

**SINGAPORE POPULATION HEALTH STUDIES – FIRST FOLLOW-UP
MAIN QUESTIONNAIRE – PERSONAL INFORMATION**

Name: (Mr / Ms / Mrs)* _____

Gender: 1) Male 2) Female

D.O.B.:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

NRIC:

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

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

Preferred Language: 1. _____ 2. _____

| | | | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------|-----------|
| | <u>Residential Address:</u> | <u>Mailing Address:</u> <input type="checkbox"/> Same as residential address | |
| Block: | | | |
| Street / Building Name: | | | |
| Unit No: | # - | # - | |
| Postal Code: | | | |
| | Home No | Mobile No | Office No |
| Contact 1: | | | |
| Contact 2: | | | |
| Contact 3 (Relative's mobile): <i>As an additional option and source of contact to facilitate follow-up</i> | | Relation: _____ | |
| Email Address: | | | |

| INTERVIEW DETAILS | | STUDY ID: |
|---------------------|----------|-----------|
| Interviewer's Name: | | |
| Interview Language: | | |
| Interview Date: | / / | |
| Interview Time: | AM / PM* | |

| | |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Interviewed by: | Document the full name of the interviewer. |
| Name: [*Mr/Ms/Mrs] | Circle the appropriate salutation. Document the name as it is printed on the participant's NRIC. |
| Gender: * M / F | Document the gender as printed on the NRIC |
| Ethnicity | Document as per NRIC. Specify Other, e.g. Bugis, Sikh, Pakistani |
| D.O.B: | Document the date of birth as printed on the NRIC. |
| Residential Address: | Document the main address that the participant is currently staying at. |
| Mailing Address [fill in only if different from above]: | Document mailing address only if different from the residential address. |
| Contact No. | Obtain telephone number where applicable/contactable. If no contact number is available, document 77777777. |
| Preferred Language: 1.____ 2.____ | Document the language(s) that is spoken according to the order of preference |
| 1. Date and time of interview commences: | Document the date and time the interview was conducted. |

Note to Interviewer :

Each correction of entry must be signed and dated.
 Do not interpret or make assumptions while interviewing; document participant's response accordingly.
 All are single answer questions.
 Circle the appropriate answer number.
 Do not leave any blanks unless instructed.
 Enter all date fields in the format "DDMMYYYY".
 For other fields:

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

Last Interview Date: _____

Current Interview Date: _____

Interviewer's Name: _____

Interview Language: _____

Study ID:

SECTION A – SOCIAL BACKGROUND 社会背景

A1 Gender:

性别:

- 1) Male 男
- 2) Female 女

A2 What is your current ethnicity according to your NRIC?

您目前身份证上所写的种族是什么?

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

A3 What is your current marital status?

您目前的婚姻状况是什么?

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

A4 Do you have any children? Include those living with you and not living with you.

您有孩子吗? 包括那些与您一起生活及不一起生活的孩子。

- 1) Yes 有
- 2) No (Go to A5) 没有
- 888) Refuse to answer (Go to A5) 拒绝回答

Include
biological and
adopted children

A4.1 How many children do you have under 5 years of age? _____

您有几位 5 岁以下的孩子?

A4.2 How many children do you have between 5 and 12 years of age? _____

您有几位 5 岁至 12 岁之间的孩子?

A4.3 How many children do you have between 13 and 20 years of age? _____

您有几位 13 岁至 20 岁之间的孩子?

A4.4 How many children do you have age 21 years and older? _____

您有几位 21 岁以上的孩子?

A4.5 Do you have any grandchildren?

您有孙子吗?

1) Yes 有

2) No 没有

888) Refuse to answer 拒绝回答

A5 Which of the following best describes your usual work status over the last 12 months?

以下哪一项最可以形容您在过去 12 个月 中的一般 工作状况?

1) Working 工作

2) Student (full-time) 学生 (全职)

3) Homemaker/Housewife 主妇/家庭主妇

4) Retired 退休

5) Unemployed (able to work) 未被雇用 (有工作能力)

6) Unemployed (unable to work) 未被雇用 (没有工作能力)

7) Others* 其他*

888) Refuse to answer 拒绝回答

INTERVIEWERS' GUIDE:

If participant works intermittently and is unable to commit to any of the choices, classify him as working.
"Unemployed (able to work)" describes a person who is fit to work but have not yet found employment.
"Unemployed (unable to work)" describes a person who is unable to work due to a medical condition.
"Others" describe persons such as disabled persons and persons with private means. Prisoners, patients of mental hospitals, inmates of homes for the aged as well as those who are awaiting call-up for National Service are included in this category.

A6 Thinking over the past year, can you tell me what the average earnings of the household have been per month?

在过去的一年，您每月的平均家庭收入是多少？

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

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

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

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

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

A7 What type of house do you live in?

您居住于哪一种住宅?

- | | |
|------------------------------------|----------------|
| 1) HDB 1 – 2 room flat | HDB 1 – 2 房 |
| 2) HDB 3 room flat | HDB 3 房 |
| 3) HDB 4 room flat | HDB 4 房 |
| 4) HDB 5 room or executive flat | HDB 5 房或执行公寓 |
| 5) Private condominium | 私人公寓 |
| 6) Private house (landed property) | 私人住宅 (有地住宅) |
| 7) Others, please specify: | 其它, 请注明: _____ |

888) Refuse to answer

拒绝回答

999) Do not know

不知道

INTERVIEWERS' GUIDE:

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

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

A8 What is the highest level of education that you have attained?

您接受过的最高等级的教育是什么?

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

888) Refuse to answer

拒绝回答

INTERVIEWERS' GUIDE:

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

SECTION B – SF36v2

OptumInsight Life Sciences, Inc.

SECTION C – LIFESTYLE FACTORS 生活方式

C1. Smoking 吸烟

C1.1 Have you ever smoked at least 100 cigarettes (about 5 packs) in your lifetime?

从您出生到现在,您是否曾经吸过至少 100 支香烟 (大约 5 包) ?

- 1) Yes 是
- 2) No (Go to C1.7) 否 (跳到 C1.7)
- 888) Refuse to answer (Go to C1.7) 拒绝回答 (跳到 C1.7)
- 999) Do not know (Go to C1.7) 不知道 (跳到 C1.7)

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

C1.2 Do you smoke cigarettes currently?

您目前是否有吸烟?

- 1) Yes 是
- 2) No (Go to C1.5) 否(跳到 C1.5)
- 888) Refuse to answer (Go to C1.5) 拒绝回答 (跳到 C1.5)

INTERVIEWERS' GUIDE:
“Currently” refers to period around time of interview

C1.3 Do you smoke cigarettes...?

您是否...吸烟?

- 1) Every day 每天
- 2) Occasionally (Go to C1.5) 偶尔 (跳到 C1.5)
- 888) Refuse to answer (Go to C1.5) 拒绝回答 (跳到 C1.5)

C1.4 When did you start smoking cigarettes daily?

您什么时候开始每天吸烟?

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

} → (Go to C1.6)

C1.5 When did you last stop smoking cigarettes regularly?

您最后一次停止经常吸烟，是什么时候？

Age when stopped _____

停止时的年龄 _____

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

停止时的年份 |__|__|__|__|

(or) _____ years ago

_____年前

777) Not Applicable

不适用

888) Refuse to answer (Go to C1.7)

拒绝回答 (跳到 C1.7)

999) Do not know (Go to C1.7)

不知道 (跳到 C1.7)

INTERVIEWERS' GUIDE:

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

C1.6 Please describe your cigarette smoking pattern from time you started smoking till present/you stopped.

请您描述从开始吸烟直到您目前的吸烟模式或停止吸烟的模式。

- Ask participant about the entire period of his life when he/she was smoking cigarettes, starting from earliest to the most recent.
- Document the type of cigarettes he/she smoked and the amount smoked per day/week/month.
- If participant is a very irregular smoker who is completely unable to gauge his or her usage, put down answer as “1 time per month”.
- Also record intermittent period(s) of non-smoking.

| From [MM / YYYY] | To [MM / YYYY] | Type of cigarettes smoke / 香烟的种类 | | Amount smoked / 吸 烟的份量 | Per ... / 每.. | | |
|---------------------|-------------------|-------------------------------------------------------|---------|------------------------------|---------------|-----------|------------|
| | | | | | day 天 | week 周 | month 月 |
| | | 1) Manufactured cigarettes | 制成香烟 | <hr/> Sticks 支 | 1 | 2 | 3 |
| | | 2) Hand-rolled cigarettes / tahlil / liangs / Ang hun | 手卷烟 | | | | |
| | | 3) Not smoking in this period | 在这期间没吸烟 | | | | |
| | | 1) Manufactured cigarettes | 制成香烟 | <hr/> Sticks 支 | 1 | 2 | 3 |
| | | 2) Hand-rolled cigarettes / tahlil / liangs / Ang hun | 手卷烟 | | | | |
| | | 3) Not smoking in this period | 在这期间没吸烟 | | | | |
| | | 1) Manufactured cigarettes | 制成香烟 | <hr/> Sticks 支 | 1 | 2 | 3 |
| | | 2) Hand-rolled cigarettes / tahlil / liangs / Ang hun | 手卷烟 | | | | |
| | | 3) Not smoking in this period | 在这期间没吸烟 | | | | |
| | | 1) Manufactured cigarettes | 制成香烟 | <hr/> Sticks 支 | 1 | 2 | 3 |
| | | 2) Hand-rolled cigarettes / tahlil / liangs / Ang hun | 手卷烟 | | | | |
| | | 3) Not smoking in this period | 在这期间没吸烟 | | | | |
| | | 1) Manufactured cigarettes | 制成香烟 | <hr/> Sticks 支 | 1 | 2 | 3 |
| | | 2) Hand-rolled cigarettes / tahlil / liangs / Ang hun | 手卷烟 | | | | |
| | | 3) Not smoking in this period | 在这期间没吸烟 | | | | |

C1.7 Have you ever smoked any of the following other tobacco products besides cigarettes?

除了香烟以外，您是否曾吸过以下的其他烟草产品？(USE SHOWCARD)

| | List of other tobacco products 其他烟草产品列表 | Yes 是 | | | No 否 |
|---|--------------------------------------------------------|-------------|--------------------|----------------------------------------------------------------------|---------|
| | | Daily 每天 | Occasionally 偶尔 | Have stopped using other smoked tobacco products 已停止吸其他烟草产品 | |
| a | Cigars 雪茄 | 1 | 2 | 3 | 4 |
| b | Cigarillos 小雪茄 | 1 | 2 | 3 | 4 |
| c | Shisha (waterpipe) 水烟 | 1 | 2 | 3 | 4 |
| d | Beedis 比迪烟 | 1 | 2 | 3 | 4 |
| e | Rolled cigarettes / Ang Hun (loose tobacco) 手卷香烟 (散烟草) | 1 | 2 | 3 | 4 |
| f | Others 其他 (Please specify 请注明: _____) | 1 | 2 | 3 | 4 |

C2. Alcohol Consumption 酒精的摄取量

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

我想请问您平常的酒精摄取量。

- 1 alcohol serving is equivalent to:
- 2/3 of 1 mug/can of beer (220ml)
 - 1 glass of wine (about 100ml)
 - 1 measure of hard liquor (20 – 30ml)

- 1 份酒相当于:
- 3 分之 2 杯啤酒 (220ml)
 - 1 杯葡萄酒 (大约 100ml)
 - 1 份烈酒 (20-30ml)

This refers to the recent and typical alcohol consumption within a 30-day period and may not be the immediate last 30 days.

Document number of servings under per day, week or month. If consumed less than 1 serving in the last 30 days, tick "Rarely/Never".*

Ask "In the last 30 days, did you drink any alcohol?" "在过去的 30 天内, 您有没有喝酒?"

If "Yes", then continue by asking "Is this your typical drinking pattern?" "这是您的饮酒情况吗?"

If it is NOT participant's typical drinking pattern, ask "Please think of a typical month (fairly recent 30 days period) that reflect your usual drinking pattern." 请想一想能反映你平时饮酒情况的平常一个月里 (相当最近 30 天期)。

| C2.1 | | | Per day 每日 | Per week 每周 | Per month 每月 | Rarely / Never 很少 / 从没 |
|------|---------------------------------------|-------------------|--------------------|----------------|-----------------|------------------------------|
| 500 | Alcohol [beer/stout/wine/hard liquor] | 酒 (啤酒/黑啤酒/葡萄酒/烈酒) | 1 serving* 1 份* | | | <input type="checkbox"/> |

C2.2 For women:

女性:

Did you have 4 or more servings of alcohol at a single drinking session in the past month?

您在过去三十天中, 是否曾经一次喝了 4 份或超过 4 份的酒?

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

For men:

男性:

Did you have 5 or more servings of alcohol at a single drinking session in the past month?

您在过去三十天中, 是否曾经一次喝了 5 份或超过 5 份的酒?

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

SECTION D – PERSONAL MEDICAL HISTORY 个人医疗史

D1. Heart Disease 心脏疾病

D1.1 Has a Western-trained doctor ever told you that you have blockage of the arteries to your heart?

西医是否曾经告诉过您、您患有心脏动脉阻塞?

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

INTERVIEWERS' GUIDE:

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

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

D1.1.1 When did it first occur?

请问您第一次发生心脏动脉阻塞是什么时候?

- Age _____ 年龄 _____
- (or) Year |__|__|__|__| 年份 |__|__|__|__|
- (or) _____ years ago _____ 年前
- 888) Refuse to answer (Go to D1.2) 拒绝回答 (跳到 D1.2)
- 999) Do not know (Go to D1.2) 不知道 (跳到 D1.2)

D1.1.2 Which hospital/clinic?

在哪一家医院、诊所?

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

- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

INTERVIEWERS' GUIDE:

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

D1.2 Have you ever had a heart attack?

您是否曾经心脏病发作过?

- 1) Yes 是
- 2) No (Go to D1.3) 否 (跳到 D1.3)
- 888) Refuse to answer (Go to D1.3) 拒绝回答 (跳到 D1.3)
- 999) Do not know (Go to D1.3) 不知道 (跳到 D1.3)

INTERVIEWERS' GUIDE:

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

D1.2.1 When did it first occur?

请问您第一次心脏病发作是什么时候?

Age _____ 年龄 _____

(or) Year |__|_|_|_|_| 年份 |__|_|_|_|_|

(or) _____ years ago _____ 年前

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D1.2.2 Which hospital/clinic?

在哪一家医院、诊所?

1. _____

2. _____

3. _____

888) Refuse to answer 拒绝回答

999) Do not know 不知道

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

D1.3 Is your doctor giving you medication for your heart disease currently?

您的医生目前有没有给您治疗心脏病的药物?

1) Yes 是

2) No 否

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D1.4 Have you ever had an angiogram?

您是否进行过血管造影检查?

1) Yes 是

2) No (Go to D1.5) 否 (跳到 D1.5)

888) Refuse to answer (Go to D1.5) 拒绝回答 (跳到 D1.5)

999) Do not know (Go to D1.5) 不知道 (跳到 D1.5)

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

D1.4.1 If Yes, which year was it first done and at which hospital?

如果‘是’，您是哪一年在哪一家医院进行的？

Year |__|__|__|__| 年份 |__|__|__|__|

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D1.4.2 Hospital:

医院: _____

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D1.5 Have you ever had an angioplasty-ballooning?

您是否进行过心血管扩张手术？

1) Yes 是

2) No (Go to D1.6) 否 (跳到 D1.6)

888) Refuse to answer (Go to D1.6) 拒绝回答 (跳到 D1.6)

999) Do not know (Go to D1.6) 不知道 (跳到 D1.6)

INTERVIEWERS' GUIDE:

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

D1.5.1 If Yes, which year was it first done and at which hospital?

如果‘是’，您是哪一年在哪一家医院进行的？

Year |__|__|__|__| 年份 |__|__|__|__|

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D1.5.2 Hospital:

医院: _____

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D1.6 Have you ever had a heart bypass operation?

您是否进行过心脏绕道手术？

1) Yes 是

2) No (Go to D2.1) 否 (跳到 D2.1)

INTERVIEWERS' GUIDE:

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

888) Refuse to answer (D2.1) 拒绝回答 (跳到 D2.1)

999) Do not know (D2.1) 不知道 (跳到 D2.1)

D1.6.1 If Yes, which year was it first done and at which hospital?

如果‘是’，您是哪一年在哪一家医院进行的？

Year |__|__|__|__| 年份 |__|__|__|__|

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D1.6.2 Hospital:

医院: _____

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D2. Peripheral Arterial Disease 周边动脉疾病

D2.1 Has a Western-trained doctor ever told you that you have blockage of the arteries in your legs?

西医是否曾经告诉过您,您的腿部动脉有阻塞?

- 1) Yes 是
- 2) No (Go to D3) 否 (跳到 D3)
- 888) Refuse to answer (Go to D3) 拒绝回答 (跳到 D3)
- 999) Do not know (Go to D3) 不知道 (跳到 D3)

D2.1.1 When did it first occur?

请问第一次发生是什么时候?

- Age _____ 年龄 _____
- (or) Year |__|_|_|_|_| 年份 |__|_|_|_|_|
- (or) _____ years ago _____ 年前
- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

D2.1.2 Which hospital/clinic?

在哪一家医院、诊所?

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

- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

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

D 2.2 Have you ever had an angiogram?

您是否进行过血管造影检查?

- 1) Yes 是
- 2) No (Go to D2.3) 否 (跳到 D2.3)
- 888) Refuse to answer (Go to D2.3) 拒绝回答 (跳到 D2.3)
- 999) Do not know (Go to D2.3) 不知道 (跳到 D2.3)

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

D2.2.1 If Yes, which year was it first done and at which hospital?

如果‘是’，您是哪一年在哪一家医院进行的？

Year |__|__|__|__| 年份 |__|__|__|__|

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D2.2.2 Hospital:

医院: _____

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D2.3 Have you ever had an angioplasty-ballooning?

您是否进行过心血管扩张手术？

1) Yes 是

2) No (Go to D2.4) 否

888) Refuse to answer (Go to D2.4) 拒绝回答 (跳到 D2.4)

999) Do not know (Go to D2.4) 不知道 (跳到 D2.4)

**INTERVIEWERS’
GUIDE:**

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

D2.3.1 If Yes, which year was it first done and at which hospital?

如果‘是’，您是哪一年在哪一家医院进行的？

Year |__|__|__|__| 年份 |__|__|__|__|

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D2.3.2 Hospital:

医院: _____

888) Refuse to answer 拒绝回答

999) Do not know 不知道

D2.4 Have you ever had a bypass operation?

您是否进行过绕道手术?

- 1) Yes 是
- 2) No (Go to D3) 否 (跳到 D3)
- 888) Refuse to answer (Go to D3) 拒绝回答 (跳到 D3)
- 999) Do not know (Go to D3) 不知道 (跳到 D3)

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

D2.4.1 If Yes, which year was it first done and at which hospital?

如果‘是’，您是哪一年在哪一家医院进行的？

Year |__|__|__|__| 年份 |__|__|__|__|

- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

D2.4.2 Hospital:

医院: _____

- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

D3. Stroke 中风

D3.1 Has a Western-trained doctor ever told you that you had a stroke?

西医是否曾经告诉过您, 您中风过?

- 1) Yes 是
- 2) No (Go to D3.2) 否 (跳到 D3.2)
- 888) Refuse to answer (Go to D4) 拒绝回答 (跳到 D4)
- 999) Do not know (Go to D4) 不知道 (跳到 D4)

INTERVIEWERS' GUIDE:

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

D3.1.1 When did it first occur?

请问第一次发生是什么时候?

- Age _____ 年龄 _____
- (or) Year |__|_|_|_|_| 年份 |__|_|_|_|_|
- (or) _____ years ago _____ 年前
- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

D3.1.2 Which hospital/clinic?

在哪一家医院、诊所?

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

- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

INTERVIEWERS' GUIDE:

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

D3.2 Has a Western-trained doctor ever told you that you had a **TIA** or transient ischemic attack, or a **mini stroke**? *A mini stroke is a stroke where the symptoms completely disappear after 24 hours and the patient appears to recover fully from the attack.*

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

- 1) Yes 是
- 2) No (Go to D4) 否 (跳到 D4)
- 888) Refuse to answer (Go to D4) 拒绝回答 (跳到 D4)
- 999) Do not know (Go to D4) 不知道 (跳到 D4)

D3.2.1 When did it first occur?

请问第一次发生是什么时候?

Age _____

年龄 _____

(or) Year |__|_|_|_|_|

年份 |__|_|_|_|_|

(or) _____ years ago

_____ 年前

888) Refuse to answer

拒绝回答

999) Do not know

不知道

D3.2.2 Which hospital/clinic?

在哪一家医院、诊所?

1. _____

2. _____

3. _____

888) Refuse to answer

拒绝回答

999) Do not know

不知道

INTERVIEWERS' GUIDE:

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

D4. High Blood Pressure (Hypertension) 高血压

D4.1 Has a Western-trained doctor, nurse, or other healthcare professional ever told you that you have high blood pressure?

西医、护士或是其他医疗工作者是否曾经告诉您、您患有高血压?

1) Yes 是

2) No (Go to D5) 否 (跳到 D5)

888) Refuse to answer (Go to D5) 拒绝回答 (跳到 D5)

999) Do not know (Go to D5) 不知道 (跳到 D5)

D4.2 At what age were you diagnosed to have high blood pressure?

您几岁时被诊断患有高血压?

Age _____

年龄 _____

(or) Year |__|_|_|_|_|

年份 |__|_|_|_|_|

(or) _____ years ago

_____ 年前

888) Refuse to answer

拒绝回答

999) Do not know

不知道

D4.3 Is your doctor giving you medication for your high blood pressure currently?

您的医生目前是否有给您治疗高血压的药物？

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

D5. Diabetes Mellitus 糖尿病

D5.1 When was the last time you had a blood test to check for diabetes?

您最后一次为了检查是否患有糖尿病所进行的血液检验是什么时候？

[READ ONLY IF NECESSARY]

- | | |
|---------------------------------|----------|
| 1) 1 year ago or less | 一年前或更少 |
| 2) More than 1 year to 2 years | 多过一年至两年前 |
| 3) More than 2 years to 3 years | 多过两年至三年前 |
| 4) More than 3 years to 5 years | 多过三年至五年前 |
| 5) More than 5 years | 多过五年前 |
| 6) Never been checked | 从来没检查 |

D5.2 Has a Western-trained doctor ever told you that you have diabetes?

西医是否曾经告诉过您，您患上糖尿病？

[If "Yes" and respondent is female, prompt "Was this only when you are pregnant"?]

[如果回答“有”且受访者是女性，提示“是当您怀孕的时候吗”？]

- | | |
|----------------------------------------------|--------------------|
| 1) Yes | 是 |
| 2) Yes, but only during pregnancy (Go to D6) | 是，但只有在怀孕期间 (跳到 D6) |
| 3) No (Go to D6) | 否 (跳到 D6) |
| 888) Refuse to answer (Go to D6) | 拒绝回答 (跳到 D6) |
| 999) Do not know (Go to D6) | 不知道 (跳到 D6) |

D5.3 How old were you when the doctor first told you had diabetes?

您几岁时第一次被诊断患有糖尿病？

- | | |
|-----------------------|----------------|
| Age _____ | 年龄 _____ |
| (or) Year __ _ _ _ _ | 年份 __ _ _ _ _ |
| (or) _____ years ago | _____ 年前 |
| 888) Refuse to answer | 拒绝回答 |
| 999) Do not know | 不知道 |

D5.6 Did you have surgery or laser procedure for your diabetic eye disease?

您是否曾经因由糖尿病引起的眼部疾病进行过手术或者是激光治疗？

- 1) Yes 是
- 2) No (Go to D5.8) 否 (跳到 D5.8)
- 888) Refuse to answer (Go to D5.8) 拒绝回答 (跳到 D5.8)
- 999) Do not know (Go to D5.8) 不知道 (跳到 D5.8)

D5.7 Do you know if the surgery or laser procedure was for:

您是否知道这个手术或激光治疗是为了治疗.....吗？

| | | Yes 是 | No 否 | Refuse to answer 拒绝回答 | Do not know 不知道 |
|----------|----------------------|----------|--------------------------------|--------------------------------|-----------------------|
| D5.7.1 | Retinopathy? 视网膜病变 | 1 | 2 | 888 | 999 |
| D5.7.2 | Cataract? 白内障 | 1 | 2 | 888 | 999 |
| D5.7.3 | Others? 其它 | 1 | 2 (Go to D5.8) (跳到 D5.8) | 888 | 999 |
| D5.7.3.1 | Please specify: 请说明: | | | | |

D5.8 Have you ever been told by a Western-trained doctor that you have kidney problems caused by your diabetes (including proteinuria)?

西医是否曾经告知您，您因为糖尿病而引起肾脏问题（包括蛋白尿）？

- 1) Yes 是
- 2) No (Go to D5.10) 否 (跳到 D5.10)
- 888) Refuse to answer (Go to D5.10) 拒绝回答 (跳到 D5.10)
- 999) Do not know (Go to D5.10) 不知道 (跳到 D5.10)

D5.9 When did the doctor first tell you had kidney problems caused by your diabetes (including proteinuria)?

西医什么时候首次告诉您，您因为糖尿病而引起肾脏问题(包括蛋白尿)？

- Age _____ 年龄 _____
- (or) Year |__|__|__|__| 年份 |__|__|__|__|
- (or) _____ years ago _____ 年前
- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

D5.10 Have you ever been told by a Western-trained doctor that you have nerve problems in your arms or legs caused by your diabetes?

西医是否曾经告知您，您因为糖尿病而导致您的手臂或是腿部神经有问题？

- | | |
|----------------------------------|--------------|
| 1) Yes | 是 |
| 2) No (Go to D6) | 否 (跳到 D6) |
| 888) Refuse to answer (Go to D6) | 拒绝回答 (跳到 D6) |
| 999) Do not know (Go to D6) | 不知道 (跳到 D6) |

D5.11 When did the doctor first tell you had nerve problems in your arms or legs caused by your diabetes?

西医什么时候首次告诉您，您因为糖尿病而导致您的手臂或是腿部的神经有问题？

- | | |
|-----------------------|----------------|
| Age _____ | 年龄 _____ |
| (or) Year __ _ _ _ _ | 年份 __ _ _ _ _ |
| (or) _____ years ago | _____ 年前 |
| 888) Refuse to answer | 拒绝回答 |
| 999) Do not know | 不知道 |

D6. High Cholesterol 高胆固醇

D6.1 Have you ever been told by a Western-trained doctor you have high cholesterol?

西医是否曾经告知您，您患有高胆固醇？

- | | |
|----------------------------------|--------------|
| 1) Yes | 是 |
| 2) No (Go to D7) | 否 (跳到 D7) |
| 888) Refuse to answer (Go to D7) | 拒绝回答 (跳到 D7) |
| 999) Do not know (Go to D7) | 不知道 (跳到 D7) |

D6.2 When did the doctor first tell you had high cholesterol?

西医什么时候第一次告诉您，您患有高胆固醇？

- | | |
|-----------------------|----------------|
| Age _____ | 年龄 _____ |
| (or) Year __ _ _ _ _ | 年份 __ _ _ _ _ |
| (or) _____ years ago | _____ 年前 |
| 888) Refuse to answer | 拒绝回答 |
| 999) Do not know | 不知道 |

D6.3 Is your doctor giving you medication for your high cholesterol currently?

您的医生目前是否有给您治疗高胆固醇的药物？

- | | |
|----------------------------------|--------------|
| 1) Yes | 是 |
| 2) No | 否 |
| 888) Refuse to answer (Go to D7) | 拒绝回答 (跳到 D7) |
| 999) Do not know (Go to D7) | 不知道 (跳到 D7) |

D7. Other Chronic Disease 其它慢性疾病

Kidney disease 肾脏疾病

D7.1 Have you ever been told by a Western-trained doctor that you had weak or failing kidneys? (Do not include kidney stones, bladder infections or incontinence)

西医是否曾经告知您，您患有肾脏衰弱或衰竭？（不要包括肾结石、膀胱受感染或失禁）

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

Lower back pain 腰疼

D7.2 In the past 1 month (30 days), have you had low back pain that lasted a whole day or more?

在过去的 1 个月内（30 天），您是否有腰疼长达一整天或更久？

- | | |
|------------------------------------|----------------|
| 1) Yes | 是 |
| 2) No (go to D7.5) | 否 (跳到 D7.5) |
| 888) Refuse to answer (go to D7.5) | 拒绝回答 (跳到 D7.5) |
| 999) Do not know (go to D7.5) | 不知道 (跳到 D7.5) |

D7.3 About how many days did you experience this pain in the past 1 month?

在过去的 1 个月，您大约几天有这种疼痛？

_____ days 天

- | | |
|-----------------------|------|
| 888) Refuse to answer | 拒绝回答 |
| 999) Do not know | 不知道 |

D7.4 Were you limited in your usual activities because of low back pain?

您是否会因为腰痛而限制您平时的活动?

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

Asthma 哮喘病

D7.5 Have you ever been told by a Western-trained doctor that you have asthma?

西医是否曾经告诉过您，您患有哮喘病？

- | | |
|-------------------------------------|-----------------|
| 1) Yes | 是 |
| 2) No (go to D7.12) | 否 (跳到 D7.12) |
| 888) Refuse to answer (go to D7.12) | 拒绝回答 (跳到 D7.12) |
| 999) Do not know (go to D7.12) | 不知道 (跳到 D7.12) |

D7.6 How old were you when you were first told you had asthma?

您几岁时，第一次被诊断患有哮喘病？

_____ years old 岁

- | | |
|-----------------------|------|
| 888) Refuse to answer | 拒绝回答 |
| 999) Do not know | 不知道 |

D7.7 Do you still have asthma?

您还有哮喘病吗？

- | | |
|-------------------------------------|-----------------|
| 1) Yes | 是 |
| 2) No (go to D7.12) | 否 (跳到 D7.12) |
| 888) Refuse to answer (go to D7.12) | 拒绝回答 (跳到 D7.12) |
| 999) Do not know (go to D7.12) | 不知道 (跳到 D7.12) |

D7.8 During the last 12 months, have you had an episode of asthma or an asthma attack?
在过去的 12 个月里, 您的哮喘病是否有发作过?

- 1) Yes 是
- 2) No (go to D7.12) 否 (跳到 D7.12)
- 888) Refuse to answer (go to D7.12) 拒绝回答 (跳到 D7.12)
- 999) Do not know (go to D7.12) 不知道 (跳到 D7.12)

D7.9 During the last 12 months, how many times did you have to visit A&E or a doctor's clinic for urgent treatment of asthma?

在过去的 12 个月里, 您有几次需要到急诊室或医生诊所紧急治疗哮喘病?

_____ times 次

- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

D7.10 Over the past 1 month, on average, how many times **per week** do you need to use your inhaler medication for quick relief of asthma symptoms?

在过去的 1 个月里, 您**每星期**平均几次需要使用吸入性药物以尽快缓解哮喘病症状?

_____ times per week

每星期 _____ 次

- 888) Refuse to answer 拒绝回答
- 999) Do not know 不知道

D7.11 Are you taking a long term preventive medication for asthma every day?

您是否每天服用预防哮喘病的长期药物?

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

INTERVIEWERS' GUIDE:

Preventive medication is one taken daily for the purpose of preventing asthma attacks.

D7.12 Have you ever been told by a Western-trained doctor that you have the following chronic diseases (non-infectious type)?

西医是否曾经告知您，您有其它的慢性疾病（非传染性的）？

| | Chronic Diseases 慢性疾病 | Yes 是 | No 否 | If YES, at what age diagnosed 诊断时的年龄 | Do not know 不知道 |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|-----------------------------------------|------------------------------------------|
| D7.12.1 | Arthritis (rheumatoid / osteoarthritis) 关节炎 (类风湿性/骨关节炎) | 1 | 2 | | 999 |
| D7.12.2 | Rheumatism 风湿 | 1 | 2 | | 999 |
| D7.12.3 | Hyper- / hypo- thyroidism 甲状腺功能亢进症/ 甲状腺功能减退症 | 1 | 2 | | 999 |
| D7.12.4 | Gastritis 胃炎 | 1 | 2 | | 999 |
| D7.12.5 | Chronic Bronchitis 慢性支气管炎 | 1 | 2 | | 999 |
| D7.12.6 | Emphysema 肺气肿 | 1 | 2 | | 999 |
| D7.12.7 | Gout 痛风 | 1 | 2 | | 999 |
| D7.12.8 | Cataract 白内障 | 1 | 2 | | 999 |
| D7.12.9 | Cancer 癌症 | 1 | 2 (Go to D7.12.12) (跳到 D7.12.12) | | 999 (Go to D7.12.12) (跳到 D7.12.12) |
| D7.12.9.1 | Type of cancer: 癌症类型: | | | | |
| D7.12.12 | Liver disease e.g. hepatitis B or C, fatty liver, liver cirrhosis, liver surgery [USE SHOWCARD] 肝病 例如 B/乙型肝炎或 C/丙型 肝炎, 脂肪肝, 肝 硬化, 肝 脏手术 [USE SHOWCARD] | 1 | 2 (Go to D7.12.10) (跳到 D7.12.10) | | 999 (Go to D7.12.10) (跳到 D7.12.10) |
| D7.12.12.1 | Please specify: 请说明: | | | | |
| D7.12.10 | Other 其它 | 1 | 2 (Go to D8) (跳到 D8) | | 999 (Go to D8) (跳到 D8) |
| D7.12.10.1 | Please specify: 请说明: | | | | |
| D7.12.11 | Other 其它 | 1 | 2 (Go to D8) (跳到 D8) | | 999 (Go to D8) (跳到 D8) |
| D7.12.11.1 | Please specify: 请说明: | | | | |

D8. Skin Conditions 皮肤状况

D8.1 Have you ever been told by a Western-trained doctor that you had eczema or had intermittent itchy, red, flaky or oozy rashes?

西医是否曾经告诉过您，您患有湿疹或间歇性瘙痒、红肿、脱皮状或渗液的皮疹？

- | | |
|------------------------------------|----------------|
| 1) Yes | 是 |
| 2) No (go to D8.4) | 否 (跳到 D8.4) |
| 888) Refuse to answer (go to D8.4) | 拒绝回答 (跳到 D8.4) |
| 999) Do not know (go to D8.4) | 不知道 (跳到 D8.4) |

D8.2 Which parts of the body have you had the eczema or itchy, red, flaky or oozy rashes on?

您身体的哪个部位患有湿疹或瘙痒、红肿、脱皮状或渗液的皮疹？

- | | |
|----------------------------------------------------------------------|---------------------|
| 1) Whole body - involving the trunk, limbs and face | 全身 - 包括躯干、四肢和面部 |
| 2) Mainly the limbs (includes the neck) | 主要在四肢部位 (包括颈部) |
| 3) Mainly the face and scalp | 主要在面部和头皮部位 |
| 4) Mainly the hands and feet only | 主要在手脚部位 |
| 5) More than one area of involvement - a combination of 2,3 and 4 | 超过一个范围- 2、3 和 4 的结合 |
| 888) Refuse to answer | 拒绝回答 |
| 999) Do not know | 不知道 |

D8.3 Do you currently have... [SHOWCARD]

您现在是否患有...

- | | |
|------------------------------------------------------------------------------------------------------|----------------------------|
| 1) Little or no rash | 很少或没有皮疹 |
| 2) Only a few patches that can be covered by one or two palms of your hand | 几个患处 (可以用您 1 或 2 个手掌覆盖) |
| 3) Scattered patches that can be covered between three and ten palms of your hand | 零散患处 (可用您 3-10 个手掌覆盖) |
| 4) Extensive eczema covering large areas of the body, that would be more than ten palms of your hand | 广泛湿疹 (覆盖大部分身体, 超过您十个手掌的面积) |
| 888) Refuse to answer | 拒绝回答 |
| 999) Do not know | 不知道 |

D8.4 Have you ever had acne or “pimples”?

您曾经有过暗疮或“青春痘”吗？

- | | |
|------------------------------------|----------------|
| 1) Yes | 是 |
| 2) No (go to D8.6) | 否 (跳到 D8.6) |
| 888) Refuse to answer (go to D8.6) | 拒绝回答 (跳到 D8.6) |
| 999) Do not know (go to D8.6) | 不知道 (跳到 D8.6) |

D8.5 Do you currently have...

您是否现在患有...

- | | |
|----------------------------------------------------|-------------------|
| 1) Little or no acne with minimal scars | 很少或没有暗疮，但有少许疤痕 |
| 2) Little or no acne with obvious acne scars | 很少或没有暗疮，但有明显疤痕 |
| 3) Active acne: Small pimples/ “black/white heads” | 活性暗疮：小青春痘/ “黑/白头” |
| 4) Active acne: acne cysts or nodules. | 活性暗疮：囊肿暗疮或结节 |
| 888) Refuse to answer | 拒绝回答 |
| 999) Do not know | 不知道 |

D8.6 Have you ever been told by a Western-trained doctor that you had psoriasis (sore-eye-asis)?

西医是否曾经告诉过您，您患有牛皮癣？

- | | |
|--------------------------------------|---------------|
| 1) Yes | 是 |
| 2) No (Section E) | 否 (跳到下一部分) |
| 888) Refuse to answer (Go Section E) | 拒绝回答 (跳到下一部分) |
| 999) Do not know (Go Section E) | 不知道 (跳到下一部分) |

D8.7 Do you currently have... **[SHOWCARD]**

您现在是否患有...

- | | |
|------------------------------------------------------------------------------------------------------|---------------------------|
| 1) Little or no psoriasis | 很少或没有牛皮癣 |
| 2) Only a few patches (that can be covered by one or two palms of (your/his/her) hand | 几个患处（可以用您 1/2 个手掌覆盖） |
| 3) Scattered patches (that can be covered by between three and ten palms of (your/his/ her) hand | 零散患处（可用您 3-10 个手掌覆盖） |
| 4) Extensive psoriasis (covering large areas of the body, more than ten palms of (your/his/her) hand | 广泛牛皮癣（覆盖大部分身体，超过您十个手掌的面积） |
| 888) Refuse to answer | 拒绝回答 |
| 999) Do not know | 不知道 |

SECTION E – FAMILY HISTORY OF HEART DISEASE AND CANCER

心脏疾病及癌症家族史

FOR SH2012 PARTICIPANTS ONLY

- E1.1 If participant says he is an adoptee, does he know any of his blood-relations?
若受访者说他/她是被领养的孩子, 他/她是否知道任何与他/她有血缘关系的人?
- 1) Yes 是
 - 2) No (Go to next Section) 否 (跳到下一部分)
 - 3) Participant did not say he / she is an adoptee 受访者没说自己是被领养
 - 888) Refuse to answer (Go to next Section) 拒绝回答 (跳到下一部分)
 - 999) Do not know (Go to next Section) 不知道 (跳到下一部分)

- E1.2 How many (of the following) blood-related family members do you have?
请问您有几位有血缘关系的家庭成员?
- 00) No blood-related siblings and children 无血缘关系的兄弟姐妹和子女
 - 888) Refuse to answer 拒绝回答
 - 999) Do not know 不知道

| | Family members | 家庭成员 | No. of family members | 家庭成员人数 |
|---------------|-----------------------|-------------|------------------------------|---------------|
| E1.2.1 | Brother(s) | 兄弟 | | |
| E1.2.2 | Sister(s) | 姐妹 | | |
| E1.2.3 | Son(s) | 儿子 | | |
| E1.2.4 | Daughter(s) | 女儿 | | |

Heart Disease **心脏疾病**

E2 As far as you know, which of the following family members had **heart disease**?

据您所知，您的家庭成员中有谁患有**心脏疾病**？

888) Refused to answer (Go to E3)

拒绝回答(跳到 E3)

| | Family members 家庭成员 | a) had heart disease? 患有心脏疾病? | | | | c) Did at least one of them have heart disease before age... 如果'是', 心脏疾病是否发生在以下年龄之前 | | | |
|------|------------------------|----------------------------------|---------|-----------|-----------|----------------------------------------------------------------------------------------|---------|----------|---------|
| | | Yes 是 | No 否 | NA 不适用 | DK 不知道 | 55? | | 65? | |
| | | | | | | Yes 是 | No 否 | Yes 是 | No 否 |
| E2.1 | Father 父亲 | 1 | 2 | 777 | 999 | 1 | 2 | | |
| E2.2 | Mother 母亲 | 1 | 2 | 777 | 999 | | | 1 | 2 |
| E2.3 | Brother(s) 兄弟 | 1 | 2 | 777 | 999 | 1 | 2 | | |
| E2.4 | Sister(s) 姐妹 | 1 | 2 | 777 | 999 | | | 1 | 2 |
| E2.5 | Son(s) 儿子 | 1 | 2 | 777 | 999 | 1 | 2 | | |
| E2.6 | Daughter(s) 女儿 | 1 | 2 | 777 | 999 | | | 1 | 2 |

Cancer **癌症**

E3 As far as you know, for **cancer**, which family members are affected and what are the type(s) of cancer?

据您所知，您的家庭成员中有谁患有**癌症**，以及是什么类型的**癌症**？

888) Refused to answer (Go to Section F)

拒绝回答(跳到 F 部分)

| | Family members 家庭成员 | a) had cancer? 患有癌症? | | | | c) Type(s) of cancer 类型 |
|------|------------------------|-------------------------|---------|-----------|-----------|----------------------------|
| | | Yes 是 | No 否 | NA 不适用 | DK 不知道 | |
| E3.1 | Father 父亲 | 1 | 2 | 777 | 999 | |
| E3.2 | Mother 母亲 | 1 | 2 | 777 | 999 | |
| E3.3 | Brother(s) 兄弟 | 1 | 2 | 777 | 999 | |
| E3.4 | Sister(s) 姐妹 | 1 | 2 | 777 | 999 | |
| E3.5 | Son(s) 儿子 | 1 | 2 | 777 | 999 | |
| E3.6 | Daughter(s) 女儿 | 1 | 2 | 777 | 999 | |

SECTION F – WOMEN’S HEALTH (FOR MEN, GO TO SECTION G) 女性健康

F1.1 Are you currently pregnant?

您现在是否怀孕？

- | | | |
|------|------------------|-------------|
| 1) | Yes (Go to F1.7) | 是 (跳到 F1.7) |
| 2) | No | 否 |
| 888) | Refuse to answer | 拒绝回答 |
| 999) | Do not know | 不知道 |

F1.2 Have you stopped having your periods?

您的月经是否停止了？

- | | | |
|------|-------------------------------|----------------|
| 1) | Yes | 是 |
| 2) | No (Go to F1.7) | 否 (跳到 F1.7) |
| 888) | Refuse to answer (Go to F1.7) | 拒绝回答 (跳到 F1.7) |
| 999) | Do not know (Go to F1.7) | 不知道 (跳到 F1.7) |

F1.3 Did your period stop naturally or because of a hysterectomy?

您是自然停经还是因为进行了子宫切除手术？

- | | | |
|------|------------------|-------|
| 1) | Naturally | 自然停经 |
| 2) | Hysterectomy | 子宫切除术 |
| 888) | Refuse to answer | 拒绝回答 |
| 999) | Do not know | 不知道 |

INTERVIEWERS’ GUIDE:

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

F1.4 At what age did your periods stop?

您的月经在几岁时停止？

_____ years old 岁

- | | | |
|------|------------------|------|
| 888) | Refuse to answer | 拒绝回答 |
| 999) | Do not know | 不知道 |

F1.5 Did you take hormone replacement therapy after your periods stopped?

您停经后, 是否有接受荷尔蒙激素替代疗法?

- | | | |
|------|-------------------------------|----------------|
| 1) | Yes | 是 |
| 2) | No (Go to F1.7) | 否 (跳到 F1.7) |
| 888) | Refuse to answer (Go to F1.7) | 拒绝回答 (跳到 F1.7) |
| 999) | Do not know (Go to F1.7) | 不知道 (跳到 F1.7) |

F1.6 Are you still taking hormone replacement therapy?

您目前还在接受荷尔蒙激素替代疗法吗?

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

F1.7 Have you given birth to any children?

您有生过孩子吗?

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

F1.8 How many children have you given birth to?

您生过几位孩子?

- | | | |
|------|------------------|------|
| 888) | Refuse to answer | 拒绝回答 |
| 999) | Do not know | 不知道 |

SECTION G – MEDICATION 药物治疗

G1 Are you currently taking any regular medication?

您目前是否定期服用药物?

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

INTERVIEWERS' GUIDE:

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

G2 Please list all the medication and the dose that you are taking.

请列下您服用的所有药物的名称以及份量。(请让参与者出示药物的包装。)

- 888) Refuse to answer (Go to Section H) 拒绝回答 (跳到 H 部分)
- 999) Do not know (Go to Section H) 不知道 (跳到 H 部分)

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

SECTION H – PHYSICAL ACTIVITY

体能活动

We would like you to think about the physical activities that you do in the last three months.
请您想想，您在过去三个月做的体力活动

H1 Leisure Time Activity 休闲活动

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

请您想想，您在休闲的时候做的活动。

On average,

平均次数，

H1.1 How much time do you usually spend watching TV/ DVDs/ videos on a typical weekday?
在平常的周日里，您通常花多少时间观看电视/ DVD/影片？

_____ hours 小时 or 或 _____ minutes 分钟

H1.2 How much time do you usually spend watching TV/ DVDs/ videos on a typical weekend day?
在平常的周末里，您通常花多少时间观看电视/ DVD/影片？

_____ hours 小时 or 或 _____ minutes 分钟

H1.3 Which of the following do you do in your spare time (outside working hours)?
您在空余时间（工作时间以外）进行下列哪项？

| Activities 活动 | How many times per week 每周有多少次 | How many times per month 每月有多少次 | On average, how long do you do this activity each time? (duration in minutes) 您平均每次做这个活动多久？ (持续时间以分钟为单位) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Walking and Miscellaneous 步行和其他 | | | |
| 1. Walking for pleasure or walking for 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 | | | |

| Activities | 活动 | How many times per week 每周有多少次 | How many times per month 每月有多少次 | On average, how long do you do this activity each time? (duration in minutes) 您平均每次做这个活动多久? (持续时间以分钟为单位) |
|-----------------------------------------------------------|-------------------|-----------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Conditioning Exercise | | 运动训练 | | |
| 9. Home exercise (e.g. sit-ups, push-ups) | 家中运动 (如仰卧起坐、俯卧撑) | | | |
| 10. Health club exercise classes (e.g. aerobics) | 健身俱乐部健身课程 (如健身操) | | | |
| 11. Jog/walk combinations | 慢跑/散步 | | | |
| 12. Balance exercises: Taiqi, Qigong, breathing exercises | 平衡性运动: 太极、气功、呼吸练习 | | | |
| 13. Running | 跑步 | | | |
| 14. Weight lifting | 举重 | | | |
| Water Activities | | 水上运动 | | |
| 18. Canoeing or rowing for pleasure | 为了休闲, 划独木舟或划船 | | | |
| 19. Canoeing or rowing for competition | 为了比赛, 划独木舟或划船 | | | |
| 20. Swimming (at least 50 m in a pool) | 游泳 (在泳池游至少 50 米) | | | |
| 21. Swimming at the beach | 在海边游泳 | | | |

| Activities 活动 | How many times per week 每周有多少次 | How many times per month 每月有多少次 | On average, how long do you do this activity each time? (duration in minutes) 您平均每次做这个活动多久? (持续时间以分钟为单位) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Sports Activities 体育运动 | | | |
| 24. Bowling 保龄球 | | | |
| 26. Table tennis 乒乓球 | | | |
| 27. Tennis-singles 网球单打 | | | |
| 28. Tennis-doubles 网球双打 | | | |
| 32. Badminton 羽毛球 | | | |
| 33. Basketball/netball - non score game i.e. not keeping score 篮球/英式篮球-非比赛性的,不记分数 | | | |
| 34. Basketball/netball - game play (keeping score) 篮球/英式篮球-比赛性的,计分数 | | | |
| 37. Soccer (football) 足球 | | | |
| 42.1 Golf: riding a powerkart /buggy 高尔夫球: 乘坐电动车/球车 | | | |
| 42.2 Golf: walking and pulling clubs on cart 高尔夫球: 步行并用手推车拉球杆 | | | |
| 42.3 Golf: walking and carrying clubs 高尔夫球: 步行并背着球杆 | | | |
| H1.4 Please list any other leisure time activities that you do regularly that have not been included in the list. 列出您定期进行的任何其他不包括在列表中的闲暇活动。 | | | |
| H1.4.1 | | | |
| H1.4.2 | | | |

H2 Occupational Physical Activity

职业体育活动

H2.1 In the last 3 months, did you hold any job that last for more than 1 month?

在过去 3 个月，您有没有持续做任何工作超过 1 个月？

- 1) Yes 是
- 2) No (Go to H3) 否 (跳到 H3)

888) Refuse to answer (Go to H3) 拒绝回答 (跳到 H3)

INTERVIEWERS' GUIDE:

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

H2.2 I would like you to think about the activities you do at work over the last 3 months. 我想请您回想一下您在过去 3 个月在工作时间您所做的活动。

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

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

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

在每周工作的天数，记录参与者每周需要工作的天数。如果参与者的这项工作需要常常加班，将加班的天数也包括在每天平均加班工作的天数。

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

每天在工作中坐下的时间，记录他/她工作时坐着的时数。

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

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

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

H3 Household Activity 家庭活动

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

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

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

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

H4 Transportation

交通

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

在这个项目的情况下，步行、骑脚车、驾驶或骑/乘坐交通工具的唯一目的，是为了从一个地方去到另一个地方。这不包括您在工作时需要的步行、骑脚车、驾驶或骑/乘坐交通工具。

H4.1 Do you walk for at least **10 minutes continuously** to get to and from places?

您有没有**持续**步行至少 **10 分钟**来回一些地方？

- 1) Yes
- 2) No (Go to H4.5)

是
否 (跳到 H4.5)

H4.2 In a typical week, how many days do you walk for at least **10 minutes continuously** to get to and from places?

在平常的一周里，您有几天**持续**步行至少 **10 分钟**来回一些地方？

_____ days a week

每周_____天

H4.3 On one of those days that you walk for at least **10 minutes continuously**, how much time would you typically walk for travel?

在**持续**步行至少 **10 分钟**的一天里，您会花多少时间步行来回一些地方？

_____ hours or _____ minutes

_____ 小时 (或) _____ 分钟

H4.4 What is the intensity of walking?

您步行的强度是什么？

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

指南：问参与者有关呼吸强度。只要跟参与者读括弧里的句子。不要讲“轻微”“中度”“剧烈”

- | | |
|------------------------------------------------------------|-------------|
| 1) Light (no change in breathing pattern) | 轻微（呼吸没有变化） |
| 2) Moderate (make you breathe somewhat harder than normal) | 中度（呼吸会比平常快） |
| 3) Vigorous (make you breathe much harder than normal) | 剧烈（呼吸比平常更快） |

H4.5 Do you use a bicycle (pedal cycle) for at least **10 minutes continuously** to get to and from places?

您有没有骑一辆脚踏车**持续**至少 **10 分钟**来回一些地方?

Interviewers' Guide: *This does not refer to motorized cycles, whether by electric or engine version.*

- | | | |
|----|-----------------|-------------|
| 1) | Yes | 是 |
| 2) | No (Go to H4.9) | 否 (跳到 H4.9) |

H4.6 In a typical week, how many days do you bicycle for at least **10 minutes continuously** to get to and from places?

在平常的一周里, 您有几天**持续**骑脚车至少 **10 分钟**来回一些地方?

_____ days a week

每周_____天

H4.7 On one of those days that you bicycle for at least **10 minutes continuously**, how much time would you typically bicycle for travel?

在**持续**骑脚车至少 **10 分钟**的一天里, 您会花多少时间骑脚车来回一些地方?

_____ hours or _____ minutes

_____ 小时 (或) _____ 分钟

H4.8 What is the intensity of bicycling?

您骑脚车的强度是什么?

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

指南: 问参与者有关呼吸强度。只要跟参与者读括弧里的句子。不要讲“轻微”“中度”“剧烈”

- | | | |
|----|---------------------------------------------------------|--------------|
| 1) | Light (no change in breathing pattern) | 轻微 (呼吸没有变化) |
| 2) | Moderate (make you breathe somewhat harder than normal) | 中度 (呼吸会比平常快) |
| 3) | Vigorous (make you breathe much harder than normal) | 剧烈 (呼吸比平常更快) |

Shareable bicycle use

使用共享脚踏车

H4.9 Do you use sharable bicycles (E.g. 'oBike', 'moBike', 'ofo' bicycles)?

- 1) Yes
- 2) No (Go to H4.15)

您有没有使用共享脚踏车（例如：“oBike”，“摩拜单车”，“ofo”共享單車）？

- 是
否 (跳到 H4.15)

H4.10 Over the past three months, how many times per week have you typically used these bikes?

On average, _____ times per week

H4.11 On a day that you use a shareable bicycle, how much time would you typically spend riding the shareable bicycle?

_____ hours or _____ minutes

H4.12 What is the intensity of bicycling when you ride a shareable bicycle?

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

指南：问参与者有关呼吸强度。只要跟参与者读括弧里的句子。不要讲“轻微”“中度”“剧烈”

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <ol style="list-style-type: none"> 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) | <p>轻微（呼吸没有变化） 中度（呼吸会比平常快） 剧烈（呼吸比平常更快）</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|

H4.13 When you use a shareable bicycle, which option best represents the typical purpose of most trips:

- 1) Travel to the bus stop or MRT/LRT station.
- 2) Travel from home to your place of work.
- 3) Travel from home to your place of study.
- 4) Travel to the shops.
- 5) I do not use shareable bicycle for travel for most of the trips

在过去的三个月里，您每星期有几次曾使用过共享脚踏车？

一个星期平均____次

当您使用共享脚踏车的那一天里，您会花多少时间骑共享脚踏车？

_____ 小时 (或) _____ 分钟

当您使用共享脚踏车时，您骑脚踏车的强度是什么？

当您使用共享脚踏车时，以下哪一项最能代表您通常骑脚踏车的目的？

- 1) 前往巴士车站或地铁/轻轨列车车站
- 2) 从住家前往工作场所
- 3) 从住家前往学习场所
- 4) 前往商店
- 5) 在大部分的旅程中，我不使用共享脚踏车旅行

H4.14 Do you use a shareable bicycle for trip purposes other than transport (e.g. for leisure time activity)?

- 1) Yes
- 2) No

除了用作交通目的以外，您有没有为了其他目的而使用共享脚踏车（例如：为了休闲活动）？

- 是
否

H4.15 How much time would you spend sitting during motorized transport (e.g. car, bus or MRT) for travel on a day?

_____ hours or _____ minutes

在平常的一天里，您会花多少时间乘坐交通工具（例如驾车，搭巴士或地铁），来回一些地方？

_____ 小时 (或) _____ 分钟

H4.16 In a typical week, how many days do you drive or ride motorized transport to get to and from places?

_____ days a week

在平常的一个星期中，您有几天是驾驶或骑乘坐交通工具来回一些地方？

每周_____天

H5 Total Sitting Time

坐下的总时间

[SHOWCARD]

H5.1 How much time do you usually spend sitting or reclining on a typical weekday?

在平常的周日里，您通常会花多少时间坐着或躺着？

_____ hours or _____ minutes

_____ 小时 (或) _____ 分钟

H5.2 How much time do you usually spend sitting or reclining on a typical weekend day?

在平常的周末日里，您通常会花多少时间坐着或躺着？

_____ hours or _____ minutes

_____ 小时 (或) _____ 分钟

H6 General

H6.1 How many flights of stairs (not individual steps) do you climb daily?

您每天会爬几段（不是个别梯级）楼梯？

- 1) 2 flights or less
- 2) 3-4
- 3) 5-9
- 4) 10-14
- 5) 15 or more flights

- 1) 两段或更少
- 2) 三到四
- 3) 五到九
- 4) 十到十四
- 5) 十五段或更多

H7 - Physical activity measured with smartphone or activity tracker

使用智能手机或智能穿戴设备测量体力活动

The following questions are about measuring physical activity with a mobile phone app or tracker.

以下的问题是有关使用手机应用程序或智能穿戴设备测量体力活动。

H7.1 Do you have an iPhone 5s or newer model?

您有 iPhone5s 或更新的型号吗?

1) Yes

是

2) No (Go to H7.2)

否 (跳到 H7.2)

888) Refuse to answer (Go to H7.2)

拒绝回答 (跳到 H7.2)

H7.1.1 Can you tell us the average number of steps per day that your iPhone has measured in the past 30 days?

您能告诉我们您的 iPhone 手机在过去的 30 天 所测量的每日平均步数吗?

INTERVIEWERS' GUIDE:

This refers to the Apple 'Health' app that is installed on all iPhone 5s and newer models. The requested data is under 'Dashboard', the 'Month' tab.⁹

1) Yes, daily average steps in the past 30 days

是, 过去 30 天的每日平均步数 _____

2) No (Go to H7.2)

否(跳到 H7.2)

888) Refuse to answer (Go to H7.2)

拒绝回答 (跳到 H7.2)

H7.1.2 Can you tell us the total number of steps that your iPhone has measured over the past 7 days?

您能告诉我们您的 iPhone 手机在过去 7 天所测量的步数吗?

INTERVIEWERS' GUIDE: This again refers to the Apple 'Health' app. Go to the 'Week' tab of 'Dashboard' and tap the Steps graph to get information on steps in the past days.

1) Yessteps on day 7 (yesterday)

是 第 7 天__步 (昨日)

..... steps on day 6

第 6 天__步

..... steps on day 5

第 5 天__步

..... steps on day 4

第 4 天__步

..... steps on day 3

第 3 天__步

..... steps on day 2

第 2 天__步

.....steps on day 1

第 1 天__步

2) No

否

888) Refuse to answer

拒绝回答

- | | | |
|------|------------------------------------------|------------------------|
| H7.2 | Do you have a Samsung S4 or newer model? | 您有 Samsung S4 或更新的型号吗? |
| 1) | Yes | 是 |
| 2) | No (Go to H7.3) | 否 (跳到 H7.3) |
| 888) | Refuse to answer (Go to H7.3) | 拒绝回答(跳到 H7.3) |

- | | | |
|--------|---------------------------------------------------------------------------------------------------------------|------------------------------------------|
| H7.2.1 | Can you tell us the average number of steps per day that your Samsung phone has measured in the past 30 days? | 您能告诉我们您的 Samsung 手机在过去的 30 天所测量的每日平均步数吗? |
|--------|---------------------------------------------------------------------------------------------------------------|------------------------------------------|

INTERVIEWERS' GUIDE: For all Samsung S4 and newer models, search for the Android 'S Health' app that is already installed. To retrieve requested data, click on 'Graph' in the middle of the page, followed by 'Trends', and 'Months' tab.

- | | | |
|------|----------------------------------------------|-------------------------|
| 1) | Yes, daily average steps in the past 30 days | 是, 过去 30 天的每日平均步数 _____ |
| 2) | No (Go to H7.3) | 否 (跳到 H7.3) |
| 888) | Refuse to answer (Go to H7.3) | 拒绝回答 (跳到 H7.3) |

- | | | |
|--------|------------------------------------------------------------------------------------------------------|------------------------------------|
| H7.2.2 | Can you tell us the total number of steps that your Samsung phone has measured over the past 7 days? | 您能告诉我们您的 Samsung 手机在过去 7 天所测量的步数吗? |
|--------|------------------------------------------------------------------------------------------------------|------------------------------------|

INTERVIEWERS' GUIDE: To continue from, the requested data is under 'Trends', and 'Days' tab.

- | | | | | |
|------|------------------|---------------------------------|------|---------------|
| 1) | Yes |steps on day 7 (yesterday) | 是 | 第 7 天__步 (昨日) |
| | | steps on day 6 | | 第 6 天__步 |
| | | steps on day 5 | | 第 5 天__步 |
| | | steps on day 4 | | 第 4 天__步 |
| | | steps on day 3 | | 第 3 天__步 |
| | | steps on day 2 | | 第 2 天__步 |
| | |steps on day 1 | | 第 1 天__步 |
| 2) | No | | 否 | |
| 888) | Refuse to answer | | 拒绝回答 | |

- | | | |
|------|----------------------------------------------|----------------|
| H7.3 | Where do you usually carry your smart phone? | 您平时怎么携带您的智能手机? |
| 1) | In pocket or on belt | 在口袋或皮带上 |
| 2) | In a bag | 在袋子里 |
| 888) | Others, please specify..... | 其他, 请注明..... |

H7.4 Do you currently wear a physical activity tracker or do you currently use another smartphone application to continuously track your physical activity?

您现在有使用任何智能穿戴设备或其他智能手机应用程序用于持续检测您的体力活动吗?

1) No (Go to Section I if answer in H2.1 is YES, otherwise go to Section J)

是 (如果 H2.1 的答案是 '是' , 请跳到 I 部分。其他答案, 请跳到 J 部分。)

2) Yes, a Fitbit tracker

是, 一个 Fitbit 穿戴设备

3) Yes, a Jawbone tracker

是, 一个 Jawbone 穿戴设备

4) Yes, another tracker, please specify

是, 其他穿戴设备, 请注明.....

5) Yes, another smartphone app, please specify.....

是, 其他智能手机应用程序, 请注明.....

H7.4.1 Can you tell us the total number of steps that your tracker/app has measured over the past month?

您能告诉我们您的智能穿戴设备或其他智能手机应用程序在过去 1 个月所测量的步数吗?

1) Yes, daily average steps in the past 30 days

是, 过去 30 天的每日平均步数 _____

2) No

否

888) Refuse to answer

拒绝回答

Note: Go to Section I if answer in H2.1 is YES, otherwise go to Section J

SECTION I – WORK ABILITY 工作能力 **only for participants who answered “yes” to H2.1**

1. Current work ability compared with the lifetime best

目前的工作能力相比于过往最佳的表现

Assume that your work ability at its best has a value of 10 points. How many points would you give your current work ability? (0 means that you cannot currently work at all)

假设您过往最佳的工作能力是 10 分， 您会给您目前的工作能力多少分？

(0 表示您目前不能工作)

| | | | | | | | | | | | | |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|----|-------------------------------------------|
| Completely unable to work 完全无法工作 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Full work ability at present 目前最好的工作能力 |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|----|-------------------------------------------|

2. Work ability in relation to the demands of the job

工作能力相对于该工作的要求

2.1 How do you rate your current work ability with respect to the physical demands of your work?

您如何评价您目前的工作能力相对于您工作的体力要求？

- 1) Very good 非常好
- 2) Rather good 相当不错
- 3) Moderate 中度
- 4) Rather poor 比较差
- 5) Very poor 很差

2.2 How do you rate your current work ability with respect to the mental demands of your work?

您如何评价您目前的工作能力相对于您工作的心智要求？

- 1) Very good 非常好
- 2) Rather good 相当不错
- 3) Moderate 中度
- 4) Rather poor 比较差
- 5) Very poor 很差

3. Estimated work impairment due to diseases

工作因疾病的估计减值

| Is your illness or injury a hindrance to your current job? | | 您的疾病或体伤是否是您目前工作的障碍？ 如果需要，您可以圈超过一个选项。 | I agree 是 | NA 不适用 |
|------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------|--------------|-----------|
| 1) | There is no hindrance/I have no diseases | 没有障碍/我没有病 | 1 | 777 |
| 2) | I am able to do my job, but it causes some symptoms | 我可以做我的工作，但它会造成一些症状 | 1 | 777 |
| 3) | I must sometimes slow down my work pace or change my work methods | 我有时必须放慢我的工作节奏或改变我的工作方式 | 1 | 777 |
| 4) | I must often slow down my work pace or change my work methods | 我必须经常放慢我的工作节奏或改变我的工作方式 | 1 | 777 |
| 5) | Because of my disease, I feel I am able to do only part-time work | 因为我的病，我觉得我只能做兼职工作 | 1 | 777 |
| 6) | In my opinion, I am entirely unable to work | 以我看来，我完全不能工作 | 1 | 777 |

4. Sick leave during the past year (12 months)

过去一年的病假（12个月）

How many whole days have you been off work because of a health problem (disease or health care or for examination) during the past year (12 months)?

在过去一年里（12个月），您有几天因为健康问题（疾病或医疗保健或检查）而一整天的没工作？

_____ days 天

5. Own prognosis of work ability two years from now

从现在起至两年内工作能力的自我预测

Do you believe that – from the standpoint of your health – you will be able to do your current job two years from now?

从您的健康的立场来看，您相信您能从现在起至两年内，做您目前的工作吗？

- 1) Unlikely 不太可能
- 2) Not certain 不确定
- 3) Relatively certain 相对确定

6. Mental resources

精神资源

6.1 Have you recently been able to enjoy your regular daily activities?

您最近能够享受您的日常活动吗？

- | | |
|------------------|------|
| 1) Often | 时常 |
| 2) Rather often | 比较经常 |
| 3) Sometimes | 有时 |
| 4) Rather seldom | 比较少 |
| 5) Never | 从不 |

6.2 Have you recently been active and alert?

您最近会活跃和机警吗？

- | | |
|------------------|------|
| 1) Often | 时常 |
| 2) Rather often | 比较经常 |
| 3) Sometimes | 有时 |
| 4) Rather seldom | 比较少 |
| 5) Never | 从不 |

6.3 Have you recently felt yourself to be full of hope for the future?

您最近有感到自己对未来充满希望吗？

- | | |
|------------------|------|
| 1) Continuously | 一直都有 |
| 2) Rather often | 比较经常 |
| 3) Sometimes | 有时 |
| 4) Rather seldom | 比较少 |
| 5) Never | 从不 |

SECTION J- PITTSBURGH SLEEP QUALITY INDEX 匹兹堡睡眠质量指数

University of Pittsburgh (owner) & MAPI Research Trust (for translations)

SECTION K- CAREGIVING 看护 (SH PARTICIPANTS ONLY)

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.)

现在, 我要问您有关提供护理的问题 (即,为有健康问题、长期疾病或残障的朋友或家人提供日常护理或协助)。

Q1. During the past month, did you provide any such care or assistance to a friend or family member?
在过去的一个月里, 您是否为朋友或家人提供过这样的护理或协助?

- | | | |
|------|---------------------------------------|---------------|
| 1) | Yes (Go to Q3) | 是 (跳到 Q3) |
| 2) | No (Go to Q2) | 否 (跳到 Q2) |
| 888) | Refuse to answer (Go to next section) | 拒绝回答 (跳到下一部分) |
| 999) | Do not know (Go to next section) | 不知道 (跳到下一部分) |

Q2. Since the last interview on [LAST INTERVIEW DATE], have you ever provide any such care or assistance to a friend or family member?

自从之前 [之前采访日期] 的采访后, 您有没有提供任何类似的护理或协助给朋友或家人吗?

- | | | |
|------|---------------------------------------|---------------|
| 1) | Yes (Go to Q3) | 是 (跳到 Q3) |
| 2) | No (Go to next section) | 否 (跳到下一部分) |
| 888) | Refuse to answer (Go to next section) | 拒绝回答 (跳到下一部分) |
| 999) | Do not know (Go to next section) | 不知道 (跳到下一部分) |

Q3. How long have you provided care for your friend(s) or family member(s)?

您为您的朋友或家人提供了多久的护理?

- | | | |
|------|-------------------------------|---------------|
| 1) | 1 month or less | 1 个月或更少 |
| 2) | More than 1 month to 6 months | 超过 1 个月至 6 个月 |
| 3) | More than 6 months to 1 year | 超过 6 个月至 1 年 |
| 4) | More than 1 year to 4 years | 超过 1 年至 4 年 |
| 5) | More than 4 years | 超过 4 年 |
| 999) | Do not know | 不知道 |

SECTION L – MMSE 40YO AND OLDER ONLY

PAR Inc

SECTION M – Barthel Index 巴氏指数 65YO AND OLDER ONLY

INTERVIEWERS' GUIDE

1 Bowels 大便控制

First, let me ask about your bowel movement. In the last 7 days, did you ever lost control and pass motion unexpectedly or do you have constipation so serious that need to inject fluid into your rectum to relieve constipation?
[YES] Did it happen more than once in the last 7 days?

首先，让我问您有关排便问题。在过去 7 天里，您是否有失控及意外排便或您有非常严重的便秘，以致需要注入液体到直肠内以缓解便秘？

[是]在过去的 7 天里，这是否发生超过一次？

- 1. Incontinent (or needs to be given enemata – injecting fluid into rectum to help relieve constipation)
无法自己控制（或者需要灌肠—注入液体到直肠内以帮助缓解便秘）
- 2. Occasional accident (once/week)
偶尔出现失控意外（一周一次）
- 3. Continent
可以自我控制

In the preceding week:
• If needs enema from nurse, then 'incontinent.'
• 'Occasional' = once a week.

2 Bladder 小便控制

Do you lose control of passing urine? [IF YES] Was it once a day in the last 7 days? [IF NO], Are you on a catheter? [IF YES], Do you change the catheter yourself?

您有失去排尿控制吗？[如果是] 在过去的 7 天内里，这是否每天会发生一次？[如果否]，您是否使用导尿管？[如果是]，您是自己更换导尿管吗？

- 1. Incontinent, or catheterized and unable to manage
无法自己控制，或者被插入导尿管，并且无法控制
- 2. Occasional accident (max. once per 24 hours)
偶尔出现失控意外（二十四小时最多失控一次）
- 3. Continent (for over 7 days)
可以自我控制（超过七天）

In the preceding week:
• 'Occasional' = less than once a day.
• A catheterized patient who can completely manage the catheter alone is registered as 'continent.'

3 Grooming 个人卫生

Do you need help with taking care of your personal hygiene such as putting on your false teeth, doing hair, shaving, washing face etc.?

您是否需要别人帮忙照顾您的个人卫生，如装假牙，弄头发，刮胡子，洗脸等？

- 1. Needs help with personal care
进行个人护理时需要帮助
- 2. Independent face/hair/teeth/shaving (implements provided)
可以独自洗脸/梳理毛发/清理牙齿/剃须（在提供工具的情况下）

In the preceding 24–48 hours:
• Refers to personal hygiene: doing teeth, fitting false teeth, doing hair, shaving, washing face. Implements can be provided by helper.

4 Toilet use 上厕所

• Should be able to reach

Do you need any help with using the toilet/commode such as

- Getting to the toilet (getting the commode)
- Getting on/off the toilet seat (or commode)
- Undressing/dressing
- Wiping

[IF YES], Do you need some help or totally dependent on someone?

您在使用厕所/便桶时，是否需要任何帮助如

- 前往厕所（拿取便桶）
- 坐上/离开便座（或便桶）
- 脱/穿衣裤
- 擦拭

[如果是]，您需要一些帮助或完全依赖于他人？

- 1. **Dependent**
依赖于他人
- 2. **Needs some help, but can do something alone**
需要一些帮助，但是可以独自做一些事情
- 3. **Independent (on and off, dressing, wiping)**
可以独自处理（坐上和离开，穿衣，擦拭）

5 Feeding 进食

When taking food, do you need someone to help you to cut your food or spread butter on bread for you or you can do these without help? [IF NEED HELP] Are you able to feed yourself or need help with that?

当您进食时，您是否需要他人帮您切您的食物或帮您在面包上涂奶油，或者您不需要任何帮助？ [如果需要帮助] 您是否能自己进食或者需要帮助？

- 1. **Unable**
无法自理
- 2. **Needs help cutting, spreading butter, etc**
需要帮助来切割食物、涂抹牛油等等
- 3. **Independent (food provided within reach)**
可以自理（在可以拿到的距离内被提供食物）

toilet/commode, undress
sufficiently, clean self, dress, and
leave.
• 'With help' = can wipe self and do
some other of above.
• A commode is a toilet chamber.

• Able to eat any normal food (not
only soft food). Food cooked and
served by others, but not cut up.
• 'Help' = food cut up, patient feeds
self.

6 Transfer 移动能力

[IF PARTICIPANT HAS SITTING BALANCE] Do you need help from 1 or 2 people to physically move you to a chair? [IF NO] Do you need minor help from someone to guide you verbally and physically, such as holding your arm to guide you to sit down?

[如果参与者能平稳坐着]您需要 1 或 2 人帮助把您移动到椅子上吗? [如果否]您是否需要他人在口头或行动上给您一些帮助及指导, 例如握着您的手臂指导您坐下?

- 1. Unable – no sitting balance
无法自理— 不能平稳坐着
- 2. Major help (one or two people, physical), can sit
需要很多帮助 (1 或 2 人, 行动上), 可以坐着
- 3. Minor help (verbal or physical)
需要一些帮助 (口头或行动上)
- 4. Independent
可以自理

- From bed to chair and back.
- 'Dependent' = NO sitting balance (unable to sit); two people to lift.
- 'Major help' = one strong/skilled, or two normal people. Can sit up.
- 'Minor help' = one person easily, OR needs any supervision for safety.

7 Mobility 行走能力

Do you walk with the help of one person guiding you or verbally giving you instructions? [IF PARTICIPANT SAYS NO, I USE WHEELCHAIR] When using the wheelchair, are you able to turn corners or open doors without help?

您是否需要在他人帮助指导或言语的指示下步行? [如果参加者回答“否”, 我使用轮椅] 当使用轮椅时, 您可以在没有任何帮助下, 自己转弯或开门吗?

- 1. Immobile
无法行动
- 2. Wheelchair independent, including corners, etc.
可独立乘坐轮椅活动, 包括在角落位时等等
- 3. Walks with help of one person (verbal or physical)
在一个人的帮助下行走 (口头或行动上)
- 4. Independent (but may use any aid, e.g., stick)
可以自理 (但需要使用任何协助工具, 比如: 拐杖)

- Refers to mobility about house or ward, indoors. May use aid. If in wheelchair, must negotiate corners/doors unaided.
- 'Help' = by one untrained person, including supervision/moral support.

8 Dressing 穿脱衣服

When you are dressing, do you need help from someone to put on your clothes, do your buttons, zips or laces etc.? [IF YES] Are you able to put on some clothes by yourself?

当您穿衣时，您需要别人帮您穿衣服、扣纽扣、拉拉链和系鞋带等吗？[如果是]您能自己穿上几件衣服吗？

- 1. Dependent
依赖于他人
- 2. Needs help, but can do about half unaided
需要帮助，但是在毫无帮助的情况下可以做一半的事情
- 3. Independent (including buttons, zips, laces, etc.)
可以自理（包括扣纽扣、拉拉链和系鞋带等等）

- Should be able to select and put on all clothes, which may be adapted.
- 'Half' = help with buttons, zips, etc. (check!), but can put on some garments alone.

9 Stairs 上下楼梯

When you climb up or down the stairs, do you need supervision or physical support from someone?

当您上下楼梯时，您需要别人监督您或给予行动上支持吗？

- 1. Unable
无法自理
- 2. Needs help (verbal, physical, carrying aid)
需要帮助（口头、行动上和搬运协助）
- 3. Independent up and down
可以独自上下楼梯

- Must carry any walking aid used to be independent.

10 Bathing 洗澡

When you bathe or take a shower, do you need help from someone to get in and out of your shower/bath and with your washing?

当您洗澡或淋浴时，您需要他人出入您的淋浴/浴缸帮助您洗涤吗？

- 1. Dependent
依赖于他人
- 2. Independent (or in shower)
可以自理（或者淋浴）

- Usually the most difficult activity.
- Must get in and out unsupervised, and wash self.
- Independent in shower = 'independent' if unsupervised/unaided.

SECTION N – IADL 工具性日常生活活动 65YO AND OLDER ONLY

1 Ability to Use Telephone 使用电话

Now I am going to ask you about your ability to use the telephone. Do you have a problem with dialing phone numbers to make a call? [IF YES] Can you dial at least a few numbers that you know? [IF NO], Are you able to answer calls?

现在我要问您, 关于您使用电话的能力。您拨打电话号码有问题吗? [如果是] 您能拨打几个您记得的电话号码吗? [如果否] 您可以接听电话吗?

- 1. Operates telephone on own initiative; looks up and dials numbers
能够自己主动操作电话, 查阅并拨打号码
- 2. Dials a few well-known numbers
能够拨打几个熟悉的号码
- 3. Answers telephone, but does not dial
只会接听电话, 但是不会拨打电话
- 4. Does not use telephone at all
完全不使用电话

2 Shopping 购物

Do you always need someone to help you when you shop, buy things, or can you shop without help for small purchases?

您是否经常需要他人在您购物或买东西时帮助您, 或者您可独立完成少量的购物?

- 1. Takes care of all shopping needs independently
独立完成所有的购物需求
- 2. Shops independently for small purchases
独立完成少量的购物
- 3. Needs to be accompanied on any shopping trip
每次购物时都需要有人陪
- 4. Completely unable to shop
完全不能上街购物

3 Food Preparation 食物烹调

Are you able to cook your own meals?

[IF YES] Do you need someone to help bring you the ingredients to make a meal?

[IF NO] Can you heat up food or serve food already cooked?

您能自己做饭吗?

[如果是]您需要有人帮助您拿做饭的材料吗?

[如果否]您能加热食物或盛已经煮熟的食物吗?

- 1. Plans, prepares, and serves adequate meals independently
独自计划、烹煮和供应一顿适当的饭菜
- 2. Prepares adequate meals if supplied with ingredients
如果准备好佐料, 能做一顿适当的饭菜
- 3. Heats and serves prepared meals or prepares meals but does not maintain adequate diet
能将已做好的饭菜加热, 或者能够烹煮但不能够维持适当的饮食习惯
- 4. Needs to have meals prepared and served
需要别人把饭菜煮好、盛好

4 Housekeeping 家务维持

Are you able to perform the housekeeping by yourself or you can only do light daily chores such as dishwashing, bed making? [IF participant can only do light daily tasks], Ask, do you need some help to do cleaning properly?

您能够自己做家务，或者您只能做轻微的日常家务，如洗碗、整理床铺？ [如果参与者只能做轻微的日常工作]，请问，您需要一些帮助做合适的清洁吗？

- 1. Maintains house alone with occasion assistance (heavy work)
在偶尔的协助下，可以独自维持家务（重活）
- 2. Performs light daily tasks such as dishwashing, bed making
能做较简单的日常家务，例如洗碗和整理床铺
- 3. Performs light daily tasks, but cannot maintain acceptable level of cleanliness
能做简单的日常家务，但不能维持可以被接受的整洁程度
- 4. Needs help with all home maintenance tasks
所有的家务都需要别人协助
- 5. Does not participate in any housekeeping tasks
完全不做家务

5 Laundry 洗衣服

Are you able to do your own personal laundry completely or you are only able to wash small items, rinse socks etc, or you are not able to wash any laundry?

您是否可以自己清洗您所有的个人衣物，或您只能清洗小件衣物，例如洗短袜、长袜等等，或者您完全不能够洗任何衣物？

- 1. Does personal laundry completely
自己清洗所有个人衣物
- 2. Launders small items, rinses socks, stockings, etc
只能清洗小件衣物，例如洗短、袜长袜等等
- 3. All laundry must be done by others
完全依赖他人清洗衣物

6 Mode of Transportation 外出活动

If you take public transport to travel to another place, do you need help or someone to go with you? [IF YES] Do you need help when you take the taxi, MRT or bus?

如果您乘坐公共交通工具前往另一个地方，您会需要他人的帮助或跟着您一起去吗？ [如果“是”] 当您搭德士、地铁或公共巴士时，您需要帮忙吗？

- 1. Travels independently on public transportation or drives own car
能够独自乘搭公共交通工具或自己开车
- 2. Arranges own travel via taxi, but does not otherwise use public transportation
能够自己搭乘德士但不会乘搭公共交通工具
- 3. Travels on public transportation when assisted or accompanied by another
当有人陪同时，可搭德士或公共交通工具
- 4. Travel limited to taxi or automobile with assistance of another
限于在他人协助下，乘坐德士或汽车
- 5. Does not travel at all
完全不出门

7 Responsibility for Own Medications 自己负责服用药物

For your medication, do you remember to take it on time without help from someone to remind you? [IF NO] So you need someone to help you remember when to take your medicine, but are you able to prepare the correct dosages to take without help?
对于您的药物，在没人帮助提醒您的情形下，您会记得准时吃药吗？[如果不会]那么您需要别人帮您记得吃药时间，但是您能够自己准备正确的药物份量吗？

- 1. Is responsible for taking medication in correct dosages at correct time
能自己负责在正确的时间，服用正确的药物
- 2. Takes responsibility if medication is prepared in advance in separate dosages
如果事先准备好服用的药物份量，可自己服药
- 3. Is not capable of dispensing own medication
不能自己服用药物

8 Ability to Handle Finances 处理财务能力

About handling finances or money, do you need someone to help you keep track of income or savings and day-to-day purchases? [IF NO] How about banking and keeping track of big purchases or bills, do you need help with that?

关于财务或金钱管理，您需要他人帮您记录收入或储蓄及日常的购买吗？[如果否]至于银行往来及记录大型购买或账单，您需要帮助吗？

- 1. Manages financial matters independently (budgets, writes checks, pays rent and bills, goes to bank); collects and keeps track of income
可以独自处理财务（预算、填写支票、支付租金和账单、前往银行）；领取和记录收入
- 2. Manages day-to-day purchases, but needs help with banking, major purchases, etc
可以处理日常的购买，但需要别人协助与银行的往来或大型购买
- 3. Incapable of handling money
无法理财

SECTION O – FALLS HISTORY 跌倒史 65YO AND OLDER ONLY

How many times have you had a fall in the last 12 months?

在过去的 12 个月，您曾跌到多少次？

- Zero 零
- 1 in the last 12 months 过去 12 个月里 1 次
- 2 or more in the last 12 months 过去 12 个月里 2 次或更多
- 1 or more requiring hospitalization 1 次或更多并需住院

F1A / F1B / F1C

**SPHS – F1
Health Screening Form**

Appt Time:

Date Registered:

Time Registered:

VISIT ID

Gender 2nd Ref. No.

[For females] Are you pregnant? No Yes; ask participant to reschedule
 When was the last time you had food or a drink (not plain water)? Date: __/__/____ Time: __: __ AM / PM
 [For females] Are you still having menses currently? No Yes; do not collect urine
 Have you taken any painkillers / antibiotics in the last 7 days? No Yes; do not collect urine

Do you have these medical conditions?

| | | | | |
|----|-------------------------------------------|-----------------------------|------------------------------|------------------------|
| 1 | High Cholesterol | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ Staff initial |
| 2 | Hypertension | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 3 | Diabetes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 4 | Kidney failure | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 5 | Heart failure | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 6 | Heart attack | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 7 | Stroke | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 8 | Cancer | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 9 | Irregular heart beat | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 10 | Congenital heart disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 11 | Other heart diseases | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 12 | Other medical conditions (please specify) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |

Height and Weight **NOT DONE**

Height (m) . Refuse Unable OOR

Weight (kg) . Refuse Unable OOR

Staff initial

Waist and Hip **NOT DONE**

Waist circumference (cm) . Refuse Unable

Hip circumference (cm) . Refuse Unable

Staff initial

Blood Pressure **NOT DONE** Refuse Unable

To retake BP before discharge (Systolic/Diastolic)

| | | | |
|--|-----------------|--|--|
| | 1 st | | |
| | 2 nd | | |
| | 3 rd | | |

| | | | | | | |
|----------------------------------|-----------------|----------|-----------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------|
| | 1 st | Systolic | Diastolic | Refuse | Unable | Staff initial Take a 3 rd reading if difference between 2 readings is >10mmHg systolic or >5mmHg diastolic |
| <input type="checkbox"/> Dinamap | 2 nd | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Digital | 3 rd | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Manual

Visual Acuity [F1-A and F1-C participants] **NOT DONE** Refuse Unable

Do you **currently** have any eye problems affecting your eyesight?

| | | | | | |
|----|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Right eye | Left eye | Refuse | Unable |
| 1 | Myopic (short sightedness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Long sightedness | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3 | Astigmatism | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4 | Lazy eye | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5 | Floaters | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6 | Dry eye syndrome | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7 | Cataract | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | Glaucoma | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9 | Blindness | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10 | Ptosis (drooping eyelids) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11 | Other vision / eye problem | <input type="checkbox"/> | <input type="checkbox"/> | | |

The HS report will be mailed to you in 4 weeks. Would you need explanation on your report?

Yes

No

BLANK PAGE

Foot Assessment

NOT DONE

| | | No. of sensory points felt | | Refuse | Unable | OOOR |
|--------------------------------|----------------------|----------------------------|--|--------------------------|--------------------------|--------------------------|
| Monofilament 5.07 sensory test | R | 5 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | L | 5 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Neurothesiometer Reading (Mv) | Apex 1 st | R | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Med Mal. | R | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Apex 1 st | L | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Med Mal. | L | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | | Refuse | Unable | OOOR |
|-----------------------------------------------------|----|--|--------------------------|--------------------------|--------------------------|
| Brachial BP (mmHg) (Systolic reading by Doppler) | 1 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 2 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ankle BP (mmHg) (Systolic reading by Doppler) | R1 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | R2 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | L1 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | L2 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Staff initial _____

TUG [F1-A and F1-C participants ≥40 years old]

Timed Up-and-Go Test: _____ sec [3-300s]

NOT DONE Refuse Unable

Staff initial _____

Hand Grip Strength (kg)

NOT DONE

| | | Refuse | Unable | | | Refuse | Unable |
|------|----------------------|--------------------------|--------------------------|-------|----------------------|--------------------------|--------------------------|
| Left | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | Right | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Staff initial _____

Blood taking

Random Fasting

Research

| | Refuse | Unable |
|--------------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Plain tube (10ml) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> EDTA tube (10ml) | <input type="checkbox"/> | <input type="checkbox"/> |

Screening

| | Refuse | Unable |
|-----------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Plain (5ml) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> EDTA (3ml) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Fluoride (2ml) | <input type="checkbox"/> | <input type="checkbox"/> |

Staff initial _____

Urine Micral test (mg/L)

Taken **NOT DONE**

Refuse Unable

Neg 50
 20 100

Staff initial _____

[F1-B participants]

Wellbeing survey Completed /Unable Refuse

Staff initial _____

[F1-C participants with accelerometer and F1-B participants]

Community Environment survey Not Selected Unable
 Completed Refuse

Staff initial _____

Discharge

Discharge Time: **Accelerometer**

Staff initial _____