UNIVERSITI MALAYA

MALAYSIA AGEING AND RETIREMENT SURVEY (MARS) WAVE 2

Data Dictionary

Contents

QUESTIONNAIRE SECTIONS: 2
INTERVIEW FLOWCHART 5
HHType 1=Households w/ at least 1 completed IWs in 2018 5
AA1_Tracking Module -- HH-level 6
A1_Coverscreen -- HH-level 11
A2_Household Roster -- HH-level 15
AA2_PARTICIPATION SCREEN--R-LEVEL 21
SECTION A3: BACKGROUND 22
SECTION B1: FAMILY INFORMATION & SUPPORT - CHILDREN 24
SECTION B2: FAMILY INFORMATION & SUPPORT - PARENTS 28
SECTION B3: FAMILY INFORMATION & SUPPORT - SIBLINGS 31
SECTION C1: HEALTH STATUS 33
SECTION C2: Risk Factors 44
SECTION C3: PSYCHOSOCIAL 46
SECTION C4: ADL/ IADL 56
SECTION C5: COGNITION 66
SECTION C6: HEALTHCARE UTILIZATION 71
SECTION D1: EMPLOYMENT 77
SECTION E1: INCOME AND EXPENDITURE 86
SECTION F1: SAVINGS AND ASSETS 94
SECTION G1: SOCIAL PROTECTION 98
SECTION H1: PHYSICAL MEASUREMENT 103

QUESTIONNAIRE SECTIONS:

TRACKING MODULE
AA1: TRACKING
AA2: PARTICIPATION SCREEN

MAIN INTERVIEW
MODULE A: BACKGROUND
SECTION A1: COVERSCREEN
SECTION A2: HOUSEHOLD ROSTER
SECTION A3: BACKGROUND

MODULE B: FAMILY SUPPORT
SECTION B1: FAMILY INFORMATION & SUPPORT - CHILDREN
SECTION B2: FAMILY INFORMATION & SUPPORT - PARENTS
SECTION B3: FAMILY INFORMATION & SUPPORT - SIBLINGS

MODULE C: HEALTH
SECTION C1: HEALTH STATUS
SECTION C2: RISK FACTORS
SECTION C3: PSYCHOSOCIAL
SECTION C4: ADL/ IADL
SECTION C5: COGNITION
SECTION C6: HEALTHCARE UTILIZATION

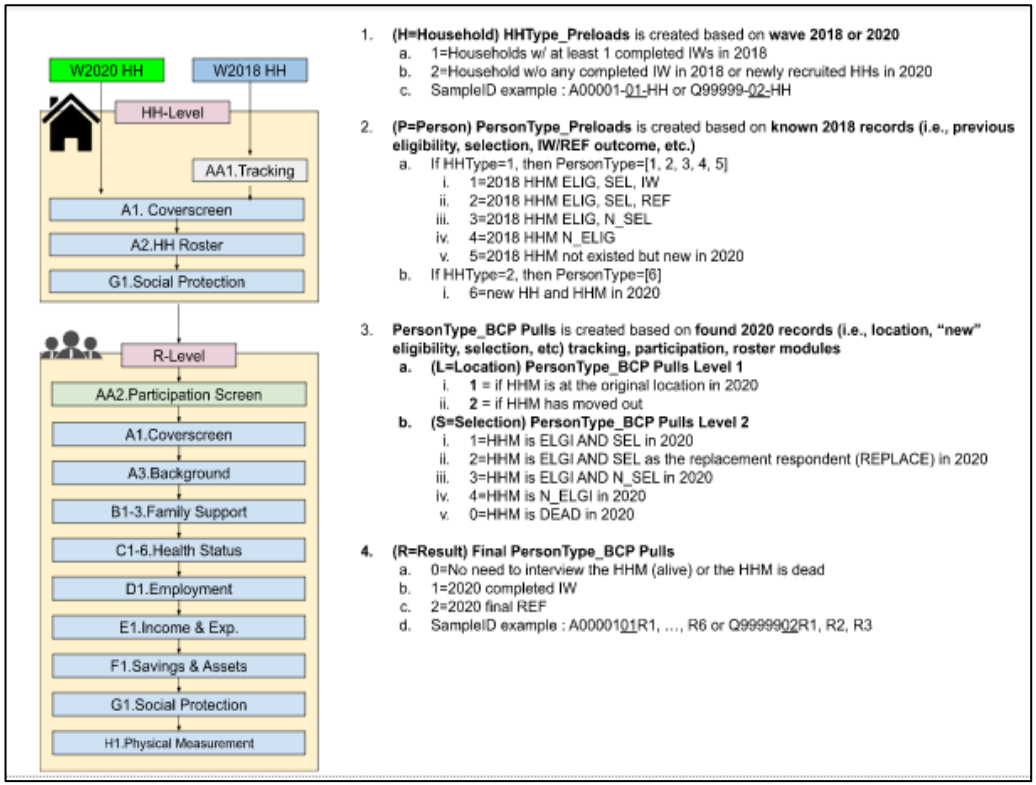
MODULE D: ECONOMICS & FINANCIAL
SECTION D1: EMPLOYMENT
SECTION E1: INCOME & EXPENDITURE
SECTION F1: SAVINGS & ASSETS
SECTION G1: SOCIAL PROTECTION

MODULE E: PHYSICAL MEASUREMENT
SECTION H1: PHYSICAL MEASUREMENT

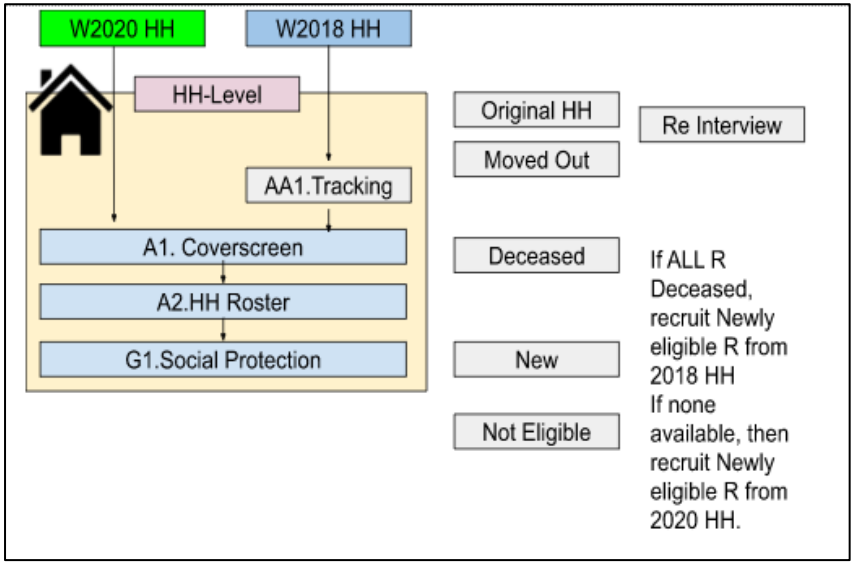
Module Name	New Entrant	Re-Interview	HH Level	R-Level	Preload
AA1.Tracking		X	X		X
AA2.Participation Screen	X	X			X
A2.Household Roster	X	X	X		X
G1.Social Protection	X	X	X	X	
A1.Coverscreen	X	X	X	X	X
A3.Background	X	X		X	X
B1.Family Support - Children	X	X		X	X
B2.Family Support - Parents	X	X		X	
B3.Family Support - Siblings	X	X		X	
C1.Health Status	X	X		X	X
C2.Risk Factors	X	X		X	
C3.Psychosocial	X	X		X	
C4.ADL/IADL	X	X		X	
C5.Cognitive Function	X	X		X	
C6.Healthcare Utilization	X	X		X	

Module Name	New Entrant	Re-Interview	HH Level	R-Level	Preload
D1.Employment	X	X		X	
E1.Income and Expenditure	X	X		X	
F1.Savings and Assets	X	X		X	
H1.Physical Measurement	X	X		X	

INTERVIEW FLOWCHART



1. **(H=Household) HHType_Preloads** is created based on **wave 2018 or 2020**
   a. 1=Households w/ at least 1 completed IWs in 2018
   b. 2=Household w/o any completed IW in 2018 or newly recruited HHs in 2020
   c. SampleID example : A00001-01-HH or Q99999-02-HH
2. **(P=Person) PersonType_Preloads** is created based on **known 2018 records (i.e., previous eligibility, selection, IW/REF outcome, etc.)**
   a. If HHType=1, then PersonType=[1, 2, 3, 4, 5]
      i. 1=2018 HHM ELIG, SEL, IW
      ii. 2=2018 HHM ELIG, SEL, REF
      iii. 3=2018 HHM ELIG, N_SEL
      iv. 4=2018 HHM N_ELIG
      v. 5=2018 HHM not existed but new in 2020
   b. If HHType=2, then PersonType=[6]
      i. 6=new HH and HHM in 2020
3. **PersonType_BCP Pulls** is created based on **found 2020 records (i.e., location, "new" eligibility, selection, etc) tracking, participation, roster modules**
   a. **(L=Location) PersonType_BCP Pulls Level 1**
      i. **1** = if HHM is at the original location in 2020
      ii. **2** = if HHM has moved out
   b. **(S=Selection) PersonType_BCP Pulls Level 2**
      i. 1=HHM is ELGI AND SEL in 2020
      ii. 2=HHM is ELGI AND SEL as the replacement respondent (REPLACE) in 2020
      iii. 3=HHM is ELGI AND N_SEL in 2020
      iv. 4=HHM is N_ELGI in 2020
      v. 0=HHM is DEAD in 2020
4. **(R=Result) Final PersonType_BCP Pulls**
   a. 0=No need to interview the HHM (alive) or the HHM is dead
   b. 1=2020 completed IW
   c. 2=2020 final REF
   d. SampleID example : A0000101R1, …, R6 or Q9999902R1, R2, R3



HHType 1=Households w/ at least 1 completed IWs in 2018
HHType 2=Household w/o any completed IW in 2018 or newly recruited HHs in 2020

AA1_Tracking Module -- HH-level

HHType	Level	Variable Name	Question text	Recorded Value
1	H	TrackConfirm	You are about to begin the tracking module of the following respondents who have participated in this survey in 2018 or 2019. You can talk to ANY member of this household to answer this module. If you think you got the wrong household, please exit this interview. If any of the following respondents have deceased, please resume this module.	1 - Continue GO TO TrackFTF 5 - Exit Interview GO TO END SEC
1	H	TrackCS	Please identify yourself (name and organization) and then read the following text exactly as below. Good morning/afternoon, my name is_____, and I work for the Social Wellbeing Research Centre (SWRC), Universiti Malaya. Around 2018 or 2019, we interviewed you and/or some members of your household for a research study on Malaysia Ageing and Retirement Survey. We would like to ask for some information about them.	1 - Continue
1	H	TrackFTF	Indicate whether FTF or TEL	1 - FTF 5 - TEL
1	H	TrackRes	Indicate who are you talking to	1 - Respondent 2 - Other household members 3 - Informant 4 - Don't know
1	H	TrackIntro	Is this person [Name] still alive and living at the same address at [Address] ?	1 - Yes still alive and live at the same address GO TO ConfirmAddress

HHType	Level	Variable Name	Question text	Recorded Value
				2 - Yes this person is still alive but move out GOTO MoveoutAddress 3 - No, this person has already passed away GOTO TrackDeceasedYear 4 - No I have no idea GO TO TrackEndSect
1	H	TrackHealth	ASK if necessary: Indicate whether [Name] person is able-bodied or persons with disabilities? ENTER all that apply For multiple responses, use [space] or [-] to separate responses	1 - Healthy/Able-bodied Go To Next 2 - Physical disability/Wheelchair-bound Go to Next 3 - Hearing/Visual/Speech disability Go to Next 4 - Learning disorder Go to TrackEndSect 5 - Dementia/Mental disorder Go to TrackEndSect 6 - Paralyze/Too ill to respond Go to TrackEndSect
1	H	TrackParticipate	Is this respondent able to fully understand about the study and able to participate with minimal help from others?	1 - Yes Go To Next 5 - No
1	H	TrackStat	Tracking Status	1 - Original HH 2 - Moved Out 3 - Newly Eligible 4 - Not Eligible 5 - Deceased 6 - NA
1	H	ConfirmAddress	Confirm house address is correct and complete	1 - Update address information GOTO ConfirmAddress_1 5 - No change of previous address

HHType	Level	Variable Name	Question text	Recorded Value
				information GOTO ConfirmPhone 99 - Don't know GOTO ConfirmPhone
1	H	ConfirmAddress_1	Update address information Enter [0] if there is no revision	Address: _____
1	H	ConfirmAddress_2	Update town/city information Enter [0] if there is no revision	Town/city: _____
1	H	ConfirmAddress_3	Update postcode information Enter [0] if there is no revision	Postcode: _____
1	H	ConfirmAddress_4	Update district information Enter [0] if there is no revision	District: _____
1	H	ConfirmAddress_5	Update state information Enter [0] if there is no revision	State: _____
1	H	MoveoutAddress	Do you have the new address for [Name]?	1 - Yes Go to MoveoutAddress_1 5 - No Go to ConfirmPhone
1	H	MoveoutAddress_1	Address ENTER Address	Address: _____
1	H	MoveoutAddress_2	Town/city: ENTER Town/City	Town/city: _____
1	H	MoveoutAddress_3	District ENTER Postcode	Postcode: _____
1	H	MoveoutAddress_4	Postcode ENTER District	District: _____
1	H	MoveoutAddress_5	State	State: _____

HHType	Level	Variable Name	Question text	Recorded Value
			ENTER State	
1	H	ConfirmPhone	Can [Name] be reachable with any of the following phone numbers? Select only ONE one number that R can be reach	1 - Select Phone number 1 2 - Select Phone number 2 3 - Select Phone number 3 4 - Select Phone number 4 5 - Select Phone number 5 97 - Enter new phone number GO TO ConfirmPhone_1 88 - Don't know 99 - Refuse
1	H	ConfirmPhone_1	Update contact information Include area code if landline number is available	Phone no: _____
1	H	TrackDeceasedYear	When [Name] passed away? ENTER Year GO TO TrackDeceasedMonth	
1	H	TrackDeceasedMonth	ENTER Month GO TO TrackCOD	1 - January 2 - February 3 - March 4 - April 5 - May 6 - June 7 - July 8 - August 9 - September 10 - October 11 - November 12 - December
1	H	TrackCOD	What is the cause of death?	1 - Known illnesses 2 - Unknown illnesses 3 - Natural death / Old-age 4 - Vehicle accident 5 - Sudden death / Suicide 88 - Don't know

HHType	Level	Variable Name	Question text	Recorded Value
				99 - Refuse to answer
1	H	TrackEndSect	Are you done with this section?	1 - Yes 5 - No
1	H	TrackEndClose	All eligible respondents in this household have deceased or cannot be traced for interview. You have now reached the end of this interview.	1 - Yes EXIT INTERVIEW. Assign Result Code 8011 5 - No
1	H	RSelect	Display [SelectedRespondent] Names The following names are eligible to be the respondents for this wave:	SelectedRespondent Name1 SelectedRespondent Name2 SelectedRespondent Name3

A1_Coverscreen -- HH-level

SelectedID=HHID that has R refused to participate in 2018

HHType	Level	Variable Name	Question text	Recorded Value
1	H	RAssign	You are about to begin the household roster module. Please select one respondent from the list that will answer this module. ENSURE you are talking to right respondent ENSURE that the respondent you are about to select are able and willing to participate in this interview	1 - SelectedRespondent [Name]1 GO TO A101RNameUP 2 - SelectedRespondent [Name]2 GO TO A101RnameUP 3 - SelectedRespondent [Name]3 GO TO A101RNameUP
1	H	A101RNameUP_1	Your full name is [RAssign Name]. Is the name and spelling correct? Enter [0] if name is not revised DO NOT ENTER another respondent's name. Only revision is allowed. This will be your FIRST respondent.	Edit name field:_____ Go to A1CS**1**
1	H	A101RNameUP_2	The next respondent name is [R2/R3/R4/R5_Name]. Is the name and spelling correct?	Edit name field:_____ GO TO NEXT
1	H	A101RNameUP_3	The next respondent's name is [R3/R4/R5/R6_Name]. Is the name and spelling correct?	Edit name field:_____ GO TO A1CS1 Enter [0] if name is not revised DO NOT ENTER another respondent's name. Only revision is allowed. This will be your THIRD respondent.
2	H	A101RName_1	What is your full name?	
1/2	H	SC1	Interviewer Checkpoint: Is [Name] able-bodied or persons with disabilities? **ENSURE you are talking to the right respondent**	1 - Healthy /Able-bodied Go To A1Participate 2 - Physical disability/Wheelchair-bound

HHType	Level	Variable Name	Question text	Recorded Value
			ENSURE the respondent is able to understand your question **ENSURE that the respondent is at least 40 years old**	Go To A1Participate 3 - Hearing/Visual/Speech disability Go To A1Participate 4 - Learning disorder 5 - Dementia/Mental disorder 6 - Too ill to respond/Paralyze
1	H	A1Participate	Is this respondent able to fully understand about the study and able to participate with minimal help from others?	1 - Yes Go To A1CS2 5 - No Go Back to SC
1	H	A1CS1	Please identify yourself (name and organization) and then read the following text exactly as below. Good morning/afternoon, my name is_____, and I work for the Social Wellbeing Research Centre (SWRC), Universiti Malaya. Around 2018 or 2019, we interviewed you for a research study on Malaysia Ageing and Retirement Survey. We would like to update the information, and interview you again. This interview is completely voluntary. If we should come to any question that you don't want to answer, just let me know and I will go on to the next question. We assure that your answers will be treated strictly confidential and no more will be able to identify you in any way from the report of this study.	1 - Continue
2	H	A1CS2	Please identify yourself (name and organization) and then read the following text exactly as below. Good morning/afternoon, my name is_____, and I work for the Social Wellbeing Research Centre (SWRC), Universiti Malaya. We are conducting a nationwide study about issues related to ageing, health and retirement (SHOW LETTER). This address was selected as part of the study's sample, and I may need to interview one or more persons here. This interview is completely voluntary. If we should come to any question that you don't want to answer, just let me know and I will go on to the next question. We assure that your answers will be treated strictly confidential and no more will be able to identify you in any way from the report of this	1 - Continue

HHType	Level	Variable Name	Question text	Recorded Value
			study.	
1/2	H	LanguageSelection	Please select the language you are using for the interview	1 - English 2 - Malay 3 - Chinese/ Mandarin 4 - Tamil 97 - Other - Specify (Local dialects e.g. Iban, Kadazan, Hokkien, Cantonese, etc.)
1/2	H	A101Sex	Interviewer Checkpoint Is the respondent male or female?	1 - Male 5 - Female
2	H	A101RDOB	1 of 3 What is your date of birth? DD/MM/YYYY ENTER day	
2	H	A101RMonth	2 of 3 (What is your date of birth?) DD/MM/YYYY ENTER month	1 - January 2 - February 3 - March 4 - April 5 - May 6 - June 7 - July 8 - August 9 - September 10 - October 11 - November 12 - December
2	H	A101RYear	3 of 3 (What is [A101RName]'s year of birth?) DD/MM/YYYY	

HHType	Level	Variable Name	Question text	Recorded Value
			ENTER year	
1/2	H	A101RAgeW1	BLAISE to preload R age based on year of birth	
1	H	A101RDOBW2	Please confirm your date of birth	1 - Correct 5 - Incorrect
1	H	A101RDOBUP_1	1 of 3 What is your correct date of birth? DD/MM/YYYY ENTER day	
1	H	A101RDOBUP_2	2 of 3 (What is your date of birth?) DD/MM/YYYY ENTER month	1 - January 2 - February 3 - March 4 - April 5 - May 6 - June 7 - July 8 - August 9 - September 10 - October 11 - November 12 - December
1/2	H	A101RDOBUP_3	3 of 3 (What is your year of birth?) DD/MM/YYYY ENTER year	
1/2	H	A101MaritalStatus	Your current marital status	1 - Single 2 - Married 3 - Widowed 4 - Divorced/Separated

A2_Household Roster -- HH-level

2018 PersonStat: 1=Member; 2= EligibleRespondent; SelectedRespondent

HHType	Level	Variable Name	Question text	Recorded Value
1/2	H	A101HHMember	I have some questions about the members of your household. Is there anyone else who lives with you in this house? When we talk about households, we mean the collection of people living in the same dwelling, or living apart temporarily but functioning as a social and economic unit. Children who live in dormitories/hostels also count as living together.	1- Yes GO TO A101HH 5- No GO TO HHEndSection
1/2	H	A101HH	Excluding you, how many people live in this house? Please include those who have lived at this location most of the time for the past 12 months or living apart temporarily. When we talk about households, we mean the collection of people living in the same dwelling, or living apart temporarily but functioning as a social and economic unit. Children who live in dormitories/hostels also count as living together.	
1/2	H	Start Display HHRoster Table		
1/2	H	HHName	Can you tell me their names? ENTER first name only IF R refuse to give names, can use alias names If you prefer not to give first names for children or household members, please use alias names -- something that would be meaningful when we ask questions about them later in the interview.	
1/2	H	HHSex	ASK if necessary: (Is [HHName] male or female?)	1- Male 5- Female
1/2	H	HHSexCon	Confirm Again: (Is [HHName] [HHSex]?)	1- Yes 5- Go Back

HHType	Level	Variable Name	Question text	Recorded Value
1/2	H	HHAge	AGE:	_____ years old
1/2	H	HHRel	What is [HHName] relationship to you?	1 - Spouse 2 - Parent/ Parent in-law/ Adopted Parent/ Step Parent 3 - Son /Step Son / Adopted Son 4 - Daughter /Step Daughter / Adopted Daughter 5 - Sibling 6 - Grandchild 7 - Grandparent 8 - Domestic Maid 9 - Other relative 10 - Son-in-law 11 - Daughter-in-law 97 - Others - Specify GO TO NEXT
1/2	H	HHRel_2	(What is [HHName] relationship to you?) ASK if necessary: Can you tell me what is [HHName] relationship to you?	
1/2	H	HHMaritalStatus	Is [Name] never married, currently married, widowed or divorced or separated?	1- Never married 2- Currently married 3- Widowed 4- Divorced/ Separated
1/2	H	HHHealth	ASK if necessary: Indicate whether [Name] person is able-bodied or persons with disabilities? ENTER all that apply For multiple responses, use [space] or [-] to separate responses	1- Healthy / Able-bodied Go To HHMatchPrior 2- Physical disability/Wheelchair-bound Go to Next 3- Hearing/Visual/Speech disability Go to Next 4- Learning disorder Go to Next 5- Dementia/Mental disorder Go to Next 6- Paralyze/Too ill to respond Go to Next

<table>
<tr><th>HHType</th><th>Level</th><th>Variable Name</th><th>Question text</th><th>Recorded Value</th></tr>
<tr><td>1/2</td><td>H</td><td>HHCondition</td><td>Is this condition temporary or permanent?</td><td>1- Temporary
5- Permanent</td></tr>
<tr><td>1</td><td>H</td><td>HHMatchPrior</td><td>Now please match present household members with existing list
Select [Name] from the list below, if it exists.
If [Name] is not in the list, please select option “99”
Members could be known by different names. You may confirm the given information with the respondent.
Ensure you select the correct member.
PLEASE DO THIS VERY CAREFULLY.</td><td>1-10 Enter matching prior ID
99- Member not in the list</td></tr>
<tr><td>1</td><td>H</td><td>HHOthermember</td><td>Any other member?

A new member is added only on a fresh row and cannot be inserted between two existing rows.</td><td>1- Yes
HHName
5- No
GO TO HHMemberSC</td></tr>
<tr><td>1</td><td>H</td><td>HHMemberSC</td><td>So, you have [no of HHmembers] in this house? I am going to read through the list of household members and I want you to tell me if I have missed anyone.
<table>
<tr><th>Person ID</th><th>Name</th><th>Sex</th><th>Age</th><th>Rel</th><th>Marital</th><th>Health Stat</th><th>Condition</th><th>Prior Wave ID</th></tr>
<tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>
As I read the list of household members with the information you provided, please let me know if there are any errors, including if there is an error with matching the person to the information that was provided when we visited your household in 2018.

Missing members: If one or more members are missing in this list, please return to the grid using the “Go to Roster” button at the top of the screen and add the member(s) at this time. You can also enter ‘5’ to go back to Roster.</td><td>1- It’s correct. All the household members have been included.
5- Go back to Roster</td></tr>
</table>

HHType	Level	Variable Name	Question text	Recorded Value
			To add a member that was missed, you will need to edit “Add other member” field on the last row of the roster grid by placing the cursor in the field, change “5” to “1” and then press enter. You will be able to add the missing member to the new row. Mismatched members: If one or more members are mismatched, please return to the grid using the “Go to Roster” button at the top of the screen and correct the mismatched members(s) at this time. To correct a mismatched member, place the cursor in the PriorWaveID column, select the correct Prior ID row. To return to this screen, use the “Go to End” button at the bottom, right screen. Deleting members: You will be given the chance to delete member(s) on the next screen.	
1	H	HHDeleteMember	Please tell me (again) if there are any members that have been wrongly added as a household member. [Display HHMembers by Name, Relationship as option 1,.., 10] Read out member names and their relationship from the table Select the names of any household member that was added in error If you do not want to remove any household member, please leave this blank	
1	H	HHMDeleteSC	Display selected member to be deleted Please confirm that these are the members you would like to remove from the household.	1- Confirm 5- Go back to previous screen
1	H	HHMemberTrack	I am matching the list of household members from what you told me to what I have when we visited your household in 2018. Can you please verify information about the following members? [Display HHMemberSC=2 MissingHHMembers]	1- Continue
1	H	HHMissingMembe	Where is [Name] now?	1- Same household

HHType	Level	Variable Name	Question text	Recorded Value
		rs	Preload: [Name] is a [Gender] respondent, approximately [Age].	GO BACK TO ROSTER 2- Moved out from this household GO TO HHReason 3- Passed away GO TO HHDeceased 4- Unable to identify this member GO TO NEXT HHMissingMembers
1	H	HHDeceased	What is the cause of death for [Name]?	1- Known illnesses 2- Unknown illnesses 3- Natural death / Old age 4- Vehicle accident 5- Sudden death / Suicide 88- Rather not answer 99- Don't know
1	H	HHReason	What is the reason for [Name] moving out?	1- Marriage 2- Moved to live with other family member 3- Moved to live alone 4- Assisted living/ Old folks home/ Caring centre 5- Job/ Work 6- Migrate to other country 88- Rather not answer 99- Don't know
1	H	SpouseIdentifier	Indicate which household member is spouse to [R1/R2/R3Name]. Allow multiple selection to indicate multiple wives Please read out the option list and select their spouse carefully If the spouse names does not appear in this list but live in the same household, please go back to the roster and ensure you have entered the correct gender and marital status is 'Married' Enter '99' if spouse is not in this household	1- Name1 2- Name2 3- Name3 4- Name4 99- Spouse is not in this household
1	H	ChildIdentifier	Ask if R=2,3,4,5,6. R1 skip this question Indicate which household member is the children (including step children	1- Name1 2- Name2 3- Name3

HHType	Level	Variable Name	Question text	Recorded Value
			or adopted children) to this respondent. Please read out the list and indicate their respective children carefully This list is meant for children that currently live in the same household ONLY, whether step or adopted child If you have children that supposed to live in the same household but their names are not in this list, please go back to roster and confirm Allow multiple selection Enter ''97'' if respondent do not have any children at all Enter '99'' if respondent have children but all of them live outside	4- Name4 … ... 10- Name10 97- Respondent do not have any children at all 99- Respondent have children but all of them live outside
1/2	H	HHRCON	BLAISE to display confirmation screen on household roster If any of this information is incorrect, please click on the name on the right to go back and change it. If all information is correct, select '1' to continue If you realize that a member/s has been mistakenly added to the table, DO NOT use backspace to delete all the data in the row.	1- Continue (Household roster lock) 5- Go Back to Roster
1/2	H	HHEndSection	Are you done with this section?	1- Yes 5- No

AA2_PARTICIPATION SCREEN--R-LEVEL

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	PS1	IWER: Indicate whether [Name] person is able and willing to participate in this survey.	1- Yes GO TO NEXT 5- No GO TO NEXT
1/2	R	PS2RefType	Indicate refusal type	1- Self-Refusal GO TO PS3 2- Iwer-Refusal GO TO PS3
1/2	R	PS3	Please state reasons for refusal.	1- Burden of time / Interview length 2- Not interested / Personal reason 3- Confidentiality / Personal or sensitive questions 4- Purpose of study / Government 5- Health / Age (Too sick/too old) 6- No reason given / Others
1/2	R	PSIC1	Interviewer checkpoint Are you done with this section?	1- Yes 5 No

SECTION A3: BACKGROUND

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	A200	Now I would like to ask a few questions about your personal information.	1- Continue
1/2	R	A202	What is your ethnicity?	1- Malay 2- Chinese 3- Indian 97- Other Ethnicity - Specify
1/2	R	A202_1	(What is your ethnicity?) ASK if necessary: What is your ethnicity?	
1/2	R	A203	What is your religion?	1- Islam 2- Hindu 3- Christian 4- Buddhist 97- Other religion - Specify
1/2	R	A204_1	What is your marital status?	1- Never married 2- Married 3- Widowed 4- Divorced/Separated
1/2	R	A204_2	How long ago since you were widowed/ divorced/ separated?	1- Less than 1 year 2- 1 to less than 3 years 3- 3 to 5 years 4- More than 5 years
1/2	R	A205	What is the highest level of education?	1- No schooling/Kindergarten/ Nursing 2- Religious education/Primary school (Standard 1-6) 3- Lower secondary (Form 1-3 4- Upper secondary (Form 4-5) 5- Vocational/ Technical 6- Pre-U/ Diploma/ Form 6 7- First Degree 8- Postgraduate/ Equivalent Qualification

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	A206_1	What is the language you used most at home? Please state only one.	1- Malay 2- English 3- Tamil 4- Mandarin 5- Other Chinese Dialect (e.g. Hokkien, Cantonese, etc.) 97- Others – Specify (Local dialects e.g. Iban, Kadazan, etc.)
1/2	R	A206_2	ASK IF NECESSARY: What is the language you used most at home? Please state only one.	
1/2	R	A207	How well do you read and write in this language?	1- Good 2- Average 3- Poor
1/2	R	SecEnd	Are you done with this section?	1- Yes 5- No

SECTION B1: FAMILY INFORMATION & SUPPORT - CHILDREN

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	B100	Now I would like to ask you about your children.	1- Continue
1/2	R	B101	How many living children, inc step children, and adopted children do you have? ● Enter 99 if R refuse to talk about his/her children	No of children: _____
1/2	R	B101a	[Preload ChildIdentifier from HH-level] You said previously that the following person(s) live with you: - Display HHNames ChildInfo list	1 - Continue 5 - R do not want to talk about his/her children GO TO Section B2
1/2	R	B102a_1	Now we want to ask about your children who do not live with you or children that live with you but were not included in the previous list.	1- Continue 5 - R do not want to talk about his/her children GO TO Section B2
1/2	R	B102a_2	Can you tell me their names? ● ENTER 88 if R do not want to talk about this particular children GO TO Next Child ● ENTER 99 if R do not want to talk about any of his/her children GO TO Section B2	
1/2	R	B102b	How old is [Childname]?	Age of Children
1/2	R	B102c	Is [Childname] male or female?	1- Male 5- Female DK- Don't know RF- Refused
1/2	R	B102d	Is [Childname] your child from your current spouse, child from ex-spouse, step child or adopted child?	1- Child from current spouse/Child from ex-spouse 2- Step Child 3- Adopted child 4- Refused to provide information
1/2	R	B102e	What is [Childname]'s highest level of education?	1- No schooling 2- Religious education/Primary school

HHType	Level	Variable Name	Question text	Recorded Value
				(Standard 1-6) 3- Lower secondary (Form 1-3) 4- Upper secondary (Form 4-5) 5- Vocational/ Technical 6- Pre-U/ Diploma/ Form 6 7- First Degree 8- Postgraduate/ Equivalent Qualification
1/2	R	B102f	[If age < 17, skip this question] What is [Childname]'s working status?	1- Still in School/ College/ University 2- Working in any type of job 3- Unemployed 4- Not able to work (disabled, old age, ill etc.) 5- Housewife/ Househusband 6- Other - Specify 7- Don't know / Have no contact/Refused to answer 8- Refused to provide information
1/2	R	B102g	What is [Childname]'s marital status?	1- Never married 2- Married 3- Widowed 4- Divorced/Separated 5- Refused to provide information
1/2	R	B103a	Where does [Childname] live?	1- Live with respondent 2- Live close by (within 5km) 3- Live elsewhere/ abroad 4- Refused to provide information
1/2	R	B103d	In the last 12 months, how often did you meet [Childname] in person?	1- Daily/ Several times a week 2- Several times a month 3- Several times a year 4- Have not met in the last 1 year 5- Don't know/Refused to answer
1/2	R	B103e	[If meet ftf daily/several times a week, skip to the next question] In the last 12 months, how often have you had contact with [Childname], either by phone or email?	1- Daily/ Several times a week 2- Several times a month 3- Several times a year 4- Have no contact in the last 1 year

HHType	Level	Variable Name	Question text	Recorded Value
				5- Don't know/Refused to answer
1/2	R	B104	[If child age is <17, skip to the next section] Now I would like to ask you about the support you have received from your children. Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you receive any kind of support either financial/non-monetary support, from [Childname] in the last 12 months?	1- Yes 5- No
1/2	R	B104a	Did you receive any financial support from [Childname]?	1- Yes 5- No
1/2	R	B104b_1	How much did you receive?	GO TO B104d RM_____
1/2	R	B104b_2	(How much did you receive?)	1- Month 5- Year
1/2	R	B104d	Did you receive non-monetary support from [Childname], including food, clothing, holiday trip?	1- Yes 5- No
1/2	R	B105	Now I would like to ask about the support you have given to your child. Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you give any kind of support either financial/non-monetary to [Childname] in the last 12 months?	1- Yes GO TO B105a 5- No GO TO B106a
1/2	R	B105a	Did you give any financial support to [Childname]?	1- Yes GO TO B105b_1 5- No GO TO B105d
1/2	R	B105b_1	If yes, how much did you give?	RM_____

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	B105b_2	(How much did you give?)	1- Month 5- Year
1/2	R	B105d	Did you give non-monetary support to [Childname]?	1- Yes GO TO B106a 5- No GO TO B106a
1/2	R	B106a	How frequent do you look after your grandchildren?	1- No, I don't have any grandchildren GO TO B106c 2- No, I don't take care of my Grandchildren GO TO B106c 3- Yes, occasionally GO TO B106b 4- Yes, always GO TO B106b
1/2	R	B106b	If yes, do you receive any money for looking after your grandchildren?	1- Yes GO TO SecEnd 5- No GO TO SecEnd
1/2	R	B106c	If no, do you expect to be paid for looking after grandchildren?	1- Yes, it would be nice to receive some 2- No, I don't expect to be paid. 3- No, it is my responsibility to look after my grandchildren. 4- No, no comment. 97- Other: please specify -
1/2	R	SecEnd	Are you done with this section?	1- Yes 5- No

SECTION B2: FAMILY INFORMATION & SUPPORT – PARENTS

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	B200a	Next I would like to ask you for some information about your parents.	1- Continue
1/2	R	B200b	Are your parents/ parents-in-law still alive?	1- Yes 5- No
1/2	R	B201	Which of your parents, including your father-in-law and mother-in-law, are still alive?	1- Father 2- Mother 3- Father-in-law 4- Mother-in-law
1/2	R	B202a	What is your [PName] first name?	If R refuse to give name, can use alias names
1/2	R	B202b	How old is [PName]?	Age
1/2	R	B202c	What is [PName]'s marital status?	1- Never married 2- Married 3- Widowed 4- Divorced/Separated
1/2	R	B202g	In the last 12 months, how often did you meet [PName] in person?	1- Live with respondent 2- Live close by (within 5km) 3- Live elsewhere/ abroad
1/2	R	B202h	In the last 12 months, how often have you had contact with [PName], either by phone or email?	1- Daily/ Several times a week 2- Several times a month 3- Several times a year 4- Have not met in the last 1 year 5- Don't know/Refused to answer
1/2	R	B203	Now I would like to ask you about the support you have received from your parent. Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you receive any kind of support, either financial or non-monetary support from [PName] in the last 12 months?	1- Yes GO TO B203b 5- No GO TO B204
1/2	R	B203b	In the last 12 months, did you receive any financial support from [PName]?	1- Yes

HHType	Level	Variable Name	Question text	Recorded Value
				5- No
1/2	R	B203b_1	How much did you receive?	RM_____
1/2	R	B203b_2	(How much did you receive?)	1- Month 5- Year
1/2	R	B203d	In the last 12 months, did you receive non-monetary support from [PName]?	1- Yes GO TO B204 5- No GO TO B204
1/2	R	B204	Now I would like to ask about the support you have given to your parent. Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you give any kind of support, either financial or non-monetary support to [PName] in the last 12 months?	1- Yes GO TO B204a 5- No GO TO B205
1/2	R	B204a	In the last 12 months, did you give any financial support to [PName]?	1-Yes GO TO B204b_1 5-No GO TO B204d
1/2	R	B204b_1	How much did you give? GO TO B204b_2	RM_____
1/2	R	B204b_2	(How much did you give?) GO TO B204d	1- Month 5- Year
1/2	R	B204d	In the last 12 months, did you give non-monetary support to [PName]?	1- Yes 5- No
1/2	R	B205	Please state whether your father, your mother, your father-in-law and your mother-in-law require care or assistance in daily activities such as going to the washroom, eating, cooking etc.?	1- None 2- Father 3- Mother 4- Father-in-law 5- Mother-in-law
1/2	R	B205b_1	If [your father/ your mother/ your father-in-law/ your mother-in-law] requires care or assistance in daily activities, who will usually help the most? (State at most 2 persons)	1- Myself 2- Spouse 3- Brother 4- Sister

HHType	Level	Variable Name	Question text	Recorded Value
				5- Son 6- Daughter 7- Grandson 8- Granddaughter 9- Domestic Maid 10- Professional Caregiver 97- Other Specify (cousin, neighbour, friend etc.)
1/2	R	B205b_2	ASK IF NECESSARY: (If [your father/ your mother/ your father-in-law/ your mother-in-law] require care or assistance in daily activities, who will usually help the most?)	
1/2	R	B205c	Does [your father, your mother, your father-in-law and your mother-in-law] require nursing care?	1- Yes 5- No GO TO SecEnd
1/2	R	SecEnd	Are you done with this section?	1- Yes 5- No

SECTION B3: FAMILY INFORMATION & SUPPORT - SIBLINGS

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	B300	Now I would like to ask you for some information about your siblings.	1- Continue
1/2	R	B301	How many living siblings do you have? (Including step siblings and adopted siblings) ENTER “0” if don’t have any living siblings, and skip to SecEnd	
1/2	R	B301a	Do you have any siblings that you receive from or you provide support to in the last 12 months. ENTER “0” if don’t have any living siblings that you receive/ you provide support, and skip to SecEnd	1- Yes 5- No
1/2	R	B302a	Can you tell me their first names? (Only those who receive/ give support.) If R refuses to give name, can use alias names.	
1/2	R	B302b	How old is [SiblingName]? Age of Sibling in current year	_____ years old
1/2	R	B302c	Is [SiblingName] male or female?	1- Male 5- Female
1/2	R	B302d	What is [SiblingName]’s marital status?	1- Never Married 2- Married 3- Widowed 4- Divorced/ Separated
1/2	R	B303f	In the last 12 months, how often did you meet [SiblingName] in person?	1- Live together with respondent 2- Daily/ Several times a week 3- Several times a month 4- Several times a year 5- Have no contact in the last 1 yea
1/2	R	B303g	In the last 12 months, how often have you had contact with [SiblingName], either by phone or email?	1- Daily/ Several times a week 2- Several times a month 3- Several times a year 4- Have not met in the last 1 year
1/2	R	B304	Now I want to ask about the support you have received from your sibling.	1- Yes

HHType	Level	Variable Name	Question text	Recorded Value
			Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you receive any kind of support either financial or non monetary from [SiblingName] in the last 12 months? In the last 12 months, did you receive any financial support from [SiblingName]?	GO TO B304a 5- No GO TO B305
1/2	R	B304a	In the last 12 months, did you receive any financial support from [SiblingName]?	1-Yes GO TO B304b_1 5-No GO TO B304c
1/2	R	B304b_1	If yes, how much did you receive?	RM _____
1/2	R	B304b_2	(How much did you receive?)	1- Month 5- Year
1/2	R	B304c	In the last 12 months, did you receive non-monetary support from [SiblingName]?	1- Yes 5- No
1/2	R	B305	Now I would like to ask about the support you have given to your sibling. Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you give any kind of support either financial or non-monetary to [Siblingname] in the last 12 months?	1- Yes GO TO B305a 5- No GO TO SecEnd
1/2	R	B305a	In the last 12 months, did you give any financial support to [SiblingName]?	1- Yes GO TO B305b_1 5- No GO TO B305d
1/2	R	B305b_1	How much did you give? GO TO B305b_2	RM _____
1/2	R	B305b_2	(How much did you give?) GO TO B305d	1- Month 5- Year
1/2	R	B305d	In the last 12 months, did you give non-monetary support to [SiblingName]?	1- Yes 5- No
1/2	R	SecEnd	Are you done with this section?	1- Yes 5- No

SECTION C1: HEALTH STATUS

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C100	Now I would like to ask some questions about your health.	1- Continue
1/2	R	C101	Which of the following best describes your current health status?	1- Good 2- Fair 3- Poor
1/2	R	C102	Compare your current health to your health for the last 12 months, would you say your health now is much better, better, about the same, worse or much worse?	1- Better 2- About the same 3- Worse
1/2	R	C103	What is the form of physical disability are you suffering with? (multiple selection)	1- Blind 2- Deaf 3- Unable to speak 4- Wheelchair bound
1/2	R	C103_1	What is the type of disability?	1- Permanent 5- Temporary
1/2	R	C104	Have you been diagnosed with any illnesses?	1- Yes GO TO C104a_1 5- No GO TO C105a_1
1/2	R	C104a_1	Have you been diagnosed with asthma?	1- Yes GO TO C104a_2 5- No GO TO C104b_1
1/2	R	C104a_2	When were you first diagnosed with asthma?	Year:
1/2	R	C104a_3	Are you on any treatment or taking medication for asthma?	1- Yes 5- No

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C104a_4	Does asthma limit your daily activities?	1- Yes GO TO C104b_1 5- No GO TO C104b_1
1/2	R	C104b_1	Have you been diagnosed with bladder disorder (difficulty in urinating, enlarged prostate)?	1- Yes GO TO C104b_2 5- No GO TO C104c_1
1/2	R	C104b_2	When were you first diagnosed with bladder disorder (difficulty in urinating, enlarged prostate)?	Year:
1/2	R	C104b_3	Are you on any treatment or taking medication for bladder disorder (difficulty in urinating, enlarged prostate)?	1- Yes 5- No
1/2	R	C104b_4	Does bladder disorder (difficulty in urinating, enlarged prostate) limit your daily activities?	1- Yes 5- No
1/2	R	C104c_1	Have you been diagnosed with cancer or other malignant tumour (including leukaemia, lymphoma)?	1- Yes GO TO C104c_2 5- No GO TO C104d_1
1/2	R	C104c_2	When were you first diagnosed with cancer or other malignant tumour (including leukaemia, lymphoma)?	Year:
1/2	R	C104c_3	Are you on any treatment or taking medication for cancer or other malignant tumour (including leukaemia, lymphoma) ?	1- Yes 5- No
1/2	R	C104c_4	Does cancer or other malignant tumour (including leukaemia, lymphoma) limit your daily activities?	1- Yes 5- No
1/2	R	C104d_1	Have you been diagnosed with stroke?	1- Yes GO TO C104d_2 5- No GO TO C104e_1

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C104d_2	When were you first diagnosed with stroke?	Year:
1/2	R	C104d_3	Are you on any treatment or taking medication for stroke?	1- Yes 5- No
1/2	R	C104d_4	Does stroke limit your daily activities?	1- Yes 5- No
1/2	R	C104e_1	Have you been diagnosed with chronic lung disease (chronic bronchitis, emphysema etc.)?	1- Yes GO TO C104e_2 5- No GO TO C104f_1
1/2	R	C104e_2	When were you first diagnosed with chronic lung disease (chronic bronchitis, emphysema etc.)?	Year:
1/2	R	C104e_3	Are you on any treatment or taking medication for chronic lung disease (chronic bronchitis, emphysema etc.)?	1- Yes 5- No
1/2	R	C104e_4	Does chronic lung disease (chronic bronchitis, emphysema etc.) limit your daily activities?	1- Yes GO TO C104e_2 5- No GO TO C104f_1
1/2	R	C104f_1	Have you been diagnosed with dementia/ Alzheimer's?	1- Yes 5- No
1/2	R	C104f_2	When were you first diagnosed with dementia/ Alzheimer's?	Year:
1/2	R	C104f_3	Are you on any treatment or taking medication for dementia/ Alzheimer's?	1- Yes 5- No
1/2	R	C104f_4	Does your dementia/ Alzheimer's limit your daily activities?	1- Yes 5- No
1/2	R	C104g_1	Have you been diagnosed with depression, emotional disorder?	1- Yes 5- No
1/2	R	C104g_2	When were you first diagnosed with depression, emotional disorder?	Year:

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C104g_3	Are you on any treatment or taking medication for depression, emotional disorder?	1- Yes 5- No
1/2	R	C104g_4	Does depression, emotional disorder limit your daily activities?	1- Yes 5- No
1/2	R	C104h_1	Have you been diagnosed with diabetes?	1- Yes GO TO C104h_2 5- No GO TO C104i_1
1/2	R	C104h_2	When were you first diagnosed with diabetes?	Year:
1/2	R	C104h_3	Are you on any treatment or taking medication for diabetes?	1- Yes 5- No
1/2	R	C104h_4	Does diabetes limit your daily activities?	1- Yes 5- No
1/2	R	C104i_1	Have you been diagnosed with femoral neck fracture?	1- Yes 5- No
1/2	R	C104i_2	When were you first diagnosed with femoral neck fracture?	Year:
1/2	R	C104i_3	Are you on any treatment or taking medication for femoral neck fracture	1- Yes 5- No
1/2	R	C104i_4	Does your femoral neck fracture limit your daily activities?	1- Yes 5- No
1/2	R	C104j_1	Have you been diagnosed with heart diseases (angina, heart failure, cardiac infarction, heart valve disease, etc.)?	1- Yes 5- No
1/2	R	C104j_2	When were you first diagnosed with heart diseases (angina, heart failure, cardiac infarction, heart valve disease, etc.)?	Year:
1/2	R	C104j_3	Are you on any treatment or taking medication for heart diseases (angina, heart failure, cardiac infarction, heart valve disease, etc.)?	1- Yes 5- No

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C104j_4	Does heart diseases (angina, heart failure, cardiac infarction, heart valve disease, etc.) limit your daily activities?	1- Yes 5- No
1/2	R	C104k_1	Have you been diagnosed with high blood pressure?	1- Yes 5- No
1/2	R	C104k_2	When were you first diagnosed with high blood pressure?	Year:
1/2	R	C104k_3	Are you on any treatment or taking medication for high blood pressure?	1- Yes 5- No
1/2	R	C104k_4	Does high blood pressure limit your daily activities?	1- Yes 5- No
1/2	R	C104l_1	Have you been diagnosed with high cholesterol?	1- Yes 5- No
1/2	R	C104l_2	When were you first diagnosed with high cholesterol?	Year:
1/2	R	C104l_3	Are you on any treatment or taking medication for high cholesterol?	1- Yes 5- No
1/2	R	C104l_4	Does high cholesterol limit your daily activities?	1- Yes 5- No
1/2	R	C104m_1	Have you been diagnosed with joint disorder (arthritis, rheumatism)?	1- Yes 5- No
1/2	R	C104m_2	When were you first diagnosed with joint disorder (arthritis, rheumatism)?	Year:
1/2	R	C104m_3	Are you on any treatment or taking medication for joint disorder (arthritis, rheumatism)?	1- Yes 5- No
1/2	R	C104m_4	Does your joint disorder (arthritis, rheumatism) limit your daily activities?	1- Yes 5- No
1/2	R	C104n_1	Have you been diagnosed with liver disease (hepatitis B or C, hepatic cirrhosis etc., excluding liver cancer)?	1- Yes 5- No

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C104n_2	When were you first diagnosed with liver disease (hepatitis B or C, hepatic cirrhosis etc., excluding liver cancer)?	Year:
1/2	R	C104n_3	Are you on any treatment or taking medication for liver disease (hepatitis B or C, hepatic cirrhosis etc., excluding liver cancer)?	1- Yes 5- No
1/2	R	C104n_4	Does liver disease (hepatitis B or C, hepatic cirrhosis etc., excluding liver cancer) limit your daily activities?	1- Yes 5- No
1/2	R	C104o_1	Have you been diagnosed with osteoporosis?	1- Yes 5- No
1/2	R	C104o_2	When were you first diagnosed with osteoporosis?	Year:
1/2	R	C104o_3	Are you on any treatment or taking medication for osteoporosis ?	1- Yes 5- No
1/2	R	C104o_4	Does osteoporosis limit your daily activities?	1- Yes 5- No
1/2	R	C104p_1	Have you been diagnosed with Parkinson's disease?	1- Yes 5- No
1/2	R	C104p_2	When were you first diagnosed with Parkinson's disease?	Year:
1/2	R	C104p_3	Are you on any treatment or taking medication for Parkinson's disease ?	1- Yes 5- No
1/2	R	C104p_4	Does Parkinson's disease limit your daily activities?	1- Yes 5- No
1/2	R	C104q_1	Have you been diagnosed with ulcer or other gastrointestinal disorder?	1- Yes 5- No
1/2	R	C104q_2	When were you first diagnosed with ulcer or other gastrointestinal disorder?	Year:
1/2	R	C104q_3	Are you on any treatment or taking medication for ulcer or other gastrointestinal disorder?	1- Yes 5- No
1/2	R	C104q_4	Does ulcer or other gastrointestinal disorder limit your daily activities?	1- Yes

HHType	Level	Variable Name	Question text	Recorded Value
				5- No
1/2	R	C104r_1	Have you been diagnosed with vertigo?	1- Yes 5- No
1/2	R	C104r_2	When were you first diagnosed with vertigo?	Year:
1/2	R	C104r_3	Are you on any treatment or taking medication for vertigo?	1- Yes 5- No
1/2	R	C104r_4	Does your vertigo limit your daily activities?	1- Yes 5- No
1/2	R	C104s_1	Have you been diagnosed with other disease?	1- Yes 5- No
1/2	R	C104s_2	When were you first diagnosed with?	1- Yes 5- No
1/2	R	C104s_3	Are you on any treatment or taking medication for the disease?	1- Yes 5- No
1/2	R	C104s_4	Does other disease limit your daily activities?	1- Yes 5- No
1/2	R	C105a_1	In the last 24 months, were you involved in any accident that affects your physical health? (Multiple selection)	0- No 1- Automobile accident (car, motorcycle etc 2- A bad fall 3- Hit by a falling object 97- Other Specify
1/2	R	C105a_2	How many times did you fall down?	
1/2	R	C105a_3	(In the last 24 months, were you involved in any accident that affects your physical health?)	
1/2	R	C105c	Does the [accidents] limit your daily activities?	1- Yes 5- No

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C106	Do you worry about falling down?	1- Yes, I'm worried 2- Yes, a little 3- Not at all
1/2	R	C107	How much of the time during the past 4 weeks did you feel tired?	1- Always 2- Often 3- Sometimes 4- Rarely 5- Never
1/2	R	C108	During the last 12 months, have you lost any amount of urine beyond your control?	1- Yes, all the time 2- Yes, more than 15 days in a month 3- Yes, 5-15 days in a month 4- Yes, no more than 5 days in a month 5- No
1/2	R	C109	If yes, have you ever used any absorbent products such as pads, special garments, sanitary napkins, or toilet paper for your urine loss condition? And how often is that?	1- Always/Often 2- Sometimes 5- No
1/2	R	C110	Do you wear eyeglasses or corrective lens, including reading glasses?	1- Yes, I wear glasses for vision and reading 2- Yes, I wear glasses for vision only 3- Yes, I wear glasses for reading only 5- No
1/2	R	C111	How would you rate your current vision/eyesight for seeing things at a distance, like recognizing a friend across the street when wearing eyeglasses or corrective lens?	1- Good 2- Fair 3- Poor
1/2	R	C112	How would you rate your eyesight for seeing things at a distance, like recognizing a friend across the street without wearing eyeglasses or corrective lens?	1- Good 2- Fair 3- Poor
1/2	R	C113_1	Have you ever had an eye surgery?	1- Yes, lens replacement surgery 2- Yes, eye replacement surgery

HHType	Level	Variable Name	Question text	Recorded Value
				3- Yes, cataract surgery 97- Yes, Other - Specify 5- No
1/2	R	C113_2	ASK IF NECESSARY: (Have you ever had eye surgery)	
1/2	R	C114	Do you wear a hearing aid?	1- Yes 5- No
1/2	R	C115	How would you rate your current hearing ability when wearing a hearing aid?	1- Good 2- Fair 3- Poor
1/2	R	C116	How would you rate your hearing ability without wearing a hearing aid?	1- Good 2- Fair 3- Poor
1/2	R	C117_1	Have you ever had any ear surgery?	1- Yes 5- No
1/2	R	C117_2	If yes, what type of ear surgery did you have?	
1/2	R	C118a	Have you ever visited a dentist or a dental hygienist? This include visits for periodic assessment and maintenance of dentures or the treatment of oral focal infection (pyorrhea, etc.). If yes, when was your last visit to the dentist?	1 - Less than 6 months ago 2 - 6 months to 1 year ago 3 - 1 to 3 years 4 - 3 to 5 years 5 - Never visited any dentist before 88 - Don’t know 99 - Refused to answer
1/2	R	C118	Do you wear dentures?	1- Yes, both upper and lower teeth 2- Yes, either upper or lower 3- Yes, at least one tooth 5- No
1/2	R	C119	How would you rate your ability to chew solid or crispy food such as meat, biscuits or apple with dentures?	1- Good 2- Fair 3- Poor

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C120	How would you rate your ability to chew solid or crispy food such as meat, biscuits or apple without dentures?	1- Good 2- Fair 3- Poor
1/2	R	C120a	In the past 6 months, do you have any problems with your teeth or dentures that cause you to have the following problems:	1 - Continue
1/2	R	C120b	Difficulty eating food	1 - Yes 5 - No
1/2	R	C120c	Difficulty speaking clearly	1 - Yes 5 - No
1/2	R	C120d	Problems with smiling, laughing and showing teeth without embarrassment	1 - Yes 5 - No
1/2	R	C120e	Problems with emotional stability, for example, becoming more easily upset than usual	1 - Yes 5 - No
1/2	R	C120f	Problems enjoying the company of other people such as family, friends or neighbours	1 - Yes 5 - No
1/2	R	C120g	Do you think you need dental treatment?	1 - Yes 5 - No
1/2	R	C121	How often do you have trouble falling asleep?	1- Most of the time 2- Sometimes 3- Rarely/ Never
1/2	R	C122	How often do you have trouble with waking up too early and not being able to fall asleep again?	1- Most of the time 2- Sometimes 3- Rarely/ Never
1/2	R	C128	Are you still having menstrual periods?	1- Yes 5- No
1/2	R	C129	How old were you when you had your last menstrual period?	_____ years old

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C130	Did you suffer from menopausal problems in the months leading to menopause?	1- Yes 5- No
1/2	R	SecEnd	Are you done with this section?	1 - Yes 5 - No

SECTION C2: Risk Factors

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C200	Now I would like you some questions about smoking?	1- Continue
1/2	R	C201	Have you ever smoked? (e.g. cigarettes, e-cigarettes, vapes, shisha, cigars, pipes, etc.)?	1- Yes IF YES, ANSWER C202 5- No IF NO, GO TO C208
1/2	R	C202a	How old were you when you started smoking?	_____ years old
1/2	R	C202b	Do you currently smoke?	1- Yes 5- No
1/2	R	C202c	In total, how many years have you been smoking?	_____ years
1/2	R	C202d	How old were you when you stopped smoking?	_____ years old
1/2	R	C202e	What do you smoke the most? Pick only one.	1- Cigarettes 2- E-Cigarette 3- Vapes 4- Cigars 5- Pipe/Tobacco 6- Shisha
1/2	R	C202f	Usually how many sticks/ times do you smoke in a day?	_____ sticks/times per day
1/2	R	C203	Have you ever consumed any alcoholic beverages such as beer, wine or toddy?	1- Yes 5- No
1/2	R	C204a	How old were you when you first started consuming alcoholic beverages?	_____ years old
1/2	R	C204b	Do you currently drink alcoholic beverages?	1- Yes 5- No
1/2	R	C204c	How many years have you been drinking?	_____ years
1/2	R	C204d	How many years altogether have you been drinking before you stopped drinking?	_____ years

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C204e	For the past 1 month, how often have you had a drink containing alcohol?	1- Never 2- Once a month 3- 2 to 3 times a month 4- 4 or more times a month
1/2	R	SecEnd	Are you done with this section?	1- Yes 5- No

SECTION C3: PSYCHOSOCIAL

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C300	Now I would like to ask about your behaviour and the feelings that you have experienced for the last 6 months.	1 - Continue
1/2	R	C301a	How often did you experience boredom and lose interest in most things?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301b	How often did you experience trouble in concentrating?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301c	How often did you experience sadness/ feeling blue/ depressed?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301d	How often did you feel happy/ cheerful?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301e	How often did you feel anxious/ stressed?	1 - Never 2 - Rarely 3 - Sometimes

HHType	Level	Variable Name	Question text	Recorded Value
				4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301g	Generally, how often did you feel that you are satisfied with your life?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301h	How often did you experience loneliness?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301i	In general, how often did you experience disappointment in your life?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301j	How often did you feel down on yourself, no good or worthless?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301k	How often did you think about death – either your own, someone else's, or death in general?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often

HHType	Level	Variable Name	Question text	Recorded Value
				5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301l	How often did you experience isolated or sidelined from others?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301p	How often did you feel that there are people you can talk to/ share your feelings?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301q	How often did you feel that there are people you can turn to for help?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C301s	How often did you feel that there are people you are close to?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C302	Now I would like to ask you some questions about your spouse.	If A204_1 ≠ 2 married GO TO C305 1 - Continue

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C302a	How much does your spouse really understand the way you feel about things?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C302b	How often can you open up to your spouse if you need to talk about your worries?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C302c	How often does your spouse make too many demands on you?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C302d	How often does your spouse let you down when you are counting on them?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C302e	How often does your spouse get on your nerves?	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always 8 - Don't know 9 - Refuse
1/2	R	C303	How close is your relationship with your spouse?	1 - Very close

HHType	Level	Variable Name	Question text	Recorded Value
				2 - Quite close 3 - Not very close 4 - Not close at all 8 - Don't know 9 - Refuse
1/2	R	C304	Who has the final say in decisions about major family issues?	1 - I do always 2 - I do mostly 3 - We have equal say 4 - My spouse does mostly 5 - My spouse does always 6 - Someone else 8 - Don't know 9 - Refuse
1/2	R	C305	Please state how much you agree or disagree with each of the following statements.	1 - Continue
1/2	R	C305a	I often feel helpless in dealing with the problems of life.	1 - Disagree 2 - Neutral 3 - Agree
1/2	R	C305e	There is really no way I can solve the problems I have.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305g	When I really want to do something, I usually find a way to succeed at it.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305i	What happens to me in the future mostly depends on me.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305k	I am leading a meaningful purpose in life.	1 - Disagree

HHType	Level	Variable Name	Question text	Recorded Value
				2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305l	I have a loving family.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305m	I continue to have friends who care for me.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305n	I am financially independent.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305o	I can still contribute to society.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305p	I believe I will not need long term care when I'm older.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305q	I will continue working as long as my mental and physical capability permit.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C305s	I am prepared to be living alone.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305t	I am prepared to take care of my own health.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305y	The government should provide a monthly old age allowance for all older persons.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305v	Taking care of grandchildren is part of my responsibility.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305w	The government should make it mandatory for children to support their parents.	1 - Disagree 2 - Neutral 3 - Agree 8 - Don't know 9 - Refuse
1/2	R	C305r	Ideally, I want to live until I reach _____ Interviewer probing points: 1 - Ideally up to age 2 - Milestone (e.g. God's will, I would like to live to see all my children/grandchildren married, I would like to live as long as I am healthy etc.) 3 - I don't expect to live long because of my health condition	Open end
1/2	R	C305u	I am prepared to live in an assisted living facility (e.g. care centre for the elderly public/private, retirement village etc.).	1 - Yes 5 - No

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C305u_1a	If YES, why?	1 - I am living alone / I don't have anyone to take care of me/ My family don't care about me 2 - I don't want to burden my family 3 - I want to socialize and make friends 4 - I will be properly looked after 5 - Others - Specify
'1/2	R	C305u_1b	(If YES, why?)	
1/2	R	C305u_2a	If NO, why?	1 - The facilities and/or services are poor 2 - I cannot afford to live in private facilities 3 - I don't want to move out from my house 4 - I still have my family members to take care of me 5 - I don't want others to think that I'm being abandoned 6 - Others - Specify
'1/2	R	C305u_2b	(If NO, why?)	
1/2	R	C305z_1	If needed, are you prepared to receive home-help service/assistance when you are older? Example: preparation of food, managing medication, household chores and as a companion	1 - Yes 5 - No
1/2	R	C305z_2	If YES, are you prepared to pay for this service/assistance?	1 - Yes 2 - Yes, if the payment is reasonable 3 - No
1/2	R	C305z_3	Thinking about your long-term care, who is the most likely person to look after you when in need?	1 - Spouse 2 - Daughter 3 - Son 4 - Daughter-in-law 5 - Son-in-law 6 - Sister

HHType	Level	Variable Name	Question text	Recorded Value
				7 - Brother 8 - Other Relatives 9-Non-relatives (Friends/neighbors) 10 - Home-based caretaker 11 - Institutional caretaker 12 - No one 97 - Others (please specify) 88 - DK 99 - RF
1/2	R	C306	Now I would like to ask about some activities that you might be involved in.	1 - Continue
1/2	R	C306a	How often do you take care of a sick or disabled adult in the past 6 months?	1 - Never/Rarely 2 - Sometimes 3 - Often/Always 8 - DK 9 - RF
1/2	R	C306b	How often do you do activities with young children? (e.g. go to playground, go to shopping mall, watch TV etc.)	1 - Never/Rarely 2 - Sometimes 3 - Often/Always 8 - DK 9 - RF
1/2	R	C306d	How often do you do volunteer/ communal charity work?	1 - Never/Rarely 2 - Sometimes 3 - Often/Always 8 - DK 9 - RF
1/2	R	C306g	How often do you attend meetings of non-religious organisations (e.g. political party/ residence association/ Parents & Teachers Association (PTA)?	1 - Never/Rarely 2 - Sometimes 3 - Often/Always 8 - DK 9 - RF
1/2	R	C306h	How often do you read books, ebooks, magazines or newspapers?	1 - Never/Rarely 2 - Sometimes 3 - Often/Always

HHType	Level	Variable Name	Question text	Recorded Value
				8 - DK 9 - RF
1/2	R	C306i	How often do you watch television?	1 - Never/Rarely 2 - Sometimes 3 - Often/Always 8 - DK 9 - RF
1/2	R	C306l	How often do you use computer/ smartphone for e-mail, Internet, watch videos or other purposes?	1 - Never/Rarely 2 - Sometimes 3 - Often/Always 8 - DK 9 - RF
1/2	R	C306m	How often do you go for a walk/ jog/ gym/ exercise/ sport activities?	1 - Never/Rarely 2 - Sometimes 3 - Often/Always 8 - DK 9 - RF
1/2	R	C306n	How often do you do gardening/ pet rearing/ other hobbies?	1 - Never/Rarely 2 - Sometimes 3 - Often/Always 8 - DK 9 - RF
1/2	R	C306q	How often do you go out for social outings (e.g. eating out, meeting friends, going to the cinema, etc.)?	1 - Never/Rarely 2 - Sometimes 3 - Often/Always 8 - DK 9 - RF
1/2	R	C306r	How often do you participate in religious activities such as gathering, prayers, fasting, read holy books, attend services etc.	1 - Never/Rarely 2 - Sometimes 3 - Often/Always 8 - DK 9 - RF
1/2	R	SecEnd	Are you done with this section?	1 - Yes 5 - No

SECTION C4: ADL/ IADL

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	C400	Now I would like to ask you activities that you are involved in?	1- Continue
1/2	R	C401	How often do you take part in sports/ activities that are vigorous (e.g. running, swimming, cycling, aerobics, tennis, or digging with a hoe or shovel, etc.)?	1- Every day 2- More than once a week 3- Once a week 4- One to three times a month 5- Rarely/ Never
1/2	R	C402	How often do you take part in sports/ activities that are moderately vigorous (e.g. gardening, cleaning the car, walking at a moderate pace or dancing, etc.)?	1- Every day 2- More than once a week 3- Once a week 4- One to three times a month 5- Rarely/ Never
1/2	R	C403	How often do you take part in light exercise/ activities (e.g. Tai Chi, vacuuming or home cleaning, etc.)?	1- Every day 2- More than once a week 3- Once a week 4- One to three times a month 5- Rarely/ Never
1/2	R	C404	Next, I would like to ask whether you need assistance in performing the following activities for the past one week.	1- Continue
1/2	R	C404a_1	Do you need any help in taking bath?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C404a_2	If you need help in taking bath, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	C404a_3	(If you need help in taking bath, who usually will help you?)	
1/2	R	C404b_1	Do you need any help in dressing?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C404b_2	If you need help in dressing, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C404b_3	(If you need help in dressing, who usually will help you?)	
1/2	R	C404c_1	Do you need any help in grooming?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C404c_2	If you need help in grooming, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C404c_3	(If you need help in grooming, who usually will help you?)	
1/2	R	C404d_1	Do you need any help in mouth care?	1- Able to do it all by myself 2- Sometimes need some help

HHTYPE	Level	Variable Name	Question text	Recorded Value
				3- Always need some help 4- Always need help
1/2	R	C404d_2	If you need help in mouth care, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C404d_3	(If you need help in mouth care, who usually will help you?)	
1/2	R	C404e_1	Do you need any help in toileting?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C404e_2	If you need help in toileting, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C404e_3	(If you need help in toileting, who usually will help you?)	
1/2	R	C404f_1	Do you need any help in moving from bed to chair/ chair to bed?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C404f_2	If you need help in moving from bed to chair/ chair to bed, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson

HHTYPE	Level	Variable Name	Question text	Recorded Value
				5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C404f_3	(If you need help in transferring from bed to chair/ chair to bed, who usually will help you?)	
1/2	R	C404g_1	Do you need any help in walking around the house?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C404g_2	If you need help in walking around the house, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C404g_3	(If you need help in walking around the house, who usually will help you?)	
1/2	R	C404h_1	Do you need any help in climbing stairs?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C404h_2	If you need help in climbing stairs, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends,

HHTYPE	Level	Variable Name	Question text	Recorded Value
				relatives, neighbour, etc.)
1/2	R	C404h_3	(If you need help in climbing stairs, who usually will help you?)	
1/2	R	C404i	Do you need any help in eating?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C404i_2	If you need help in eating, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C404i_3	(If you need help in eating, who usually will help you?)	
1/2	R	C405	Now I would like to ask you whether you have any difficulty in performing the following activities.	1- Continue
1/2	R	C405a	Do you have any difficulty with walking 100 meters?	1- Yes 5- No
1/2	R	C405b	Do you have any difficulty with sitting on a chair for two hours continuously?	1- Yes 5- No
1/2	R	C405c	Do you have any difficulty with getting up from a chair after sitting continuously for a long time?	1- Yes 5- No
1/2	R	C405d	Do you have any difficulty with walking several steps up the stairs without using the handrail?	1- Yes 5- No
1/2	R	C405e	Do you have any difficulty with taking one step up the stairs without using the handrail?	1- Yes 5- No

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	C405f	Do you have any difficulty with squatting or kneeling?	1- Yes 5- No
1/2	R	C405g	Do you have any difficulty with raising your arms above your shoulders?	1- Yes 5- No
1/2	R	C405h	Do you have any difficulty with pushing or pulling a large object such as a chair or a table?	1- Yes 5- No
1/2	R	C405i	Do you have any difficulty with lifting or carrying an object weighing 5kg or more, such as a bag of rice?	1- Yes 5- No
1/2	R	C405j	Do you have any difficulty with picking up a small object such as a 10 cent coin from a desk with your fingers?	1- Yes 5- No
1/2	R	C406	Next, I would like to ask whether you have any difficulty in performing the following activities in the last week?	1- Continue
1/2	R	C406a_1	Do you need any help in shopping?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C406a_2	If you need help in shopping, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C406a_3	(If you need help in shopping, who usually will help you?)	
1/2	R	C406b_1	Do you need any help in cooking?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	C406b_2	If you need help in cooking, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C406b_3	(If you need help in cooking, who usually will help you?)	
1/2	R	C406c_1	(Do you need any help in) managing your medications (obtaining and taking medications)?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C406c_2	(If you need help in managing your medications), who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C406c_3	(If you need help in managing your medications, who usually will help you?)	
1/2	R	C406d_1	Do you need any help in using the phone and looking up numbers?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C406d_2	If you need help in using the phone and looking up numbers, who usually will help you?	1- Spouse 2- Son

HHTYPE	Level	Variable Name	Question text	Recorded Value
				3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C406d_3	(If you need help in using the phone and looking up numbers, who usually will help you?)	
1/2	R	C406e_1	Do you need any help in doing housework?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C406e_2	If you need help in doing housework, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C406e_3	If you need help in doing housework, who usually will help you?	
1/2	R	C406f_1	Do you need any help in doing laundry?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C406f_2	If you need help in doing laundry, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid

HHTYPE	Level	Variable Name	Question text	Recorded Value
				7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C406f_3	(If you need help in doing laundry, who usually will help you?)	
1/2	R	C406g_1	Do you need any help in driving/ riding a motor vehicle?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C406g_2	If you need help in driving/riding a motor vehicle, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C406g_3	(If you need help in driving, who usually will help you?)	
1/2	R	C406h_1	Do you need any help in using public transportation?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C406h_2	If you need help in using public transportation, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C406h_3	(If you need help in using public transportation, who usually will help you?)	

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	C406i_1	Do you need any help in visiting friends or relatives?	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C406i_2	If you need help in visiting friends or relatives, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C406i_3	(If you need help in visiting friends or relatives, who usually will help you?)	
1/2	R	C406j_1	Do you need any help in managing money? such as paying your bills and keeping track of expenses	1- Able to do it all by myself 2- Sometimes need some help 3- Always need some help 4- Always need help
1/2	R	C406j_2	If you need help in managing money, who usually will help you?	1- Spouse 2- Son 3- Daughter 4- Grandson 5- Granddaughter 6- Domestic Maid 7- Professional Caregiver 97- Other Specify (e.g. Friends, relatives, neighbour, etc.)
1/2	R	C406j_3	(If you need help in managing money, who usually will help you?)	
1/2	R	SecEnd	Are you done with this section?	1 - Yes 5 - No

SECTION C5: COGNITION

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	C500	Now I would like to ask about your memory and thinking abilities.	1 - Continue
1/2	R	C501	How would you rate your memory at the present time? Would you say it is good, fair or poor?	1 - Good 2 - Fair 3 - Poor
1/2	R	C502	Would you say your memory is better now, about the same or worse now compared to two years ago?	1 - Better now 2 - About the same 3 - Worse now than it was then
1/2	R	C503	I will read a set of 10 words and ask you to recall as many as you can. Please listen carefully as I read the set of words because I cannot repeat them. When I finish, I will ask you to recall aloud as many of the words as you can, in any order. Do you understand my explanation?	1 - Continue RF - GO TO C504
1/2	R	C503_1_1	Now I will read out the words. (List 1)	1 - Hand 2 - River 3 - Tree 4 - Water 5 - Book 6 - Bicycle 7 - Fan 8 - Car 9 - Ball 10 - Box
1/2	R	C503_1_2	Now I will read out the words. (List 2)	1 - Village 2 - Mountain 3 - Sky 4 - Finger 5 - Wood 6 - Plate 7 - Bread 8 - Key 9 - Battery

HHTYPE	Level	Variable Name	Question text	Recorded Value
				10 - Sampan
1/2	R	C503_1_3	Now I will read out the words. (List 3)	1 - Fire 2 - Lamp 3 - Spoon 4 - Paper 5 - Eye 6 - Egg 7 - Flower 8 - Candle 9 - Yellow 10 - Gate
1/2	R	C503_1_4	Now I will read out the words. (List 4)	1 - Door 2 - House 3 - Pencil 4 - Leg 5 - TV 6 - Lorry 7 - Vegetable 8 - Blue 9 - Bottle 10 - Table
1/2	R	C503_2_1	Please tell me the words you can recall. (List 1)	1 - Hand 2 - River 3 - Tree 4 - Water 5 - Book 6 - Bicycle 7 - Fan 8 - Car 9 - Ball 10 - Box
1/2	R	C503_2_2	Please tell me the words you can recall. (List 2)	1 - Village 2 - Mountain 3 - Sky 4 - Finger 5 - Wood 6 - Plate

HHTYPE	Level	Variable Name	Question text	Recorded Value
				7 - Bread 8 - Key 9 - Battery 10 - Boat
1/2	R	C503_2_3	Please tell me the words you can recall. (List 3)	1 - Fire 2 - Lamp 3 - Spoon 4 - Paper 5 - Eye 6 - Egg 7 - Flower 8 - Candle 9 - Yellow 10 - Gate
1/2	R	C503_2_4	Please tell me the words you can recall. (List 4)	1 - Door 2 - House 3 - Pencil 4 - Leg 5 - TV 6 - Lorry 7 - Vegetable 8 - Blue 9 - Bottle 10 - Table
1/2	R	C504	Next, please try to count backwards, as quickly as you can, from the number I will give you. I will tell you when to stop. (To expand on this - count backwards from 5 is 5, 4, 3, 2, 1) Please start with: 20 You may stop now. Thank you	1 - Correct 5 - Incorrect
1/2	R	C505	Now let's try some subtraction of numbers	1 - Continue
1/2	R	C505a_1	One hundred minus 7 equals what?	Answer: _____ *Interger, 0-100*
1/2	R	C505b_1	And 7 from that?	Answer: _____

HHTYPE	Level	Variable Name	Question text	Recorded Value
				Interger, 0-100
1/2	R	C505c_1	And 7 from that?	Answer: _____ *Interger, 0-100*
1/2	R	C506_1	A little while ago, I read to you a list of words and you repeated the ones you could remember. Please tell me any of the words that you remember now. (List 1)	1 - Hand 2 - River 3 - Tree 4 - Water 5 - Book 6 - Bicycle 7 - Fan 8 - Car 9 - Ball 10 - Box
1/2	R	C506_2	A little while ago, I read to you a list of words and you repeated the ones you could remember. Please tell me any of the words that you remember now. (List 2)	1 - Village 2 - Mountain 3 - Sky 4 - Finger 5 - Wood 6 - Plate 7 - Bread 8 - Key 9 - Battery 10 - Boat
1/2	R	C506_3	A little while ago, I read to you a list of words and you repeated the ones you could remember. Please tell me any of the words that you remember now. (List 3)	1 - Fire 2 - Lamp 3 - Spoon 4 - Paper 5 - Eye 6 - Egg 7 - Flower 8 - Candle 9 - Yellow 10 - Gate

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	C506_4	A little while ago, I read to you a list of words and you repeated the ones you could remember. Please tell me any of the words that you remember now. (List 4)	1 - Door 2 - House 3 - Pencil 4 - Leg 5 - TV 6 - Lorry 7 - Vegetable 8 - Blue 9 - Bottle 10 - Table
1/2	R	C507	What year are we in currently?	1 - Correct 5 - Incorrect
1/2	R	C508	What is the date today? (mm/dd/yyyy)	1 - Correct 5 - Incorrect
1/2	R	C509	What month are we in currently?	1 - Correct 5 - Incorrect
1/2	R	C510	What day of the week?	1 - Correct 5 - Incorrect
1/2	R	C511	Now I'm going to ask you for the names of some people and things. What do people usually use to cut paper?	1 - Correct 5 - Incorrect
1/2	R	C512	What do you call the kind of thorny fruit that has a strong smell?	1 - Correct 5 - Incorrect
1/2	R	C513	Who is the current Prime Minister of Malaysia?	1 - Correct 5 - Incorrect
1/2	R	C514	Who is the first Prime Minister of Malaysia?	1 - Correct 5 - Incorrect
1/2	R	C515	In 60 seconds, please name as many animals as fast as you can.	Total correct animal answers: _____
1/2	R	SecEnd	Are you done with this section?	1 - Yes 5 - No

SECTION C6: HEALTHCARE UTILIZATION

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C600	Now I would like to ask you some questions about healthcare utilization.	1 - Continue
1/2	R	C601	Do you have any private health insurance, including employer-sponsored insurance?	1 - Yes GO TO C602 5 - No GO TO C605
1/2	R	C602	How much does your private/ personal health insurance policy cover?	RM _____
1/2	R	C603	How much do you pay for this health insurance premium each year?	RM _____
1/2	R	C604_1	Who pays for your health insurance?	1 - Ownself 2 - Spouse 3 - Son 4 - Daughter 5 - Employer 97 - Other - Specify GO TO C604_2
1/2	R	C604_2	Who pays for your health insurance?	Open end
1/2	R	C605a_1	In the last 12 months, did you go for a general health screening? (e.g. blood-sugar level, cholesterol etc.)	1 - Yes 5 - No GO TO C605b_1
1/2	R	C605a_2	Who paid for your general health screening?	0 - No payment 1 - Employer 2 - Personal health insurance 3 - Self/ Family/ Household member 4 - Part insurance, part self-paid 97 - Other Specify GO TO C605a_3
1/2	R	C605a_3	(Who paid for a general health screening?)	Open end
1/2	R	C605a_4	If C605a_1=0, skip this question How much did you pay for a general health screening?	RM _____
1/2	R	C605b_1	In the last 12 months, did you go for a mammogram check-up?	1 - Yes

HHType	Level	Variable Name	Question text	Recorded Value
				5 - No GO TO C605c_1
1/2	R	C605b_2	Who paid for your mammogram check-up?	0 - No payment 1 - Employer 2 - Personal health insurance 3 - Self/ Family/ Household member 4 - Part insurance, part self-paid 97 - Other Specify GO TO C605a_3
1/2	R	C605b_3	(Who paid for your mammogram check-up)	Open end
1/2	R	C605b_4	If C605b_1=0, skip this question How much did you pay for your mammogram check-up?	RM _____
1/2	R	C605c_1	In the last 12 months, did you go for a pap smear check-up?	1 - Yes 5 - No GO TO C605d_1
1/2	R	C605c_2	Who paid for your pap smear check-up?	0 - No payment 1 - Employer 2 - Personal health insurance 3 - Self/ Family/ Household member 4 - Part insurance, part self-paid 97 - Other Specify GO TO C605a_3
1/2	R	C605c_3	(Who paid for your pap smear check-up)	Open end
1/2	R	C605c_4	If C605c_1=0, skip this question How much did you pay for your pap smear check-up?	RM _____
1/2	R	C605d_1	In the last 12 months, did you go for a colonoscopy check-up?	1 - Yes 5 - No GO TO C605e_1
1/2	R	C605d_2	Who paid for your colonoscopy check-up?	0 - No payment 1 - Employer 2 - Personal health insurance

HHType	Level	Variable Name	Question text	Recorded Value
				3 - Self/ Family/ Household member 4 - Part insurance, part self-paid 97 - Other Specify GO TO C605a_3
1/2	R	C605d_3	(Who paid for your colonoscopy check-up)	Open end
1/2	R	C605d_4	If C605d_1=0, skip this question How much did you pay for your colonoscopy ?	RM _____
1/2	R	C605e_1	In the last 12 months, did you go for a prostate check-up?	1 - Yes 5 - No GO TO C605f_1
1/2	R	C605e_2	Who paid for your prostate check-up?	0 - No payment 1 - Employer 2 - Personal health insurance 3 - Self/ Family/ Household member 4 - Part insurance, part self-paid 97 - Other Specify GO TO C605a_3
1/2	R	C605e_3	(Who paid for your prostate check-up)	Open end
1/2	R	C605e_4	If C605e_1=0, skip this question How much did you pay for your prostate?	RM _____
1/2	R	C605f_1	In the last 12 months, did you go for a bone density check-up?	1 - Yes 5 - No
1/2	R	C605f_2	Who paid for your bone density check-up?	0 - No payment 1 - Employer 2 - Personal health insurance 3 - Self/ Family/ Household member 4 - Part insurance, part self-paid 97 - Other Specify GO TO C605f_3

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C605f_3	(Who paid for your bone density check-up)	Open end
1/2	R	C605f_4	If C605f_1=0, skip this question How much did you pay for your bone density check up?	RM _____
1/2	R	C606	Where do you normally go for medical checkup?	1 - Government health facility 2 - Private health facility 3 - No, I never go to any medical check-up
1/2	R	C606_1	If NO, what is the main reason for not going for medical check-up?	1 - Wanted to do medical check-up but it is difficult to travel to a medical check-up facility (Either because of the distance or traveling cost) 2 - Did not expect any problem as the previous check-up went fine 3 - Too busy 4 - Could not afford 5 - Afraid of results 6 - Did not see a need 97 - Other Specify GO TO C606_2
1/2	R	C606_2	(If no, why you didn't you go for medical check-up?)	Open end
1/2	R	C607_1	Where do you normally get your outpatient treatment?	1 - Government health facility 2 - Private health facility 3 - Traditional/ alternative medicine practitioner 97 - Other Specify GO TO C607_2
1/2	R	C607_2	(Where do you normally get your outpatient treatment?)	Open end
1/2	R	C608_1	Who would normally accompany you to go for treatment?	1 - Spouse 2 - Son/ Son-in-law 3 - Daughter/ Daughter in law 4 - Grandson

HHType	Level	Variable Name	Question text	Recorded Value
				5 - Granddaughter 6 - Niece/ Nephew 7 - No Companion 97 - Other specify GO TO C608_2
1/2	R	C608_2	(Who would normally accompany you to go for treatment?)	Open end
1/2	R	C609	Have you ever been hospitalised during the last 12 months?	1 - Yes GO TO C610 5 - No GO TO Section D
1/2	R	C610	How many times have you been hospitalised in the last 12 months?	_____ times
1/2	R	C611_ 1	Who accompanied you the most during your hospitalization?	1 - Spouse 2 - Son/ Son-in-law 3 - Daughter/ Daughter in law 4 - Grandson 5 - Granddaughter 6 - Niece/ Nephew 7 - No Companion 97 - Other specify GO TO C611_2
1/2	R	C611_2	(Who accompanied you the most during your hospitalization?)	Open end
1/2	R	C612_1	What is/are the reason(s) for your hospitalization(s)? Please choose five most serious ones, if there are more than five.	1 - Asthma 2 - Bladder disorder (difficulty in urinating, enlarged prostate) 3 - Cancer or other malignant tumour (including leukaemia, lymphoma) 4 - Stroke 5 - Chronic lung disease (chronic bronchitis, emphysema, etc.) 6 - Dementia/Alzheimer's 7 - Depression, emotional disorder 8 - Diabetes 9 - Femoral neck fracture

HHType	Level	Variable Name	Question text	Recorded Value
				10 - Heart diseases (angina, heart failure, cardiac infarction, heart valve disease, etc.) 11 - High blood pressure / Hypertension 12 - High cholesterol 13 - Joint disorder (arthritis, rheumatism) 14 - Liver disease (hepatitis B or C, hepatic cirrhosis etc., excluding liver cancer) 15 - Osteoporosis 16 - Parkinson's disease 17 - Ulcer or other gastrointestinal disorder 18 - Vertigo 97 - Other (Specify the most serious)
1/2	R	C612_2	(What is/are the reason(s) for your hospitalization(s)?)	Open end
1/2	R	C613	Did you have to pay for your hospitalization?	1 - Yes GO TO C614_1 5 - No GO TO Section D
1/2	R	C614_1	If YES, who paid for your hospitalization?	0 - No payment 1 - Employer 2 - Personal health insurance 3 - Self/ Family/ Household member 4 - Part insurance, part self-paid 97 - Other Specify GO TO C614_2
1/2	R	C614_2	(If YES, who paid for your hospitalization?)	Open end
1/2	R	SecEnd	Are you done with this section?	1 - Yes 5 - No

SECTION D1: EMPLOYMENT

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	D100	Now I would like to ask you your employment status?	1- Continue
1/2	R	D101_1	Are you working now? Working now is defined as involvement in any type of activity to generate regular or irregular income. If you are working as hawker, online/at home business, GrabDriver, dispatch, fisherman, rubber tapper, babysitter, is considered as WORKING NOW.	1- Yes 5- No
1/2	R	D101_2	If no, have you ever worked?	1- Yes 5- No
1/2	R	D101_3	If yes, reason for not working now,	1- Poor Health/ Disability/ Health Condition 2- Retired GO TO RETIRED SECTION 3- Laid off / termination of contract 4- Family commitment (to take care of child or parent, unpaid family worker) 5- No longer interested 6- Not allowed 97- Others
1/2	R	D101_4	If no, reason for never work	1- Poor Health/ Disability/ Health Condition 2- Family commitment (to take care of child, or parent, unpaid family worker) 3- Not interested 4- Not allowed

HHTYPE	Level	Variable Name	Question text	Recorded Value
				97- Others
1/2	R	D101_5	How long have you not been working?	_____ year(s) / _____ month(s)
1/2	R	D101_6	Do you still want to work?	1- Yes 5- No
1/2	R	D101_7	How many years have you been retired/not working?	_____year(s) / _____ month(s)
1/2	R	D104	If you are working now, which category do you belong to?	1- Self-employed (including GrabDriver, Farmers (FELDA/ FELCRA), Hawkers, Fisherman, Rubber Tappers, Photographer, Designer) 2- Own business/ Own account worker (including Home/online business, registered/or not registered) 3- Government/ Statutory body/ State Government (Head of village, ADUN) 4- Private Organization / Employer/ GLCs/ CO-OP 5- NGO/ NPO (Mosque (Imam), Church, Associations)
1/2	R	D104_1	How would you describe your primary work? Who do you work for? Describe your typical day? Please describe the work description in detail. The description should be clear and sufficient enough to categorize the work into an occupation code and an industry code post interview.	Open end
1/2	R	D105a	If self-employed/own business, is your business registered?	1- Yes 5- No

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	D109	What is your occupation?	1- Manager (CEO, Managing Director, Administrative Manager, Legislator) 2- Professional (Scientist, engineer, architect, doctor, lecturer, teacher, accountant, lawyer, economist, journalist, etc.) 3- Technician and associate Professional (Technician, medical assistant, chef, insurance agent, real estate agent, photographer, etc.) 4- Clerical support worker (Clerk, call centre operator, customer service executive, receptionist, bank teller, etc.) 5- Armed Force (Army, navy, air force, etc.) 6- Service and sales worker (Cook, waiter, hairdresser, cashier, fire fighter, police officer, security guard, etc.) 7- Skilled agricultural, forestry and fishery worker (Worker in livestock and dairy producer, farm, fishery, forestry, etc.) 8- Craft and related trades worker (Carpenter, plumber, painter, welder, mechanic, butcher, baker, tailor, etc.) 9- Plant and machine operator and assembler (Machine operator, assembler, driver, ship crew, etc.) 10- Elementary occupation

HHTYPE	Level	Variable Name	Question text	Recorded Value
				(Janitor, labourer, street vendor, garbage collector, etc.)
1/2	R	D110	What industry do you work in?	1- Agriculture, forestry and fishery 2- Mining and quarrying 3- Manufacturing 4- Electricity, gas, steam and air conditioning supply 5- Water supply; sewerage, waste management and remediation activities 6- Construction 7- Wholesale and retail trade; repair of motor vehicles and motorcycle 8- Transportation and storages 9- Accommodation and Food service activities 10- Information and communication 11- Financial and insurance/ takaful activities 12- Real estate activities 13- Professional, scientific and technical activities 14- Administrative and support service activities 15- Public administration and defence; compulsory social security 16- Education 17- Human health and social work activities 18- Arts, entertainment and recreation 19- Other service activities; activities of membership organisations, repairs of personal and household goods

HHTYPE	Level	Variable Name	Question text	Recorded Value
				20- Activities of households as employers; undifferentiated goods and services- producing activities of households for own use 21- Activities of extraterritorial organizations and bodies
1/2	R	D116	For your current job/ business, how many hours are you working in a week?	_____ hours Integer, range 1-120
1/2	R	D113	How long do you expect to work for your current employer/business?	1- Less than one year 2- 1-2 years 3- More than 2 years to 3 years 4- More than 3 years 5- I want to resign and get a new job 6- I want to resign and stop working altogether
1/2	R	D130	Now, I would like to ask you about certain aspects of your current job.	1- Continue
1/2	R	D130a	How often does your job require lots of physical effort?	1- Never/ Rarely 2- Sometimes 3- Often/ Always 99- Not applicable
1/2	R	D130b	How often does your job require lifting heavy loads?	1- Never/ Rarely 2- Sometimes 3- Often/ Always 99- Not applicable
1/2	R	D130c	How often does your job require stooping, kneeling or crouching?	1- Never/ Rarely 2- Sometimes 3- Often/ Always 99- Not applicable
1/2	R	D130d	How often does your job require good eyesight?	1- Never/ Rarely 2- Sometimes

HHTYPE	Level	Variable Name	Question text	Recorded Value
				3- Often/ Always 99- Not applicable
1/2	R	D130e	How often does your job require intense concentration/ attention?	1- Never/ Rarely 2- Sometimes 3- Often/ Always 99- Not applicable
1/2	R	D130f	How often does your job require skills in dealing with other people?	1- Never/ Rarely 2- Sometimes 3- Often/ Always 99- Not applicable
1/2	R	D130g	How often does your job require you to work with computers?	1- Never/ Rarely 2- Sometimes 3- Often/ Always 99- Not applicable
1/2	R	D131	Now, I would like to ask whether you agree with the following statements concerning your current job.	1- Continue
1/2	R	D131d	Your salary is adequate.	1- Disagree 2- Neutral 3- Agree
1/2	R	D131e	Your job security is good.	1- Disagree 2- Neutral 3- Agree
1/2	R	D131f	You are satisfied with the work environment of your job.	1- Disagree 2- Neutral 3- Agree
1/2	R	D131g	You are satisfied with the work you are assigned to do.	1- Disagree 2- Neutral 3- Agree
1/2	R	D131h	Your job involves a lot of stress.	1- Disagree 2- Neutral 3- Agree

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	D131i	You really enjoy going to work.	1- Disagree 2- Neutral 3- Agree
1/2	R	D131j	Overall, you are satisfied with your current job.	1- Disagree 2- Neutral 3- Agree
1/2	R	D122	Now I would like to ask you some questions about your retirement planning.	1- Continue
1/2	R	D123	How often have you thought about retirement/stop working?	1- Always 2- Sometimes 3- Rarely/ Never
1/2	R	D124	When you retire, do you plan to stop work altogether or reduced work hours, have you not given it much thought, or what?	1- Stop work altogether GO TO D125 2- Never stop work GO TO D130 3- Not given much thought GO TO D130 4- No current plans, continue as is GO TO D130 5- Reduce work hours GO TO D126 6- Change kind of work GO TO D127 7- Work for myself GO TO D128 8- Work until my health fails GO TO D130
1/2	R	D132_1	What was the main reason for your retirement?	1- Having enough income/ spouse 2- No interest to continue to work 3- To spend more time on leisure

HHTYPE	Level	Variable Name	Question text	Recorded Value
				4- To spend more time on family/ children 5- To do volunteer work/ to pursue hob 6- Due to poor health 7- Due to the poor health of spouse/ family members 8- Due to poor health of other family members 9- Personal and Family Issue 10- Could not find another job 11- Workplace issue 12- Economic condition/ environment / retrenchment (business drop in rubber prices, disease outbreak etc.) 13- Mandatory retirement 97- Other Specify
1/2	R	D132_2	What was the main reason for your retirement? ASK if necessary: What was the main reason for your retirement?	Open-end
1/2	R	D133	Thinking back to the time you completely retired, was that something you wanted to do or something you felt you were forced into?	1- Wanted to do 2- Forced into 3- Part wanted, part forced
1/2	R	D134	Overall, are you satisfied with your retirement?	1- Very satisfied 2- Moderately satisfied 3- Not satisfied
1/2	R	D135	Comparing before and after retirement, what would you say about your life after retirement?	1- Better than before retirement 2- About the same 3- Worse than before retirement
1/2	R	D136	I am going to read statements which are positive about retirement. Please tell me whether, for you, these were not at all important, not important, fairly important, important and very important.	1- Continue

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	D136a	Having freedom and independence.	1- Not important 2- Fairly Important 3- Important
1/2	R	D136b	Being able to take it easy/ relax.	1- Not important 2- Fairly Important 3- Important
1/2	R	D136c	Having the chance to travel.	1- Not important 2- Fairly Important 3- Important
1/2	R	D137	I am going to read out to you statements which are negative about retirement. Please tell me if, during your retirement, they have not bothered you at all, not bothered you, slightly bothered you, bothered you or bothered you a lot.	1- Continue
1/2	R	D137a	Not doing anything productive or useful.	1- Not bothered 2- Bothered 3- Bothered you a lot
1/2	R	D137b	Illness or disability.	1- Not bothered 2- Bothered 3- Bothered you a lot
1/2	R	D137c	Not having enough income to get by.	1- Not bothered 2- Bothered 3- Bothered you a lot
1/2	R	SecEnd	Are you done with this section?	1 - Yes 5 - No

SECTION E1: INCOME AND EXPENDITURE

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	E100	Now I would like to ask you some questions about your income?	1- Continue
1/2	R	E101	Did you receive any income for the past 30 days? For example, allowance for voluntary work , ketua kampung, imam masjid, community work that you received regularly (Including payment to be received).	1- Yes 5- No
1/2	R	E101a_1	How much did you receive per month?	RM= _____
1/2	R	E102a_1	Do you receive income from any pension (Government pension, armed forces, private pension) - for the last 30 days	1- Yes 5- No
1/2	R	E102a_2	If yes, How much do you receive per month ?	RM _____
1/2	R	E102b_1	Do you receive income from rental? (Example: house, shoplot)	1- Yes 5- No
1/2	R	E102b_2	How much do you receive ?	RM _____
1/2	R	E102c_1	Do you receive income from Dividend / Insurance/ Annuity/ Dividend from shares or unit trust? (monthly/ yearly)	1- Yes 5- No
1/2	R	E102c_2	How much do you receive?	RM _____
1/2	R	E102d_1	Do you receive any allowances from the Social Security Organisation (SOCSO)? (monthly/ yearly)	1- Yes 5- No
1/2	R	E102d_2	How much do you receive?	RM _____
1/2	R	E102e_1	Do you receive any assistance from BSH?	1- Yes 5- No
1/2	R	E102e_2	How much do you receive?	RM _____
1/2	R	E102f_1	Do you receive any assistance from JKM?	1- Yes 5- No
1/2	R	E102f_2	How much do you receive?	RM _____

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	E102g_1	Do you receive any assistance from Zakat/ Baitulmal?	1- Yes 5- No
1/2	R	E102g_2	How much do you receive?	RM _____
1/2	R	E102h_1	Do you receive any assistance from the state government/ foundation (yayasan))?	1- Yes 5- No
1/2	R	E102h_2	How much do you receive?	RM _____
1/2	R	E102i_1	Do you receive any assistance from NGO/ NPO/ Others?	1- Yes 5- No
1/2	R	E102i_2	How much do you receive?	RM _____
1/2	R	E102j_1	Do you receive any contribution from family members, neighbours, relatives (spouse, child, siblings.)? (monthly/ yearly)	1- Yes 5- No
1/2	R	E102j_2	How much do you receive?	RM _____
1/2	R	E102k_1	Do you receive any other income? Please specify.	1- Yes 5- No
1/2	R	E102k_2	How much do you receive?	RM _____
1/2	R	E105_1	Who manages your household finances?	1- Mostly ownself 2- Mostly spouse 3- Jointly together 4- Son/ Daughter/ Son-in-law/ Daughter-in-law 5- Other family members or relatives 97. Other specify
1/2	R	E105_2	(Who manages your household finances?) ASK if necessary: Who manages your household finances?	

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	E106	What is your total monthly income after tax? (including all the income mentioned earlier) individual	0- No income at all 1- RM 1 to RM499 2- RM500 to RM999 3- RM1,000 to RM1,999 4- RM2,000 to RM 2,999 5- RM3,000 to RM3,999 6- RM4,000 to RM4,999 7- RM5,000 to RM5,999 8- RM6,000 to RM6,999 9- RM7,000 to RM7,999 10- RM8,000 to RM8,999 11- RM9,000 to RM9,999 12- RM10,000 or more
1/2	R	E107	Now, I would like to ask the average monthly expenditure for your typical household needs, excluding housing costs, and the purchase of durable goods.	1- Continue
1/2	R	E107a_1	Do you pay for your transportation? (Not including monthly installment)	1- Yes 5- No
1/2	R	E107a_2	How much do you pay for your transportation every month? This includes Petrol, Touch n' Go, public transport, parking, school van, etc.)?	RM _____
1/2	R	E107b_1	Do you pay for your electricity bill?	1- Yes 5- No
1/2	R	E107b_2	How much do you pay for your electricity bill?	RM _____
1/2	R	E107c_1	Do you pay for your water bill?	1- Yes 5- No
1/2	R	E107c_2	How much do you pay for your water bill?	RM _____
1/2	R	E107d_1	Do you pay for your telephone/ mobile phone/ prepaid?	1- Yes 5- No

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	E107d_2	How much do you pay for your telephone/ mobile phone/ prepaid?	RM _____
1/2	R	E107e_1	Do you pay for your Indah Water?	1- Yes 5- No
1/2	R	E107e_2	How much do you pay for your Indah Water?	RM _____
1/2	R	E107f_1	Do you pay for your Internet?	1- Yes 5- No
1/2	R	E107_2	How much do you pay for your internet?	RM _____
1/2	R	E107g_1	Do you pay for your ASTRO/ Netflix/TV Box?	1- Yes 5- No
1/2	R	E107g_2	How much do you pay for your ASTRO/ Netflix/ TV Box?	RM _____
1/2	R	E107i_1	Do you pay for your newspapers, magazines, other reading materials, etc.?	1- Yes 5- No
1/2	R	E107i_2	How much do you pay for your newspapers, magazines, other reading materials, etc.?	RM _____
1/2	R	E107j_1	Do you pay for your household/ personal care? This includes food, groceries, eating out, takeaways, detergent, floor cleaner, garbage bags /including water dispenser installments e.g. coway, cuckoo, shampoo, soaps, toothbrush, pet food.	1- Yes 5- No
1/2	R	E107j_2	How much do you pay for your household/ personal care? This includes food, groceries, eating out, takeaways, detergent, floor cleaner, garbage bags /including water dispenser installments e.g. coway, cuckoo, shampoo, soaps, toothbrush, pet food.	RM _____
1/2	R	E107k_1	Do you pay for activities or contributions? (e.g. club, gym, resident association, security, maintenance, facility maintenance, etc.)?	1- Yes 5- No
1/2	R	E107k_2	How much do you pay for activities or contributions? (e.g. club, gym, resident association, security, maintenance, facility maintenance, etc.)?	RM _____

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	E107l_1	Do you pay for childcare? This includes school/tuition fees/university, PIBG, nursery, kindergarten, school supplies, etc.	1- Yes 5- No
1/2	R	E107l_2	How much do you pay for childcare? This includes school/tuition fees/university, PIBG, nursery, kindergarten, school supplies, etc.	RM _____
1/2	R	E107m_1	Do you pay for parental care? This includes clothes, assisted facility fees, home nurse, diapers, supplements, personal, medicine, medical fees, medical expenses?	1- Yes 5- No
1/2	R	E107m_2	How much do you pay for parental care? This includes clothes, assisted facility fees, home nurse, diapers, supplements, personal, medicine, medical fees, medical expenses?	RM _____
1/2	R	E107n_1	Do you pay for your healthcare? This includes medication for yourself, supplements.	1- Yes 5- No
1/2	R	E107n_2	How much do you pay for your healthcare?	RM _____
1/2	R	E107o	On average, what is your total monthly expenditure? This only includes expenditure paid by the respondent (not for the whole household)	0- No expenditure 1- RM 1 to RM199 2- RM200 to RM399 3- RM400 to RM599 4- RM600 to RM799 5- RM800 to RM999 6- RM1,000 to RM1,499 7- RM1,500 to RM1,999 8- RM2,000 to RM2,499 9- RM2,500 to RM2,999 10- RM3,000 to RM3,499 11- RM3,500 to RM3,999 12- RM4,000 or more
1/2	R	E110	Now I would like to ask about any installments that you may have (paid by respondent)	1- Continue
1/2	R	E110a_1	Do you have any vehicle loan (e.g. Car, Motorcycle, Boat, etc.)?	1- Yes 5- No

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	E110a_2	What is the total loan amount (with interest) for vehicle loan?	RM _____
1/2	R	E110a_3	How many months more remaining for this [installment]?	_____ months
1/2	R	E110b_1	Do you have personal loan (e.g. Marriage, loan settlement, etc.)	1- Yes 5- No
1/2	R	E110b_2	What is the total loan amount (with interest) for personal loan?	RM _____
1/2	R	E110b_3	How many months more remaining for this [installment]?	_____ months
1/2	R	E110c_1	Do you have any Business / Agri loan (e.g. Tekun, AIM, Microcredit, etc.)?	1- Yes 5- No
1/2	R	E110c_2	What is the total loan amount (with interest) for this loan?	RM _____
1/2	R	E110c_3	How many months more remaining for this [installment]?	_____ months
1/2	R	E110d_1	Do you have any Investment Loan (e.g. ASB, shares, etc.)?	1- Yes 5- No
1/2	R	E110d_2	What is the total loan amount (with interest) for this loan?	RM _____
1/2	R	E110d_3	How many months more remaining for this [installment]?	_____ months
1/2	R	E110e_1	Do you have any Housing/Property/Land/Shoplot loan?	1- Yes 5- No
1/2	R	E110e_2	What is the total loan amount (with interest) for this loan?	RM _____
1/2	R	E110e_3	How many months more remaining for this [installment]?	_____ months
1/2	R	E110f_1	Do you have any Household / Personal / Healthcare items (e,g, furniture, carpet, household equipment and appliances)	1- Yes 5- No
1/2	R	E110f_2	What is the total loan amount (with interest) for this loan?	RM _____

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	E110f_3	How many months more remaining for this [installment]?	_____ months
1/2	R	E110g_1	Do you have any Education loan (e,g, PTPTN, MARA, Bank, etc.)?	1- Yes 5- No
1/2	R	E110g_2	What is the total loan amount (with interest) for this loan?	RM _____
1/2	R	E110g_3	How many months more remaining for this [installment]?	_____ months
1/2	R	E110h_1	Do you have any other loan?	1- Yes 5- No
1/2	R	E110h_1a	What type of loan do you have ?	
1/2	R	E110h_2	What is the total loan amount (with interest) for this loan?	RM _____
1/2	R	E110h_3	How many months more remaining for this [installment]?	_____ months
1/2	R	E112_1	Do you have any rental payment for house, property or land?	1- Yes 5- No
1/2	R	E112_2	How much is the monthly payment?	RM _____
1/2	R	E113_1	Do you have any rental payment for business premises, business equipment or shoplot?	1- Yes 5- No
1/2	R	E113_2	How much is the monthly payment?	RM _____
1/2	R	E114	Now I would like to ask for some question on your financial behaviour.	1- Continue
1/2	R	E114a	On a scale of 1 to 5, where 1 is very difficult and 5 is can manage very well, to what extent can you manage your monthly expenditure?	On a scale of 1 to 5, with 1- Very difficult managing 2- Hard 3- Average 4- Can manage OK 5- Can manage very well Scale:

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	E114b	On a scale from 1 to 5, where 1 is very low and 5 is very high, how would you assess your overall financial knowledge?	1- very low 2- low 3- neutral 4- high 5-very high
1/2	R	E114c	I seek advice from family or friends when it comes to financial decision making.	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Very Often
1/2	R	E114d	I keep track of my monthly expenses.	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Very Often
1/2	R	E114e	I set budget for my daily expenses.	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Very Often
1/2	R	E114f	I set aside a portion of my monthly income as savings.	1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Very Often
1/2	R	E114g	I can survive without working for at least three months with my current savings.	1 - Strongly disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly agree
1/2	R	SecEnd	Are you done with this section?	1 - Yes 5 - No

SECTION F1: SAVINGS AND ASSETS

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	F100	Now I would like to ask you some questions about savings?	1- Continue
1/2	R	F101a	Who is the owner of the house you are staying in now?	1- Ownself 2- Spouse 3- Jointly owned with spouse/children/parents/others 4- Children 5- Parents (Inherited) 6- Other family members, relatives, others 7- Employer 8- Government (PPR, State government) 9- Landlord (Rented)
1/2	R	F101b	Do you pay any rental for this house?	1- Yes 5- No
1/2	R	F102	If Yes, how much do you pay?	RM_____
1/2	R	F103	If No, who pays for the rental?	1- Spouse 2- Jointly owned with spouse/children/parents/others 3- Children 4- Parents (Inherited) 5- Other family members, relatives, others 6- Employer 7- Government (PPR, State government) 8- Landlord (Rented)
1/2	R	F104a_1	Do you have any savings in your bank? This includes fixed deposits, current account, savings account.	1- Yes 5- No

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	F104a_2	How much do you have?	RM_____
1/2	R	F104b_1	Do you have Cash in hand / safe box?	1- Yes 5- No
1/2	R	F104b_2	How much do you have?	RM_____
1/2	R	F104c_1	Do you have Tabung Haji?	1 - Yes 5 - No
1/2	R	F104c_2	How much do you have?	RM_____
1/2	R	F104d_1	Do you have Unit trust/ ASNB/LTAT/ SSPN/Endowment?	1 - Yes 5 - No
1/2	R	F104d_2	How much do you have?	RM_____
1/2	R	F104e_1	Do you have savings in EPF?	1 - Yes 5 - No
1/2	R	F104e_2	How much savings do you have in EPF?	RM_____
1/2	R	F104f_1	Do you have any Shares?	1 - Yes 5 - No
1/2	R	F104f_2	How much do you have?	RM_____
1/2	R	F104g_1	Do you have Co-operative?	1 - Yes 5 - No
1/2	R	F104g_2	How much do you have?	RM_____
1/2	R	F104h_1	Do you have Private Retirement Scheme (PRS)?	1 - Yes 5 - No
1/2	R	F104h_2	How much do you have?	RM_____
1/2	R	F104i_1	Do you have other savings?	1 - Yes 5 - No

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	F104i_1a	(What type of savings do you have?) ASK if necessary: What other type of savings do you have?	
1/2	R	F104i_2	How much do you currently have in the account?	RM_____
1/2	R	F105a_1	Do you own any houses?	1 - Yes 5 - No
1/2	R	F105a_2	If Yes, what is the current market value of this asset?	RM_____
1/2	R	F105b_1	Do you own any jewelry / precious metals / gold bars/ luxury items/ collectibles / antiques?	1 - Yes 5 - No
1/2	R	F105b_2	If Yes, what is the current market value of this asset?	RM_____
1/2	R	F105c_1	Do you own vehicles? (Car, motorcycle, lorry, bus, van, boat - loans fully settled)?	1 - Yes 5 - No
1/2	R	F105c_2	If Yes, what is the current market value of this asset?	RM_____
1/2	R	F105d_1	Do you own land / Agricultural land / paddy lots / ponds?	1 - Yes 5 - No
1/2	R	F105d_2	If Yes, what is the current market value of this asset?	RM_____
1/2	R	F105e_1	Do you own other property? (e.g. shops, warehouse, parking lot, etc.)	1 - Yes 5 - No
1/2	R	F105e_2	If Yes, what is the current market value of this asset?	RM_____
1/2	R	F105f_1	Do you own shares of business that you own?	1 - Yes 5 - No
1/2	R	F105f_2	If Yes, what is the current market value of this asset?	RM_____
1/2	R	F105g_1	Do you own insurance?	1 - Yes 5 - No
1/2	R	F105g_2	If Yes, what is the current market value of this asset?	RM_____

HHTYPE	Level	Variable Name	Question text	Recorded Value
1/2	R	F105h_1	Do you own livestock? (e.g. cows, goats, chickens, ducks, fishponds, prawns, etc.)	1 - Yes 5 - No
1/2	R	F105h_2	If Yes, what is the current market value of this asset?	RM_____
1/2	R	F105i_1	Do you have other asset?	1- Yes 5- No
1/2	R	F105i_1a	What type of asset do you have?	Open end
1/2	R	F105i_2	If Yes, what is the current market value of this asset?	RM_____
1/2	R	F106a	When you were 10 years old, how often did your family experience late payment for rental and utilities?	1 - Always 2 - Often 3 - Sometimes 4 - Rarely 5 - Never
1/2	R	F106b	When you were 10 years old, how often did you experience not having enough food for your daily meals?	1 - Always 2 - Often 3 - Sometimes 4 - Rarely 5 - Never
1/2	R	SecEnd	Are you done with this section?	1 - Yes 5 - No

SECTION G1: SOCIAL PROTECTION

HHType	Level	Variable Name	Question text	Recorded Value
1/2	HH	G101	Is there any member of your household or yourself receiving assistance from government, state, NGOs, religious bodies, agency, company-sponsored CSR for the past 1 year? (This excludes family support)	1 - Yes 5 - No
1/2	HH	G102	If yes, who receives the assistance? If this person receives multiple assistance, please state all the assistance this person receive before moving on to the next person.	Refer to the HHName
1/2	HH	G103	If yes, who is the provider of the assistance?	1 - Federal Government 2 - State government 3 - Private company 4 - Religious organisation 5 - NGOs 6 - Individual/ others
1/2	HH	G104	If yes, what is the name of the program/scheme?	Open end
1/2	HH	G105	If yes, what is the type of the assistance? If cash, specify amount (RM) If in-kind, please specify (food, medical aids, work equipment)	1 - Cash: RM _____ 2 - In-kind: _____
1/2	HH	G106	If yes, how frequent does this person receive the assistance?	1 - One-off 2 - Monthly 3 - Quarterly 4 - Yearly 5 - Other specify
1/2	HH	G107	Anyone else in this house that receives assistance?	1 - Yes (Loop question) 5 - No
1/2	R	G108	Do you need any assistance to support you and your family?	1 - Yes 5 - No
1/2	R	G109	If YES, what kind of assistance? Please state the type of assistance needed most.	Open end

HHType	Level	Variable Name	Question text	Recorded Value
			- Who needs assistance? - What kind of assistance?	
1/2	R	G110	Have you ever applied for any assistance before?	1 - Yes, and successful 2 - Yes, but not successful/not eligible 3 - No, because not eligible 4 - No, I don't need any help 5 - No, I don't know about any assistance available or how to apply
1/2	R	G111	Currently, do you make any contribution to EPF? (Contribution for self or others)	1 - Yes 5 - No
1/2	R	G111_1	If YES, what is the type of the contribution? (multiple options)	1 - Mandatory 2 - Voluntary - self 3 - Voluntary - i-Saraan 4 - Voluntary - i-Suri 5 - Voluntary - Top-up for others
1/2	R	G111_2	If YES, how much are you contributing monthly? (Total contribution by employees and employers). For self-employed or voluntary contribution, based on payment contributed.	RM _____
1/2	R	G112	Do you agree if the EPF withdrawal age is increased from age 55 to 60 to align with the mandatory retirement age?	1 - Yes 5 - No 88 - RF 99 - DK
1/2	R	G113	Currently, do you make any contribution to SOCSO? (Contribution for self or others)	1 - Yes 5 - No
1/2	R	G113a	If YES, what is the type of contribution?	1 - Mandatory 2 - Voluntary

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	G114	Due to the coronavirus crisis, many families will receive Bantuan Prihatin Nasional (BPN) aid. Have you (and your spouse) received this payment?	1 - Yes 2 - No, I haven't received 5 - No, I am not entitled to receive BPN
1/2	R	G115	The coronavirus pandemic and the subsequent 3-month movement restriction order (MCO) to reduce the spread of the virus has affected many aspects of families' lives and many people have needed help even if they were not actually infected. On a scale of 1 to 5, where 1 is strongly agree and 5 is strongly disagree, please state your level of agreement on how Covid-19 has impacted your work and finance, family relationship, lifestyle and mental health.	1 - Continue
1/2	R	G115a	I felt lonely during the MCO.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	G115b	The MCO has strained my relationship with my family.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	G115c	The MCO has brought me closer to my family.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	G115d	Not being able to physically meet my family members made me feel sad.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	G115e	I felt anxious and stressed living in a confined space.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	G115f	I felt sad for not being able to participate in social/religious activities.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	G115g	I am worried about my health and health of my family members.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	G115h	I kept myself updated with the current news and development related to the pandemic.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	G115i	The MCO caused reduction in my income from formal work.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	G115j	The MCO reduced my income generated from my business.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	G115k	I had to find new employment due to COVID-19.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	G115l	I had to change work days/work hours.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	G115m	I had difficulty in having access to food, medication and essential services (Hand sanitizer, mask and glove).	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	G115n	The MCO increased my spending.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	G115o	I am very much affected financially by this pandemic.	1 - Strongly agree 2 - Agree 3 - Neutral 4 - Disagree 5 - Strongly disagree 6 - Not applicable
1/2	R	SecEnd	Are you done with this section?	1 - Yes 5 - No

SECTION H1: PHYSICAL MEASUREMENT

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C125_1	Next, I would like to measure your blood pressure using a digital monitor.	1 - Continue
1/2	R	C125_2	First, I will place the cuff on your left arm approximately one half inch above the elbow. I will ask you to: Sit comfortably with your feet flat on the floor Lay your arm on a flat surface with your palm facing up The centre of your upper arm placed at the same height as your heart Take a deep breath and refrain from talking or moving I will then press the Start button. The cuff will inflate and deflate. I will give you the result after completing the measurement. I will repeat the BP Readings For 3 tImes. *(Time interval for each test about 1 min)* Do you understand my explanation and feel safe to continue with this test?	1 - Yes 5 - No
1/2	R	C125_3	Now let's start the measure.	1- Continue
1/2	R	C125_4		Systolic: _____
1/2	R	C125_5		Diastolic : _____
1/2	R	C125_6		Pulse : _____
1/2	R	C126	Next I would like to measure your height, weight, waist and hip circumference. Can I proceed with taking your measurements?	1- Yes 5- No
1/2	R	C126a	Now I would like to measure your height. Before taking the height measurement: ◆ FIND a suitable space to conduct the measurement. ◆ ASK for permission to place the masking tape on the wall.	Height _____ cm

HHType	Level	Variable Name	Question text	Recorded Value
			◆ ASK R to remove his or her shoes. ◆ ASK R to stand up with their heels and shoulders against the wall. ◆ PLACE the masking tape behind R's head. ◆ PUT the triangle ruler on top of R's head and parallel against the wall. ◆ MARK R's height on the tape. ◆ ASK R to move away from the wall. ◆ TAKE the measurement using the yellow retractable tape. ◆ RECORD the measurement on the masking tape. ◆ REMOVE the tape from the wall. ◆ ENTER the record on your laptop to the nearest 0.1 cm.	
1/2	R	C126c	Next, I am going to ask you to perform a simple measurement of your waist and hip circumference. For your waist measurement, I will ask you to: ◆ Place the measuring tape around your waist in the standing position. ◆ Holding the tape securely at the level of your belly button ◆ Inhale and slowly exhale, holding your breath at the end of the exhale. ◆ You should hold the tape measure in place and the tape should be snug but not tight. ◆ I will ask you to hand over the tape while still pinching the tape at the appropriate place. Now let's take your waist measurement.	Waist Circumference _____ cm
1/2	R	C126d	Next, repeat the same procedures for measuring your hip circumference at the widest part of your hip.	Hip Circumference _____ cm

HHType	Level	Variable Name	Question text	Recorded Value
1/2	R	C126b	Now I would like to measure your weight.	Weight _____ kg
1/2	R	C124_1	Now, I would like to measure your hand grip strength. This test will measure the strength of both hands. Before I explain the procedure, may I know which is your dominant hand?	1- Right 5- Left
1/2	R	C124_2	Using your [dominant hand], when I say start, squeeze this handle as hard as you can just a couple of seconds, and then let go. Do you understand my explanation and feel safe to continue with this test?	1- Yes 5- No
1/2	R	C124_3	Now please hold the device with your [Dominant hand] and squeeze as hard as you can when I say start.	[Hand]: _____ kg
1/2	R	C124_4	Now hold this device with your other hand and squeeze as hard as you can when I say start.	Hand: _____ kg
1/2	R	SecEnd	Are you done with this section?	1 - Yes 5 - No