

Panel on Health and Aging of Singaporean Elderly (PHASE) – Wave 1

a.k.a Social Isolation, Health and Lifestyles Survey 2009

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

ISO_SN Master Study ID (used for merging across study waves)

Date_Interview Date of Interview

Weights Cross-sectional survey weights based on population @ June 2008 (To be used for analysis done using SIHLS [Wave 1] data)

NAME OF RESPONDENT: _____

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

CONTACT NO.: _____ (H) _____ (O) _____ (HP/PGR)

INTERVIEWER: _____ DATE OF INTERVIEW: _____

TIME STARTED: _____ TIME ENDED: _____

TOTAL TIME TAKEN FOR INTERVIEW: _____ MINUTES

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

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

INTRODUCTION

Good morning / afternoon / evening. My name is _____ and I'm from _____. We are conducting a survey on social isolation, health and lifestyles on behalf of MCYS and we would appreciate it if you could spare us some time to answer some questions. The interview will take about 45 minutes.

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

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

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

[Interviewer:

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

PROXY INFORMATION

P1 May I know your name (Proxy)?

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

P2_1, P2_2, P2_3, P2_4, P2_5, P2_6

1 The subject has been hospitalized, and cannot be revisited during survey period.

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

P2_1_Yr **P2_1_Mth**

Yr Mth

P2_2_Yr **P2_2_Mth**

2 The subject has been moved to an institution for health reasons (including physical or psychological).

3 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)

4 The subject has hearing difficulties (the subject is hearing impaired, etc.).

5 The subject has difficulties speaking (the subject is experiencing verbal difficulties).

6 The subject is experiencing confusion or loss of consciousness, etc.

7 The subject is experiencing memory loss, dementia.

8 The subject is experiencing some other form of psychological disorder.

9 The subject has a physical illness or disability.

10 The subject cannot respond for other reasons unrelated to health. Please explain: **P2_10_Explain**

P3 What is your relationship with (the subject)?

1 Spouse

2 Son

3 Daughter

4 Daughter-in-law

5 Son-in-law

6 Grandchild

- 7 Relative other than the aforementioned (please explain: **P3_7_Explain** _____)
- 8 Other (please explain: **P3_8_Explain** _____)

MAIN QUESTIONNAIRE

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

SECTION A: BASIC ATTRIBUTES AND FAMILY MAKE-UP

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

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

Q1 What is your (subject's) nationality?

- 1 Singapore Citizen
- 2 Singapore Permanent Resident (please state nationality: **Q1_2_Nationality** _____)
- 3 Others (please terminate questionnaire)

Q2.1 What is your (subject's) date of birth? How old are you now?

Q2_1_Yr **Q2_1_Mth**

		Yr			Mth	
--	--	----	--	--	-----	--

- 998 Refused
- 999 Don't Know / Can't Remember

Q2_1_Yrs_Old

	Yrs Old
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agegroup5yr
(Created variable: Age in 5 year age bands)

- 1: 60-64
- 2: 65-69
- 3: 70-74
- 4: 75-79
- 5: 80-84
- 6: 85+

agegroup10yr
(Created variable: Age in 10 year age bands)

- 1: 60-69
- 2: 70-79
- 3: 80-89
- 4: 90+

Q2_2 Record gender

- 1 Male 2 Female

Q3 Which ethnic group do you (subject) belong to?

- 1 Chinese 2 Malay 3 Indian 4 Other (Please specify: **Q3_4_Others_Specify**)

Q4 What is your (subject's) religion?

- 1 Christianity
- 2 Buddhism / Taoism
- 3 Islam
- 4 Hinduism
- 5 Other (Please specify: **Q4_5_Others_Specify**)
- 6 No religion

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

Q5 [SHOWCARD 1] First, what is your (subject's) current marital status?

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

Q6.1 How many persons are there living in your (subject's) household? (Including yourself (subject), maid and those who are temporarily hospitalized, children who are living in a hostel within Singapore, and household members who are currently in National Service/Reservist training)

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

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Q6_1_No_of_Persons

998 RF

Q6.2 Please give the relationship to you (subject) and the age and gender of the other members of the household. [Interviewer: Please ensure the number of members corresponds with the answer in Q6.1]

Q6_3 **Who is the head of the household? [Interviewer: Let this be based on the perception of the subject. If he/she asks for a definition: The head of the household is normally the oldest member, the main income earner, the owner-occupier of the house or the person who manages the affairs of the household.]**

ID	Relationship to subject	Age 998 RF 999 DK	Gender 998 RF		Head of Household			
			Male	Female				
01	Subject Self	--	--	--	1 Q6_3_ID_01_Head			
02	Subject's Q6_2_ID_02_Relationship	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Yrs Q6_2_ID_02_Age				1 Q6_2_ID_02_Gender	2	1 Q6_3_ID_02_Head
03	Subject's Q6_2_ID_03_Relationship	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> yrs Q6_2_ID_03_Age				1 Q6_2_ID_03_Gender	2	1 Q6_3_ID_03_Head

04	Subject's Q6_2_ID_04_Relationship	<input type="text"/> Q6_2_ID_04_Age	yrs	1 Q6_2_ID_04_Gender	2	1 Q6_3_ID_04_Head
05	Subject's Q6_2_ID_05_Relationship	<input type="text"/> Q6_2_ID_05_Age	yrs	1 Q6_2_ID_05_Gender	2	1 Q6_3_ID_05_Head
06	Subject's Q6_2_ID_06_Relationship	<input type="text"/> Q6_2_ID_06_Age	yrs	1 Q6_2_ID_06_Gender	2	1 Q6_3_ID_06_Head
07	Subject's Q6_2_ID_07_Relationship	<input type="text"/> Q6_2_ID_07_Age	yrs	1 Q6_2_ID_07_Gender	2	1 Q6_3_ID_07_Head
08	Subject's Q6_2_ID_08_Relationship	<input type="text"/> Q6_2_ID_08_Age	yrs	1 Q6_2_ID_08_Gender	2	1 Q6_3_ID_08_Head
09	Subject's Q6_2_ID_09_Relationship	<input type="text"/> Q6_2_ID_09_Age	yrs	1 Q6_2_ID_09_Gender	2	1 Q6_3_ID_09_Head
10	Subject's Q6_2_ID_10_Relationship	<input type="text"/> Q6_2_ID_10_Age	yrs	1 Q6_2_ID_10_Gender	2	1 Q6_3_ID_10_Head
11	Subject's Q6_2_ID_11_Relationship	<input type="text"/> Q6_2_ID_11_Age	yrs	1 Q6_2_ID_11_Gender	2	1 Q6_3_ID_11_Head
12	Subject's Q6_2_ID_12_Relationship	<input type="text"/> Q6_2_ID_12_Age	yrs	1 Q6_2_ID_12_Gender	2	1 Q6_3_ID_12_Head
13	Subject's Q6_2_ID_13_Relationship	<input type="text"/> Q6_2_ID_13_Age	yrs	1 Q6_2_ID_13_Gender	2	1 Q6_3_ID_13_Head

(For Internal Coding Only)

1	Spouse	5	Spouse of grandchild	9	Maid
2	Child	6	Parent	10	Other
3	Spouse of Child	7	Parent of spouse	998	Refusal
4	Grandchild	8	Sibling		

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)

livingarr2

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

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

livingalone1

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

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

livingalone2

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

- 0: Not living alone
- 1: Living alone (without maid)

The next questions pertain to your (subject’s) children.

Q7 How many surviving children do you (subject) have, including those not staying with you in this household? **Q7_1, Q7_2**

- 1: Have at least one natural child
- 2: Have at least one adoptive or step child
- 3: No natural / adoptive / step children

[Interviewer: Answer separately for biological children and adoptive or stepchildren.]

- 1 Number of natural children: _____ **Q7_1_Natural Children**
- 2 Number of adoptive or step children: _____ **Q7_2_AdoptiveStep_Children**
- 3 No natural / adoptive / step children **[Go to Q10]**

childrenno

(Created variable: Total number of children. *Note:* Includes both natural and adopted children.)

Q8 Questions about your (subject’s) children will be asked in order of oldest to youngest.

- (i) Age
- (ii) Does he / she live with you in the same household? *[Interviewer: Put a tick in the box]*
- (iii) Gender
- (iv) [SHOWCARD 2] What was ...’s highest educational level completed?
- (v) [SHOWCARD 3] What is ...’s marital status?
- (vi) [SHOWCARD 4] Is ...currently employed?

SN	Q8 (i) Age	Q8 (ii)	Q8 (iii) Gender	Q8 (iv) Highest Edu completed	Q8 (v) Marital Status	Q8 (vi) Currently Employed
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	Years old 998 RF 999 DK	Live with you in the same household [Please tick] 0 No 1 Living in the same household as subject 998 RF	1 Male 2 Female 998 RF 999 DK	1 No formal edu 2 Some primary 3 Completed Pri 4 Completed Sec 5 Vocational / ITE 6 JC / Poly 7 University 8 Don't know / Can't remember 9 Special School 998 RF	1 Married 2 Widowed 3 Separated 4 Divorced 5 Never married 6 Don't know / Can't remember 998 RF	1 Working full-time 2 Working part-time 3 Retired 4 Student 5 Home-maker 6 Unemployed 7 Don't know / Can't remember 998 RF
1	Q8_SN1_i_Age	Q8_SN1_ii_SameHH	Q8_SN1_ii_Gender	Q8_SN1_iv_Education	Q8_SN1_v_MaritalStatus	Q8_SN1_vi_Employed
2	Q8_SN2_i_Age	Q8_SN2_ii_SameHH	Q8_SN2_ii_Gender	Q8_SN2_iv_Education	Q8_SN2_v_MaritalStatus	Q8_SN2_vi_Employed
3	Q8_SN3_i_Age	Q8_SN3_ii_SameHH	Q8_SN3_ii_Gender	Q8_SN3_iv_Education	Q8_SN3_v_MaritalStatus	Q8_SN3_vi_Employed
4	Q8_SN4_i_Age	Q8_SN4_ii_SameHH	Q8_SN4_ii_Gender	Q8_SN4_iv_Education	Q8_SN4_v_MaritalStatus	Q8_SN4_vi_Employed
5	Q8_SN5_i_Age	Q8_SN5_ii_SameHH	Q8_SN5_ii_Gender	Q8_SN5_iv_Education	Q8_SN5_v_MaritalStatus	Q8_SN5_vi_Employed
6	Q8_SN6_i_Age	Q8_SN6_ii_SameHH	Q8_SN6_ii_Gender	Q8_SN6_iv_Education	Q8_SN6_v_MaritalStatus	Q8_SN6_vi_Employed
7	Q8_SN7_i_Age	Q8_SN7_ii_SameHH	Q8_SN7_ii_Gender	Q8_SN7_iv_Education	Q8_SN7_v_MaritalStatus	Q8_SN7_vi_Employed
8	Q8_SN8_i_Age	Q8_SN8_ii_SameHH	Q8_SN8_ii_Gender	Q8_SN8_iv_Education	Q8_SN8_v_MaritalStatus	Q8_SN8_vi_Employed
9	Q8_SN9_i_Age	Q8_SN9_ii_SameHH	Q8_SN9_ii_Gender	Q8_SN9_iv_Education	Q8_SN9_v_MaritalStatus	Q8_SN9_vi_Employed
10	Q8_SN10_i_Age	Q8_SN10_ii_SameHH	Q8_SN10_iii_Gender	Q8_SN10_iv_Education	Q8_SN10_v_MaritalStatus	Q8_SN10_vi_Employed
11	Q8_SN11_i_Age	Q8_SN11_ii_SameHH	Q8_SN11_iii_Gender	Q8_SN11_iv_Education	Q8_SN11_v_MaritalStatus	Q8_SN11_vi_Employed
12	Q8_SN12_i_Age	Q8_SN12_ii_SameHH	Q8_SN12_iii_Gender	Q8_SN12_iv_Education	Q8_SN12_v_MaritalStatus	Q8_SN12_vi_Employed
13	Q8_SN13_i_Age	Q8_SN13_ii_SameHH	Q8_SN13_iii_Gender	Q8_SN13_iv_Education	Q8_SN13_v_MaritalStatus	Q8_SN13_vi_Employed
14	Q8_SN14_i_Age	Q8_SN14_ii_SameHH	Q8_SN14_iii_Gender	Q8_SN14_iv_Education	Q8_SN14_v_MaritalStatus	Q8_SN14_vi_Employed

Living with one's children

Q9 [Ask those who reside with children according to Q6.3 only]

[SHOWCARD 5] What are the main reasons you (subject) are currently residing with your (subject's) child(ren) (Maximum 3)? [MA] Q9_1, Q9_2, Q9_3

- | | | | |
|-----------|---|-----------|--|
| 1 | To provide financial support | 16 | The house is newly built |
| 2 | To receive financial support | 17 | Other (Please explain: _____) |
| 3 | To help with the housework | 18 | Not sure |
| 4 | To help care for grandchildren | 19 | Child is divorced |
| 5 | To be looked after | 20 | Child is handicapped/disabled/blind/mentally unsound |
| 6 | Child(ren)'s request | 21 | Does own a house/property/house was demolished/waiting for own flat to live |
| 7 | Own request | 22 | To look after children |
| 8 | Want to be near my child(ren) | 23 | Child is waiting to buy their own house/ for their new house to be ready |
| 9 | Child(ren) provides emotional support | 24 | Have become accustomed to child/feels closer to child/get along better with child/have stayed with child for a long time/subject's only child/more freedom |
| 10 | To provide advice or be someone to talk to | 25 | Follows tradition that eldest or youngest child should look after parents/child is the last one to get married |
| 11 | To receive advice | 27 | To be near grandchildren |
| 12 | My husband/wife passed away | 29 | To help run family business |
| 13 | My child(ren) isn't ready to be independent yet | 30 | Convenient |
| 14 | Child isn't married yet | 39 | Closely knit family |
| 15 | To provide my child(ren) with a place to live | | |

Q10 The next few questions pertain to you (subject) and your (subject's) spouse.

[Interviewer: Questions on the subject's spouse should only be asked in the event that the subject responded (1) Married to Q5 above.]

	Questions	Subject	Spouse
a	ID from the far-left side of the table on Q6.3 (00 for the spouse in the event that the couple is separated, divorced, or widowed)	Number from Q6.3 <input type="text" value="0"/> <input type="text" value="1"/> Q10a_Subj_ID	Number from Q6.3 <input type="text" value=""/> <input type="text" value=""/> Q10a_Spouse_ID 0 Not stay in same household 2 Stay in same household <i>(Note that the response does not indicate the ID from Q6.3)</i>
		Q10b_Subj_Where	Q10b_Spouse_Where
b	Before you were 10 years old, where did you reside the longest?	1 City 2 Kampung 3 Not sure	1 City 2 Kampung 3 Not sure
		Q10c_Subj_Edu	Q10c_Spouse_Edu
c	[SHOWCARD 6] Educational Background What was the highest educational level completed?	1 No formal education 2 Primary 3 Secondary 4 Vocational/ITE 5 Junior college/Poly 6 University and above 7 Don't know / Can't remember	1 No formal education 2 Primary 3 Secondary 4 Vocational/ITE 5 Junior college/Poly 6 University and above 7 Don't know / Can't remember
		Q10d_Subj_Working	Q10d_Spouse_Working
d	[SHOWCARD 7] Are you currently working?	1 Working full-time 2 Working part-time 3 Retired and not working 4 Home-maker	1 Working full-time 2 Working part-time 3 Retired and not working 4 Home-maker
		Q10e_Subj_LongestOccupation	Q10e_Spouse_LongestOccupation
e	[SHOWCARD 8] Which occupation were you (your spouse) engaged in the longest?	1 Professionals 2 Administrative & managerial 3 Associate professionals & technicians 4 Clerical workers 5 Sales & services 6 Production & related 7 Cleaners & laborers 8 Homemaker [Go to h] 9 Others (please specify _____) 10 Civil Servant 11 Self-employed 12 Army 99 DK	1 Professionals 2 Administrative & managerial 3 Associate professionals & technicians 4 Clerical workers 5 Sales & services 6 Production & related 7 Cleaners & laborers 8 Homemaker [Go to h] 9 Others (please specify _____) 10 Civil Servant 11 Self-employed 12 Army 99 DK

f	Years worked for the longest job	<input type="text"/> Yrs. Q10f_Subj_YearforLongest 998 RF 999 DK	<input type="text"/> Yrs. Q10f_Spouse_YearforLongest 998 RF 999 DK
g	Total years employed overall	<input type="text"/> Yrs. Q10g_Subj_TotalYears 998 RF 999 DK	<input type="text"/> Yrs. Q10g_Spouse_TotalYears 998 RF 999 DK
Ask h and i only to those respondents who are not currently working [according to 'd']			
h	Would you (your spouse) like to be working? Q10h_Subj_IntendWork Q10h_Spouse_IntendWork	1 Yes 2 No [Go to Q11] 9 DK	1 Yes 2 No [Go to Q11] 9 DK
i	[SHOWCARD 9] If yes, what are main reasons? [MA]	1 Income Q10i_Subj_Reasons_1 2 Social contact Q10i_Subj_Reasons_2 3 Maintain good health Q10i_Subj_Reasons_3 4 Enjoy working Q10i_Subj_Reasons_4 5 Other Q10i_Subj_Reasons_5	1 Income Q10i_Spouse_Reasons_1 2 Social contact Q10i_Spouse_Reasons_2 3 Maintain good health Q10i_Spouse_Reasons_3 4 Enjoy working Q10i_Spouse_Reasons_4 5 Other Q10i_Spouse_Reasons_5

education1, education1_spouse

(Created variable: Dichotomous variable for highest education of subject, or of spouse.)

0: No formal education

1: At least primary school education

education2, education2_spouse

(Created variable: Dichotomous variable for highest education of subject, or of spouse.)

0: Primary school or below

1: Above primary school education

education3, education3_spouse

(Created variable: Summary variable for highest education of subject, or of spouse.)

1: No formal education

2: Primary school education

3: Secondary school education

4: Above secondary school education

occupation, occupation_spouse

(Created variable: Summary variable for occupation of subject or spouse.)

1: Professionals / Administrative and managerial / Associate professionals / Civil service / Army / Self-employed

2: Clerical workers / Sales and services

3: Production and related / Cleaners and labourers

4: Homemakers

Q11 [SHOWCARD 10] What type of housing are you (subject) living in?

Q11_HousingType

1 HDB/JTC flat (1-2 room)

6 Bungalow/semi-detached/terrace house

2 HDB/JTC flat (3 room)

7 Shophouse

- 3 HDB/JTC flat (4 room) 8 Attap
- 4 HDB/JTC flat (5 room and above/HUDC/Executive) 9 Others (specify: _____)
- Q11_9_Others_Specify
- 5 Condominium/Private flat

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

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

Q12 Who owns this current property that you (subject) live in?

Q12

- 1 Subject 8 Rental
- 2 Child in the household 9 Don't know
- 3 Joint ownership with spouse 11 Spouse joint ownership with child
- 4 Joint ownership with other household member 12 Others
- 5 Other household member(s) 13 Spouse
- 6 Child outside household 998 RF
- 7 Others outside household

[Interviewer: If respondent is a proxy, please skip Q13 ~ Q21 and Go to Section C]

Q13 [SHOWCARD 11] Would you consider living in the following types of housing?

		Yes	No	Maybe	DK
Q13a	a HDB Studio Apartment	1	2	3	4
Q13b	b One-room rental flats with shared common space for cooking and socializing	1	2	3	4
Q13c	c Senior-only housing blocks with on-site health and social services	1	2	3	4
Q13d	d Retirement villages with social activities and some communal services	1	2	3	4

Q14 [SHOWCARD 12] How do you feel about in-home help services that involve someone who is not familiar to you entering your home, for example, personal aid services?

[Interviewer: The users pay for such services themselves.]

1	2	3	4	5
Feel no reservations at all	Feel hardly any reservations	Feel some reservations	Have strong reservations	Not sure

Q15 [SHOWCARD 12] How do you feel about using out-of-home services like day services and day care? [Interviewer: The users pay for such services themselves.]

Q15

1	2	3	4	5
Feel no reservations at all	Feel hardly any reservations	Feel some reservations	Have strong reservations	Not sure

SECTION B: SOCIAL ISOLATION

Q16 [SHOWCARD 12] How do you feel about a neighbour contacting you daily to see how you are doing?

1	2	3	4	5
Feel no reservations at all	Feel hardly any reservations	Feel some reservations	Have strong reservations	Not sure

Q17 [SHOWCARD 13] 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
Q17a	a How often do you feel that you lack companionship	4	3	2	1	0
Q17b	b How often do you feel left out	4	3	2	1	0
Q17c	c How often do you feel isolated from others	4	3	2	1	0

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., Hawkey, 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>

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)

Q18 [SHOWCARD 14] How do you feel about your social interactions?

	To what extent do you agree with the following?	Strongly disagree	Disagree	Agree	Strongly agree	No comments
Q18a	a I have relationships where my competence and skills are recognized.	0	1	2	3	9
Q18b	b There is someone who shares my interests or concerns	0	1	2	3	9
Q18c	c There is someone who really relies on me for their well being.	0	1	2	3	9
Q18d	d There is a trustworthy person I could turn to for advice if I were having problems	0	1	2	3	9
Q18e	e I feel a strong emotional bond with at least one other person.	0	1	2	3	9
Q18f	f There is someone I can depend on for aid if I really need it.	0	1	2	3	9

Q18g	g	There is someone I feel comfortable talking about my problems with	0	1	2	3	9
Q18h	h	There are people who admire my talents and abilities	0	1	2	3	9
Q18i	i	I feel very close to another person.	0	1	2	3	9
Q18j	j	There is another person who likes to do the things I do.	0	1	2	3	9
Q18k	k	There are people I can count on in an emergency.	0	1	2	3	9
Q18l	l	Another person needs me to care for them.	0	1	2	3	9

Q19.1 [SHOWCARD 15] Among all your relatives not living with you (including children, grandchildren, in-laws, siblings, nieces, nephews, cousins, uncles, aunts, etc)...

			0	1	2	3 ~ 4	5 ~ 8	≥ 9
Q19_1a	a	How many relatives do you see or hear from at least once a month?	0	1	2	3	4	5
Q19_1b	b	How many relatives do you feel at ease with that you can talk about private matters?	0	1	2	3	4	5
Q19_1c	c	How many relatives do you feel close to such that you could call on them for help?	0	1	2	3	4	5
			Never	Seldom	Sometimes	Often	Very Often	Always
Q19_1d	d	How often do you see or hear from relatives with whom you have the most contact?	0	1	2	3	4	5
Q19_1e	e	When one of your relatives has an important decision to make, how often do they talk to you about it?	0	1	2	3	4	5
Q19_1f	f	How often is one of your relatives available for you to talk to when you have an important decision to make?	0	1	2	3	4	5

Q19.2 [SHOWCARD 16] Are you satisfied with the level of contact with your relatives?

Q19_2	1	2	3	4	5	9
	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Not Sure	RF

Q20.1 [SHOWCARD 17] Among all of your friends including those who live in your neighbourhood...

			0	1	2	3 ~ 4	5 ~ 8	≥ 9
Q20_1a	a	How many friends do you see or hear from at least once a month?	0	1	2	3	4	5
Q20_1b	b	How many friends do you feel at ease with that you can talk about private matters?	0	1	2	3	4	5
Q20_1c	c	How many friends do you feel close to such that you could call on them for help?	0	1	2	3	4	5
			Never	Seldom	Sometimes	Often	Very Often	Always
Q20_1d	d	How often do you see or hear from friends with whom you have the most contact?	0	1	2	3	4	5

Q20_1e	e	When one of your friends has an important decision to make, how often do they talk to you about it?	0	1	2	3	4	5
Q20_1f	f	How often is one of your friends available for you to talk to when you have an important decision to make?	0	1	2	3	4	5

Isnsr

(Created variable: Lubben Social Network Scale Revised (LSNS-R) Score (range 0-60). It is based summing up on Q19_1a to Q19_1f and Q20_1a to Q20_1f. *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

Isns6

(Created variable: Lubben Social Network Scale Revised (LSNS6) Score (range 0-30). It is based summing up on Q19_1a to Q19_1c and Q20_1a to Q20_1c. *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.

Q20.2 [SHOWCARD 16] Are you satisfied with the level of contact with your friends?

	1	2	3	4	5	9	
Q20_2	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Not Sure	RF	

Q21 [SHOWCARD 18] Among all of your neighbours including those you consider your friend,

		0	1	2	3 ~ 4	5 ~ 8	≥ 9	
Q21a	a	How many of your neighbours do you see or hear from at least once a month?	0	1	2	3	4	5
Q21b	b	How many neighbours could you call on for help?	0	1	2	3	4	5

SECTION C: HEALTH STATUS & PHYSICAL DISABILITIES / LIMITATIONS

The next questions will be regarding health.

Q22.1 [SHOWCARD 19] In general, how would you describe your (subject's) state of health?

- Q22_1**
- 1 Very healthy
 - 2 Healthier than average
 - 3 Of average health
 - 4 Somewhat unhealthy
 - 5 Very unhealthy
 - 6 Not sure

Q22.2 [SHOWCARD 19] Consider your health while you were growing up, from birth to age 16 years old. Would you say, that your health during that time was very healthy, healthier than average, of average health, somewhat unhealthy, very unhealthy or not sure?

- Q22_2**
- 1 Very healthy
 - 2 Healthier than average

- 3 Of average health
- 4 Somewhat unhealthy
- 5 Very unhealthy
- 6 Not sure

Q23 [SHOWCARD 20] 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?

- Q23**
- 1 Excellent
 - 2 Very Good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Loss of vision (no vision) in both eyes

Q24 [SHOWCARD 21] 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?

- Q24**
- 1 Excellent
 - 2 Very Good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Not able to hear in both ears

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

[Interviewer: Ask a ~ s, repeating (i), (ii) and (iii) for each as appropriate.]

Q25 (i) [SHOWCARD 22] Have you (subject) ever been diagnosed by a medical professional with.?

(ii) [If yes, Q25(i)=1] At what age were you (subject) diagnosed with.....?

[Interviewer: In the event that the subject has experienced the same physical ailment more than once, record only the first occurrence for (a) through (n). In addition, record only the most recent incidence of fractures for (o) and (p) below.]

(iii) [If yes, Q25(i)=1] Are you (subject) presently taking medicine prescribed by a physician for this condition?

Ailment	Q25 (i) Diagnosis			Q25 (ii) Age at Diagnosis	Q25 (iii) Taking Prescribed Medication				
	Yes	No	Not Sure		Yes	No	Not taking regularly	Not prescribed medication	
									[Go to next Item]
<i>[Interviewer: Record the first occurrence for (a) through (n) below.]</i>									
a	Heart attack, angina, myocardial infarction, etc.	1	2	3	Yrs	1	2	3	4
					999 DK				
					998 RF				

		Q25a_i_Diagnosis	Q25a_ii_Age	Q25a_iii_Medication			
b	Other forms of heart disease	1 2 3	yrs	1	2	3	4
c	Cancer (excluding skin cancer)	Q25b_i_Diagnosis	Q25b_ii_Age	Q25b_iii_Medication			
		1 2 3	yrs	1	2	3	4
d	Cerebrovascular disease (stroke, etc.)	Q25c_i_Diagnosis	Q25c_ii_Age	Q25c_iii_Medication			
		1 2 3	yrs	1	2	3	4
e	Dementia [only to be asked to the proxy]	Q25d_i_Diagnosis	Q25d_ii_Age	Q25d_iii_Medication			
		1 2 3	yrs	1	2	3	4
f	High blood pressure	Q25e_i_Diagnosis	Q25e_ii_Age	Q25e_iii_Medication			
		1 2 3	yrs	1	2	3	4
g	Diabetes	Q25f_i_Diagnosis	Q25f_ii_Age	Q25f_iii_Medication			
		1 2 3	yrs	1	2	3	4
h	Respiratory illness (chronic, such as asthma)	Q25g_i_Diagnosis	Q25g_ii_Age	Q25g_iii_Medication			
		1 2 3	yrs	1	2	3	4
i	Digestive illness (stomach or intestinal)	Q25h_i_Diagnosis	Q25h_ii_Age	Q25h_iii_Medication			
		1 2 3	yrs	1	2	3	4
j	Renal/kidney or urinary tract ailments	Q25i_i_Diagnosis	Q25i_ii_Age	Q25i_iii_Medication			
		1 2 3	yrs	1	2	3	4
k	Ailments of the liver or gallbladder	Q25j_i_Diagnosis	Q25j_ii_Age	Q25j_iii_Medication			
		1 2 3	yrs	1	2	3	4
l	Joint pain, Arthritis, rheumatism or nerve pain	Q25k_i_Diagnosis	Q25k_ii_Age	Q25k_iii_Medication			
		1 2 3	yrs	1	2	3	4
m	Chronic back pain	Q25l_i_Diagnosis	Q25l_ii_Age	Q25l_iii_Medication			
		1 2 3	yrs	1	2	3	4
n	Osteoporosis	Q25m_i_Diagnosis	Q25m_ii_Age	Q25m_iii_Medication			
		1 2 3	yrs	1	2	3	4
		Q25n_i_Diagnosis	Q25n_ii_Age	Q25n_iii_Medication			
[Interviewer: Record the most recent fractures for (o) and (p) below.]							
o	Fractures of the hip, thigh, and pelvis	1 2 3	yrs	1	2	3	4
p	Other fractures	Q25o_i_Diagnosis	Q25o_ii_Age	Q25o_iii_Medication			
		1 2 3	yrs	1	2	3	4
		Q25p_i_Diagnosis	Q25p_ii_Age	Q25p_iii_Medication			

d	Continue to sit for 2 hours	1 Yes 2 No 3 Not sure Q27d_i_Difficult	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure Q27d_ii_Extent	From <input type="text"/> <input type="text"/> Yrs old Q27d_iii_Age 999 DK/can't remember 998 RF
e	Stoop or bend your knees	1 Yes 2 No 3 Not sure Q27e_i_Difficult	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure Q27e_ii_Extent	From <input type="text"/> <input type="text"/> Yrs old Q27e_iii_Age 999 DK/can't remember 998 RF
f	Raise your hands above your head	1 Yes 2 No 3 Not sure Q27f_i_Difficult	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure Q27f_ii_Extent	From <input type="text"/> <input type="text"/> Yrs old Q27f_iii_Age 999 DK/can't remember 998 RF
g	Extend arms out in front of you as if to shake hands	1 Yes 2 No 3 Not sure Q27g_i_Difficult	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure Q27g_ii_Extent	From <input type="text"/> <input type="text"/> Yrs old Q27g_iii_Age 999 DK/can't remember 998 RF
h	Grasp with your fingers or move your fingers easily	1 Yes 2 No 3 Not sure Q27h_i_Difficult	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure Q27h_ii_Extent	From <input type="text"/> <input type="text"/> Yrs old Q27h_iii_Age 999 DK/can't remember 998 RF
i	Lift an object weighing approximately 10 kg (a big size bag of rice)	1 Yes 2 No [Go to Q28] 3 Not sure Q27i_i_Difficult	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure Q27i_ii_Extent	From <input type="text"/> <input type="text"/> Yrs old Q27i_iii_Age 999 DK/can't remember 998 RF
j	Lift an object weighing approximately 5 kg (a middle size bag of rice)	1 Yes 2 No 3 Not sure Q27j_i_Difficult	1 Somewhat difficult 2 Very difficult 3 Unable to perform 4 Not sure Q27j_ii_Extent	From <input type="text"/> <input type="text"/> Yrs old Q27j_iii_Age 999 DK/can't remember 998 RF

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.)

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 ~ h, repeating (i) to (iv) for each as appropriate.]

Q28 (i) Do you (subject) find it difficult to ____ alone without the assistance of a person or assistive device due to your (subject's) health or physical state?

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

(iii) [If "difficult", (i)=1] From what age did you begin to experience this difficulty?

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

Activities	Q28 (i) Difficult	Q28 (ii) How difficult?	Q28 (iii) Age	Q28 (iv) Assistance / Device
a. Take a bath/shower	1. Difficult 2. Not difficult [Go to b] 3. Not sure [Go to b] Q28a_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q28a_ii_How	yrs old Q28a_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify:____) 3. No 4. Not sure Q28a_iv_Assistance_1 Q28a_iv_Assistance_2 (Label 1 as Yes, human assistance and 2 as Yes, device assistance) Q28a_iv_2_Assistance_Specify
b. Dress up	1. Difficult 2. Not difficult [Go to c] 3. Not sure [Go to c] Q28b_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q28b_ii_How	yrs old Q28b_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify:____) 3. No 4. Not sure Q28b_iv_Assistance_1 Q28b_iv_Assistance_2 Q28b_iv_2_Assistance_Specify
c. Eat	1. Difficult 2. Not difficult [Go to d] 3. Not sure [Go to d] Q28c_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q28c_ii_How	yrs old Q28c_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify:____) 3. No 4. Not sure Q28c_iv_Assistance_1 Q28c_iv_Assistance_2 Q28c_iv_2_Assistance_Specify
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] Q28d_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q28d_ii_How	yrs old Q28d_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify:____) 3. No 4. Not sure Q28d_iv_Assistance_1 Q28d_iv_Assistance_2 Q28d_iv_2_Assistance_Specify
e. Walk (around the house)	1. Difficult 2. Not difficult [Go to f] 3. Not sure [Go to f] Q28e_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q28e_ii_How	yrs old Q28e_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify:____) 3. No 4. Not sure Q28e_iv_Assistance_1 Q28e_iv_Assistance_2 Q28e_iv_2_Assistance_Specify
f. Go outside (leave the house)	1. Difficult 2. Not difficult [Go to g] 3. Not sure [Go to g] Q28f_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q28f_ii_How	yrs old Q28f_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify:____) 3. No 4. Not sure Q28f_iv_Assistance_1 Q28f_iv_Assistance_2 Q28f_iv_2_Assistance_Specify

g. Use the squatting toilet	1. Difficult 2. Not difficult [Go to h] 3. Not sure [Go to h] Q28g_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q28g_ii_How	yrs old Q28g_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify:____) 3. No 4. Not sure Q28g_iv_Assistance_1 Q28g_iv_Assistance_2 Q28g_iv_2_Assistance_Specify
h. Use the sitting toilet	1. Difficult 2. Not difficult [Go to Q29.1] 3. Not sure [Go to Q29.1] Q28h_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q28h_ii_How	yrs old Q28h_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify:____) 3. No 4. Not sure Q28h_iv_Assistance_1 Q28h_iv_Assistance_2 Q28h_iv_2_Assistance_Specify

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 (Q28a_i_Difficult, Q28b_i_Difficult, Q28c_i_Difficult, Q28d_i_Difficult, Q28e_i_Difficult, Q28h_i_Difficult). *NOTE:* Items (f) "Go outside the house" and (g) "Use the squatting toilet" are excluded.)

adldiff_yesno

(Created variable: Summary measure of ADL limitations, dichotomized. This is based on the number of "Difficult" responses (Q28a_i_Difficult, Q28b_i_Difficult, Q28c_i_Difficult, Q28d_i_Difficult, Q28e_i_Difficult, Q28h_i_Difficult). *NOTE:* Items (f) "Go outside the house" and (g) "Use the squatting toilet" are excluded.)

0: No ADL limitation

1: At least one ADL limitation

Q29.1 **[Interviewer: If the respondent reported no difficulty in Q28, go to Q30]**

[SHOWCARD 24] Were any of these difficulties due to any of the following conditions? If yes, which ones? [MA] Q29_1

- 1 Yes, Please specify illness: _____
- Q29_1_Yes_1
 Q29_1_Yes_2
 Q29_1_Yes_3
 Q29_1_Yes_4
 Q29_1_Yes_5
 Q29_1_Yes_6
 Q29_1_Yes_7
 Q29_1_Yes_8
 Q29_1_Yes_9
 Q29_1_Yes_OthersSpecify

For Q29_1_Yes_1 to Q29_1_Yes_9, codes are as follows:

- 1 Heart attack, angina, myocardial infarction etc.
- 2 Other forms of heart disease
- 3 Cancer (excluding skin cancer)
- 4 Cerebrovascular disease (stroke etc.)
- 5 Dementia
- 6 High blood pressure
- 7 Diabetes
- 8 Respiratory illness (chronic, such as asthma)
- 9 Digestive illness (stomach or intestinal)
- 10 Renal / kidney or urinary tract ailments
- 11 Ailments of the liver or gallbladder
- 12 Arthritis, neuralgia or rheumatism
- 13 Chronic back pain
- 14 Osteoporosis
- 15 Fractures of the hip, thigh or pelvis / broken hip
- 16 Other fractures (specify)
- 17 Cataract
- 18 Glaucoma
- 19 Accident
- 20 Old age
- 21 Parkinson's disease
- 22 Thyroid
- 88 Others

- 2 No

Q29.2 [Interviewer: Only ask those who reported a need for human assistance for any of the activities in Q28]
 Who primarily helps you (subject) perform these activities? Q29_2

- 1 No one
- 2 Live-in family member (Specify: _____)
 [Interviewer: If the caregiver is a live-in family member, record the ID number from Q6.3.]
 Q29_2_2_Member_Specify_1
 Q29_2_2_Member_Specify_2
 Q29_2_2_Member_Specify_3
 Q29_2_2_Member_Specify_4
 Q29_2_2_Member_Specify_5
 Q29_2_2_Member_Specify_6
- 3 Non co-resident family member
- 4 Housemaid / houseboy
- 5 Not sure
- 6 Other (Specify: _____)
 Q29_2_6_Other_Specify

The next question concerns slightly more complicated tasks.

- Q30** (i) Do you (subject) find it difficult to _____ alone without the assistance of a person or assistive device due to your health or physical state?
 (ii) [If “yes,” (i)=1] How difficult do you (subject) find it to _____ by yourself?
 (iii) [If “yes,” (i)=1] From what age did you begin to experience this difficulty?
 (iv) [If “yes,” (i)=1] Do you need assistance / device to _____?

Activities	Q30 (i)	Q30 (ii)	Q30(iii)	Q30 (iv)
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	Difficult	How difficult?	Age	Assistance / Device
a. Prepare own meals	1. Difficult 2. Not difficult [Go to b] 3. Do not perform activity due to a non-health/physical reason [Go to b] 4. Not sure [Go to b] Q30a_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q30a_ii_How	yrs old Q30a_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure Q30a_iv_Assistance_1 Q30a_iv_Assistance_2 (Label 1 as Yes, human assistance and 2 as Yes, device assistance) Q30a_iv_Assistance_2_Specify
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] Q30b_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q30b_ii_How	yrs old Q30b_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure Q30b_iv_Assistance_1 Q30b_iv_Assistance_2 Q30b_iv_Assistance_2_Specify
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] Q30c_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q30c_ii_How	yrs old Q30c_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure Q30c_iv_Assistance_1 Q30c_iv_Assistance_2 Q30c_iv_Assistance_2_Specify
d. Use the phone	1. Difficult 2. Not difficult [Go to e] 3. Do not perform activity due to a non-health/physical reason [Go to e] 4. Not sure [Go to e] Q30d_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q30d_ii_How	yrs old Q30d_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure Q30d_iv_Assistance_1 Q30d_iv_Assistance_2 Q30d_iv_Assistance_2_Specify
e. Dust, clean up and other light housework	1. Difficult 2. Not difficult [Go to f] 3. Do not perform activity due to a non-health/physical reason [Go to f] 4. Not sure [Go to f] Q30e_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q30e_ii_How	yrs old Q30e_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure Q30e_iv_Assistance_1 Q30e_iv_Assistance_2 Q30e_iv_Assistance_2_Specify
f. Take public transport to leave home	1. Difficult 2. Not difficult [Go to g] 3. Do not perform activity due to a non-health/physical reason [Go to g] 4. Not sure [Go to g] Q30f_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q30f_ii_How	yrs old Q30f_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure Q30f_iv_Assistance_1 Q30f_iv_Assistance_2 Q30f_iv_Assistance_2_Specify

g. Take medication as prescribed	1. Difficult 2. Not difficult [Go to Q31.1] 3. Do not perform activity due to a non-health/physical reason [Go to Q31.1] 4. Not sure [Go to Q31.1] Q30g_i_Difficult	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure Q30g_ii_How	yrs old Q30g_iii_Age 999 DK 998 RF	1. Yes, human assistance 2. Yes, device assistance (Specify: _____) 3. No 4. Not sure Q30g_iv_Assistance_1 Q30g_iv_Assistance_2 Q30g_iv_Assistance_2_Specify
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iadldiff

(Problem in variable coding, category 4 of Q30*_i_Difficult is not coded to 0)

(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.)

iadldiff_yesno

(Problem in variable coding, category 4 of Q30*_i_Difficult is not coded to 0)

(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

Q31.1 **[Interviewer: If the respondent reported no difficulty in Q30, go to Q32] [SHOWCARD 24] Were any of these difficulties due to any of the following conditions? If yes, which ones? [MA]**

Q31_1

1 Yes, Please specify illness: _____

Q31_1_Yes_1

Q31_1_Yes_2

Q31_1_Yes_3

Q31_1_Yes_4

Q31_1_Yes_5

Q31_1_Yes_6

Q31_1_Yes_7

Q31_1_Yes_8

Q31_1_Yes_9

Q31_1_Yes_10

Q31_1_Yes_OthersSpecify

For Q31_1_Yes_1 to Q31_1_Yes_10, codes are as follows:

1 Heart attack, angina, myocardial infarction etc.

2 Other forms of heart disease

3 Cancer (excluding skin cancer)

4 Cerebrovascular disease (stroke etc.)

5 Dementia

6 High blood pressure

7 Diabetes

8 Respiratory illness (chronic, such as asthma)

9 Digestive illness (stomach or intestinal)

10 Renal / kidney or urinary tract ailments

11 Ailments of the liver or gallbladder

12 Arthritis, neuralgia or rheumatism

13 Chronic back pain

14 Osteoporosis

15 Fractures of the hip, thigh or pelvis / broken hip

16 Other fractures (specify)

17 Cataract

18 Glaucoma

19 Accident

20 Old age

21 Due to operation on leg(s)

2 No

Q31.2 *[Interviewer: Only ask those who reported a need for human assistance for any of the activities in Q30]*
Q31_2 Who primarily helps you (subject) perform these activities?

- 1 No one
Live-in family member (Specify: _____) *[Interviewer: Record the ID number from Q6.3.]*
Q31_2_2_Member_Specify_1
- 2 **Q31_2_2_Member_Specify_2**
Q31_2_2_Member_Specify_3
Q31_2_2_Member_Specify_4
Q31_2_6_Other_Specify
- 3 Non co-resident family member
- 4 Housemaid / houseboy
- 5 Not sure
- 6 Other (Specify: _____)

[Interviewer: If the respondent reported no difficulty in any of the items in Q28 and Q30 above, go to Q33.1]

Q32 Do these difficulties limit your (subject's) social interaction? **Q32**

- 1 Yes
- 2 No
- 3 Not sure

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

Q33.1 **[SHOWCARD 25]** Overall, in the last 30 days, how much of bodily aches or pains (in terms of intensity) did you (subject) have? **Q33_1**

- 1 None **[Go to Q34]**
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme / cannot function because of pain **[Go to Q33.3]**

Q33.2 **[SHOWCARD 26]** Did the pain affect your (subject's) daily activities? **Q33_2**

- 1 Not at all
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 All the time

Q33.3 **[SHOWCARD 27]** In what parts of your (subject's) body did you (subject) feel pain? **[MA]**

- Q33_3_1, Q33_3_2, Q33_3_3, Q33_3_4, Q33_3_5, Q33_3_6, Q33_3_7, Q33_3_8, (Q33_3_9 – not labeled)**
- | | | |
|------------------------------|----|--|
| 1 Head | 13 | Hands/Palm/Fingers (E.g cold fingers, numb fingers) |
| 2 Neck | 14 | Foot/Feet/Toes |
| 3 Shoulders | 15 | Legs/Lower legs/Calves (E.g swollen leg, broken leg, weak leg) |
| 4 Joints of the hands / arms | 16 | Mouth/Tongue/Throat |
| 5 Chest | 19 | Skin itchiness/Rash (on leg) |

6	Abdomen	20	Wheelchair bound /bedridden/paralysed/stroke/coma/dementia
7	Back	25	Hips/Buttock
8	Lower back / waist	26	Nerves/Muscle pain
9	Joints of the legs / feet	27	Arm
10	Others (Specify: _____)	28	Teeth
11	Eyes	29	Whole body
12	Ears	999	Not sure

SECTION D: HEALTH BEHAVIOURS

The next questions will be about your (subject's) height and weight.

RESPONSE to Q34 and Q35 was NOT VALID, both questions have been deleted from the dataset. Please refer to variable M17 for height and M33 for weight.

The next few questions pertain to sleep.

Q36.1 On average, approximately how much do you (subject) sleep per night?

<input type="text"/>	<input type="text"/>	hrs	<input type="text"/>	<input type="text"/>	min	999	Not sure
----------------------	----------------------	-----	----------------------	----------------------	-----	-----	----------

Q36_1_hrs

Q36_1_min

sleepdur

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

sleepdur_rounded

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

Q36.2 Do you take naps? How long do you (subject) nap?

<input type="text"/>	<input type="text"/>	hrs	<input type="text"/>	<input type="text"/>	min	98	Don't nap	999	Not sure
----------------------	----------------------	-----	----------------------	----------------------	-----	----	-----------	-----	----------

Q36_2_hrs

Q36_2_min

napcategory

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

0: Do not nap

1: <30 minutes

2: 30-60 minutes

3: >60 minutes

nap_yesno

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

0: Do not nap

1: Take naps

Q36.3 How often do you feel really rested when you wake up in the morning? Would you say most of the time, sometimes, or rarely or never? **Q36_3**

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

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

The next few questions pertain to personal habits.

Q37.1 Do you (subject) currently smoke? Q37_1

1 Yes [Go to Q37.4] 2 No 3 Not sure

Q37.2 In the past, have you (subject) ever smoked? Q37_2

1 Yes 2 No [Go to Q38.1] 3 Not sure [Go to Q38.1]

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

3: Non-smoker

Q37.3 [If ever smoked, Q37.2 = 1] At what age did you (subject) quit smoking?

yrs (approximately) 999 DK
Q37_3_yrs 998 RF

Q37.4 How old were you (subject) when you (subject) first started smoking?

[Interviewer: In the event that the subject has quit smoking in the past or does not smoke currently, record the age at which the subject first started to smoke.]

yrs (approximately) 999 DK
Q37_4_yrs 998 RF

Q37.5 How much do/did you (subject) smoke a day on average?

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

cigarettes / cigars a day (approximately)
Q37_5_cig

Q38.1 How often do you (subject) drink alcohol? Q38_1

- 1 _____ days a month Q38_1_1_DaysaMonth
2 On festive seasons / special occasions (e.g. weddings, birthday parties)
3 Do not drink [Go to Q39]

Q38.2 On the days that you (subject) drink, (i) what and (ii) how much do you (subject) normally consume? [MA] (Record the amount consumed in one day)

(i) Type of drink 0: No ; 1: Yes	(ii) Amount Consumed
1 Beer Q38_2_i_1	_____ Cans Q38_2_i_1_Cans (Average can = 330 ml)
2 Wine Q38_2_i_2	_____ Glasses Q38_2_i_2_Glasses
3 Whisky Q38_2_i_3	_____ Glasses Q38_2_i_3_Glasses
4 Other (Please specify: _____) Q38_2_i_4 Q38_2_i_4_Others_Specify	_____ (Please fill in the amount by glasses / etc.) Q38_2_i_4_Fill_in_Amt

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

Q39 [SHOWCARD 28] How often do you (subject) do any of the following?

		Every day	Every week	Every month	Less than once a month	Not at all	Not sure
<u>Social activities</u>							
a	Attends RC / CC / CDC / neighbourhood event Q39a	1	2	3	4	5	9
b	Go out to eat Q39b	1	2	3	4	5	9
c	Attends church, synagogue, mosque or other place of worship Q39c	1	2	3	4	5	9
<u>Fitness activities</u>							
d	Goes for a walk (for exercise purposes) Q39d	1	2	3	4	5	9
e	Plays a game of sport / exercise (e.g. Taiji, Qigong, swimming, keep fit or dancing class, etc.) Q39e	1	2	3	4	5	9

Q40 On average, how many hours of television do you (subject) watch in one day? This includes watching TV while engaged in another activity, such as eating.

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

Approx. Hrs **Q40_hrs** Mins **Q40_mins** **98** Did not watch TV
999 Not sure

SECTION E: DENTAL HEALTH

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

Q41 [SHOWCARD 29] The following foods are ordered from hardest to softest to chew. What is the **HARDEST GROUP** you (subject) are able to bite and chew? If you are using dentures, please respond as if you (subject) were eating with your (subject's) dentures. [SA]

- 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.

Q42 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.

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

natural teeth in total **97** <20 teeth
Q42_teeth **98** >20 teeth
999 Not sure

Q43.1 Do you (subject) have dentures?

Q43.1

- 1 Yes
- 2 No [Go to Q44]
- 3 Not sure [Go to Q44]

Q43.2 Do they fit well?

Q43.2

- 1 Yes
- 2 No
- 3 Not sure

Q43.3 Can you (subject) bite and chew well with them?

Q43.3

- 1 Yes
- 2 No
- 3 Not sure

[Interviewer: If respondent is a proxy, please do not ask Q44 ~ Q47. Go to Q48]

SECTION F: COGNITION

Q44 The next questions are about memory. Since there isn't much scientific information on how good the average person's memory is, many of our questions are designed to provide this basic information. 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.

Now, we will ask you a series of 10 questions.

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

	Questions	Response	Correct	Incorrect	Correct only when:
a	What is today's date? (including date, month and year) Q44a		1	2	The month, date and year are all correct
b	What is the day of the week? Q44b		1	2	The day is correct
c	What is the name of this place in Singapore? Q44c		1	2	Any of the description of the location is given: correct district, zone, street, name of the area, name of apartment complex, are all acceptable
d	What is your phone number? Q44d 8 RF 9 No phone		1	2	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? Q44e		1	2	The month, date and year are correct
f	How old are you? Q44f		1	2	The stated age corresponds to the date of birth
g	Who is the current Prime Minister? Q44g		1	2	It is Lee Hsien Loong. Requires the full name to be mentioned.
h	Who was the Prime Minister before him? Q44h		1	2	It is Goh Chok Tong. Requires the full name to be mentioned.
i	What was your mother's maiden name? Q44i		1	2	Needs no verification.
j	Please count backward from 20 by 3's? Q44j		1	2	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

spmsq

SPMSQ score uncorrected for interviewer error PLEASE DO NOT USE

spm_corr

PLEASE USE THIS VARIABLE INSTEAD of **spmsq**

(Created variable: Summary measure of cognitive impairment, a corrected score. Some individuals have a some of less than zero due to adjustments made for interviewer error. Please set scores less than zero to zero before using this variable for analysis.)

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.

cognecat_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

SECTION G: CES – D SCALE

Q45 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 30] During the past week, to what extent has the following (a ~ l) 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	No comment
Q45a	a	My appetite was poor	0	1	2	9
Q45b	b	I felt depressed	0	1	2	9
Q45c	c	I felt that everything I did was an effort	0	1	2	9
Q45d	d	My sleep was restless	0	1	2	9
Q45e	e	I felt happy	0	1	2	9
Q45f	f	I felt lonely	0	1	2	9
Q45g	g	I felt people were unfriendly	0	1	2	9
Q45h	h	I enjoyed life	0	1	2	9
Q45i	i	I felt sad	0	1	2	9
Q45j	j	I felt that people disliked me	0	1	2	9
Q45k	k	I could not get “going”	0	1	2	9
Q45l	l	I felt hopeful about the future	0	1	2	9

cesd

(Created variable: Summary measure of depressive symptoms, continuous, using the first 11 items i.e. Q45a to Q45k: 11-item CES-D. NOTE: Q45l is NOT used)

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.

cesd_yesno

(Created variable: Summary measure of depressive symptoms, dichotomized, using the first 11 items i.e. Q45a to Q45k: 11-item CES-D. NOTE: Q45l is NOT used)

- 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.

Q46 **[SHOWCARD 31]** How strongly do you agree or disagree with the following statements:

		Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
Q46a	a	1	2	3	4	9
Q46b	b	1	2	3	4	9
Q46c	c	1	2	3	4	9
Q46d	d	1	2	3	4	9
Q46e	e	1	2	3	4	9

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 H: INCOME AND ASSETS

Q47 Now think about your family when you were growing up, from birth to age 16. Would you say your family during that time was pretty well off financially, about average, or poor?

- Q47 1 Pretty well off 2 Average 3 Poor
 9 Don't know

Q48 [SHOWCARD 32] 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		Q48_First_Source
Second source		Q48_Second_Source
Third source		Q48_Third_Source

(For internal coding only)

- | | | | |
|---|--|----|---|
| 1 | Income from work | 8 | Public assistance / Short-term financial assistance from Community Development Councils (CDC) |
| 2 | Pension | 9 | Other (Please specify:_____) |
| 3 | Central Provident Fund | 10 | Not sure |
| 4 | Savings, life insurance, bonds, stock | 11 | Financial support from spouse |
| 5 | Financial support from children, grandchildren or relatives | 12 | Financial support from religion groups |
| 6 | Income in the form of rent from self-owned condominiums or real-estate | 13 | Financial support from friends |
| 7 | Income from family business | | |

Q49 [SHOWCARD 33] What is the total monthly income of this household (from all sources includes drawing down from savings)? **Q49**

- 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
- 98 None

Q50 [SHOWCARD 34] Do you feel that you have adequate income to meet your expenses per month? **Q50**

- 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
- 9 Don't know

SECTION I: VIGNETTES FOR PAIN

Q51 Next I will outline the state of health of a number of people. All of them are different from yourself but please assume that their age, sex and position are similar to your own. After listening to the state of health described for each person, imagine you are that person and answer how you would feel.

[SHOWCARD 35] Overall, in the last 30 days how much of bodily aches or pains did _____ have?

Vignettes		None	Mild	Moderate	Severe	Extreme / Cannot function because of pain	RF	Don't Understand / Cannot answer
A	Uncle Ong has pain in his knees, elbows, wrists and fingers, and the pain is present almost all the time. It gets worse during the first half of the day. Although medication helps, he feels uncomfortable when moving around, holding and lifting things. Q51a	1	2	3	4	5	8	9
b	Aunty Tan cannot remember when she last felt pain as this has not happened for the last several years now. She does not experience any pain even after hard physical labor or exercise. Q51b	1	2	3	4	5	8	9

c	Ah Hock has pain in the neck radiating to the arms that is not relieved by any medicines or other treatment. The pain is sharp at all times and keeps him awake most of the night. During the day the pain has made him completely incapacitated. It has necessitated complete confinement to the bed and often makes him think of ending his life. Q51c	1	2	3	4	5	8	9
d	Aunty Lily has a headache once a month that is relieved one hour after taking a pill. During the headache she can carry on with her day to day affairs. Q51d	1	2	3	4	5	8	9
e	Ah Huay has pain that radiates down her right arm and wrist during her day at work. This is slightly relieved in the evenings when she is no longer doing her desk work. Q51e	1	2	3	4	5	8	9

Thank you very much for your cooperation!

[Interviewer: If you don't mind, we would like to take down your telephone number. There didn't seem to be any problems during this interview, but you may receive a phone call to confirm that you were not troubled in any way during this interview. I assure you this phone call will not be troublesome in any way.]

POST INTERVIEW: OBSERVATIONS OF THE INTERVIEWER

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

I1 Select one from below that best describes the interview: I1

- 1 Responses given by subject **[Go to I2 – I4]**
- 2 Responses given by subject who required the assistance of a third party **[Go to I5 & I6]**
- 3 Responses given by a proxy **[Go to I7]**

I2 During the survey, was there someone either present in the room or in a room nearby who could hear the contents of the interview? I2

- 1 Yes, during most of the interview
- 2 Yes, during half of the interview
- 3 Yes, at times during the interview
- 4 For the most part, no 3rd party was present to hear **[Go to I7]**

I3 If there was someone present, what was his or her relationship to the subject? [MA]

I3_1, I3_2, I3_3, I3_4, I3_5, I3_6, I3_7

- | | | |
|------------|-------------------|------------------|
| 1 Spouse | 4 Daughter-in-law | 7 Other relative |
| 2 Son | 5 Son-in-law | 8 Neighbour |
| 3 Daughter | 6 Grandchild | 9 Other |
- (Please explain: **I3_9 Explain**)

I4 To what extent did this third party influence the subject's responses? I4

- 1 Would correct the subject's responses or prevent the subject from giving his or her own responses
- 2 Listened to the interview, but did not interrupt verbally
- 3 Hardly paid any attention to the interview
- 4 Didn't seem to have any effect on the subject's responses

[Go to I7]

I5 If there was someone assisting the subject, what was his or her relationship to the subject? [MA]

I5_1, I5_2, I5_3

- | | | |
|------------|-------------------|------------------|
| 1 Spouse | 4 Daughter-in-law | 7 Other relative |
| 2 Son | 5 Son-in-law | 8 Neighbour |
| 3 Daughter | 6 Grandchild | 9 Other |
- (Please explain: **I5_9 Explain**)

I6 Why was someone needed to assist the subject? [MA]

I6_1, I6_2, I6_3, I6_4, I6_5, I6_6

- 1 The subject has been hospitalized
- 2 The subject has been moved to an institution for health reasons (including physical or psychological).
- 3 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).
- 4 The subject has difficulties hearing (the subject is hearing impaired, etc.).
- 5 The subject has difficulties speaking (the subject is experiencing verbal difficulties).
- 6 The subject has experienced memory loss, confusion or loss of consciousness, etc.
- 7 The subject is experiencing dementia.
- 8 The subject is experiencing some other form of psychological disorder.

9 The subject has a physical illness or disability.

10 The subject cannot respond for other reasons unrelated to health. (Please explain: _____)

I6_10_Explain

I7 **The following concerns your impression of the subject / proxy. (This includes subjects responding for themselves, with the assistance of a third party or by proxy.) I7**

		Yes	Somewhat	Not really	No	Not sure
I7a	a	1	2	3	4	5
I7b	b	1	2	3	4	5
I7c	c	1	2	3	4	5
I7d	d	1	2	3	4	5

I8 **How tired did the subject / proxy appear after the interview? I8**

1 Very 2 Somewhat 3 Not at all

I9 **Did you experience trouble interviewing the subject / proxy due to hearing difficulties on the part of the subject? I9**

1 Yes 2 No [Go to I11] 3 Not sure [Go to I11]

I10 **Do you feel the subject's / proxy's hearing difficulties adversely affected the survey? I10**

1 Yes 2 No

I11 **Please record the language used to conduct the survey [MA]:**

I11_1

1 English 3 Malay I11_3 5 Others (Please specify: _____)
I11_Others_Specify

2 Mandarin I11_2 4 Tamil

I12 **Please record down which questions the respondent found difficult to understand and answer.**

I12_1, I12_2, I12_3, I12_4, I12_5, I12_6, I12_7, I12_8, I12_9, I12_10

Question No.:

I13 **If subject did not take the measurements, please record down the reason(s): I13_1, I13_2, I13_3**

1 Subject was bed-ridden

2 Subject is not interested

3 Subject has no time and cannot be revisited during survey period

4 Subject does not think it is safe

5 Others (pls specify reason(s): _____)
I13_5_Others_Specify

Panel on Health and Aging of Singaporean Elderly (PHASE) – Wave 1

a.k.a Social Isolation, Health and Lifestyles Survey 2009

Anthropometric Measurement Sheet

MeasurementTaken: At least one anthropometric measurement done

(1 = Taken 2 = Not taken)

CASE NO.: _____ NAME OF RESPONDENT: _____

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

INTERVIEWER: _____ DATE OF INTERVIEW: _____

TIME STARTED: _____ TIME ENDED: _____

TOTAL TIME TAKEN FOR MEASUREMENT: _____ MINUTES

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

INTRODUCTION

Next, we would like to better understand certain aspects related to the health and physical status of persons your age. For this reason, we are going to take 5 different physical measurements, which involve gripping an object with your hands and having your blood pressure, height, weight, and waist measurements taken. If you have any questions now or later, please don't hesitate to ask.

[Interviewer: Before beginning the physical measurements, you must have a signed consent form from the Respondent. Subjects must be eligible for at least 3 of the 5 measurements before proceeding (e.g. subject should at least be able to sit upright).]

SECTION A: BLOOD PRESSURE

Equipment needed: Omron HEM-780N Monitor, Batteries, Stop Watch

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

[Interviewer: Demonstrate the test.]

Q1 Do you have a rash, a cast, edema (swelling) in the arm, open sores or wounds, or a significant bruise where the blood pressure cuff will be in contact? M1

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

Q2 Do you understand the directions for this test? M2

- 1 Yes
- 2 No

Q3 Do you feel it would be safe for you to do this test? M3

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

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

M4_1, M4_2, M4_3

- 1 Respondent felt it would not be safe
- 2 Interviewer felt it would not be safe

- 3 Respondent refused or was not willing to complete the test
- 4 Respondent tried but was unable to complete test
- 5 Respondent did not understand the instructions
- 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
- 7 Other (Specify: _____) **M4_7_Specify**

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 1/2" above the elbow. Position the blue 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		M5_1st_Reading_Time	M5_1st_Systolic_Reading	M5_1st_Diastolic_Reading	M5_1st_Pulse
		___ : ___ am / pm	mmHg	mmHg	P
2 nd		M5_2nd_Reading_Time	M5_2nd_Systolic_Reading	M5_2nd_Diastolic_Reading	M5_2nd_Pulse
		___ : ___ am / pm	mmHg	mmHg	P
3 rd		M5_3rd_Reading_Time	M5_3rd_Systolic_Reading	M5_3rd_Diastolic_Reading	M5_3rd_Pulse

hypertension_yesno

(Created variable: Summary measure of hypertension, dichotomous. *Note:* Hypertension taken as systolic ≥ 140 mm Hg and/or diastolic ≥ 90 mm Hg (mean of 3 measures), or use of antihypertensive medication – as indicated in Q25f_iii_Medication). Only apply to those with blood pressure measurements.

0: No hypertension

1: Presence of hypertension

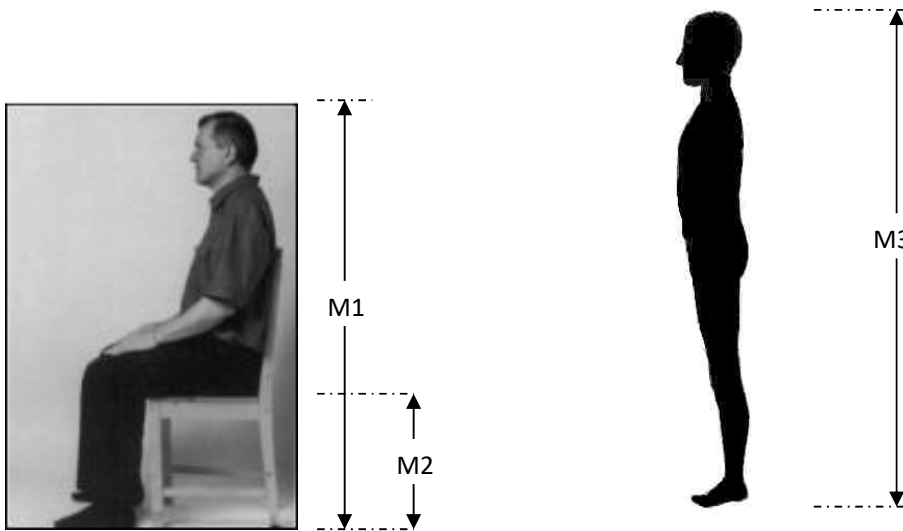
Q6 Record which arm was used to conduct the measurements: **M6**

INSTRUCTIONS FOR MEASURING SITTING HEIGHT

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

INSTRUCTIONS FOR MEASURING STANDING HEIGHT

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



[Interviewer: Record measurement in chart to nearest 0.1cm (example: record 140.5 cm)]

Q14	Measurement 1 (M1)	Height
M14	Distance from top of head to the floor (Sitting position)	_____ . ____ cm

Q15	Measurement 2 (M2)	Height
M15	Distance from sitting surface to the floor	_____ . ____ cm

Q16 Record Sitting Height (Sitting Height = Measurement 1 – Measurement 2): _____ cm
M16

Q17	Measurement 3 (M3)	Standing Height
M17	Distance from top of head to the floor (Standing position)	_____ . ____ cm

Q18 Record what the Respondent was sitting on: M18

- 1 Floor
- 2 Chair without cushion
- 3 Cushioned chair
- 4 Stool
- 5 Box
- 6 Other (Please specify: _____) M18_6_Specify

Q19 Record the type of floor surface: M19

- 1 Linoleum / wood / ceramic / marble
- 2 Low-pile carpet

- 3 High-pile carpet
- 4 Concrete
- 5 Not sure
- 6 Other (Specify): _____ **M19_6_Specify**

Q20 Record if Respondent was wearing shoes during the measurement: M20

- 1 Yes
- 2 No

Q21 Record how compliant the Respondent was during this measurement: 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

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? M22

- 1 Yes
- 2 No

Q23 Do you feel it would be safe for you to do this test? M23

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

Q24 Record why the Respondent's waist was not measured:

M24_1, M24_2, M24_3

- 1 Respondent felt it would not be safe
- 2 Interviewer felt it would not be safe
- 3 Respondent refused or was not willing to complete the measurement
- 4 Respondent tried but was unable to complete measurement
- 5 Respondent did not understand the instructions
- 6 Respondent is not able to stand
- 7 Other (Specify): _____ **M24_7_Specify**

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
M25	1 st	___ ___ . ___ cm

ab_obesity

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

0: No obesity

1: Presence of obesity

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

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

M26_1, M26_2, M26_3, M26_4

- 1 None
- 2 Respondent had breathing difficulties
- 3 Respondent was unable to hold breath at the end of the exhale
- 4 Respondent was prevented from giving full effort by illness, pain, or other symptoms or discomforts
- 5 Respondent did not appear to give full effort, but no obvious reason for this
- 6 Others (Specify): _____ **M26_6_Specify**

Q27 Record how compliant the Respondent was during this measurement: M27

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

Q28 Record who completed the measurement: M28

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

Q29 Record whether the Respondent wore bulky clothing during this measurement: M29

- 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? **M30**

- 1 Yes 2 No

Q31 Do you feel it would be safe for you to do this test? **M31**

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

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

M32_1, M32_2, M32_3

- 1 Respondent felt it would not be safe
2 Interviewer felt it would not be safe
3 Respondent refused or was not willing to complete the measurement
4 Respondent tried but was unable to complete measurement
5 Respondent did not understand the instructions
6 Respondent is not able to stand
7 Other (Specify): _____ **M32_7_Specify**

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
M33	1 st	___ ___ ___ . ___ kg

bmi

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

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: Underweight (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

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

bmi_asian

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

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

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

Q34 Record the type of floor surface: M34

- | | | | |
|---|------------------------------------|---|---|
| 1 | Linoleum / wood / ceramic / marble | 4 | Concrete |
| 2 | Low-pile carpet | 5 | Not sure |
| 3 | High-pile carpet | 6 | Other (Specify): _____ M34_6_Specify |

Q35 Record if Respondent was wearing shoes during the measurement: M35

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

Q36 Record how compliant the Respondent was during this measurement: 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.]

- 3 Both hands equally dominant

[Interviewer: Record measurements in chart.]

Measurement	Left Hand	Right Hand
1st	____ : ____ kg M43_1st_Left_Hand	____ : ____ kg M43_1st_Right_Hand
2nd	____ : ____ kg M43_2nd_Left_Hand	____ : ____ kg M43_2nd_Right_Hand

hgs_dom_highest

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

hgs_dom_mean

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

hgs_nondom_highest

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

hgs_nondom_mean

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

NOTE: Hand dominance was based on the response in variable M42. If the respondent indicated “3 – Both hands equally dominant”, the higher of the two values was used.

Q44 Record how much effort the Respondent gave to this test: M44

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

Q45 Record what the Respondent’s position was for this test: M45

- 1 Standing
- 2 Sitting
- 3 Lying down

Q46 Record whether the Respondent rested his / her arm on a support while performing the test: M46

- 1 Yes
- 2 No

Variables with information about the interviewers

Interviewer_Code Interviewer ID

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

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

NOTE:

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

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

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

NAME OF RESPONDENT: _____

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

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

DATE OF LAST CONTACT _____

TIME STARTED: _____ TIME ENDED: _____

TOTAL TIME TAKEN FOR INTERVIEW: _____ MINUTES

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

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

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

INTRODUCTION

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

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

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

S1 Screener for Cognitive impairment

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

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

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

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

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

i	What was your mother's maiden name? w2_S1_i_ii		1	2	888	Needs no verification.
j	Please count backward from 20 by 3's? w2_S1_j_ii		1	2	888 9=refused	The entire series must be performed correctly to be scored as correct. Any error in the series - or an unwillingness to attempt the series- is scored as incorrect
<p>w2_spmsq SPMSQ score uncorrected for interviewer error PLEASE DO NOT USE</p> <p>w2_spm_corr PLEASE USE THIS VARIABLE INSTEAD of w2_spmsq (Created variable: Summary measure of cognitive impairment, a corrected score. Some individuals have a some of less than zero due to adjustments made for interviewer error. Please set scores less than zero to zero before using this variable for analysis.)</p> <p>Reference: Malhotra, R., Haaland, B. A., Chei, C. L., Chan, A., Malhotra, C., & Matchar, D. B. (2015). Presence of and correction for interviewer error on an instrument assessing cognitive function of older adults. <i>Geriatrics & gerontology international</i>, 15(3), 372-380.</p>						
<p>w2_cogncat_corr (Created variable: Summary measure of cognitive impairment, in categories. <i>Note</i>: This is created using the corrected score. See reference above.)</p> <p>1: Intellectually intact 2: Mildly impaired 3: Moderately impaired 4: Severely impaired</p>						

Instruction to Interviewer:

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

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

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

[Interviewer:

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

PROXY INFORMATION

P1 May I know your name (Proxy)? _____

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

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

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

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

Yr Mth
w2_P2_1_Other_Specify
w2_P2_2_Other_Specify
w2_P2_3_Other_Specify

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

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

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

Relative other than the aforementioned (please explain:

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

MAIN QUESTIONNAIRE

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

SECTION A: BASIC ATTRIBUTES AND FAMILY MAKE-UP

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

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

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

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

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

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

[Interviewer: This includes all who live in the household presently, as well as those who have this address recorded in their NRIC, excluding tenants.] **w2_Q2**

--	--

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

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

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

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

(For Internal Coding Only)

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

'Other' variables:

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

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

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

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

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

w2_age

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

w2_agegroup5yr

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

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

w2_agegroup10yr

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

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

w2_livingarr1

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

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

w2_livingarr2

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

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

w2_livingalone1

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

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

w2_livingalone2

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

0: Not living alone

1: Living alone (without maid)

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

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

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

Q4 [SHOWCARD 3] Are you currently working? w2_Q4

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

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

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

w2_housing1

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

1: 1-2 room HDB

2: 3 room HDB

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

w2_housing2

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

1: 1-2 room HDB

2: 3 room HDB

3: 4-5 room HDB

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

5: Shophouse and Others

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

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

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

Q12

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

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

Q13

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

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

w2_Isnsr

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

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

w2_Isns6

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

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

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

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

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

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

SECTION C: HEALTH STATUS & PHYSICAL DISABILITIES / LIMITATIONS

The next questions will be regarding health.

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

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

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

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

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

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

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

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

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

w2_mobilitydiff

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

w2_mobilitydiff_yesno

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

0: No mobility limitations

1: At least one mobility limitation

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

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

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

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

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

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

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

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

w2_adldiff_yesno

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

0: No ADL limitations

1: At least one ADL limitation

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

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

1 No one

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

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

3 Non co-resident family member

4 Housemaid / houseboy

5 Not sure

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

The next question concerns slightly more complicated tasks.

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

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

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

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

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

w2_iadldiff

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

w2_iadldiff_yesno

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

0: No IADL limitations

1: At least one IADL limitation

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

1 No one

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

3 Non co-resident family member

4 Housemaid / houseboy

5 Not sure

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

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

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

1 Yes

2 No

3 Not Sure

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

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

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

2 Mild

3 Moderate

4 Severe

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

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

1 Not at all

4 Often

2 Rarely

5 All the time

3 Sometimes

Q27.3 **[SHOWCARD 20] In what parts of your (subject's) body did you (subject) feel pain? [MA]**
(For w2_Q27_301 to w2_Q27_309, 1 = Yes, 0 = No)

1 Head **w2_Q27_301**

6 Abdomen **w2_Q27_306**

2 Neck **w2_Q27_302**

7 Back **w2_Q27_307**

3 Shoulders **w2_Q27_303**

8 Lower back / waist **w2_Q27_308**

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

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

5 Chest **w2_Q27_305**

10 Others **w2_Q27_310**

(Specify: _____)

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

SECTION D: HEALTH BEHAVIOURS

The next few questions pertain to sleep.

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

w2_Q28_1_Sleep_hrs

w2_Q28_1_Sleep_mins

hrs

min

1

Not sure **w2_Q28_1_Sleep_Codes**

w2_sleepdur

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

w2_sleepdur_rounded

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

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

w2_Q28_2_naps_hrs

w2_Q28_2_naps_mins

w2_Q28_2_naps_Codes

hrs

min

1

Don't nap

2

Not sure

w2_napcategory

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

0: Do not nap

1: <30 minutes

2: 30-60 minutes

3: >60 minutes

w2_nap_yesno

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

0: Do not nap

1: Take naps

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

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

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

The next few questions pertain to personal habits.

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

1 Yes

2 No

3 Not sure

w2_smoker

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

1: Current smoker

2: Ex-smoker/Non-smoker

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

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

cigarettes / cigars a day (approximately)

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

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

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

Social activities

Every
day

Every
week

Every
month

Less than
once a month

Not at all

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

Fitness activities

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

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

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

Approx. hrs mins Not sure

w2_Q31_TV_mins

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

SECTION E: DENTAL HEALTH

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

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

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

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

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

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

natural teeth in total Not sure **w2_Q33_Codes**

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

SECTION F: Depressive symptoms and personal mastery

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

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

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

w2_cesd

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

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

w2_cesd_yesno

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

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

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

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

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

Strongly Disagree	Disagree	Agree	Strongly Agree
-------------------	----------	-------	----------------

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

w2_mastery

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

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

SECTION G: INCOME

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

First source w2_Q36_1st	
Second source w2_Q36_2nd	
Third source w2_Q36_3rd	

(For internal coding only)

1	Income from work	6	Income in the form of rent from self-owned condominiums or real-estate
2	Pension	7	Income from family business
3	Central Provident Fund	8	Public assistance / Short-term financial assistance from Community Development Councils (CDC)
4	Savings, life insurance, bonds, stock	9	Other (Please specify: _____)
5	Financial support from children, grandchildren or relatives	10	Not sure

11= Financial support from spouse, **12**= Financial support from religion groups, **13**= Financial support from friends, **14**= Annuity, **15**= Mortgage to HDB, **16**= Government growth dividend payout, **17**= Social Security, **98**= None

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

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

5 \$3000-\$3999

Q38

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

w2_Q38 (5 = don't know)

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

SECTION H: PROVISION/ RECEIPT OF TRANSFERS

Q39.1 Do you have grandchildren? w2_Q39_1

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

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

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

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

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

w2_Q39_3_Other_r

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

- 8 Don't know/ Can't say

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

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

Q41 If Yes, then please answer the questions below:

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

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

SECTION I: HEALTH INSURANCE

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

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

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

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

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

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

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

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

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

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

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

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

Q67 Do you have ElderShield for yourself? w2_Q67

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

SECTION J: HEALTH CARE UTILIZATION

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

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

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

Q68 [SHOWCARD 28]

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

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

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

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

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

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

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

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

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

w2_Q74_10_Other_r

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

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

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

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

99 = None]

Q75

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

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

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

Codes for w2_Q75a_ii_Other_r

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

Codes for w2_Q75b_ii_Other_r

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

Codes for w2_Q75c_ii_Other_r

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

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

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

Q76.1 **w2_Q76_1**
w2_Q76_1_Purchased
w2_Q76_1_Rented

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

SGD\$

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

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

Anthropometric Measurement Sheet

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

CASE NO.: _____ NAME OF RESPONDENT: _____

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

INTERVIEWER: _____ DATE OF INTERVIEW: _____

TIME STARTED: _____ TIME ENDED: _____

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

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

INTRODUCTION

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

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

SECTION A: BLOOD PRESSURE

w2_Blood_Pressure: Section A: Blood Pressure measured?

0 = All measurements not to be taken

1 = Yes

2 = No

3 = Not completed 3 times

Equip
ment
need
ed:
Omro

n HEM-780N Monitor, Batteries, Stop Watch

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

[Interviewer: Demonstrate the test.]

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

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

2 No

Q2 Do you understand the directions for this test? w2_M2

1 Yes

2 No

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

1 Yes

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

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

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

1 Respondent felt it would not be safe w2_M4_1

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

SECTION B: SITTING & STANDING HEIGHT

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

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

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

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

Q10 *[Interviewer: Ask if necessary only]*

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

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

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

- 1 Yes
- 2 No

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

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

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

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

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

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

INSTRUCTIONS FOR MEASURING SITTING HEIGHT

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

INSTRUCTIONS FOR MEASURING STANDING HEIGHT

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

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

SECTION C: WAIST

w2_Waist: Section C: Waist measured?

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

Equip
ment
need
ed:

Soft Tape measure

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

[Interviewer: Demonstrate the measurement.]

Q22 Do you understand the directions for this measurement? w2_M22

- 1 Yes
- 2 No

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

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

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

- 1 Respondent felt it would not be safe
- 2 Interviewer felt it would not be safe
- 3 Respondent refused or was not willing to complete the measurement
- 4 Respondent tried but was unable to complete measurement
- 5 Respondent did not understand the instructions
- 6 Respondent is not able to stand
- 7 Other (Specify): w2_M24_Other

INSTRUCTIONS FOR MEASURING WAIST CIRCUMFERENCE

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

[Interviewer: Record measurements in chart.]

Q25

Measurement	Waist Measurement
1 st	___ ___ . ___ cm

w2_M25

w2_ab_obesity

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

0: No obesity

1: Presence of obesity

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

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

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

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

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

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

Q28 Record who completed the measurement: w2_M28

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

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

- 1 Yes
- 2 No

SECTION D: WEIGHT

w2_Weight: Section D: Weight measured?

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

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

Equipment needed: Scale

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

Q30 Do you understand the directions for this measurement? w2_M30

- 1 Yes
- 2 No

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

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

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

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

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

INSTRUCTIONS FOR MEASURING WEIGHT

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

[Interviewer: Record measurements in chart.]

Q33

Measurement	Weight
1 st	___ . ___ kg

w2_M33

w2_bmi

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

w2_bmi_whodetailed

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

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

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

w2_bmi_whosimple

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

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

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

w2_bmi_asian

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

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

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

Q34 Record the type of floor surface: w2_M34

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

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

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

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

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

SECTION E: HAND STRENGTH

w2_Hand_Strength: Section E: Hand Strength measured?

0 = All measurements not to be taken

1 = Yes, both

2 = Neither

3 = Measure right hand only

4 = Measure left hand only

5 = Not completed twice

Equipment needed: Dynamometer

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

[Interviewer: Demonstrate the test.]

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

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

1 Yes

2 No [Go to Q39]

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

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

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

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

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

1 Yes

2 No

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

1 Yes

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

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

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

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

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

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

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

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

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

7 Other (Specify): **w2_M417**

w2_M41_Other

INSTRUCTIONS FOR ADMINISTERING THE HAND STRENGTH TEST

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

Q42 Which hand do you normally use? w2_M42

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

[Interviewer: Record measurements in chart.]

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

w2_hgs_dom_highest

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

w2_hgs_dom_mean

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

w2_hgs_nondom_highest

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

w2_hgs_nondom_mean

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

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

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

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

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

- 1 Standing
- 2 Sitting
- 3 Lying down

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

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.

w2_Chair_Stand: Section F: Chair stand test measured?

0 = All measurements not to be taken

1 = Yes

2 = No

Equipment
needed:

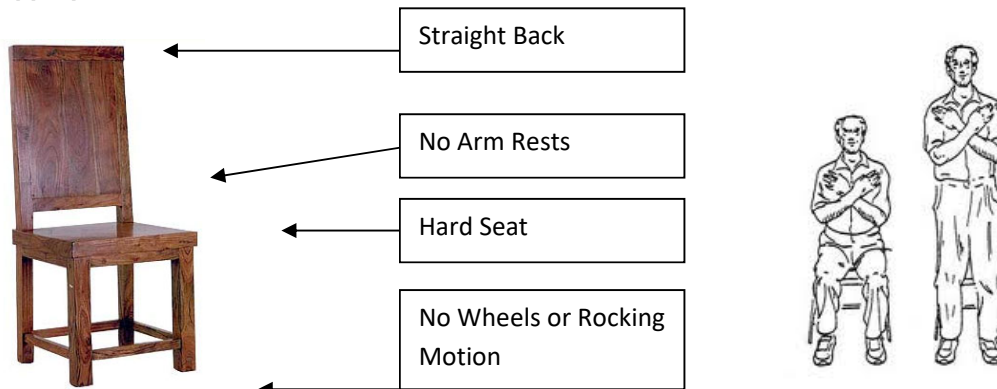
Stop watch, pen or pencil, small hand towel or cloth, chair (from the respondent's home)

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

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

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

Appropriate Chair



INITIAL TEST

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

1 No apparent restriction

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

Q47b Record why the respondent cannot do the initial test:

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

1 Respondent felt it would not be safe w2_M47b1

2 Interviewer felt it would not be safe w2_M47b2

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

4 Respondent is not able to stand w2_M47b4

5 Other (Specify): w2_M47b5 w2_M47b_Other

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

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

INSTRUCTIONS FOR CHAIR STAND TEST

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

	Measurement	Time
Q49	1st	_____ . _____ (seconds)

w2_M49

Q50 How compliant was respondent during this measurement? **w2_M50**

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

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

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

(Decedent Questionnaire)

NAME OF RESPONDENT (NEXT-OF-KIN): _____
NAME OF SUBJECT (ELDERLY): _____

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

CONTACT NO.: _____ (H) _____ (O) _____ (HP/PGR)
INTERVIEWER: **w2_D_Interviewer_PHASE_r** DATE OF INTERVIEW: **w2_D_Date_Interview**
TIME STARTED: _____ TIME ENDED: _____
TOTAL TIME TAKEN FOR INTERVIEW: **w2_D_Duration** MINUTES
(Please include time used by the subject to attend to personal affairs or to rest.)

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

INTRODUCTION

Good morning / afternoon / evening. My name is _____ and I'm from _____. We are conducting a follow-up survey of the people who had participated in the Social Isolation, Health and Lifestyles Survey conducted by MCYS in 2009. As one of the participants of the original survey, we would appreciate it if you could spare us some time to answer some questions.

(If subject cannot be interviewed because he/she has passed away) May I know who the next-of-kin is? We would appreciate it if this person could spare us some time to answer the following questions. This follow-up survey will help us to study the social, economic and health changes in individuals as they age and the circumstances surrounding the elderly's death. The interview will take about 30 minutes.

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.

We need you to function as a proxy for the original participant and fill out the questionnaire about that person's health before they died. Please take the time to answer each question carefully.

- P1 (Proxy's relationship with the subject)**
What is your relationship with (the subject)? w2_D_P1
- 1 Spouse
 - 2 Son
 - 3 Daughter
 - 4 Daughter-in-law
 - 5 Son-in-law
 - 6 Grandchild
 - 7 Relative other than the aforementioned (please explain:w2_D_P1_7_Other)
 - 8 Other (please explain: w2_D_P1_8_Other)

SECTION 1: The circumstances surrounding the original participant's death

Q1 On what date did (subject) pass away?

Please refer to variable: **ByDec2012_Date_of_death** for date of death

Q2.1 [SHOWCARD 1] Did (subject) pass away at home, in a hospital, a nursing home, a hospice, or some other place? w2_D_Q2_1

- | | |
|---|--------------|
| 1 Home | 5 Hospice |
| 2 Acute Care Hospital | 6 Else Where |
| 3 Community Hospital | 7 Don't know |
| 4 Nursing home or other Long-term care facility | |

Q2.2 Where was (subject) primarily cared for in the last month of his/her life? w2_D_Q2_2

- 1 Home
 - 2 Acute Care Hospital
 - 3 Community Hospital
 - 4 Nursing home or other Long-term care facility
 - 5 Hospice
 - 6 Else Where
 - 7 Don't know
- } **[Go to Q5]**

Q3 [If Q2.2=1, a place of care is home then ask] When [subject] was at home during the last month of life, did he/she get any services from a home hospice care agency? w2_D_Q3

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

Q4 [If Q2.2=1, a place of care is home then ask] When [subject] was at home during the last month of life, did he/she get any services from a non-hospice home care agency? w2_D_Q4

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

Q5 What was the cause of [subject's] death? (for w2_D_Q501 to w2_D_Q511, 0 = No, 1 = Yes)

- | | |
|---|--|
| 1 Cancer – all types w2_D_Q501 | 6 Stroke w2_D_Q506 |
| 2 Heart and circulatory disease w2_D_Q502 | 7 Dementia w2_D_Q507 |
| 3 Lung and breathing diseases w2_D_Q503 | 8 Frailty and decline due to old age w2_D_Q508 |
| 4 Kidney disease w2_D_Q504 | 9 Accident or violence w2_D_Q509 |
| 5 Liver disease w2_D_Q505 | 10 Other cause w2_D_Q510
w2_D_Q5_Other |
| | 11 Don't know/ Not stated w2_D_Q511 |

SECTION 2: Marital status and living arrangement of the deceased

Q6 At the time of death, what was [subject's] marital status? w2_D_Q6

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never Married

We are interested in whatever temporary living arrangements may have occurred, whether for (subject) or other people, that might have been made with the intention of helping (subject) and that might have happened, in the last month of his/her life.

Q7 In the last month of his/her life, did someone temporarily move to live in the home where (subject) was living in order to help out, and later moved out again? w2_D_Q7

- 1 Yes
- 2 No [Go to Q9]
- 3 Don't know [Go to Q9]

Q8 Who was (were) this (these) person(s)? w2_D_Q8

- 1 Child or grandchild of (subject)
- 2 Other relatives of (subject)
- 3 Other non-relative

Q9 In the last month of his/her life, did (subject) temporarily move in to live with someone? w2_D_Q9

- 1 Yes
- 2 No [Go to Q11]
- 3 Don't know [Go to Q11]

Q10 Whose house did he/she move into? w2_D_Q10

- 1 Child or grandchild of (subject)
- 2 Other relatives of (subject)
- 3 Other non-relative

SECTION 3: Health Status

We would like to know the health problems that (subject) had before passing away, even when the death may not have been related to said health problems.

Q11 During the time between the last survey and (subject's) passing away, did a doctor or medical personnel diagnose (subject) with _____? (For w2_D_Q11_a_GV1 to w2_D_Q11_m_GV1, 4 =na)

Ailment		Diagnosis		
		Yes	No	Not Sure
a	Heart attack, angina, myocardial infarction, etc. w2_D_Q11_a_GV1	1	2	3
b	Other forms of heart disease w2_D_Q11_b_GV1	1	2	3
c	Cancer (excluding skin cancer) w2_D_Q11_c_GV1	1	2	3
d	Cerebrovascular disease (stroke, etc.) w2_D_Q11_d_GV1	1	2	3
e	Dementia w2_D_Q11_e_GV1	1	2	3
f	High blood pressure w2_D_Q11_f_GV1	1	2	3
g	Diabetes w2_D_Q11_g_GV1	1	2	3
h	Respiratory illness (chronic, such as asthma) w2_D_Q11_h_GV1	1	2	3

17	Appears sad or depressed w2_D_Q16_17_GV1	2	1
18	Expressing feelings of hopelessness or sadness about future (eg. "Nothing worthwhile ever happens", "I never do anything right") w2_D_Q16_18_GV1	2	1
19	Crying or tearfulness w2_D_Q16_19_GV1	2	1
20	Commenting about death of self or others (eg. "life isn't worth living", "I'd be better off dead") w2_D_Q16_20_GV1	2	1
21	Talking about feeling lonely w2_D_Q16_21_GV1	2	1
22	Comments about feeling worthless or burden to others w2_D_Q16_22_GV1	2	1
23	Comments about feeling like a failure or about not having any worthwhile accomplishments in life w2_D_Q16_23_GV1	2	1
24	Arguing, irritability, and/or complaining. w2_D_Q16_24_GV1	2	1

SECTION 4: Assistance with Key Activities

For the next set of questions, I'd like you to think about the original participant's condition in the last month before their passing away.

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

- Q17** (i) Did the (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 did (subject) find it to _____ by yourself?
(iii) [If "difficult", (i)=1] Did (subject) need assistance / device to ___?

Activities	Q17 (i) Difficult	Q17 (ii) How difficult?	Q17 (iii) Assistance / Device
a. Take a bath/shower	1. Difficult 2. Not difficult [Go to b] 3. Not sure [Go to b] w2_D_Q17a_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_D_Q17a_ii	1. Yes, human assistance 2. Yes, device assistance (Specify w2_D_Q17a_iii_Other) 3. No 4. Not sure w2_D_Q17a_iii
b. Dress up	1. Difficult 2. Not difficult [Go to c] 3. Not sure [Go to c] w2_D_Q17b_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_D_Q17b_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: w2_D_Q17b_iii_Other) 3. No 4. Not sure w2_D_Q17b_iii
c. Eat	1. Difficult 2. Not difficult [Go to d] 3. Not sure [Go to d] w2_D_Q17c_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_D_Q17c_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: w2_D_Q17c_iii_Other) 3. No 4. Not sure w2_D_Q17c_iii
d. Stand up from a bed /chair; sitting down on a chair	1. Difficult 2. Not difficult [Go to e] 3. Not sure [Go to e] w2_D_Q17d_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_D_Q17d_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: w2_D_Q17d_iii_Other) 3. No 4. Not sure w2_D_Q17d_iii
e. Walk (around the house)	1. Difficult 2. Not difficult [Go to f] 3. Not sure [Go to f] w2_D_Q17e_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_D_Q17e_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: w2_D_Q17e_iii_Other) 3. No 4. Not sure w2_D_Q17e_iii

f. Go outside (leave the house)	1. Difficult 2. Not difficult [Go to g] 3. Not sure [Go to g] w2_D_Q17f_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_D_Q17f_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: w2_D_Q17f_iii_Other) 3. No 4. Not sure w2_D_Q17f_iii
g. Use the toilet	1. Difficult 2. Not difficult [Go to Q18] 3. Not sure [Go to Q18] w2_D_Q17g_i	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w2_D_Q17g_ii	1. Yes, human assistance 2. Yes, device assistance (Specify: w2_D_Q17g_iii_Other) 3. No 4. Not sure w2_D_Q17g_iii

Q18 How much time before the death of [subject] was he/she no longer able to do at least one of the above activities?

		Months			years	1	Don't know	2	NA (needed no assistance)
		w2_D_Q18_Month			w2_D_Q18_Years				

w2_D_Q18_Codes

Q19 About how many days or weeks before (he/she) died did [subject] lose consciousness?

		days			weeks	1	Never lost consciousness	w2_D_Q19_Codes
		w2_D_Q19_days			w2_D_Q19_weeks			

Q20 About how long was (subject) bedridden before he/she passed away? w2_D_Q20

- | | | | |
|---|--------------------------------|---|---|
| 1 | Less than a day | 5 | From 3 months to under 6 months |
| 2 | From 2 days to under a week | 6 | From 6 months to under 1 year |
| 3 | From 1 week to under 1 month | 7 | From 1 year to under 3 years |
| 4 | From 1 month to under 3 months | 8 | Over 3 years , Please explain: <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></table> Yrs |

w2_D_Q20_Other

SECTION 5: Health Care Utilization

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

Q21

(i) During the <u>last one month before (subject) passed away</u> , did he/she ...	No	Yes	(ii) Number of times in the <u>last one month before (subject's) death</u> ?	If 1 or more visit in last month	
				(iii) How much did (subject) pay on a typical visit?	(iv) [SHOWCARD 3] Again, thinking about all visits in last one month before subject's death, what was the largest source of payment for these visits?
a. see or talk to a doctor in a public or private hospital or a polyclinic? w2_D_Q21a_i	2 [Go to b]	1 →	times w2_D_Q21a_ii	S\$ w2_D_Q21a_iii w2_D_Q21a_iii _Codes (1 = Don't know, 2 = Refused)	w2_D_Q21a_iv w2_D_Q21a_iv_Other
b. see or talk to a Traditional Chinese Medicine (TCM) practitioner or a traditional healer? w2_D_Q21b_i	2 [Go to 22]	1 →	times w2_D_Q21b_ii	S\$ w2_D_Q21b_iii w2_D_Q21b_iii _Codes (1 = Don't know, 2 = Refused)	w2_D_Q21b_iv w2_D_Q21b_iv_Other

Nights w2_D_Q24_3_i	Yr Mth	nights w2_D_Q24_3_iii	S\$ w2_D_Q24_3_iv	w2_D_Q24_3_v w2_D_Q24_3_v_Other
w2_D_Q24_3_ii				

Q25 In the last two years before (subject) passed away did (the subject) ever actively seek consultation for admission to a nursing home? w2_D_Q25

- 1 Yes 2 No 3 NA

Q26.1 (i) If Q24.1 or Q25 is 1= Yes, then when (subject) was admitted or actively sought consultation for admission to a nursing home, how difficult did (subject) find it to _____ alone without the assistance of a person or assistive device?

(ii) How long before the first nursing home admission/ first seeking consultation for admission to a nursing home, did difficulty in _____ begin?

(iii) On a scale of 1 to 10, where 1 is not much stress at all, and 10 is a great deal of stress, how much stress did the main caregiver have while assisting (subject) to _____?

[The main caregiver is a family member or friend of (subject) who was most involved in providing care or ensuring provision of care to (subject)]

Activities	(i) How difficult?	(ii) Length of time between onset of difficulty and first admission to a nursing home/ seeking consultation for admission to nursing home?	(iii) Stress to the main caregiver as a result of providing care. Please rate on a scale of 1-10 [Interviewer: Only ask the proxy]
a Take a bath/shower	1. Not difficult [Go to b] 2. Somewhat difficult 3. Very difficult 4. Unable to perform 5. Not sure [Go to b] w2_D_Q26_1a_i	_____ Days w2_D_Q26_1a_ii_Days _____ Months w2_D_Q26_1a_ii_Months _____ Years w2_D_Q26_1a_ii_Years _____ w2_D_Q26_1a_ii_Codes (1 = not sure)	Less Stress More Stress 1 2 3 4 5 6 7 8 9 10 w2_D_Q26_1a_iii
b Dress up	1. Not difficult [Go to c] 2. Somewhat difficult 3. Very difficult 4. Unable to perform 5. Not sure [Go to c] w2_D_Q26_1b_i	_____ Days w2_D_Q26_1b_ii_Days _____ Months w2_D_Q26_1b_ii_Months _____ Years w2_D_Q26_1b_ii_Years _____ w2_D_Q26_1b_ii_Codes (1 = not sure) no values labeled	Less Stress More Stress 1 2 3 4 5 6 7 8 9 10 w2_D_Q26_1b_iii
c Eat	1. Not difficult [Go to d] 2. Somewhat difficult 3. Very difficult 4. Unable to perform 5. Not sure [Go to d] w2_D_Q26_1c_i	_____ days w2_D_Q26_1c_ii_Days _____ Months w2_D_Q26_1c_ii_Months _____ Years w2_D_Q26_1c_ii_Years _____ w2_D_Q26_1c_ii_Codes (1 = not sure)	Less Stress More Stress 1 2 3 4 5 6 7 8 9 10 w2_D_Q26_1c_iii

d Use the toilet	1. Not difficult [Go to Q26.2] 2. Somewhat difficult 3. Very difficult 4. Unable to perform 5. Not sure [Go to Q26.2] w2_D_Q26_1d_i	_____ Days w2_D_Q26_1d _ii_Days _____ months w2_D_Q26_1d _ii_Months _____ Years w2_D_Q26_1d _ii_Years w2_D_Q26_1d _ii_Codes (1 = not sure)	Less Stress More Stress 1 2 3 4 5 6 7 8 9 10 w2_D_Q26_1d_iii
------------------	--	--	---

- Q26.2** (i) If Q24.1 or Q25 is 1= Yes, then when (subject) were admitted or actively sought consultation for admission to a nursing home, did (subject) show any ____?
- (ii) How long before the first nursing home admission/ first seeking consultation for admission to a nursing home, did ____begin?
- (iii) [Interviewer: Ask only to the proxy] On a scale of 1 to 10, where 1 is not much stress at all, and 10 is a great deal of stress, how much stress did you have as a result of this ____?

	(i) Presence of memory problems/ disruptive behaviors	(ii) Length of time between onset of behavior and first admission to a nursing home/ seeking consultation for admission to nursing home?	(iii) Stress as a result of the behavior. Please rate on a scale of 1-10 [Interviewer: Only ask the proxy]
a Memory related problems such as asking the same question over and over, losing and misplacing things etc	1. Yes 2. No [Go to b] 3. Not Sure [Go to b] w2_D_Q26_2a_i	_____ Days w2_D_Q26_2a_ii_Days _____ Months w2_D_Q26_2a_ii_Months _____ Years w2_D_Q26_2a_ii_Years	Less Stress More Stress 1 2 3 4 5 6 7 8 9 10 w2_D_Q26_2a_iii
b Disruptive behaviors such as destroying property, engaging in behaviors that was potentially dangerous to self or others, was aggressive to other verbally, threatening to hurt others, threatening to hurt oneself, engaging in a behavior that was embarrassing.	1. Yes 2. No [Go to Q27] 3. Not Sure [Go to Q27] w2_D_Q26_2b_i	_____ Days w2_D_Q26_2b_ii_Days _____ Months w2_D_Q26_2b_ii_Months _____ Years w2_D_Q26_2b_ii_Years	Less Stress More Stress 1 2 3 4 5 6 7 8 9 10 w2_D_Q26_2b_iii

Q27 [Interviewer: Ask if Q24.1 or Q25=1]

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

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

[Maximum three responses] (for w2_D_Q2701 to w2_D_Q2710, 0 = No, 1 = Yes)

- 1 Day care centers (including senior activity centers and dementia day care centers) **w2_D_Q2701**
- 2 Day care centers with transportation services **w2_D_Q2702**
- 3 Night care services e.g. night sitter **w2_D_Q2703**
- 4 Home health services e.g. nurse, physical therapist etc. **w2_D_Q2704**
- 5 Home care services e.g. for cleaning, cooking etc. **w2_D_Q2705**
- 6 Training of family members to provide home care **w2_D_Q2706**
- 7 Training of domestic worker/ maid to provide home care **w2_D_Q2707**
- 8 Provision of care subsidies e.g. tax breaks or credits **w2_D_Q2708**
- 9 Support at work place e.g. flexible work hours **w2_D_Q2709**
- 10 Any other, please specify **w2_D_Q2710**
w2_D_Q27_Other

Q28

(i) During the last <u>six months before the subject passed away</u> , was he/she admitted to a	No	Yes	(ii) Number of Nights, over all admissions <u>during the last six months before subject's death</u>	(iii) How long was the last admission?	(iv) How much did (subject) pay for last admission?	(v) [SHOWCARD 3] Again, thinking about all admissions in last six months before subject's death, what was the largest source of payment for these admissions?
(By admitted, I mean he/she was kept in a hospice for at least one night in a hospice bed) a. in-patient w2_D_Q28_i hospice	2 [Go to Q29]	1 →	nights w2_D_Q28_ii w2_D_Q28_ii_Codes (1 = Don't know, 2 = Refused)	Nights w2_D_Q28_iii w2_D_Q28_iii_Codes (1 = Don't know, 2 = Refused)	S\$ w2_D_Q28_iv w2_D_Q28_iv_Codes (1 = Don't know, 2 = Refused)	w2_D_Q28_v w2_D_Q28_v_Other

Q29

On average, how much money was spent per month on buying during the last 6 months before (subject)'s passing away?	(i) Average monthly amount (in SGD)	(iii) [SHOWCARD 3] What was the largest source of payment for these medications?
a. prescription medications	S\$ w2_D_Q29a_Amount w2_D_Q29a_Amount_Codes (1 = Don't know, 2 = Refused)	w2_D_Q29a_Source w2_D_Q29a_Source_Other
b. non-prescription / over the counter medications	S\$ w2_D_Q29b_Amount w2_D_Q29b_Amount_Codes (1 = Don't know, 2 = Refused)	w2_D_Q29b_Source w2_D_Q29b_Source_Other
c. traditional medicines (herbs and other products)	S\$ w2_D_Q29c_Amount w2_D_Q29c_Amount_Codes (1 = Don't know, 2 = Refused)	w2_D_Q29c_Source w2_D_Q29c_Source_Other

We are now going to ask you about (subject's) use of special medical equipment such as walkers, crutches, braces, prostheses, bathing/ toileting aids, wheelchair, reacher etc in the last 1 month before (subject's) passing away? **w2_D_Q30_Purchased**
w2_D_Q30_Rented

Q30 Did (subject) or a family member purchase or rent this equipment in the last 1 month before subject passed away?

- 1 Yes, purchased → What was the cost of purchasing this equipment?
w2_D_Q301

SGD\$

w2_Fieldwork_PHASE_revised Fieldwork status for PHASE (Wave 2) [Note: Status based on combination of fieldwork and MOH mortality databases]

- 11 Alive, Administered survey
- 12 Deceased, Administered decedent questionnaire
- 19 Deceased, Uncontactable of Next-of-Kin
- 31 Alive, Refused by Call/ Email
- 32 Deceased, Refused by Call/ Email
- 41 Alive, Refused Upon Visit
- 42 Deceased, Refused upon Visit
- 991 Alive, Uncontactable (Note: These include those uncontactable in the fieldwork, but were alive as of the date of last contact as per MOH databases)
- 992 Deceased, Uncontactable (Note: These include those uncontactable in the fieldwork, but were dead as of the date of last contact as per MOH databases)

w2_Mortality_PHASE_revised Mortality status for PHASE (Wave 2) [Note: Status based on fieldwork]

- 1 Alive (Note: This includes those who were uncontactable, but were alive as of the date of last contact as per MOH databases)
- 2 Deceased (Note: This includes those who were uncontactable, but were dead as of the date of last contact as per MOH databases)

Dead_by_Dec_2012:

- 0 Alive at end-Dec 2012
- 1 Dead at end-Dec 2012

Note: Mortality status, as at 31 December 2012, based on combination of fieldwork and MOH databases

ByDec2012_Date_of_death_15 Date of Death, for those dead by 31 December 2012, based on MOH databases (if available), and if not then decedent interview or imputed as mid-point of SIHLS interview date and PHASE contact date or mid-point of PHASE interview date. All values for “day” of death were imputed as the 15th of the month of death.

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
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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'

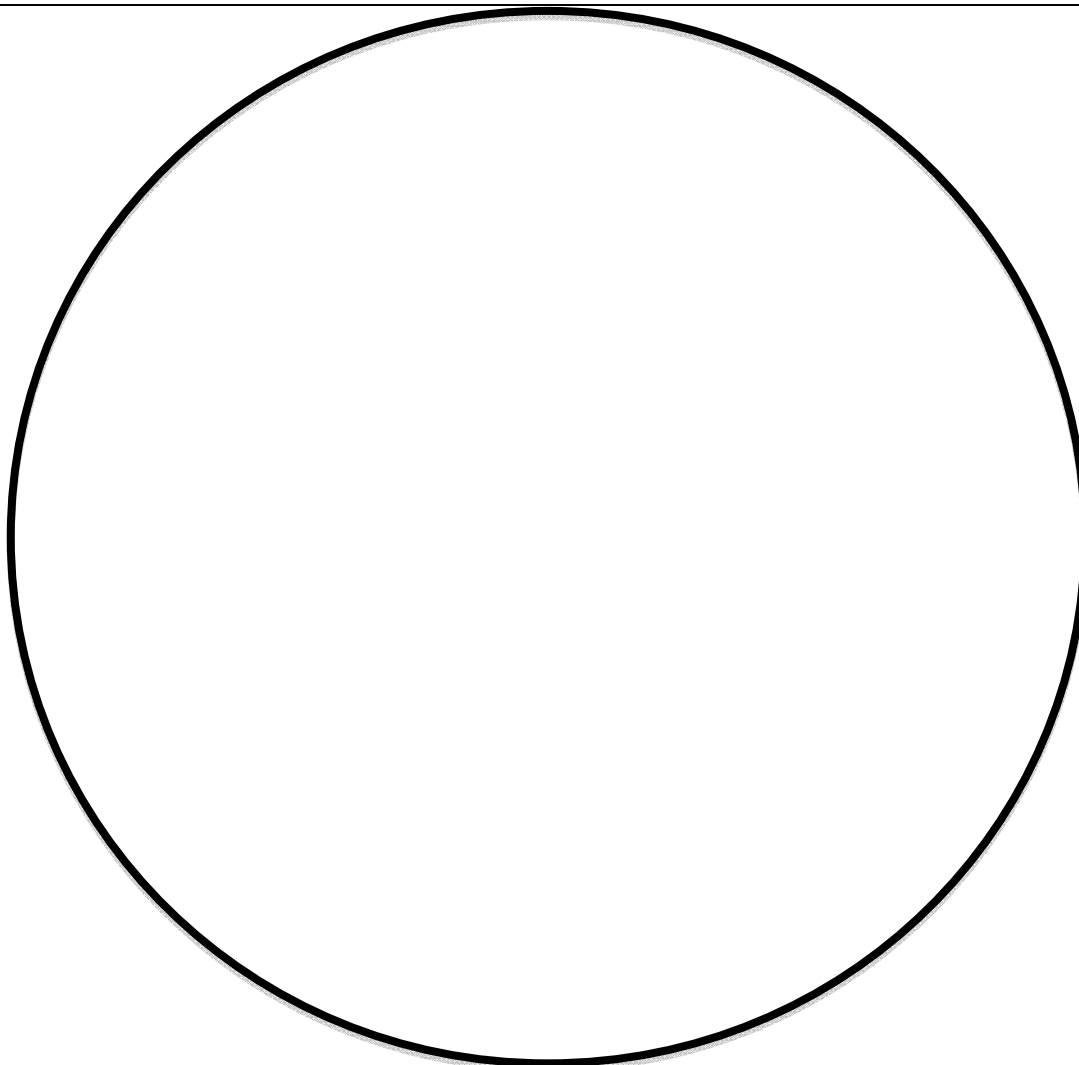
w3_CDT : clock drawing test

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?)				
	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> 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	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> <input type="text"/> <input type="text"/> <u>persons</u>					
Q4	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>					
Q5	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>					
	(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)

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]																																						
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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]																																						
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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
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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]																																		
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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																																						
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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 <i>moderate</i> -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 <i>vigorous</i> -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_Q610 _____)	
	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? 1. Yes 2. No 3. Don't Know	Gender 1. Male 2. Female 9. DK/Refused	Age (in years) (99. 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? 1. Yes 2. No 3. Don't Know	Gender 1. Male 2. Female 9. DK/Refused	Age (in years) (99. 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
	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>
	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 →
		(ii) Number of times in the last three months
		time(s)
		w3_Q83AII (999 =DK)
		(iii) Number of doctors or practitioners seen in the last three months
		w3_Q83AIII (999 =DK)
		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
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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
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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.

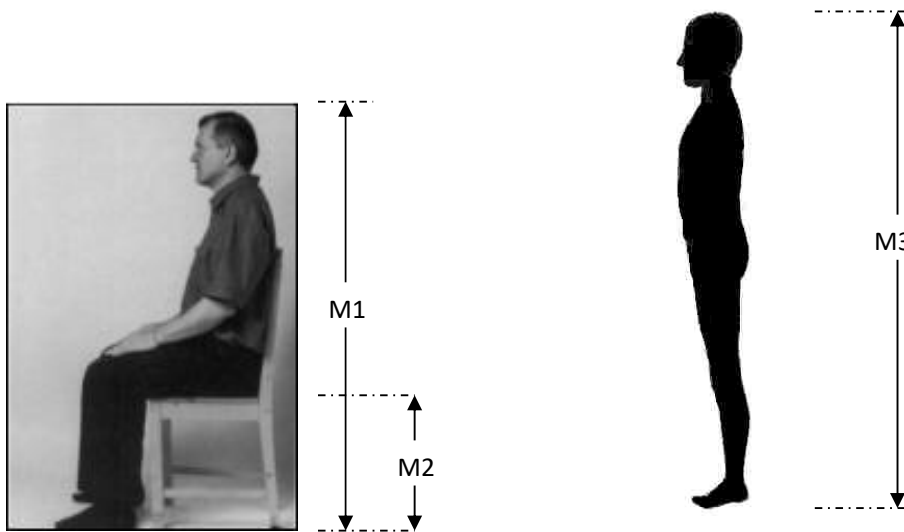
Q10	<i>[Interviewer: Ask only if necessary]</i> Before we begin, do you feel you are able to stand while we do this measurement? w3_M10		
1	Yes		
2	No <i>[Do not complete standing height measurement, but proceed for sitting height]</i>		
Q11	Do you understand the directions for this measurement? w3_M11		
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		[Interviewer: Record how compliant the Respondent was during this measurement]: w3_M27
	1	Respondent was fully compliant
	2	Respondent was prevented from fully complying due to illness, pain, or other symptoms or discomforts
	3	Respondent was not fully compliant, but no obvious reason for this
Q28		[Interviewer: Record who completed the measurement]: w3_M28
	1	Respondent completed the measurement
	2	Interviewer completed the measurement
Q29		[Interviewer: Record whether the Respondent wore bulky clothing during this measurement]: w3_M29
	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
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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.]

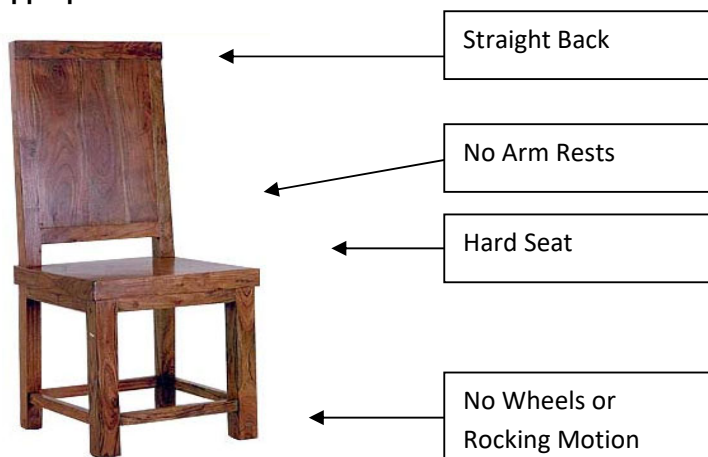
Equipment needed: Stop watch, pen or pencil, small hand towel or cloth, chair (from the respondent's home)

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!

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

Decedent Questionnaire

For Official Use

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 (NEXT-OF-KIN):	
----------------------	--	-----------------------------------	--

		NAME OF SUBJECT (ELDERLY):	
--	--	----------------------------	--

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

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

CONTACT NO.:		(H)		(O)		(HP/PGR)
--------------	--	------	--	-----	--	----------

INTERVIEWER:		DATE OF INTERVIEW:	w3_DATE1
--------------	--	--------------------	-----------------

TIME STARTED:		TIME ENDED:	
---------------	--	-------------	--

TOTAL TIME TAKEN FOR INTERVIEW:	w3_TIME1	MINUTES
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[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'm 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.

We understand that the participant of the original surveys has passed away. However, we would appreciate it if you could spare some time to answer some questions.

May I know who the next-of-kin is? We would appreciate it if this person could spare some time to answer the following questions. This follow-up survey will help us to study the social, economic and health changes in individuals as they age and the circumstances surrounding the elderly's death. The interview will take about 30 minutes.

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.

We need you to function as a proxy for the original participant and fill out the questionnaire about that person's health before they died. Please take the time to answer each question carefully.

P1	(Proxy's relationship with the subject) What is your relationship with (the subject)? w3_DP1	
	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_DP10)
	8	Other (please explain:_____)

SECTION 1: The circumstances surrounding the original participant's death

Q1	On what date did (subject) pass away? Please refer to variable: ByDec2015_Date_of_death for date of death	
Q2.1	[SHOWCARD 1] Did (subject) pass away at home, in a hospital, a nursing home, a hospice, or some other place? w3_D2_1	
	1	Home
	2	Acute Care Hospital
	3	Community Hospital
	4	Nursing home or other Long-term care facility
	5	Hospice
	6	Else Where
	7	Don't know
Q2.2	Where was (subject) primarily cared for <u>in the last month</u> of his/her life? w3_D2_2	
	1	Home
	2	Acute Care Hospital
	3	Community Hospital
	4	Nursing home or other Long-term care facility
	5	Hospice
	6	Else Where
	7	Don't know
	[Go to Q5]	
Q3	[If Q2.2=1, a place of care is home then ask] When (subject) was at home during <u>the last month of life</u>, did he/she get any services from a home hospice care agency? w3_D3	
	1	Yes
	2	No
	3	Don't know
Q4	[If Q2.2=1, a place of care is home then ask] When (subject) was at home during <u>the last month of life</u>, did he/she get any services from a non-hospice home care agency? w3_D4	
	1	Yes
	2	No
	3	Don't know
Q5	What was the cause of (subject's) death? w3_D5	
	1	Cancer – all types
	2	Heart and circulatory disease
	3	Lung and breathing diseases
	4	Stroke
	5	Dementia
	6	Frailty and decline due to old age

	4	Kidney disease	9	Accident or violence
	5	Liver disease	10	Other cause

SECTION 2: Marital status and living arrangement of the deceased

Q6	At the time of death, what was (subject's) marital status? w3_D6			
	1	Married	4	Separated
	2	Widowed	5	Never Married
	3	Divorced		

We are interested in whatever temporary living arrangements may have occurred, whether for (subject) or other people, that might have been made with the intention of helping (subject) and that might have happened, in the last month of his/her life.

Q7	In the last month of his/her life, did someone temporarily move to live in the home where (subject) was living in order to help out, and later moved out again? w3_D7			
	1	Yes	2	No [Go to Q9]
			3	Don't know [Go to Q9]

Q8	Who was (were) this (these) person(s)? w3_D8			
	1	Child or grandchild of (subject)		
	2	Other relatives of (subject)		
	3	Other non-relative		

Q9	In the last month of his/her life, did (subject) temporarily move in to live with someone? w3_D9			
	1	Yes	2	No [Go to Q11]
			3	Don't know [Go to Q11]

Q10	Whose house did he/she move into? w3_D10			
	1	Child or grandchild of (subject)		
	2	Other relatives of (subject)		
	3	Other non-relative		

SECTION 3: Health Status

We would like to know the health problems that (subject) had before passing away, even when the death may not have been related to said health problems.

Q11	Did a doctor or medical personnel ever diagnose (subject) with _____?			
Ailment		Diagnosis		
		Yes	No	Not Sure
a	Heart attack, angina, myocardial infarction, etc. w3_D11A	1	2	3
b	Heart failure w3_D11B	1	2	3
c	Other forms of heart disease w3_D11C	1	2	3
d	Cancer (excluding skin cancer) w3_D11D	1	2	3
e	Cerebrovascular disease (stroke, etc.) w3_D11E	1	2	3
f	Dementia w3_D11F	1	2	3
g	High blood pressure w3_D11G	1	2	3
h	Diabetes w3_D11H	1	2	3
i	Respiratory illness (chronic, such as asthma) w3_D11I	1	2	3
j	Digestive illness (stomach or intestinal) w3_D11J	1	2	3

k	Renal/kidney or urinary tract ailments w3_D11K	1	2	3
l	Ailments of the liver or gallbladder w3_D11L	1	2	3
m	Fractures of the hip, thigh, and pelvis w3_D11M	1	2	3
n	Other, w3_D11N specify: w3_D11N_1	1	2	3
Q12	Did (subject) fall down <u>in the last one year</u> of his/her life? w3_D12			
	1 Yes	2 No <i>[Go to Q15]</i>	3 Don't know <i>[Go to Q15]</i>	
Q13	How many times did (subject) fall down <u>in the last one year</u> of his/ her life?			w3_D13
	99 Don't Know/Can't remember			
Q14	In that fall/ In any of these falls, did (subject) injure himself/herself seriously enough to need medical treatment? w3_D14			
	1 Yes	2 No	3 Don't know	
Q15	How would you describe (subject's) state of health in <u>the last month</u> of his/her life? w3_D15			
	1 Very healthy	4 Somewhat unhealthy		
	2 Healthier than average	5 Very unhealthy		
	3 Of average health	6 Not sure		
SECTION 4: Assistance with Key Activities				
For the next set of questions, I'd like you to think about the original participant's condition <u>in the last month</u> before their passing away.				
<i>[Interviewer: Ask a ~ g, repeating (i) to (iii) for each as appropriate.]</i>				
Q16	(i) Did the (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 did (subject) find it to _____ by himself or herself? (iii) [If "difficult", (i)=1] Did (subject) need assistance / device to ___?			
Activities	Q16 (i) Difficult	Q16 (ii) How difficult?	Q16 (iii) Assistance / Device w3_D16AI3C1 to w3_D16FI3C1, 0 = Not selected, 1 = Yes, human assistance w3_D16AI3C2 to w3_D16FI3C2, 0 = Not selected, 1 = Yes, device assistance w3_D16AI3C3 to w3_D16FI3C3, 0 = Not selected, 0 = No w3_D16AI3C4 to w3_D16FI3C4, 0 = Not selected, 0 = Not sure	
a. Take a bath or shower	1. Difficult 2. Not difficult <i>[Go to b]</i> 3. Not sure <i>[Go to b]</i> w3_D16AI	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_D16AI	1. Yes, human assistance w3_D16AI3C1 2. Yes, device assistance w3_D16AI3C2 (Specify: w3_D16AI3C2O) 3. No w3_D16AI3C3 4. Not sure w3_D16AI3C4	

b.	Dress up	1. Difficult 2. Not difficult [Go to c] 3. Not sure [Go to c] w3_D16BI	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_D16BII	1. Yes, human assistance w3_D16BI3C1 2. Yes, device assistance w3_D16BI3C2 (Specify: w3_D16BI3C2O) 3. No w3_D16BI3C3 4. Not sure w3_D16BI3C4
c.	Eat	1. Difficult 2. Not difficult [Go to d] 3. Not sure [Go to d] w3_D16CI	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_D16CII	1. Yes, human assistance w3_D16C3C1 2. Yes, device assistance w3_D16C3C2 (Specify: w3_D16C3C2O) 3. No w3_D16C3C3 4. Not sure w3_D16C3C4
d.	Stand up from a bed or chair; sitting down on a chair	1. Difficult 2. Not difficult [Go to e] 3. Not sure [Go to e] w3_D16DI	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_D16DII	1. Yes, human assistance w3_D16DI3C1 2. Yes, device assistance w3_D16DI3C2 (Specify: w3_D16DI3C2O) 3. No w3_D16DI3C3 4. Not sure w3_D16DI3C4
e.	Walk (around the house)	1. Difficult 2. Not difficult [Go to f] 3. Not sure [Go to f] w3_D16EI	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_D16EII	1. Yes, human assistance w3_D16EI3C1 2. Yes, device assistance w3_D16EI3C2 (Specify: w3_D16EI3C2O) 3. No w3_D16EI3C3 4. Not sure w3_D16EI3C4
f.	Use the sitting toilet	1. Difficult 2. Not difficult [Go to Q17] 3. Not sure [Go to Q17] w3_D16FI	1. Somewhat difficult 2. Very difficult 3. Unable to perform 4. Not sure w3_D16FII	1. Yes, human assistance w3_D16FI3C1 2. Yes, device assistance w3_D16FI3C2 (Specify: w3_D16FI3C2O) 3. No w3_D16FI3C3 4. Not sure w3_D16FI3C4
Q17	How much time before the death of (subject) was he/she no longer able to do at least one of the above activities?			
		Months w3_D17M	Years w3_D17Y	1
				Don't know
				2
				NA (needed no assistance)
				w3_D17
Q18	About how many days or weeks before (he/she) died did [subject] lose consciousness?			
		days w3_D18D	Weeks w3_D18W	1
				Never lost consciousness w3_D18
Q19	About how long was (subject) bedridden before he/she passed away? w3_D19			
	1	Less than a day	5	From 3 months to under 6 months
	2	From 2 days to under a week	6	From 6 months to under 1 year
	3	From 1 week to under 1 month	7	From 1 year to under 3 years
	4	From 1 month to under 3 months	8	Over 3 years , Please explain:
				w3_D19O
				Years
SECTION 5: Health Care Utilization				
Now I would like to ask about (subject)'s contact with health professionals and services				
Q20				
(i) During the last one month before (subject) passed away, did he/she ...		No	Yes	(ii) Number of times in the last one month before (subject's) death?

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 (subject) was facing? w3_D20AI		2 [Go to b]	1 →	w3_D20AII (99=DK/RF/NO RESPONSE)		Times
b. see or talk to a Traditional Chinese Medicine (TCM) practitioner or a traditional healer for a health problem (subject) was facing? w3_D20BI		2 [Go to 21]	1 →	w3_D20BII		Times
Q21 During the last six months before (subject) passed away did he/she go to a hospital emergency room for help with a health problem? w3_D21						
1	Yes	2	No [Go to Q22.1]			
(i) Number of times in the last six months before (subject) passed away _____ times w3_D21I (999=DK/RF/NO RESPONSE)						
Q22.1 During the last six months before (subject) passed away, was he/she admitted to a public/ private hospital (By admitted, I mean he/she was kept in a hospital for at least one night in a hospital bed) w3_D22_1						
1	Yes	2	No [Go to Q23.1]			
Q 22.2						
(i) Number of Nights, over all admissions during the last six months before (subject) passed away.				(ii) How long was the last admission?		
w3_D22_2I (999=DK/RF/NO RESPONSE)				Nights w3_D22_22 (999=DK/RF/NO RESPONSE)		
Q23.1 In the last two years before (subject) passed away, was (subject) ever admitted to a nursing home? w3_D23_1						
1	Yes	2	No [Go to Q24]			
Q23.2 How many times was (subject) been admitted to a nursing home in the last two years before he/she passed away? (999=DK/RF/NO RESPONSE)					w3_D23_2	Times
Q23.3						
(i) Number of Nights, over all nursing home admissions during the last 2 years before (subject) passed away.		(ii) When was (subject) admitted to the nursing home (If more than once, record most recent)		(iii) How long was (subject's) last admission?		
Nights w3_D23_3I (999=DK/RF/NO RESPONSE)		Year w3_D233IY (9999=DK/RF/NO RESPONSE) Month w3_D233IM (99=DK/RF/NO RESPONSE)		Nights w3_D233I3		
Q24						

(i) During the last <u>six months before the subject passed away</u>, was he/she admitted to a ... (By admitted, I mean he/she was kept in a hospice for at least one night in a hospice bed)		No	Yes	(ii) Number of Nights, over all admissions <u>during the last six months</u> before subject's death	(iii) How long was the last admission?
in-patient hospice? w3_D24I		2 [Go to Q25]	1 →	Nights w3_D24II	Nights w3_D24III
Q25					
(i) During the last <u>six months before the subject passed away</u>, was he/she cared for by a...		No	Yes	(ii) Number of times <u>during the last six months</u> before subject's death?	
a. home hospice service? w3_D25I		2 [Go to Q26]	1 →	w3_D25II times	
Q26					
Did (subject) receive help from a maid/ foreign domestic worker/nurse in <u>last one month</u> before passing away? w3_D26					
1	Yes	2	No	[End of Interview]	

w3_Interviewer_ID Interviewer ID

w3_Fieldwork_revised Fieldwork status for SAFE-PHASE (Wave 3) [Note: Status based on combination of fieldwork and MOH mortality databases]

11 Alive, Administered survey

12 Deceased, Administered decedent questionnaire

19 Deceased, Uncontactable of Next-of-Kin

31 Alive, Refused by Call/ Email

32 Deceased, Refused by Call/ Email

41 Alive, Refused Upon Visit

42 Deceased, Refused upon Visit

991 Alive, Uncontactable (Note: These include those uncontactable in the fieldwork, but were alive as of the date of last contact as per MOH databases)

992 Deceased, Uncontactable (Note: These include those uncontactable in the fieldwork, but were dead as of the date of last contact as per MOH databases)

w3_Mortality Mortality status for SAFE-PHASE (Wave 3) [Note: Status based on fieldwork]

1 Alive (Note: This includes those who were uncontactable, but were alive as of the date of last contact as per MOH databases)

2 Deceased (Note: This includes those who were uncontactable, but were dead as of the date of last contact as per MOH databases)

Dead_by_Dec_2015 Mortality status, as at 31 December 2015 [*Note: Status based on combination of fieldwork and MOH mortality databases*]

0 Alive at end-Dec 2015

1 Dead at end-Dec 2015

ByDec2015_Date_of_death_15 Date of Death, for those dead by 31 December 2015, based on MOH databases (if available), and if not then decedent interview or imputed as mid-point of SIHLS interview date and PHASE contact date or mid-point of PHASE interview date and SAFE-PHASE last contact date. All values for “day” of death were imputed as the 15th of the month of death.