Appendix D

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| **SINGAPORE CONSORTIUM OF COHORT STUDIES –**  **MEC REVISIT QUESTIONNAIRE**  **Questionnaire No.:** | **Study ID:** |
| *\* Circle where appropriate* | *The Study ID will be generated from the computer system.* |

Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: [\*Mr/Ms/Mrs]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \* M / F

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| NRIC: |  |  |  |  |  |  |  |  |  |  | Race: | \* C / M / I / O: | | | |  | | | | |
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| Email: |  | | | | | | | | |  | D.O.B.: |  |  |  |  | |  |  |  |  |
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Residential Address:

Block/House No/Building Name/Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit No/Apartment No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address [fill in only if different from above]:

Block/House No/Building Name/Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit No/Apartment No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact 1: Home No: \_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_ Office No: \_\_\_\_\_\_\_\_\_\_\_

Contact 2: Home No: \_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_ Office No: \_\_\_\_\_\_\_\_\_\_\_

Preferred Language: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. Date and time interview | Date |  |  |  |  |  |  |  |  | Time |  |  |  |  | hrs |
| commences |  | D | D | M | M | Y | Y | Y | Y |  |  | | | | |
| 1. Date and time for health | Date |  |  |  |  |  |  |  |  | Time |  |  |  |  | hrs |
| screening |  | D | D | M | M | Y | Y | Y | Y |  |  | | | | |

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| Interviewed by: |  | **Document the full name of the interviewer.** |
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| Name: [\*Mr/Ms/Mrs] |  | **Circle the appropriate salutation. Document the name as it is printed on the participant’s NRIC.** |
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| Gender: \* M / F |  | **Document the gender as printed on the NRIC** |
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| Race: \* C / M / I / O:\_\_\_\_\_\_\_\_\_\_ |  | **Document as per NRIC. Circle C for Chinese, M for Malay, I for Indian and O for Other. Specify Other, e.g. Bugis, Sikh, Pakistani** |
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| Email |  | **Document email address if available.** |
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| D.O.B: |  | **Document the date of birth as printed on the NRIC.** |
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| Residential Address: |  | **Document the main address that the participant is currently staying at.** |
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| Mailing Address [fill in only if different from above]: |  | **Document mailing address only if different from the residential address.** |
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| Contact No. |  | **Obtain telephone number where applicable/contactable. If no contact number is available, document 77777777.** |
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| Preferred Language: 1.\_\_\_ 2.\_\_\_\_ |  | **Document the language(s) that is spoken**  **according to the order of preference** |
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| 1. Date and time of interview commences: |  | **Document the date and time the interview was conducted.** |
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| 2. Date and time for health screening:  Date □□□□□□□□ Time □□□□ hrs |  | **Document the tentative date and time for the health screening appointment, if needed.** |
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| Last interview date: | |  |  |  |  |  |  |  |  | |  | | | **Study ID** |
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| Current interview date: | |  |  |  |  |  |  |  |  | |  | | |  |
|  | | D | D | M | M | Y | Y | Y | Y | |  | | |  |
| Interviewer: |  | | | | | | | | | |  | | |  |
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| **Note to Interviewer :**   1. **Each correction of entry must be signed and dated.** 2. **Do not interpret or make assumptions while interviewing; document participant’s response accordingly.** 3. **Where 🞎 is provided, tick [√ ] when applicable.** 4. **Do not leave any blanks unless instructed.** 5. **All are single answer questions unless indicated “[MA]”, i.e. multiple answers question** 6. **Enter all date fields in the format “DDMMYYYY”.** 7. **For other fields:**  |  |  |  |  | | --- | --- | --- | --- | |  | **Day, month or year** | **String/Text** | **Numeric** | | **Where not applicable, enter:** | **NN** | **NNN** | **777** | | **Where participant refuses to answer, enter:** | **RR** | **RRR** | **888** | | **Where participant does not know, enter:** | **DD** | **DDD** | **999** | | | | | | | | | | | | | | | |
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| **A LIFESTYLE FACTORS**  **A1 Smoking** | | | | | | | | | |  | | | **Captures exposure to all forms of tobacco smoking, except Shisha** | |
| A1.1 Have you ever smoked cigarettes in your lifetime? □ 1. Yes  □ 2. No **(Go to A1.8)**  □ 888. Refuse to answer | | | | | | | | | |  | | | **“Yes” to include those who have smoked at least 1 puff in their lifetime.** | |
| A1.2 Have you ever smoked at least 100 cigarettes in your lifetime?  □ 1. Yes  □ 2. No **(Go to A1.8)**  □ 888. Refuse to answer | | | | | | | | | |  | | |  | |
| A1.3 When did you first start smoking cigarettes?  Age when started \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year when started |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  □ 888. Refuse to answer  □ 999. Do not know | | | | | | | | | |  | | | **If participant says ‘X’ years ago, double check by asking “is that in year [present – X]?”** | |
| A1.4 Do you smoke cigarettes currently?  □ 1. Yes  □ 2. No **(Go to A1.5)**  □ 888. Refuse to answer **(Go to A1.5)** | | | | | | | | | |  | | | **“Currently” refers to period around time of interview.** | |
| A1.4a Do you smoke cigarettes ….?  □ 1. Everyday  □ 2. Occasionally **(Go to A1.5)**  □ 888. Refuse to answer | | | | | | | | | |  | | |  | |
| A1.4b When did you start smoking daily?  Age when started \_\_\_\_\_\_\_\_\_\_\_\_ **(Go to A1.7)**  (or) Year when started |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  □ 888. Refuse to answer  □ 999. Do not know | | | | | | | | | |  | | |  | |
| A1.5 When did you last stop smoking cigarettes regularly?  Age when stopped \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year when stopped |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  □ 777. Not applicable  □ 888. Refuse to answer **(Go to A2)**  □ 999. Do not know **(Go to A2)** | | | | | | | | | |  | | | **Participant might have tried to quit repeatedly. Ask for the last quit year.**  **“Stop smoking” means a total cessation in smoking** | |

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| A1.7 Please describe your smoking pattern from the time you started smoking till present/you stopped.   * **Ask participant about the entire period of his life when he was smoking, starting from earliest to the most recent.** * **Document the type of tobacco product he smoked and the amount smoked per day/week/month.** * **If participant is a very irregular smoker who is completely unable to gauge his or her usage, put down answer as “1 time per month”.** * **Also record intermittent period(s) of non-smoking.** | | | |
| From  \_\_\_\_ mm \_\_\_\_\_\_\_\_ yyyy  to  \_\_\_\_ mm \_\_\_\_\_\_\_\_ yyyy | * □ Manufactured cigarettes * □ Hand-rolled cigarettes/ tahil/ liangs * □ Cigars, cheroots, cigarillos * □ Pipes | \_\_\_\_ sticks  \_\_\_\_ pipes  \_\_\_\_ grams | Per  🞎 day  🞎 week  🞎 month |
| From  \_\_\_\_ mm \_\_\_\_\_\_\_\_ yyyy  to   * \_\_\_\_ mm \_\_\_\_\_\_\_\_ yyyy | * □ Manufactured cigarettes * □ Hand-rolled cigarettes/ tahil/ liangs * □ Cigars, cheroots, cigarillos * □ Pipes | \_\_\_\_ sticks  \_\_\_\_ pipes  \_\_\_\_ grams | Per  🞎 day  🞎 week  🞎 month |
| From  \_\_\_\_ mm \_\_\_\_\_\_\_\_ yyyy  to   * \_\_\_\_ mm \_\_\_\_\_\_\_\_ yyyy | * □ Manufactured cigarettes * □ Hand-rolled cigarettes/ tahil/ liangs * □ Cigars, cheroots, cigarillos * □ Pipes | \_\_\_\_ sticks  \_\_\_\_ pipes  \_\_\_\_ grams | Per  🞎 day  🞎 week  🞎 month |
| From  \_\_\_\_ mm \_\_\_\_\_\_\_\_ yyyy  to   * \_\_\_\_ mm \_\_\_\_\_\_\_\_ yyyy | * □ Manufactured cigarettes * □ Hand-rolled cigarettes/ tahil/ liangs * □ Cigars, cheroots, cigarillos * □ Pipes | \_\_\_\_ sticks  \_\_\_\_ pipes  \_\_\_\_ grams | Per  🞎 day  🞎 week  🞎 month |
| From  \_\_\_\_ mm \_\_\_\_\_\_\_\_ yyyy  to   * \_\_\_\_ mm \_\_\_\_\_\_\_\_ yyyy | * □ Manufactured cigarettes * □ Hand-rolled cigarettes/ tahil/ liangs * □ Cigars, cheroots, cigarillos * □ Pipes | \_\_\_\_ sticks  \_\_\_\_ pipes  \_\_\_\_ grams | Per  🞎 day  🞎 week  🞎 month |
| From  \_\_\_\_ mm \_\_\_\_\_\_\_\_ yyyy  to   * \_\_\_\_ mm \_\_\_\_\_\_\_\_ yyyy | * □ Manufactured cigarettes * □ Hand-rolled cigarettes/ tahil/ liangs * □ Cigars, cheroots, cigarillos * □ Pipes | \_\_\_\_ sticks  \_\_\_\_ pipes  \_\_\_\_ grams | Per  🞎 day  🞎 week  🞎 month |

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| * **The following questions are to capture information on second-hand smoke exposure, i.e. where the participant was close enough to the smoker(s) to smell the smoke.** * **“Home”, “place of stay” and “residence” may include family home, rental flat, dormitory, hostel, barracks etc.** | | |
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| A1.8 From your birth to age 18, did anyone living with you smoke at home on a daily basis for 6 months or longer?  □ 1. Yes  □ 2. No **(Go to A1.9)**  □ 888. Refuse to answer **(Go to A1.9)**  □ 999. Do not know **(Go to A1.9)** |  |  | |
| A1.8a Who smoked daily at home?  □ 1. Spouse  □ 2. Parent(s) and/or in-law(s)  □ 3. 1 or more of your children  □ 4. Other person(s)  □ 888. Refuse to answer  □ 999. Do not know |  | **(MA)**  **Other person(s) may include non-relatives who stayed in your home, e.g. tenant, friend.** | |
| A1.8b For how many years did at least 1 person living in your home smoke daily at home?  □ 1. 1 year or less  □ 2. 2 – 5 years  □ 3. 6 – 11 years  □ 4. 12 + years  □ 888. Refuse to answer  □ 999. Do not know |  | **When there are >1 person exposing second hand smoke to the participant in the home, sum up the number of non-overlapping years.** | |
| A1.9 Since you were 18 years old, did anyone living with you smoke at home on a daily basis for 6 months or longer?  □ 1. Yes  □ 2. No **(Go to A1.10)**  □ 888. Refuse to answer **(Go to A1.10)**  □ 999. Do not know **(Go to A1.10)** |  |  | |
| A1.9a Who smoked daily at home?  □ 1. Spouse  □ 2. Parent(s) and/or in-law(s)  □ 3. 1 or more of your children  □ 4. Other person(s)  □ 888. Refuse to answer  □ 999. Do not know |  | **(MA)**  **Other person(s) may include non-relatives who stayed in your home, e.g. tenant, friend.** | |
| A1.9b For how many years has at least 1 person staying with you smoked daily?  □ 1. 1 year or less  □ 2. 2 - 4 years  □ 3. 5 - 14 years  □ 4. 15 - 24 years  □ 5. 25 + years  □ 888. Refuse to answer  □ 999. Do not know |  | **When there are >1 person exposing second hand smoke to the participant in the home, sum up the number of non-overlapping years.** | |
| A1.10 Does anyone who currently stays with you smoke on a daily basis?  □ 1. Yes  □ 2. No **(Go to A1.11)**  □ 888. Refuse to answer |  |  | |
| A1.10a Who currently smokes daily in your residence?  □ 1. Spouse  □ 2. Parent(s) and/or in-law(s)  □ 3. 1 or more of your children  □ 4. Other person(s)  □ 888. Refuse to answer |  | **(MA)**  **Other person(s) may include non-relatives, e.g. roommate, friend and landlord.** | |
| A1.11 Since the last time we spoke with you, have you taken a job in which, on a daily basis, you were exposed to cigarette smoke from others?  □ 1. Yes  □ 2. No **(Go to A2)**  □ 888. Refuse to answer |  |  | |
| A1.11a For how many years were you exposed to cigarette  smoke at work since the last time we spoke with you?  \_\_\_\_\_\_\_\_ years |  | **If the participant gives a range, take the highest number as the response.** | |
| A1.11b On the average, how many hours were you exposed to cigarette smoke at work?  □ 1. 1 hour or less  □ 2. 1 - 3 hours  □ 3. 4 + hours  □ 888. Refuse to answer |  | **If the participant gives a range, take the highest number as the response.** | |

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| **A2 Alcohol Consumption**  A2.1 I would like to ask you about your alcohol consumption in the last 30 days.   * **This refers to the recent and typical alcohol consumption within a 30-day period and may not be the immediate last 30 days.** * **Document number of servings\* under per day, week or month. If consumed less than 1 serving in the last 30 days, tick “Rarely/Never”.** * **1 alcohol serving: 2/3 of 1 mug/can of beer (220ml), 1 glass of wine (about 100ml), 1 measure of hard liquor (20-30ml).** | | | | | |
|  |  | Per day | Per week | Per month | Rarely/ Never |
| 500. Alcohol  [beer/stout/wine/hard liquor] | 1 serving\* |  |  |  | 🞎 |
| * **A2.2 refers to only the immediate last 30 days.**   A2.2 For women: Did you have 4 or more servings at a single drinking session in the last 30 days?  🞎 1. Yes  🞎 2. No  For men: Did you have 5 or more servings at a single drinking session in the last 30 days?  🞎 1. Yes  🞎 2. No | | | | | |

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| **B PERSONAL MEDICAL HISTORY**  **B1 Medication**  B1.1 Are you currently taking any regular medications?  □ 1. Yes  □ 2. No **(Go to B2)**  □ 888. Refuse to answer **(Go to B2)**  □ 999. Do not know **(Go to B2)** |  | **“Regular medications” refer to medication taken for a long time or to be taken long term, for health or for chronic conditions such as heart diseases, stroke, high blood pressure, diabetes, high cholesterol, arthritis etc.**  **This includes regular health supplements (e.g. vitamins, fish oil) and all contraceptives.** |
| B1.2 Please list all the medications and the dose that you are taking.  ***Please ask subject to show packaging of medication.***  □ 888. Refuse to answer | | |

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| * **“How long have you been taking this medicine” refers to the overall span of time taking this medicine; do not deduct any intermittent breaks within this period.** * **Document strength and frequency of dose according to prescription if available, not according to participant’s actual consumption. If participant is prescribed 2 doses per week on a per need basis, document the Frequency as “2/wk” and tick “PRN/as and when I need”.** * **If in doubt as to whether medication mentioned by participant is considered as “regular medication”, simply record the medication.** * **Tablet type includes capsule and soft gel. E.g. of other application type: powder mixed with water, gargle etc.** |

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| **S/N** | **Name of Medication** | **Application/ type** | | | | **Strength**  **per**  **dose** | **Frequency of dose** | | **How long you have been taking this medicine?** | | | |
| **Tablet** | **Inhaler** | **Cream** | **Others**  **specify:** | **No. of dose /day,**  **/wk or**  **/mth** | **PRN/as and when I need** | **Year(s)** | **Month(s)** | **Week(s)** | **Day(s)** |
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| **B2 Heart Disease**  B2.1 Has a physician ever told you that you haveblockage of the arteries to your heart?  □ 1. Yes  □ 2. No **(Go to B2.2)**  □ 888. Refuse to answer **(Go to B2.2)**  □ 999. Do not know **(Go to B2.2)** |  | **Participant must have had an angiogram for this diagnosis. ECG alone cannot be used to diagnose.**  **Heart Disease in this context does NOT include congenital or ‘born with’ disease/defects.** |
| B2.1.1 When did it first occur?  Age \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  🞎 999. Not sure |  |  |
| B2.1.2 Which hospital/clinic?  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **(MA)**  **Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.** |
| B2.2 Have you ever had a heart attack?  □ 1. Yes  □ 2. No **(Go to B2.3)**  □ 888. Refuse to answer **(Go to B2.3)**  □ 999. Do not know **(Go to B2.3)** |  | **Heart attack refers to a situation whereby there is loss in heart muscle function due to lack of oxygenation, typically due to restriction in blood flow from blocked arteries** |
| B2.2.1 When did it first occur?  Age \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  □ 999. Not sure |  |  |
| B2.2.2 Which hospital/clinic?  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **[MA]**  **Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.** |
| B2.3 Is your doctor giving you medication for your heart disease currently?  □ 1. Yes **(record medications under B1.2)**  □ 2. No  □ 999. Do not know |  |  |
| B2.4 Have you ever had an angiogram?  □ 1. Yes  □ 2. No  B2.4.1 If Yes, which year was it first done and at which hospital  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  B2.4.2 Hospital  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **An angiogram is a diagnostic procedure performed to find out (not to cure) if there is any blockages to the arteries. A small tube is inserted into a big blood vessel to administer a dye into the blood vessels of the desired area. X-rays are then taken to locate the blockages in the blood vessels.** |
| B2.5 Have you ever had an angioplasty-ballooning?  □ 1. Yes  □ 2. No  B2.5.1 If Yes, which year was it first done and at which hospital  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  B2.5.2 Hospital  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **An angioplasty-ballooning a procedure that clears the blockages in the blood vessels.** |
| B2.6 Have you ever had a heart bypass operation?  □ 1. Yes  □ 2. No  B2.6.1 If Yes, which year was it first done and at which hospital  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  B2.6.2 Hospital  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **A heart bypass operation creates a new route to supply blood to the heart by transplanting part of a blood vessel.** |
| **B2a Peripheral Arterial Disease**  B2a.1 Has a physician ever told you that you haveblockage of the arteries in your legs?  □ 1. Yes  □ 2. No **(Go to B3)**  □ 888. Refuse to answer **(Go to B3)**  □ 999. Do not know **(Go to B3)** |  |  |
| B2a.1.1When did it first occur?  Age \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  🞎 999. Not sure |  |  |
| B2a.1.2Which hospital/clinic?  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **(MA)**  **Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.** |
| B2a.2 Have you ever had an angiogram?  □ 1. Yes  □ 2. No  B2a.2.1 If Yes, which year was it first done and at which hospital  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  B2a.2.2 Hospital  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **An angiogram is a diagnostic procedure performed to find out (not to cure) if there is any blockages to the arteries. A small tube is inserted into a big blood vessel to administer a dye into the blood vessels of the desired area. X-rays are then taken to locate the blockages in the blood vessels.** |
| B2a.3 Have you ever had an angioplasty-ballooning?  □ 1. Yes  □ 2. No  B2a.3.1 If Yes, which year was it first done and at which hospital  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  B2a.3.2 Hospital  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **An angioplasty-ballooning a procedure that clears the blockages in the blood vessels.** |
| B2a.4 Have you ever had a bypass operation?  □ 1. Yes  □ 2. No  B2a.4.1 If Yes, which year was it first done and at which hospital  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  B2a.4.2 Hospital  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **A bypass operation creates a new route to supply blood by transplanting part of a blood vessel.** |
| **B3 Stroke**  B3.1 Has a physician ever told you that you had a stroke?  □ 1. Yes  □ 2. No **(Go to B3.2)**  □ 888. Refuse to answer **(Go to B4)**  □ 999. Do not know **(Go to B4)** |  | **Stroke refers to a condition whereby there is a permanent damage to brain function from lack of oxygenation due to limited blood flow or ruptured blood vessel.** |
| B3.1.1 When did it first occur?  Age \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  🞎 999. Not sure |  |  |
| B3.1.2 Which hospital/clinic?  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **(MA)**  **Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.** |

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| B3.2 Has a physician ever told you that you had a TIA or transient ischemic attack, or a mini stroke?  *A mini stroke is a stroke where the symptoms completely disappear after 24hours and the patient appears to recover fully from the attack.*  □ 1. Yes  □ 2. No **(Go to B4)**  □ 888. Refuse to answer **(Go to B4)**  □ 999. Do not know **(Go to B4)** |  |  |
| B3.2.1 When did it first occur?  Age \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  🞎 999. Not sure |  |  |
| B3.2.2 Which hospital/clinic?  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **(MA)**  **Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.** |
| **B4 High Blood Pressure (Hypertension)**  B4.1 Has a physician (Western-trained), a nurse, or other healthcare professional told you that you have high blood pressure?  □ 1. Yes  □ 2. No **(Go to B5)**  □ 888. Refuse to answer **(Go to B5)**  □ 999. Do not know **(Go to B5)** |  |  |
| B4.2 At what age were you diagnosed to have high blood pressure?  Age when told \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year when told |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  🞎 999. Not sure |  |  |
| B4.3 Is your doctor giving you medication for your high blood pressure currently?  □ 1. Yes **(record medications under B1.2)**  □ 2. No  □ 999. Do not know |  |  |
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| **B5 Diabetes Mellitus**  B5.1 Has a physician ever told you that you have diabetes?  □ 1. Yes  □ 2. No **(Go to B6)**  □ 8. Refuse to answer **(Go to B6)**  □ 9. Do not know **(Go to B6)** |  |  |
| B5.2 How old were you when the doctor first told you had diabetes?  Age when told \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year when told |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  🞎 999. Not sure |  |  |
| B5.2.1 Which hospital/clinic?  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **(MA)**  **Write the hospital name in full or in common abbreviations e.g. SGH, TTSH, AH and CGH. If it was an overseas hospital/clinic, document the country and name of the hospital/clinic.** |
| B5.2.2Is your doctor giving you medication for your diabetes currently?  □ 1. Yes **(record medications under B1.2)**  □ 2. No  □ 99. Do not know |  |  |
| B5.3 Have you ever been told by a physician (Western-trained) that you have diabetic eye disease?  □ 1. Yes  □ 2. No **(Go to B5.6)**  □ 888. Refuse to answer **(Go to B5.6)**  □ 999. Do not know **(Go to B5.6)** |  |  |
| B5.4 When did the doctor first tell you had diabetic eye disease?  Age when told \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year when told |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  🞎 999. Not sure |  |  |
| B5.5 Did you have surgery or laser procedure for your diabetic eye disease?  □ 1. Yes  □ 2. No **(Go to B5.6)**  □ 888. Refuse to answer **(Go to B5.6)**  □ 999. Do not know **(Go to B5.6)** |  |  |
| B5.5.1 Do you know if the surgery or laser procedure was for  □ 1. Retinopathy?  □ 2. Cataract?  □ 3. Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ 888. Refuse to answer  □ 999. Do not know |  | **(MA)** |
| B5.6 Have you ever been told by a physician (Western-trained) that you have kidney problems caused by your diabetes (including proteinuria)?  □ 1. Yes  □ 2. No **(Go to B5.8)**  □ 888. Refuse to answer **(Go to B5.8)**  □ 999. Do not know **(Go to B5.8)** |  |  |
| B5.7 When did the doctor first tell you had kidney problems caused by your diabetes (including proteinuria)?  Age when told \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year when told |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  🞎 999. Not sure |  |  |
| B5.8 Have you ever been told by a physician (Western-trained) that you have nerve problems in your arms or legs caused by your diabetes?  □ 1. Yes  □ 2. No **(Go to B6)**  □ 888. Refuse to answer **(Go to B6)**  □ 999. Do not know **(Go to B6)** |  |  |
| B5.9 When did the doctor first tell you had nerve problems in your arms or legs caused by your diabetes?  Age when told \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year when told |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  🞎 999. Not sure |  |  |
| **B6 High Cholesterol**  B6.1 Have you ever been told by a physician (Western-trained) you have high cholesterol?  □ 1. Yes  □ 2. No **(Go to B7)**  □ 888. Refuse to answer **(Go to B7)**  □ 999. Do not know **(Go to B7)** |  | **This refers to high levels of LDL cholesterol or total cholesterol in the blood.** |
| B6.2 When did the doctor first tell you had high cholesterol?  Age when told \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year when told |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  🞎 999. Not sure |  |  |
| B6.3 Is your doctor giving you medication for your high cholesterol currently?  □ 1. Yes **(record medications under B1.2)**  □ 2. No  □ 999. Do not know |  |  |
| **B7 Other Chronic Diseases**  B7.1 Have you ever been told by a physician (Western-trained) you have other chronic diseases (non-infectious type)?  □ 1. Yes **(fill in the details below)**  □ 2. No  □ 999. Do not know **(Go to B8)**   |  |  |  |  | | --- | --- | --- | --- | | **Chronic Diseases** | **Yes** | **No** | **Age diagnosed** | | Asthma | 🞎 | 🞎 |  | | Rheumatism | 🞎 | 🞎 |  | | Hyper-/hypo-thyroidism | 🞎 | 🞎 |  | | Arthritis (rheumatoid/osteoarthritis) | 🞎 | 🞎 |  | | Gastritis | 🞎 | 🞎 |  | | Chronic bronchitis | 🞎 | 🞎 |  | | Emphysema | 🞎 | 🞎 |  | | Cancer, type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 | 🞎 |  | | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 | 🞎 |  | | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 | 🞎 |  | |  | **Chronic:** long-lasting or recurring.  **Asthma:** inflammation of the air passages in the lungs causing recurrent attacks of breathlessness and wheezing.  **Rheumatism**: a broad term for painful conditions of the muscles, joints, tendons or bones.  **Hyper-/hypo-thyroidism**: over-/ under-activity of the thyroid gland.  **Arthritis:** Inflammation of a joint leading to stiffness, warmth, swelling, redness and pain.  **Gastritis**: inflammation of the stomach.  **Chronic bronchitis**: inflammation of the lungs that causes the respiratory passages to be swollen and irritated, increases the mucus production and may damage the lungs.  **Emphysema**: a long-term, progressive disease of the lungs that primarily causes shortness of breath. |
| **B8** **Allergies**  B8.1 Do you have any food allergy?  □ 1. Yes  □ 2. No **(Go to B8.2)**  B8.1.1 If yes, what type of food:   |  |  | | --- | --- | | 1. |  | | 2. |  | | 3. |  | |  | **Include allergies not diagnosed by a physician, but the participant is sure he/she has.** |
| B8.2 Do you have any drug allergy?  □ 1. Yes  □ 2. No **(Go to C)**  B8.2.1 If yes, what type of drug:   |  |  | | --- | --- | | 1. |  | | 2. |  | | 3. |  | | 4. |  | | 5. |  | | 6. |  | |  | **Include allergies not diagnosed by a physician, but the participant is sure he/she has.** |

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| C FAMILY HISTORY OF HEART DISEASE, HYPERTENSION (HIGH BLOOD PRESSURE), CANCER AND DIABETES C1 How many **blood-related** family members do you have?  \_\_\_\_\_\_\_ brother(s) \_\_\_\_\_\_\_ sister(s)  \_\_\_\_\_\_\_ son(s) \_\_\_\_\_\_\_ daughter(s)  \_\_\_\_\_\_\_ paternal uncle(s) \_\_\_\_\_\_\_ paternal aunties  \_\_\_\_\_\_\_ maternal uncle(s) \_\_\_\_\_\_\_ maternal aunties   * 00. No blood relatives **(Go to D)** | | | | | | | | | |  | | * **Do not count participant himself or any non-blood relatives** * **Step-sibling(s) must be genetically related to the participant through a biological parent.** * **Tick “No blood relatives” if participant does not know their existence, e.g. participant was adopted at a very young age.** * **Biological parents are presumed to be 2.** | | | |
|  | | | | | | | | |  | | | | |  | |
| C2 As far as you know, for **heart disease**, which family members and how many of them are affected?     * **Heart disease in this context does NOT include congenital or ‘born with’ disease/defects.** * **Tick Yes, No, NA (not applicable because that member is non-existent) or DK (not sure if that member has the disease). If Yes, indicate number of family members as far as the participant is aware.** | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | If Yes, did heart disease occur before: | | | | | | |  |
|  | **Yes** | **No** | **NA** | **DK** |  |  |  |  | | | **Age 55?** | | **Age 65?** | |  |
| Father | □ | □ | □ | □ |  |  |  | Father | | | 🞎Yes 🞎No | |  | |  |
| Mother | □ | □ | □ | □ |  | **Nos.** |  | Mother | | |  | | 🞎Yes 🞎No | |  |
| Brother | □ | □ | □ | □ | **If**  **yes,**  **how**  **many?** |  |  | Brother | | | 🞎Yes 🞎No | |  | |  |
| Sister | □ | □ | □ | □ |  |  | Sister | | |  | | 🞎Yes 🞎No | |  |
| Son | □ | □ | □ | □ |  |  | Son | | | 🞎Yes 🞎No | |  | |  |
| Daughter | □ | □ | □ | □ |  |  | Daughter | | |  | | 🞎Yes 🞎No | |  |
| P. Uncle | □ | □ | □ | □ |  |  |  | | |  | |  | |  |
| P. Aunty | □ | □ | □ | □ |  |  |  | | |  | |  | |  |
| M. Uncle | □ | □ | □ | □ |  |  |  | | |  | |  | |  |
| M. Aunty | □ | □ | □ | □ |  |  |  | | |  | |  | |  |
| □ 888. Refuse to answer **(Go to C4)** | | | | | | | | | | | | | | | |

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| C3 As far as you know, did the heart disease occur in any of these family members in the following age ranges? If yes, how many? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | Age Range | | | Male | | | | Female | | | □ 777. Not applicable | | | |
|  | | Less than 30 | | |  | | | |  | | | □ 888. Refuse to answer | | | |
|  | | 30–34 | | |  | | | |  | | | □ 999. Do not know | | | |
|  | | 35–39 | | |  | | | |  | | |  | | | |
|  | | 40–44 | | |  | | | |  | | |  | | | |
|  | | 45–49 | | |  | | | |  | | |  | | | |
|  | | 50–54 | | |  | | | |  | | |  | | | |
|  | | 55–59 | | |  | | | |  | | |  | | | |
|  | | 60–64 | | |  | | | |  | | |  | | | |
|  | | 65–69 | | |  | | | |  | | |  | | | |
|  | | 70–74 | | |  | | | |  | | |  | | | |
|  | | 75–79 | | |  | | | |  | | |  | | | |
|  | | 80 or older | | |  | | | |  | | |  | | | |
|  | |  | | |  | | | |  | | |  | | | |
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| C4 As far as you know, for **high blood pressure**, which | | | | | | | | | | | | |  | **Tick Yes, No, NA (not applicable because that member is non-existent) or DK (not sure if that member has the disease). If Yes, indicate number of family members as far as the participant is aware.** | |
| family members and how many of them are affected? | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
|  | | | **Yes** | | **No** | **NA** | **DK** | |  | | | |  |
| Father | | | □ | | □ | □ | □ | |  |  | |  |  |
| Mother | | | □ | | □ | □ | □ | |  | **Nos.** | |  |  |
| Brother | | | □ | | □ | □ | □ | | **If**  **yes,**  **how**  **many?** |  | |  |  |
| Sister | | | □ | | □ | □ | □ | |  | |  |  |
| Son | | | □ | | □ | □ | □ | |  | |  |  |
| Daughter | | | □ | | □ | □ | □ | |  | |  |  |
| P. Uncle | | | □ | | □ | □ | □ | |  | |  |  |
| P. Aunty | | | □ | | □ | □ | □ | |  | |  |  |
| M. Uncle | | | □ | | □ | □ | □ | |  | |  |  |
| M. Aunty | | | □ | | □ | □ | □ | |  | |  |  |
| □ 888. Refuse to answer **(Go to C6)** | | | | | | | | |  |  | |  |  |

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| C5 As far as you know, did high blood pressure occur in any of these family members in the following age ranges? If yes, how many? | | | | | |
|  | | | | |  |
|  | Age Range | Male | Female |  | □ 777. Not applicable |
|  | Less than 30 |  |  |  | □ 888. Refuse to answer |
|  | 30–34 |  |  |  | □ 999. Do not know |
|  | 35–39 |  |  |  |  |
|  | 40–44 |  |  |  |  |
|  | 45–49 |  |  |  |  |
|  | 50–54 |  |  |  |  |
|  | 55–59 |  |  |  |  |
|  | 60–64 |  |  |  |  |
|  | 65–69 |  |  |  |  |
|  | 70–74 |  |  |  |  |
|  | 75–79 |  |  |  |  |
|  | 80 or older |  |  |  |  |
|  |  | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C6 As far as you know, for **diabetes**, which family members and how many of them are affected? | | | | | | | |  | **Tick Yes, No, NA (not applicable because that member is non-existent) or DK (not sure if that member has the disease). If Yes, indicate number of family members as far as the participant is aware.** |
|  | | | | | | | |  |
|  | **Yes** | **No** | **NA** | **DK** |  | | |  |
| Father | □ | □ | □ | □ |  |  |  |  |
| Mother | □ | □ | □ | □ |  | **Nos.** |  |  |
| Brother | □ | □ | □ | □ | **If**  **yes,**  **how**  **many?** |  |  |  |
| Sister | □ | □ | □ | □ |  |  |  |
| Son | □ | □ | □ | □ |  |  |  |
| Daughter | □ | □ | □ | □ |  |  |  |
| P. Uncle | □ | □ | □ | □ |  |  |  |
| P. Aunty | □ | □ | □ | □ |  |  |  |
| M. Uncle | □ | □ | □ | □ |  |  |  |
| M. Aunty | □ | □ | □ | □ |  |  |  |
| □ 888. Refuse to answer **(Go to C8)** | | | | | |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| C7 As far as you know, did diabetes occur in any of these family members in the following age ranges? If yes, how many? | | | | | |
|  | | | | |  |
|  | Age Range | Male | Female |  | □ 777. Not applicable |
|  | Less than 30 |  |  |  | □ 888. Refuse to answer |
|  | 30–34 |  |  |  | □ 999. Do not know |
|  | 35–39 |  |  |  |  |
|  | 40–44 |  |  |  |  |
|  | 45–49 |  |  |  |  |
|  | 50–54 |  |  |  |  |
|  | 55–59 |  |  |  |  |
|  | 60–64 |  |  |  |  |
|  | 65–69 |  |  |  |  |
|  | 70–74 |  |  |  |  |
|  | 75–79 |  |  |  |  |
|  | 80 or older |  |  |  |  |
|  |  | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C8 As far as you know, for **cancer**, which family members are affected, how many of them are affected and what are the type(s) of cancer? | | | | | | | | | | |
| * **Tick Yes, No, NA (not applicable because that member is non-existent) or DK (not sure if that member has the disease). If Yes, indicate number of family members as far as the participant is aware.** * **If participant does not know the specific term for the type of cancer, document the body part e.g. bone, liver, nose etc. If unsure, document “DDD”** | | | | | | | | | | |
|  | **Yes** | **No** | **NA** | **DK** |  | | **Type(s)** | | |  |
| Father | □ | □ | □ | □ |  |  |  | | |  |
| Mother | □ | □ | □ | □ |  | **Nos.** |  | | |  |
| Brother | □ | □ | □ | □ | **If**  **yes,**  **how**  **many?** |  |  | | |  |
| Sister | □ | □ | □ | □ |  |  | | |  |
| Son | □ | □ | □ | □ |  |  | | |  |
| Daughter | □ | □ | □ | □ |  |  | | |  |
| P. Uncle | □ | □ | □ | □ |  |  | | |  |
| P. Aunty | □ | □ | □ | □ |  |  | | |  |
| M. Uncle | □ | □ | □ | □ |  |  | | |  |
| M. Aunty | □ | □ | □ | □ |  |  | | |  |
| □ 888. Refuse to answer **(Go to D)** | | | | | |  |  |  |  | |

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| C9 As far as you know, did the cancer occur in any of these family members in the following age ranges? If yes, how many? | | | | | |
|  | | | | |  |
|  | | | | |  |
|  | Age Range | Male | Female |  | □ 777. Not applicable |
|  | Less than 30 |  |  |  | □ 888. Refuse to answer |
|  | 30–34 |  |  |  | □ 999. Do not know |
|  | 35–39 |  |  |  |  |
|  | 40–44 |  |  |  |  |
|  | 45–49 |  |  |  |  |
|  | 50–54 |  |  |  |  |
|  | 55–59 |  |  |  |  |
|  | 60–64 |  |  |  |  |
|  | 65–69 |  |  |  |  |
|  | 70–74 |  |  |  |  |
|  | 75–79 |  |  |  |  |
|  | 80 or older |  |  |  |  |
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| **D WOMEN’S HEALTH [for men, go to Section E]**  D1.1 How old were you when you had your first  menstrual period?  \_\_\_\_\_\_\_\_\_years of age  □ 00. Never  □ 888. Refuse to answer  □ 999. Do not know |  | **If the participant is unable to recall her first menstrual period, tick “Do not know”.** | |
| D1.2 Do you still have periods?  □ 1. Yes **(Go to D1.13)**  □ 2. No **(Go to D1.3)**  □ 888. Refuse to answer **(Go to D1.13)**  □ 999. Do not know **(Go to D1.13)** |  | **Not including the periods caused by the use of female hormones after menopause.**  **If the participant is pregnant, it means she is still capable of having periods so tick “Yes”** | |
| D1.3 What was the date of your last period?  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_| / Month |\_\_\_|\_\_\_|  □ 888. Refuse to answer  □ 999. Do not know |  | **Enter the year and month if available. If the participant knows the year, but is unsure of the month, enter “DD” for the month.** | |
| D1.4 Did your period stop naturally or because of a hysterectomy?  □ 1. Naturally **(Go to D1.7)**  □ 2. Hysterectomy  □ 888. Refuse to answer  □ 999. Do not know |  | **A hysterectomy is an operation done to remove the uterus (womb).** | |
| D1.5 In which year did you have your hysterectomy?  Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  □ 888. Refuse to answer  □ 999. Do not know |  |  | |
| D1.6 Were both ovaries removed?  □ 1. Yes  □ 2. No  □ 888. Refuse to answer  □ 999. Do not know |  |  | |
| D1.7 Did you take hormone replacement therapy after your  periods stopped?  □ 1. Yes  □ 2. No **(Go to D1.13)**  □ 888. Refuse to answer **(Go to D1.13)**  □ 999. Do not know **(Go to D1.13)** |  |  | |
| D1.8 What type of hormone replacement therapy did you  take?  □ 1. Estrogen only  □ 2. Both estrogen and progesterone  □ 3. Others  □ 999. Do not know |  | **Refer to the List of OCPs for the classification of hormones.** | |
| D1.9 What is the name of the hormone replacement therapy?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ DDD. Do not know |  |  | |
| D1.10 When did you start hormone replacement therapy?  Age when started \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year when started |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  □ 999. Do not know |  |  | |
| D1.11 Are you still taking hormone replacement therapy?  □ 1. Yes **(Go to D1.13)**  □ 2. No |  |  | |
| D1.12 If NO, when did you stop hormone replacement therapy?  Age when stopped \_\_\_\_\_\_\_\_\_\_\_\_  (or) Year when stopped |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  (or) \_\_\_\_\_\_\_\_\_\_\_ years ago  □ 999. Do not know |  |  | |
| D1.13 How many times have you been pregnant?    Have been pregnant \_\_\_\_\_\_\_\_ times **(If zero, go to E)**  □ 888. Refuse to answer **(Go to E)** |  | **Includes unsuccessful pregnancies.** | |
|  | | |

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| D1.14 Next, would you please tell me the ending date and the outcome of each of those pregnancies in sequence?  □ 888. Refuse to answer  □ 999. Do not know |
| |  |  | | --- | --- | | **Pregnancy outcome** | **Code** | | Live birth | 1 | | Abortion | 2 | | Miscarriage | 3 | | Stillbirth | 4 | | Ectopic pregnancies | 5 | | Being pregnant at present | 6 | | Others (please specify) | 7 | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Pregnancy outcome**  **[refer to code table]** | **Pregnancy ending date**  **[MM/YYYY]** | **Total weeks of pregnancy** | **If live birth, breast fed or not?** | | **If breast fed, for how long?** | | |
| **Yes** | **No** | **Year(s)** | **Month(s)** | **Week(s)** |
| 1 |  | / |  | □ | □ |  |  |  |
| 2 |  | / |  | □ | □ |  |  |  |
| 3 |  | / |  | □ | □ |  |  |  |
| 4 |  | / |  | □ | □ |  |  |  |
| 5 |  | / |  | □ | □ |  |  |  |
| 6 |  | / |  | □ | □ |  |  |  |
| 7 |  | / |  | □ | □ |  |  |  |
| 8 |  | / |  | □ | □ |  |  |  |
| 9 |  | / |  | □ | □ |  |  |  |
| 10 |  | / |  | □ | □ |  |  |  |
| 11 |  | / |  | □ | □ |  |  |  |
| 12 |  | / |  | □ | □ |  |  |  |

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| **E PHYSICAL ACTIVITY**  **E1 Leisure Time Activity**  I would like you to think about the things that you do in your free time.  E1.1 On average, how many hours per day do you spend sitting down while doing activities in your free time?  Weekdays: \_\_\_\_\_\_\_\_\_ hrs /day  Weekends: \_\_\_\_\_\_\_\_\_ hrs /day |  | **Activities include watching TV, doing needlework, talking to someone using the telephone, etc.**  **It does not include “sitting down” or taking breaks at the workplace.**  **Round up the number of hours to the nearest half hour.** |
| E1.2 Please estimate the total time during the last week that you spent watching TV or videos.  Monday-Friday: \_\_\_\_\_\_\_\_\_ hrs  Saturday-Sunday: \_\_\_\_\_\_\_\_\_ hrs |  | **This is when it was the main activity that you were doing; for example you would not include time when the TV was switched on and you were preparing a meal.** |
| E1.3 How often do you use stairs when an elevator is available?  □ 1. Often  □ 2. Not very often  □ 3. Seldom  □ 4. Never |  | **Includes “have to” and “did not have to, but did it anyway” circumstances.** |
| E1.4 Which of the following do you do in your spare time (outside working hours)? |  | * **Many of these activities may not be relevant to the participant.** * **For each activity, if participant does this at least once a week, record the number of times per week for that activity.** * **If the frequency is less than a week but at least once a month, record the number of times per month.** * **If less than once a month or never, record “0” in the 1st column.** * **When estimating the duration of the activities, do not include rest periods in the midst of each activity.** |

|  | | **How many times per week** | **How many times per month** | **On average, how long do you do this activity each time? (duration in minutes)** |  | **For each of the activities, the interviewer needs to make only 2 entries.**  **The 1st entry is either in the weekly column or the monthly column.**  **The 2nd entry is in terms of how many minutes were spent doing each individual activity.** |
| --- | --- | --- | --- | --- | --- | --- |
| **Walking and Miscellaneous** | |  |  |  |
| 1. Walking for pleasure or exercise (e.g. walking with children or pets-do not include walking to get from one place to another) | |  |  |  |
| 2. Bicycling for pleasure | |  |  |  |
| 3. Dancing- ballroom, square, line and /or disco | |  |  |  |
| 4. Dancing- aerobic, ballet | |  |  |  |
| **Conditioning Exercise** | |  |  |  |
| 9. Home exercise (e.g. sit- ups, push-ups) | |  |  |  |
| 10. Health club exercise classes (e.g. aerobics) | |  |  |  |
| 11. Jog/ walk combinations | |  |  |  |
| 12. Balance exercises: Taiqi,  Qigong, breathing exercises | |  |  |  |
| 13. Running | |  |  |  |
| 14. Weight lifting | |  |  |  |
| **Water Activities** | |  |  |  |
| 18. Canoeing or rowing for pleasure | |  |  |  |  |
| 19. Canoeing or rowing for competition | |  |  |  |
| 20. Swimming (at least 50 m in a pool) | |  |  |  |
| 21. Swimming at the beach | |  |  |  |
| **Sports Activities** | |  |  |  |
| 24. Bowling | |  |  |  |
| 26. Table tennis | |  |  |  |
| 27. Tennis- singles | |  |  |  | **For each of the activities, the interviewer needs to make only 2 entries.**  **The 1st entry is either in the weekly column or the monthly column.**  **The 2nd entry is in terms of how many minutes were spent doing each individual activity.** |
| 28. Tennis- doubles | |  |  |  |
| 32. Badminton | |  |  |  |
| 33. Basketball/ netball- non game i.e. not keeping score | |  |  |  |
| 34. Basketball/ netball- game play (keeping score) | |  |  |  |
| 37. Soccer (football) | |  |  |  |
| 42.1 Golf: riding a powerkart/ buggy | |  |  |  |
| 42.2 Golf: walking and pulling clubs on cart | |  |  |  |
| 42.3 Golf: walking and carrying clubs | |  |  |  |
| **Please list any other leisure time activities that you do regularly that have not been included in the list.** | | | | |
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| **E2 Occupational Physical Activity**  In the last 3 months, did you hold any job that last for more than 1 month?  □ 1. Yes  □ 2. No **(Go to E3)**  □ 888. Refuse to answer **(Go to E3)** | | | | | | | | | |  | | * **Job refers to paid work.** * **This question does not include work (e.g. housework) done at participant’s personal time.** | | | | |
|  | | | | | | | | | | | | | | | | |
| E2a I would like you to think about the activities you do at work over the last 3 months. | | | | | | | | | | | | | | | | |
| * **Under Hours of work per day, ask “….on average, how many hours a day do you work? Then minus the time taken for breaks. If overtime is a regular feature in this participant’s work, include this in the number of hours done in an average day.** * **Under Days of work per week, record how many days per week the participant is required to work. This includes overtime, if it is a regular feature of this job.** * **Under Hours spent sitting per day while at work, record the number of hours spent doing his/her job while in a sitting position.** * **Job name should be descriptive enough to give an idea of the kind of intensity of job activity. E.g. document “physical trainer” or “speech trainer”, instead of just “trainer” or name of organization.** | | | | | | | | | | | | | | | | |
| **S/N** | **Job Name** | | **Hours of work per day** | **Days of work per week** | | **Number of weeks in the last 3 months at the job** | | **Hours spent sitting per day while at work** | | **Number of hours spent per day in each categories below when you are not sitting** | | | | | | |
| **light activity** | | | | **moderate**  **activity** | **vigorous**  **activity** | |
| 1 |  | |  |  | |  | |  | |  | | | |  |  | |
| 2 |  | |  |  | |  | |  | |  | | | |  |  | |
| 3 |  | |  |  | |  | |  | |  | | | |  |  | |
| 4 |  | |  |  | |  | |  | |  | | | |  |  | |
|  |  | |  |  | | Min 4 Max 12 | | Sum total no. of hours = hours of work per day | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Intensity of activity** | | **Examples** | | | | | | | | | | | | | |
| **Light** | | Standing still without heavy lifting | | | | | | | | | | | | | |
| Light cleaning-ironing, cooking, washing, or dusting | | | | | | | | | | | | | |
| Driving a car, bus, taxi, tractor | | | | | | | | | | | | | |
| Jewelry making/ weaving | | | | | | | | | | | | | |
| General office work | | | | | | | | | | | | | |
| Occasional short distance walking | | | | | | | | | | | | | |
| **Moderate** | | Carrying light loads | | | | | | | | | | | | | |
| Continuous walking | | | | | | | | | | | | | |
| Heavy cleaning- mopping, sweeping, scrubbing, vacuuming | | | | | | | | | | | | | |
| Gardening- planting or weeding | | | | | | | | | | | | | |
| Painting/ plastering | | | | | | | | | | | | | |
| Electrical work | | | | | | | | | | | | | |
| **Heavy** | | Carrying moderate to heavy loads | | | | | | | | | | | | | |
| Heavy construction | | | | | | | | | | | | | |
| Farming- hoeing, digging, mowing, raking | | | | | | | | | | | | | |
| Digging ditches/ shoveling | | | | | | | | | | | | | |
| **E3 Household Activity**  Now I would like you to think about the activities that you perform in order to look after your own home. Please specify the amount of time that you spend on the following activities. | | | | | | | | | | | | | | | | | |
| **Activity** | | | | | **Min(s) per day** | | **Hr (s) per day** | | **Days per week** | |  | | * **For each activity performed, record 2 entries only.** * **The first entry is either in the “min(s) per day” column or “hours per day” column. Minutes is preferred because it is more precise.** * **The second entry is recorded in the “days per week” column.** * **When the participant is unsure of the exact number of minutes taken per day, but the time spent is > 1 hour, round up to the nearest number of hours per day and record it in the “hours per day” column.** * **Q 48, 49, 50 - food preparation, food service and dish washing, account for it only if the duration of each time exceeds 10 minutes.** * **For activities which were not performed at all in the last 3 months, record “0” in the first column.** | | | | |
| 43. Shopping (e.g. groceries, clothes): excluding the time to get there | | | | |  | |  | |  | |  | |
| 44. Stair climbing while carrying a load (e.g. groceries bag) | | | | |  | |  | |  | |  | |
| 45. Laundry (time loading, unloading, hanging, or folding only) | | | | |  | |  | |  | |
| 46. Light housework; tidying/ dusting, sweeping, collecting trash in the home, polishing, indoor gardening, ironing | | | | |  | |  | |  | |
| 47. Heavy housework: vacuuming, mopping, scrubbing floors and walls, moving furniture, boxes and garbage cans. | | | | |  | |  | |  | |
| 48. Food preparation: (10+ minutes in duration): chopping, stirring, moving about to get food items/ pans etc. | | | | |  | |  | |  | |
| 49. Food service (10+ minutes duration): setting table, carrying, food, serving food. | | | | |  | |  | |  | |
| 50. Dish washing (10+ minutes in duration): clearing table, washing/ drying dishes, putting dishes away. | | | | |  | |  | |  | |
| 51. Light home repair: small appliances repair, light home maintenance / repair. | | | | |  | |  | |  | |
| 52. Heavy home repair: painting, carpentry, washing/ polishing car | | | | |  | |  | |  | |  | |
| 53. Others: | | | | |  | |  | |  | |  | |
| 54. | | | | |  | |  | |  | |
| 55. | | | | |  | |  | |  | |
| **Yard Work** | | | | |  | |  | |  | |
| 56. Gardening: planting, weeding, digging, or hoeing | | | | |  | |  | |  | |
| 57. Lawn mowing (walking only) | | | | |  | |  | |  | |
| 58. Clearing walks, driveways: sweeping, shoveling, raking | | | | |  | |  | |  | |  | | **🡨 Does not include hours spent “keeping an eye” only and not exerting physical effort.** | | | | |
| **Looking after elderly persons or children** | | | | | | | | | | |  | |
| 59. Older or disabled person (lifting, pushing wheelchair) | | | | |  | |  | |  | |
| 60. Childcare (lifting, carrying or pushing stroller) | | | | |  | |  | |  | |

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| **E4 Transportation**  **In this context, the sole purpose of walking and cycling is to travel from one place to another. It does not refer to walking and cycling as a result of a main activity carried out at home, work or for leisure.** | | |
| E4.1 Do you walk for at least 10 minutes continuously to get to and from places?  □ 1. Yes  □ 2. No **(Go to E4.5)** |  |  |
| E4.2 How much time would you spend walking for travel on a typical day?  \_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_\_ minutes |  | **Enter hours and minutes.** |
| E4.3 In a typical week, how many days do you walk for at least 10 minutes to get to and from places?  \_\_\_\_\_\_\_\_ days a week |  | **Enter number of days a week.** |
| E4.4 What is the intensity of walking?  □ 1. Light (no change in breathing pattern)  □ 2. Moderate (make you breathe somewhat harder  than normal)  □ 3. Vigorous (make you breathe much harder than  normal) |  | **Ask the participant in terms of breathing intensity as described in the parentheses.**  **Do not suggest “light”, “moderate”, or “vigorous” to the participant.** |
| E4.5 Do you use a bicycle (pedal cycle)for at least 10 minutes continuously to get to and from places?  □ 1. Yes  □ 2. No **(Go to H)** |  | **This does not refer to motorized cycles, whether by electric or engine version.** |
| E4.6 How much time would you spend bicycling for travel on a typical day?  \_\_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_\_\_\_ minutes |  | **Enter hours and minutes.** |
| E4.7 In a typical week how many days do you bicycle for at least 10 minutes to get to and from places?  \_\_\_\_\_\_\_\_\_\_ days a week |  | **Enter number of days a week.** |
| E4.8 What is the intensity of bicycling?  □ 1. Light (no change in breathing pattern)  □ 2. Moderate (make you breathe somewhat harder  than normal)  □ 3. Vigorous (make you breathe much harder than  normal) |  | **Ask the participant in terms of breathing intensity as described in the parentheses.**  **Do not suggest “light”, “moderate”, or “vigorous” to the participant** |

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| **H SOCIAL BACKGROUND** |  |  |
| H1 Gender:  □ 1. Male  □ 2. Female |  |
| H2 Since the last time we interview you, have you changed the ethnicity as stated on your NRIC?  □ 1. Yes  □ 2. No **(Go to H4)**  □ 3. Not sure |  |  |
| H3 What is your current ethnicity according to your NRIC?  □ 1. Chinese  □ 2. Malay  □ 3. Indian  □ 4. Others, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| H4 What is your current marital status?  □ 1. Never married  □ 2. Currently married  □ 3. Separated but not divorced  □ 4. Divorced  □ 5. Widowed  □ 888. Refuse to answer |  |  |
| H5 Which of the following best describes your usual work status over the last 12 months?  □ 1. Working  □ 2. Student (full-time)  □ 3. Homemaker/Housewife  □ 4. Retired  □ 5. Unemployed (able to work)  □ 6. Unemployed (unable to work)  □ 7. Others\*  □ 888. Refuse to answer |  | * **If participant works intermittently and is unable to commit to any of the choices, classify him as working.** * **“Unemployed (able to work)” describes a person who is fit to work but have not yet found employment.** * **“Unemployed (unable to work)” describes a person who is unable to work due to a medical condition.** * **“Others” describe persons such as disabled persons and persons with private means. Prisoners, patients of mental hospitals, inmates of homes for the aged as well as those who are awaiting call-up for National Service are included in this category.** |

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| H6 Thinking over the past year, can you tell me what the average earnings of the household have been per month?  □ 1. Lessthan $ 2 000  □ 2. $ 2 000 to $ 3 999  □ 3. $ 4 000 to $ 5 999  □ 4. $ 6 000 to $ 9 999  □ 5. More than $ 10 000  □ 888. Refuse to answer  □ 999. Do not know |  | * **The monthly average of the total income of all members of the household.** * **This does not include tenants’ earnings, but include tenants’ rent payment to the household.** * **Income also includes regular inflow of cash from a welfare organization, a pension and money given by participant’s children or from relatives staying in another household.** * **Tick “less than $2000” if the entire household is not receiving any income and is dependent on savings.** |
| H7 What type of house do you live in?  □ 1. HDB 1-2 room flat  □ 2. HDB 3 room flat  □ 3. HDB 4 room flat  □ 4. HDB 5 room or executive flat  □ 5. Private condominium  □ 6. Private house (landed property)  □ 7. Others, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ 888. Refuse to answer  □ 999. Do not know |  | * **If participant is a tenant of a rented property, classify him as “Others” and specify, e.g. “renting 1 room in a 4 room HDB flat”.** * **“Others” may include nursing home, hostel, barracks, workplace etc.** |

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| FOOD FREQUENCY QUESTIONNAIRE   |  | | --- | | **Note to Interviewer:**   * **If the participant has changed his diet recently in preparation for a festival or to manage a temporary body condition (e.g. indigestion, weight gain, tonsillitis), interview should be based on the typical diet prior to the temporary change.** * **If the change is intended to be permanent (e.g. the participant decided to stop eating meat because of Buddhism), record the change and base the interview on the new diet.** |  1. Have you changed your diet in the past one month?   🞎 1. Yes  🞎 2. No (go to Q4)     1. If yes, why did you do so?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. What were the changes you made?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     1. Have you lost or gained body weight in the past one month?   🞎 1. Yes (go to Q5)  🞎 2. No (go to Part A)  🞎 999. Not sure (go to Part A)   1. How much weight did you gain or lose? (round up to the nearest 0.5kg)    Lost weight, (−)\_\_\_\_ kg   Gained weight, (+)\_\_\_\_ kg   PART A I would like to ask you about your food intake **over the last 1 month.** |
| * **A portion is a serving. A food picture guide is provided as a source of reference for participant to visualize. Utensil models are provided.** * **Be objective. Do not ask "did you eat chicken with skin?" Ask instead "was chicken eaten with or without skin?"** * **Care must be taken when recording composite dishes as some food items may be mistakenly recorded twice, e.g. chicken rice (#18) refers to 1 serving of chicken with 1 serving of rice. Unless participant has had additional chicken, it should not be recorded separately under "chicken".** |

BREADS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion** | | | **Number of times eaten**  ***Enter 1 column only*** | | | | | |
|  |  | | | **Per day** | | **Per week** | | **Per month** | **Rarely/Never** |
| **Bread** | | | | | | | | | |
| 1. White bread, including naan | 1 slice or piece | | |  | |  | |  | □ |
| 2. Wholemeal bread | 1 slice or piece | | |  | |  | |  | □ |
| **Food Item** | | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | | | | |
|  | |  | **Per day** | | **Per week** | | **Per month** | | **Rarely/Never** |
| N1. Softmeal bread | | 1 slice or piece |  | |  | |  | | □ |
| 3. Bread with fruits and nuts | | 1 slice or piece |  | |  | |  | | □ |
| **Bread spreads used** | | | | | | | | | |
| 4. Butter | | 1 tsp (D2) |  | |  | |  | | □ |
| 5. Margarine | | 1 tsp (D2) |  | |  | |  | | □ |
| 6. Peanut butter | | 1 tsp (D2) |  | |  | |  | | □ |
| 7. Jams/Honey | | 1 tsp (D2) |  | |  | |  | | □ |
| 8. Kaya | | 1 tsp (D2) |  | |  | |  | | □ |
| **Other types of breads** | | | | | | | | | |
| 9. Roti prata/murtabak | | 1 piece |  | |  | |  | | □ |
| N2. Chapati | | 1 piece |  | |  | |  | | □ |
| N3. Dosai/Thosai | | 1 piece |  | |  | |  | | □ |
| 11. French toast/roti telur/roti john | | 1 piece |  | |  | |  | | □ |
| 12. Bread buns with coconut/curry/meat fillings | | 1 piece |  | |  | |  | | □ |
| N4. Breads made from other flour [rye, pearl millet (bajra), sorghum (jowar) or finger millets (raji)] | | 1 piece |  | |  | |  | | □ |
| **Breakfast cereals** | |  |  | |  | |  | |  |
| 13. Plain/flavoured breakfast cereal | | 4 dsp (D1) |  | |  | |  | | □ |
| 14. Mixed (with fruits/nuts) breakfast cereals | | 4 dsp (D1) |  | |  | |  | | □ |
| **For those participants who consume breakfast cereals:**  4001. How often do you eat breakfast cereals made from wholegrains? | | 4 dsp (D1) |  | |  | |  | | □ |
| 3001. Oats/oatmeal (raw) | | 4 dsp (D1) |  | |  | |  | | □ |

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| RICE AND PORRIDGE | | | | | |
| * **1 portion refers to the standard serving when you eat at the hawker centers and restaurants.** * **For flavoured rice (#17-23), the portion includes ingredients normally eaten with the rice. E.g. nasi lemak would include omelette and fried fish. Additional ingredients could be added in the sections under meat (e.g. luncheon meat) or fish (e.g. grilled if otak fish is eaten)** | | | | | |
|  |  |  | | | |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/**  **Never** |
| 15. Plain rice (white, brown or red) | 1 rice bowl (B1) |  |  |  | □ |
| **For participants who eat plain rice:**  4002. You have indicated you eat plain rice. How often do you have rice prepared using brown or red rice? | 1B1 |  |  |  | □ |
| 16. Plain rice porridge (white, brown or red) | 1 noodle bowl (B2) |  |  |  | □ |
| **For participants who eat plain rice porridge:**  4003. You have indicated you eat plain porridge. How often do you have porridge prepared using brown or red rice? | 1 portion |  |  |  | □ |
| **Flavoured rice** | | | | | |
| 17. Fried rice | 1 rice bowl (B1) |  |  |  | □ |
| 18. Chicken/duck rice (with and without skin) | 1 portion |  |  |  | □ |
| 19. Mui fan | 1 portion |  |  |  | □ |
| 20. Nasi briyani | 1 portion |  |  |  | □ |
| 21. Nasi lemak | 1 portion |  |  |  | □ |
| 22. Claypot rice | 1 portion |  |  |  | □ |
| 23. Glutinous rice (incl. lo mai khai, lotus leaf rice, rice dumplings) | 1 portion |  |  |  | □ |
| 24. Flavoured porridge (e.g. chicken, pork, duck, fish, peanut, century egg) | 1 portion |  |  |  | □ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NOODLES (RICE NOODLES, WHEAT NOODLES, BEAN NOODLES, PASTA) | | | | | |
| * **1 portion refers to the standard serving when you eat at the hawker centers and restaurants. Use the Noodle Bowl (B2) as a guide.** * **Noodles should be recorded according to the different styles of preparation, not types of noodles.** * **E.g.1: a pack of instant noodles used in preparation with wantons in addition to the packaged seasoning and ingredients should be recorded under #25 instead of #35.** * **E.g. 2: mee siam in assam soup without coconut milk should be recorded under #26.** | | | | | |
|  | | | | | |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/**  **Never** |
| Noodles in soup | | | | | |
| 25. Fishball/yong tau foo/wanton/prawn/beef/chicken/fish slice | 1 portion |  |  |  | □ |
| **For participants who consume noodles in soup:**  4004. You have indicated you eat noodles in soup. How often do you have soup noodles prepared using brown rice beehoon? | 1 portion |  |  |  | □ |
| 26. Penang laksa | 1 portion |  |  |  | □ |
| Dry noodles | | | | | |
| 27. Fishball/yong tau foo/wanton/minced meat & mushrooms/prawn/beef/chicken | 1 portion |  |  |  | □ |
| Fried noodles | | | | | |
| 29. Fried kway teow with cockles | 1 portion |  |  |  | □ |
| 30. Fried hor fun (incl. all noodles fried with starchy gravy, may be added with meat or seafood) | 1 portion |  |  |  | □ |
| 31. Fried noodles (incl. Hokkien mee, mee goreng) | 1 portion |  |  |  | □ |
| 32. Fried beehoon (fried dry beehoon) | 1 portion |  |  |  | □ |
| **For participants who consume fried beehoon:**  4005. You have indicated you eat fried beehoon. How often do you have fried beehoon prepared using brown rice beehoon? | 1 portion |  |  |  | □ |
| Noodles in gravy | | | | | |
| 28. Lor mee/mee rebus | 1 portion |  |  |  | □ |
| 33. Laksa lemak (incl. laksa noodle and lontong) | 1 portion |  |  |  | □ |
| 34. Mee siam (with coconut milk) | 1 portion |  |  |  | □ |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion** | | **Number of times eaten**  ***Enter 1 column only*** | | | | | | |
|  |  | | **Per day** | | **Per week** | | **Per month** | **Rarely/**  **Never** | |
| Other noodles | | | | | | | | | |
| 35. Instant noodles | | 1 portion | |  |  |  | | | □ |
| 905. Boiled noodles/spaghetti/pasta (plain) | | 1 portion | |  |  |  | | | □ |
| 906. Boiled noodles/spaghetti/pasta with tomato sauce | | 1 portion | |  |  |  | | | □ |
| 907. Boiled noodles/spaghetti/pasta with cream white sauce | | 1 portion | |  |  |  | | | □ |
| **For participants who consume spaghetti:**  4006. You have indicated that you eat boiled spaghetti/pasta. How often do you have spaghetti/pasta prepared using wholemeal spaghetti/pasta? | | 1 portion | |  |  |  | | | □ |

VEGETARIAN (CHINESE)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/ Never** |
| 400. Fried vegetarian kway teow/beehoon/mee/rice | 1 portion |  |  |  | □ |
| 401. Gluten (char siew/duck) | 1 piece |  |  |  | □ |
| 402. Fried beancurd sheet | 1 piece |  |  |  | □ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SOUPS | | | | | |
| **If ingredients in the soup (e.g. pork rib, bean curd, cabbage) are eaten, record these eaten ingredients in their respective food category.** | | | | | |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/ Never** |
| 600. Cream Soup | 1 noodle bowl (B2) |  |  |  | □ |
| 601. Clear Soup/broth | 1 noodle bowl (B2) |  |  |  | □ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VEGETABLES AND BEANCURD | | | | | | | | |
| **Use the Mug (M1) for measurement guide. A serving is the standard hawker centre serving.**  **Eating out refers to eating of food at or bought from restaurant, food court, hawker etc.**  **Eating in refers to eating of home-cooked food.**  **Tick the most frequent choice of the participant.** | | | | | | | | |
|  | | | | | | | | |
| Food Item | **Venue** | | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  | **Eat**  **in** | **Eat out** |  | **Per day** | **Per week** | **Per month** | **Rarely/Never** |
| **Pale green leafy vegetables (cabbage, pak choy, lettuce, beansprouts, cauliflower etc)** | | | | | | | |
| 36. Stir fried , plain | □ | □ | ½ mug |  |  |  | □ |
| 40. Stir fried, with meat/seafood | □ | □ | ½ mug |  |  |  | □ |
| 44. Stir fried in oyster sauce | □ | □ | ½ mug |  |  |  | □ |
| 48. Curry/lemak | □ | □ | ½ mug |  |  |  | □ |
| 52. Raw/steamed/in soup | -- | -- | 1 mug |  |  |  | □ |
| **Dark green leafy vegetables (spinach, kai lan, chye sim, kangkong broccoli etc)** | | | | | | | |
| 53. Stir fried, plain | □ | □ | ½ mug |  |  |  | □ |
| 57. Stir fried, with meat/seafood | □ | □ | ½ mug |  |  |  | □ |
| 61. Stir fried in oyster sauce | □ | □ | ½ mug |  |  |  | □ |
| 65. Stir fried in sambal belacan/dried prawns | □ | □ | ½ mug |  |  |  | □ |
| 69. Raw/steamed/in soup | -- | -- | 1 mug |  |  |  | □ |
| **Tomatoes, carrots, red/yellow peppers** | | | | | | | |
| 70. Stir fried, plain | □ | □ | ½ mug |  |  |  | □ |
| 74. Stir fried, with meat/seafood | □ | □ | ½ mug |  |  |  | □ |
| 78. Curry/lemak | □ | □ | ½ mug |  |  |  | □ |
| 82. Raw/steamed/in soup | -- | -- | 1 mug |  |  |  | □ |
| **Legumes/pulses, e.g. beans, peas** | | | | | | | |
| 83. Stir fried, plain | □ | □ | ½ mug |  |  |  | □ |
| 87. Stir fried in oyster sauce | □ | □ | ½ mug |  |  |  | □ |
| 91. Stir fried in sambal belacan | □ | □ | ½ mug |  |  |  | □ |
| Food Item | **Venue** | | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  | **Eat**  **in** | **Eat out** |  | **Per day** | **Per week** | **Per month** | **Rarely/Never** |
| 95. Dried legumes (e.g. dhal, dried beans) in gravy | □ | □ | ½ mug |  |  |  | □ |
| 354. Raw/steamed/boiled | -- | -- | ½ mug |  |  |  | □ |
| **Mixed vegetables** | | | | | | | |
| 99. Stir fried, plain | □ | □ | ½ mug |  |  |  | □ |
| 103. Stir fried, with meat/seafood | □ | □ | ½ mug |  |  |  | □ |
| 107. Stir fried in oyster sauce | □ | □ | ½ mug |  |  |  | □ |
| 700. Vegetables battered deep-fried (e.g. tempura) | □ | □ | 1 serving |  |  |  | □ |
| 111. Curry/lemak | □ | □ | ½ mug |  |  |  | □ |
| 115. Raw/steamed/in soup/Chinese rojak | -- | -- | 1 mug or serving |  |  |  | □ |
| **Tofu/beancurd** | | | | | | | |
| 116. Fried | □ | □ | ½ square |  |  |  | □ |
| 120. Steamed/in soups | -- | -- | ½ square |  |  |  | □ |
| **Others (roots/stems)** | | | | | | | |
| 349. Stir fried potatoes | □ | □ | 1 mug |  |  |  | □ |
| 121. Curry lemak | □ | □ | 1 mug |  |  |  | □ |
| 125. Soups with meat stock | □ | □ | 1 mug |  |  |  | □ |
| 126. Stews | □ | □ | 1 mug |  |  |  | □ |
| **Canned/Preserved Vegetables** | | | | | | | |
| 704. Preserved  vegetables (Chye Sim, Olives, Kimchi etc.) | □ | □ | 1 dsp (D1) |  |  |  | □ |

SALAD DRESSINGS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/ Never** |
| 130. Creamy dressing – Regular (thousand island, mayonnaise, salad cream etc) | 2 dsp (D1) |  |  |  | □ |
| 131. Creamy dressing – light/low fat | 2 dsp (D1) |  |  |  | □ |
| 132. Oil-based dressing (olive oil, Italian dressing) | 2 dsp (D1) |  |  |  | □ |

FRUITS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **# Refers to the colour of the flesh, not the skin, of the fruit.**  **\* Examples of 1 serving of fruit:**   * **1 small apple/orange/mango (130g)** * **1 wedge papaya/pineapple/watermelon (130g)** * **4 small seeds of jackfruit (80g)** * **10 grapes/longans (50g flesh only)** * **6 lychees/dukus** * **1 mug pure fruit juice (250ml)** | | | | | |
|  |  |  | | | |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/ Never** |
| 133. Orange/red/yellow fresh fruits | 1 serving\* |  |  |  | □ |
| 134. Other fresh fruits | 1 serving\* |  |  |  | □ |
| 135. Bananas | 1 medium\* |  |  |  | □ |
| 136. Durians | 5 seeds  (80g) |  |  |  | □ |
| 137. Canned fruits | ½ mug (M1)  (100g, drained) |  |  |  | □ |
| 800. Mixed fruits (dried) | ¼ mug (M1)  (40g) |  |  |  | □ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| POULTRY (CHICKEN, DUCK, GOOSE) | | | | | | | | |
| * **Eating out refers to eating of food at or bought from restaurant, food court, hawker etc. Eating in refers to eating of home-cooked food. Tick the more frequent choice of the participant.** * **“Coconut curry” preparation includes curry prepared with full cream milk/yogurt.** * **“Curry without coconut” preparation includes curry prepared with low fat milk/yogurt.** | | | | | | | | |
|  |  | |  |  | | | |
| Food Item | **Venue** | | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  | **Eat**  **in** | **Eat out** |  | **Per day** | **Per week** | **Per month** | **Rarely/Never** |
| **Poultry- without skin** | | | | | | | |
| 138. Stir fried | □ | □ | 1 serving |  |  |  | □ |
| 142. Pan/deep fried | □ | □ | 1 serving |  |  |  | □ |
| 146. Coconut curry | □ | □ | 1 serving |  |  |  | □ |
| 150. Curry without coconut | □ | □ | 1 serving |  |  |  | □ |
| 154. Stew/braised/roasted | □ | □ | 1 serving |  |  |  | □ |
| 158. Steamed | -- | -- | 1 serving |  |  |  | □ |
| **Poultry- with skin** | | | | | | | |
| 159. Stir fried | □ | □ | 1 serving |  |  |  | □ |
| 163. Pan/deep fried | □ | □ | 1 serving |  |  |  | □ |
| 167. Coconut curry | □ | □ | 1 serving |  |  |  | □ |
| 171. Curry without coconut | □ | □ | 1 serving |  |  |  | □ |
| 175. Stew/braised/roasted | □ | □ | 1 serving |  |  |  | □ |
| 179. Steamed | -- | -- | 1 serving |  |  |  | □ |
| MEAT | | | | | | | |
| Food Item | **Venue** | | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  | **Eat**  **in** | **Eat out** |  | **Per day** | **Per week** | **Per month** | **Rarely/Never** |
| **Meat- lean (without visible fat or skin attached)** | | | | | | | |
| 180. Stir fried | □ | □ | 1 serving |  |  |  | □ |
| 184. Pan/deep fried | □ | □ | 1 serving |  |  |  | □ |
| 188. Coconut curry/rendang | □ | □ | 1 serving |  |  |  | □ |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Food Item | **Venue** | | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  | **Eat**  **in** | **Eat out** |  | **Per day** | **Per week** | **Per month** | **Rarely/Never** |
| 192. Curry without coconut | □ | □ | 1 serving |  |  |  | □ |
| 196. Stewed/braised | □ | □ | 1 serving |  |  |  | □ |
| 200. Roasted/grilled/BBQ | □ | □ | 1 serving |  |  |  | □ |
| 204. Steamed/soup | -- | -- | 1 serving |  |  |  | □ |
| **Meat – lean and fat** | | | | | | | |
| 205. Stir fried | □ | □ | 1 serving |  |  |  | □ |
| 209. Pan/deep fried | □ | □ | 1 serving |  |  |  | □ |
| 213. Coconut curry/rendang | □ | □ | 1 serving |  |  |  | □ |
| 217. Curry without coconut | □ | □ | 1 serving |  |  |  | □ |
| 221. Stewed/braised | □ | □ | 1 serving |  |  |  | □ |
| 225. Roasted/grilled/BBQ | □ | □ | 1 serving |  |  |  | □ |
| 229. Steamed/soup | -- | -- | 1 serving |  |  |  | □ |
| **Meat – preserved/cured** | | | | | | | |
| 230. Sausages | -- | -- | 1 |  |  |  | □ |
| 231. Ham | -- | -- | 1 slice |  |  |  | □ |
| 232. Bacon | -- | -- | 1 slice |  |  |  | □ |
| 233. Canned (e.g. luncheon meat, corned beef) | -- | -- | Size of 4 squares of chocolate |  |  |  | □ |
| 234. Liver and other innards (incl. kway chap without egg and kway) | -- | -- | Size of 4 squares of chocolate |  |  |  | □ |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FISH/SEAFOOD | | | | | | | |
| Food Item | **Venue** | | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  | **Eat**  **in** | **Eat out** |  | **Per day** | **Per week** | **Per month** | **Rarely/Never** |
| **Fish** | | | | | | | |
| 3003. Raw (e.g. sashimi) | -- | -- | 1 slice |  |  |  | □ |
| 235. Stir fried/pan fried/deep fried | □ | □ | 1 serving |  |  |  | □ |
| 239. Deep fried with batter | □ | □ | 1 serving |  |  |  | □ |
| 243. Steamed | □ | □ | 1 serving |  |  |  | □ |
| 247. Assam pedas | □ | □ | 1 serving |  |  |  | □ |
| 251. Coconut curry | □ | □ | 1 serving |  |  |  | □ |
| 255. Curry without coconut | □ | □ | 1 serving |  |  |  | □ |
| 259. Grilled | □ | □ | 1 serving |  |  |  | □ |
| 3004. Canned (e.g. tuna) | -- | -- | 1 dsp (D1) |  |  |  | □ |
| **Other seafood** | | | | | | | |
| 263. Stir fried/pan fried/deep fried | □ | □ | 1 serving |  |  |  | □ |
| 267. Deep fried with batter | □ | □ | 1 serving |  |  |  | □ |
| 271. Steamed | □ | □ | 1 serving |  |  |  | □ |
| 275. Assam pedas | □ | □ | 1 serving |  |  |  | □ |
| 279. Coconut curry | □ | □ | 1 serving |  |  |  | □ |
| 283. Curry without coconut | □ | □ | 1 serving |  |  |  | □ |
| 287. Grilled | □ | □ | 1 serving |  |  |  | □ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EGGS | | | | | | | |
| **5 quail eggs is equivalent to 1 hen egg.** | | | | | | | |
| **Food Item** | **Venue** | | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  | **Eat**  **in** | **Eat out** |  | **Per day** | **Per week** | **Per month** | **Rarely/ Never** |
| **Whole eggs (including salted and century eggs)** | | | | | | | |
| 291. Boiled/poached/in soup/steamed | -- | -- | 1 egg |  |  |  | □ |
| 292. Fried/scrambled | □ | □ | 1 egg |  |  |  | □ |
| **Egg whites, only** | | | | | | | |
| 751. Boiled/poached/in soup/steamed | -- | -- | 1 serving |  |  |  | □ |
| 752. Fried/scrambled | □ | □ | 1 serving |  |  |  | □ |

# DESSERTS/LOCAL SNACKS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/ Never** |
| **Desserts in soup** | | | | | |
| 296. With coconut milk/cream (e.g. pulot hitam, bubor cha cha) | 1 rice bowl (B1) |  |  |  | □ |
| 297. Without coconut milk (e.g. cheng tng, green bean soup, tau suan) | 1 rice bowl (B1) |  |  |  | □ |
| **Kueh kueh – steamed** | | | | | |
| 298. With coconut/coconut milk/coconut cream (e.g. kueh sarlat, kueh dadar, putu mayam, idli) | 1 piece |  |  |  | □ |
| 299. Without coconut milk (kueh tutu, soon kway) | 1 piece |  |  |  | □ |
| **Others** | | | | | |
| 300. Fried snacks (e.g. you tiao, goreng pisang, Indian rojak) | 1 piece |  |  |  | □ |
| 301. Dim sum – steamed (e.g. chee cheong fun, dumplings, rice dumplings) | 1 serving |  |  |  | □ |
| 302. Dim sum – fried/deep fried (e.g. fried carrot cake, wanton, char siew puff) | 1 piece |  |  |  | □ |
| 303. Sweet Indian snacks (e.g. burfi, halwa) | 1 piece |  |  |  | □ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BISCUITS, PASTRIES AND CAKES | | | | | |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/ Never** |
| 304. Plain biscuits | 2 pieces |  |  |  | □ |
| 305. Cream filled biscuits/shortbread | 2 pieces |  |  |  | □ |
| 306. Puff/flaky pastries (croissants, baked curry puffs etc) | 1 piece |  |  |  | □ |
| 307. Plain butter cake/fruit cake | 1 piece |  |  |  | □ |
| 308. Sponge cakes | 1 piece |  |  |  | □ |
| 309. Cream cakes | 1 piece |  |  |  | □ |

WESTERN STYLE FAST FOODS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/Never** |
| 310. Burgers, with beef or chicken | 1 serving |  |  |  | □ |
| 311. Burgers, fish | 1 serving |  |  |  | □ |
| 312. French fries | 1 small serving |  |  |  | □ |
| 313. Pizza | 2 slices |  |  |  | □ |
| 1100. Mashed Potato with gravy | 1 regular |  |  |  | □ |

# NUTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/Never** |
| **All types of nuts** | | | | | |
| 315. Dry roasted | ½ mug (M1) or 1 small packet |  |  |  | □ |
| 316. Fried | ½ mug (M1) or 1 small packet |  |  |  | □ |

# TITBITS/SNACKS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/Never** |
| 317. Fried salty snacks (crisps, prawn crackers, keropok, salted biscuits etc) | 1 small packet or equivalent |  |  |  | □ |
| 318. Ice cream | 1 scoop |  |  |  | □ |
| 319. Chocolate | 4 squares |  |  |  | □ |

ALCOHOL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/Never** |
| N5.Plain water (tap, sparkling or bottled) | 1 glass (G2) |  |  |  | □ |
| **Vegetable/Fruit juices** | | | | | |
| N6. Tomato/vegetable juice | 1 glass (G2) |  |  |  | □ |
| N7. Orange/lime juice | 1 glass (G2) |  |  |  | □ |
| N8. Sugar cane juice | 1 glass (G2) |  |  |  | □ |
| N9. Grapefruit juice | 1 glass (G2) |  |  |  | □ |
| N10. Other fruit juices (100%) | 1 glass (G2) |  |  |  | □ |
| N11. Other mixed fruit-vegetable juices (100%) | 1 glass (G2) |  |  |  | □ |
| N12. Sugared fruit drinks/other sugared drinks made from syrup/cordial (e.g. lemonade, Rooh afza)/other sweetened canned or packed drinks | 1 glass (G2) |  |  |  | □ |
| **Soft drinks** | | | | | |
| N13. Carbonated Low calories drinks with caffeine (e.g. Diet Coke, Coke Zero) | 1 glass (G2) |  |  |  | □ |
| N14. Other carbonated low calorie drinks without caffeine (diet 7-up) | 1 glass (G2) |  |  |  | □ |
| N15. Carbonated drinks with sugar and caffeine (Coca-Cola, Pepsi) | 1 glass (G2) |  |  |  | □ |
| N16. Other carbonated drinks with sugar but non-caffeinated ( e.g. 7-up, root beer) | 1 glass (G2) |  |  |  | □ |
| N17. Sports/Energy drinks (e.g. 7-up revive, 100+ isotonic, red bull, gatorade) | 1 glass (G2) |  |  |  | □ |

BEVERAGES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COFFEE, TEA AND MALT BEVERAGES | | | | | | | | | | | | | | |
| **Milk Codes** | | | **Portion** | | | **Sweetener Codes** | | | | | | **Portion** | | |
| 0 | Creamer/powdered | | 1/5 Mug  (1 M1 –D)/2 tsp | | | 10 | | Sugar | | | | 1 teaspoon | | |
| 1 | Sweetened condensed milk | | 1/5 Mug  (1 M1 –D) | | | 11 | | Honey | | | | 1 teaspoon | | |
| 2 | Evaporated milk | | 1/5 Mug  (1 M1 –D) | | | 12 | | Artificial sweetener | | | | 1 sachet | | |
| 3 | Full cream milk/powder | | 1/5 Mug  (1 M1 –D)/2 tsp | | | 13 | | Do not add sugar/sweetener | | | |  | | |
| 4 | Low fat milk/powder | | 1/5 Mug  (1 M1 –D)/2 tsp | | |  | |  | | | |  | | |
| 5 | Skimmed milk/powder | | 1/5 Mug  (1 M1 –D)/2 tsp | | |  | |  | | | |  | | |
| 6 | No added milk | | Nil | | |  | |  | | | |  | | |
| 7 | Whitener/powder | | 1/5 Mug  (1 M1 –D)/2 tsp | | |  | |  | | | |  | | |
|  | | | | | | | | | | | | | | |
| **Food Item** | | **Portion** | | **Number of times eaten**  ***Enter 1 column only*** | | | | | | **Milk Added** | | | **Sweetener Added** | |
|  | |  | | **Per day** | **Per week** | | **Per month** | | **Rarely**  **/Never** | **Type (code)** | **Amt per serving** | | **Type (code)** | **Amt per serving** |
| **Plain Coffee** | |  | |  |  | |  | |  |  |  | |  |  |
| N18. Plain brewed coffee (exclude, instant coffee, gourmet coffee, 2-in-1 or 3-in-1) | | 1 cup | |  |  | |  | | □ |  |  | |  |  |
| **For participants who drink brewed coffee:**  5003N. What is your main brewing method? | | -- | | 🞎 1. Paper filter  🞎 2. Mesh filter  🞎 3. Sock filter  🞎 4. Espresso  🞎 5. Boiled/unfiltered  (exclude instant)  🞎 6. Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 99. Don’t know | | | | | | -- | -- | | -- | -- |
| N19. Instant coffees (exclude 2-in-1/3-in1) | | 1 cup | |  |  | |  | | □ |  |  | |  |  |
| N20. Instant 2-in-1 or 3-in-1 coffee | | 1 packet  (20 g) | |  |  | |  | | □ |  |  | |  |  |
| N21. Sweetened bottled/canned coffee drinks | | 1 regular glass (G2) | |  |  | |  | | □ | -- | -- | | -- | -- |
| N22. Gourmet coffee (mocha, frappuccino, cappuccino) | | 1 regular glass (G2) | |  |  | |  | | □ |  |  | |  |  |
| 5004N. How often is the coffee you drink (both brewed and other types) decaffeinated? | | -- | |  |  | |  | | □ | -- | -- | | -- | -- |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | | **Milk Added** | | **Sweetener Added** | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely**  **/Never** | **Type (code)** | **Amt per serving** | **Type (code)** | **Amt per serving** |
| **Tea** |  |  |  |  |  |  |  |  |  |
| N23. Sweetened bottled tea (non-brewed, e.g. ice-lemon/peach teas) | 1 regular glass (G2) |  |  |  | □ | -- | -- | -- | -- |
| N24. Ceylon/English Tea (brewed) | 1 cup (215 ml) |  |  |  | □ |  |  |  |  |
| N25. Chinese Tea (brewed) | 1 cup (215 ml) |  |  |  | □ |  |  |  |  |
| N26. Green Tea (brewed) | 1 cup (215 ml) |  |  |  | □ |  |  |  |  |
| N27. Herbal Tea (brewed) | 1 cup (215 ml) |  |  |  | □ |  |  |  |  |
| N28. Instant 2-in-1 or 3-in-1 tea | 1 cup (215 ml) |  |  |  | □ |  |  |  |  |
| **For participants who drink any tea:**  5005N. How often is the tea you drink decaffeinated? | -- |  |  |  | □ | -- | -- | -- | -- |
| **Malt beverages** |  |  |  |  |  |  |  |  |  |
| 1320. Malt beverages (e.g. hot chocolate, Horlicks®, Milo®, Ovaltine ®) | M1 –D/2 tsp |  |  |  | □ |  |  |  |  |

| MILK & DAIRY PRODUCTS | | | | | |
| --- | --- | --- | --- | --- | --- |
| **\* This could be liquid milk or powdered milk made up to the same amount using instructions on tin.** | | | | | |
|  | | | | | |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/ Never** |
| **Milk ( as a drink)** | | | | | |
| 341. Full cream milk\* (fresh, UHT, powder) | 1 regular glass (G2) |  |  |  | □ |
| 342. Low fat milk\* (fresh, UHT, powder) | 1 regular glass (G2) |  |  |  | □ |
| 343. Skimmed milk\* (fresh, UHT, powder) | 1 regular glass (G2) |  |  |  | □ |
| N29. Milkshakes (e.g. banana milkshake) | 1 regular glass (G2) |  |  |  | □ |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion** | | **Number of times eaten**  ***Enter 1 column only*** | | | | | | | |
|  |  | | **Per day** | | **Per week** | | **Per month** | | **Rarely/ Never** | |
| **Yoghurt** | | | | | | | | | | |
| 344. Regular | | 1 small glass (G1) | |  | |  | |  | | □ |
| 345. Low fat (including frozen yoghurt) | | 1 small glass (G1) | |  | |  | |  | | □ |
| N30. Yoghurt based drinks (e.g. lassi, Indian buttermilk, yakult) | | 1 small glass (G1) | |  | |  | |  | | □ |
| **Cheese** | | | | | | | | | | |
| 346. Cheese/cheese spread | | 1 slice/4dsp | |  | |  | |  | | □ |
| 347. Low fat cheese | | 1 slice | |  | |  | |  | | □ |

SOYA PRODUCTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Food Item** | **Portion** | **Number of times eaten**  ***Enter 1 column only*** | | | |
|  |  | **Per day** | **Per week** | **Per month** | **Rarely/ Never** |
| 1200. Soya milk drink (fresh/packet/can) | 1 regular glass (G2) |  |  |  | □ |
| 1201. Soya beancurd (tau huay) | 1 rice bowl (B1) |  |  |  | □ |

**PART B**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. What was the type of oil/fat you or your family used for (specify cooking method)?  2. What was the brand name of the oil/fat? | | | | | | |
| **For each type of cooking method, record only one type of oil used (the most frequently used type) e.g. for pan-frying, deep frying and stewing if the participant’s answer is canola oil, then list canola oil (Sunbeam), under column A , and tick 2.** | | | | | | |
|  | | | | | | |
|  |  | **0** | **1** | **2** | **3** | **4** |
|  | **Oil name/ Brand** | Blended vegetable oil (cooking oil) | Poly-unsaturated oil (corn, soya, sunflower, safflower, gingely oil, grapeseed oil, flaxseed oil) | Mono-unsaturated oil (olive, peanut, canola, rice bran, sesame, mustard) | Saturated fat (lard, ghee, tallow, cooking margarine, butter, shortening, coconut oil, palm kernel oil) | Not applicable (I do not use the cooking method) |
| **A.**  **pan frying, deep frying, stewing** |  | □ | □ | □ | □ | □ |
| **B.**  **stir frying** |  | □ | □ | □ | □ | □ |
| **C.**  **baking/ roasting** |  | □ | □ | □ | □ | □ |

**PART C**

1. How often do you eat at hawker centres, food courts or coffee shops?

\_\_\_\_\_ per 🞎 day 🞎 week 🞎 month 🞎 year

1. How often do you eat at western fast food restaurants (e.g. KFC, McDonald’s, Burger King, etc.)?

\_\_\_\_\_ per 🞎 day 🞎 week 🞎 month 🞎 year

3. When you eat meat with visible fat, how much visible fat will you trim off?

🞎 1. All the fat

🞎 2. Some of the fat

🞎 3. None of the fat

🞎 4. Do not eat meat at all

4. When you eat poultry with visible fat, how much visible fat will you trim off?

🞎 1. All the fat

🞎 2. Some of the fat

🞎 3. None of the fat

🞎 4. Do not eat poultry at all

**PART D**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there any other important foods/beverages that you ate or drank at least once per month during the previous month? | | | | |
| **For portion sizes, use standard food model references, e.g. if a person says 1 glass of coconut juice, then display the glass size and note accordingly e.g. coconut juice ¾ G1.**  **Do not list dry spices or foods captured in other sections** | | | | |
|  | | | | |
| **Food item name** | **Portion** | **Frequency** | | |
| **Per day** | **Per week** | **Per month** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |
| 11. |  |  |  |  |
| 12. |  |  |  |  |

END