Q131 = Yes, go to Q132. Else, go to Q134\]](#)

132. How many types of long term medications do you take regularly? Include all medications prescribed by medical professionals.

_____ types of long-term medications

DO NOT READ

777) Refused

133. How often do you have difficulty remembering to take all your medication?

- 1) Never/Rarely
- 2) Once in a while
- 3) Sometimes

- 4) Usually
5) All the time

DO NOT READ

777) Refused

134. Do you have any of the following skin condition? (Please tick (✓) more than 1 if required):

Skin conditions	Please indicate (✓)
1) Pressure sore	☐
2) Foot ulcer	☐
3) Surgical wounds	☐
4) Others: _____	☐
5) None	☐
DO NOT READ	
777) Refused	☐

135. Do you have movement-related joint pain and/or stiffness in the following joints for more than 3 months? (Please tick all that is applicable)

	Please indicate (✓)
1) Hip	☐
2) Knee	☐
3) Ankle	☐
4) Shoulder	☐
5) Elbow	☐
6) Hand/Wrist	☐
7) Neck/Upper Back	☐
8) Lower Back	☐
9) Others, please specify : _____	☐
10) None	☐
DO NOT READ	
777) Refused	☐

End of Section M. Go to Section N

N Quality of life (See showcards)

Interviewer: Now, I will ask you some questions to understand your perceived quality of life.

Under each heading, please tick the ONE box that best describes your health TODAY.

136. **1. MOBILITY**
- I have no problems in walking about ☐
- I have slight problems in walking about ☐
- I have moderate problems in walking about ☐
- I have severe problems in walking about ☐
- I am unable to walk about ☐
- DO NOT READ
- Refused ☐
137. **2. SELF-CARE**
- I have no problems washing or dressing myself ☐
- I have slight problems washing or dressing myself ☐
- I have moderate problems washing or dressing myself ☐
- I have severe problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐
- DO NOT READ
- Refused ☐
138. **3. USUAL ACTIVITIES** (*e.g. work, study, housework, family or leisure activities*)
- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐
- DO NOT READ
- Refused ☐
139. **4. PAIN / DISCOMFORT**
- I have no pain or discomfort ☐
- I have slight pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have severe pain or discomfort ☐
- I have extreme pain or discomfort ☐
- DO NOT READ
- Refused ☐

140. **5. ANXIETY / DEPRESSION**

I am not anxious or depressed

☐

I am slightly anxious or depressed

☐

I am moderately anxious or depressed

☐

I am severely anxious or depressed

☐

I am extremely anxious or depressed

☐

DO NOT READ

Refused

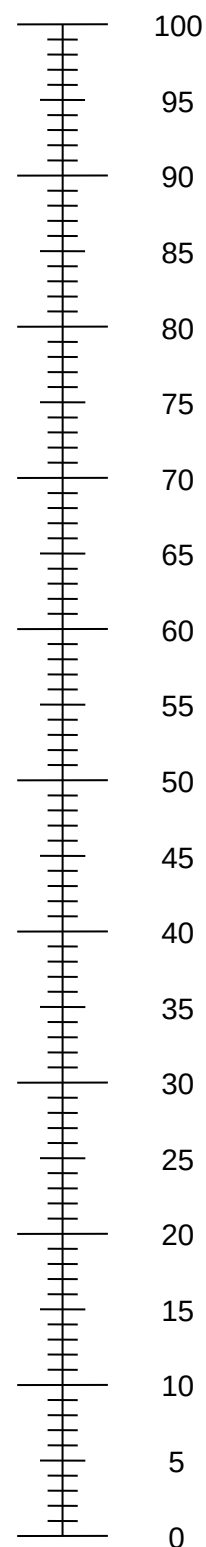
☐

141. EQ-5D Visual Analogue Scale

- We would like to know how good or bad your health is *TODAY*.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is *TODAY*.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health
you can imagine



The worst health
you can imagine

DO NOT READ

777) Refused

142. For the past 6 months or more, have you been limited in activities people usually do because of a health problem?

1) Yes, strongly limited

2) Yes, limited

3) No, not limited

DO NOT READ

777) Refused

888) Do not know

143. In a typical week, how often do you feel that everything you do is an effort?

1) Rarely or never (Less than 1 day)

2) Some of the time (1 to 2 days)

3) Occasionally (3 to 4 days)

4) All of the time (5 to 7 days)

DO NOT READ

777) Refused

For Q144 – Q152, please answer all the questions on a scale of “0 – Not at all” to “3- Nearly every day”. Please select the most appropriate the answers which you think most nearly apply to you in the **past 2 weeks**.

Over the last 2 weeks, how often have you been bothered by any of the following problems?	0) Not at all	1) Several days	2) More than half the days	3) Nearly every day	[DO NOT READ] 777) Refused
144. Little interest or pleasure in doing things	☐	☐	☐	☐	☐
145. Feeling down, depressed, or hopeless	☐	☐	☐	☐	☐
146. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐	☐
147. Feeling tired or having little energy	☐	☐	☐	☐	☐
148. Poor appetite or overeating	☐	☐	☐	☐	☐
149. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	☐	☐	☐	☐	☐
150. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐	☐

151. Moving or speaking so slowly that other people could have noticed Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐	☐
152. Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐	☐

End of Section N. Go to Section O.

O. Functional Status

Interviewer: The following questions will be assessing you on your functional status.

153. How many times have you fallen over the past 1 year?

_____ times

DO NOT READ

777) Refused

154. Have you suffered a fracture as a result of your fall? (Please tick all that is applicable)

	Please indicate (✓)
1) Hip	☐
2) Knee	☐
3) Ankle	☐
4) Shoulder	☐
5) Elbow	☐
6) Hand/Wrist	☐
7) Neck/Upper Back	☐
8) Lower Back	☐
9) Others, please specify : _____	☐
10) None	☐
DO NOT READ	
777) Refused	☐

155. Do you have any problem with any of the following:

- (i) Bathing
- (ii) Dressing
- (iii) Transferring
- (vi) Using the toilet
- (v) Continence

(vi) Eating

1) Yes

2) No

DO NOT READ

777) Refused

[If Q155 = Yes, go to Q156. If Q155 = No, go to and continue with Q167 if respondent is 65 years old and above; go to Q168 if respondent is below 65 years old]

Under each heading, please select (✓) the appropriate response.

156.	BOWELS
	① The person is bowel incontinent.
	② Needs help to assume appropriate position, and with bowel movement facilitatory techniques.
	③ Can assume appropriate position, but cannot use facilitatory techniques, or clean self without assistance and has frequent accidents.
	④ May require supervision with the use of suppository or enema and has occasional accidents.
	⑤ Can control bowels and has no accidents, can use suppository, or take an enema when necessary.
	DO NOT READ
	777) Refused

157.	BLADDER
	① Dependent in bladder management, is incontinent, or has indwelling catheter.
	② Incontinent but is able to assist with the application of an internal or external device.
	③ Generally dry by day, but not at night, and needs some assistance with the devices.
	④ Generally dry by day and night, but may have an occasional accident, or need minimal assistance with internal or external devices.
	⑤ Able to control bladder day and night, and/or is independent with internal or external devices.
	DO NOT READ
	777) Refused

158.	FEEDING
	① Dependent in all aspects and needs to be fed.
	② Can manipulate an eating device, usually a spoon, but someone must provide active assistance during the meal.
	③ Able to feed self with supervision. Assistance is required with associated tasks such as putting milk/sugar into tea, salt, pepper, spreading butter, turning a plate or other “set-up” activities.

④ Independence in feeding with prepared tray except may be cut meat, open milk carton, jar lid etc. Presence of another person is not required.
⑤ Can feed self from a tray or table when someone puts the food within reach. Must put on an assistive device if needed, cut the food, and if desired, use salt and pepper, spread butter, etc.
DO NOT READ
777) Refused

159.

PERSONAL HYGIENE
① Unable to attend to personal hygiene and is dependent in all aspects.
② Assistance is required in all steps of personal hygiene.
③ Some assistance is required in one or more steps of personal hygiene.
④ Able to conduct his/her own personal hygiene but requires minimal assistance before and/or after the operation.
⑤ Can wash his/her hands and face, comb hair, clean teeth and shave. A male may use any kind of razor but must insert the blade, or plug in the razor without help, as well as retrieve it from the drawer or cabinet. A female must apply her own make-up, if used, but need not braid or style her hair.
DO NOT READ
777) Refused

160.

DRESSING
① Dependent in all aspects of dressing and is unable to participate in the activity.
② Able to participate to some degree, but is dependent in all aspects of dressing.
③ Assistance is needed in putting on, and/or removing any clothing.
④ Only minimal assistance is required with fastening clothing, such as buttons, zips, bra, shoes etc.
⑤ Able to put on, remove, and fasten clothing, tie shoelaces, or put on, fasten, remove corset, braces, as prescribed.
DO NOT READ
777) Refused

161.

ON AND OFF THE TOILET
① Dependent in toileting.
② Assistance required in all aspects of toileting.
③ Assistance may be required with management of clothing, transferring, or washing hands.
④ Supervision may be required for safety with normal toilet. A commode may be used at night but assistance is required for emptying and cleaning.

⑤ Able to get on and off the toilet, fasten and unfasten clothes, prevent soiling of clothes and use toilet paper without help. If necessary, the person may use a bed pan or commode, or urinal at night, but must be able to empty it, and clean it.
DO NOT READ
777) Refused

162.

BATHING SELF
① Total dependence in bathing self.
② Assistance is required in all aspects of bathing.
③ Assistance is required with either transfer to shower/bath or with washing or drying; including inability to complete a task because of condition or disease etc.
④ Supervision is required for safety in adjusting the water temperature, or in the transfer.
⑤ May use a bath tub, a shower, or take a complete sponge bath. The resident must be able to do all the steps of whichever method is employed without another person being present.
DO NOT READ
777) Refused

163.

AMBULATION
① Dependent in ambulation.
② Constant presence of one or more assistants is required during ambulation.
③ Assistance is required with reaching aids and/or their manipulation. One person is required to offer assistance.
④ The patient is independent in ambulation but unable to walk 50 metres without help, or supervision is needed for confidence or safety in hazardous situations.
⑤ The patient must be able to wear braces if required, lock and unlock these braces assume standing position, sit down, and place the necessary aids into position for use. The patient must be able to use crutches, walking aids and walk 50 metres without help or supervision.
DO NOT READ
777) Refused

164.

WHEELCHAIR MOBILITY* (alternative to Ambulation) Only use this item if the person is rated "0" for Ambulation, & then only if person has been trained in wheelchair management
① Dependent in wheelchair ambulation.
② Can propel self short distances on flat surface, but assistance is required for all other steps of wheelchair management.

③ Presence of one person is necessary and constant assistance is required to manipulate chair to table, bed etc.
④ Can propel self for a reasonable duration over regularly encountered terrain. Minimal assistance may still be required in “tight corners”.
⑤ To propel wheelchair independently, the person must be able to go around corners, turn around, manoeuvre the chair to a table, bed, toilet, etc. The person must be able to push a chair at least 50 metres/yards.
DO NOT READ
777) Refused

165.

STAIRS
① Unable to climb stairs.
② Assistance is required in all aspects of stair climbing, including assistance with walking aids.
③ Able to ascend/descend but is unable to carry walking aids, and needs supervision and assistance.
④ Generally no assistance is required. At times supervision is required for safety due to morning stiffness, shortness of breath etc.
⑤ Able to go up and down a flight of stairs safely without help or supervision. Able to use hand rails, cane, or crutches when needed and is able to carry these devices as he/she ascends or descends.
DO NOT READ
777) Refused

166.

CHAIR/BED TRANSFERS
① Unable to participate in a transfer. Two attendants are required to transfer the person with or without a mechanical device.
② Able to participate but maximum assistance of one other person is required in all aspects of the transfer.
③ The transfer requires the assistance of one other person. Assistance may be required in any aspect of the transfer.
④ The presence of another person is required either as a confidence measure, or to provide supervision for safety.
⑤ Can safely approach the bed in a wheelchair, lock the brakes, lift the footrests, move safely to bed, lie down, come to a sitting position on the side of the bed, change the position of the wheelchair, transfer back into it safely. Must be independent in all phases of this activity.
DO NOT READ
777) Refused

[For respondents aged 65 and above, go to Q167. Else, go to Q168]

167. **[For respondents age ≥ 65]** Do you have any problem with any of the following:

- (i) Handling personal finances
- (ii) Meal preparation
- (iii) Shopping
- (iv) Travelling
- (v) Doing housework
- (vi) Using the telephone
- (vii) Taking Medications

1) Yes

2) No

DO NOT READ

777) Refused

168. How often do you take part in active recreation? This may include bowling, golf, tennis, hiking, jogging, or swimming.

1) Never

2) Almost never

3) Once in a while

4) Often

5) Very often

DO NOT READ

777) Refused

169. If situation allows, how often will you travel out of town for at least an overnight stay?

1) Never

2) Almost Never

3) Once in a while

4) Often

5) Very often

DO NOT READ

777) Refused

170. How much difficulty do you have running 800 meters or more?

(Remember, this is without the help of someone else and without the use of any assistive walking device.)

1) Cannot do

2) Quite a lot

3) Some

4) A Little

5) None

DO NOT READ

777) Refused

171. How much difficulty do you have stepping on and off a bus?
(Remember, this is without the help of someone else and without the use of any assistive walking device.)
- 1) Cannot do
 - 2) Quite a lot
 - 3) Some
 - 4) A Little
 - 5) None

DO NOT READ

777) Refused

172. The figure below shows the description for each Clinical Frailty Scale (CFS) category scores (1 to 9). Please select the CFS score that best describe your current status.

Clinical Frailty Scale	
	1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
	2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.
	3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.
	4 Vulnerable – While not dependent on

CFS Score: _____

DO NOT READ

777) Refused

End of Section O. Go to Section P.

P. Mental Well-being

Interviewer: Next, I would like to ask how you have been feeling, thinking and behaving over the past weeks.

For Q173 to Q184, I would like to know if you have any medical complaints, and how your health has been in general, over the **past 6 weeks**.

Please answer all the questions by ticking the answers which you think most nearly apply to you. Remember that I want to know about present and recent complaints, not those you had in the past.

Have you recently (in the past 6 weeks):	(a)	(b)	(c)	(d)	[DO NOT READ] (777)
173. Been able to concentrate on whatever you're doing?	☐ Better than usual	☐ Same as usual	☐ Less than usual	☐ Much less than usual	☐ Refused
174. Lost much sleep over worry?	☐ Not at all	☐ No more than usual	☐ Rather more than usual	☐ Much more than usual	☐ Refused
175. Felt that you are playing a useful part in things?	☐ More so than usual	☐ Same as usual	☐ Less useful than usual	☐ Much less useful	☐ Refused
176. Felt capable of making decisions about things?	☐ More so than usual	☐ Same as usual	☐ Less so than usual	☐ Much less capable	☐ Refused
177. Felt constantly under strain?	☐ Not at all	☐ No more than usual	☐ Rather more than usual	☐ Much more than usual	☐ Refused
178. Felt you couldn't overcome your difficulties?	☐ Not at all	☐ No more than usual	☐ Rather more than usual	☐ Much more than usual	☐ Refused
179. Been able to enjoy your normal day-to-day activities?	☐ More so than usual	☐ Same as usual	☐ Less so than usual	☐ Much less than usual	☐ Refused
180. Been able to face up to your problems?	☐ More so than usual	☐ Same as usual	☐ Less able than usual	☐ Much less able	☐ Refused

181. Been feeling unhappy and depressed?	☐ Not at all	☐ No more than usual	☐ Rather more than usual	☐ Much more than usual	☐ Refused
182. Been losing confidence in yourself?	☐ Not at all	☐ No more than usual	☐ Rather more than usual	☐ Much more than usual	☐ Refused
183. Been thinking of yourself as a worthless person?	☐ Not at all	☐ No more than usual	☐ Rather more than usual	☐ Much more than usual	☐ Refused
184. Been feeling reasonably happy, all things considered?	☐ More so than usual	☐ About same as usual	☐ Less so than usual	☐ Much less than usual	☐ Refused

185. Interviewer: The following list of events is extremely stressful and upsetting events that sometimes occur to people. Can you indicate which, if any, of these events have you experienced in your life, over the past year? Check (✓) items that apply.

List of events	Please indicate (✓)
1) Spouse/ partner passing away	☐
2) Spouse/partner have life threatening illness or accident	☐
3) A family or close friend passing away/ diagnosed with life threatening illness or accident (other than your spouse or partner)	☐
4) Had major problems with money	☐
5) Divorced or breakup	☐
6) Major conflict with parents, spouse, children or grandchildren	☐
7) Major accidents/ disasters/ muggings/ unwanted sexual experiences/ robberies	☐
8) Physical abused or threatened	☐
9) Verbally abused	☐
10) Pet died	☐
11) Family member/Close friend lost job/retire	☐
12) Others: _____	☐
13) Not applicable	☐
DO NOT READ	
777) Refused	

End of Section P. Go to Section Q.

Q. Social Network

Interviewer: The next questions are about how you feel about different aspects of your life.

For Q186 - Q188, please answer all the questions on a scale of “1 – Hardly ever” to “3- Often”. Please select the most appropriate the answers which you think most nearly apply to you, tell me how often you feel that way....

	1 Hardly ever	2 - Some of the time	3 - Often	[DO NOT READ] 777- Refused
186. How often do you feel that you lack companionship?	☐	☐	☐	☐
187. How often do you feel left out?	☐	☐	☐	☐
188. How often do you feel isolated from others?	☐	☐	☐	☐

189. How satisfied are you with your level of contact with relatives?

- 1) Very satisfied
- 2) Satisfied
- 3) Unsatisfied
- 4) Very Unsatisfied
- 5) Not sure/ Don't know
- 6) Not applicable

DO NOT READ

777) Refused

190. How satisfied are you with your level of contact with friends?

- 1) Very satisfied
- 2) Satisfied
- 3) Unsatisfied
- 4) Very Unsatisfied
- 5) Not sure/ Don't know
- 6) Not applicable

DO NOT READ

777) Refused

[\[For respondents age ≥ 65, go to Q191. Else, go to Q192.\]](#)

191. **[For respondents age ≥ 65]** How often did you do any of the following in the past 12 months? Attend Residents' Committee (RC) / Neighbourhood Committee (NC) / Community

Club (CC) / Community Development Council (CDC) / neighbourhood event/ Community health programs/ Wellness Kampung/ Senior Activity Centre

- 1) Everyday
- 2) Every week
- 3) Every month
- 4) Less than once a month
- 5) Not at all

DO NOT READ

777) Refused

192. How often do you do any of the following in the past 12 months? Attend church, mosque or other place of worship

- 1) Everyday
- 2) Every week
- 3) Every month
- 4) Less than once a month
- 5) Not at all

DO NOT READ

777) Refused

	Number of relatives (including children, grandchildren, in-laws, siblings, cousins, etc) (✓)						[DO NOT READ] 777-Refused
	0	1	2	3-4	5-8	≥9	
193. How many relatives do you see or hear from at least once a month?	☐	☐	☐	☐	☐	☐	☐
194. How many relatives do you feel at ease with whom you can talk about private matters?	☐	☐	☐	☐	☐	☐	☐
195. How many relatives do you feel close to such that you could call on them for help?	☐	☐	☐	☐	☐	☐	☐
	Number of friends (✓)						[DO NOT READ] 777-Refused
	0	1	2	3-4	5-8	≥9	
196. How many of your friends do you see or hear from at least once a month?	☐	☐	☐	☐	☐	☐	☐
197. How many friends do you feel at ease with	☐	☐	☐	☐	☐	☐	☐

whom you can talk about private matters?							
198. How many friends do you feel close to such that you could call on them for help?	☐	☐	☐	☐	☐	☐	☐

End of Section Q. Go to Section R.

R. Caregiver availability

199. Interviewer: Caregiving needs refers to the need of regular care or assistance provided by a friend or family member or others, due to health problem, long term illness, or disability.

Do you require any intermediate/ long term caregiving support?

1) Yes

2) No

DO NOT READ

777) Refused

[If Q199 = Yes, go to Q200. Else, go to Q203]

200. Do you have any identified caregiver(s)?

1) Yes

2) No

DO NOT READ

777) Refused

[If Q200 = Yes, go to Q201. Else, go to Q203]

201. Who is your caregiver? **Choose more than 1 option if applicable(✓)**

	✓
Parents	☐
Spouse	☐
Daughter	☐
Son	☐
Daughter in law	☐
Son in law	☐
Grandchild	☐
Sibling	☐
Domestic helpers	☐
Others: Informal caregivers, friends, neighbours, volunteers	☐
DO NOT READ	

777) Refused

☐

202. Does any of your caregiver live together with you in the same house?

1) Yes

2) No

DO NOT READ

777) Refused

End of Section R. Go to Section S.

S. Caregiver Experience

Interviewer: Now, I would like to ask you on care giving (i.e. providing regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.)

203. During the past month, did you provide any such care or assistance to a friend or family member?

1) Yes

2) No

DO NOT READ

777) Refused

[If Q203 = Yes, go to Q204. Else, End of Survey for respondent]

204. How many persons were you providing care to?

_____ Person(s)

DO NOT READ

777) Refused

205. Did you experience feelings of distress, anger or depression with respect to caregiving?

1) Yes

2) No

DO NOT READ

777) Refused

206. Currently, is there any form of help given to you (the caregiver) with respect to caregiving?

1) Yes, I have received sufficient help

2) Yes, but not sufficient

3) No, but I need help

4) No, I do not need further help

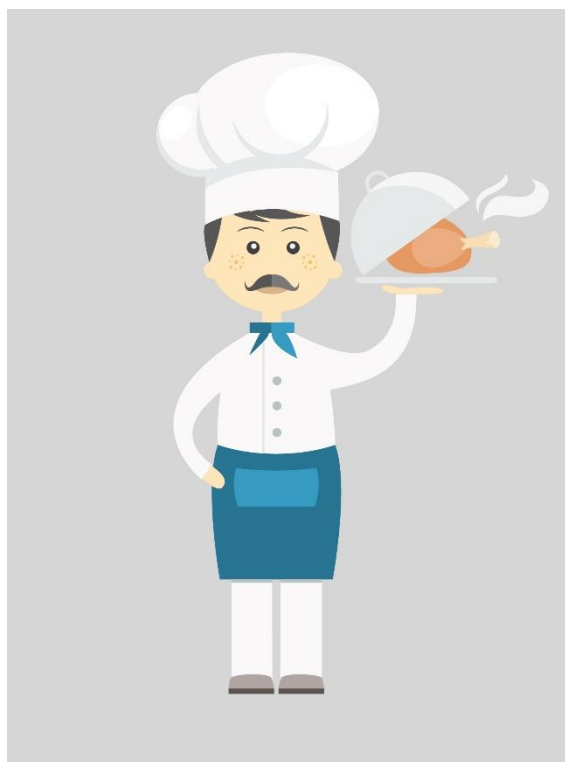
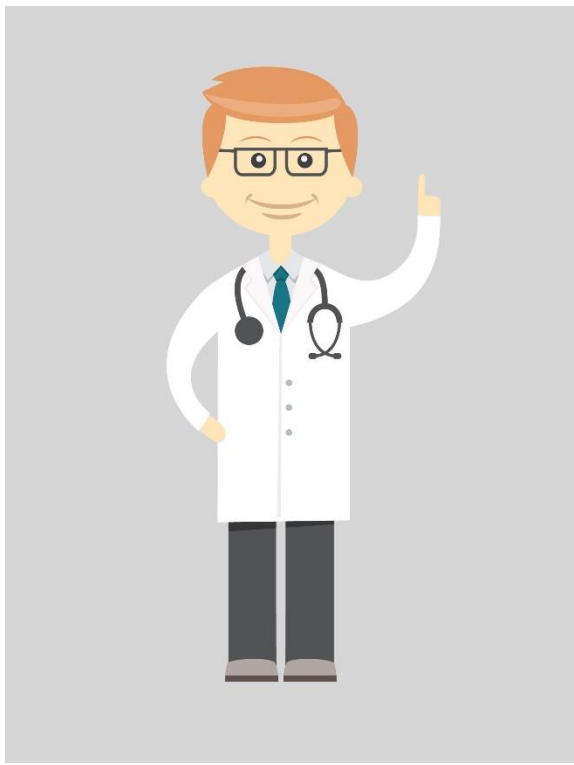
DO NOT READ

777) Refused

End of survey, Thank you.

Annex A – Showcards

Showcards for Q24

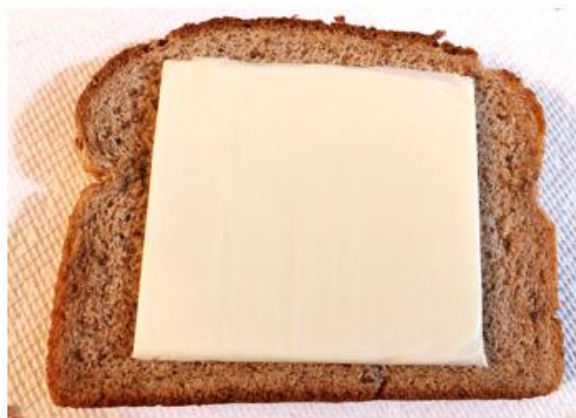


Showcards for Q35 – Servings of dairy products

1 glass of milk



1 slice of cheese

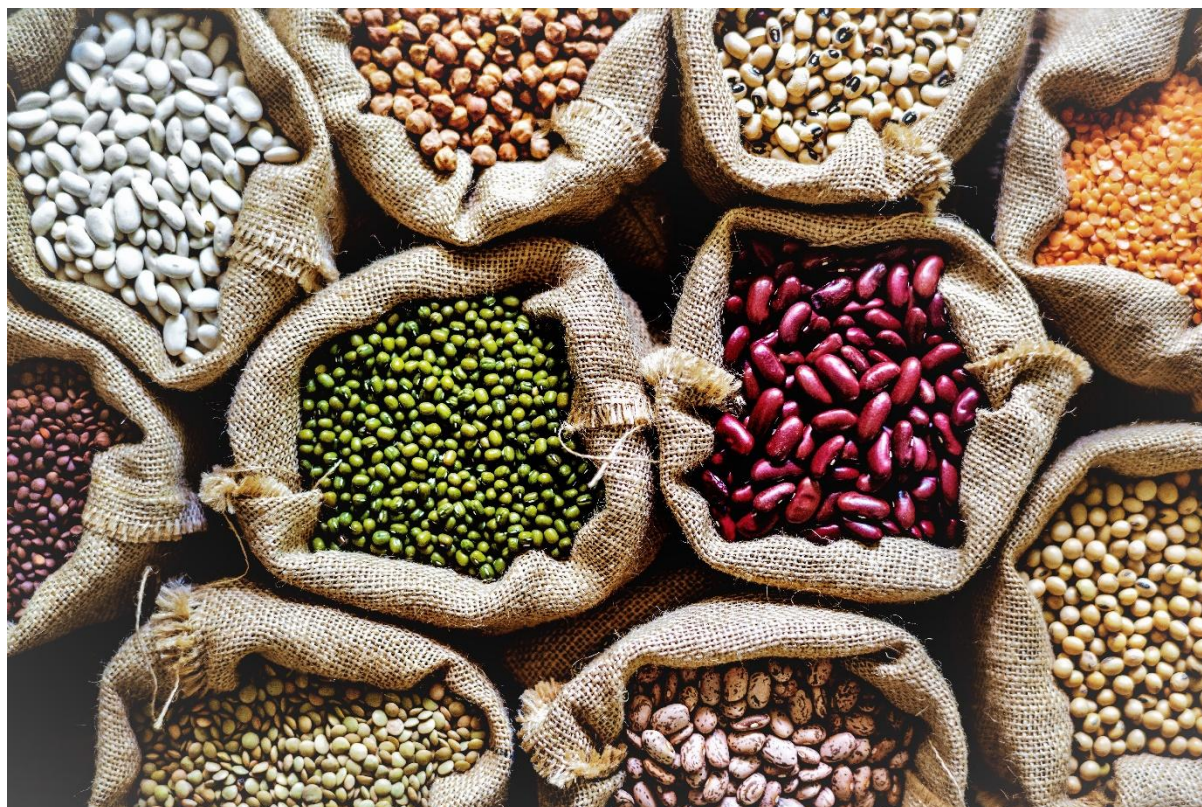


1 cup (150g) of yoghurt



Showcards for Q36 – Servings of legumes and eggs

Example of legumes



Showcards for Q38 – Servings of fruits and vegetables

Examples of 1 serving of fruit

Fruit (1 serving size)



1 small apple, orange, pear or
mango
(130g)



1 wedge of papaya, pineapple or
watermelon
(130g)



10 grapes/longans
(50g)



1 medium banana



¼ cup* of dried fruit
(40g)

Examples of 1 serving of vegetables

Vegetables (1 serving size)



¼ round plate* of cooked vegetables



150g raw leafy vegetables



100g raw non-leafy vegetables



¾ cup* of cooked leafy vegetables (100g)



¾ cup* non-leafy vegetables (100g)

Showcards for Q39 – Servings of fluids

1 Glass of Water (250ml) = 1 Cup of Water



1 Standard Bottle of Mineral Water (500ml) = 2 Cups of Water



1 packet/glass of fruit juice (250ml) = 1 cup



Servings of the alcoholic drinks



**1 glass of spirit
(30ml) = 1 serving**



**1 glass of wine
(100ml) = 1 serving**



**1 can / 1 mug / 1 small bottle
(330ml) of beer = 1.5 servings**



**1 large can (500ml) of beer
= 2.5 servings**



**1 large bottle (630ml) of beer
= 3 servings**

Showcards for Section N – Quality of Life