

Panel on Health and Aging of Singaporean Elderly (PHASE) – Wave 2

a.k.a Panel on Health and Aging of Singaporean Elderly (PHASE) 2011

NOTE:

VARIABLE NAMES, as they appear in the dataset are in **RED** font
RESPONSE CATEGORY CODES, as they appear in the dataset are in **BLUE** font

w2_Date_Last_Contact Date of last contact (dd/mm/yyyy), corresponds to interview date (for those interviewed) or refusal date or last visit date (for non-responders)

w2_weights Cross-sectional survey weights to be used for analysis done using only PHASE [Wave 2] data

NAME OF RESPONDENT: _____

Fill in the following information after you have completed the questionnaire.

CONTACT NO.:		(H)		(O)		(HP/PGR)
INTERVIEWER:			DATE OF INTERVIEW:		w2_Date_Interview	

DATE OF LAST CONTACT _____

TIME STARTED: _____ TIME ENDED: _____

TOTAL TIME TAKEN FOR INTERVIEW: _____ MINUTES

w2_Duration_Questionnaire _____
 (Please include time used by the subject to attend to personal affairs or to rest.)

w2_Interviewer_Code_Phase_r: The code is the same as that for “Interviewer_Code” (above, in Wave 1) if the interviewer was the same

NUMBER OF VISITS: 1st VISIT / 2nd VISIT / 3rd VISIT / 4th VISIT / 5th VISIT

INTRODUCTION

Good morning / afternoon / evening. My name is _____ and I’m from _____. We are conducting a follow-up survey of the people who had participated in the Social Isolation, Health and Lifestyles Survey conducted by MCYS in 2009. As one of the participants of the original survey, we would appreciate it if you could spare us some time to answer some questions. This follow-up survey will help us to study the social, economic and health changes in individuals as they age. The interview will take about 45 minutes.

(If respondent cannot be interviewed due to health / non-health reasons) May I know who, apart from a maid, has helped (the subject name) in his or her daily existence for some time? We would appreciate it if this person could spare us some time to answer the following questions.

There are no right or wrong answers to the questions, and you do not have to respond to any questions that you feel uncomfortable answering. Please be assured that your identity and the information given by you will be kept strictly confidential and that only group data will be reported.

S1 Screener for Cognitive impairment

[Interviewer: This screener is administered only to the subjects and not to proxies]

Before starting the main questionnaire, we would just like to ask you a few questions. These questions are about memory. The questions may seem unusual, but they are routine questions we ask of everyone. Some of the questions are very easy and some are difficult, so do not be surprised if you have trouble with some of them.

Please try to answer these questions correctly and to the best of your knowledge.

w2_Cognitive_Test: Cognitive test taken? (1 = Yes, 2 = No)

	Questions	Response	Correct	Incorrect	No cognitive test	Correct only when:
a	What is today's date? (including date, month and year) w2_S1_a_ii		1	2	888	The month, date and year are all correct
b	What is the day of the week? w2_S1_b_ii		1	2	888	The day is correct
c	What is the name of this place in Singapore? w2_S1_c_ii		1	2	888	Any of the description of the location is given: correct district, zone, street, name of the area, name of apartment complex, are all acceptable
d	What is your phone number? w2_S1_d_ii		1	2	888 8=no phone	The number can be verified or the subject can repeat the same number at a later time in the interview
e	When were you born? w2_S1_e_ii		1	2	888	The month, date and year are correct
f	How old are you? w2_S1_f_ii		1	2	888	The stated age corresponds to the date of birth
g	Who is the current Prime Minister? w2_S1_g_ii		1	2	888	It is Lee Hsien Loong. Requires the full name to be mentioned.
h	Who was the Prime Minister before him? w2_S1_h_ii		1	2	888	It is Goh Chok Tong. Requires the full name to be mentioned.

i	What was your mother's maiden name? w2_S1_i_ii		1	2	888	Needs no verification.
j	Please count backward from 20 by 3's? w2_S1_j_ii		1	2	888 9=refused	The entire series must be performed correctly to be scored as correct. Any error in the series - or an unwillingness to attempt the series- is scored as incorrect
<p>w2_spmsq SPMSQ score uncorrected for interviewer error PLEASE DO NOT USE</p> <p>w2_spm_corr PLEASE USE THIS VARIABLE INSTEAD of w2_spmsq (Created variable: Summary measure of cognitive impairment, a corrected score. Some individuals have a some of less than zero due to adjustments made for interviewer error. Please set scores less than zero to zero before using this variable for analysis.)</p> <p>Reference: Malhotra, R., Haaland, B. A., Chei, C. L., Chan, A., Malhotra, C., & Matchar, D. B. (2015). Presence of and correction for interviewer error on an instrument assessing cognitive function of older adults. <i>Geriatrics & gerontology international</i>, 15(3), 372-380.</p>						
<p>w2_cognecat_corr (Created variable: Summary measure of cognitive impairment, in categories. <i>Note</i>: This is created using the corrected score. See reference above.)</p> <p>1: Intellectually intact 2: Mildly impaired 3: Moderately impaired 4: Severely impaired</p>						

Instruction to Interviewer:

- If the respondent has 8 or more incorrect responses in the above 10 questions, then select a proxy for answering the main questionnaire. *This proxy must be someone who has been helping the subject in his or her daily existence for some time, and must be either a family member or someone who has been living with the subject.*

- If the respondent has less than 8 incorrect responses in the above 10 questions, then proceed with the main questionnaire.

Person giving responses: **w2_Response** **1** The subject [**Go to Section A**] **2** Proxy

[Interviewer:

*Although, in general, interviews are to be conducted with a person named in the list, if the subject is incapable of being interviewed due to illness or another cause, the interview may be conducted with a proxy. This proxy must be someone who has been helping the subject in his or her daily existence for some time, and must be either a family member or someone who has been living with the subject. Maids are **NOT ELIGIBLE** for this interview.]*

PROXY INFORMATION

P1 May I know your name (Proxy)? _____

P2 Reason the proxy is the respondent rather than the person named in the list [MA]:

(For variables w2_P201 to w2_P212, 1 = Yes, 0 = No)

- 1 The subject has been hospitalized, and cannot be revisited during survey period
w2_P201
- 2 The subject has moved to a nursing home.
w2_P202
- 3 The subject has been moved to an institution for health reasons (including physical or psychological).
w2_P203

When was the subject hospitalized or moved to the institution? (If more than once, record the most recent.)

Yr Mth
w2_P2_1_Other_Specify
w2_P2_2_Other_Specify
w2_P2_3_Other_Specify

-
- 4 The subject has been moved to an institution for reasons other than health. (e.g. subject has been incarcerated for a traffic violation or otherwise)
w2_P204
 - 5 The subject has hearing difficulties (the subject is hearing impaired, etc.).
w2_P205
 - 6 The subject has difficulties speaking (the subject is experiencing verbal difficulties).
w2_P206
 - 7 The subject is experiencing confusion or loss of consciousness, etc.
w2_P207
 - 8 The subject has 8 or more errors in S1
w2_P208
 - 9 The subject is unable to respond because of memory loss or dementia
w2_P209
 - 10 The subject is experiencing some other form of psychological disorder.
w2_P210
 - 11 The subject has a physical illness or disability.
w2_P211
 - 12 The subject cannot respond for other reasons unrelated to health. Please explain: _____
w2_P212
-

P3 What is your relationship with (the subject)? w2_P3

- 1 Spouse
- 2 Son
- 3 Daughter
- 4 Daughter-in-law
- 5 Son-in-law
- 6 Grandchild

Relative other than the aforementioned (please explain:

- 7 **w2_P3_Relative_Specify** _____)
- 8 **w2_P3_Other_Specify** _____)

MAIN QUESTIONNAIRE

[Interviewer: All the following questions are to be addressed to the *subject*. In the event that the respondent is a proxy, do not ask the questions with question number appearing in boxes, e.g. Q13]

SECTION A: BASIC ATTRIBUTES AND FAMILY MAKE-UP

READ OUT: You will be asked a number of questions during this survey. You do not have to respond to any questions that you feel uncomfortable answering. Also, please rest assured that all of your responses will be kept strictly confidential and will not be shown to or shared with anyone not connected with this survey.

First, you will be asked questions about yourself (subject).

The next questions concern your (subject's) family.

Q1 [SHOWCARD 1] First, what is your (subject's) current marital status? w2_Q1

- 1 Married
(includes being separated from the spouse due to one spouse's being hospitalized, living in an institution, or living in another area for business reasons or to take care of others)
- 2 Widowed
- 3 Separated from spouse
- 4 Divorced
- 5 Never married

Q2.1 How many persons are there living in your (subject's) household? (Including yourself (subject), maid and those who are temporarily hospitalized, children who are living in a hostel within Singapore, and household members who are currently in National Service/Reservist training)

[Interviewer: This includes all who live in the household presently, as well as those who have this address recorded in their NRIC, excluding tenants.]

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Q2.2 Please give the relationship to you (subject) and the age and gender of the other members of the household. [Interviewer: Please ensure the number of members corresponds with the answer in Q2.1]

Q2.3 Who is the head of the household? [Interviewer: Let this be based on the perception of the subject. If he/she asks for a definition: The head of the household is normally the oldest member, the main income earner, the owner-occupier of the house or the person who manages the affairs of the household.]

ID	Relationship to subject (see coding table below)	Age	Gender		Head of Household			
			Male	Female				
01	Subject Self w2_Q2_2_ID01_Relationship	-- w2_Q2_2_ID01_Age	-- w2_Q2_2_ID01_Gender	-- w2_Q2_2_ID01_Gender	1 w2_Q2_2_ID01_Head			
02	Subject's _____ w2_Q2_2_ID02_Relationship	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> y w2_Q2_2_ID02_Age r s				1 w2_Q2_2_ID02_Gender	2 w2_Q2_2_ID02_Gender	1 w2_Q2_2_ID02_Head
03	Subject's _____ w2_Q2_2_ID03_Relationship	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> y w2_Q2_2_ID03_Age r s				1 w2_Q2_2_ID03_Gender	2 w2_Q2_2_ID03_Gender	1 w2_Q2_2_ID03_Head
04	Subject's _____ w2_Q2_2_ID04_Relationship	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> y w2_Q2_2_ID04_Age r s				1 w2_Q2_2_ID04_Gender	2 w2_Q2_2_ID04_Gender	1 w2_Q2_2_ID04_Head

05	Subject's w2_Q2_2_ID05_Relationship	<input type="text"/> <input type="text"/> <input type="text"/> w2_Q2_2_ID05_Age	y r s	1 w2_Q2_2_ID05_Gender	2 w2_Q2_2_ID05_Gender	1 w2_Q2_2_ID05_Head
06	Subject's w2_Q2_2_ID06_Relationship	<input type="text"/> <input type="text"/> <input type="text"/> w2_Q2_2_ID06_Age	y r s	1 w2_Q2_2_ID06_Gender	2 w2_Q2_2_ID06_Gender	1 w2_Q2_2_ID06_Head
07	Subject's w2_Q2_2_ID07_Relationship	<input type="text"/> <input type="text"/> <input type="text"/> w2_Q2_2_ID07_Age	y r s	1 w2_Q2_2_ID07_Gender	2 w2_Q2_2_ID07_Gender	1 w2_Q2_2_ID07_Head
08	Subject's w2_Q2_2_ID08_Relationship	<input type="text"/> <input type="text"/> <input type="text"/> w2_Q2_2_ID08_Age	y r s	1 w2_Q2_2_ID08_Gender	2 w2_Q2_2_ID08_Gender	1 w2_Q2_2_ID08_Head
09	Subject's w2_Q2_2_ID09_Relationship	<input type="text"/> <input type="text"/> <input type="text"/> w2_Q2_2_ID09_Age	y r s	1 w2_Q2_2_ID09_Gender	2 w2_Q2_2_ID09_Gender	1 w2_Q2_2_ID09_Head
10	Subject's w2_Q2_2_ID10_Relationship	<input type="text"/> <input type="text"/> <input type="text"/> w2_Q2_2_ID10_Age	y r s	1 w2_Q2_2_ID10_Gender	2 w2_Q2_2_ID10_Gender	1 w2_Q2_2_ID10_Head
ID	Relationship to subject	Age		Gender		Head of Household
				Male	Female	
11	Subject's w2_Q2_2_ID11_Relationship	<input type="text"/> <input type="text"/> <input type="text"/> w2_Q2_2_ID11_Age	y r s	1 w2_Q2_2_ID11_Gender	2 w2_Q2_2_ID11_Gender	1 w2_Q2_2_ID11_Head
12	Subject's w2_Q2_2_ID12_Relationship	<input type="text"/> <input type="text"/> <input type="text"/> w2_Q2_2_ID12_Age	y r s	1 w2_Q2_2_ID12_Gender	2 w2_Q2_2_ID12_Gender	1 w2_Q2_2_ID12_Head

(For Internal Coding Only)

1	Spouse	5	Spouse of grandchild	9	Maid
2	Child	6	Parent	10	Others (specify: _____)
3	Spouse of Child	7	Parent of spouse		
4	Grandchild	8	Sibling		

'Other' variables:

w2_Q2_Other1_ID to w2_Q2_Other7_ID ; w2_Q2_Other1_ID is the first 'Others' specified by the respondent, w2_Q2_Other2_ID is the second 'Others' specified by the respondent, similarly for w2_Q2_Other3_ID to w2_Q2_Other7_ID

w2_Q2_Other1_Relationship to w2_Q2_Other7_Relationship; w2_Q2_Other1_Relationship is the relationship between w2_Q2_Other1_ID and the subject, similarly for w2_Q2_Other2_Relationship to w2_Q2_Other7_Relationship

w2_Q2_Other1_Age to w2_Q2_Other7_Age; w2_Q2_Other1_Age is the age of the w2_Q2_Other1_ID, similarly for w2_Q2_Other2_Age to w2_Q2_Other7_Age

w2_Q2_Other1_Gender to w2_Q2_Other7_Gender ; w2_Q2_Other1_Gender is the gender of the w2_Q2_Other1_ID, similarly for w2_Q2_Other2_Gender to w2_Q2_Other7_Gender

w2_Q2_Other1_Head to w2_Q2_Other7_Head ; w2_Q2_Other1_Head denotes if w2_Q2_Other1_ID is the head of the household as defined in the table above. Similarly for w2_Q2_Other2_Head to w2_Q2_Other7_Head

w2_age

(Created variable: Age of subject at the time of Wave 2, created by calculating the time elapsed [in years] between the Wave 1 date of interview and Wave 2 date of interview, and subsequently adding it to the age at Wave 1)

w2_agegroup5yr

(Created variable: Age of subject in 5 year age bands at the time of Wave 2, based on w2_age)

- 1: 62-64 (minimum age in wave 2=62)
- 2: 65-69
- 3: 70-74
- 4: 75-79
- 5: 80-84
- 6: 85+

w2_agegroup10yr

(Created variable: Age of subject in 10 year age bands at the time of Wave 2, based on w2_age)

- 1: 62-69 (minimum age in wave 2=62)
- 2: 70-79
- 3: 80-89
- 4: 90+

w2_livingarr1

(Created variable: Living arrangements summary variable. *Note:* Alone includes living with maid)

- 1: Living alone (with maid)
- 2: With spouse, no child (with/without maid)
- 3: With child, no spouse (with/without maid)
- 4: With child and spouse (with/without maid)
- 5: With others (with/without maid)

w2_livingarr2

(Created variable: Living arrangements summary variable. *Note:* Alone does not include living with maid)

- 1: Living alone (without maid)
- 2: With spouse, no child (with/without maid)
- 3: With child, no spouse (with/without maid)
- 4: With child and spouse (with/without maid)
- 5: With others (with/without maid)

w2_livingalone1

(Created variable: Living alone. *Note:* Alone includes living with maid)

- 0: Not living alone
- 1: Living alone (with maid)

w2_livingalone2

(Created variable: Living alone. Note: Alone does not include living with maid)

0: Not living alone

1: Living alone (without maid)

Q3 [Ask those who reside with children according to Q2.2 only]

[SHOWCARD 2] What are the main reasons you (subject) are currently residing with your (subject's) child(ren) (Maximum 3)? [MA] (For w2_Q301 to w2_Q317, 1 = Yes, 0 = No)

- | | | | |
|---|--|----|--|
| 1 | To provide financial support w2_Q301 | 10 | To provide advice or be someone to talk to w2_Q310 |
| 2 | To receive financial support w2_Q302 | 11 | To receive advice w2_Q311 |
| 3 | To help with the housework w2_Q303 | 12 | My husband/wife passed away w2_Q312 |
| 4 | To help care for grandchildren w2_Q304 | 13 | My child(ren) isn't ready to be independent yet w2_Q313 |
| 5 | To be looked after w2_Q305 | 14 | Child isn't married yet w2_Q314 |
| 6 | Child(ren)'s request w2_Q306 | 15 | To provide my child(ren) with a place to live w2_Q315 |
| 7 | Own request w2_Q307 | 16 | Other (Please explain: _____) w2_Q316 |
| 8 | Want to be near my child(ren) w2_Q308 | 17 | Not sure w2_Q317 |
| 9 | Child(ren) provides emotional support w2_Q309 | | W2_Q3_Other_Specify |

Q4 [SHOWCARD 3] Are you currently working? w2_Q4

- | | | | |
|---|-------------------|---|-------------------------|
| 1 | Working full-time | 3 | Retired and not working |
| 2 | Working part-time | 4 | Home-maker |

Q5 [SHOWCARD 4] What type of housing are you (subject) living in? w2_Q5

- | | | | |
|---|--|---|--------------------------------------|
| 1 | HDB/JTC flat (1-2 room) | 5 | Condominium/Private flat |
| 2 | HDB/JTC flat (3 room) | 6 | Bungalow/semi-detached/terrace house |
| 3 | HDB/JTC flat (4 room) | 7 | Shophouse |
| 4 | HDB/JTC flat (5 room & above/HUDC/Executive) | 8 | Others (specify: _____) |
- w2_Q5_Other**

w2_housing1

(Created variable: Summary variable for subject's housing.)

1: 1-2 room HDB

2: 3 room HDB

3: 4-5 room HDB and Private Housing (Condominium/Private flat/Bungalow/semi-detached/terrace house) and Shophouse and Others

w2_housing2

(Created variable: Summary variable for subject's housing.)

1: 1-2 room HDB

2: 3 room HDB

3: 4-5 room HDB

4: Private Housing (Condominium/Private flat/Bungalow/semi-detached/terrace house)

5: Shophouse and Others

Q6 Who owns this current property that you (subject) live in? w2_Q6_1

- | | | | |
|---|---|---|--------------------------|
| 1 | Subject | 6 | Child outside household |
| 2 | Child in the household | 7 | Others outside household |
| 3 | Joint ownership with spouse | 8 | Rental |
| 4 | Joint ownership with other household member | 9 | Don't know |

		0	1	2	3 ~ 4	5 ~ 8	≥ 9
w2_Q11_1_a_GV1 (7 = Don't know)	a How many relatives do you see or hear from at least once a month?	0	1	2	3	4	5
w2_Q11_1_b_GV1 (7 = Don't know)	b How many relatives do you feel at ease with that you can talk about private matters?	0	1	2	3	4	5
w2_Q11_1_c_GV1 (7 = Don't know)	c How many relatives do you feel close to such that you could call on them for help?	0	1	2	3	4	5
		Never	Seldom	Sometimes	Often	Very Often	Always
w2_Q11_2_d_GV1	d How often do you see or hear from relatives with whom you have the most contact?	0	1	2	3	4	5
w2_Q11_2_e_GV1	e When one of your relatives has an important decision to make, how often do they talk to you about it?	0	1	2	3	4	5
w2_Q11_2_f_GV1	f How often is one of your relatives available for you to talk to when you have an important decision to make?	0	1	2	3	4	5

Q12

[SHOWCARD 9] Are you satisfied with the level of contact with your relatives? w2_Q12

1	2	3	4	5
Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Not Sure

Q13

[SHOWCARD 10] Among all of your friends including those who live in your neighbourhood...

		0	1	2	3 ~ 4	5 ~ 8	≥ 9
w2_Q13_1_a_GV1	a How many friends do you see or hear from at least once a month?	0	1	2	3	4	5
w2_Q13_1_b_GV1	b How many friends do you feel at ease with that you can talk about private matters?	0	1	2	3	4	5
w2_Q13_1_c_GV1	c How many friends do you feel close to such that you could call on them for help?	0	1	2	3	4	5
		Never	Seldom	Sometimes	Often	Very Often	Always
w2_Q13_2_d_GV1	d How often do you see or hear from friends with whom you have the most contact?	0	1	2	3	4	5
w2_Q13_2_e_GV1	e When one of your friends has an important decision to make, how often do they talk to you about it?	0	1	2	3	4	5
w2_Q13_2_f_GV1	f How often is one of your friends available for you to talk to when you have an important decision to make?	0	1	2	3	4	5

w2_Isnsr

(Created variable: Lubben Social Network Scale Revised (LSNS-R) Score (range 0-60)). It is based summing up on w2_Q11_1_a_GV1 to w2_Q11_1_f_GV1 and w2_Q13_1_a_GV1 to w2_Q13_1_f_GV1. *Note:* This has been modified to assess social networks outside the household.

Reference: Lubben, J., Gironda, M. (2004). Measuring social networks and assessing their benefits. In Social Networks and Social Exclusion: Sociological and Policy Perspectives. Eds. Phillipson, C., Allan, G., Morgan, D. Ashgate

w2_Isns6

(Created variable: Lubben Social Network Scale Revised (LSNS6) Score (range 0-30). It is based summing up on w2_Q11_1_a_GV1 to w2_Q11_1_c_GV1 and w2_Q13_1_a_GV1 to w2_Q13_1_c_GV1. *Note:* This has been modified to assess social networks outside the household.

Reference: Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Rentein Kruse, W., Beck, J.C., & Stuck, A.E. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. The Gerontologist, 46(4), 503–513.

Q14 [SHOWCARD 11] Are you satisfied with the level of contact with your friends? w2_Q14

1	2	3	4	5
Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Not Sure

Q15 [SHOWCARD 12] Among all of your neighbours including those you consider your friend,

	0	1	2	3 ~ 4	5 ~ 8	≥ 9
w2_Q15_a_GV1 a How many of your neighbours do you see or hear from at least once a month?	1	2	3	4	5	6
w2_Q15_b_GV1 b How many neighbours could you call on for help?	1	2	3	4	5	6

SECTION C: HEALTH STATUS & PHYSICAL DISABILITIES / LIMITATIONS

The next questions will be regarding health.

Q16 [SHOWCARD 13] In general, how would you describe your (subject's) state of health? w2_Q16

1	Very healthy	4	Somewhat unhealthy
2	Healthier than average	5	Very unhealthy
3	Of average health	6	Not sure

Q17 [SHOWCARD 14] The next question is related to vision. With your (subject's) glasses or contact lenses if you (subject) wear them, is your (subject's) eyesight excellent, very good, good, fair, poor or loss of vision in both eyes? w2_Q17

1	Excellent	4	Fair
2	Very Good	5	Poor
3	Good	6	Loss of vision (no vision) in both eyes

Q18 [SHOWCARD 15] The following question is related to hearing ability. If you (subject) use hearing aids, please respond to this question based on your (subject's) hearing ability when you (subject) wear them. Is your (subject's) hearing excellent, very good, good, fair, poor or not able to hear in both ears? w2_Q18

1	Excellent	4	Fair
2	Very Good	5	Poor
3	Good	6	Not able to hear in both ears

Q19 [SHOWCARD 16] In the last 2 years/ Since the last survey was conducted, have you (subject) been diagnosed by a medical professional with _____?

Ailment		Diagnosis		
		Yes	No	Not Sure
a	Heart attack, angina, myocardial infarction, etc. w2_Q19_a_GV1	1	2	3
b	Other forms of heart disease w2_Q19_b_GV1	1	2	3
c	Cancer (excluding skin cancer) w2_Q19_c_GV1	1	2	3
d	Cerebrovascular disease (stroke, etc.) w2_Q19_d_GV1	1	2	3
e	Dementia [only to be asked to the proxy] w2_Q19_e_GV1	1	2	3
f	High blood pressure w2_Q19_f_GV1	1	2	3
g	Diabetes w2_Q19_g_GV1	1	2	3
h	Respiratory illness (chronic, such as asthma) w2_Q19_h_GV1	1	2	3
i	Digestive illness (stomach or intestinal) w2_Q19_i_GV1	1	2	3
j	Renal/kidney or urinary tract ailments w2_Q19_j_GV1	1	2	3
k	Ailments of the liver or gallbladder w2_Q19_k_GV1	1	2	3
l	Joint pain, Arthritis, rheumatism or nerve pain w2_Q19_l_GV1	1	2	3
m	Chronic back pain w2_Q19_m_GV1	1	2	3
n	Osteoporosis w2_Q19_n_GV1	1	2	3
o	Fractures of the hip, thigh, and pelvis w2_Q19_o_GV1	1	2	3
p	Other fractures w2_Q19_p_GV1	1	2	3
q	Cataract w2_Q19_q_GV1	1	2	3

c	Stand (go without sitting) for 2 hours	1 Yes 2 No[Go to d] 3 Not sure[Go to d] w2_Q21_c_i	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure w2_Q21_c_ii
d	Continue to sit for 2 hours	1 Yes 2 No[Go to e] 3 Not sure[Go to e] w2_Q21_d_i	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure w2_Q21_d_ii
e	Stoop or bend your knees	1 Yes 2 No[Go to f] 3 Not sure[Go to f] w2_Q21_e_i	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure w2_Q21_e_ii
f	Raise your hands above your head	1 Yes 2 No[Go to g] 3 Not sure[Go to g] w2_Q21_f_i	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure w2_Q21_f_ii
g	Extend arms out in front of you as if to shake hands	1 Yes 2 No[Go to h] 3 Not sure[Go to h] w2_Q21_g_i	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure w2_Q21_g_ii
h	Grasp with your fingers or move your fingers easily	1 Yes 2 No[Go to i] 3 Not sure[Go to i] w2_Q21_h_i	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure w2_Q21_h_ii
i	Lift an object weighing approximately 10 kg (a big size bag of rice)	1 Yes 2 No[Go to Q22] 3 Not sure[Go to Q22] w2_Q21_i_i	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure w2_Q21_i_ii
j	Lift an object weighing approximately 5 kg (a middle size bag of rice)	1 Yes 2 No[Go to Q22] 3 Not sure[Go to Q22] w2_Q21_j_i	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure w2_Q21_j_ii

w2_mobilitydiff

(Created variable: Summary measure of mobility limitations (range 0-9). Higher score indicates higher number of mobility limitations *Note:* Item (i) "Lift an object weighing approximately 10 kg" not used.)

w2_mobilitydiff_yesno

(Created variable: Summary measure of mobility limitations, dichotomized. *Note:* Item (i) "Lift an object weighing approximately 10 kg" not used.)

0: No mobility limitations

1: At least one mobility limitation

The next questions concern your (subject's) ability to perform daily activities.

[Interviewer: Ask a ~ h, repeating (i) to (iii) for each as appropriate.]

Q22 (i) Do you (subject) find it difficult to _____ alone without the assistance of a person or assistive device due to your (subject's) health or physical state?

(ii) [If "difficult", (i)=1] How difficult do you (subject) find it to _____ by yourself?

(iii) [If "difficult", (i)=1] Do you (subject) need assistance / device to _____?

Activities	Q22 (i) Difficult	Q22 (ii) How difficult?	Q22 (iii) Assistance / Device
a. Take a bath/shower	1. Difficult 2. Not difficult [Go to b] 3. Not sure [Go to b] w2_Q22_a_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q22_a_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q22_a_iii w2_Q22_a_iii_Other
b. Dress up	1. Difficult 2. Not difficult [Go to c] 3. Not sure [Go to c] w2_Q22_b_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q22_b_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q22_b_iii w2_Q22_b_iii_Other
c. Eat	1. Difficult 2. Not difficult [Go to d] 3. Not sure [Go to d] w2_Q22_c_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q22_c_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q22_c_iii w2_Q22_c_iii_Other_r (5 = tube feeding)
d. Stand up from a bed /chair; sitting down on a chair	1. Difficult 2. Not difficult [Go to e] 3. Not sure [Go to e] w2_Q22_d_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q22_d_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q22_d_iii w2_Q22_d_iii_Other_r (1 =Adult/frame walker; crutches; tongkat; umbrella; walker stand; walker; walking aid/stick, 2 = hold on to handle bar, 3 = wheelchair, 5 = tube feeding)
e. Walk (around the house)	1. Difficult 2. Not difficult [Go to f] 3. Not sure [Go to f] w2_Q22_e_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q22_e_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q22_e_iii w2_Q22_e_iii_Other_r (1 =Adult/frame walker; crutches; tongkat; umbrella; walker stand; walker; walking aid/stick, 2 = hold on to handle bar, 3 = wheelchair, 5 = tube feeding)
f. Go outside (leave the house)	1. Difficult 2. Not difficult [Go to g] 3. Not sure [Go to g] w2_Q22_f_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q22_f_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q22_f_iii w2_Q22_f_iii_Other_r (1 =Adult/frame walker; crutches; tongkat; umbrella; walker stand; walker; walking aid/stick, 2 = hold on to handle bar, 3 = wheelchair, 4 = electric scooter, 5 = tube feeding)
g. Use the squatting toilet	1. Difficult 2. Not difficult [Go to h] 3. Not sure [Go to h] w2_Q22_g_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q22_g_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure 9. Do not use squatting toilet w2_Q22_g_iii w2_Q22_g_iii_Other_r (1 =Walker; walk stick, 2 = Bar; bar handle/support; hand rail; bar to hold; handle/support bar; hold to bar; railing; support railing, 3 = wheelchair, 4 = electric scooter, 5 = tube feeding, 6 = Seat toilet; portable toilet bowl, 7 = diaper)

h. Use the sitting toilet	1. Difficult 2. Not difficult [Go to Q23] 3. Not sure [Go to Q23] w2_Q22_h_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q22_h_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q22_h_iii w2_Q22_h_iii_Other_r (1 = wheelchair, 2 = Use adult diapers; diapers, 3 = Toilet handle; hold onto handle; bar, 4 = como, 5 = bowel-collection bag, 6 = walkstick)
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w2_adldiff

(Created variable: Summary measure of ADL limitations (range 0-6). Higher score indicates higher number of ADL limitations. Score is based on the number of "Difficult" responses (w2_Q22_a_i, w2_Q22_b_i, w2_Q22_c_i, w2_Q22_d_i, w2_Q22_e_i, w2_Q22_h_i). Note: Items (f) "Go outside the house" and (g) "Use the squatting toilet" are excluded.)

w2_adldiff_yesno

(Created variable: Summary measure of ADL limitations, dichotomized. This is based on the number of "Difficult" responses w2_Q22_a_i, w2_Q22_b_i, w2_Q22_c_i, w2_Q22_d_i, w2_Q22_e_i, w2_Q22_h_i). Note: Items (f) "Go outside the house" and (g) "Use the squatting toilet" are excluded.)

0: No ADL limitations

1: At least one ADL limitation

Q23 [Interviewer: Only ask those who reported a need for human assistance for any of the activities in Q22]

Who primarily helps you (subject) perform these activities? w2_Q23 (7 = not applicable due to no human assistance)

1 No one

2 Live-in family member (Specify: _____) w2_Q23_2_Family_ID

[Interviewer: If the caregiver is a live-in family member, record the ID number from Q2.2.]

3 Non co-resident family member

4 Housemaid / houseboy

5 Not sure

6 Other (Specify: _____) w2_Q23_6_Other_Specify_r (8 = siblings, 10 = friends 11 = Nursing home staff; nurse; nursing home care, 13 = Caregiver at community hospital)

The next question concerns slightly more complicated tasks.

Q24 (i) Do you (subject) find it difficult to _____ alone without the assistance of a person or assistive device due to your health or physical state?

(ii) [If "yes," (i)=1] How difficult do you (subject) find it to _____ by yourself?

(iii) [If "yes," (i)=1] Do you need assistance / device to _____ ?

Activities	Q24 (i) Difficult	Q24 (ii) How difficult?	Q24 (iii) Assistance / Device
a. Prepare own meals	1. Difficult 2. Not difficult [Go to b] 3. Do not perform activity due to a non-health/physical reason [Go to b] 4. Not sure [Go to b] w2_Q24_a_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q24_a_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q24_a_iii w2_Q24_a_iii_Other_r (1 = na)

b. Leave the home to purchase necessary items or medication	<p>1. Difficult 2. Not difficult [Go to c] 3. Do not perform activity due to a non-health/physical reason [Go to c] 4. Not sure [Go to c] w2_Q24_b_i</p>	<p>1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q24_b_ii</p>	<p>1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q24_b_iii w2_Q24_b_iii_Other_r (1 =walking stick; umbrella, 3 = wheelchair)</p>
c. Take care of financial matters such as paying utilities (electricity, water)	<p>1. Difficult 2. Not difficult [Go to d] 3. Do not perform activity due to a non-health/physical reason [Go to d] 4. Not sure [Go to d] w2_Q24_c_i</p>	<p>1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q24_c_ii</p>	<p>1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q24_c_iii w2_Q24_c_iii_Other_r (1 =walking stick; umbrella, 3 = wheelchair)</p>
d. Use the phone	<p>1. Difficult 2. Not difficult [Go to e] 3. Do not perform activity due to a non-health/physical reason [Go to e] 4. Not sure [Go to e] w2_Q24_d_i</p>	<p>1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q24_d_ii</p>	<p>1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q24_d_iii w2_Q24_d_iii_Other_r (8 = Hearing aid; ear aid)</p>
e. Dust, clean up and other light housework	<p>1. Difficult 2. Not difficult [Go to f] 3. Do not perform activity due to a non-health/physical reason [Go to f] 4. Not sure [Go to f] w2_Q24_e_i</p>	<p>1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q24_e_ii</p>	<p>1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q24_e_iii w2_Q24_e_iii_Other</p>
f. Take public transport to leave home	<p>1. Difficult 2. Not difficult [Go to g] 3. Do not perform activity due to a non-health/physical reason [Go to g] 4. Not sure [Go to g] w2_Q24_f_i</p>	<p>1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q24_f_ii</p>	<p>1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q24_f_iii w2_Q24_f_iii_Other_r (1 =walking stick/aid; umbrella, 3 = wheelchair)</p>
g. Take medication as prescribed	<p>1. Difficult 2. Not difficult [Go to Q25] 3. Do not perform activity due to a non-health/physical reason [Go to Q25] 4. Not sure [Go to Q25] w2_Q24_g_i</p>	<p>1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_Q24_g_ii</p>	<p>1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure w2_Q24_g_iii w2_Q24_g_iii_Other_r (5 =tube)</p>

w2_iadldiff

(Created variable: Summary measure of IADL limitations (range 0-7). Higher score indicates higher number of IADL limitations. Score is based on the number of "Difficult" responses.)

w2_iadldiff_yesno

(Created variable: Summary measure of IADL limitations, dichotomized. This is based on the number of "Difficult" responses.)

0: No IADL limitations

1: At least one IADL limitation

Q25 *[Interviewer: Only ask those who reported a need for human assistance for any of the activities in Q24]*
Who primarily helps you (subject) perform these activities? **w2_Q25** (7 = not applicable due to no human assistance)

1 No one

2 Live-in family member (Specify: _____) *[Interviewer: Record the ID number from Q2.2.]*
w2_Q25_2_Family_ID

3 Non co-resident family member

4 Housemaid / houseboy

5 Not sure

6 Other (Specify: _____) **w2_Q25_6_Other_Specify_r** (1= part-time maid, 2=Social assistant group (from my church); church friend, 4 =Nursing home staff; nursing home; nurse at nursing home; nurse, 5= Home help; home care, 7=Friend, 8=Siblings, 9=Caregiver at community hospital)

[Interviewer: If the respondent reported no difficulty in any of the items in Q22 and Q24 above, go to Q27.1]

Q26 **Do these difficulties limit your (subject's) social interaction?** *[Interviewer: Only ask those who report difficulty in Q22 (i) and Q24 (i)]* **w2_Q26**

1 Yes

2 No

3 Not Sure

The next questions concern any pain experienced by you (subject).

Q27.1 **[SHOWCARD 18] Overall, in the last 30 days, how much of bodily aches or pains (in terms of intensity) did you (subject) have?** **w2_Q27_1**

1 None **[Go to Q28.1]**

2 Mild

3 Moderate

4 Severe

5 Extreme / cannot function because of pain **[Go to Q27.3]**

Q27.2 **[SHOWCARD 19] Did the pain affect your (subject's) daily activities?** **w2_Q27_2**

1 Not at all

4 Often

2 Rarely

5 All the time

3 Sometimes

Q27.3 **[SHOWCARD 20] In what parts of your (subject's) body did you (subject) feel pain? [MA]**

(For w2_Q27_301 to w2_Q27_309, 1 = Yes, 0 = No)

1 Head **w2_Q27_301**

6 Abdomen **w2_Q27_306**

2 Neck **w2_Q27_302**

7 Back **w2_Q27_307**

3 Shoulders **w2_Q27_303**

8 Lower back / waist **w2_Q27_308**

4 Joints of the hands / arms **w2_Q27_304**

9 Joints of the legs / feet **w2_Q27_309**

5 Chest **w2_Q27_305**

10 Others **w2_Q27_310**

(Specify: _____)

w2_Q27_3_Other_r (11=whole body, 12= half of body, 13 =nerve, 14= leg muscles, 15=eyes, 16=pelvis/hip)

SECTION D: HEALTH BEHAVIOURS

The next few questions pertain to sleep.

Q28.1 On average, approximately how much do you (subject) sleep per night?

w2_Q28_1_Sleep_hrs

w2_Q28_1_Sleep_mins

hrs

min

1

Not sure **w2_Q28_1_Sleep_Codes**

w2_sleepdur

(Created variable: Summary measure of sleep duration (in hours, combining both hours and minutes))

w2_sleepdur_rounded

(Created variable: Summary measure of sleep duration (in hours, combining both hours and minutes). *Note:* The values in this variable are rounded, where 6 hours = 5.5-6.4 hours, 7 hours = 6.5-7.4 hours, and so on.)

Q28.2 Do you take naps? How long do you (subject) nap?

w2_Q28_2_naps_hrs

w2_Q28_2_naps_mins

w2_Q28_2_naps_Codes

hrs

min

1

Don't nap

2

Not sure

w2_napcategory

(Created variable: Summary measure of nap duration, in categories)

0: Do not nap

1: <30 minutes

2: 30-60 minutes

3: >60 minutes

w2_nap_yesno

(Created variable: Summary measure of nap duration, dichotomous)

0: Do not nap

1: Take naps

Q28.3 How often do you feel really rested when you wake up in the morning? Would you say most of the time, sometimes, or rarely or never? **w2_Q28_3**

[Interviewer: If respondent is proxy, please do not ask this question]

1 Most of the time 2 Sometimes 3 Rarely / Never 4 DK 5 RF

The next few questions pertain to personal habits.

Q29.1 Do you (subject) currently smoke? **w2_Q29_1**

1 Yes

2 No

3 Not sure

w2_smoker

(Created variable: Summary measure of smoking, categorical. *Note:* Current smoker defined as those currently smoking. Ex-smoker defined as those not currently smoking but smoked in the past. Non-smoker are those who are not currently smoking and have never smoked in the past.)

1: Current smoker

2: Ex-smoker/Non-smoker

Q29.2 How much do/did you (subject) smoke a day on average? **w2_Q29_2**

[Interviewer: In the event that the subject smokes a pipe, record the number of times the subject smokes a day.]

cigarettes / cigars a day (approximately)

w2_Q29_2_Codes (1 = Refused, 2 = Don't know)

The next questions will focus on your (subject's) activities.

Q30 [SHOWCARD 21] How often do you (subject) do any of the following?

Social activities

Every
day

Every
week

Every
month

Less than
once a month

Not at all

a	Attends RC / CC / CDC / neighbourhood event w2_Q30_a_GV1 (6 = Don't know)	1	2	3	4	5
b	Go out to eat with family members or friends w2_Q30_b_GV1 (6 = Don't know)	1	2	3	4	5
c	Attends church, mosque or other place of worship w2_Q30_c_GV1	1	2	3	4	5

Fitness activities

d	Goes for a walk (for exercise purposes) w2_Q30_d_GV1	1	2	3	4	5
e	Plays a game of sport / exercise (e.g. Taiji, Qigong, swimming, keep fit or dancing class, etc.) w2_Q30_e_GV1 (6 = Don't know)	1	2	3	4	5

Q31 On average, how many hours of television do you (subject) watch in one day? This includes watching TV while engaged in another activity, such as eating

[Interviewer: In the event that the respondent gives a time-range, take the average time for the range as the answer. For example, a response of 1-2 hours becomes 1 hour 30 minutes.]

Approx. **w2_Q31_TV_hrs** hrs **w2_Q31_TV_mins** mins **w2_Q31_TV_Codes** 1 Not sure

w2_Q31_TV_mins

There are 1938 missing in the variable w2_Q31_TV_hrs, but 4566 missing in w2_Q31_TV_mins. This is due to error in data entry for 2628 cases where w2_Q31_TV_mins was coded as '.' instead of '0' and these 2628 cases have a valid response in w2_Q31_TV_hrs.

SECTION E: DENTAL HEALTH

The next question pertains to your (subject's) ability to chew.

Q32 [SHOWCARD 22] The following foods are ordered from hardest to softest to chew. What is the HARDEST GROUP you (subject) are able to bite and chew? If you are using dentures, please respond as if you (subject) were eating with your (subject's) dentures. [SA] w2_Q32

- 1 Ikan Bilis in Nasi Lemak or shredded dry squid
- 2 Mutton curry, dry mango, or fresh carrots,
- 3 Bak-kwa, bread with crust not toasted, or kang kong steam boiled, chicken satay, or raw cucumber
- 4 Thai Rice, fried fish ball, or Wanton noodle
- 5 Bananas, ripe papaya, hard boiled egg
- 6 Unable to chew the foods listed in (5)
- 7 Not sure

The next few questions pertain to your (subject's) teeth.

Q33 How many original teeth do you (subject) have? Adults have 28 natural adult teeth (32 including wisdom teeth) and 0 for full dentures. Prosthetic teeth with roots should be included in the number. For bridges, the artificial tooth should not be counted; however, natural teeth acting as supports should be. w2_Q33

[Interviewer: Encourage the respondent to give a rough estimate if he or she first gives "not sure" as a response.]

natural teeth in total 1 Not sure **w2_Q33_Codes**

[Interviewer: If respondent is a proxy, please do not ask Q34 ~ Q35. Go to Q36]

SECTION F: Depressive symptoms and personal mastery

Q34 The next questions are on your psychological state and ways that you cope emotionally on a daily basis. These are questions commonly used in surveys, and it is important that we receive your answers on all of the questions for comparative purposes. We ask that you bear with us and thank you for your cooperation.

[SHOWCARD 23] During the past week, to what extent has the following (a ~ k) been true for you?
[Interviewer: Should respondent have any query, you may explain as such: There may be some questions for which you have no answer or which seem the same as another question, but the same questions are used internationally in studies and tests. We ask for your full cooperation.]

		None / Rarely	Sometimes	Often
a	My appetite was poor w2_Q34_a_GV1	0	1	2
b	I felt depressed w2_Q34_b_GV1	0	1	2
c	I felt that everything I did was an effort w2_Q34_c_GV1	0	1	2
d	My sleep was restless w2_Q34_d_GV1	0	1	2
e	I felt happy w2_Q34_e_GV1	0	1	2
f	I felt lonely w2_Q34_f_GV1	0	1	2
g	I felt people were unfriendly w2_Q34_g_GV1	0	1	2
h	I enjoyed life w2_Q34_h_GV1	0	1	2
i	I felt sad w2_Q34_i_GV1	0	1	2
j	I felt that people disliked me w2_Q34_j_GV1	0	1	2
k	I could not get "going" w2_Q34_k_GV1	0	1	2

w2_cesd

(Created variable: Summary measure of depressive symptoms, continuous, using all 11 items from w2_Q34_a_GV1- w2_Q34_k_GV1.)

Reference: Kohout, F. J., Berkman, L. F., Evans, D. A., & Cornoni-Huntley, J. (1993). Two shorter forms of the CES-D depression symptoms index. *Journal of aging and health*, 5(2), 179-193.

w2_cesd_yesno

(Created variable: Summary measure of depressive symptoms, dichotomized.)

0: Score of less than 7 (symptoms not clinically relevant)

1: Score of 7 and above (symptoms clinically relevant)

Reference: Malhotra, C., Chan, A., Malhotra, R., & Østbye, T. (2011). Fifteen dimensions of health among community-dwelling older Singaporeans. *Current gerontology and geriatrics research*, 2011.

Q35 **[SHOWCARD 24]** How strongly do you agree or disagree with the following statements:

Strongly Disagree	Disagree	Agree	Strongly Agree
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a	I have little control over the things that happen to me w2_Q35_a_GV1	1	2	3	4
b	There is really no way I can resolve some of the problems I have w2_Q35_b_GV1	1	2	3	4
c	There is little I can do to change many of the important things in my life w2_Q35_c_GV1	1	2	3	4
d	I often feel helpless in dealing with the problems in life w2_Q35_d_GV1	1	2	3	4
e	Sometimes I feel that I'm being pushed around in life w2_Q35_e_GV1	1	2	3	4

w2_mastery

(Created variable: Summary measure of personal mastery, continuous.)

Reference: Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of health and social behavior*, 2-21.

SECTION G: INCOME

Q36 [SHOWCARD 25] What is your (subject's) largest source of funds? Please select from the following the 3 main sources indicating their order of importance.

First source w2_Q36_1st	
Second source w2_Q36_2nd	
Third source w2_Q36_3rd	

(For internal coding only)

1	Income from work	6	Income in the form of rent from self-owned condominiums or real-estate
2	Pension	7	Income from family business
3	Central Provident Fund	8	Public assistance / Short-term financial assistance from Community Development Councils (CDC)
4	Savings, life insurance, bonds, stock	9	Other (Please specify: _____)
5	Financial support from children, grandchildren or relatives	10	Not sure
11= Financial support from spouse, 12= Financial support from religion groups, 13= Financial support from friends, 14= Annuity, 15= Mortgage to HDB, 16= Government growth dividend payout, 17= Social Security, 98= None			

Q37 [SHOWCARD 26] What is the total monthly income of this household (from all sources includes drawing down from savings)? **w2_Q37**

1	Less than \$500	6	\$4000-\$4999
2	\$500-\$999	7	\$5000 and above
3	\$1000-\$1999	8	Refused
4	\$2000-\$2999	9	Don't know

5 \$3000-\$3999

Q38

[SHOWCARD 27] Do you feel that you have adequate income to meet your expenses per month?

w2_Q38 (5 = don't know)

- 1 Enough money, with some left over
- 2 Just enough money, no difficulty
- 3 Some difficulty to meet expenses
- 4 Much difficulty to meet expenses

SECTION H: PROVISION/ RECEIPT OF TRANSFERS

Q39.1 Do you have grandchildren? w2_Q39_1

- 1 Yes
- 2 No [Go to Q40]
- 3 DK [Go to Q40]

Q39.2 In the past 12 months, have you provided assistance to baby sit your grandchildren? w2_Q39_2

- 1 Yes
- 2 No [Go to Q40]
- 3 DK [Go to Q40]

Q39.3 If Yes, then how often have you provided assistance to baby sit your grandchildren? w2_Q39_3

- 1 Daily
- 2 Weekly
- 3 Once a month
- 4 Few times a year
- 5 Once a year
- 6 Less than once a year
- 7 Others, (please specify: _____)
e.g. Depends on need

w2_Q39_3_Other_r

[1 =5 days per week (Mon – Fri); 2 = 2 days per week (sat & sun); 3 = 3 days per week; 4 = A few times per month; 5 =fortnightly; 8 =Depends, when required]

- 8 Don't know/ Can't say

Q40 In the past 12 months, have you provided money to any of your family members, other than your spouse? w2_Q40

- 1 Yes
- 2 No [Go to Q43]
- 3 DK [Go to Q43]

Q41 If Yes, then please answer the questions below:

Q41.1	Q41.2	Q41.3	Q41.4	Q41.5	Q41.6
Who did you provide money to? (see coding table below)	Do you live together in the same household? 1. Yes 2. No 3. DK	Gender 1. Male 2. Female 9. Don't know	Age (in years) 888. Not sure	Marital status 1. Married 2. Widowed 3. Separated from spouse 4. Divorced 5. Never married 9. Don't know	Work Status 1. Working full-time 2. Working part-time 3. Not working 9. Don't know
w2_Q41_1_1	w2_Q41_1_2	w2_Q41_1_3	w2_Q41_1_4	w2_Q41_1_5	w2_Q41_1_6
w2_Q41_2_1	w2_Q41_2_2	w2_Q41_2_3	w2_Q41_2_4	w2_Q41_2_5	w2_Q41_2_6
w2_Q41_3_1	w2_Q41_3_2	w2_Q41_3_3	w2_Q41_3_4	w2_Q41_3_5	w2_Q41_3_6
w2_Q41_4_1	w2_Q41_4_2	w2_Q41_4_3	w2_Q41_4_4	w2_Q41_4_5	w2_Q41_4_6

3	Sons/ Daughters-in-law	8	Grandchild	13	Other Relatives
4	Parents	9	Grandparents		(Specify: w2_Q60_Others_Other0 w2_Q60_Others_Other1)
5	Fathers/ Mothers-in-law	10	Uncles/ Aunts		

SECTION I: HEALTH INSURANCE

Q61 Do you (subject) have a Medisave account for yourself (himself/herself)? w2_Q61

1 Yes **2** No [Go to Q64] **3** Don't know [Go to Q64]

Q62 [If Q61 = 1 Yes] Have you ever used your personal Medisave account to pay for health services? w2_Q62

1 Yes **2** No **3** Don't know **4** Refused

Q63 How much money do you (subject) have in your (subject's) Medisave account at present? (SGD\$) w2_Q63

1 \$0 - \$4,999 **6** \$25,000 – \$29,999
2 \$5,000 - \$9,999 **7** ≥ \$30,000
3 \$10,000 - \$14,999 **8** Don't know
4 \$15,000 - \$19,000 **9** Refused
5 \$20,000 - \$24,999

Q64 Do you (subject) have MediShield for yourself (himself/herself)? w2_Q64

1 Yes **2** No **3** Don't know

Q65 Do you (subject) have private health insurance for yourself (himself/herself)? w2_Q65

1 Yes **2** No **3** Don't know

Q66 Do you (subject) have health benefits for yourself (himself/herself) through your (his/her) current or previous employer? w2_Q66

1 Yes **2** No **3** Not Applicable **4** Don't know

Q67 Do you have ElderShield for yourself? w2_Q67

1 Yes **2** No **3** Not sure

SECTION J: HEALTH CARE UTILIZATION

Now I would like to ask you about (subject)'s contact with health professionals and services

[For variables w2_Q68a_iv_LargestSource_Other_r, w2_Q68_b_iv_Largest_source_Other_r, w2_Q69_2_iii_Largestsource_Other_r, w2_Q70_2_iv_Other_r and w2_Q71_3_iv_largestsource_Other_, these are the following codes

(**1** = Spouse of child: son-in-law; daughter in law, **2**=Grandchild: grandson, **3**=Grandchild's medisave: grandson/granddaughter's Medisave, **4**=Sibling;brothers/sisters, **5**=God-sister, **6**=Pension pay 85%; pension; government pension; free pension, **7**=Spouse's pension scheme: covered by husband pension scheme, **8**=Medisave and own pocket, **9**=Insurance, **10**=Medical assistant (government); full assistance (hospital); welfare organisation; Ministry, **11**=Company: company paid; company insurance;child employer benefits, **13**= clinical trial, **14** = Not sure; not stated; don't remember; waiting for bill,, **15**=na, **16**= niece, **17**= Free of charge)]

Q68 [SHOWCARD 28]

(i) Number of Nights, over all admissions during the <u>last six months</u> w2_Q70_2_i_Nights w2_Q70_2_i_Nights_Codes (1 = Don't know, 2 = Refused)	(ii) How long was your last admission? w2_Q70_2_ii_Lastadmission w2_Q70_2_ii_Lastadmission_Codes (1 = Don't know, 2 = Refused)	(iii) How much did you pay out-of-pocket for your last admission? w2_Q70_2_iii_Pay w2_Q70_2_iii_Pay_Codes (1 = Don't know, 2 = Refused)	(iv) Thinking about all admissions in last six months, what was the largest source of payment for these admissions? w2_Q70_2_iv w2_Q70_2_iv_Other_r
_____ nights	_____ nights	S\$	

Q71.1 In the last two years/ since the last survey, have you (the subject) ever been admitted to a nursing home?

[Interviewer: Please also ask this question to the proxy if subject is already in nursing home i.e. response to "P2 is (2)"] **w2_Q71_1**

1 Yes **2** No [Go to Q72]

Q71.2 How many times have you (subject) been admitted to a nursing home in last two years/ since the last survey? [Include current stay in nursing home if P2 is 2]

w2_Q71_2
w2_Q71_2_Codes

_____ times

Q71.3

(i) Number of Nights, over all nursing home admissions during the <u>last 2 years</u>	(ii) When were you (the subject) admitted to the nursing home (If more than once, record most recent)	(iii) How long was your (subject's) last admission?	(iv) How much did you pay out-of-pocket for your last admission? (Interviewer: If the subject is still in a nursing home, then please ask how much has the subject/family member paid out-of-pocket up till now?)	(v) Thinking about all admissions in last six months, what was the largest source of payment for these admissions?
_____ nights w2_Q71_3_i_Nights w2_Q71_3_i_Nights_Codes (1 = Don't know, 2 = Refused)	_____ Yr _____ Mth w2_Q71_3_ii_Year w2_Q71_3_ii_Year_Codes (1 = Don't know, 2 = Refused) w2_Q71_3_ii_Mth w2_Q71_3_ii_Mth_Codes (1 = Don't know, 2 = Refused)	_____ nights w2_Q71_3_iii_Lastadmission w2_Q71_3_iii_Lastadmission_Codes (1 = Don't know, 2 = Refused)	S\$ w2_Q71_3_iv_pay w2_Q71_3_iv_pay_Codes (1 = Don't know, 2 = Refused)	w2_Q71_3_iv_largestsource w2_Q71_3_iv_largestsource_Other_

Q72 In the last two years/ since the last survey, have you (the subject) ever actively sought consultation for admission to a nursing home? w2_Q72

1 Yes **2** No **3** NA

- Q73.1** (i) If Q71.1 or Q72 is 1= Yes, then when you (the subject) were admitted or actively sought consultation for admission to a nursing home, how difficult did you (the subject) find it to _____ alone without the assistance of a person or assistive device?
- (ii) How long before the first nursing home admission/ first seeking consultation for admission to a nursing home, did difficulty in _____ begin?
- (iii) [Interviewer: Only to be asked to the proxy] On a scale of 1 to 10, where 1 is not much stress at all, and 10 is a great deal of stress, how much stress did the main caregiver have while assisting (subject) to _____?
- [Here, the main caregiver is a family member or friend of (subject) who is most involved in providing care or ensuring provision of care to (subject)]

Activities	(i) How difficult?	(ii) Length of time between onset of difficulty and first admission to a nursing home/ seeking consultation for admission to nursing home?	(iii) Stress to the main caregiver as a result of providing care. Please rate on a scale of 1-10 [Interviewer: Only ask the proxy]
a Take a bath/shower	<ol style="list-style-type: none"> 1. Not difficult [Go to b] 2. Somewhat difficult 3. Very difficult 4. Unable to perform 5. Not sure [Go to b] w2_Q73_1a_i	_____ Days w2_Q73_1a_ii_D _____ Months w2_Q73_1a_ii_M _____ Years w2_Q73_1a_ii_Y	Less Stress More Stress 1 2 3 4 5 6 7 8 9 10 w2_Q73_1a_iii (99 = Proxy not available)
b Dress up	<ol style="list-style-type: none"> 1. Not difficult [Go to c] 2. Somewhat difficult 3. Very difficult 4. Unable to perform 5. Not sure [Go to c] w2_Q73_1b_i	_____ Days w2_Q73_1b_ii_D _____ Months w2_Q73_1b_ii_M _____ Years w2_Q73_1b_ii_Y	Less Stress More Stress 1 2 3 4 5 6 7 8 9 10 w2_Q73_1b_iii (99 = Proxy not available)
c Eat	<ol style="list-style-type: none"> 1. Not difficult [Go to d] 2. Somewhat difficult 3. Very difficult 4. Unable to perform 5. Not sure [Go to d] w2_Q73_1c_i	_____ Days w2_Q73_1c_ii_D _____ Months w2_Q73_1c_ii_M _____ Years w2_Q73_1c_ii_Y	Less Stress More Stress 1 2 3 4 5 6 7 8 9 10 w2_Q73_1c_iii (99 = Proxy not available)
d Use the toilet	<ol style="list-style-type: none"> 1. Not difficult [Go to Q73.2] 2. Somewhat difficult 3. Very difficult 4. Unable to perform 5. Not sure [Go to Q73.2] w2_Q73_1d_i	_____ Days w2_Q73_1d_ii_D _____ Months w2_Q73_1d_ii_M _____ Years w2_Q73_1d_ii_Y	Less Stress More Stress 1 2 3 4 5 6 7 8 9 10 w2_Q73_1d_iii (99 = Proxy not available)

- Q73.2** (i) If Q71.1 or Q72 is 1= Yes, then when you (the subject) were admitted or actively sought consultation for admission to a nursing home, did you (the subject) show any _____?
- (ii) How long before the first nursing home admission/ first seeking consultation for admission to a nursing home, did _____ begin?
- (iii) [Interviewer: Ask only to the proxy] On a scale of 1 to 10, where 1 is not much stress at all, and 10 is a great deal of stress, how much stress did you have as a result of this _____?

	(i) Presence of memory problems/ disruptive behaviors	(ii) Length of time between onset of behavior and first admission to a nursing home/ seeking consultation for admission to nursing home?	(iii) Stress as a result of the behavior. Please rate on a scale of 1-10 [Interviewer: Only ask the proxy]
a Memory related problems such as asking the same question over and over, losing and misplacing things etc	1. Yes 2. No [Go to b] 3. Not Sure [Go to b] w2_Q73_2a_i	_____ Days w2_Q73_2a_ii_D _____ Months w2_Q73_2a_ii_M _____ Years w2_Q73_2a_ii_Y	Less Stress More Stress 1 2 3 4 5 6 7 8 9 10 w2_Q73_2a_iii
b Disruptive behaviors such as destroying property, engaging in behaviors that was potentially dangerous to self or others, was aggressive to other verbally, threatening to hurt others, threatening to hurt oneself, engaging in a behavior that was embarrassing.	1. Yes 2. No [Go to Q74] 3. Not Sure [Go to Q74] w2_Q73_2b_i	_____ Days w2_Q73_2b_ii_D _____ Months w2_Q73_2b_ii_M _____ Years w2_Q73_2b_ii_Y	Less Stress More Stress 1 2 3 4 5 6 7 8 9 10 w2_Q73_2b_iii

Q74 [Interviewer: Ask if Q71.1 or Q72 is 1=Yes]

Now, we would like to know if availability of certain services can prevent nursing home placement.

**Please tell us if access to any of the following services could have possibly prevented your (subject's) nursing home placement/ actively seeking consultation for nursing home admission?
[Maximum three responses]**

(for w2_Q74_1 to w2_Q74_10, **1** = Yes, **0** = No)

- 1 Day care centers (including senior activity centers and dementia day care centers) w2_Q74_1
- 2 Day care centers with transportation services w2_Q74_2
- 3 Night care services e.g. night sitter w2_Q74_3
- 4 Home health services e.g. nurse, physical therapist etc. w2_Q74_4
- 5 Home care services e.g. for cleaning, cooking etc. w2_Q74_5
- 6 Training of family members to provide home care w2_Q74_6
- 7 Training of domestic worker/ maid to provide home care w2_Q74_7
- 8 Provision of care subsidies e.g. tax breaks or credits w2_Q74_8
- 9 Support at work place e.g. flexible work hours w2_Q74_9
- 10 Any other, please specify w2_Q74_10

w2_Q74_10_Other_r

[1 = Admitted to hospital due to brain tumour and then admitted to nursing home

2= Me and spouse got to work and my two children are studying.

3 = Respondent is too rebellious to be taken care of at home.

4 = Too sudden, cannot perform all Daily living activities, so from hospital to nursing home straight.

99 = None]

Q75

On average, how much money is spent <u>per month</u> on buying?	(i) Average monthly amount (in SGD)	(ii) What was the largest source of payment for these medications?
a. prescription medications	S\$ w2_Q75a_i (888 =not spent)	w2_Q75a_ii
b. non-prescription / over the counter medications	S\$ w2_Q75b_i (888 =not spent)	w2_Q75b_ii
c. traditional medicines (herbs and other products)	S\$ w2_Q75c_i (888 =not spent)	w2_Q75c_ii

For Internal Code Only – use for Q68(iii),(iv) & Q69.1 (iv), (v), Q 69.2(iv), (v), (iv), Q70 (v),Q71(vi),Q75 (iii) & Q76.2)

- | | |
|-------------------------------|--|
| 1 Own pocket | 7 Medifund |
| 2 Child's pocket | 8 Medishield |
| 3 Own Medisave | 9 Own Private health insurance |
| 4 Spouse out-of-pocket | 10 Civil Service card |
| 5 Spouse's Medisave | 11 Social Assistance scheme |
| 6 Child's Medisave | Others (Specify: w2_Q75a_ii_Other_r
w2_Q75b_ii_Other_r
w2_Q75c_ii_Other_r) |
| | 12 |

Codes for w2_Q75a_ii_Other_r

1 = Spouse of child: son-in-law; daughter in law, **2**=Grandchild: grandson, **3**=Grandchild's medisave: grandson/granddaughter's Medisave, **4**=Sibling;brothers/sisters, **5**=God-sister, **6**=Pension pay 85%; pension; government pension; free pension, **7**=Spouse's pension scheme: covered by husband pension scheme, **8**=Medisave and own pocket, **9**=Insurance, **10**=Medical assistant (government); full assistance (hospital); welfare organisation; Ministry, **11**=Company: company paid; company insurance;child employer benefits, **12**= hospitalized, **13**= clinical trial, **14** = Not sure, **16** = Sister-in-law, **17** = private fund, **18** = Special grant card, **19**= Child: Son bought it, **20** = SAF, **21** = Relative's clinic, **22** = Nephew/Niece, **24**= foc, **25** = cash, **27**= polyclinic white card, **28** =Donor, **29** = Aunts

Codes for w2_Q75b_ii_Other_r

1 = Spouse of child: son-in-law; daughter in law, **2**=Grandchild: grandson, **3**=Grandchild's medisave: grandson/granddaughter's Medisave, **4**=Sibling; brothers/sisters, **5**=God-sister, **6**=Pension pay 85%; pension; government pension; free pension, **7**=Spouse's pension scheme: covered by husband pension scheme, **8**=Medisave and own pocket, **9**=Insurance, **10**=Medical assistant (government); full assistance (hospital); welfare organisation; Ministry, **11**=Company: company paid; company insurance; child employer benefits, **12**= hospitalized, **13**= clinical trial, **14** = Not sure, **15** = NA; nil; NA (respondent hardly see doctor or take medication); none; 0, **16** = Sister-in-law

Codes for w2_Q75c_ii_Other_r

1 = Spouse of child: son-in-law; daughter in law, **2**=Grandchild: grandson, **3**=Grandchild's medisave: grandson/granddaughter's Medisave, **4**=Sibling; brothers/sisters, **5**=God-sister, **6**=Pension pay 85%; pension; government pension; free pension, **7**=Spouse's pension scheme: covered by husband pension scheme, **8**=Medisave and own pocket, **9**=Insurance, **10**=Medical assistant (government); full assistance (hospital); welfare organisation; Ministry, **11**=Company: company paid; company insurance; child employer benefits, **12**= hospitalized, **13**= clinical trial; free clinic, **14** = Not sure, **16** = Sister-in-law, **17** =private fund, **18** = Special grant card, **19**= Child: Son bought it, **20** = SAF, **21** = Relative's clinic, **22** = Nephew/Niece, **23**= part from Medisave, **24**= foc, **25** = cash, **26**= blood donate, **27**= Son is TCM practitioner]

We are now going to ask you about your use of special medical equipment such as walkers, crutches, braces, prostheses, bathing/ toileting aids, wheelchair, reacher etc.

Did you purchase or rent this equipment in the past 1 month?

Q76.1 **w2_Q76_1**
w2_Q76_1_Purchased
w2_Q76_1_Rented

1 Yes, purchased → **What was the cost of purchasing this equipment?**

SGD\$

Panel on Health and Aging of Singaporean Elderly (PHASE) – Wave 2

a.k.a Panel on Health and Aging of Singaporean Elderly (PHASE) 2011

Anthropometric Measurement Sheet

w2_Measurement_taken At least one anthropometric measurement done (1 = Yes; 2 = No)

CASE NO.: _____ NAME OF RESPONDENT: _____

Fill in the following information after you have completed the questionnaire.

INTERVIEWER: _____ DATE OF INTERVIEW: _____

TIME STARTED: _____ TIME ENDED: _____

TOTAL TIME TAKEN FOR MEASUREMENT: **w2_Duration_Measurement** MINUTES

(Please include time used by the subject to attend to personal affairs or to rest.)

INTRODUCTION

Next, we would like to better understand certain aspects related to the health and physical status of persons your age. For this reason, we are going to take 6 different physical measurements, which involve gripping an object with your hands and having your blood pressure, height, weight, and waist measurements, and chair stand test taken. If you have any questions now or later, please don't hesitate to ask.

[Interviewer: Before beginning the physical measurements, you must have a signed consent form from the Respondent. Subjects must be eligible for at least 3 of the 6 measurements before proceeding (e.g. subject should at least be able to sit upright).]

SECTION A: BLOOD PRESSURE

w2_Blood_Pressure: Section A: Blood Pressure measured?

0 = All measurements not to be taken

1 = Yes

2 = No

3 = Not completed 3 times

Equip
ment
need
ed:
Omro

n HEM-780N Monitor, Batteries, Stop Watch

Now let's talk about the first activity. I'd like to measure your blood pressure using this monitor and cuff which I will secure around your left arm. I would like to take three blood pressure measures. I will ask you to relax and remain seated and quiet during the measurements. First, I will place the cuff on your left arm. Once the cuff is placed appropriately on your arm and we are ready to begin, I'll ask you to lay your arm on a flat surface palm facing up so that the center of your upper arm is at the same height as your heart. I will then press the Start button. The cuff will inflate and deflate automatically. After we have completed all three measures, I will give you your results.

[Interviewer: Demonstrate the test.]

Q1 Do you have a rash, a cast, edema (swelling) in the arm, open sores or wounds, or a significant bruise where the blood pressure cuff will be in contact? w2_M1

1 Yes [Do not complete this measure, record the reasons in Q4 and Go to Section B]

2 No

Q2 Do you understand the directions for this test? w2_M2

1 Yes

2 No

Q3 Do you feel it would be safe for you to do this test? w2_M3

1 Yes

2 No [Do not complete this measure, record the reasons in Q4 and Go to Section B]

Q4 Record why the respondent did not complete the blood pressure measurement [MA]:

(for w2_M4_1 to w2_M4_7, 0 = No, 1 = Yes)

1 Respondent felt it would not be safe w2_M4_1

- 2 Interviewer felt it would not be safe **w2_M4_2**
- 3 Respondent refused or was not willing to complete the test **w2_M4_3**
- 4 Respondent tried but was unable to complete test **w2_M4_4**
- 5 Respondent did not understand the instructions **w2_M4_5**
- 6 Respondent had a rash, a cast, edema, open sores or wounds, or significant bruise where the blood pressure cuff would contact Respondent's arm **w2_M4_6**
- 7 Other (Specify: **w2_M4_Other**) **w2_M4_7**

SECTION B: SITTING & STANDING HEIGHT

w2_Heights: Section B: Was sitting and standing height measured?

- 0 = All measurements not to be taken
- 1 = Yes, both sitting and standing height
- 2 = None
- 3 = Not completed sitting height
- 4 = Not completed standing height

Equipment needed: Tape measure, Rafter's square, Self-adhesive note, Pencil

Next, I would like to measure your sitting and standing height. To complete this measurement, I'll be asking you to sit on a wooden chair/stool/box positioned near a wall or on the floor near a wall. I'll ask you to sit erect facing forward with the head level, the shoulders and upper arms relaxed, and forearms and hands extended forward horizontally with the palms facing each other. The thighs should be parallel, and the knees should be flexed 90° with the feet in line with the thighs. I will then place this rafter's square on top of your head and mark your height on this post-it note. Next I'll be asking you to take off your shoes and stand up against a wall. I will then place this rafter's square on top of your head and mark your height on this post-it note.

Q10 *[Interviewer: Ask if necessary only]*

Before we begin, do you feel you are able to stand while we do this measurement? w2_M10 (3 = Not necessary)

- 1 Yes
- 2 No **[Do not complete standing height measurement, but proceed for sitting height]**

Q11 **Do you understand the directions for this measurement? w2_M11**

- 1 Yes
- 2 No

Q12 **Do you feel it would be safe for you to do this test? w2_M12**

- 1 Yes
- 2 No **[Do not complete this measure, record this reason in Q13, and Go to Section C]**

Q13 **Record why the Respondent's height was not measured [MA]:**

(for w2_M131 to w2_M138, 0 = No, 1 = Yes)

- 1 Respondent felt it would not be safe **w2_M131**
- 2 Interviewer felt it would not be safe **w2_M132**
- 3 Respondent refused or was not willing to complete the measurement **w2_M133**
- 4 Respondent tried but was unable to complete measurement **w2_M134**
- 5 Respondent did not understand the instructions **w2_M135**
- 6 Respondent too tall, interviewer could not reach **w2_M136**
- 7 There was no suitable space available **w2_M137**

- 8 Other (Specify): **w2_M138**
w2_M13_Other

INSTRUCTIONS FOR MEASURING SITTING HEIGHT

- a) Ask Respondent to sit on a flat chair, box, and stool or on the floor. The chair should preferably not be cushioned.
- b) Make sure Respondent is sitting up as straight and comfortable as possible facing forward with the head level, the shoulders and upper arms relaxed, and forearms and hands extended forward horizontally. The thighs are parallel, and the knees are flexed 90° (if sitting on an elevated surface) with the feet in line with the thighs.
- c) Place a self-adhesive note on the wall near the top of the Respondent's head.
- d) Position your rafter's square against the wall directly over the Respondent's head. It should be parallel to the floor, resting on the Respondent's head but not pressing on it.
- e) Make a mark on the self-adhesive note at the bottom of the rafter's square.
- f) Now, position your rafter's square to make a similar mark for the sitting surface. If the sitting surface is cushioned, then position your rafter's square to make a mark near the middle of the cushion.
- g) Measure the vertical distance between the top of the head and the floor (Measurement 1).
- h) Measure the vertical distance between the sitting surface and the floor with the measuring tape (Measurement 2).
- i) Record Respondent's height in **cm** on self-adhesive note on the wall and remove it from the wall.

INSTRUCTIONS FOR MEASURING STANDING HEIGHT

- a) Ask Respondent for location to conduct measurement.
- b) Make sure Respondent is standing up as straight and comfortable as possible with his/her heels and shoulders as close to the wall as comfortable.
- c) Place a self-adhesive note on the wall near the top of the Respondent's head.
- d) Position your rafter's square against the wall directly over the Respondent's head. It should be parallel to the floor, resting on the Respondent's head but not pressing on it.
- e) Make a mark on the self-adhesive note at the bottom of the rafter's square.
- f) Ask the Respondent to move away from the wall.
- g) Position the tape measure under a door jam, floor molding or your foot and measure from the floor to the mark on the self-adhesive note.
- h) Record Respondent's height in **cm** on self-adhesive note on the wall and remove it from the wall. (Measurement 3)

- 2 Respondent was prevented from fully complying due to illness, pain, or other symptoms or discomforts
- 3 Respondent was not fully compliant, but no obvious reason for this

SECTION C: WAIST

w2_Waist: Section C: Waist measured?

0 = All measurements not to be taken

1 = Yes

2 = No

Equip
ment
need
ed:

Soft Tape measure

Next I'm going to ask you to perform a simple measurement of your waist circumference. For this measurement it is important for you to be standing. I will ask you to identify where on your body your navel (belly button) is located. I will then ask you to place this cloth measuring tape around your waist, over your clothing, holding it securely at the level of your navel. Once the tape measure is placed appropriately around your waist then we are ready to begin. I will ask you to take a normal breath and exhale, holding your breath at the end of the exhale. I will then record the measurement.

[Interviewer: Demonstrate the measurement.]

Q22 Do you understand the directions for this measurement? w2_M22

1 Yes

2 No

Q23 Do you feel it would be safe for you to do this test? w2_M23

1 Yes

2 No [Do not complete this measure, record this reason in Q24, and Go to Section D]

Q24 Record why the Respondent's waist was not measured [MA]: w2_M24

1 Respondent felt it would not be safe

2 Interviewer felt it would not be safe

3 Respondent refused or was not willing to complete the measurement

4 Respondent tried but was unable to complete measurement

5 Respondent did not understand the instructions

6 Respondent is not able to stand

7 Other (Specify): w2_M24_Other

INSTRUCTIONS FOR MEASURING WAIST CIRCUMFERENCE

- a) Instruct Respondent to remove bulky clothing.
- b) Respondent should be in the standing position and measuring tape should be applied over the clothing around the waist at the level of the navel.
- c) Ask Respondent to point to his/her navel.
- d) Instruct Respondent to place the tape around his/her waist at the level of the navel. The Respondent should hold tape in place at the navel. The tape should be snug but not tight. If the Respondent is not able to put the tape around his/her waist, you may have them hold one end of the tape measure at their navel, and walk around the Respondent with the other end.
- e) Check that the tape is horizontal all away around the Respondent.
- f) Instruct Respondent to take a normal breath and exhale holding breath at end of exhale.
- g) Read the measurement on the tape after the Respondent exhales. Record measurement to nearest **0.1cm** in the chart below (e.g. 30.1 cm).

[Interviewer: Record measurements in chart.]

Q25

Measurement	Waist Measurement
1 st	___ ___ . ___ cm

w2_M25

w2_ab_obesity

(Created variable: Summary measure of abdominal obesity, dichotomous. *Note:* Abdominal obesity cut off is gender specific, based on Asia-Pacific guidelines. For males, cut off is ≥ 90.0 . For females, cut off is ≥ 80.0)

0: No obesity

1: Presence of obesity

Reference: <http://www.wpro.who.int/nutrition/documents/docs/Redefiningobesity.pdf>

Q26 Record the difficulties that occurred during this measurement [MA]:

(for w2_M261 to w2_M266, **0** = No, **1** = Yes)

- 1 None w2_M261
- 2 Respondent had breathing difficulties w2_M262
- 3 Respondent was unable to hold breath at the end of the exhale w2_M263
- 4 Respondent was prevented from giving full effort by illness, pain, or other symptoms or discomforts w2_M264
- 5 Respondent did not appear to give full effort, but no obvious reason for this w2_M265
- 6 Others (Specify):
w2_M266
w2_M26_Other

Q27 Record how compliant the Respondent was during this measurement: w2_M27

- 1** Respondent was fully compliant
- 2** Respondent was prevented from fully complying due to illness, pain, or other symptoms or discomforts
- 3** Respondent was not fully compliant, but no obvious reason for this

Q28 Record who completed the measurement: w2_M28

- 1 Respondent completed the measurement
- 2 Interviewer completed the measurement

Q29 Record whether the Respondent wore bulky clothing during this measurement: w2_M29

- 1 Yes
- 2 No

SECTION D: WEIGHT

w2_Weight: Section D: Weight measured?

- 0 = All measurements not be taken
- 1 = Yes
- 2 = No

Note: This is NOT the survey weight variable. See w2_weights below for cross-sectional survey weights to be used for analysis done using PHASE [Wave 2] data

Equipment needed: Scale

Now, I'd like to measure your weight. To measure your weight, I will ask you to stand on this scale, with your shoes off, while I read the display.

Q30 Do you understand the directions for this measurement? w2_M30

- 1 Yes
- 2 No

Q31 Do you feel it would be safe for you to do this test? w2_M31

- 1 Yes
- 2 No [Do not complete this measure, record this reason in Q32, and Go to Section E]

Q32 Record why the Respondent's weight was not measured[MA]:

(for w2_M321 to w2_M327, 0 = No, 1 = Yes)

- 1 Respondent felt it would not be safe w2_M321
- 2 Interviewer felt it would not be safe w2_M322
- 3 Respondent refused or was not willing to complete the measurement w2_M323
- 4 Respondent tried but was unable to complete measurement w2_M324
- 5 Respondent did not understand the instructions w2_M325
- 6 Respondent is not able to stand w2_M326
- 7 Other (Specify): w2_M327
w2_M32_Other

INSTRUCTIONS FOR MEASURING WEIGHT

- a) Ask Respondent for location to conduct measurement – a hard-surface floor or thin pile carpet.
- b) Make sure Respondent's shoes are off or ask him/her to remove shoes.
- c) Ask Respondent to remove heavy objects from pockets and/or heavy sweaters as needed.
- d) Position scale so you can see display while Respondent is standing on it.
- e) Turn scale on, tap middle of scale with foot, and wait for 000.0 to appear.
- f) Ask Respondent to stand on scale.
- g) Record Respondent's weight (to the nearest 0.1 kg).
- h) Respondent can sit down and put shoes back on.

[Interviewer: Record measurements in chart.]

Q33

Measurement	Weight
1 st	___ . ___ kg

w2_M33

w2_bmi

(Created variable: Summary measure of BMI, continuous. *Note:* BMI = weight in kg/(height in metres)²)

w2_bmi_whodetailed

(Created variable: Summary measure of BMI according to WHO detailed classification, categorical)

- 1: Severe thinness (BMI < 16.0)
- 2: Moderate thinness (BMI = 16-16.9)
- 3: Mild thinness (BMI = 17-18.4)
- 4: Normal weight (BMI = 18.5 – 24.9)
- 5: Pre-obese (BMI = 25.0-29.9)
- 6: Obese Class I (BMI = 30.0-34.9)
- 7: Obese Class II (BMI = 35.0-39.9)
- 8: Obese Class III (BMI ≥ 40.0)

Reference: http://apps.who.int/bmi/index.jsp?introPage=intro_3.html

w2_bmi_whosimple

(Created variable: Summary measure of BMI according to WHO simple classification, categorical)

- 1: Underweight (BMI <18.5)
- 2: Normal weight (BMI = 18.5 – 24.9)
- 3: Pre-obese (BMI = 25.0-29.9)
- 4: Obese (BMI ≥ 30.0)

Reference: http://apps.who.int/bmi/index.jsp?introPage=intro_3.html

w2_bmi_asian

(Created variable: Summary measure of BMI according to WHO Asian classification, categorical)

- 1: Underweight (BMI <18.5)
- 2: Normal weight (BMI = 18.5 – 22.9)
- 3: Pre-obese (BMI = 23.0-27.4)
- 4: Obese (BMI ≥ 27.5)

Reference: http://www.who.int/nutrition/publications/bmi_asia_strategies.pdf

Q34 Record the type of floor surface: w2_M34

- | | | | |
|---|------------------------------------|---|-------------------------------|
| 1 | Linoleum / wood / ceramic / marble | 4 | Concrete |
| 2 | Low-pile carpet | 5 | Not sure |
| 3 | High-pile carpet | 6 | Other (Specify): w2_M34_Other |

Q35 Record if Respondent was wearing shoes during the measurement: w2_M35

- | | | | |
|---|-----|---|----|
| 1 | Yes | 2 | No |
|---|-----|---|----|

Q36 Record how compliant the Respondent was during this measurement: w2_M36

- 1 Respondent was fully compliant
- 2 Respondent was prevented from fully complying due to illness, pain, or other symptoms or discomforts
- 3 Respondent was not fully compliant, but no obvious reason for this

SECTION E: HAND STRENGTH

w2_Hand_Strength: Section E: Hand Strength measured?

0 = All measurements not to be taken

1 = Yes, both

2 = Neither

3 = Measure right hand only

4 = Measure left hand only

5 = Not completed twice

Equipment needed: Dynamometer

Now I would like to assess the strength of your hand in a gripping action. I will ask you to squeeze this handle as hard as you can, just for a couple of seconds and then let go. I will take alternately two measurements from your right and your left hands.

[Interviewer: Demonstrate the test.]

Q37 Before we begin, I'd like to make sure it is safe for you to do this test.

Have you had surgery or experienced any swelling, inflammation, severe pain, paralysis or injury in one or both hands within the last 6 months? **w2_M37**

1 Yes

2 No [Go to Q39]

Q38 In which hand (have you had surgery or experienced any swelling, inflammation, severe pain, paralysis or injury in the last 6 months)? **w2_M38**

1 Both hands [Do not complete this measure, record this reason in Q41]

2 Left hand only [Do not perform test on left hand]

3 Right hand only [Do not perform test on right hand]

Q39 Do you understand the directions for this test? **w2_M39**

1 Yes

2 No

Q40 Do you feel it would be safe for you to do this test? **w2_M40**

1 Yes

2 No [Do not complete this measure, record this reason in Q41]

Q41 Record why the Respondent did not complete the hand strength test [MA]:

(for w2_M411 to w2_M417, 0 = No, 1 = Yes)

1 Respondent felt it would not be safe **w2_M411**

2 Interviewer felt it would not be safe **w2_M412**

3 Respondent refused or was not willing to complete the test **w2_M413**

4 Respondent tried but was unable to complete test **w2_M414**

5 Respondent did not understand the instructions **w2_M415**

6 Respondent had surgery, injury, swelling, inflammation or severe pain on both hands **w2_M416**

7 Other (Specify): **w2_M417**

w2_M41_Other

INSTRUCTIONS FOR ADMINISTERING THE HAND STRENGTH TEST

- a) Suggest Respondent removes rings or other hand jewellery.
- b) Position the Respondent correctly, standing with arm at side.
- c) Adjust dynamometer to hand size by adjusting the knob.
- d) Reset arrow at zero.
- e) Explain the procedure once again.
- f) Let Respondent have a practice with their dominant hand.
- g) Reset the marker and repeat for a total of two tries.
- h) Record measurements to **the nearest 0.5 kilogram** in the table below. (e.g., 10.5kg)

Q42 Which hand do you normally use? w2_M42

- 1 Right hand
- 2 Left hand
- 3 Both hands equally dominant

[Interviewer: Record measurements in chart.]

Q43 Measurement	Left Hand	Right Hand
1st	____ : ____ kg w2_M43_1st_LH	____ : ____ kg w2_M43_1st_RH
2nd	____ : ____ kg w2_M43_2nd_LH	____ : ____ kg w2_M43_2nd_RH

w2_hgs_dom_highest

(Created variable: Highest recorded value of dominant hand grip strength, continuous.)

w2_hgs_dom_mean

(Created variable: Mean value of dominant hand grip strength, continuous.)

w2_hgs_nondom_highest

(Created variable: Highest recorded value of non-dominant hand grip strength, continuous.)

w2_hgs_nondom_mean

(Created variable: Mean value of non-dominant hand grip strength, continuous.)

NOTE: Hand dominance was based on the response in variable w2_M42. If the respondent indicated "3 – Both hands equally dominant", the higher of the two values was used.

Q44 Record how much effort the Respondent gave to this test: w2_M44

- 1 Respondent gave full effort
- 2 Respondent was prevented from giving full effort by illness, pain, or other symptoms or discomforts
- 3 Respondent did not appear to give full effort, but no obvious reason for this

Q45 Record what the Respondent's position was for this test: w2_M45

- 1 Standing
- 2 Sitting
- 3 Lying down

Q46 Record whether the Respondent rested his / her arm on a support while performing the test: w2_M46

SECTION F: CHAIR STAND TEST

Interviewer: Respondents who are age eligible for this test are expected to participate, unless they specifically decline for personal or medical reasons, or there is no appropriate chair or space to do the test. A determination of desirability and safety needs to be made before start of this test.

w2_Chair_Stand: Section F: Chair stand test measured?

0 = All measurements not to be taken

1 = Yes

2 = No

Equipment
needed:

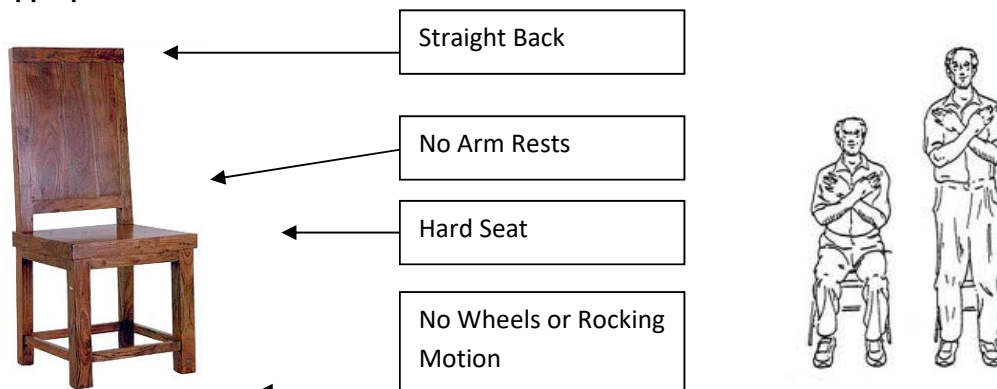
Stop watch, pen or pencil, small hand towel or cloth, chair (from the respondent's home)

The chair should be placed against a wall to prevent it from moving as the respondent gets up and sits down repeatedly. The small hand towel or cloth should be draped over the back of the chair to avoid scratching the back of the chair or the wall. The chair, which you will ask the respondent to choose, should have the following characteristics:

- ◆ No arm rest
- ◆ Straight back
- ◆ Hard seat

It is very important NOT to use any type of folding chair, chair on wheels, or rocking chair. The reason that these chairs are not permitted is that they do not allow for safe movement (i.e. the chair may roll away or fold up). If no hard straight-backed chair without armrest is available, it is acceptable to use a soft chair or a chair with armrest. However, if at all possible, avoid also a very soft or deep chair (e.g. couch or sofa chair), because it can impede quick movement up and down.

Appropriate Chair



INITIAL TEST

Q47a Now I would like to test whether you can stand up from a chair without using your hands. First, I want to make sure it is safe to carry out the test. Do you have any problems from recent surgery, injury, or other health conditions that might prevent you from taking this test **w2_M47a**

1 No apparent restriction

2 Cannot do the test [Do not complete this measure, and answer question Q47b]

Q47b Record why the respondent cannot do the initial test:

(for w2_M47b1 to w2_M47b5, 0 = No, 1 = Yes)

1 Respondent felt it would not be safe **w2_M47b1**

2 Interviewer felt it would not be safe **w2_M47b2**

3 Respondent refused or was not willing to complete the measurement **w2_M47b3**

4 Respondent is not able to stand **w2_M47b4**

5 Other (Specify): **w2_M47b5 w2_M47b_Other**

Q48 Please stand up straight from the chair as **QUICKLY** as you can, without stopping in between. Keep your arms folded across your chest. w2_M48

- 1 Can stand up from the chair without using hands
- 2 Uses hands to stand up from the chair [Do not complete this measure]
- 3 Cannot do the test [Do not complete this measure]

INSTRUCTIONS FOR CHAIR STAND TEST

- a) Please conduct this test only for those individuals who were able to do the **initial test** without using their hands.
- b) Once you have identified a suitable chair and secured it against the wall, you should ensure that there is adequate space in front of the chair to allow both for you to stand in front of the respondent and leave sufficient space between you and the respondent, so that the respondent does not feel that you are in the way or impeding his or her ability to stand.
- c) A stop watch is used to measure the time (in seconds) it takes a person to stand up from a sitting position and sit down again **five times**, while holding the arms crossed over the chest. Only one timed measure is taken per person. The result is recorded.
- d) You first need to demonstrate the test to the respondent. Next, ask the respondent to cross the arms across his or her chest and stand up **one** time. After confirming that the respondent feels it is safe to proceed and you observe that the respondent is able to do this **without using his or her arms**, you proceed to carry out the test. Be sure to read the directions precisely as they are provided below, stressing that the respondent should do this exercise as quickly as he or she can.
- e) You should stand in front of the respondent and be prepared to catch him or her if he or she falls forward, but you should stand far enough away so that you are not getting in the way of ('crowding') the respondent and slowing him or her down.
- f) Say the following to the Respondent **"Please stand up straight as QUICKLY as you can, without stopping in between. After standing up each time, sit down and then stand up again. Keep your arms folded across your chest. I'll be timing you with a stopwatch"**.
- g) When the participant is properly seated, say: **Ready? Stand** and begin timing
- h) Timing with the stop watch begins as soon as the interviewer finishes saying "Ready, stand." You actually start the stop watch as soon as you have finished saying 'Ready, stand'.
- i) Count out loud as the participant arises each time. Stop if participant becomes tired or short of breath during repeated chair stands.
- j) Stop the stopwatch as soon as the respondent has straightened out at the end of the 5th stand. You should count out loud "one, two, three, four, five" each time the respondent stands up.
- k) Also stop:
 - If participant uses his/her arms
 - After 1 minute, if participant has not completed risen
 - At your discretion, if concerned for participant's safety
- l) If the participant stops and appears to be fatigued before completing the five stands, confirm this by asking **"Can you continue?"** If participant says "Yes," continue timing. If participant says "No," stop the test.
- m) If the respondent does not complete all five stands it should be considered a non-completed test. Similarly, if the respondent cannot do the test without the use of his or her arms, it should be considered a non-completed test.
- n) Record time in seconds/hundredths (e.g. 16.52):

Q49	Measurement	Time
	1st	_____ . _____ (seconds)

w2_M49

Q50 How compliant was respondent during this measurement? w2_M50

- 1 Respondent was fully compliant
- 2 Respondent was prevented from fully complying due to illness, pain, or other symptoms or discomforts
- 3 Respondent was not fully compliant, but no obvious reason for this