**Registration sheet for research project, “Healthy Ageing in Malaysia”**

Area Code:

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

**Date of interview (dd/mm/yyyy):**

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

**IC NO :**

**Name (respondent) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: 1. Male 2. Female**

**Date of birth (dd/mm/yyyy): \_\_\_\_ /\_\_\_\_/\_\_\_\_ \_\_ Age : years old**

**Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Contact phone numbers of respondent, spouse, children, and relatives (for follow up purpose):**

|  |  |  |
| --- | --- | --- |
| **No** | **Phone number** | **Who’s number** |
| **1** |  | **1. Respondent 2. Spouse 3. Son 4. Daughter 5. Relatives** |
| **2** |  | **1. Respondent 2. Spouse 3. Son 4. Daughter 5. Relatives** |
| **3** |  | **1. Respondent 2. Spouse 3. Son 4. Daughter 5. Relatives** |
| **4** |  | **1. Respondent 2. Spouse 3. Son 4. Daughter 5. Relatives** |
| **5** |  | **1. Respondent 2. Spouse 3. Son 4. Daughter 5. Relatives** |

**Objective measurement**

**1. Blood pressure (Please measure by the same arm)**

**1st: / mmHg 2nd: / mmHg**

**2-1). Height: (actual measure) cm 2-2). (Demi-span) cm\*\***

Women--- 1.35 X demi-span (cm) + 60.1 -> Height cm

Men------- 1.40 X demi-span (cm) + 57.8 -> Height cm

**Circle either of 2-1) or 2-2) which you used for setting BW scale (in case that a respondent’s back is bent, use 2-2))**

**3. Body weight: kg**

**4. Body composition 1) Fat: % 2) Muscle: kg**

**5. Abdominal circumference: cm**

**6. Grip strength (Please measure by the same arm)**

**1st: kg 2nd: kg**

**Please, make an interview to respondent directly in person to person situation (NO person surrounded as much as possible at least from Q22).**

**If anyone is besides respondent, please specify bellow:**

**1. Spouse 2. Children 　 3. Brother/sister 4. Parent(s) 5. Grandchildren**

**6. Relative(s) 7. Neighbor 8. Friend 9. Other ( )**

**Q0. Abbreviated Mental Test (AMT)**

(*To interviewer: Please ask questions 1-10 in this list and record all answers.*)

|  |  |  |
| --- | --- | --- |
| **QUESTION** | **Incorrect** | **Correct** |
| 1.Age? |  |  |
| 2. Time? (to nearest hour) |  |  |
| 3. Address for recall at end of test? |  |  |
| 4. Year? |  |  |
| 5. Name of this place? |  |  |
| 6. Identification of two person (relative, surveyor, etc)? |  |  |
| 7. Date of birth? |  |  |
| 8. Year of Independence? |  |  |
| 9. Name of present the Prime minister? |  |  |
| 10. Count backwards 20 to 1? |  |  |
| Total |  |  |

**Continue to the next section, if the respondent is eligible for the survey.**

**Score of Q0. Abbreviated Mental Test (AMT) is 7 or more, continue the interview.**

**Score of Q0. Abbreviated Mental Test (AMT) is 6 or less, FINISH interview.**

**Information of surveyor**

**Name of surveyor: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Q1. First, we would like to ask you about your physical status.**

1) How is your current health status?

1. Excellent 2. Good 3. Fair 4. Poor

2) Do you need any nursing care or assistance in your daily life from anyone?

1. I do not need nursing care or assistance. 2. I need nursing care or assistance but do not receive it.

3. I need and receive nursing care or assistance.

3) For at least the past 6 months, to what extent have you been limited, because of a health problem in activities people usually do? Would you say you have been:…

1. Severely limited 2. Limited but not severely 3. Not limited at all

**Q2****. Do you have any difficulties?**

**Seeing**

1-1) Do you have any difficulty of seeing?

1. No difficulty 2. Yes, some difficulty 3. Yes, a lot of difficulty 4. Cannot do at all

1-2) Do you usually use glasses?

1. Yes, without difficulty 2. Yes, with difficulty 3. No

1-3) Have you ever been to an any health care provider due to difficulty of seeing?

1. Yes 2. No

**Hearing**

2-1) Do you have any difficulty of hearing?

1. No difficulty 2. Yes, some difficulty 3. Yes, a lot of difficulty 4. Cannot do at all

2-2) Do you usually use a hearing aid device?

1. Yes, without difficulty 2. Yes, with difficulty 3. No

2-3) Have you ever been to any health care provider due to difficulty of hearing?

1. Yes 2. No

**Walking**

3-1) Do you have any difficulty of walking, climbing steps, carrying items?

1. No difficulty 2. Yes, some difficulty 3. Yes, a lot of difficulty 4. Cannot do at all

3-2) Do you usually use a walking aids (e.g. walker, stick)

1. Yes 2. No

3-3) Have you ever been to seeing a doctor due to walking difficulty?

1. Yes 2. No

**Remembering**

4) Do you have any difficulty of remembering or concentrating?

1. No difficulty 2. Yes, some difficulty 3. Yes, a lot of difficulty 4. Cannot do at all

**Q3. The following questions are about activities of daily living.**

For each category, circle the number of the answer the best applies.

|  |  |  |
| --- | --- | --- |
| 1. Bathing | 1. Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disables extremity. | 2. Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing. |
| 2. Dressing | 1. Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes. | 2. Needs help with dressing self or needs to be completely dressed. |
| 3. Toileting | 1. Goes toilet, gets on and off, arranges clothes, cleans genital area without help. | 2. Needs help transferring to the toilet, cleaning self or uses bedpan or commode |
| 4. Transferring | 1. Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable. | 2. Needs help in moving from bed to chair or requires a complete transfer. |
| 5. Continence | 1. Exercises complete self-control over  urination and defecation. | 2. Is partially or totally incontinent of bowel  or bladder. |
| 6. Feeding | 1. Gets food from plate into mouth without help. Preparation of food may be done by another person  . | 2. Needs partial or total help with feeding  or requires parenteral feeding. |

**Q4. The following questions are about your past/present medical history.**

1). Have you ever been diagnosed as hypertension by a medical doctor, nurse or health officer?

1. Yes 2. No 3. I don’t know

2). Have you been prescribed any antihypertensive (or blood pressure-lowering medicine)?

1. Yes (Modern medicine)

2. Yes (Traditional medicine)

3. No-> Go to Q4-5

4. I don’t know->Go to Q4-5

3). Do you take antihypertensive as instructed?

1. Yes->Go to Q4-5 2. No

4). If you don’t take your medication regularly, what are the reasons you don’t take them as directed? Circle all that apply.

|  |  |
| --- | --- |
| 1. I cannot afford the cost | 2. Medication is not easily available( logistic) |
| 3. I do not like to take medications | 4. I only take them when I feel that i need them |
| 5. I do not like the side effects of the medication | 6. I prefer traditional medication |
| 7. I forgot to take medication regularly | 8. I don’t know |
| 9. Others ( ) |  |

5) Have you had any complications from your hypertension?

1. No

2. Renal disease

3. Stroke

4. Retinopathy

5. Cardiovascular

6. Others ( )

7. I do not know

6-1) Did you measure your blood pressure last 12 months ago?

1.Yes 2.No (if No-🡪 go to Q4-7)

6-2) Compared to 12 months ago, is your blood pressure:

1.Better 2.Same 3. Worse 4. I don’t know

7) Circle the number of all diseases as which you have been diagnosed by a doctor.

|  |  |
| --- | --- |
| 1. None | 1. I don’t know |
| 1. Stroke | 1. Heart disease |
| 1. Diabetes | 1. Hyperlipidemia (lipid abnormality) |
| 1. Respiratory disease (e.g., pneumonia, bronchitis) | 1. Gastrointestinal, liver, or gallbladder disease |
| 1. Kidney or prostate gland disease | 1. Musculoskeletal disease (e.g., osteoporosis, arthritis) |
| 1. Traumatic injury (e.g., fall, fracture) | 1. Cancer (malignant tumor) |
| 1. Blood or immune system disease | 1. Depression |
| 1. Dementia (e.g., Alzheimer’s disease) | 1. Parkinson’s disease (an illness in which your muscles become very weak and your arms and legs become shaky, slow, stiff and rigid) |
| 1. Eye disease | 1. Ear disease |
| 1. Tuberculosis | 1. HIV |
| 1. Malaria | 1. Gynecological problem |
| 1. Other ( 　　　　　　　 ) |  |

**Q5. The following questions are about your health care.**

1) Have you been ill/sick in the past 12 months?

1. No

2. Yes, I have, and I am still ill/sick now.

3. Yes, I have, but I am not ill/sick now.

4. I do not remember

2) Did you see a doctor or nurse when you were ill/sick in the past 12 months?   
1. Yes, I always see a doctor or nurse.

2. Yes, I sometimes see a doctor or nurse.

3. No, I did not

4. I do not remember

3-1) Did you ever hesitate to visit health facilities even you are ill/sick in the past 12 months?

1. Yes 2. No -> Go to Q5-4

3-2) If you answer Yes in 3-1), please specify the reason(s) why you hesitated to visit health facility. Circle all that apply.

1. It's too expensive for me

2. The fares to/from the clinical department are too high for me

3. I don't know which department to visit for the medical care I need

4. Health facilities are too far from my home

5. I don't think I need medical care

6. I don't have time to see a doctor

7. I don't have health insurance

8. Other( )

1. Which health facilities did you use in the past 12 months? How much did you pay for your medical treatment/care (i.e. your "out-of-pocket costs") for the visit(s)? Please rate each medical cost following the criteria [(6) don’t know, (5) very expensive, (4) Expensive, (3) Appropriate, (2) Cheap, (1) Very cheap,]

|  |  |  |  |
| --- | --- | --- | --- |
| **Treatment facility** | **Please tick if you used. If nothing used, please leave it as blank.** | **Total amount in the past 12 months (RM)**  **If you don’t know, please leave it as blank.** | **Rating [(6) Don’t know (5) very expensive,**  **(4) Expensive,**  **(3) Appropriate, (2) Cheap,**  **(1) Very cheap]** |
| **1) Government Health Sector** | | |  |
| a. Government Hospital |  |  |  |
| b. Health clinic |  |  |  |
| c. Rural health clinic |  |  |  |
| d.1 Malaysia clinic |  |  |  |
| **2) Private Sector** | | |  |
| a. Private Hospital/Clinic |  |  |  |
| b.Pharmacy |  |  |  |
| c.Traditional Complementary Medical Clinic |  |  |  |
| d.Other Private Medical Sector |  |  |  |
| **3)Other source** | | |  |
|  |  |  |  |
| Not sure |  |  |  |

**Q6. The following questions are about oral condition & medical check-up.**

**1)** How many natural teeth do you presently have? "Natural teeth" includes repaired teeth by a crown. Including wisdom teeth, there are a total of 32 permanent teeth.

|  |  |  |
| --- | --- | --- |
| 1. I have no natural teeth | 1. I have 1 to 4 natural teeth | 1. I have 5 to 9 natural teeth |
| 1. I have 10 to 19 natural teeth | 1. I have 20 or more natural teeth | |

2) How often do you, or someone else, brush your teeth?

1. At least three times a day 2. Twice a day 3. Once a day 4. Not daily 5. Never

3) Have you ever had oral health care and medical check-up at a health center, your workplace, a medical institution, or another place?

|  |  |
| --- | --- |
| 1. I had one within a year. | 1. I had one sometime between 1 and 4 years ago. |
| 1. I had one more than 4 years ago. | 1. I’ve never had one. |

**Q7. The following questions are about your eating, drinking, and smoking status.**

1) Do you find chewing hard food more difficult compared to half a year earlier?

1. Yes 2. No

2) During last 6 months, have you ever choked on tea or soup?

1. Yes 2. No

3) During last 6 months, are you bothered with dry mouth?

1. Yes 2. No

4) How often did you eat meat or fish over the past month?

1. Twice a day or more 2. Once a day 3. Four to six times a week

4. Two or three times a week 5. Once a week 6. Less than once a week

7. None

5) How often did you eat fruits and vegetables over the past month?

1. Twice a day or more 2. Once a day 3. Four to six times a week

4. Two or three times a week 5. Once a week 6. Less than once a week

7. None

6) Do you drink alcohol?

1. Yes, I currently drink.

2. I quit drinking recently (less than 5 years ago) and don’t drink now.

3. I quit drinking more than 5 years ago and don’t drink now.

4. I never drank.

7) Do you smoke cigarettes?

1. I smoke almost every day.

2. I smoke sometimes.

3. I quit smoking recently (less than 5 years ago) and don’t smoke now.

4. I quit smoking more than 5 years ago and don’t smoke now.

5. I never smoked.

8) Do you chew betel?

1. I chew almost every day.

2. I chew sometimes.

3. I quit chewing recently (less than 5 years ago) and don’t chew now.

4. I quit chewing more than 5 years ago and don’t chew now.

5. I never chewed.

9) Whom do you eat meals with? Circle all that apply.

1. None (by myself) 2. My spouse 3. My child 4. My grandchild 5. My friend 6. Other

10) How often do you eat meals with someone else?

1. Almost every day (4-7 times a week) 2. A few times (1-3) a week

3. A few times (1-3) a month 4. A few times a year (Less than 1 time a month)

5. Rarely (Less than 1 time a year)

**Q8. The following questions are about going out in daily life and your routine activities.**

1) How often do you go out (including to the field or immediate neighborhood, for shopping, to the hospital, to mosque, church and temple etc.)?

|  |  |  |
| --- | --- | --- |
| 1. Four or more times a week | 2. Two or three times a week | 3. Once a week |
| 4. One to three times a month 5. Several times a year 6. Rarely | | |

2) Has the frequency of your going out decreased since last year?

1. Decreased very much 2. Decreased 3. Not significant 4. Not decreased

3) What do you use for transport when you go out? Circle the numbers of all the answers that apply.

|  |
| --- |
| 1. On foot (don’t use 2 to 14) |
| 1. Bicycle |
| 1. Motorcycle |
| 1. Car( drive myself) |
| 1. Car(someone else drives) |
| 1. Train |
| 1. Public bus |
| 1. Special service bus |
| 1. Wheelchair |
| 1. Motorized wheelchair(handcart) |
| 1. Walker atau rollator |
| 1. Taxi |
| 1. Tractor or trailer |
| 1. Others ( ) |

4) Have you had any falls over the past year?

1. Many times 2. Once 3. No

5) Are you very worried about falls?

1. Yes, very much 2. Yes, somewhat 3. Only a little 4. No

6) Do you go upstairs without holding onto the handrail or the wall?

1. Yes, I can and do. 2. Yes, I can but usually don't. 3. No, I can't.

7) Do you get up out of chairs without holding anything?

1. Yes, I can and do. 2. Yes, I can but usually don't. 3. No, I can't.

8) How long do you walk a day on average?

|  |  |
| --- | --- |
| 1. No, I can’t walk. | 1. Less than 30 minutes |
| 1. 30 to 59 minutes | 1. 60 to 89 minutes |
| 1. 90 minutes or more |  |

**Q9. The following questions are about your daily life. Circle the number of the appropriate answer.**

|  |  |
| --- | --- |
| 1) Can you go out alone by train, bus, or taxi? | 1. Yes, I can and do.  2. Yes, I can but usually don’t.  3. No, I can’t. |
| 2) Can you go shopping for daily necessities? | 1. Yes, I can and do.  2. Yes, I can but usually don't.  3. No, I can't. |
| 3) Can you cook for yourself? | 1. Yes, I can and do.  2. Yes, I can but usually don't.  3. No, I can't. |
| 4) Do you pay your bills by yourself? | 1. Yes, I can and do.  2. Yes, I can but usually don't.  3. No, I can't. |
| 5) Do you withdraw or deposit money on your own? | 1. Yes, I can and do.  2. Yes, I can but usually don't.  3. No, I can't. |
| 6) Do you fill up documents such as pension, government offices and hospital on your own? | 1. Yes, I can and do.  2. Yes, I can but usually don't.  3. No, I can't. |
| 7) Do you read newspapers? | 1. Yes 2. No |
| 8) Do you read books or magazines? | 1. Yes 2. No |
| 9) Are you interested in health-related articles or TV programs? | 1. Yes 2. No |
| 10) Do you visit your friends’ homes? | 1. Yes 2. No |
| 11) Do you give advice to your family members or friends? | 1. Yes 2. No |
| 12) Can you visit people who have fallen ill? | 1. Yes 2. No |
| 13) Do you start conversations with young people? | 1. Yes 2. No |
|  |  |
| 14) Do you walk without stopping for about 15 minutes? | 1. Yes, I can and do.  2. Yes, I can but usually don't.  3. No, I can't. |
| 15) Do people around you notice your forgetfulness, for example, by telling you that you often ask the same thing? | 1. Yes 2. No |
| 16) Do you find the friends’ telephone number, and call them by yourself? | 1. Yes 2. No |
| 17) Do you sometimes forget what date it is today? | 1. Yes 2. No |
| 18) Do you think you are forgetful these days? | 1. Yes 2. No |

**Q10. The following questions are about your activities related to your hobbies.**

1) Do you have hobbies?

1. Yes 2. No → Skip to Question 11

2) What are the leisure activities? Tick the numbers of all the answers that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Reading Quran |  | 11. Karaoke |  |
| 1. Golf |  | 12. Dancing |  |
| 1. Knitting |  | 13. Handicrafts |  |
| 1. Calisthenics, tai chi chuan |  | 14. Watching television |  |
| 1. Walking, jogging |  | 15. Tea with friends |  |
| 1. Using the computer |  | 16. Growing crops |  |
| 1. Reading |  | 17. Horticulture, gardening |  |
| 1. Sewing |  | 18. Photography |  |
| 1. Painting |  | 19. Travelling |  |
| 1. Fishing |  | 20. Others( ) |  |

**Q11. The following questions are about clubs, groups, and jobs you are currently engaged in.**

1) How often do you attend activities for the following groups?

i. Religious group

|  |  |  |
| --- | --- | --- |
| 1. Four or more times a week | 2. Two or three times a week | 3. Once a week |
| 4. One to three times a month 5. A few times in a year 6. Never | | |

ii. Volunteer group (A group that does a job willingly without being paid: e.g. Red cross, Charity group, and Funeral services etc.)

|  |  |  |
| --- | --- | --- |
| 1. Four or more times a week | 2. Two or three times a week | 3. Once a week |
| 4. One to three times a month 5. A few times in a year 6. Never | | |

iii. Sports groups or clubs

|  |  |  |
| --- | --- | --- |
| 1. Four or more times a week | 2. Two or three times a week | 3. Once a week |
| 4. One to three times a month 5. A few times in a year 6. Never > Skip iv) | | |

iv. What sports do you currently do in those sports clubs/groups? Circle if apply

|  |  |
| --- | --- |
| 1. Walking | 2. Jogging/running |
| 3. Calisthenics | 4. Gym |
| 5. Climbing/hiking | 6. Golf |
| 7. Ground golf | 8. Gateball |
| 9. Dancing | 10. Yoga |
| 11. Aerobics/ Poco-poco exercise | 12. Petanque |
| 13. Tai chi | 14. Swimming |
| 15. Aquatic exercise | 16. Ping pong |
| 17. Bowling | 18. Cycling |
| 19. Tennis | 20. Others ( ) |

v. Hobby groups

|  |  |  |
| --- | --- | --- |
| 1. Four or more times a week | 2. Two or three times a week | 3. Once a week |
| 4. One to three times a month 5. A few times in a year 6. Never | | |

vi. Community meetings

|  |  |  |
| --- | --- | --- |
| 1. Four or more times a week | 2. Two or three times a week | 3. Once a week |
| 4. One to three times a month 5. A few times in a year 6. Never | | |

vii. Political meetings or events

|  |  |  |
| --- | --- | --- |
| 1. Four or more times a week | 2. Two or three times a week | 3. Once a week |
| 4. One to three times a month 5. A few times in a year 6. Never | | |

2) Which of groups (1) to (6) are you involved in most frequently?

(1) Religious group (2) Volunteer group (3) Sports group or club (4) Hobby group

(5) Community meetings (6) Political meetings or events (7) None-> Go to Q12-6)

**Q12. For the group you are involved in most frequently, selected in Q11-2), circle the numbers for the answers that best apply.**

|  |  |  |
| --- | --- | --- |
| 1) | Gender ratio |  |
|  | 1. Men or women only | 2. More men than women |
|  | 3. More women than men | 4. Roughly an equal proportion of men to women |

2) Area of residence

1. Only people from the same housing area / neighborhood 2. Some people from other housing area/neighborhood

3) Age composition

1. Mostly people of the same generation

2. Mixture of different generations (age difference of at least 20 years)

4) Social standing

1. There is a person or people of high social standing (e.g., residents’ association official, politician, city council member, company or trade association executive, doctor, lawyer, etc.)

2. There are no people of high social standing

5) Ethnic composition

1. The group consists of people of different ethnicities

2. The group consists of ethnically the same people

6) If a group of volunteers in your neighborhood initiates, organized activities to revitalize the community by, for example, health promotion campaigns and/or hobby groups, would you like to plan and manage these activities?

1. Yes, I definitely 2. Yes, maybe 3. No.

7) If a group of volunteers in your neighborhood initiates organized activities to revitalize community through, for example health promotion campaigns and/or hobby groups, would you like to participate in these activities?

1. Yes, I definitely 2. Yes, maybe 3. No

**Q13. The following questions are about your relationships with your friends.**

1) How often do you see your friends?

|  |  |  |
| --- | --- | --- |
| 1. Four or more a week | 2. Two or three times a week | 3. Once a week |
| 4. One to three times a month 5. A few times a year 6. Hardly/None | | |

2) How many friends/acquaintances have you seen over the past month? Count the same person as one, no matter how many times you have seen him/her.

1. None 2. 1 to 2 3. 3 to 5 4. 6 to 9 5. 10 or more

3) Who do you meet often? Circle the numbers of all the answers that apply.

1. Neighbors or acquaintance living in the same area 2. Childhood friend

3. Friend from your school days 4. Colleague or former colleague

5. Friends sharing the same interest with me 6. Friend in the same volunteer group

7. Other 8. I do not have friends.

**Q14. The following questions are about your social relationships.**

1) Among those who are usually interacting with you, are there any people who live in the following places? Please answer about each of your family, relatives, coworkers, or other friends/acquaintances. Circle all that apply.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | a. Family (spouse,  children, grandchildren, parents, siblings) | b. Other relatives | c. Work-related friend/ acquaintance | d. Non-work- related friend/ acquaintance |
| 1. Those who live within 10 minutes on foot | 1 | 2 | 3 | 4 |
| 2. Those who live within the same town (city) taking more than 10 minutes on foot | 1 | 2 | 3 | 4 |
| 3. Those who are not in the same town, but live within the same state | 1 | 2 | 3 | 4 |
| 4. Those who live outside the state where you live in | 1 | 2 | 3 | 4 |
| 5. Those who live in a foreign country | 1 | 2 | 3 | 4 |

2) Generally speaking, would you say that most people can be trusted?

1. Yes 2. No 3. It depends on the situation

**Q15. The following questions are asking about mutual assistance with people around you and with whom your laugh experience.**

1) Do you have someone who listens to your concerns and complaints? Circle which apply

|  |  |
| --- | --- |
| 1. Spouse | 2. Children or relatives living together |
| 3. Children living apart | 4. Brother/sister, relative, parents, grandchildren |
| 5. Neighbour | 6. Friend |
| 7. Other( ) | 8. I do not have such person |

2) Do you listen to someone’s concerns or complaints? Circle all that apply.

|  |  |
| --- | --- |
| 1. Spouse | 2. Children or relatives living together |
| 3. Children living apart | 4. Brother/sister, relative, parents, grandchildren |
| 5. Neighbour | 6. Friend |
| 7. Other( ) | 8. I do not have such person |

3) Do you have someone who looks after you when you are sick and confined to a bed for a few days? Circle all that apply.

|  |  |
| --- | --- |
| 1. Spouse | 2. Children or relatives living together |
| 3. Children living apart | 4. Brother/sister, relative, parents, grandchildren |
| 5. Neighbour | 6. Friend |
| 7. Other( ) | 8. I do not have such person |

4) Do you look after someone when he/she is sick and confined to a bed for a few days? Circle all that apply.

|  |  |
| --- | --- |
| 1. Spouse | 2. Children or relatives living together |
| 3. Children living apart | 4. Brother/sister, relative, parents, grandchildren |
| 5. Neighbour | 6. Friend |
| 7. Other( ) | 8. I do not have such person |

5) Do you have someone you can consult with when you are in trouble? Circle all that apply.

|  |  |
| --- | --- |
| 1. Family member living together | 2. Children living apart |
| 3. Siblings/relatives/parents/grandchildren | 4. Neighbors/friends |
| 5. Community association/neighbourhood association/senior club | 6. Social welfare council/ commisssioned welfare volunteer |
| 7. Hotline service | 8. Physicians/dentists/nurses |
| 9. Regional support centers/local government offices | 10. Other( ) |
| 11. I do not have such person |  |

6) How often do you laugh aloud in your daily life?

1. Almost every day 2. One to five times a week 3. One to three times a month 4. Almost none

7) On what occasions do you often laugh? Circle all that apply.

1. When talking with my friends. 2. When talking with my spouse.

3. When talking with my children/grandchildren. 4. When watching TV/videos.

5. When listening to the radio. 6. When reading comic books and magazines.

8. Other (

Q**16. The following questions are about the area where you live.**

1) Do you think people living in your area can be trusted in general?

1. Very 2. Moderately 3. Neutral 4. Not really 5. Not at all

2) Do you think people living in your area try to help others in the most of situations?

1. Very 2. Moderately 3. Neutral 4. Not really 5. Not at all

3) Do you like your area you live?

1. Very 2. Moderately 3. Neutral 4. Not much 5. Not at all

4) Are you concerned about safety in your community?

1. Very 2. Moderately 3. Neutral 4. Not much 5. Not at all

5)What kind of interactions do you have with people in your neighborhood?

1. Mutual consultation, sharing, lending and borrowing daily commodities, or cooperation in daily life

2. Daily chatting

3. No more than exchanging greetings

4. None, not even greetings

6) Are the following facilities within walking distance of your home (within about 1 km)?

(1) Parks or foot paths suitable for exercise or walking

1. Yes 2. No 3. I don’t know

(2) Shops, facilities, or mobile retailers selling fresh foods (e.g. meat, fish, vegetables, fruits)

1. Yes 2. No 3. I don’t know

7) How do you usually get fresh foods? Circle the number of all that apply.

1. Go out by myself to do grocery shopping 2. Family member takes me to grocery shopping

3. Ask a family member to do my grocery shopping 4. Self-made

5. Getting from neighbors/relatives 6. Others

**Q17. Circle the number of the appropriate answer in the following questions.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1) Are you satisfied with your current life? | | | | 1. Yes 2. No | | | |
| 2) Do you sometimes feel there is no point in living? | | | | 1. Yes 2. No | | | |
| 3) Do you think your energy for daily life or your interest in what's going on in the world has been decreasing? | | | | 1. Yes 2. No | | | |
| 4) Do you feel your life is empty? | | | | 1. Yes 2. No | | | |
| 5) Do you often feel bored? | | | | 1. Yes 2. No | | | |
| 6) Do you usually feel good? | | | | 1. Yes 2. No | | | |
| 7) Do you feel something bad is going to happen? | | | | 1. Yes 2. No | | | |
| 8) Do you think you are fortunate? | | | | 1. Yes 2. No | | | |
| 9) Do you often feel helpless? | | | | 1. Yes 2. No | | | |
| 10) Do you prefer staying at home over going out? | | | | 1. Yes 2. No | | | |
| 11) Do you think you are more forgetful than others? | | | | 1. Yes 2. No | | | |
| 12) | Do you think life is wonderful? (i.e., Do you think your life is very good, | |  | |  | 1. Yes 2. No |  |
| p | pleasant or enjoyable?) |  | | |  | | |
| 13) Do you feel full of energy? | | | | | 1. Yes 2. No | | |
| 14) Do you think there is no hope in your life? | | | | | 1. Yes 2. No | | |
| 15) Do you think others are better off than you are? | | | | | 1. Yes 2. No | | |
| 16) (During past 2 weeks) I do not feel fulfilment in my daily life. | | | | | 1. Yes 2. No | | |
| 17) (During past 2 weeks) I cannot enjoy things that I used to enjoy. | | | | | 1. Yes 2. No | | |
| 18) (During past 2 weeks) I feel reluctant to do things that I used to do with ease. | | | | | 1. Yes 2. No | | |
| 19) (During past 2 weeks) I do not feel that I am useful. | | | | | 1. Yes 2. No | | |
| 20) (During past 2 weeks) I feel I am tired without any reasons. | | | | | 1. Yes 2. No | | |
| 21) Have you felt depressed or blue in the past month? | | | | | 1. Yes 2. No | | |
| 22) Have you felt uninterested or unable to get enjoyment out from anything in the past month? | | | | | 1. Yes 2. No | | |

**Q18. The following questions are about physical movement in regular daily life. \*Do not include movement for work.**

1) How often do you exert yourself strenuously, to the extent of the following activities? (e.g. running, swimming, cycling, tennis, exercise at the gym, mountain climbing)

|  |  |  |
| --- | --- | --- |
| 1. Four or more times a week | 2. Two or three times a week | 3. Once a week |
| 4. One to three times a month | 5. A few times a year | 6. Rarely |

2) How often do you exert yourself moderately, to the extent of the following activities? (e.g. walking (at a brisk pace), dancing, gymnastics, golf, farming, gardening, car washing)

|  |  |  |
| --- | --- | --- |
| 1. Four or more times a week | 2. Two or three times a week | 3. Once a week |
| 4. One to three times a month | 5. A few times a year | 6. Rarely |

3) How often do you exert yourself lightly, to the extent of the following activities? (e.g. stretching

[calisthenics], bowling, walking to shops or the station, laundry)

|  |  |  |
| --- | --- | --- |
| 1. Four or more times a week | 2. Two or three times a week | 3. Once a week |
| 4. One to three times a month | 5. A few times a year | 6. Rarely |

Q1**9. The following questions are about your personal characteristics. Circle the number of the answer the best applies.**

1) Sex

1. Male 2. Female

2) Age: years old

3) What is your ethnicity? Tick that apply.

Malay Chinese Indian Other

4) How often do you donate?

|  |  |  |
| --- | --- | --- |
| * + - 1. Four or more a week | * + - 1. Two or three times a week | * + - 1. Once a week |
| * + - 1. One to three times a month | * + - 1. A few times a year | * + - 1. None |

5) What is your religion?

|  |  |
| --- | --- |
| 1. Islam | 2. Buddhism |
| 3. Christian | 4. Hindu |
| 5. Other ( ) | 6. None |

6) In the last month, how often have you gone to the place of worship?

|  |  |
| --- | --- |
| 1. Not at all | 2. Once or twice per month |
| 3. Once a week | 4. Several times a week |
| 5. Every day (or most days) |  |

7) How often did you meditate or pray at home during the last month?

|  |  |
| --- | --- |
| 1. Not at all | 2. Once or twice per month |
| 3. Once a week | 4. Several times a week |
| 5. Every day (or most days) |  |

8) Overall, how important would you say religion is in your life?

1. Not at all important 2. Slightly important 3. Moderately important 4. Very important

9) To what degree do you feel you are currently happy? (Score "0" for "Very unhappy" and "10" for "Very happy.")

Very unhappy Very happy

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

10) How long have you been living in your present home/area?

About years

11) In the past five years, have you ever moved to or from children’s or relatives’ house?

|  |  |
| --- | --- |
| 1. No | 2. Once or twice |
| 3. Three to five times | 4. Six times or more |

12) What was the highest level of schooling completed?

|  |  |  |
| --- | --- | --- |
| 1. No school | 2. Some primary | 3. Finished primary |
| 4. Middle school | 5. High school | 6. Vocational |
| 7. College/university | 8. Others ( ) |  |

13) Have you experienced any of the following events over the past year? Circle the numbers of all answers that apply.

|  |  |
| --- | --- |
| 1. I started a new job | 2. I quit my job or retired |
| 3. I started living with my children | 4. I started living alone |
| 5. I became better off financially | 6. I became worse off financially. |
| 7. A new grandchild or great-grandchild was born | 8. I lost my spouse |
| 9. A family member or close friend or relative passed away | 10. I acquired new friends |
| 11. I suffered a serious illness | 12. I started caring for sick family members |
| 13. Others ( ) | 14. No major changes |

**Q20. How many hours are you active and sitting a day, including while you are working?**

1) Total hours spent performing physical work or intense sports during an average day

1. None 2. Less than one hour 3. One hour or more

2) Total hours spent sitting in a day

1. Less than three hours 2. Three to less than eight hours 3. Eight hours or more

3) Total hours spent walking or standing in a day

1. Less than one hour 2. One to less than three hours 3. Three hours or more

**Q21. The following questions are about your family.**

1) What is your marital status?

|  |  |
| --- | --- |
| 1. Married( Living together) | 2. Married( Living separately |
| 3. Widowed | 4. Divorced |
| 5. Never married | 6. Other( ) |

2) Do you have child(ren)?

1. Yes, and all (or some) are alive.

2. Yes, but all passed away

3. No, I don’t have any child(ren)

3) Which of the following best describes your family composition?

1. I live alone

2. I live with my family (blood-related)

3. I live with other family (not blood-related, friend, subordinate family, etc.)

4. Other (e.g. institution, Home for Age, common shelter)

4) How many people are in your household, including yourself?

people

5) Who do you live with? Circle all that apply.

|  |  |
| --- | --- |
| 1. None | 2. Spouse |
| 3. Son | 4. Daughter |
| 5. Spouse(s) of child(ren) | 6. Grandchild(ren) |
| 7. Brother(s) or sister(s) | 8. My father |
| 9. My mother | 10. My father-in-law |
| 11. My mother-in-law | 12. House helper |
| 13. Others ( ) |  |

6) What is the average total income for your household from all sources in a normal month?

Approximately RM /months

7) Which of the following best describes your current financial situation in light of general economic conditions?

1. Very difficult 2. Difficult 3. Average 4. Comfortable 5. Very comfortable

8) During your teenager years, how do you describe your social living condition?

1. Very difficult 2. Difficult 3. Average 4. Comfortable 5. Very comfortable

**Q22. The following questions are about your past and current employment.**

1. What is the type of the occupation that you have taken the longest in your life?

|  |  |
| --- | --- |
| 1. Professional/Technical | 2. Managerial |
| 3. Clerical | 4. Sales/service |
| 5. Skilled labour | 6. Agriculture, forestry, fisheries |
| 7. Self-employment other than agriculture, forestry and fisheries | 8. Others( ) |
| 9. I have never had a job |  |

1. What is your current employment status?

1. I am employed. ->Q23 2. I am retired from my job. 3. I have never had a job.

1. If you chose "2" or "3" in the above, are you currently looking for work?

1. Yes 2. No

Q**23. The following questions are asking about diseases you suffered from.**

1-1) Did you get a flu shot in the past year? If not, please specify the reason(s).

1. No

2. Yes

1-2) If you chose "no" in the above, please specify the reason(s) you didn't get it. Circle all that apply.

1. Because I won't get sick even without it.

2. Because I don't like injections.

3. Because it is too expensive.

4. Because I didn't know that.

5. Reason other than the above. Please specify………………………………………….

2-1) Did you get a pneumococcus vaccination in the past five years? If you didn't, please specify the reason(s).

1. No

2. Yes, and I paid using my insurance or paid by government under my pension.

3. Yes, but I paid myself

2-2) If you chose "no" in the above, please specify the reason(s) you didn't get it. Circle all that apply.

1. Because I won't get sick even without it.

2. Because I don't like injections.

3. Because it is too expensive.

4. Because I didn't know that.

5. Reason other than the above. Please specify………………………………………….

3-1) Did you fall sick / contracted with these diseases in the past year? Circle all that apply.

1. Influenza

2. Pneumonia

3. None of the above

3-2) If you got either "Influenza" or "Pneumonia," were you hospitalized at that time? Circle all that apply.

1. Not hospitalized.

2. Hospitalized due to influenza.

3. Hospitalized due to pneumonia.

4. Contracted influenza while I was hospitalized for other diseases.

5. Developed pneumonia while I was hospitalized for other diseases.

**Q24. The following questions are asking about your permanent and durable properties.**

1) Do you or any member of your household have the following items?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Radio | 1. Yes 2. No |  | 9. Washing machine | 1. Yes 2. No |
| 2. TV | 1. Yes 2. No |  | 10. Gas cooker or electric rice cooker | 1. Yes 2. No |
| 3. Video/DVD player | 1. Yes 2. No |  | 11. Air conditioner | 1. Yes 2. No |
| 4. Electric fan | 1. Yes 2. No |  | 12. Bicycle | 1. Yes 2. No |
| 5. Refrigerator | 1. Yes 2. No |  | 13. Motorcycle | 1. Yes 2. No |
| 6. Computer | 1. Yes 2. No |  | 14. Car/Truck | 1. Yes 2. No |
| 7. Store bought furniture | 1. Yes 2. No |  | 15. Microwave oven | 1. Yes 2. No |
| 8. Personal music player( Cassete, MP3, etc | 1. Yes 2. No |  | 16. Mobile phone | 1. Yes 2. No |
|  |  | 17. Internet | 1. Yes 2. No |

**Q25. The following questions are about your treatment by family members. If someone is present around the respondent, please tell him/ her to leave for a while.**

1. In the past year, did you ever experience physical violence from your family, such as being hit, kicked, having objects thrown at you, or being shut in a room.

|  |  |
| --- | --- |
| 1. Never | 2. Once or more |
| 3. Sometimes | 4. Always |

1. In the past year, did you ever experience an act to harm your self-esteem from your family, such as verbal abuse, cutting remarks, or being ignored for long periods.

|  |  |
| --- | --- |
| 1. Never | 2. Once or more |
| 3. Sometimes | 4. Always |

1. Do any of your family members take or use your money without your consent?

1. Yes 2. No

**Q26. The following questions are about your future.**

1) When you need long-term care due to functional/cognitive decline and/or any disability, do you expect someone to care for you?

1. Yes 2. No 3. I don’t know

2) If you answer “1. Yes” to the question before (Q26-1), who do you expect to care for you? Please, circle all possible item(s).

1. Spouse 2. Child(ren) 3. Child(ren) in law

4. Brother/sister 5. Relative(s) 6. Friend(s)

7. Neighbour 8. Other ( }