

Singapore Assessment for Frailty in Elderly - Building upon the Panel on Health and Aging of Singaporean Elderly, 2015 (SAFE-PHASE, 2015)

Screener for choosing respondent: Subject or Proxy

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

| | |
|--|---|
| Type of respondent w3_TYPE | 1 =SUBJECT, 2 = PROXY, 3 =DECEDENT |
| Going to key in 1 (screener) or key in 4 (decedent)? w3_SURVEY1 | 1 = 1(screener/main) 2 = 4(decedent) |
| NAME OF SUBJECT: | |

[Interviewer: Fill in the following information after you have completed the screener.]

| | | | |
|---------------------------------|--------------------|-----------------|----------|
| CONTACT NO.: | (H) | (O) | (HP/PGR) |
| INTERVIEWER: | DATE OF INTERVIEW: | w3_DATE1 | |
| TIME STARTED: | TIME ENDED: | | |
| TOTAL TIME TAKEN FOR INTERVIEW: | w3_TIME1 | MINUTES | |

[Interviewer: Please include time used by the subject to attend to personal affairs or to rest.]

| | | | | | | | | | |
|---------------------------------------|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|
| NUMBER OF VISITS: w3_VISIT1 | 1 st VISIT | / | 2 nd VISIT | / | 3 rd VISIT | / | 4 th VISIT | / | 5 th VISIT |
|---------------------------------------|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|

INTRODUCTION

Good morning / afternoon / evening. My name is _____ and I am from _____. We are conducting a follow-up survey of the people who had participated in the Social Isolation, Health and Lifestyles Survey, 2009, and Panel on Health and Aging of Singaporean Elderly, 2011. 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.

In order to assess the your (name of subject) eligibility to be a respondent for this survey, we would like to ask you some questions. These questions will take around 10 minutes of your time. We will appreciate if you could spare us the time to answer these questions. Based on your response, you (name of subject), or a family member responding on your (name of subject) behalf, will be asked to respond to a more detailed interview. Following the interview, measurements such as height, weight, blood pressure and hand grip strength will be taken from you (name of subject). The detailed interview and measurements will take about 60 minutes of your (name of subject) time. If you (name of subject), or a family member responding on your (name of subject) behalf, agree to participate in the detailed interview, the respondent will be compensated for his or her time and effort with a shopping voucher worth 30 dollars. Further, if you (name of subject) agree for the measurements, additional compensation in the form of shopping vouchers worth 20 dollars will be given.

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. Please feel free to call

_____ at Tel: _____ if you need any clarification on this survey.

[Interviewer: Please ask for the subject listed in the sampling frame.]

S1 Record: Person responding to the screener. w3_S1

- 1** Subject himself / herself *[Go to SECTION I]*
- 2** Subject is unable to respond due to illness or other reasons *[Go to SECTION II]*

SECTION I

[Interviewer: This section is administered only to the subject and not to proxies.]

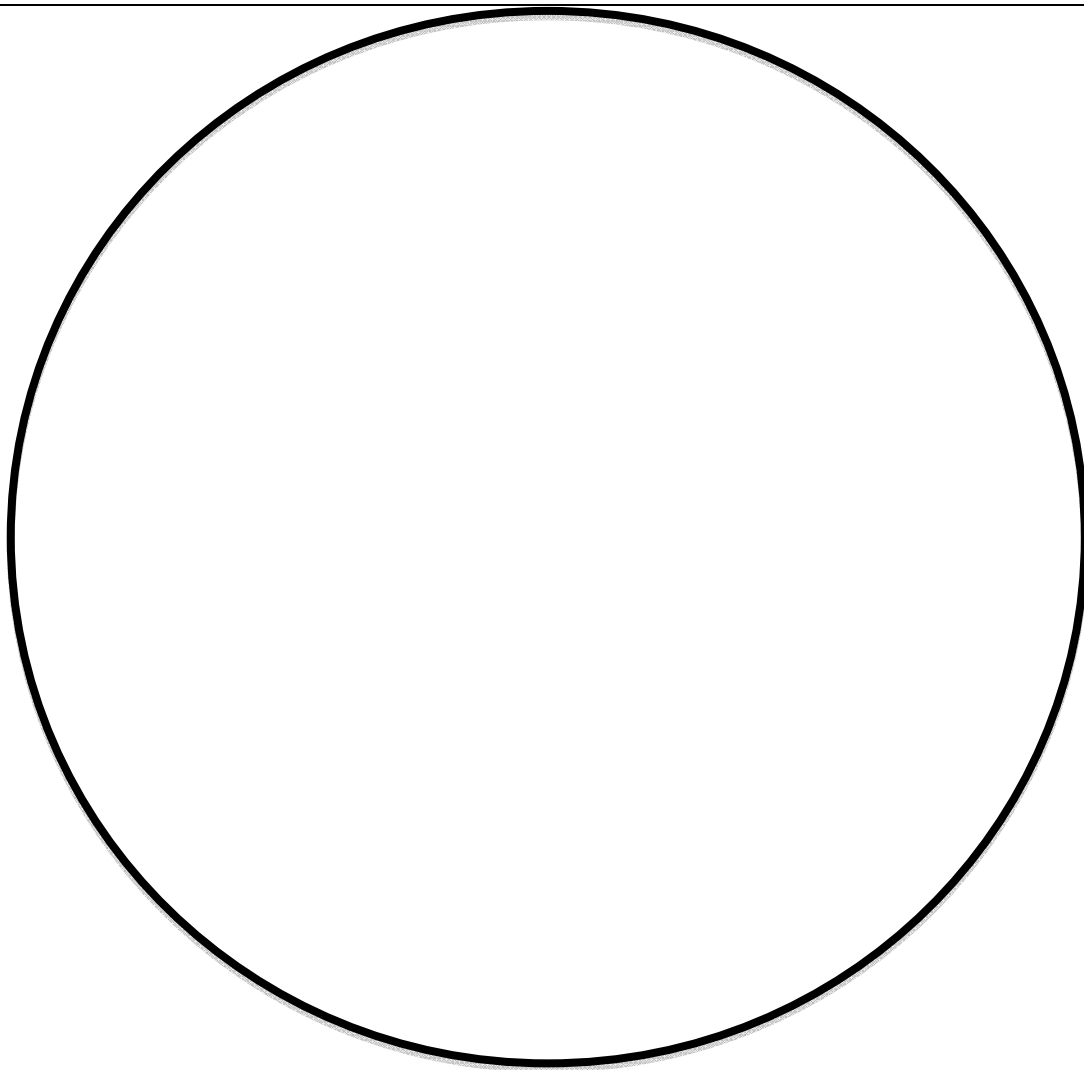
The first question will be regarding health.

| | | |
|-----------|---|-----------|
| S2 | <i>[SHOWCARD]</i> In general, would you describe your state of health as excellent, very good, good, fair or poor? w3_S2 | |
| | 1 | Excellent |
| | 2 | Very Good |
| | 3 | Good |
| | 4 | Fair |
| | 5 | Poor |

S3

Please imagine this pre-drawn circle is a clock. I would like you to write the numbers in the correct positions then draw the hands to indicate a time of 'ten minutes after eleven'

w3_CDT : clock drawing test
0=Pass
1=Fair with minor error
2=Fair with major error
99=Not applicable



The next set of questions is 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.
 (For w3_S4A to w3_S4J, 0 = Correct, 1 = Incorrect)

| S4 | Questions | Response | Correct | Incorrect | Correct only when: |
|----|---|----------|---------|-----------|--|
| a. | What is today's date? (including date, month and year) w3_S4A | | 0 | 1 | <i>The month, date and year are all correct</i> |
| b. | What is the day of the week? w3_S4B | | 0 | 1 | <i>The day is correct</i> |
| c. | What is the name of this place in Singapore? w3_S4C | | 0 | 1 | <i>Any of the description of the location is given: correct district, zone, street, name of the area, name of the apartment complex are all acceptable</i> |

| | | | | | |
|----|---|--|---|---|---|
| d. | What is your phone number? w3_S4D | | 0 | 1 | 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? w3_S4E | | 0 | 1 | The month, date and year are correct |
| f. | How old are you? w3_S4F | | 0 | 1 | The stated age corresponds to the date of birth |
| g. | Who is the current Prime Minister? w3_S4G | | 0 | 1 | It is Lee Hsien Loong. Requires the full name to be mentioned. |
| h. | Who was the Prime Minister before him? w3_S4H | | 0 | 1 | It is Goh Chok Tong. Requires the full name to be mentioned. |
| i. | What was your mother's maiden name? w3_S4I | | 0 | 1 | Needs no verification |
| j. | Please count backward from 20 by 3's? w3_S4J | | 0 | 1 | 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 |

[Interviewer: Please total up the number of incorrect responses.]

Number of incorrect responses: ____ w3_S4 PLEASE DO NOT USE

w3_spmsq

SPMSQ score uncorrected for interviewer error PLEASE DO NOT USE

w3_spm_corr

PLEASE USE THIS VARIABLE INSTEAD of **w3_S4** or **w3_spmsq**

(Created variable: Summary measure of cognitive impairment, a corrected score. Some individuals have a sum 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.)

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. *Geriatrics & gerontology international*, 15(3), 372-380.

w3_cogncat_corr

(Created variable: Summary measure of cognitive impairment, in categories. *Note:* This is created using the corrected score. See reference above.)

- 1:** Intellectually intact
- 2:** Mildly impaired
- 3:** Moderately impaired
- 4:** Severely impaired

[Interviewer:

- ***If the respondent has 8 or more incorrect responses in S4:***
 - o ***Go to Section II***
- ***If the respondent has less than 8 incorrect responses in S4:***
 - o ***Take consent from the respondent***
 - o ***Proceed with the main questionnaire.]***

SECTION II

[Interviewer: This section is to be filled in only if the subject is unable to respond due to illness or other reasons, or has 8 or more incorrect responses in S4 in Section I]

[Interviewer: Please select a proxy for providing consent and answering the main questionnaire. This proxy must be someone who...

- ***lives in the same household as (name of subject), AND***
- ***has been helping the subject in his or her daily existence for some time, AND***
- ***is either a family member or someone who has been living with the subject. (Maids are NOT ELIGIBLE for this interview), AND***
- ***is aged is aged 21 years or above]***

May I know if there is anyone aged 21 years or above living in the same household as (name of subject) who has been helping the subject in his or her daily existence for some time, and is either a family member or someone who has been living with the subject?

| | | | |
|-----------|---|--|--|
| | | (For w3_P1C1 to w3_P1C12, 0 = not selected, 1 = selected) | |
| P1 | Reason the proxy is the respondent rather than the subject named in the list [MA]: | | |
| | 1 | The subject has been hospitalized, and cannot be revisited during survey period w3_P1C1 | When was the subject hospitalized or moved to the institution? (If more than once, record the most recent.) |
| | 2 3 | The subject has moved to a nursing home. w3_P1C2 The subject has been moved to an institution for health reasons (including physical or psychological). w3_P1C3 | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Year w3_P1YR (99 =DK/RF/NO RESPONSE) <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Month w3_P1MTH (99 =DK/RF/NO RESPONSE) |
| | 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) w3_P1C4 | |
| | 5 | The subject has hearing difficulties (the subject is hearing impaired, etc.). w3_P1C5 | |
| | 6 | The subject has difficulties speaking (the subject is experiencing verbal difficulties). w3_P1C6 | |
| | 7 | The subject is experiencing confusion or loss of consciousness, etc. w3_P1C7 | |
| | 8 | The subject has 8 or more incorrect responses in S3 in Section I. w3_P1C8 | |
| | 9 | The subject is unable to respond because of memory loss or dementia w3_P1C9 | |
| | 10 | The subject is experiencing some other form of psychological disorder. w3_P1C10 | |
| | 11 | The subject has a physical illness or disability. w3_P1C11 | |
| | 12 | The subject cannot respond for other reasons unrelated to health. w3_P1C12 (Please explain: w3_P1C120 _____) | |
| | | | |
| P2 | What is your relationship with (name of subject)? w3_P2 | | |

| | | |
|-----------|--|--|
| | 1 | Spouse |
| | 2 | Son |
| | 3 | Daughter |
| | 4 | Daughter-in-law |
| | 5 | Son-in-law |
| | 6 | Grandchild |
| | 7 | Relative other than the aforementioned (Please explain: w3_P20 _____) |
| | 8 | Other (please explain: _____) |
| | | |
| P3 | [SHOWCARD] What is the highest educational level that you have completed? w3_P3 | |
| | 1 | No formal education |
| | 2 | Primary |
| | 3 | Secondary |
| | 4 | Vocational/ITE |
| | 5 | JC/Poly |
| | 6 | University and above |
| | 7 | Don't know/can't remember |
| | | |
| P4 | | How old are you now? w3_P4 _____Years Old |
| | | |
| P5 | [SHOWCARD] In general, would you describe the subject's state of health as excellent, very good, good, fair, or poor? w3_P5 | |
| | 1 | Excellent |
| | 2 | Very Good |
| | 3 | Good |
| | 4 | Fair |
| | 5 | Poor |
| | | |

[Interviewer:

- **Take consent from proxy.**
- **Proceed with the main questionnaire.]**

| | | | | | | | |
|--|-----------------------|------------------|-----------------------|---|-----------------------|----------|---|
| Singapore Assessment for Frailty in Elderly - Building upon the Panel on Health and Aging of Singaporean Elderly, 2015 (SAFE-PHASE, 2015) | | | | | | | |
| Main Questionnaire | | | | | | | |
| 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 | | | | | | | |
| SAFE-PHASE CASE NO: | | NAME OF SUBJECT: | | | | | |
| Going to key in 2 (Main Questionnaire) or end data entry? w3_SURVEY2 | | | | 1= 2(Main questionnaire) .= end data entry | | | |
| w3_weights | | | | | | | |
| Cross-sectional survey weights to be used for analysis done using SAFE-PHASE (Wave 3) data | | | | | | | |
| <i>[Interviewer: Fill in the following information after you have completed the questionnaire.]</i> | | | | | | | |
| CONTACT NO.: | | (H) | | (O) | | (HP/PGR) | |
| INTERVIEWER: | | | | DATE OF INTERVIEW: | w3_DATE2 | | |
| TIME STARTED: | | | | TIME ENDED: | | | |
| TOTAL TIME TAKEN FOR INTERVIEW: | | w3_TIME2 | | | MINUTES | | |
| <i>[Interviewer: Please include time used by the subject to attend to personal affairs or to rest.]</i> | | | | | | | |
| NUMBER OF VISITS: | 1 st VISIT | / | 2 nd VISIT | / | 3 rd VISIT | / | 4 th VISIT / 5 th VISIT |
| w3_VISIT2 | | | | | | | |

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 numbers appearing in boxes, e.g. Q17]

[Interviewer: If a proxy is responding, please ensure that the proxy answers from the perspective of the subject. In such cases, please be careful to replace “you” or “your” in most of the questions with “subject / subject’s”, as indicated in parenthesis (), in the question. e.g. If the subject is the respondent then you would ask question number 1, as ‘What is your nationality?’, but if a proxy is responding you would ask ‘What is the (subject’s) nationality?’.]

SECTION 1: BASIC ATTRIBUTES AND FAMILY MAKE-UP

[Interviewer 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 to this survey.

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

| | | |
|----------|--|---|
| Q1 | What is your (subject’s) nationality? w3_Q1 | |
| 1 | Singapore Citizen (In which year did you become a Singapore citizen?) | |
| | <input type="text"/> | w3_Q1_YEAR (9999 =DK/RF/NO RESPONSE) |

| | | | | | | |
|--|--|---|---|-----------------|---|---------------|
| | | Since birth w3_Q1_SB (1=Yes) | | | | |
| | 2 | Singapore Permanent Resident (please state nationality: w3_Q10) | | | | |
| | 3 | Other [<i>please terminate questionnaire</i>] | | | | |
| The next questions concern your (subject's) family. | | | | | | |
| Q2 | [SHOWCARD] First, what is your (subject's) current marital status? w3_Q2 | | | | | |
| | 1 | Married (includes being separated from the spouse due to one's spouse 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 | | | | |
| Q3 | <p>How many persons are there living in your (subject's) household? w3_Q3 (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) <i>[Interviewer: This includes all who are living in the household presently, as well as those who have this address recorded in the NRIC, excluding tenants.]</i></p> <p><input type="text"/> <input type="text"/> <u>persons</u></p> | | | | | |
| Q4 | <p>Please give the relationship to you (subject) and the age and gender of the other members of the household. <i>[Interviewer: Please ensure the number of members corresponds with the answer in Q3]</i></p> | | | | | |
| Q5 | <p>Who is the head of the household? w3_Q5 <i>[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.]</i></p> | | | | | |
| | (1=Self 2=Subject 2 3=Subject 3 4=Subject 4 5=Subject 5 | | 6=Subject 6 7=Subject 7 8=Subject 8 9=Subject 9 10=Subject 10 | | 11=Subject 11 12=Subject 12 13=Subject 13 14=Subject 14 15=Subject 15 99=DK/Not sure | |
| | ID | Relationship to Subject | Age (999 DK/RF/NO RESPONSE) | Gender | Male | Female |
| | | | | | | |
| | 01 | Subject: SELF | - | - | - | 1 |
| | 02 | Subject's: w3_Q4A_2 | w3_Q4B_2 | w3_Q4C_2 | 1 | 2 |
| | 03 | Subject's: w3_Q4A_3 | w3_Q4B_3 | w3_Q4C_3 | 1 | 2 |
| | 04 | Subject's: w3_Q4A_4 | w3_Q4B_4 | w3_Q4C_4 | 1 | 2 |
| | 05 | Subject's: w3_Q4A_5 | w3_Q4B_5 | w3_Q4C_5 | 1 | 2 |
| | 06 | Subject's: w3_Q4A_6 | w3_Q4B_6 | w3_Q4C_6 | 1 | 2 |

| | | | | | | |
|----|-----------------------------|------------------|------------------|----------|----------|---|
| 07 | Subject's: w3_Q4A_7 | w3_Q4B_7 | w3_Q4C_7 | 1 | 2 | 1 |
| 08 | Subject's: w3_Q4A_8 | w3_Q4B_8 | w3_Q4C_8 | 1 | 2 | 1 |
| 09 | Subject's: w3_Q4A_9 | w3_Q4B_9 | w3_Q4C_9 | 1 | 2 | 1 |
| 10 | Subject's: w3_Q4A_10 | w3_Q4B_10 | w3_Q4C_10 | 1 | 2 | 1 |

| | | | | | | |
|---|--|--|--|--|--|--|
| (For Internal Coding Only) | | | | | | |
| <ol style="list-style-type: none"> 1. Spouse 2. Child 3. Spouse of Child 4. Grandchild 5. Spouse of Grandchild 6. Parent 7. Parent of spouse 8. Sibling 9. Maid 10. Others (specify: _____) {correspondingly w3_Q4A_20 to w3_Q4A_100} 99. DK/Not sure | | | | | | |

w3_age
 (Created variable: Age of subject at the time of Wave 3, created by calculating the time elapsed [in years] between the Wave 1 date of interview and Wave 3 date of interview, and subsequently adding it to the age at Wave 1)

w3_agegroup5yr
 (Created variable: Age of subject in 5 year age bands at the time of Wave 2, based on w2_age)
 1: 66-69
 2: 70-74
 3: 75-79
 4: 80-84
 5: 85+

w3_agegroup10yr
 (Created variable: Age of subject in 10 year age bands at the time of Wave 2, based on w2_age)
 1: 66-69
 2: 70-79
 3: 80-89
 4: 90+

w3_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 only (with/without maid)

w3_livingarr2
 (Created variable: Living arrangements summary variable. *Note:* Alone does not include living with maid)

| <p>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 only (with/without maid)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------------------|---|-------------|----------------------------------|------------------------------------|-------------------------------------|---|------------------------|------------|---|-----------|------------|---|-----------|------------|---|-----------|------------|---|-----------|------------|---|-----------|------------|---|-----------|------------|---|-----------|------------|---|-----------|------------|----|------------|-------------|----|------------|-------------|----|------------|-------------|
| <p>w3_livingalone1 (Created variable: Living alone. <i>Note:</i> Alone <u>includes</u> living with maid) 0: Not living alone 1: Living alone (with maid)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>w3_livingalone2 (Created variable: Living alone. <i>Note:</i> Alone <u>does not include</u> living with maid) 0: Not living alone 1: Living alone (without maid)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The next questions pertain to your (subject's) children.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q6 | <p>How many surviving children do you (subject) have, including those not staying with you (subject) in the household? w3_Q6</p> <table border="1"> <tr> <td>1</td> <td>Total number of surviving children: _____ w3_Q6_1</td> </tr> <tr> <td>2</td> <td>No surviving children [Go to Q8]</td> </tr> </table> | 1 | Total number of surviving children: _____ w3_Q6_1 | 2 | No surviving children [Go to Q8] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Total number of surviving children: _____ w3_Q6_1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No surviving children [Go to Q8] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q7 | <p>Are all of your surviving children living with you? w3_Q7</p> <table border="1"> <tr> <td>1</td> <td>Yes [Go to Q8]</td> </tr> <tr> <td>2</td> <td>No [Go to Q7a]</td> </tr> </table> | 1 | Yes [Go to Q8] | 2 | No [Go to Q7a] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes [Go to Q8] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No [Go to Q7a] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q7a | <p>Please provide the age and gender of your (subject's) children who are <u>not living with you</u> in order of oldest to the youngest</p> <p>w3_Q7A Number of children who are not living with you</p> <table border="1"> <thead> <tr> <th>SN</th> <th>(i) Age</th> <th>(ii) Gender</th> </tr> </thead> <tbody> <tr> <td></td> <td>Years old 999 DK/RF/NO RESPONSE</td> <td>1 Male 2 Female 9 Don't know</td> </tr> <tr><td>1</td><td>w3_Q7AI_1</td><td>w3_Q7AII_1</td></tr> <tr><td>2</td><td>w3_Q7AI_2</td><td>w3_Q7AII_2</td></tr> <tr><td>3</td><td>w3_Q7AI_3</td><td>w3_Q7AII_3</td></tr> <tr><td>4</td><td>w3_Q7AI_4</td><td>w3_Q7AII_4</td></tr> <tr><td>5</td><td>w3_Q7AI_5</td><td>w3_Q7AII_5</td></tr> <tr><td>6</td><td>w3_Q7AI_6</td><td>w3_Q7AII_6</td></tr> <tr><td>7</td><td>w3_Q7AI_7</td><td>w3_Q7AII_7</td></tr> <tr><td>8</td><td>w3_Q7AI_8</td><td>w3_Q7AII_8</td></tr> <tr><td>9</td><td>w3_Q7AI_9</td><td>w3_Q7AII_9</td></tr> <tr><td>10</td><td>w3_Q7AI_10</td><td>w3_Q7AII_10</td></tr> <tr><td>11</td><td>w3_Q7AI_11</td><td>w3_Q7AII_11</td></tr> <tr><td>12</td><td>w3_Q7AI_12</td><td>w3_Q7AII_12</td></tr> </tbody> </table> | SN | (i) Age | (ii) Gender | | Years old 999 DK/RF/NO RESPONSE | 1 Male 2 Female 9 Don't know | 1 | w3_Q7AI_1 | w3_Q7AII_1 | 2 | w3_Q7AI_2 | w3_Q7AII_2 | 3 | w3_Q7AI_3 | w3_Q7AII_3 | 4 | w3_Q7AI_4 | w3_Q7AII_4 | 5 | w3_Q7AI_5 | w3_Q7AII_5 | 6 | w3_Q7AI_6 | w3_Q7AII_6 | 7 | w3_Q7AI_7 | w3_Q7AII_7 | 8 | w3_Q7AI_8 | w3_Q7AII_8 | 9 | w3_Q7AI_9 | w3_Q7AII_9 | 10 | w3_Q7AI_10 | w3_Q7AII_10 | 11 | w3_Q7AI_11 | w3_Q7AII_11 | 12 | w3_Q7AI_12 | w3_Q7AII_12 |
| SN | (i) Age | (ii) Gender | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Years old 999 DK/RF/NO RESPONSE | 1 Male 2 Female 9 Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | w3_Q7AI_1 | w3_Q7AII_1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | w3_Q7AI_2 | w3_Q7AII_2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | w3_Q7AI_3 | w3_Q7AII_3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | w3_Q7AI_4 | w3_Q7AII_4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | w3_Q7AI_5 | w3_Q7AII_5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | w3_Q7AI_6 | w3_Q7AII_6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | w3_Q7AI_7 | w3_Q7AII_7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | w3_Q7AI_8 | w3_Q7AII_8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | w3_Q7AI_9 | w3_Q7AII_9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | w3_Q7AI_10 | w3_Q7AII_10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | w3_Q7AI_11 | w3_Q7AII_11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | w3_Q7AI_12 | w3_Q7AII_12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q8 | <p>[SHOWCARD] Are you (subject) currently working? w3_Q8</p> <table border="1"> <tr> <td>1</td> <td>Working full-time [Go to Q9a]</td> </tr> <tr> <td>2</td> <td>Working part time [Go to Q9a]</td> </tr> <tr> <td>3</td> <td>Retired and not working [Go to Q9d]</td> </tr> <tr> <td>4</td> <td>Home-maker [Go to Q9h]</td> </tr> </table> | 1 | Working full-time [Go to Q9a] | 2 | Working part time [Go to Q9a] | 3 | Retired and not working [Go to Q9d] | 4 | Home-maker [Go to Q9h] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Working full-time [Go to Q9a] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Working part time [Go to Q9a] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Retired and not working [Go to Q9d] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Home-maker [Go to Q9h] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q9a | <p>[SHOWCARD] Which occupation are you (subject) currently engaged in? w3_Q9A</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---|--|---|---|--|
| | 1 | Professionals | 5 | Sales & services |
| | 2 | Administrative & managerial | 6 | Production & related |
| | 3 | Associate professionals & technicians | 7 | Cleaners & laborers |
| | 4 | Clerical workers | 8 | Others (please specify w3_Q9AO _____) |
| Q9b | [SHOWCARD] What are your main reasons to be working? [MA] For the following variables: 0 =Not selected, 1 = selected | | | |
| | 1 | Income w3_Q9BC1 | | |
| | 2 | Social contact w3_Q9BC2 | | |
| | 3 | Maintain good health w3_Q9BC3 | | |
| | 4 | Enjoy working w3_Q9BC4 | | |
| | 5 | Contribute to society w3_Q9BC5 | | |
| | 6 | Others w3_Q9BC6 (please specify: w3_Q9BC6O _____) | | |
| [Interviewer: If answer to Q8=1 (i.e. Working full-time), then Go to Q10 If answer to Q8=2 (i.e. Working part-time), then Go to Q9c] | | | | |
| Q9c | [SHOWCARD] What are your main reasons to be working part-time and not full-time? [MA] For the following variables: 0 =Not selected; 1 = selected | | | |
| | 1 | Own ill health w3_Q9CC1 | | |
| | 2 | Want to work more hours, but cannot find a full-time job or work more hours in this job w3_Q9CC2 | | |
| | 3 | Do not want to work more hours w3_Q9CC3 | | |
| | 4 | Housework w3_Q9CC4 | | |
| | 5 | To take care of a family member / relative / friend w3_Q9CC5 | | |
| | 6 | Undergoing education or training w3_Q9CC6 | | |
| | 7 | I am financially secure w3_Q9CC7 | | |
| | 8 | To spend more time with spouse / family w3_Q9CC8 | | |
| | 9 | Pursue personal interests / Spend time to do other things w3_Q9CC9 | | |
| | 10 | Early retirement w3_Q9CC10 | | |
| | 11 | Others w3_Q9CC11 (please specify: w3_Q9CC11O _____) | | |
| [Interviewer: If answer to Q8=2 (i.e. Working part-time), then Go to Q10] | | | | |
| Q9d | In what year did you (subject) retire? w3_Q9D | | | |
| | 1 | YEAR | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | w3_Q9D_1 |
| | 2 | Don't know | | |
| | 3 | Refused | | |
| Q9e | Have you (subject) been doing anything to find work during the last <u>four</u> weeks? w3_Q9E | | | |
| | 1 | Yes [Go to Q9f] | | |
| | 2 | No [Go to Q9g] | | |
| Q9f | [SHOWCARD] If Yes, what are your main reasons? [MA] For the following variables: 0 =Not selected; 1 = selected | | | |
| | 1 | Income w3_Q9FC1 | | |
| | 2 | Social contact w3_Q9FC2 | | |

| | | |
|--|--|--|
| | 3 | Maintain good health w3_Q9FC3 |
| | 4 | Enjoy working w3_Q9FC4 |
| | 5 | Contribute to society w3_Q9FC5 |
| | 6 | Others w3_Q9FC6 (please specify: w3_Q9FC6O _____) |
| Q9g | [SHOWCARD] If No, what are your main reasons? [MA] For the following variables: 0 =Not selected; 1 = selected | |
| | 1 | I am already retired w3_Q9GC1 |
| | 2 | Employers will not hire me due to my age w3_Q9GC2 |
| | 3 | I do not have the needed skills or experience w3_Q9GC3 |
| | 4 | Own ill health w3_Q9GC4 |
| | 5 | Taking care of a family member / relative / friend w3_Q9GC5 |
| | 6 | I am financially secure w3_Q9GC6 |
| | 7 | To spend more time with spouse / family w3_Q9GC7 |
| | 8 | To enjoy life w3_Q9GC8 |
| | 9 | My spouse / family will not allow me to work w3_Q9GC9 |
| | 10 | Others w3_Q9GC10 (please specify: w3_Q9GC10O _____) |
| | 11 | Don't know w3_Q9GC11 |
| | 12 | Refused w3_Q9GC12 |
| [Interviewer: If answer to Q8=3 (i.e. Retired and not working), then Go to Q10] | | |
| Q9h | Have you (subject) ever done any paid work? w3_Q9H | |
| | 1 | Yes [Go to Q9i] |
| | 2 | No [Go to Q9j] |
| | 3 | Don't know [Go to Q9j] |
| | 4 | Refused [Go to Q9j] |
| Q9i | If Yes, in what year did you (subject) become a homemaker? w3_Q9I | |
| | 1 | YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> w3_Q9I_1 |
| | 2 | Don't know |
| | 3 | Refused |
| Q9j | Have you (subject) been doing anything to find work during the last <u>four</u> weeks? w3_Q9J | |
| | 1 | Yes [Go to Q9k] |
| | 2 | No [Go to Q9I] |
| Q9k | [SHOWCARD] If Yes, what are your main reasons? [MA] For the following variables: 0 =Not selected; 1 = selected | |
| | 1 | Income w3_Q9KC1 |
| | 2 | Social contact w3_Q9KC2 |
| | 3 | Maintain good health w3_Q9KC3 |
| | 4 | Enjoy working w3_Q9KC4 |
| | 5 | Contribute to society w3_Q9KC5 |
| | 6 | Others w3_Q9KC6 (please specify: w3_Q9KC6O _____) |
| Q9l | [SHOWCARD] If No, what are your main reasons? [MA] For the following variables: 0 =Not selected; 1 = selected | |

| | | |
|--|---|--|
| | 1 | I am financially secure w3_Q9LC1 |
| | 2 | Employers will not hire me due to my age w3_Q9LC2 |
| | 3 | I do not have the needed skills or experience w3_Q9LC3 |
| | 4 | Own ill health w3_Q9LC4 |
| | 5 | Taking care of a family member / relative / friend w3_Q9LC5 |
| | 6 | To spend more time with spouse / family w3_Q9LC6 |
| | 7 | To enjoy life w3_Q9LC7 |
| | 8 | My spouse / family will not allow me to work w3_Q9LC8 |
| | 9 | Others w3_Q9LC9 (please specify: w3_Q9LC90 _____) |
| | 10 | Don't know w3_Q9LC10 |
| | 11 | Refused w3_Q9LC11 |
| Q10 | [SHOWCARD] What type of housing are you (subject) living in? w3_Q10 | |
| | 1 | HDB/JTC flat (1-2 room) |
| | 2 | HDB/JTC flat (3 room) |
| | 3 | HDB/JTC flat (4 room) |
| | 4 | HDB/JTC flat (5 room & above/HUDC/Executive) |
| | 5 | Condominium/Private flat |
| | 6 | Bungalow/semi-detached/terrace house |
| | 7 | Shophouse |
| | 8 | Others (specify: w3_Q100 _____) |
| Q11 | [SHOWCARD] Who owns this current property that you (subject) live in? w3_Q11 | |
| | 1 | Subject |
| | 2 | Child in the household |
| | 3 | Joint ownership with spouse |
| | 4 | Joint ownership with other household member |
| | 5 | Other household member(s) |
| | 6 | Child outside household |
| | 7 | Others outside household |
| | 8 | Rental |
| | 9 | Don't know |
| w3_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 | | |
| w3_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 | | |

SECTION 2: SOCIAL ISOLATION and NETWORK

| | | | | | | |
|------------|--|---------------|---------------------|---------------------|---------------|--------------|
| Q12 | [SHOWCARD] The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way... | | | | | |
| | | Always | Fairly Often | Occasionally | Rarely | Never |
| a. | How often do you feel that you lack companionship? w3_Q12A | 4 | 3 | 2 | 1 | 0 |
| b. | How often do you feel left out? w3_Q12B | 4 | 3 | 2 | 1 | 0 |
| c. | How often do you feel isolated from others? w3_Q12C | 4 | 3 | 2 | 1 | 0 |

w3_loneliness
 (Created variable: UCLA 3-item loneliness score (range 0-12). *Note:* The response categories in the original paper above were different from what was asked in PHASE Wave 1. Therefore, the scoring is also different.

Reference: Hughes, M. E., Waite, L. J., Hawkley, L. C., & Cacioppo, J. T. (2004). A Short Scale for Measuring Loneliness in Large Surveys: Results From Two Population-Based Studies. *Research on Aging*, 26(6), 655–672. <http://doi.org/10.1177/0164027504268574>

w3_loneliness_yesno
 (Created variable: UCLA 3-item loneliness score, dichotomized. *Note:* This is based on the 0-12 scoring range (see above)).
0: Not lonely (score of 0)
1: Some measure of loneliness (score of >=1)

| | | | | | | | |
|-------------------|--|--------------|---------------|------------------|--------------|-------------------|---------------|
| Q13 | [SHOWCARD] Among all your relatives not living with you (including children, grandchildren, in-laws, siblings, nieces, nephews, cousins, aunts, etc)... | | | | | | |
| | | 0 | 1 | 2 | 3-4 | 5-8 | >=9 |
| a. | How many relatives do you see or hear from at least once a month? w3_Q13A | 0 | 1 | 2 | 3 | 4 | 5 |
| b. | How many relatives do you feel at ease with that you can talk about private matters? w3_Q13B | 0 | 1 | 2 | 3 | 4 | 5 |
| c. | How many relatives do you feel close to such that you could call on them for help? w3_Q13C | 0 | 1 | 2 | 3 | 4 | 5 |
| [SHOWCARD] | | Never | Seldom | Sometimes | Often | Very Often | Always |
| d. | How often do you see or hear from relatives with whom you have the most contact? w3_Q13D | 0 | 1 | 2 | 3 | 4 | 5 |
| e. | When one of your relatives has an important decision to make, how often do they talk to you about it? w3_Q13E | 0 | 1 | 2 | 3 | 4 | 5 |

| | | | | | | | | |
|--|----|--|---|---|---|---|---|---|
| | f. | How often is one of your relatives available for you to talk to when you have an important decision to make? w3_Q13F | 0 | 1 | 2 | 3 | 4 | 5 |
|--|----|--|---|---|---|---|---|---|

| | | | | | | | | |
|-----|---|--|-------|--------|-----------|-------|------------|--------|
| Q14 | [SHOWCARD] Among all of your friends including those who live in your neighborhood... | | | | | | | |
| | | | 0 | 1 | 2 | 3-4 | 5-8 | >=9 |
| | a. | How many friends do you see or hear from at least once a month? w3_Q14A | 0 | 1 | 2 | 3 | 4 | 5 |
| | b. | How many friends do you feel at ease with that you can talk about private matters? w3_Q14B | 0 | 1 | 2 | 3 | 4 | 5 |
| | c. | How many friends do you feel close to such that you could call on them for help? w3_Q14C | 0 | 1 | 2 | 3 | 4 | 5 |
| | [SHOWCARD] | | Never | Seldom | Sometimes | Often | Very Often | Always |
| | d. | How often do you see or hear from friends with whom you have the most contact? w3_Q14D | 0 | 1 | 2 | 3 | 4 | 5 |
| | e. | When one of your friends has an important decision to make, how often do they talk to you about it? w3_Q14E | 0 | 1 | 2 | 3 | 4 | 5 |
| f. | How often is one of your friends available for you to talk to when you have an important decision to make? w3_Q14F | 0 | 1 | 2 | 3 | 4 | 5 | |

w3_Isnsr
 (Created variable: Lubben Social Network Scale Revised (LSNS-R) Score (range 0-60)). It is based summing up on w3_Q13A to w3_Q13F and w3_Q14A to w3_Q14F. *Note:* This has been modified to assess social networks outside the household.

Reference: Lubben, J., Gironde, 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

w3_Isns6
 (Created variable: Lubben Social Network Scale Revised (LSNS6) Score (range 0-30)). It is based summing up on w3_Q13A to w3_Q13C and w3_Q14A to w3_Q14C. *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.

| | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|
| Q15 | [SHOWCARD] When you need help, can you count on someone who is willing and able to meet your needs? w3_Q15 | | | | | | | |
|-----|--|--|--|--|--|--|--|--|

| | | |
|---|--|---|
| | 1 | Always |
| | 2 | Sometimes |
| | 3 | Never |
| SECTION 3: HEALTH STATUS & PHYSICAL DISABILITIES/LIMITATIONS | | |
| The next questions will be regarding health. | | |
| Q16 | [SHOWCARD] In general, how would you describe your (subject's) state of health? w3_Q16 | |
| | 1 | Very healthy |
| | 2 | Healthier than average |
| | 3 | Of average health |
| | 4 | Somewhat unhealthy |
| | 5 | Very unhealthy |
| | 6 | Not sure |
| Q17 | [SHOWCARD] 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? w3_Q17 | |
| | 1 | Excellent |
| | 2 | Very good |
| | 3 | Good |
| | 4 | Fair |
| | 5 | Poor |
| | 6 | Loss of vision (no vision) in both eyes |
| Q18 | [SHOWCARD] 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? w3_Q18 | |
| | 1 | Excellent |
| | 2 | Very good |
| | 3 | Good |
| | 4 | Fair |
| | 5 | Poor |
| | 6 | Not able to hear in both ears |
| Q19 | In the last year, have you (subject) lost more than 5 kilograms of body weight unintentionally (i.e., not due to dieting or exercise)? w3_Q19 | |
| | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |

Q20 The next questions will be about experience with physical ailments that you (subject) have had.

[Interviewer: Ask a-t, repeating (i), (ii), (iii) and (iv) for each as appropriate.]

| [SHOWCARD] Ailment | | (i) Have you (subject) ever been diagnosed by a medical professional with.. | | | (ii) Have you (subject) ever been treated with medicine or surgery for this condition? | | | (iii) Have you (subject) been hospitalized for this condition in the past six months? | | | (iv) Please state the number of times you (subject) have been hospitalized for this condition in the past six months? (999 DK/Not sure) |
|---|---|--|-----------|-----------------|---|-----------|-----------------|--|-----------|-----------------|--|
| | | Yes | No | Not Sure | Yes | No | Not Sure | Yes | No | Not Sure | |
| a. | Heart attack, angina, myocardial infarction | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20AI | | | w3_Q20AII | | | w3_Q20AIII | | | w3_Q20AIV |
| b. | Heart failure | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20BI | | | w3_Q20BII | | | w3_Q20BIII | | | w3_Q20BIV |
| c. | Other forms of heart diseases | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20CI | | | w3_Q20CII | | | w3_Q20CIII | | | w3_Q20CIV |
| d. | Cancer (excluding skin cancer) | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20DI | | | w3_Q20DII | | | w3_Q20DIII | | | w3_Q20DIV |
| e. | Cerebrovascular disease (such as stroke) | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20EI | | | w3_Q20EII | | | w3_Q20EIII | | | w3_Q20EIV |
| f. | High blood pressure | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20FI | | | w3_Q20FII | | | w3_Q20FIII | | | w3_Q20FIV |
| g. | Diabetes | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20GI | | | w3_Q20GII | | | w3_Q20GIII | | | w3_Q20GIV |
| h. | Dementia <i>[ask only from proxy]</i> | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20HI | | | w3_Q20HII | | | w3_Q20HIII | | | w3_Q20HIV |
| i. | Chronic respiratory illness (e.g. asthma) | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20II | | | w3_Q20III | | | w3_Q20IIII | | | w3_Q20IIV |
| j. | Digestive illness (stomach or intestinal) | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20JI | | | w3_Q20JII | | | w3_Q20JIII | | | w3_Q20JIV |
| k. | Renal/kidney or urinary tract ailments | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20KI | | | w3_Q20KII | | | w3_Q20KIII | | | w3_Q20KIV |

Q20 The next questions will be about experience with physical ailments that you (subject) have had.

[Interviewer: Ask a-t, repeating (i), (ii), (iii) and (iv) for each as appropriate.]

| [SHOWCARD] Ailment | | (i) Have you (subject) ever been diagnosed by a medical professional with.. | | | (ii) Have you (subject) ever been treated with medicine or surgery for this condition? | | | (iii) Have you (subject) been hospitalized for this condition in the past six months? | | | (iv) Please state the number of times you (subject) have been hospitalized for this condition in the past six months? (999 DK/Not sure) |
|---|---|--|-----------|-----------------|---|-----------|-----------------|--|-----------|-----------------|--|
| | | Yes | No | Not Sure | Yes | No | Not Sure | Yes | No | Not Sure | |
| i. | Ailments of the liver or gallbladder | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20LI | | | w3_Q20LII | | | w3_Q20LIII | | | w3_Q20LIV |
| m. | Joint pain, arthritis, rheumatism or nerve pain | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20MI | | | w3_Q20MII | | | w3_Q20MIII | | | w3_Q20MIV |
| n. | Chronic back pain | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20NI | | | w3_Q20NII | | | w3_Q20NIII | | | w3_Q20NIV |
| o. | Osteoporosis | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20OI | | | w3_Q20OII | | | w3_Q20OIII | | | w3_Q20OIV |
| p. | Fractures of the hip, thigh and pelvis | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20PI | | | w3_Q20PII | | | w3_Q20PII | | | w3_Q20PIV |
| q. | Other fractures | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20QI | | | w3_Q20QII | | | w3_Q20QIII | | | w3_Q20QIV |
| r. | Cataract | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20RI | | | w3_Q20RII | | | w3_Q20RIII | | | w3_Q20RIV |
| s. | Glaucoma | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20SI | | | w3_Q20SII | | | w3_Q20SIII | | | w3_Q20SIV |
| t. | Others (Specify: _____) | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20TI | | | w3_Q20TII | | | w3_Q20TIII | | | w3_Q20TIV |
| u. | Others (Specify: _____) | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20UI | | | w3_Q20UII | | | w3_Q20UIII | | | w3_Q20UIV |
| v. | Others (Specify: _____) | 1 [Go to (ii)] | 2 | 3 | 1 [Go to (iii)] | 2 | 3 | 1 [Go to (iv)] | 2 | 3 | _____ times |
| | | w3_Q20VI | | | w3_Q20VII | | | w3_Q20VIII | | | w3_Q20VIV |

| | | | |
|---|---|--|---|
| [Interviewer: If response to Q20f(i) = 1 (Yes), go to Q21, else go to Q22] | | | |
| Q21 | [SHOWCARD] Are you (subject) taking prescribed medication for your (subject's) high blood pressure? w3_Q21 | | |
| | 1 | Yes | |
| | 2 | No | |
| | 3 | Not taking regularly | |
| | 4 | Not prescribed medication | |
| [Interviewer: If response to Q20g(i) = 1 (Yes), go to Q22, else go to Q23] | | | |
| Q22 | [Interviewer: Read instruction above] [SHOWCARD] Are you (subject) taking prescribed medication for your (subject's) diabetes? w3_Q22 | | |
| | 1 | Yes | |
| | 2 | No | |
| | 3 | Not taking regularly | |
| | 4 | Not prescribed medication | |
| Q23 | Have you (subject) fallen down in the last one year? w3_Q23 | | |
| | 1 | Yes | |
| | 2 | No [Go to Q26] | |
| | 3 | Don't know [Go to Q26] | |
| Q24 | How many times have you (subject) fallen in the last one year? w3_Q24 1 _____ w3_Q24_1 2 =Don't know 3 =Can't Remember | | |
| Q25 | In that fall/in any of these falls, did you (subject) injure yourself (himself/ herself) seriously enough to need medical treatment? w3_Q25 | | |
| | 1 | Yes | |
| | 2 | No | |
| | 3 | Don't know | |
| The next questions will be on your (subject's) physical ability and agility. [Interviewer: Ask a-j, repeating (i) and (ii) for each as appropriate.] | | | |
| Q26 | [SHOWCARD] (i) Please indicate which of the following actions you (subject) find difficult to perform alone without the assistance of a person or physical prop or aid (ii) [if "difficult," (i)=1] To what extent? [Interviewer: Have respondents include actions that the subject can perform, even though he or she may not have done them recently.] | | |
| | | (i) Do you (subject) find this difficult? | (ii) To what extent? |
| a. | Walk 200 to 300 meters (1 bus stop to another) | 1. Yes 2. No [Go to b] 3. Not sure [Go to b] w3_Q26AI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q26AII |
| b. | Climb 10 steps without resting | 1. Yes 2. No [Go to c] 3. Not sure [Go to c] w3_Q26BI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q26BII |

| | | | |
|----|---|--|--|
| c. | Stand (go without sitting) for 2 hours | <ol style="list-style-type: none"> 1. Yes 2. No <i>[Go to d]</i> 3. Not sure <i>[Go to d]</i> w3_Q26CI | <ol style="list-style-type: none"> 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q26CII |
| d. | Continue to sit for 2 hours | <ol style="list-style-type: none"> 1. Yes 2. No <i>[Go to e]</i> 3. Not sure <i>[Go to e]</i> w3_Q26DI | <ol style="list-style-type: none"> 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q26DII |
| e. | Stoop or bend your knees | <ol style="list-style-type: none"> 1. Yes 2. No <i>[Go to f]</i> 3. Not sure <i>[Go to f]</i> w3_Q26EI | <ol style="list-style-type: none"> 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q26EII |
| f. | Raise your hands above your head | <ol style="list-style-type: none"> 1. Yes 2. No <i>[Go to g]</i> 3. Not sure <i>[Go to g]</i> w3_Q26FI | <ol style="list-style-type: none"> 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q26FII |
| g. | Extend arms out in front of you as if to shake hands | <ol style="list-style-type: none"> 1. Yes 2. No <i>[Go to h]</i> 3. Not sure <i>[Go to h]</i> w3_Q26GI | <ol style="list-style-type: none"> 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q26GII |
| h. | Grasp with your fingers or move your fingers easily | <ol style="list-style-type: none"> 1. Yes 2. No <i>[Go to i]</i> 3. Not sure <i>[Go to i]</i> w3_Q26HI | <ol style="list-style-type: none"> 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q26HII |
| i. | Lift an object weighing approximately 10kg (a big size bag of rice) | <ol style="list-style-type: none"> 1. Yes 2. No <i>[Go to Q27]</i> 3. Not sure <i>[Go to Q27]</i> w3_Q26II | <ol style="list-style-type: none"> 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q26III |
| j. | Lift an object weighing approximately 5kg (a middle size bag of rice) | <ol style="list-style-type: none"> 1. Yes 2. No <i>[Go to Q27]</i> 3. Not sure <i>[Go to Q27]</i> w3_Q26JI | <ol style="list-style-type: none"> 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q26JII |

w3_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 weighting approximately 10 kg” not used.)

w3_mobilitydiff_yesno

(Created variable: Summary measure of mobility limitations, dichotomized. *Note:* Item (i) “Lift an object weighting 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-f, repeating (i) to (ii) for each appropriate.]

Q27 [SHOWCARD] (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?

| Activities | | (i) Difficult | (ii) How difficult? |
|------------|--|--|---|
| a. | Take a bath/shower | 1. Difficult 2. Not difficult [Go to b] 3. Not sure [Go to b] w3_Q27AI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q27AII |
| b. | Dress Up | 1. Difficult 2. Not difficult [Go to c] 3. Not sure [Go to c] w3_Q27BI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q27BII |
| c. | Eat | 1. Difficult 2. Not difficult [Go to d] 3. Not sure [Go to d] w3_Q27CI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q27CII |
| 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] w3_Q27DI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q27DII |
| e. | Walk (around the house) | 1. Difficult 2. Not difficult [Go to f] 3. Not sure [Go to f] w3_Q27EI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q27EII |
| f. | Use the sitting toilet | 1. Difficult 2. Not difficult [Go to Q27g] 3. Not sure [Go to Q27g] w3_Q27FI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q27FII |

| | |
|--|---|
| w3_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 from w3_Q27AI-w3_Q27FI). | |
| w3_adldiff_yesno | |
| (Created variable: Summary measure of ADL limitations, dichotomized. This is based on the number of “Difficult” responses from w3_Q27AI - w3_Q27FI) | |
| 0: No ADL limitations | |
| 1: At least one ADL limitation | |
| [Interviewer: Only ask those who report that they find it difficult for any one of the activities in Q27a(i) to Q27f(i)] | |
| Q27g | [Interviewer: Read instruction above] You reported that you (subject) find it difficult to do one or more of the activities asked above. Do you (subject) need assistance of a person or of a device to do any of these activities? [MA] |
| 1 | Yes, assistance from a person w3_Q27GC1 0 = Not selected, 1 = Yes, human assistance |
| 2 | Yes, assistance from a device w3_Q27GC2 0 = Not selected, 1 = Yes, device assistance (Please specify: w3_Q27GC20 (For 1 st device) w3_Q27GC20_2 (For 2 nd device) w3_Q27GC20_3 (For 3 rd device)) [Go to Q29] |
| 3 | No need for assistance from a person or device [Go to Q29] w3_Q27GC3 0 = Not selected, 1 = No need for assistance from a person or device |
| 4 | Not sure [Go to Q29] w3_Q27GC4 0 = Not selected, 1 = Not sure |
| Q28 | You reported that you (subject) need assistance of a person for one or more of the activities asked above. Who, including your (subject’s) spouse, any of your (subject’s) family members, or a foreign domestic worker helped you (subject) with these activities i.e. with bathing, dressing, eating, standing up or sitting down, walking around the house or using the toilet, in the past <u>12</u> months? |

| | | | |
|--|--|---|---|
| Who provided you with this help? Number of person w3_Q28 | Do you live together in the same household? 1. Yes 2. No 3. Don't know | Gender 1. Male 2. Female 9. DK/RF | Age (in years) 999. DK/Not sure/Refused |
| 1 st Person: w3_Q28AI Other Relatives Specify: w3_Q28AIO | w3_Q28AII | w3_Q28AIII | w3_Q28AIV |
| 2 nd Person: w3_Q28BI Other Relatives Specify: w3_Q28BIO | w3_Q28BII | w3_Q28BIII | w3_Q28BIV |
| 3 rd Person: w3_Q28CI Other Relatives Specify: w3_Q28CIO | w3_Q28CII | w3_Q28CIII | w3_Q28CIV |
| 4 th Person: w3_Q28DI Other Relatives Specify: w3_Q28DIO | w3_Q28DII | w3_Q28DIII | w3_Q28DIV |
| 5 th Person: w3_Q28EI Other Relatives Specify: w3_Q28EIO | w3_Q28EII | w3_Q28EIII | w3_Q28EIV |

| | | | |
|--|----------------------------------|-----------|------------------------------|
| (For Internal Code Only – Use for w3_Q28AI to w3_Q28EI) | | | |
| 1 | Spouse | 7 | Siblings |
| 2 | Children (biological) | 8 | Brother/Sister-in-law |
| 3 | Children (adopted/step) | 9 | Grandchild |
| 4 | Sons/Daughters-in-law | 10 | Grandparents |
| 5 | Parents | 11 | Uncles/Aunts |
| 6 | Fathers/Mothers-in-law | 12 | Nephews/Nieces |
| 13 | Cousins | 14 | Foreign Domestic Worker/Maid |
| 15 | Other Relatives (Specify: _____) | | |

The next question concerns slightly more complicated tasks.

Q29 (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?
[SHOWCARD] (ii) [If “yes” (i) = 1] How difficult do you (subject) find it to _____ by yourself?

| Activities | (i) Difficult | (ii) How difficult? |
|---|--|---|
| 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] w3_Q29AI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q29AII |
| b. Leave the home to purchase necessary items or medication | 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] w3_Q29BI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q29BII |
| c. Take care of financial matters such as paying utilities (electricity, water) | 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] w3_Q29CI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q29CII |
| d. Use the phone | 1. Difficult 2. Not difficult [Go to e] 3. Do not perform activity due to a non- | 1. Somewhat difficult 2. Very difficult 3. Unable to perform |

| | | | |
|----|---|--|---|
| | | health/physical reason <i>[Go to e]</i> 4. Not sure <i>[Go to e]</i> w3_Q29DI | 4. Not sure w3_Q29DII |
| e. | Dust, clean up and other light housework | 1. Difficult 2. Not difficult <i>[Go to f]</i> 3. Do not perform activity due to a non-health/physical reason <i>[Go to f]</i> 4. Not sure <i>[Go to f]</i> w3_Q29EI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q29EII |
| f. | Take public transport to leave home | 1. Difficult 2. Not difficult <i>[Go to g]</i> 3. Do not perform activity due to a non-health/physical reason <i>[Go to g]</i> 4. Not sure <i>[Go to g]</i> w3_Q29FI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q29FII |
| g. | Take medication as prescribed | 1. Difficult 2. Not difficult <i>[Go to Q29h]</i> 3. Do not perform activity due to a non-health/physical reason <i>[Go to Q29h]</i> 4. Not sure <i>[Go to Q29h]</i> w3_Q29GI | 1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_Q29GII |

w3_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.)

w3_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

[Interviewer: Only ask those who report that they find it difficult for any one of the activities in Q29a(i) to Q29g(i)]

| | | |
|------|---|--|
| Q29h | [Interviewer: Read instruction above] You reported that you (subject) find it difficult to do one or more of the activities asked above. Do you (subject) need assistance of a person or of a device to do any of these activities? [MA] | |
| | 1 | Yes, assistance from a person w3_Q29HC1 0 = Not selected, 1 = Yes, human assistance |
| | 2 | Yes, assistance from a device w3_Q29HC2 0 = Not selected, 1 = Yes, device assistance (Please specify: w3_Q29HC20 (For 1 st device) w3_Q29HC20_2 (For 2 nd device) w3_Q29HC20_3 (For 3 rd device)) [Go to Q31] |
| | 3 | No need for assistance from a person or device [Go to Q31] w3_Q29HC3 0 = Not selected, 1 = No need for assistance from a person or device |
| | 4 | Not sure [Go to Q31] w3_Q29HC4 0 = Not selected, 1 = Not sure |

| Q30 | <p>[Interviewer: Read instruction above] You reported that you (subject) need human assistance for one or more of the activities asked above.</p> <p>Who, including your (subject's) spouse, any of your (subject's) family members, or a foreign domestic worker helped you (subject) with these activities i.e. with preparing meals, going out for shopping, taking care of financial matters, using the phone, doing housework, taking public transportation or taking medications, in the past 12 months?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|---|--|--|--|--|----------|--------|----------|----------|-----------|---------|----------|-----------------------|----------|-----------------------|-----------|------------------------------|----------|-------------------------|----------|------------|-----------|-------------------------------------|----------|-----------------------|-----------|--------------|--|--|----------|---------|-----------|--------------|----------|------------------------|-----------|----------------|
| Who provided you with this help? Number of person w3_Q30 | | Do you live together in the same household? 1. Yes 2. No 3. Don't know | Gender 1. Male 2. Female 9. DK/RF | Age (in years) 999. DK/Not sure/Refused | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1st Person: w3_Q30AI Other Relatives Specify: w3_Q30AIO | | w3_Q30AII | w3_Q30AIII | w3_Q30AIV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2nd Person: w3_Q30BI Other Relatives Specify: w3_Q30BIO | | w3_Q30BII | w3_Q30BIII | w3_Q30BIV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3rd Person: w3_Q30CI Other Relatives Specify: w3_Q30CIO | | w3_Q30CII | w3_Q30CIII | w3_Q30CIV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4th Person: w3_Q30DI Other Relatives Specify: w3_Q30DIO | | w3_Q30DII | w3_Q30DIII | w3_Q30DIV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5th Person: w3_Q30EI Other Relatives Specify: w3_Q30EIO | | w3_Q30EII | w3_Q30EIII | w3_Q30EIV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <th colspan="5">(For Internal Code Only – Use for w3_Q30AI to w3_Q30EI)</th> </tr> <tr> <td>1</td> <td>Spouse</td> <td>7</td> <td>Siblings</td> <td>13</td> <td>Cousins</td> </tr> <tr> <td>2</td> <td>Children (biological)</td> <td>8</td> <td>Brother/Sister-in-law</td> <td>14</td> <td>Foreign Domestic Worker/Maid</td> </tr> <tr> <td>3</td> <td>Children (adopted/step)</td> <td>9</td> <td>Grandchild</td> <td>15</td> <td>Other Relatives (Specify: _____)</td> </tr> <tr> <td>4</td> <td>Sons/Daughters-in-law</td> <td>10</td> <td>Grandparents</td> <td colspan="2" rowspan="3"></td> </tr> <tr> <td>5</td> <td>Parents</td> <td>11</td> <td>Uncles/Aunts</td> </tr> <tr> <td>6</td> <td>Fathers/Mothers-in-law</td> <td>12</td> <td>Nephews/Nieces</td> </tr> </table> | | | | | (For Internal Code Only – Use for w3_Q30AI to w3_Q30EI) | | | | | 1 | Spouse | 7 | Siblings | 13 | Cousins | 2 | Children (biological) | 8 | Brother/Sister-in-law | 14 | Foreign Domestic Worker/Maid | 3 | Children (adopted/step) | 9 | Grandchild | 15 | Other Relatives (Specify: _____) | 4 | Sons/Daughters-in-law | 10 | Grandparents | | | 5 | Parents | 11 | Uncles/Aunts | 6 | Fathers/Mothers-in-law | 12 | Nephews/Nieces |
| (For Internal Code Only – Use for w3_Q30AI to w3_Q30EI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Spouse | 7 | Siblings | 13 | Cousins | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Children (biological) | 8 | Brother/Sister-in-law | 14 | Foreign Domestic Worker/Maid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Children (adopted/step) | 9 | Grandchild | 15 | Other Relatives (Specify: _____) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Sons/Daughters-in-law | 10 | Grandparents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Parents | 11 | Uncles/Aunts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Fathers/Mothers-in-law | 12 | Nephews/Nieces | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q31 | <p>[SHOWCARD] For at least the past <u>six</u> months, to what extent have you (subject) been limited because of a health problem in activities people usually do? Would you say that you (subject) have been... w3_Q31</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 Severely limited | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 Limited but not severely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 Not limited at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q32 | <p>Have you (subject) recently lost weight such that your (subject's) clothing has become looser? w3_Q32</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q33 | <p>Do you (subject) have a problem with losing control of urine when you (he/she) don't want to? w3_Q33</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 4: HEALTH BEHAVIOURS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The next few questions pertain to personal habits. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q34 | <p>Do you (subject) currently smoke? w3_Q34</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|---|----------|
| 1 | Yes |
| 2 | No |
| 3 | Not sure |

w3_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

Q35 [SHOWCARD] How often do you (subject) do the following activities?

| Social Activities | | Every day | Every Week | Every month | Less than once a month | Not at all |
|--------------------|--|-----------|------------|-------------|------------------------|------------|
| a. | Attend RC/ CC/ CDC/ neighbourhood event w3_Q35A | 1 | 2 | 3 | 4 | 5 |
| b. | Attend Senior Activity Centres for exercise/ activities w3_Q35B | 1 | 2 | 3 | 4 | 5 |
| c. | Go out to eat with family members or friends w3_Q35C | 1 | 2 | 3 | 4 | 5 |
| d. | Attend church, mosque or other place of worship w3_Q35D | 1 | 2 | 3 | 4 | 5 |
| Fitness Activities | | | | | | |
| e. | Go for a walk (for exercise purposes) w3_Q35E | 1 | 2 | 3 | 4 | 5 |
| f. | Play a game of sport/exercise (e.g. Taiji, Qigong, swimming, keep fit or dancing class, etc) w3_Q35F | 1 | 2 | 3 | 4 | 5 |

SECTION 5: PHYSICAL ACTIVITY

Global Physical Activity Questionnaire (GPAQ) developed by WHO for physical activity surveillance. Available online: <http://www.who.int/chp/steps/GPAQ/en/>

Next I am going to ask you about the time you (subject) spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself (subject) to be a physically active person.

Think first about the time you (subject) spend doing work. Think of work as physical activities that you (subject) have to do either at your job or at home, such as paid or unpaid work, study/ training, household chores, mopping floors, carrying light loads, heavy lifting, digging, construction work, and walking up and down the stairs.

In answering the following questions '*vigorous-intensity activities*' are activities that require hard physical effort and cause large increases in breathing or heart rate, and '*moderate-intensity activities*' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

Work

Q36 [SHOWCARD] Does your (subject's) work involve *vigorous-intensity* activity that causes large increases in breathing or heart rate, like heavy lifting, digging or construction work for at least 10 minutes continuously? **w3_Q36**

1 Yes

2 No [Go to Q39]

| | |
|---|--|
| Q37 | In a typical week, on how many days do you (subject) do <i>vigorous</i> -intensity activities as part of your (his/her) work? w3_Q37 _____ Days a week |
| Q38 | On a typical day on which you (subject) do <i>vigorous</i> -intensity activities, how much time (in total) do you (subject) spend doing such work? _____ hours w3_Q38HR _____ minutes w3_Q38MIN |
| Q39 | [SHOWCARD] Does your (subject's) work involve moderate-intensity activity that causes small increases in breathing or heart rate like mopping the floor or carrying light loads or walking up and down the stairs for at least 10 minutes at a time? w3_Q39 |
| 1 | Yes |
| 2 | No [Go to Q42] |
| Q40 | In a typical week, on how many days do you (subject) do <i>moderate</i> -intensity activities as part of your (his/her) work? w3_Q40 _____ Days a week |
| Q41 | On a typical day on which you (subject) do <i>moderate</i> -intensity activities, how much time (in total) do you (subject) spend doing such work? _____ hours w3_Q41HR _____ minutes w3_Q41MIN |
| Travel to and from places | |
| The next questions exclude the physical activities at work that you have already mentioned. Now, I would like to ask you about the usual way you (subject) travel to and from places. For example, going to work, shopping, market, or church, temple or mosque or going out for lunch. | |
| Q42 | Do you (subject) walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places? w3_Q42 |
| 1 | Yes |
| 2 | No [Go to Q45] |
| Q43 | In a usual week, on how many days do you (subject) walk or bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places? w3_Q43 _____ Days a week |
| Q44 | On a typical day when you (subject) walk or bicycle (pedal cycle) for at least 10 minutes continuously, how much time (in total) do you (subject) spend walking or bicycling? _____ hours w3_Q44HR _____ minutes w3_Q44MIN |
| Recreational activities | |
| The next questions exclude the work or transport activities that you have already mentioned. Now I would like to ask you about sports, fitness, and recreational activities (leisure) such as running, football, bicycling, shopping, marketing, walking, brisk walking and swimming. | |
| Q45 | [SHOWCARD] Do you (subject) do any vigorous-intensity sports, fitness, recreational |

| | |
|--|---|
| | activities that cause large increases in breathing or heart rate like running, football or kick-boxing for at least 10 minutes continuously? w3_Q45 |
| 1 | Yes |
| 2 | No [<i>Go to Q48</i>] |
| Q46 | In a typical week, on how many days do you (subject) do <i>vigorous</i> -intensity sports, fitness or recreational activities? w3_Q46 _____ Days a week |
| Q47 | On a typical day that week, how much time on average do you (subject) spend doing <i>vigorous</i> -intensity sports, fitness or recreational activities? _____ hours w3_Q47HR _____ minutes w3_Q47MIN |
| Q48 | [<i>SHOWCARD</i>] Do you (subject) do any <i>moderate</i> -intensity sports, fitness, recreational activities that cause small increases in breathing or heart rate such as brisk walking or bicycling for at least 10 minutes continuously? w3_Q48 |
| 1 | Yes |
| 2 | No [<i>Go to Q51</i>] |
| Q49 | In a typical week, on how many days do you (subject) do <i>moderate</i> -intensity sports, fitness or recreational activities? w3_Q49 (99= DK / RF / NO RESPONSE) _____ Days a week |
| Q50 | On a typical day that week, how much time on average do you (subject) spend doing <i>moderate</i> -intensity sports, fitness or recreational activities? _____ hours w3_Q50HR _____ minutes w3_Q50MIN |
| Sedentary behavior | |
| The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting with friends, traveling in car, bus, train, taxi, reading, or watching television. Please do not include time spent sleeping. | |
| Q51 | On a typical day, how much time do you (subject) usually spend sitting or reclining? (99= DK / RF / NO RESPONSE) _____ hours w3_Q51HR _____ minutes w3_Q51MIN |
| SECTION 6: DENTAL HEALTH | |
| The next question pertains to your (subject's) ability to chew | |
| Q52 | [<i>SHOWCARD</i>] 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 (subject) are using dentures, please respond as if you (subject) were eating with your (subject's) dentures w3_Q52 |
| 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 wonton 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

Q53 **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. w3_Q53**

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

1 _____ Natural teeth in total w3_Q53O X 2 Not sure

Q54 **Do you (subject) have dentures? w3_Q54**

1 Yes

2 No

3 Not sure

SECTION 7: DEPRESSIVE SYMPTOMS & PERSONAL MASTERY

Q55_1 **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] 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 w3_Q55_1A | 0 | 1 | 2 |
| b. | I felt depressed w3_Q55_1B | 0 | 1 | 2 |
| c. | I felt that everything I did was an effort w3_Q55_1C | 0 | 1 | 2 |
| d. | My sleep was restless w3_Q55_1D | 0 | 1 | 2 |
| e. | I felt happy w3_Q55_1E | 0 | 1 | 2 |
| f. | I felt lonely w3_Q55_1F | 0 | 1 | 2 |
| g. | I felt people were unfriendly w3_Q55_1G | 0 | 1 | 2 |
| h. | I enjoyed life w3_Q55_1H | 0 | 1 | 2 |
| i. | I felt sad w3_Q55_1I | 0 | 1 | 2 |
| j. | I felt that people had disliked me w3_Q55_1J | 0 | 1 | 2 |
| k. | I could not get "going" w3_Q55_1K | 0 | 1 | 2 |

w3_cesd
 (Created variable: Summary measure of depressive symptoms, continuous, using all 11 items from w3_Q55_1A - w3_Q55_1K.)

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.

w3_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.

Q55_2 [SHOWCARD] How strongly do you agree or disagree with the following statements:

| | | Strongly Disagree | Disagree | Agree | Strongly Agree |
|----|--|-------------------|----------|-------|----------------|
| a. | I have little control over the things that happen to me w3_Q55_2A | 1 | 2 | 3 | 4 |
| b. | There is really no way I can resolve some of the problems I have w3_Q55_2B | 1 | 2 | 3 | 4 |
| c. | There is little I can do to change many of the important things in my life w3_Q55_2C | 1 | 2 | 3 | 4 |
| d. | I often feel helpless in dealing with the problems in life w3_Q55_2D | 1 | 2 | 3 | 4 |
| e. | Sometimes I feel that I'm being pushed around in life w3_Q55_2E | 1 | 2 | 3 | 4 |

w3_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 8: INCOME

Q56 [SHOWCARD] 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 | w3_Q56_F |
| Second source | w3_Q56_S |
| Third source | w3_Q56_T |

| (For Internal Coding Only) (For w3_Q56_F, w3_Q56_S and w3_Q56_T) | | | |
|---|---|-----------|--|
| 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 aid from Community Development Councils |
| 4 | Savings, life insurance, bonds, stock | 9 | Other (Please specify: _____) w3_Q56_FO, w3_Q56_SO, w3_Q56_TO |
| 5 | Financial support from children, grandchildren or relatives | 10 | Not sure |

Q57 [SHOWCARD] What is the total monthly income of this household (from all sources includes drawing down from savings)? **w3_Q57**

| | | | |
|---|---|---|--|
| | 1 | Less than \$500 | |
| | 2 | \$500-\$999 | |
| | 3 | \$1000-\$1999 | |
| | 4 | \$2000 - \$2999 | |
| | 5 | \$3000-\$3999 | |
| | 6 | \$4000-\$4999 | |
| | 7 | \$5000 and above | |
| | 8 | Refused | |
| | 9 | Don't know | |
| Q58 | [SHOWCARD] Do you feel that you have adequate income to meet your expenses per month? w3_Q58 | | |
| | 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 9: PROVISION/RECIEPT OF TRANSFERS | | | |
| Q59 | Do you (subject) have grandchildren? w3_Q59 | | |
| | 1 Yes | 2 No [Go to Q62] 3 Don't know [Go to Q62] | |
| Q60 | In the past 12 months, have you (subject) provided assistance to baby sit your (his/her) grandchildren? w3_Q60 | | |
| | 1 Yes | 2 No [Go to Q62] 3 Don't know [Go to Q62] | |
| Q61 | If Yes, then how often have you (subject) provided assistance to baby sit your (his/her) grandchildren? w3_Q61 | | |
| | 1 Daily | 6 Less than once a year | |
| | 2 Weekly | 7 Others, (please specify: w3_Q61O _____) | |
| | 3 Once a month | e.g. Depends on need | |
| | 4 Few times a year | 8 Don't know/Can't say | |
| | 5 Once a year | | |
| Q62 | In the past 12 months, have you provided money to any of your family members, other than your spouse? w3_Q62 | | |
| | 1 Yes | 2 No [Go to Q65] 3 Don't know [Go to Q65] | |
| Q63 | If Yes, then please answer the questions below: | | |
| Who did you provide money to? (Number of person: w3_Q63) | Do you live together in the same household? 1. Yes 2. No 3. Don't Know | Gender 1. Male 2. Female 9. DK/Refused | Age (in years) (99. DK/Refused) |
| w3_Q63AI (1 st person) | w3_Q63AII | w3_Q63AIII | w3_Q63AIV |
| w3_Q63BI (2 nd person) | w3_Q63BII | w3_Q63BIII | w3_Q63BIV |
| w3_Q63CI (3 rd person) | w3_Q63CII | w3_Q63CIII | w3_Q63CIV |
| w3_Q63DI (4 th person) | w3_Q63DII | w3_Q63DIII | w3_Q63DIV |
| w3_Q63EI (5 th person) | w3_Q63EII | w3_Q63EIII | w3_Q63EIV |

| (For Internal Code Only – Use for w3_Q63AI, w3_Q63BI, w3_Q63CI, w3_Q63DI, w3_Q63EI) | | | | | | |
|--|---|--|-----------------------|--|--|------------------------|
| 1 | Children (biological) | 6 | Siblings | 11 | Nephews/Nieces | |
| 2 | Children (adopted/step) | 7 | Brother/Sister-in-law | 12 | Cousins | |
| 3 | Sons/Daughters-in-law | 8 | Grandchild | 13 | Other Relatives (Specify: _____) w3_Q63AIO, w3_Q63BIO, w3_Q63CIO, w3_Q63DIO, w3_Q63EIO | |
| 4 | Parents | 9 | Grandparents | | | |
| 5 | Fathers/Mothers-in-law | 10 | Uncles/Aunts | | | |
| | | | | | | |
| Q64 | How much money did you provide in the past 12 months (Round off to nearest SGD\$) w3_Q64 (99999999= DK / RF / NO RESPONSE) _____ | | | | | |
| Q65 | In the past 12 months, did you (subject) provide housework help or help with cooking to any of your (his/her) family members, other than your (his/her) spouse? w3_Q65 | | | | | |
| | 1 | Yes | 2 | No [Go to Q67] | 3 | Don't know [Go to Q67] |
| Q66 | If Yes, then please answer the questions below: | | | | | |
| | Who did you (subject) help with housework or cooking? (Number of person: w3_Q66) | Do you (subject) live together in the same household? | Gender | Age (in years) (99. DK/Refused) | | |
| | | 1. Yes | 1. Male | | | |
| | | 2. No | 2. Female | | | |
| | | 3. Don't Know | 9. DK/Refused | | | |
| | w3_Q66AI (1 st person) | w3_Q66AII | w3_Q66AIII | w3_Q66AIV | | |
| | w3_Q66BI (2 nd person) | w3_Q66BII | w3_Q66BIII | w3_Q66BIV | | |
| | w3_Q66CI (3 rd person) | w3_Q66CII | w3_Q66CIII | w3_Q66CIV | | |
| | w3_Q66DI (4 th person) | w3_Q66DII | w3_Q66DIII | w3_Q66DIV | | |
| | w3_Q66EI (5 th person) | w3_Q66EII | w3_Q66EIII | w3_Q66EIV | | |
| | w3_Q66FI (6 th person) | w3_Q66FII | w3_Q66FIII | w3_Q66FIV | | |
| | | | | | | |
| | | | | | | |
| (For Internal Code Only – Use for w3_Q66AI, w3_Q66BI, w3_Q66CI, w3_Q66DI, w3_Q66EI, w3_Q66FI) | | | | | | |
| 1 | Children (biological) | 6 | Siblings | 11 | Nephews/Nieces | |
| 2 | Children (adopted/step) | 7 | Brother/Sister-in-law | 12 | Cousins | |
| 3 | Sons/Daughters-in-law | 8 | Grandchild | 13 | Other Relatives (Specify: _____) w3_Q66AIO, w3_Q66BIO, w3_Q66CIO, w3_Q66DIO, w3_Q66EIO, w3_Q66FIO | |
| 4 | Parents | 9 | Grandparents | | | |
| 5 | Fathers/Mothers-in-law | 10 | Uncles/Aunts | | | |
| | | | | | | |
| Q67 | In the past 12 months did you (subject) provide food or clothes to any of your (his/her) family members, other than your (his/her) spouse? w3_Q67 | | | | | |
| | 1 | Yes | 2 | No [Go to Q69] | 3 | Don't know [Go to Q69] |
| Q68 | If Yes, then please answer the questions below: | | | | | |
| | Which relative did you (subject) provide food or clothes to? (Number of person: w3_Q68) | Do you (subject) live together in the same household? | Gender | Age (in years) (99. DK/Refused) | | |
| | | 1. Yes | 1. Male | | | |
| | | 2. No | 2. Female | | | |
| | | 3. Don't Know | 9. DK/Refused | | | |
| | w3_Q68AI (1 st person) | w3_Q68AII | w3_Q68AIII | w3_Q68AIV | | |
| | w3_Q68BI (2 nd person) | w3_Q68BII | w3_Q68BIII | w3_Q68BIV | | |
| | w3_Q68CI (3 rd person) | w3_Q68CII | w3_Q68CIII | w3_Q68CIV | | |

| | | | |
|--|---|--|---|
| w3_Q68DI (4 th person) | w3_Q68DII | w3_Q68DIII | w3_Q68DIV |
| w3_Q68EI (5 th person) | w3_Q68EII | w3_Q68EIII | w3_Q68EIV |
| w3_Q68FI (6 th person) | w3_Q68FII | w3_Q68FIII | w3_Q68FIV |
| w3_Q68GI (7 th person) | w3_Q68GII | w3_Q68GIII | w3_Q68GIV |
| w3_Q68HI (8 th person) | w3_Q68HII | w3_Q68HIII | w3_Q68HIV |
| (For Internal Code Only – Use for w3_Q68AI, w3_Q68BI, w3_Q68CI, w3_Q68DI, w3_Q68EI, w3_Q68FI, w3_Q68GI, w3_Q68HI) | | | |
| 1 | Children (biological) | 6 | Siblings |
| 2 | Children (adopted/step) | 7 | Brother/Sister-in-law |
| 3 | Sons/Daughters-in-law | 8 | Grandchild |
| 4 | Parents | 9 | Grandparents |
| 5 | Fathers/Mothers-in-law | 10 | Uncles/Aunts |
| 11 | Nephews/Nieces | | |
| 12 | Cousins | | |
| 13 | Other Relatives (Specify: _____) | | w3_Q68AIO, w3_Q68BIO, w3_Q68CIO, w3_Q68DIO, w3_Q68EIO, w3_Q68FIO, w3_Q68GIO, w3_Q68HIO |
| Q69 | In the past 12 months, did you provide emotional support or advice to any of your family members, other than your spouse? w3_Q69 | | |
| | 1 Yes | 2 No [Go to Q71] | 3 Don't know [Go to Q71] |
| Q70 | If yes, then please answer the questions below: | | |
| Who did you provide emotional support or advice to? (Number of person: w3_Q70) | | Do you live together in the same household? 1. Yes 2. No 3. Don't Know | Gender 1. Male 2. Female 9. DK/Refused |
| Age (in years) (99. DK/Refused) | | | |
| w3_Q70AI (1 st person) | w3_Q70AII | w3_Q70AIII | w3_Q70AIV |
| w3_Q70BI (2 nd person) | w3_Q70BII | w3_Q70BIII | w3_Q70BIV |
| w3_Q70CI (3 rd person) | w3_Q70CII | w3_Q70CIII | w3_Q70CIV |
| w3_Q70DI (4 th person) | w3_Q70DII | w3_Q70DIII | w3_Q70DIV |
| w3_Q70EI (5 th person) | w3_Q70EII | w3_Q70EIII | w3_Q70EIV |
| w3_Q70FI (6 th person) | w3_Q70FII | w3_Q70FIII | w3_Q70FIV |
| (For Internal Code Only – Use for w3_Q70AI, w3_Q70BI, w3_Q70CI, w3_Q70DI, w3_Q70EI, w3_Q70FI) | | | |
| 1 | Children (biological) | 6 | Siblings |
| 2 | Children (adopted/step) | 7 | Brother/Sister-in-law |
| 3 | Sons/Daughters-in-law | 8 | Grandchild |
| 4 | Parents | 9 | Grandparents |
| 5 | Fathers/Mothers-in-law | 10 | Uncles/Aunts |
| 11 | Nephews/Nieces | | |
| 12 | Cousins | | |
| 13 | Other Relatives (Specify: _____) | | w3_Q70AIO, w3_Q70BIO, w3_Q70CIO, w3_Q70DIO, w3_Q70EIO, w3_Q70FIO, |
| RECEIPT OF TRANSFERS | | | |
| Q71 | In the past 12 months, have you received money from any of your family members, other than your spouse? w3_Q71 | | |
| | 1 Yes | 2 No [Go to Q73] | 3 Don't know [Go to Q73] |
| Q72 | If Yes, then please answer the questions below: | | |
| Who provided you money? (Number of person: w3_Q72) | | Do you live together in the same household? 1. Yes | Gender 1. Male |
| Age (in years) (99. DK/Refused) | | | |

| | | | |
|--|---|---|--|
| | 2. No 3. Don't Know | 2. Female 9. DK/Refused | |
| w3_Q72AI (1 st person) | w3_Q72AII | w3_Q72AIII | w3_Q72AIV |
| w3_Q72BI (2 nd person) | w3_Q72BII | w3_Q72BIII | w3_Q72BIV |
| w3_Q72CI (3 rd person) | w3_Q72CII | w3_Q72CIII | w3_Q72CIV |
| w3_Q72DI (4 th person) | w3_Q72DII | w3_Q72DIII | w3_Q72DIV |
| w3_Q72EI (5 th person) | w3_Q72EII | w3_Q72EIII | w3_Q72EIV |
| w3_Q72FI (6 th person) | w3_Q72FII | w3_Q72FIII | w3_Q72FIV |
| w3_Q72GI (7 th person) | w3_Q72GII | w3_Q72GIII | w3_Q72GIV |
| w3_Q72HI (8 th person) | w3_Q72HII | w3_Q72HIII | w3_Q72HIV |
| w3_Q72II (9 th person) | w3_Q72III | w3_Q72IIII | w3_Q72IIV |
| w3_Q72JI (10 th person) | w3_Q72JII | w3_Q72JIII | w3_Q72JIV |
| (For Internal Code Only – Use for w3_Q72AI, w3_Q72BI, w3_Q72CI, w3_Q72DI, w3_Q72EI, w3_Q72FI, w3_Q72GI, w3_Q72HI, w3_Q72II, w3_Q72JI) | | | |
| 1 | Children (biological) | 6 | Siblings |
| 2 | Children (adopted/step) | 7 | Brother/Sister-in-law |
| 3 | Sons/Daughters-in-law | 8 | Grandchild |
| 4 | Parents | 9 | Grandparents |
| 5 | Fathers/Mothers-in-law | 10 | Uncles/Aunts |
| 11 | Nephews/Nieces | | |
| 12 | Cousins | | |
| 13 | Other Relatives (Specify: _____) | | |
| | | | w3_Q72AIO, w3_Q72BIO, w3_Q72CIO, w3_Q72DIO, w3_Q72EIO, w3_Q72FIO, w3_Q72GIO, w3_Q72HIO, w3_Q72IIO, w3_Q72JIO |
| Q72a | How much money did you receive in the past 12 months? (Round off to the nearest SGD\$) w3_Q72A (99999999= DK / RF / NO RESPONSE) | | |
| Q73 | In the past 12 months, did you (subject) receive housework help from any of your (his/her) family members, other than your (his/her) spouse? w3_Q73 | | |
| | 1 Yes | 2 No [Go to Q75] | 3 Don't know [Go to Q75] |
| Q74 | If Yes, then please answer the questions below: | | |
| Who helped you (subject) with housework? (Number of person: w3_Q74) | Do you (subject) live together in the same household? 1. Yes 2. No 3. Don't Know | Gender 1. Male 2. Female 9. DK/Refused | Age (in years) (99. DK/Refused) |
| w3_Q74AI (1 st person) | w3_Q74AII | w3_Q74AIII | w3_Q74AIV |
| w3_Q74BI (2 nd person) | w3_Q74BII | w3_Q74BIII | w3_Q74BIV |
| w3_Q74CI (3 rd person) | w3_Q74CII | w3_Q74CIII | w3_Q74CIV |
| w3_Q74DI (4 th person) | w3_Q74DII | w3_Q74DIII | w3_Q74DIV |
| w3_Q74EI (5 th person) | w3_Q74EII | w3_Q74EIII | w3_Q74EIV |
| w3_Q74FI (6 th person) | w3_Q74FII | w3_Q74FIII | w3_Q74FIV |
| w3_Q74GI (7 th person) | w3_Q74GII | w3_Q74GIII | w3_Q74GIV |

| | | | | | | | |
|--|--|---|-----------------------|---|--|--|--|
| w3_Q74HI (8 th person) | | w3_Q74HII | | w3_Q74HIII | | w3_Q74HIV | |
| (For Internal Code Only – Use for w3_Q74AI, w3_Q74BI, w3_Q74CI, w3_Q74DI, w3_Q74EI, w3_Q74FI, w3_Q74GI, w3_Q74HI) | | | | | | | |
| 1 | Children (biological) | 6 | Siblings | 11 | Nephews/Nieces | | |
| 2 | Children (adopted/step) | 7 | Brother/Sister-in-law | 12 | Cousins | | |
| 3 | Sons/Daughters-in-law | 8 | Grandchild | 13 | Other Relatives (Specify: _____) w3_Q74AIO, w3_Q74BIO, w3_Q74CIO, w3_Q74DIO, w3_Q74EIO, w3_Q74FIO, w3_Q74GIO, w3_Q74HIO | | |
| 4 | Parents | 9 | Grandparents | | | | |
| 5 | Fathers/Mothers-in-law | 10 | Uncles/Aunts | | | | |
| Q75 | In the past 12 months, did you (subject) receive food, clothes, or other material goods from any of your (his/her) family members, other than your (his/her) spouse? w3_Q75 | | | | | | |
| | 1 | Yes | 2 | No [Go to Q77] | 3 | Don't know [Go to Q77] | |
| Q76 | If Yes, then please answer the questions below: | | | | | | |
| Who helped you (subject) with food, clothes, or other material goods? (Number of person: w3_Q76) | | Do you (subject) live together in the same household? 1. Yes 2. No 3. Don't Know | | Gender 1. Male 2. Female 9. DK/Refused | | Age (in years) (99. DK/Refused) | |
| w3_Q76AI (1 st person) | | w3_Q76AII | | w3_Q76AIII | | w3_Q76AIV | |
| w3_Q76BI (2 nd person) | | w3_Q76BII | | w3_Q76BIII | | w3_Q76BIV | |
| w3_Q76CI (3 rd person) | | w3_Q76CII | | w3_Q76CIII | | w3_Q76CIV | |
| w3_Q76DI (4 th person) | | w3_Q76DII | | w3_Q76DIII | | w3_Q76DIV | |
| w3_Q76EI (5 th person) | | w3_Q76EII | | w3_Q76EIII | | w3_Q76EIV | |
| w3_Q76FI (6 th person) | | w3_Q76FII | | w3_Q76FIII | | w3_Q76FIV | |
| w3_Q76GI (7 th person) | | w3_Q76GII | | w3_Q76GIII | | w3_Q76GIV | |
| w3_Q76HI (8 th person) | | w3_Q76HII | | w3_Q76HIII | | w3_Q76HIV | |
| w3_Q76II (9 th person) | | w3_Q76III | | w3_Q76IIII | | w3_Q76IIV | |
| w3_Q76JI (10 th person) | | w3_Q76JII | | w3_Q76JIII | | w3_Q76JIV | |
| (For Internal Code Only – Use for w3_Q76AI, w3_Q76BI, w3_Q76CI, w3_Q76DI, w3_Q76EI, w3_Q76FI, w3_Q76GI, w3_Q76HI, w3_Q76II, w3_Q76JI) | | | | | | | |
| 1 | Children (biological) | 6 | Siblings | 11 | Nephews/Nieces | | |
| 2 | Children (adopted/step) | 7 | Brother/Sister-in-law | 12 | Cousins | | |
| 3 | Sons/Daughters-in-law | 8 | Grandchild | 13 | Other Relatives (Specify: _____) w3_Q76AIO, w3_Q76BIO, w3_Q76CIO, w3_Q76DIO, w3_Q76EIO, w3_Q76FIO, w3_Q76GIO, w3_Q76HIO, w3_Q76IIO, w3_Q76JIO | | |
| 4 | Parents | 9 | Grandparents | | | | |
| 5 | Fathers/Mothers-in-law | 10 | Uncles/Aunts | | | | |
| Q77 | In the past 12 months, did you receive emotional support or advice from any of your family members, other than your spouse? w3_Q77 | | | | | | |
| | 1 | Yes | 2 | No [Go to Q79] | 3 | Don't know [Go to Q79] | |
| Q78 | If Yes, then please answer the questions below: | | | | | | |

| Who gave you emotional support or advice? (Number of person: w3_Q78) | Do you live together in the same household? 1. Yes 2. No 3. Don't Know | Gender 1. Male 2. Female 9. DK/Refused | Age (in years) (99. DK/Refused) | | |
|---|--|--|--|--------------|--|
| w3_Q78AI (1 st person) | w3_Q78AII | w3_Q78AIII | w3_Q78AIV | | |
| w3_Q78BI (2 nd person) | w3_Q78BII | w3_Q78BIII | w3_Q78BIV | | |
| w3_Q78CI (3 rd person) | w3_Q78CII | w3_Q78CIII | w3_Q78CIV | | |
| w3_Q78DI (4 th person) | w3_Q78DII | w3_Q78DIII | w3_Q78DIV | | |
| w3_Q78EI (5 th person) | w3_Q78EII | w3_Q78EIII | w3_Q78EIV | | |
| w3_Q78FI (6 th person) | w3_Q78FII | w3_Q78FIII | w3_Q78FIV | | |
| w3_Q78GI (7 th person) | w3_Q78GII | w3_Q78GIII | w3_Q78GIV | | |
| w3_Q78HI (8 th person) | w3_Q78HII | w3_Q78HIII | w3_Q78HIV | | |
| w3_Q78II (9 th person) | w3_Q78III | w3_Q78IIII | w3_Q78IIIV | | |
| w3_Q78JI (10 th person) | w3_Q78JII | w3_Q78JIII | w3_Q78JIV | | |
| (For Internal Code Only – Use for w3_Q78AI, w3_Q78BI, w3_Q78CI, w3_Q78DI, w3_Q78EI, w3_Q78FI, w3_Q78GI, w3_Q78HI, w3_Q78II, w3_Q78JI) | | | | | |
| 1 | Children (biological) | 6 | Siblings | 11 | Nephews/Nieces |
| 2 | Children (adopted/step) | 7 | Brother/Sister-in-law | 12 | Cousins |
| 3 | Sons/Daughters-in-law | 8 | Grandchild | 13 | Other Relatives (Specify: _____) w3_Q78AIO, w3_Q78BIO, w3_Q78CIO, w3_Q78DIO, w3_Q78EIO, w3_Q78FIO, w3_Q78GIO, w3_Q78HIO, w3_Q78IIO, w3_Q78JIO |
| 4 | Parents | 9 | Grandparents | | |
| 5 | Fathers/Mothers-in-law | 10 | Uncles/Aunts | | |
| | | | | | |
| SECTION 10: PIONEER GENERATION PACKAGE & HEALTH INSURANCE | | | | | |
| Singapore citizens who were born on or before 31 st December 1949 and obtained citizenship on or before 31 st December 1986 have been provided with a Pioneer Generation Package. The Pioneer Generation card, which can be used for seeking different kinds of health care services, is part of the package. | | | | | |
| Q79 | For which of the following health care services can the Pioneer Generation card be used? | | | | |
| | 1 | Nursing Home w3_Q79_1 | 1. Yes | 2. No | 3. Don't know |
| | 2 | Government Polyclinic w3_Q79_2 | 1. Yes | 2. No | 3. Don't know |
| | 3 | Private General Practitioner (GP) w3_Q79_3 | 1. Yes | 2. No | 3. Don't know |
| | 4 | Specialist Outpatient Clinic (SOC) w3_Q79_4 | 1. Yes | 2. No | 3. Don't know |
| | 5 | Dental Clinic w3_Q79_5 | 1. Yes | 2. No | 3. Don't know |
| | 6 | Traditional Chinese Medicine (TCM) w3_Q79_6 | 1. Yes | 2. No | 3. Don't know |
| Q80 | Do you (subject) have a Pioneer Generation card? w3_Q80 | | | | |
| | 1 | Yes | | | |

| | | | | |
|---|--|---|-----------------------------------|-------------------------|
| | 2 | No <i>[Go to Q83]</i> | | |
| | 3 | Don't know <i>[Go to Q83]</i> | | |
| Q81 | Have you (subject) used the Pioneer Generation card for any health care service in the last three months? w3_Q81 | | | |
| | 1 | Yes | | |
| | 2 | No <i>[Go to Q83]</i> | | |
| | 3 | Don't know <i>[Go to Q83]</i> | | |
| Q82 | [SHOWCARD] For which services did you (subject) use the Pioneer Generation card in the last three months? [MA] (0=Not selected, 1=Selected) | | | |
| | 1 | Private General Practitioner (GP) w3_Q82C1 | | |
| | 2 | Government Polyclinic w3_Q82C2 | | |
| | 3 | Specialist Outpatient Clinic (SOC) w3_Q82C3 | | |
| | 4 | Dental Clinic w3_Q82C4 | | |
| SECTION 11: HEALTH CARE UTILIZATION | | | | |
| Q83 | Now I would like to ask you about (subject's) contact with health professionals and services | | | |
| | (i) During the last three months, did you (subject) ... | | | |
| | No | Yes | | |
| | (ii) Number of times in the last three months | (iii) Number of doctors or practitioners seen in the last three months | | |
| a. see or talk to a private general practitioner (GP) or a doctor in a public or private hospital or a polyclinic for a health problem you (subject) were facing? w3_Q83AI | 2 <i>[Go to b]</i> | 1 → | time(s) w3_Q83AII (999 =DK) | w3_Q83AIII (999 =DK) |
| b. see or talk to a Traditional Chinese Medicine (TCM) practitioner or a traditional healer for a health problem you (subject) were facing? w3_Q83BI | 2 <i>[Go to Q84]</i> | 1 → | time(s) w3_Q83BII (999 =DK) | w3_Q83BIII (999 =DK) |
| [Interviewer: If Q83(i).a. = 1 (Yes) AND Q83(i).b. = 1 (Yes), then proceed to Q84; or If Q83(iii).a > 1 OR Q83(iii).b >1, then proceed to Q84. | | | | |
| Else, proceed to Q86] | | | | |
| Q84 | [Interviewer: Read instruction above before proceeding] You report that you (subject) saw or talked to at least two different doctors or practitioners in the last three months. Were these consultations for the same health problem you (subject) were facing? w3_Q84 | | | |
| | 1 | Yes | | |
| | 2 | No <i>[Go to Q86]</i> | | |
| | 3 | Don't know <i>[Go to Q86]</i> | | |
| Q85 | [SHOWCARD] How often were you (subject) confused about the advice provided by the different doctors or practitioners? w3_Q85 | | | |
| | 1 | Never | | |
| | 2 | Rarely | | |
| | 3 | Sometimes | | |

| | | |
|--|---|---|
| | 4 | Frequently |
| | 5 | Always |
| Q86 | During the last six months, did you (subject) go to a hospital emergency room for help with a health problem you (subject) were facing? | |
| | 1 Yes | 2 No [Go to Q88] w3_Q86 |
| Q87 | Number of times in the last six months? w3_Q87 (999= DK / RF / NO RESPONSE) _____ times | |
| Q88 | During the last six months, were you (subject) admitted to a public or private hospital (By admitted, I mean you (he/she) was kept in a hospital for at least one night in a hospital bed)? w3_Q88 | |
| | 1 Yes | 2 No [Go to Q90] |
| Q89 | | |
| (i) Number of Nights, over all admissions during the last six months w3_Q89I (999= DK / NOT SURE) | | (ii) How long was your (subject's) last admission? w3_Q89II (999= DK / NOT SURE) |
| _____ nights | | _____ nights |
| Q90 | In the past year, how many times have you (subject) been admitted to a public or private hospital? w3_Q90 (999= DK / RF / NOT SURE) | |
| | 1= 0 | 2= 1-2 3= ≥2 |

SECTION 12: LITERACY, MEDICATION USE and HEALTH LITERACY

LITERACY (of Subject)

| | | | | |
|-------------|---|---|---|---|
| Q91 | The next few questions pertain to your (subject's) reading ability | | | |
| | | (i) Are you (subject) able to read in... | (ii) Can you (subject) read this language well enough to understand a daily newspaper written in it? | (iii) If Yes, would you say that you (subject) can read the newspaper... |
| (a) English | 1 Yes [go to (ii)] 2 No [go to (b)] w3_Q91AI | 1 Yes [go to (iii)] 2 No [go to (b)] w3_Q91AII | 1 A little 2 Some 3 Completely w3_Q91AIII | |
| (b) Chinese | 1 Yes [go to (ii)] 2 No [go to (c)] w3_Q91BI | 1 Yes [go to (iii)] 2 No [go to (c)] w3_Q91BII | 1 A little 2 Some 3 Completely w3_Q91BIII | |
| (c) Malay | 1 Yes [go to (ii)] 2 No [go to (d)] w3_Q91CI | 1 Yes [go to (iii)] 2 No [go to (d)] w3_Q91CII | 1 A little 2 Some 3 Completely w3_Q91CIII | |
| (d) Tamil | 1 Yes [go to (ii)] 2 No [go to (e)] w3_Q91DI | 1 Yes [go to (iii)] 2 No [go to (e)] w3_Q91DII | 1 A little 2 Some 3 Completely | |

| | | | |
|--|---|---|------------------|
| | | | w3_Q91DII |
| | (e) Are you (subject) able to read in any other language? w3_Q91E | 1 Yes (Please specify: _____ w3_Q91EO) 2 No | |
| MEDICATION USE (of Subject) | | | |
| Q92 | Do you (subject) currently take any prescription medications on a regular basis? w3_Q92 | | |
| | 1 | Yes | |
| | 2 | No <i>[Go to Q97]</i> | |
| Q93 | How many different prescription medications do you (subject) take on a regular basis? w3_Q93 | | |
| | 1 | _____ w3_Q930 / 2 Don't know / 3 Not sure | |
| Q94 | [SHOWCARD] In the <u>last one month</u> , how often did you take your medications as prescribed by the doctor? w3_Q94 | | |
| | 1 | All of the time | |
| | 2 | Nearly all of the time | |
| | 3 | Most of the time | |
| | 4 | About half of the time | |
| | 5 | Less than half of the time | |
| Q95 | [SHOWCARD] How confident do you feel that you are able to take your prescribed medications correctly? w3_Q95 | | |
| | 1 | Extremely | |
| | 2 | Quite a bit | |
| | 3 | Somewhat | |
| | 4 | A little bit | |
| | 5 | Not at all | |
| Q96 | At times do you (subject) forget to take your (subject's) prescription medications? w3_Q96 | | |
| | 1 | Yes | |
| | 2 | No | |
| Q97 | [Interviewer: Read instructions above.] [Interviewer: Please ask only if a proxy is responding for the subject] Have you ever been involved in giving any prescription medications to the subject? w3_Q97 1 Yes <i>[Go to Q98]</i> 2 No <i>[Please convey to the respondent that this marks the end of the questionnaire. Thank the respondent for his or her cooperation.]</i> | | |
| [Interviewer: The subsequent questions are to be asked from a proxy only if he or she reports being ever involved in giving any prescription medications to the subject (i.e. Response to Q97= 1 (Yes). Note that for Q98 to Q104, the proxy has to respond as himself or herself and NOT on behalf of the subject]. [Interviewer: If a proxy is eligible for responding to the next set of questions, say...] Please respond to the next set of questions as yourself and NOT on behalf of the subject. | | | |
| LITERACY (of Proxy, if eligible) | | | |
| Q98 | The next few questions pertain to your reading ability | | |

| | (i) Are you (subject) able to <u>read</u> in... | (ii) Can you read this language well enough to understand a daily newspaper written in it? | (iii) If Yes, would you say that you can read the newspaper... |
|--|---|---|--|
| (a) English | 1 Yes [<i>go to (ii)</i>] 2 No [<i>go to (b)</i>] w3_Q98AI | 1 Yes [<i>go to (iii)</i>] 2 No [<i>go to (b)</i>] w3_Q98AII | 1 A little 2 Some 3 Completely w3_Q98AIII |
| (b) Chinese | 1 Yes [<i>go to (ii)</i>] 2 No [<i>go to (c)</i>] w3_Q98BI | 1 Yes [<i>go to (iii)</i>] 2 No [<i>go to (c)</i>] w3_Q98BII | 1 A little 2 Some 3 Completely w3_Q98BIII |
| (c) Malay | 1 Yes [<i>go to (ii)</i>] 2 No [<i>go to (d)</i>] w3_Q98CI | 1 Yes [<i>go to (iii)</i>] 2 No [<i>go to (d)</i>] w3_Q98CII | 1 A little 2 Some 3 Completely w3_Q98CIII |
| (d) Tamil | 1 Yes [<i>go to (ii)</i>] 2 No [<i>go to (e)</i>] w3_Q98DI | 1 Yes [<i>go to (iii)</i>] 2 No [<i>go to (e)</i>] w3_Q98DII | 1 A little 2 Some 3 Completely w3_Q98DIII |
| (e) Are you able to read in any other language? w3_Q98E | | 1 Yes (Please specify: _____ w3_Q98EO) 2 No | |

MEDICATION USE (of Proxy, if eligible)

| | | |
|------|---|---|
| Q99 | Do you currently take any prescription medications on a regular basis? w3_Q99 | |
| | 1 | Yes |
| | 2 | No [<i>Go to Q103</i>] |
| Q100 | How many different prescription medications do you take on a regular basis? w3_Q100 | |
| | 1 | _____ w3_Q100O / 2 Don't know / 3 Not sure |
| Q101 | [SHOWCARD] In the last one month, how often did you take your medications as prescribed by the doctor? w3_Q101 | |
| | 1 | All of the time |
| | 2 | Nearly all of the time |
| | 3 | Most of the time |
| | 4 | About half of the time |
| | 5 | Less than half of the time |
| Q102 | [SHOWCARD] How confident do you feel that you are able to take your prescribed medications correctly? w3_Q102 | |
| | 1 | Extremely |
| | 2 | Quite a bit |
| | 3 | Somewhat |
| | 4 | A little bit |

| | | |
|---|---|--|
| | 5 | Not at all |
| Q102a | At times do you forget to take your prescription medications? w3_Q102A | |
| | 1 | Yes |
| | 2 | No |
| Q103 | Have you ever been diagnosed by a medical professional with diabetes? w3_Q103 | |
| | 1 | Yes |
| | 2 | No |
| | 3 | Not sure |
| Q104 | Have you ever been diagnosed by a medical professional with high blood pressure or hypertension? w3_Q104 | |
| | 1 | Yes |
| | 2 | No |
| | 3 | Not sure |
| HEALTH LITERACY (of Subject, or of Proxy, if eligible) | | |
| Q105 | [SHOWCARD] How often do you have someone (like a family member, friend, hospital/clinic worker, or caregiver) help you read hospital materials? w3_Q105 | |
| | 1 | Always |
| | 2 | Often |
| | 3 | Sometimes |
| | 4 | Occasionally |
| | 5 | Never |
| Q106 | [SHOWCARD] How often do you have problems learning about your medical condition because of difficulty understanding written information? w3_Q106 | |
| | 1 | Always |
| | 2 | Often |
| | 3 | Sometimes |
| | 4 | Occasionally |
| | 5 | Never |
| Q107 | [SHOWCARD] How often are you unsure on how to take your medications correctly because of problems understanding written instructions on the medication packet or bottle label? w3_Q107 | |
| | 1 | Always |
| | 2 | Often |
| | 3 | Sometimes |
| | 4 | Occasionally |
| | 5 | Never [Go to Q109] |
| Q108 | [SHOWCARD] The last time you had problems understanding written instructions on the medication packet or bottle label <i>at home</i>, what did you do? w3_Q108 | |
| | 1 | Sought help from a family member |
| | 2 | Sought help from a maid / helper |
| | 3 | Did not seek help from anybody and took the medicine |
| | 4 | Did not seek help from anybody and did not take the medicine |
| | 5 | Others (Specify: _____ w3_Q108O) |
| Q109 | [SHOWCARD] How confident are you filling out medical forms by yourself? w3_Q109 | |
| | 1 | Extremely |
| | 2 | Quite a bit |

| | |
|------|--|
| | <ul style="list-style-type: none">3 Somewhat4 A little bit5 Not at all |
| Q110 | <p>[SHOWCARD] How confident do you feel you are able to follow the instructions on the label of a medication packet or bottle? w3_Q110</p> <ul style="list-style-type: none">1 Extremely2 Quite a bit3 Somewhat4 A little bit5 Not at all |

POST INTERVIEW: OBSERVATIONS OF THE INTERVIEWER

[Interviewer: Please fill in the following questions based on your observations during the interview.]

I1 Please record the language used to conduct the survey [MA]: (0=Not selected, 1=Selected)

- | | | | | | |
|---|-------------------------|---|----------------------|---|--|
| 1 | English w3_L1C1 | 3 | Malay w3_L1C3 | 5 | Others w3_L1C15 (Please specify: _____ w3_L1C50) |
| 2 | Mandarin w3_L1C2 | 4 | Tamil w3_L1C4 | | |

| | | | |
|--|--|---|-----------------|
| Singapore Assessment for Frailty in Elderly - Building upon the Panel on Health and Aging of Singaporean Elderly, 2015 (SAFE-PHASE, 2015) | | <i>For Official Use</i> | |
| <u>Anthropometry and Performance Measurement Sheet</u> | | | |
| 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 | | | |
| SAFE-PHASE CASE NO.: | | NAME OF RESPONDENT: | |
| Going to key in 3 (anthropometry) or end data entry? w3_SURVEY3 | | 1 3 (anthropometry) 2 (NO anthropometry) | |
| <i>[Interviewer: Fill in the following information after you have completed the questionnaire.]</i> | | | |
| INTERVIEWER: | | DATE OF INTERVIEW: | w3_DATE3 |
| TIME STARTED: | | TIME ENDED: | |
| TOTAL TIME TAKEN FOR MEASUREMENT: | w3_TIME3 | MINUTES | |
| <i>[Interviewer: Please include time used by the subject to attend to personal affairs or to rest.]</i> | | | |
| INTRODUCTION | | | |
| <p>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 7 different physical measurements, which involve gripping an object with your hands, having your blood pressure, height, weight and waist measurements taken and measuring the time taken to stand up from a chair and to walk a distance of 2.5 meters. If you have any questions now or later, please don't hesitate to ask. <i>[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 7 measurements before proceeding (e.g. subject should at least be able to sit upright).]</i></p> | | | |
| SECTION A: BLOOD PRESSURE | | | |
| Equipment needed: Omron HEM-762 Monitor, Batteries | | | |
| <p>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 <i>left</i> 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.</p> | | | |
| <i>[Interviewer: Demonstrate the test.]</i> | | | |
| Q1.1 | <i>[Interviewer: Ask in relation to <u>left</u> arm]</i> 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? w3_M1_1 | | |
| 1 | Yes <i>[Go to Q1.2]</i> | | |
| 2 | No <i>[Go to Q2]</i> | | |
| Q1.2 | <i>[Interviewer: Ask in relation to <u>right</u> arm]</i> 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? w3_M1_2 | | |
| 1 | Yes <i>[Do not complete this measure, record the reasons in Q4 and Go to Section B]</i> | | |
| 2 | No | | |
| Q2 | Do you understand the directions for this test? w3_M2 | | |
| 1 | Yes | | |
| 2 | No <i>[Do not complete this measure, record the reasons in Q4 and Go to Section B]</i> | | |

| | | |
|-----------|---|---|
| Q3 | Do you feel it would be safe for you to do this test? w3_M3 | |
| | 1 | Yes <i>[Go to Q5]</i> |
| | 2 | No <i>[Do not complete this measure, record the reasons in Q4 and Go to Section B]</i> |
| Q4 | <i>[Interviewer: Record why the respondent did not complete the blood pressure measurement] [MA]:</i> (0 =Not selected; 1= selected) | |
| | 1 | Respondent felt it would not be safe w3_M4C1 |
| | 2 | Interviewer felt it would not be safe w3_M4C2 |
| | 3 | Respondent refused or was not willing to complete the test w3_M4C3 |
| | 4 | Respondent tried but was unable to complete test w3_M4C4 |
| | 5 | Respondent did not understand the instructions w3_M4C5 |
| | 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 w3_M4C6 |
| | 7 | Other w3_M4C7 (Specify: _____ w3_M4C7O_) |

INSTRUCTIONS FOR ADMINISTERING BLOOD PRESSURE TEST:

- a) Insert arm cuff plug into jack on the side of the monitor.
- b) Instruct Respondent to remove bulky clothing from upper left arm.
- c) Instruct Respondent to sit upright in a chair with his/her feet flat on the floor and place his/her upper arm on a table.
- d) Place the cuff on the Respondent's left arm approximately ½" above the elbow. Position the green marker over the brachial artery on the inside of the arm.
- e) Press the sewn hook material firmly against the side of the cuff. [The cuff should make direct contact with the Respondent's skin]. The Respondent should easily be able to fit his/her index finger between the cuff and the arm.
- f) Instruct the Respondent to rest his/her arm comfortably on a support (like a table) with palm facing upward so the cuff is at the same level as the heart.
- g) Press the START/STOP button and instruct the Respondent to remain still. When the ♥ symbol appears on the display, press the START button. The cuff will begin to inflate automatically. Numbers will appear on the display and the ♥ symbol will blink.
- h) The cuff will then automatically deflate. The monitor will first display the SYSTOLIC and DIASTOLIC readings. RECORD time of reading and both SYSTOLIC and DIASTOLIC readings in chart below. Record the pulse identified by the letter P.
- i) Press the START/STOP button to repeat the measure. The cuff does not need to be removed or loosened in between readings. If you receive an error message, remove cuff, reposition and try again.
- j) Allow approximately 45 seconds to 1 minute between readings and repeat steps e ~ i two more times.

[Interviewer: Record measurements in chart.]

| Q5 | Measurement | Time of Reading | Systolic Reading (High) | Diastolic Reading (Low) | Pulse |
|----|-----------------|-------------------|-------------------------|-------------------------|----------|
| | | ___ : ___ am / pm | mmHg | mmHg | P |
| | 1 st | w3_M5_1T | w3_M5_1H | w3_M5_1L | w3_M5_1P |
| | | ___ : ___ am / pm | mmHg | mmHg | P |
| | 2 nd | w3_M5_2T | w3_M5_2H | w3_M5_2L | w3_M5_2P |
| | | ___ : ___ am / pm | mmHg | mmHg | P |
| | 3 rd | w3_M5_3T | w3_M5_3H | w3_M5_3L | w3_M5_3P |

Q6 [Interviewer: Record which arm was used to conduct the measurements]: w3_M6

| | | | |
|----------|----------|----------|-----------|
| 1 | Left arm | 2 | Right arm |
|----------|----------|----------|-----------|

Q7 [Interviewer: Record how compliant the Respondent was during this measurement]: w3_M7

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

Q8 [Interviewer: Record what the Respondent's position was for this test]: w3_M8

| | | | | | |
|----------|----------|----------|---------|----------|------------|
| 1 | Standing | 2 | Sitting | 3 | Lying down |
|----------|----------|----------|---------|----------|------------|

| | | | |
|----|--|---|----|
| Q9 | <i>[Interviewer: Record whether the Respondent smoked, exercised, consumed alcohol or food within the 30 minutes prior to completing the blood pressure test]: w3_M9</i> | | |
| 1 | Yes | 2 | No |
| 3 | Don't know | | |

SECTION B: SITTING & 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 resting on thighs. 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.

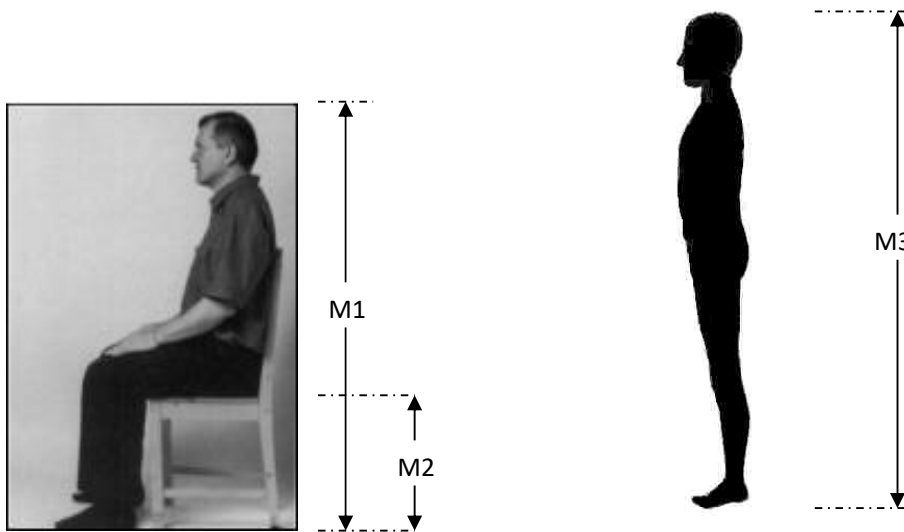
| | | | |
|-----|--|--|--|
| Q10 | <i>[Interviewer: Ask only if necessary]</i> Before we begin, do you feel you are able to stand while we do this measurement? w3_M10 | | |
| 1 | Yes | | |
| 2 | No <i>[Do not complete standing height measurement, but proceed for sitting height]</i> | | |
| Q11 | Do you understand the directions for this measurement? w3_M11 | | |
| 1 | Yes | | |
| 2 | No <i>[Do not complete this measure, record the reasons in Q13, and Go to Section C]</i> | | |
| Q12 | Do you feel it would be safe for you to do this test? w3_M12 | | |
| 1 | Yes <i>[Go to Q14]</i> | | |
| 2 | No <i>[Do not complete this measure, record the reasons in Q13, and Go to Section C]</i> | | |
| Q13 | <i>[Interviewer: Record why the Respondent's height was not measured] [MA]:</i> (0 =Not selected; 1= selected) | | |
| 1 | Respondent felt it would not be safe w3_M13C1 | | |
| 2 | Interviewer felt it would not be safe w3_M13C2 | | |
| 3 | Respondent refused or was not willing to complete the measurement w3_M13C3 | | |
| 4 | Respondent tried but was unable to complete measurement w3_M13C4 | | |
| 5 | Respondent did not understand the instructions w3_M13C5 | | |
| 6 | Respondent too tall, interviewer could not reach w3_M13C6 | | |
| 7 | There was no suitable space available w3_M13C7 | | |
| 8 | Other w3_M13C8 (Specify): _____ w3_M13C8O | | |

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 resting on thighs. The thighs are parallel, and the knees are flexed 90° (if sitting on an elevated surface) with the feet in line with the thighs.
Place a self-adhesive note on the wall near the top of the Respondent's head.
- c) 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.
Make a mark on the self-adhesive note at the bottom of the rafter's square.
- e) 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.
- f) Measure the vertical distance between the top of the head and the floor (Measurement 1).
- g) Measure the vertical distance between the sitting surface and the floor with the measuring tape
- h) (Measurement 2).
Record Respondent's height in **cm** on self-adhesive note on the wall and remove it from the wall.
- i)

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)



| <i>[Interviewer: Record measurement in chart to nearest 0.1cm (example: record 140.5 cm)]</i> | | | |
|---|--|----------------------------------|----|
| Q14 | Measurement 1 (M1) | Height | |
| | Distance from top of head to the floor (Sitting position) | _____ . ____ cm w3_M14 | |
| Q15 | Measurement 2 (M2) | Height | |
| | Distance from sitting surface to the floor | _____ . ____ cm w3_M15 | |
| Q16 | Record Sitting Height (Sitting Height = Measurement 1 – Measurement 2): | w3_M16 | cm |

| | | | |
|--|---|--|---|
| Q17 | Measurement 3 (M3) | Standing Height | |
| | Distance from top of head to the floor (Standing position) | _____ . ____ cm w3_M17 | |
| Q18 | [Interviewer: Record what the Respondent was sitting on]: w3_M18 | | |
| | 1 | Floor | 4 Stool |
| | 2 | Chair without cushion | 5 Box |
| | 3 | Cushioned chair | 6 Other (Please specify: _____ w3_M18O) |
| Q19 | [Interviewer: Record the type of floor surface]: w3_M19 | | |
| | 1 | Linoleum / wood / ceramic / marble | 4 Concrete |
| | 2 | Low-pile carpet | 5 Not sure |
| | 3 | High-pile carpet | 6 Other (Specify): _____ w3_M19O |
| Q20 | [Interviewer: Record if Respondent was wearing shoes during the measurement]: w3_M20 | | |
| | 1 | Yes | 2 No |
| Q21 | [Interviewer: Record how compliant the Respondent was during this measurement]: w3_M21 | | |
| | 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 C: WAIST CIRCUMFERENCE | | | |
| Equipment needed: 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? w3_M22 | | |
| | 1 | Yes | |
| | 2 | No [Do not complete this measure, record the reasons in Q24, and Go to Section D] | |
| Q23 | Do you feel it would be safe for you to do this test? w3_M23 | | |
| | 1 | Yes [Go to Q25] | |
| | 2 | No [Do not complete this measure, record the reasons in Q24, and Go to Section D] | |

| | | |
|------------|--|---|
| Q24 | [Interviewer: Record why the Respondent's waist was not measured] [MA]: (0 =Not selected; 1= selected) | |
| | 1 | Respondent felt it would not be safe w3_M24C1 |
| | 2 | Interviewer felt it would not be safe w3_M24C2 |
| | 3 | Respondent refused or was not willing to complete the measurement w3_M24C3 |
| | 4 | Respondent tried but was unable to complete measurement w3_M24C4 |
| | 5 | Respondent did not understand the instructions w3_M24C5 |
| | 6 | Respondent is not able to stand w3_M24C6 |
| | 7 | Other w3_M24C7 (Specify): _____ w3_M24C7O |

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 w3_M25 |

w3_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 **[Interviewer: Record the difficulties that occurred during this measurement] [MA]:**

(0 =Not selected; 1= selected)

| | | |
|--|---|----------------------|
| | 1 | None w3_M26C1 |
|--|---|----------------------|

| | | |
|------------|---|---|
| | 2 | Respondent had breathing difficulties w3_M26C2 |
| | 3 | Respondent was unable to hold breath at the end of the exhale w3_M26C3 |
| | 4 | Respondent was prevented from giving full effort by illness, pain, or other symptoms or discomforts w3_M26C4 |
| | 5 | Respondent did not appear to give full effort, but no obvious reason for this w3_M26C5 |
| | 6 | Others w3_M26C6 (Specify): _____ w3_M26C6O |
| | | |
| Q27 | | <i>[Interviewer: Record how compliant the Respondent was during this measurement]: w3_M27</i> |
| | 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 | | <i>[Interviewer: Record who completed the measurement]: w3_M28</i> |
| | 1 | Respondent completed the measurement |
| | 2 | Interviewer completed the measurement |
| | | |
| Q29 | | <i>[Interviewer: Record whether the Respondent wore bulky clothing during this measurement]: w3_M29</i> |
| | 1 | Yes |
| | 2 | No |

SECTION D: WEIGHT

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? **w3_M30**

1 Yes

2 No *[Do not complete this measure, record the reasons in Q32, and Go to Section E]*

Q31 Do you feel it would be safe for you to do this test? **w3_M31**

1 Yes *[Go to Q33]*

2 No *[Do not complete this measure, record the reasons in Q32, and Go to Section E]*

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

(0 =Not selected; 1= selected)

1 Respondent felt it would not be safe **w3_M32C1**

2 Interviewer felt it would not be safe **w3_M32C2**

3 Respondent refused or was not willing to complete the measurement **w3_M32C3**

4 Respondent tried but was unable to complete measurement **w3_M32C4**

5 Respondent did not understand the instructions **w3_M32C5**

6 Respondent is not able to stand **w3_M32C6**

7 Other **w3_M32C7**

(Specify): _____ **w3_M32C7O**

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 w3_M33 |

w3_bmi

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

w3_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

w3_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

w3_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 | [Interviewer: Record the type of floor surface]: w3_M34 | | | |
| | 1 | Linoleum / wood / ceramic / marble | 4 | Concrete |
| | 2 | Low-pile carpet | 5 | Not sure |
| | 3 | High-pile carpet | 6 | Other (Specify): w3_M34O _____ |
| Q35 | [Interviewer: Record if Respondent was wearing shoes during the measurement]: w3_M35 | | | |
| | 1 | Yes | 2 | No |
| Q36 | [Interviewer: Record how compliant the Respondent was during this measurement]: w3_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

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? **w3_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)? **w3_M38**

1 Both hands *[Do not complete this measure, record the reasons in Q41, and Go to Section F]*

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? **w3_M39**

1 Yes

2 No *[Do not complete this measure, record the reasons in Q41, and Go to Section F]*

Q40 Do you feel it would be safe for you to do this test? **w3_M40**

1 Yes

2 No *[Do not complete this measure, record the reasons in Q41, and Go to Section F]*

Q41 *[Interviewer: Record why the Respondent did not complete the hand strength test] [MA]:*
(0 =Not selected; 1= selected)

1 Respondent felt it would not be safe **w3_M41C1**

2 Interviewer felt it would not be safe **w3_M41C2**

3 Respondent refused or was not willing to complete the test **w3_M41C3**

4 Respondent tried but was unable to complete test **w3_M41C4**

5 Respondent did not understand the instructions **w3_M41C5**

6 Respondent had surgery, injury, swelling, inflammation or severe pain in both hands **w3_M41C6**

7 Other **w3_M41C7**

(Specify): _____ **w3_M41C7O**

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? **w3_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 w3_M43_1L | ___ ___ : ___ kg w3_M43_1R |
| | 2nd | ___ ___ : ___ kg w3_M43_2L | ___ ___ : ___ kg w3_M43_2R |

w3_hgs_dom_highest
(Created variable: Highest recorded value of dominant hand grip strength, continuous.)

w3_hgs_dom_mean
(Created variable: Mean value of dominant hand grip strength, continuous.)

w3_hgs_nondom_highest
(Created variable: Highest recorded value of non-dominant hand grip strength, continuous.)

w3_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 *[Interviewer: Record how much effort the Respondent gave to this test]:* **w3_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 *[Interviewer: Record what the Respondent's position was for this test]:* **w3_M45**

| | | | | | |
|----------|----------|----------|---------|----------|------------|
| 1 | Standing | 2 | Sitting | 3 | Lying down |
|----------|----------|----------|---------|----------|------------|

| | | | | | |
|-----|---|-----|---|----|--|
| | | | | | |
| Q46 | [Interviewer: Record whether the Respondent rested his / her arm on a support while performing the test]: w3_M46 | | | | |
| | 1 | Yes | 2 | No | |

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.]

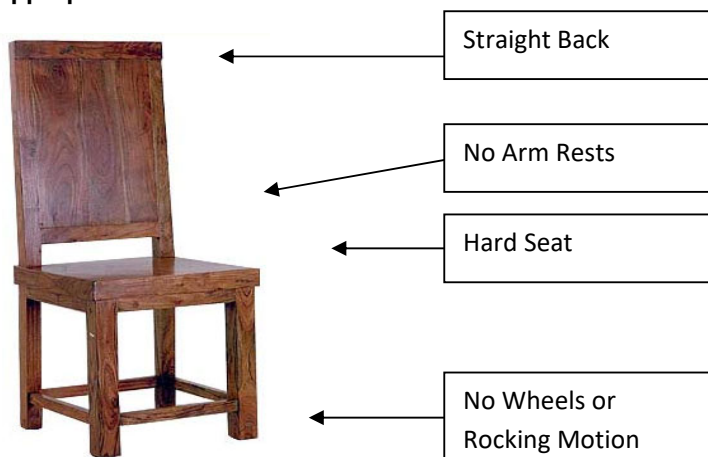
Equipment needed: Stop watch, pen or pencil, small hand towel or cloth, chair (from the respondent's home)

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, other 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? w3_M47A |
| | 1 No apparent restriction <i>[Go to Q48]</i> |
| | 2 Cannot do the test <i>[Do not complete this measure, answer question Q47b, and Go to Section G]</i> |
| Q47b | <i>[Interviewer: Record why the respondent cannot not do the initial test] [MA]:</i> (0 =Not selected; 1= selected) |
| 1 | Respondent felt it would not be safe w3_M47B1 |
| 2 | Interviewer felt it would not be safe w3_M47B2 |
| 3 | Respondent refused or was not willing to complete the measurement w3_M47B3 |
| 4 | Respondent did not understand the directions for this measurement w3_M47B4 |
| 5 | Respondent is not able to stand w3_M47B5 |
| 6 | Other w3_M47B6 (Specify): _____ w3_M47B6O |
| Q48 | Please stand up straight from the chair as QUICKLY as you can, without stopping in between. Keep your arms folded across your chest. w3_M48 |
| | 1 Can stand up from the chair without using hands <i>[Go to Q49]</i> |
| | 2 Uses hands to stand up from the chair <i>[Do not complete this measure, and Go to Section G]</i> |
| | 3 Cannot do the test <i>[Do not complete this measure, and Go to Section G]</i> |

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 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 | <i>[Interviewer: Record if test was completed successfully or not] w3_M49</i> | | | |
| | 1 | Test completed successfully | | |
| | | Measurement | Time | |
| | | 1st | _____ . _____ (seconds) | |
| | | | w3_M49_1 | |
| | 2 | Non-completed test | | |
| Q50 | <i>[Interviewer: How compliant was respondent during this measurement?]: w3_M50</i> | | | |
| | 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 G: TIMED WALK TEST | | |
| <i>[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 space to do the test. A determination of desirability and safety needs to be made before start of this test.]</i> | | |
| Equipment needed: Stop watch, tape measure, masking tape | | |
| Q51 | [SHOWCARD] Next, I would like to test whether you can walk a very short distance comfortably. 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 <u>walking on your own without human assistance</u> ? (Using a walking stick or other aid if necessary is acceptable) w3_M51 | |
| | 1 | I am able to walk on my own without human assistance, using a walking stick or other aid if necessary [Go to Q52] |
| | 2 | I am unable to walk on my own without human assistance because of recent surgery [Do not complete this measure, record the reasons in Q54, and End] |
| | 3 | I am unable to walk on my own without human assistance because of injury [Do not complete this measure, record the reasons in Q54, and End] |
| | 4 | I am unable to walk on my own without human assistance because of other health condition(s) [Do not complete this measure, record the reasons in Q54, and End] |
| <p>Now let's find a place where we can conduct the test. We will need a clear space about 2.5 meters long in a non-carpeted area, if possible. I'm going to mark the start and finish lines for the walk with masking tape.</p> <p><i>[Interviewer: Set up the course (2.5 Meters or 98.5 Inches)]</i></p> <p>This is our walking course. I am going to time you as you walk the course. I will be asking you to walk the course two times. I'll walk along side you the whole time during the test. Now I'd like to demonstrate how to do the test. You will start by lining your feet up at the starting point.</p> <p><i>[Interviewer: Demonstrate the test]</i></p> | | |
| Q52 | Do you understand the directions for this test? w3_M52 | |
| | 1 | Yes |
| | 2 | No [Do not complete this measure, record the reasons in Q54, and End] |
| Q53 | Do you feel it would be safe for you to do this test? w3_M53 | |
| | 1 | Yes [Go to Q55] |
| | 2 | No [Do not complete this measure, record the reasons in Q54, and End] |
| Q54 | [Interviewer: Record why the respondent cannot perform the timed walk test] [MA]: (0 =Not selected; 1= selected) | |
| | 1 | Respondent felt it would not be safe w3_M54C1 |
| | 2 | Interviewer felt it would not be safe w3_M54C2 |
| | 3 | Respondent refused or was not willing to complete the test w3_M54C3 |

| | |
|---|--|
| 4 | Respondent tried but was unable to complete test w3_M54C4 |
| 5 | Respondent did not understand the instructions w3_M54C5 |
| 6 | Respondent had surgery, injury, or other health condition that prevented R from walking without human assistance w3_M54C6 |
| 7 | No suitable space available w3_M54C7 |
| 8 | Other w3_M54C8 (Specify): _____ w3_M54C8O |

INSTRUCTIONS FOR WALKING SPEED TEST

| | |
|----|---|
| a) | Ensure that the respondent is wearing appropriate footwear at this point. If not, ask Respondent to change shoes or to put shoes on. |
| b) | Instruct Respondent to stand with his/her feet lined up to the front of the tape. |
| c) | Say the following to the Respondent: I am going to time you as you walk the course at your normal pace. I will be asking you to walk the course at your usual pace a total of two times. I'll walk along side you the whole time during the test. I'd like you to stand here with your feet lined up. Start walking when I say 'Begin'. Walk all the way past the other end of the tape before you stop. Are you ready to go now? Begin. |
| d) | Start the stop watch when either foot is placed down on the floor across the start line. |
| e) | Walk behind and slightly to the side of the Respondent. |
| f) | Stop the stopwatch when Respondent's foot crosses the tape and touches the floor. Record the time in chart below. |
| g) | Repeat the measurement: Now I want you to repeat the walk. Remember to walk at your usual pace and go all the way past the other end of the course. I'd like you to stand here with your feet lined up. Start walking when I say 'Begin'. Are you ready to go now? Begin. |

Q55 Walking Speed Time Measurement

Walking Speed Time Measurement 1 _____.____ (seconds) **w3_M55_1**

Walking Speed Time Measurement 2 _____.____ (seconds) **w3_M55_2**

Q56 [Interviewer: Record type of aid used]: **w3_M56**

| | |
|----|---------------------------------------|
| 1 | None |
| 2 | Walking stick, cane or umbrella |
| 3 | Elbow crutches |
| 4 | Walking frame |
| 97 | Other (Specify): w3_M56O _____ |

Q57 [Interviewer: How compliant was respondent during this measurement]: **w3_M57**

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

Thank you very much for your cooperation & have a nice day!