|  |  |
| --- | --- |
| Name |  |
| Participant ID (e.g., ORG-CG-001) |  |
| Phone number |  |
| Email |  |
| Survey round  (Baseline/ 3-month/6-month, 12-month) |  |
| Assessment date |  |

**Jockey Club “Stand by U” Caregivers Community Support Project**

**Caregiver Assessment**

Screening: Personal data

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| S1 | Are you aged 18 or above? | □ | □ |
| S2 | Are you currently taking care of a home-bounded older adults (aged 60+)? | □ | □ |
| S3 | Do you have to provide at least 6 hours of caregiving per week? | □ | □ |
| S4 | Can you read Traditional Chinse? | □ | □ |
| S5 | Are you participating voluntarily? | □ | □ |
| S6 | Is your care recipient using any long-term care service now? | □ | □ |

\*Participants must answer YES in S1 to S5 and NO in S6 to proceed.

【Proceed to next page】

Part A. Caregiving situation

A1. We would like to know more about the care recipient you are currently taking care of. Please answer according to the real situation now. There is no right or wrong.   
  
＊Caregiving refers to any of the following activities you provided for your family:  
 （1）Supervision;  
 （2）Economic support;  
 （3）Emotional support;   
 （4）Activities of Daily Living (e.g., feeding, bathing); or  
 （5）Instrumental Activities of Daily Living (e.g., housework, cooking)

|  |  |  |
| --- | --- | --- |
| A1 | Are you currently taking care of any family member (aged 60+)? How many? | |
|  | □ Yes, \_\_\_\_ persons. | □ No |

If you are currently taking care of more than one person, please answer the following questions based on the person that you take care for the longest hours every week.

|  |  |  |  |
| --- | --- | --- | --- |
| A2 | 這位【60歲或以上】您正照顧的家人是您的 | | |
|  | This person is your | This person is your | This person is your |
|  | 🞏 Mother-in-law | 🞏 Sibling | 🞏 Father-in-law |
|  | 🞏 Spouse | 🞏 Child | 🞏 Relatives |

|  |  |  |  |
| --- | --- | --- | --- |
| A3 | What kind of care do you need to provide to this person? | | |
|  | 🞏 Supervision | 🞏 Economic support | 🞏 Emotional support |
|  | 🞏 Activities of Daily Living (e.g., feeding, bathing) | 🞏 Instrumental Activities of Daily Living (e.g., housework, cooking) | 🞏 Others (Please specify: \_\_\_\_\_\_\_\_\_) |
|  |  |  |  |
| A4 | Are there any domestic helpers sharing your caregiving duties? If yes, please specify the number of helpers. | | |
|  | □ Yes, \_\_\_\_ persons. | □ No | |

|  |  |  |
| --- | --- | --- |
| A5 | Are there any relatives or friends sharing your caregiving duties? If yes, please specify the number of helpers. | |
|  | □ Yes, \_\_\_\_ persons. | □ No |

|  |  |  |  |
| --- | --- | --- | --- |
| A6 | In the **last 3 months**, on average, how many hours of caregiving do you provide to this person per week? | | |
|  | 🞏 Less than 10 hours | 🞏 10 to 20 hours | 🞏 20 to 30 hours |
|  | 🞏 30 to 40 hours | 🞏 Over 40 hours |  |

|  |  |
| --- | --- |
| A7 | How long have you been taking care of this person? |
|  | \_\_\_\_\_\_year(s) and \_\_\_\_\_\_\_month(s) |

**Part B. 照顧者風險評估**

Recalling the caregiving situation in the past week, how much do you agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recalling the caregiving situation in the past week, how much do you agree with the following statements?** | | Strongly Disagree | Disagree | Agree | Strongly Agree |
| B1 | When I have important decisions to make, I often feel like there is no one who can help me (including family members who live with me or elsewhere, friends, and other sources of assistance). | □ | □ | □ | □ |
| B2 | When the care recipient has significant needs, my co-residing and non-co-residing family members could not provide support. | □ | □ | □ | □ |
| B3 | The care recipient exhibits aggressive speech and behaviour (e.g., harasses others, behaves indecently or aggressively). | □ | □ | □ | □ |
| B4 | My mental illnesses (e.g., depression, bipolar disorder, generalized anxiety disorder, schizophrenia, social anxiety disorder) affect my daily life and caregiving abilities. | □ | □ | □ | □ |
| B5 | I often feel like I don't have the confidence or opportunity to take care of my own physical and mental health. | □ | □ | □ | □ |
| B6 | The indoor environment where the care recipient resides (e.g., facilities, auxiliary equipment) does not allow me to provide appropriate care. | □ | □ | □ | □ |
| B7 | The care recipient is unable to cope with normal daily self-care activities (e.g., bathing, dressing, toileting). | □ | □ | □ | □ |
| B8 | My health is not good, or I often have insomnia. | □ | □ | □ | □ |
| B9 | I feel anxious, agitated and uneasy. | □ | □ | □ | □ |
| B10 | My long-term/chronic diseases (e.g., hypertension, diabetes, high cholesterol, heart disease, rheumatoid arthritis, cancer) affect my daily life and caregiving abilities. | □ | □ | □ | □ |
| B11 | I find it difficult to balance work, caregiving responsibility, and my daily life. | □ | □ | □ | □ |
| B12 | The care recipient’s mental status (e.g., negative emotions, depression, anxiety, fear, psychosis) affects my daily life. | □ | □ | □ | □ |
| B13 | I am financially burdened by caring for the care recipients. | □ | □ | □ | □ |
| B14 | I don’t have any time for myself to take a break. | □ | □ | □ | □ |
|  |  | Strongly Disagree | Disagree | Agree | Strongly Agree |
| B15 | I have thoughts of self-harm or harming others. | □ | □ | □ | □ |
| B16 | I am unable to provide the care needed by the care recipient. | □ | □ | □ | □ |
| B17 | I feel lonely. | □ | □ | □ | □ |
| B18 | Physical or verbal conflicts often occur between the care recipient and me. | □ | □ | □ | □ |
| B19 | I feel like I won’t be able to provide care for the care recipient after 6 months. | □ | □ | □ | □ |
| B20 | I am concerned that the care recipient’s condition will significantly deteriorate within the next 6 months. | □ | □ | □ | □ |
|  |  |  |  |  |  |
| **How much do you agree with the following statements?** | | | | | |
| B21 | In the past 12 months, major changes in my life (e.g., moving, divorce, bereavement, unemployment, retirement, serious health issues) have affected my daily life and caregiving abilities. | □ | □ | □ | □ |
| B22 | In the past 6 months, I have visited the hospital due to a fall, illness or follow-up medical appointment. | □ | □ | □ | □ |

**Part C. Depression scale**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
| C1 | Little interest or pleasure in doing things | □ | □ | □ | □ |
| C2 | Feeling down, depressed, or hopeless | □ | □ | □ | □ |
| C3 | Trouble falling or staying asleep, or sleeping too much | □ | □ | □ | □ |
| C4 | Feeling tired or having little energy | □ | □ | □ | □ |
| C5 | Poor appetite or overeating | □ | □ | □ | □ |
| C6 | Feeling bad about yourself or that you are a failure or have let yourself or your family down | □ | □ | □ | □ |
| C7 | Trouble concentrating on things, such as reading the newspaper or watching television | □ | □ | □ | □ |
| C8 | Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual | □ | □ | □ | □ |
| C9 | Thoughts that you would be better off dead, or of hurting yourself | □ | □ | □ | □ |

**Part D. Anxiety scale**

Over the last two weeks, how often have you been bothered by the following problems?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
| D1 | Feeling nervous, anxious, or on edge | □ | □ | □ | □ |
| D2 | Not being able to stop or control worrying | □ | □ | □ | □ |
| D3 | Worrying too much about different things | □ | □ | □ | □ |
| D4 | Trouble relaxing | □ | □ | □ | □ |
| D5 | Being so restless that it is hard to sit still | □ | □ | □ | □ |
| D6 | Becoming easily annoyed or irritable | □ | □ | □ | □ |
| D7 | Feeling afraid, as if something awful might happen | □ | □ | □ | □ |

**Part E. Caregiver Burden Inventory**

Choose the number that best represents how often the statement describes your feelings.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Never** | **Rarely** | **Sometimes** | **Quite Frequently** | **Nearly always** |
| E1 | He/she needs my help to perform many daily tasks | □ | □ | □ | □ | □ |
| E2 | He/she is dependent on me | □ | □ | □ | □ | □ |
| E3 | I have to watch him/her constantly | □ | □ | □ | □ | □ |
| E4 | I have to help him/her with many basic functions | □ | □ | □ | □ | □ |
| E5 | I don't have a minute's break from his/her chores | □ | □ | □ | □ | □ |
| E6 | I feel that I am missing out on life | □ | □ | □ | □ | □ |
| E7 | I wish I could escape from this situation | □ | □ | □ | □ | □ |
| E8 | My social life has suffered | □ | □ | □ | □ | □ |
| E9 | I feel emotionally drained due to caring for him/her | □ | □ | □ | □ | □ |
| E10 | I expected that things would be different at this point in my life | □ | □ | □ | □ | □ |
| E11 | I'm not getting enough sleep | □ | □ | □ | □ | □ |
| E12 | My health has suffered | □ | □ | □ | □ | □ |
| E13 | Care giving has made me physically sick | □ | □ | □ | □ | □ |
| E14 | I'm physically tired | □ | □ | □ | □ | □ |
| E15 | I don't get along with other family  members as well as I used to | □ | □ | □ | □ | □ |
| E16 | My care giving efforts aren't appreciated by others in my family | □ | □ | □ | □ | □ |
| E17 | I've had problems with my marriage (or other significant relationship) | □ | □ | □ | □ | □ |
| E18 | I don't get along as well as I used to with others | □ | □ | □ | □ | □ |
| E19 | I feel resentful of other relatives who could but do not help | □ | □ | □ | □ | □ |
| E20 | I feel embarrassed over his/her behavior | □ | □ | □ | □ | □ |
| E21 | I feel ashamed of him/her | □ | □ | □ | □ | □ |
| E22 | I resent him/her | □ | □ | □ | □ | □ |
| E23 | I feel uncomfortable when I have friends over | □ | □ | □ | □ | □ |
| E24 | I feel angry about my interactions with him/her | □ | □ | □ | □ | □ |

**Part F. Care decision making**

Have you ever faced any of the following situations that required you to make decisions while caring for your family? If so, do you find it difficult to make decisions? If not, imagine how difficult it would be for you to make decisions?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **No decision was made,**  **not difficult** | **No decision was made, difficult** | **Decision made, not difficult** | **Decision made, difficult** |
| F1 | Disclose the true health condition of the care recipient for to relatives or friends | □ | □ | □ | □ |
| F2 | Health-related decisions (surgery, treatment, specialist services, etc.) | □ | □ | □ | □ |
| F3 | Care arrangements (hiring foreign domestic helpers, applying for social services, finding assistance from other family members, etc.) | □ | □ | □ | □ |
| F4 | Change the lifestyle of the person being cared for (going out, cooking, driving, smoking, drinking, stock trading, etc.) | □ | □ | □ | □ |
| F5 | Change your lifestyle (social life, work, place of residence, interests, etc.) | □ | □ | □ | □ |
| F6 | Finance (applying for aid, purchasing expensive supplies, book-keeping, traveling, purchasing insurance, etc.) | □ | □ | □ | □ |

**Part G. Positive Aspects of Caregiving**

Based on your experience in caring, how much do you agree with the following statements? Please tick out the most suitable answer.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly disagree** | **Slightly disagree** | **No opinion** | **Slightly agree** | **Strongly agree** |
| G1 | Feel more useful. | □ | □ | □ | □ | □ |
| G2 | Feel good about self. | □ | □ | □ | □ | □ |
| G3 | Feel needed. | □ | □ | □ | □ | □ |
| G4 | Feel appreciated. | □ | □ | □ | □ | □ |
| G5 | Feel important. | □ | □ | □ | □ | □ |
| G6 | Feel strong and confident. | □ | □ | □ | □ | □ |
| G7 | Give more meaning to my life. | □ | □ | □ | □ | □ |
| G8 | Enable me to learn new skills. | □ | □ | □ | □ | □ |
| G9 | Appreciate life more. | □ | □ | □ | □ | □ |
| G10 | More positive toward life. | □ | □ | □ | □ | □ |
| G11 | Strengthened relationship. | □ | □ | □ | □ | □ |

**Part H. Quality of Life**

Under each heading, please tick the ONE box that best describes your health TODAY.

|  |  |  |  |
| --- | --- | --- | --- |
| H1 | **Mobility** | | |
|  | I have no problems in walking about |  | 🞏 |
|  | I have slight problems in walking about |  | 🞏 |
|  | I have moderate problems in walking about |  | 🞏 |
|  | I have severe problems in walking about |  | 🞏 |
|  | I am unable to walk about |  | 🞏 |
| H2 | **Self-care** | | |
|  | I have no problems washing or dressing myself |  | 🞏 |
|  | I have slight problems washing or dressing myself |  | 🞏 |
|  | I have moderate problems washing or dressing myself |  | 🞏 |
|  | I have severe problems washing or dressing myself |  | 🞏 |
|  | I am unable to wash or dress myself |  | 🞏 |
| H3 | **Usual activities (e.g. work, study, housework, family or leisure activities)** | | |
|  | I have no problems doing my usual activities |  | 🞏 |
|  | I have slight problems doing my usual activities |  | 🞏 |
|  | I have moderate problems doing my usual activities |  | 🞏 |
|  | I have severe problems doing my usual activities |  | 🞏 |
|  | I am unable to do my usual activities |  | 🞏 |
| H4 | **Pain/ Discomfort** | | |
|  | I have no pain or discomfort |  | 🞏 |
|  | I have slight pain or discomfort |  | 🞏 |
|  | I have moderate pain or discomfort |  | 🞏 |
|  | I have severe pain or discomfort |  | 🞏 |
|  | I have extreme pain or discomfort |  | 🞏 |
| H5 | **Anxiety/ Depression** | | |
|  | I am not anxious or depressed |  | 🞏 |
|  | I am slightly anxious or depressed |  | 🞏 |
|  | I am moderately anxious or depressed |  | 🞏 |
|  | I am severely anxious or depressed |  | 🞏 |
|  | I am extremely anxious or depressed |  | 🞏 |

H6. We would like to know how good or bad is your health TODAY. You will see a scale numbered from 0 to 100. 100 means the best health you can imagine. 0 means the worst health you can imagine.

Please indicate on the scale how your health is **TODAY**.

The best health

you can imagine

A black background with a black square

Description automatically generated with medium confidence

Your Health today =

The worst health

**Part I. Caregiver personal situation**

**I1 Please list the number of hospitalization services you have received in the past three months (Note: If you have not received such services, please fill in "0")**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Public –  No. of times | Private –  No. of times | Public –  Total number of days | Private –  Total number of days |
| I1.1 | Psychiatric ward |  |  |  |  |
| I1.2 | General ward |  |  |  |  |
| I1.3 | Other, please specify: | | | | |

**I2 Please list the number of government outpatient services you have received in the past three months (Note: If you have not received such services, please fill in "0")**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
| I2.1 | Psychiatric outpatient clinic |  |  |
| I2.2 | Other outpatient services |  |  |
| I2.3 | Emergency room |  |  |
| I2.4 | day hospital |  |  |
| I2.5 | Rehabilitation Center |  |  |
| I2.6 | Other, please specify: |  |  |

**I3 Please list the number of day community services you have received in the past month (Note: If you have not received such services, please fill in "0")**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
| I3.1 | Integrated Community Centre for Mental Wellness |  |  |
| I3.2 | Elderly Centres |  |  |
| I3.3 | Other, please specify: |  |  |

**I4 Please list the number of times you have had contact with primary and community caregivers in the past three months (Note: If you have not had contact with this person, please fill in "0")**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
| I4.1 | general practitioner |  |  |
| I4.2 | Psychiatrist |  |  |
| I4.3 | psychologist |  |  |
| I4.4 | community nurse |  |  |
| I4.5 | community psychiatric nurse |  |  |
| I4.6 | Social Worker/Case Manager |  |  |
| I4.7 | occupational therapist |  |  |
| I4.8 | Homecare aide, personal care attendant |  |  |
| I4.9 | Other, please specify: |  |  |

**I5** **In the past three months, have you received any of the following assistance from a friend, relative, or worker because of your emotional distress? (Note: If you do not accept assistance, please fill in "0")**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Who provided the help? (Friend, relatives, domestic helpers) | Average no. of hour per week |
| I5.1 | Your own personal care (e.g. bathing, dressing) |  |  |
| I5.2 | Doing housework (e.g. cooking, cleaning) |  |  |
| I5.3 | Doing things other than housework (such as shopping, picking up and dropping off) |  |  |
| I5.4 | Other, please specify: |  |  |

**I6 Which of the following types of support services have you received or needed in the past month?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Not received and I don’t need it | Not received but I need it | Received and I don’t need extra support | Received but I need extra support |
| I6.1 | Carer support group | □ | □ | □ | □ |
| I6.2 | Psychological counseling | □ | □ | □ | □ |
| I6.3 | Learn caring skills | □ | □ | □ | □ |
| I6.4 | Irregular assistance (e.g., emergency respite care) | □ | □ | □ | □ |
| I6.5 | Transportation support | □ | □ | □ | □ |
| I6.6 | Economic advice and consultation | □ | □ | □ | □ |
| I6.7 | Legal advice and consultation | □ | □ | □ | □ |
| I6.8 | Educational support, including vocational training | □ | □ | □ | □ |
| I6.9 | Get information about care arrangements | □ | □ | □ | □ |
| I6.10 | Other, please specify: | □ | □ | □ | □ |

**I7 What is the MOST needed service for you now?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I8 Can you chew the following foods easily? If not, how difficult is it?**

|  | Primary food | alternative food | Yes, easy to chew | No, it’s hard to chew but I can eat it slowly | No, impossible to chew.  I can't eat it even if I eat it slowly |
| --- | --- | --- | --- | --- | --- |
| I8.1 | dried squid A plate of bacon on a white surface  Description automatically generated | Fried squid  A close-up of a plate of food  Description automatically generated  Dried shredded squidA close up of food  Description automatically generated | □ | □ | □ |
| I8.2 | Whole apple  A pair of hands holding apples  Description automatically generated | Fried squid  A close-up of a plate of food  Description automatically generated  Dried shredded squidA close up of food  Description automatically generated | □ | □ | □ |
| I8.3 | Peanut  A pile of peanuts on a white background  Description automatically generated | Dried vegetables  A close-up of a bunch of twigs  Description automatically generated | □ | □ | □ |
| I8.4 | Preserved vegetables (hard and crispy radish)A pile of food with red peppers  Description automatically generated | Dried vegetables  A close-up of a bunch of twigs  Description automatically generated | □ | □ | □ |
| I8.5 | Pork chop  Close-up of a plate of fried chicken  Description automatically generated | Steak  A plate of meat and vegetables  Description automatically generated  Choy sum  A plate of green vegetables  Description automatically generated | □ | □ | □ |
| I8.6 | Hard biscuitsA group of crackers on a white background  Description automatically generated | Steak  A plate of meat and vegetables  Description automatically generated  Choy sum  A plate of green vegetables  Description automatically generated | □ | □ | □ |
| I8.7 | Fish ball  A plate of food on a white background  Description automatically generated | Soda crackerA group of crackers on a white background  Description automatically generated  Sauseges  A sausage and slices of sausage  Description automatically generated | □ | □ | □ |
| I8.8 | Ham  A sliced ham on a plate  Description automatically generated | Soda crackerA group of crackers on a white background  Description automatically generated  Sauseges  A sausage and slices of sausage  Description automatically generated | □ | □ | □ |
| I8.9 | Fried potato  A plate of food on a white surface  Description automatically generated | Eggplant  A bowl of soup with vegetables  Description automatically generated  Rice  A bowl of rice on a table  Description automatically generated  Banana  A banana with a peeled banana  Description automatically generated | □ | □ | □ |
| I8.10 | Noodles  A bowl of noodles with green onions  Description automatically generated | Eggplant  A bowl of soup with vegetables  Description automatically generated  Rice  A bowl of rice on a table  Description automatically generated  Banana  A banana with a peeled banana  Description automatically generated | □ | □ | □ |

**Part J.** Caregiver information

|  |  |  |
| --- | --- | --- |
| J1 | Gender | |
|  | □ Male | □ Female |

|  |  |
| --- | --- |
| J2 | Year of birth |
|  | \_\_\_\_\_\_\_\_\_ (YYYY) |

|  |  |  |  |
| --- | --- | --- | --- |
| J3 | Highest education level | | |
|  | 🞏 No formal education | 🞏 Primary school | 🞏 Secondary school |
|  | 🞏 Higher Diploma/Associate Degree | 🞏 Bachelor degree | 🞏 Master or above |

|  |  |  |  |
| --- | --- | --- | --- |
| J4 | Marriage | | |
|  | 🞏 Never married/ Single | 🞏 Married | 🞏 With partners (Not married) |
|  | 🞏 Widowed | 🞏 Separated | 🞏 Divorce |

|  |  |  |  |
| --- | --- | --- | --- |
| J5 | Living arrangement | | |
|  | 🞏 Public housing | 🞏 Home Ownership Scheme | 🞏 Private property |
|  | 🞏 Rental (whole flat) | 🞏 Rental (a room/ a bed) | 🞏 Other (Please specify: \_\_\_\_\_\_\_\_\_) |

|  |  |  |  |
| --- | --- | --- | --- |
| J6 | Employment | | |
|  | 🞏 Full time work | 🞏 Part time work | 🞏 Retired |
|  | 🞏 Self-employed/ business owner | 🞏 Full time student | 🞏 Housemaker |
|  | 🞏 Other (Please specify: \_\_\_\_\_\_\_\_\_) | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| J7 | Economic status | | |
|  | 🞏 No problem at all | 🞏 Manageable | 🞏 Not very manageable. A bit difficult. |
|  | 🞏 Very difficult |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| J8.1 | Please choose the social media platforms you ever used in the last 3 months. | | |
|  | 🞏 Facebook | 🞏 YouTube | 🞏 Instagram |
|  | 🞏 WeChat | 🞏 WhatsApp | 🞏 Tiktok |
|  | 🞏 QQ | 🞏 Xiaohongshu / RED | 🞏 Sina Weibo |
|  | 🞏 Other (Please specify: \_\_\_\_\_\_\_\_\_) | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| J8.2 | Please choose the social media platforms you **most frequently** used in the last 3 months. | | |
|  | 🞏 Facebook | 🞏 YouTube | 🞏 Instagram |
|  | 🞏 WeChat | 🞏 WhatsApp | 🞏 Tiktok |
|  | 🞏 QQ | 🞏 Xiaohongshu / RED | 🞏 Sina Weibo |
|  | 🞏 Other (Please specify: \_\_\_\_\_\_\_\_\_) | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| J9 | Are you currently suffering or diagnosed with any of the following health issue within the past 3 months? | | |
|  | 🞏 Measles | 🞏 Chicken pox | 🞏 Rubella |
|  | 🞏 Flu | 🞏 Pneumonia | 🞏 Hepatitis |
|  | 🞏 High cholesterol | 🞏 Diabetes | 🞏 High blood pressure |
|  | 🞏 Osteoporosis | 🞏 Arthritis | 🞏 Rheumatism |
|  | 🞏 Anaemia | 🞏 Thyroid disease | 🞏 Asthma |
|  | 🞏 Liver disease | 🞏 Stroke | 🞏 Cancer |
|  | 🞏 Kidney disease | 🞏 Gastric ulcer | 🞏 Heart disease |
|  | 🞏 Epilepsy | 🞏 Dementia | 🞏 Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 🞏 Depression | 🞏 Mental health problem, please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 🞏 Glaucoma | 🞏 Cataract |
|  | 🞏 None of the above | |

|  |  |  |  |
| --- | --- | --- | --- |
| J10 | Religion | | |
|  | 🞏 Christianity | 🞏 Catholic | 🞏 Buddhism |
|  | 🞏 Taoism | 🞏 Confucianism | 🞏 Islam |
|  | 🞏 Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 🞏 no religious belief |