

MALAYSIA AGEING AND RETIREMENT AGEING (MARS 2020)

Respondent Name: _____

Address: _____

Tel: _____

Interviewer Name: _____

Date: _____

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Remarks (For Interviewer only)

No	Date of Interview	Length	Start time	End time

Interviewer Note:

Contents

SECTION A2: COVERSCREEN	1
SECTION A3: BACKGROUND.....	4
SECTION B1: FAMILY INFORMATION & SUPPORT – CHILDREN	5
SECTION B2: FAMILY INFORMATION & SUPPORT – PARENTS.....	9
SECTION B3: FAMILY INFORMATION AND SUPPORT – SIBLINGS	12
SECTION C1: HEALTH STATUS	15
SECTION C2: RISK FACTORS.....	20
SECTION C3: PSYCHOSOCIAL.....	21
SECTION C4: ADL/ IADL	25
SECTION C5: COGNITION	28
SECTION C6: HEALTHCARE UTILIZATION.....	32
SECTION E1: INCOME AND EXPENDITURE.....	41
SECTION F1: SAVINGS AND ASSETS.....	46
SECTION G1: SOCIAL PROTECTION	48
SECTION H1: PHYSICAL MEASUREMENT.....	52

SECTION A2: COVERSCREEN

RAssign

Interviewer Checkpoint: Is this respondent able-bodied or persons with disabilities?

- **ENSURE you are talking to the right respondent**
- **ENSURE the respondent is able to understand your question**
- **ENSURE that the respondent Age at Date of Birth must be at least 40 years**

1. Healthy /Able-bodied
2. Physical disability/Wheelchair-bound
3. Hearing/Visual/Speech disability
4. Learning disorder
5. Dementia/Mental disorder
6. Too ill to respond/Paralyze

A1 Participate

Is this respondent able to fully understand about the study and able to participate with minimal help from others?

1. Yes
5. No

R1_Name

What is your full name?

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), University of 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 study.

1. Continue

LanguageSelection_1

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.):
- _____

A101Sex Gender

1. Male
5. Female

A101RDOB

What is your date of birth?

____(DD)/ ____ (MM) ____ (YEAR)

A101Marital Status

Your current marital Status

1. Never married
2. Married
3. Widowed
4. Divorced/ Separated

A101HH

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
5. No

A101HHMember

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.

No. HH Member: _____

List of Household Members

Make a complete list of individuals in the family starting with the respondent.
 (IWER: List only individuals who have lived at this location most of the time.)

No.	HHName Can you tell their names?	HHSex Gender 1. Male 5. Female	HHAge Age	HHMaritalStatus Marital Status 1. Never Married 2. Currently married 3. Widowed 4. Divorced/ Separated	HHRel Relationship to Respondent: 1. Self 2. Spouse 3. Parent/ Parent in-law/ Adopted Parent/ Step Parent 4. Son /Stepson / Adopted son 5. Daughter /Step Daughter / Adopted daughter 6. Sibling 7. Grandchild 8. Grandparent 9. Domestic Maid 10. Other relative 11. Son-in-law 12. Daughter-in-law 97. Other – Specify: _____	HHHealth ASK if necessary: Indicate whether [Name] person is able-bodied or persons with disabilities? (Can select more than 1) 1. Healthy / Able-bodied 2. Physical disability/Wheelchair-bound 3. Hearing/Visual/Speech disability 4. Learning disorder 5. Dementia/Mental disorder 6. Paralyze/Too ill to respond	HHCondition 1. Temporary 5. Permanent
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

HHLlist Now, from the household roster, the following name/ names is/are eligible to participate in this study:	Spouse Identifier Indicate which household member(s) is spouse to [R1/R2/R3Name]. <ul style="list-style-type: none"> • Please read out the option list and select their spouse carefully • Allow multiple selection to indicate multiple wives • List down the name and fill in '99' if spouse is not in this household. 	Child Identifier Indicate which household member is the children (including stepchildren or adopted children) to this respondent. <ul style="list-style-type: none"> • List down children name from R2/R3 • Fill in '97' if respondent do not have any children at all • Fill in '99' if respondent have children but all of them live outside
R2Name: _____	Spouse 1: _____ Spouse 2: _____ Spouse 3: _____	Child 1: _____ Child 2: _____ Child 3: _____ Child 4: _____ Child 5: _____ Child 6: _____ Child 7: _____ Child 8: _____
R3Name: _____	Spouse 1: _____ Spouse 2: _____ Spouse 3: _____	Child 1: _____ Child 2: _____ Child 3: _____ Child 4: _____ Child 5: _____ Child 6: _____ Child 7: _____ Child 8: _____

HHEndSection

Are you done with this section?

1. Yes
 5. No

SECTION A3: BACKGROUND

A200

Now I would like to ask a few questions about your personal information

1. Continue

A202

What is your ethnicity?

1. Malay
 2. Chinese
 3. Indian
 4. Other Bumiputera
 5. Non-Malaysian
 97. Other Ethnicity – Specify

A203

What is your religion?

1. Islam
 2. Hindu
 3. Christian
 4. Buddhist
 97. Other religion – Specify

A204_1

What is your marital status?

1. Never married
 2. Married
 3. Widowed GO TO NEXT
 4. Divorced/ Separated GO TO NEXT

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

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

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.)

A207

How well do you read and write in this language?

1. Good
 2. Average
 3. Poor

SecEnd

Are you done with this section?

1. Yes
 5. No

SECTION B1: FAMILY INFORMATION & SUPPORT – CHILDREN

B100

Now I would like to ask you about your children.

1. Continue

B101

How many living children, including step children, and adopted children do you have?

- **ENTER “0” if don’t have any living children and skip to B201**
- **Enter 99 if R refuse to talk about any of his/her children and skip to B106a**

No. of Children: _____

B101a

You said previously that the following person(s) live with you. Read out all the names displayed one by one. I will now ask some questions about the children that live with you.

- **If R has children that were left out from the list, you will have the chance to ask about them in the next question.**

1. Continue
5. R do not want to talk about his/her children GO TO B106a

B102a_1

Now we want to ask about your children that 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 B106a

B102a

Please complete the following table which relates to information of your children.

No	B102a_2	B102b	B102c	B102d	B102e	B102f	B102g	B103a
	<p>Can you tell me their names?</p> <p>Please tell us names of your living children, including stepchildren and adopted child.</p> <p>Start with the eldest child in birth order</p>	<p>How old is [Childname]?</p> <p>Age: _____ years old</p>	<p>Is [Childname] male or female?</p> <p>1. Male 5. Female</p>	<p>Is [Childname] your child from your current spouse, child from ex-spouse, step child or adopted child?</p> <p>1. Child from current spouse 2. Child from ex-spouse 3. Stepchild 4. Adopted child 99. Refused to provide information</p>	<p>What is [Childname]’s highest level of education?</p> <p>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</p>	<p>[If age < 17, skip this question]</p> <p>What is [Childname]’s working status?</p> <p>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 idea</p>	<p>What is [Childname]’s marital status?</p> <p>1. Never Married 2. Currently married 3. Widowed 4. Divorced/ Separated</p>	<p>Where does [Childname] live?</p> <p>1. Live with respondent 2. Live close by (within 5km) 3. Live elsewhere/ abroad</p>
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

No	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	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 not contact in the last 1 year	Received support from children				
			B104 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 SKIP TO B105	B104a Did you receive any financial support from [Childname]? 1. Yes 5. No SKIP TO B104c	B104b_1 How much did you receive? RM:	B104b_2 (How much did you receive?) 1. Month 5. Year	B104d Did you receive non-monetary support from [Childname], including food, clothing, holiday trip? 1. Yes 5. No
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

No	Give support to Children				B105d	B106a	B106b	B106c
	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 5.No	B105a Did you give any financial support to [Childname]? 1. Yes 5. No	B105b_1 If yes, how much did you give?	B105b_2 (How much did you give?) 1. Month 5. Year				
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Sec End

Are you done with this section?

1. Yes
 5. No

SECTION B2: FAMILY INFORMATION & SUPPORT – PARENTS

B200a

Next I would like to ask you for some information about your parents.

1. Continue

B200b

Are your parents/ parents-in-law still alive?

1. Yes GO TO B201

5. No GO TO SecEnd

B201

Which of your parents, including your father-in-law and mother-in-law, are still alive?

Tick (/) all that apply

1. Father

2. Mother

3. Father-in-law

4. Mother-in-law

No	B202a What is your [PName] first name? If R refuses to give name, can use alias names.	B202b How old is [PName]? Age: _____ years old	B202c What is [PName]'s marital status? 1. Never married 2. Married 3. Widowed 4. Divorced/ Separated	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	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	Received support from parent				
						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 5. No	B203b In the last 12 months, did you receive any financial support from [PName]? 1. Yes 5. No	B203b_1 How much did you receive? RM _____	B203b_2 (How much did you receive?) 1. Month 5. Year	B203d In the last 12 months, did you receive non-monetary support from [PName]?
1.										
2.										
3.										
4.										

No	Parent give support					Care or Assistance in daily activities		
	B204	B204a	B204b	B204b_2	B204d	B205	B205b_1	B205c
	<p>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?</p> <p>1. Yes 5. No</p>	<p>In the last 12 months, did you give any financial support to [PName]?</p> <p>1. Yes 5. No</p>	<p>How much did you give?</p> <p>RM _____</p>	<p>(How much did you give?)</p> <p>1. Year 5. Month</p>	<p>In the last 12 months, did you give non-monetary support to [PName]?</p> <p>1. Yes 5. No</p>	<p>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.?</p> <p>1. None GO TO C205c 2. Father 3. Mother 4. Father-in-law 5. Mother-in-law</p>	<p>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)</p> <p>1. Myself 2. Spouse 3. Brother 4. Sister 5. Son 6. Daughter 7. Grandson 8. Granddaughter 9. Domestic Maid 10. Professional Caregiver 97. Other Specify (cousin, neighbour, friend etc.) _____</p>	<p>Does [your father, your mother, your father-in-law and your mother-in-law] require nursing care?</p> <p>1. Yes 5. No</p>
1.								
2.								
3.								
4.								

Sec End

Are you done with this section?

1. Yes
 5. No

SECTION B3: FAMILY INFORMATION AND SUPPORT – SIBLINGS

B300

Now I would like to ask you for some information about your siblings.

1. Continue

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**

Number of living siblings: _____

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**

Number of living siblings: _____

B302 Please complete the following table which relates to information of your siblings **(Only for those who receive/ give support)**

No	B302a What is your [PName] first name? • If R refuses to give name, can use alias names.	B302b How old is [SiblingName]? • Age of Sibling in current year Age: _____ years old	B302c Is [SiblingName] male or female? 1. Male 5. Female	B302d What is [SiblingName]'s marital status? 1. Never Married 2. Married 3. Widowed 4. Divorced/ Separated	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 year	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.						
3.						
4.						
5.						
6.						
7.						
8.						

No	Support Received from Siblings					Give support to siblings				
	B304	B304a	B304b_1	B304b_2	B304c	B305	B305a	B305b_1	B305b_2	B305d
	<p>Now I want to ask about the support you have received from your sibling. 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?</p> <p>1. Yes GO TO B304a 5. No GO TO B305</p>	<p>In the last 12 months, did you receive any financial support from [SiblingName]?</p> <p>1. Yes GO TO B304b_1 5. No GO TO B304c</p>	<p>If yes, how much did you receive?</p> <p>RM: _____</p>	<p>(How much did you receive?)</p> <p>1. Month 5. Year</p>	<p>In the last 12 months, did you receive non-monetary support from [SiblingName]?</p> <p>1. Yes 5. No</p>	<p>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?</p> <p>1. Yes GO TO B305a 5. No GO TO SecEnd</p>	<p>In the last 12 months, did you give any financial support to [SiblingName]?</p> <p>1. Yes GO TO B305b_1 5. No GO TO B305d</p>	<p>How much did you give?</p> <p>RM: _____</p>	<p>(How much did you give?)</p> <p>1. Month 5. Year</p>	<p>In the last 12 months, did you give non-monetary support to [SiblingName]?</p> <p>1 Yes 5 No</p>
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Sec End

Are you done with this section?

1. Yes

5. No

SECTION C1: HEALTH STATUS

C100

Now I would like to ask some questions about your health.

1. Continue

C101

Which of the following best describes your current health status?

1. Good
 2. Fair
 3. Poor

C102

Compare your current health to your health for the last 12 months, would you say your health now is better, about the same, or worse?

1. Better
 2. About the same
 3. Worse

C103

Do you suffer from any form of physical disability? If yes, what is the form of physical disability are you suffering with?

0. I do not have any form of physical disability SKIP TO C104
 1. Blind / unable to see / visual impairment
 2. Deafness / unable to hear / hearing impairment
 3. Unable to speak
 4. Wheelchair-bound

C103_1

What is the type of disability?

1. Temporary
 2. Permanent

C104

Have you been diagnosed with any illnesses?

1. Yes
 5. No GO TO C105a_1

No	Have you been diagnosed with [illness]? 1. Yes 5. No	When were you first diagnosed with [illness]? Year:	Are you on any treatment or taking medication for [illness]? 1. Yes 5. No	Does [Illness] limit your daily activities? 1. Yes 5.No
C104a_1	Asthma			
C104b_1	Bladder disorder (difficulty in urinating, enlarged prostate)			
C104c_1	Cancer or other malignant tumour (including leukaemia, lymphoma)			
C104d_1	Stroke			
C104e_1	Chronic lung disease (chronic bronchitis, emphysema etc.)			
C104f_1	Dementia/Alzheimer's			
C104g_1	Depression, emotional disorder			
C104h_1	Diabetes			
C104i_1	Femoral neck fracture			
C104j_1	Heart diseases (angina, heart failure, cardiac infarction, heart valve disease, etc.)			
C104k_1	High blood pressure			
C104l_1	High cholesterol			
C104m_1	Joint disorder (arthritis, rheumatism)			
C104n_1	Liver disease (hepatitis B or C,			

No	Have you been diagnosed with [illness]? 1. Yes 5. No	When were you first diagnosed with [illness]? Year:	Are you on any treatment or taking medication for [illness]? 1. Yes 5. No	Does [Illness] limit your daily activities? 1. Yes 5.No
	hepatic cirrhosis etc., excluding liver cancer)			
C104o_1	Osteoporosis			
C104p_1	Parkinson's disease			
C104q_1	Ulcer or other gastrointestinal disorder			
C104r_1	Vertigo			
C104s_1	Have you been diagnosed with other diseases?			
C104s_1a	What type of disease? _____			

C105

C105_1		C105_3
In the last 24 months, were you involved in any accidents that affects your physical health?		Does the [accident] limit your daily activities? 1. Yes 5. No
<input type="checkbox"/> 0. No		
<input type="checkbox"/> 1. Automobile Accident		<input type="radio"/> 1. Yes <input type="radio"/> 5. No
<input type="checkbox"/> 2. Fall down	C105b_2: Times: _____	<input type="radio"/> 1. Yes <input type="radio"/> 5. No
<input type="checkbox"/> 3. Hit by a falling object		<input type="radio"/> 1. Yes <input type="radio"/> 5. No
<input type="checkbox"/> 97. In the last 24 months, were you involved in any other accident that affects your physical health?	What type of accident that affects your physical health? _____	<input type="radio"/> 1. Yes <input type="radio"/> 5. No

C106 Do you worry about falling down?

- 1. Yes, I'm worried.
- 2. Yes, a little
- 3. Not at all

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

- 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
- 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
- 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
- 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 3. Poor
2. Fair
- 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 3. Poor
2. Fair
- C113_1 Have you ever had eye surgery?
1. Yes, lens replacement surgery
2. Yes, eye replacement surgery
3. Yes, cataract surgery
97. Yes, Other - Specify _____
5. No
- C114 Do you wear a hearing aid?
1. Yes 5. No
- C115 How would you rate your current hearing ability **when wearing** a hearing aid?
1. Good 3. Poor
2. Fair
- C116 How would you rate your hearing ability **without wearing** a hearing aid?
1. Good 2. Fair 3. Poor
- C117_1 Have you ever had any ear surgery?
1. Yes
5. No

C117_2 If yes, what type of ear surgery did you have? _____

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

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

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

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

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

C120b	Difficulty eating food	<input type="radio"/> 1. Yes	<input type="radio"/> 5. No
C120c	Difficulty speaking clearly	<input type="radio"/> 1. Yes	<input type="radio"/> 5. No
C120d	Problems with smiling, laughing and showing teeth without embarrassment	<input type="radio"/> 1. Yes	<input type="radio"/> 5. No
C120e	Problems with emotional stability, for example, becoming more easily upset than usual	<input type="radio"/> 1. Yes	<input type="radio"/> 5. No
C120f	Problems enjoying the company of other people such as family, friends or neighbours	<input type="radio"/> 1. Yes	<input type="radio"/> 5. No
C120g	Do you think you need dental treatment?	<input type="radio"/> 1. Yes	<input type="radio"/> 5. No

C121 How often do you have trouble falling asleep?

- 1. Most of the time
- 2. Sometimes
- 3. Rarely/ Never

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

If respondent is male, skip to Section C2.

C128 Are you still having menstrual periods?

- 1. Ya GO TO SecEnd
- 5. No

C129 How old were you when you had your last menstrual period?

_____ year

C130 Did you suffer from menopausal problems in the months leading to menopause?

- 1. Yes
- 5. No

SecEnd Are you done with this section?

- 1. Yes
- 5. No

SECTION C2: RISK FACTORS

C200 Now I would like you some questions about smoking?

1. Continue

C201 Have you ever smoked? (e.g. cigarettes, e-cigarettes, vapes, shisha, cigars, pipes, etc.)?

1. Yes
 5. No

C202a How old were you when you started smoking? Age: _____ years old

C202b Do you currently smoke?

1. Yes
 5. No GO TO C202d

C202c In total, how many years have you been smoking? _____ years old

C202d How old were you when you stopped smoking? Age: _____ years old

C202e What do you smoke the most? Pick only one.

1. Cigarettes
 2. E-Cigarette
 3. Vapes
 4. Cigars
 5. Pipe/ Tobacco
 6. Shisha

C202f Usually how many sticks/ times do you smoke in a day? _____ sticks/times per day

C203 Have you ever consumed any alcoholic beverages such as beer, wine or toddy?

1. Yes
 5. No

C204a How old were you when you first started consuming alcoholic beverages? _____ years old

C204b Do you currently drink alcoholic beverages?

1. Yes
 5. No

C204c How many years have you been drinking? _____ years old

C204d How many years altogether have you been drinking before you stopped drinking? _____ years old

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

Sec End Are you done with this section?

1. Yes
 5. No

SECTION C3: PSYCHOSOCIAL

Now I would like to ask about your behaviour and the feelings that you have experienced for the last 6 months.

1. Continue

C301

Statement	1 Never	2 Rarely	3 Sometimes	4 Often	5 Always
a. How often did you experience boredom and lose interest in most things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often did you experience trouble in concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often did you experience sadness/ feeling blue/ depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often did you feel happy/ cheerful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How often did you feel anxious/ stressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Generally, how often did you feel that you are satisfied with your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. How often did you experience loneliness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. In general, how often did you experience disappointment in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. How often did you feel down on yourself, no good or worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. How often did you think about death – either your own, someone else's, or death in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. How often did you experience isolated or sidelined from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. How often did you feel that there are people you can talk to/ share your feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. How often did you feel that there are people you can turn to for help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. How often did you feel that there are people you are close to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C302 Now I would like to ask you some questions about your spouse.

1. Continue

	Statement	1 Never	2 Rarely	3 Sometimes	4 Often	5 Always
a	How much does your spouse really understand the way you feel about things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	How often can you open up to your spouse if you need to talk about your worries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	How often does your spouse make too many demands on you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	How often does your spouse let you down when you are counting on them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	How often does your spouse get on your nerves?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C303 How close is your relationship with your spouse?

- 1. Very close
- 2. Quite close
- 3. Not very close
- 4. Not at all close

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

C305 Please state how much you agree or disagree with each of the following statements.

- 1. Continue

Statement	Disagree	Neutral	Agree
a. I often feel helpless in dealing with the problems of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. There is really no way I can solve the problems I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. When I really want to do something, I usually find a way to succeed at it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. What happens to me in the future mostly depends on me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I am leading a meaningful purpose in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I have a loving family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I continue to have friends who care for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I am financially independent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. I can still contribute to society.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. I believe I will not need long term care when I'm older.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. I will continue working as long as my mental and physical capability permit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. I am prepared to be living alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. I am prepared to take care of my own health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y. The government should provide a monthly old age allowance for all older persons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Taking care of grandchildren is part of my responsibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. The government should make it mandatory for children to support their parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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 GO TO C305u_1
- 5. No GO TO C305u_2

C305u_1 Jika Yes, why?

- 1. I am living alone/ I don't have anyone to take care of me/ My family don't care about
- 2. I don't want to burden my family
- 3. I want to socialize and make friends
- 4. I will be properly looked after
- 97. Others – Specify : _____

C305u_2 Jika 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
- 97. Others - Specify _____

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

C305z_2 If YES, are you prepared to pay for this service/assistance?

- 1. Yes
- 2. Yes, if the payment is reasonable
- 3. No

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
- 7. Brother
- 8. Other Relatives
- 9. Non-relatives (Friends/neighbours)
- 10. Home-based caretaker
- 11. Institutional caretaker
- 12. No one
- 97. Others (please specify)

C305aa

I feel safe when I am out alone in my neighborhood during the day.

- 1. Disagree
- 2. Neutral
- 3. Agree

C305ab

I feel safe when I am out alone in my neighborhood at night.

- 1. Disagree
- 2. Neutral
- 3. Agree

C306 Now I would like to ask about some activities that you might be involved in.

1. Continue

No	Statement	1. Never/ Rarely	2. Sometimes	5. Often/ Always
a.	How often do you take care of a sick or disabled adult in the past 6 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	How often do you do activities with young children? (e.g. go to playground, go to shopping mall, watch TV etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	How often do you do volunteer/ communal charity work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	How often do you attend meetings of non-religious organisations (e.g. political party/ residence association/ Parents & Teachers Association (PTA)?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	How often do you read books, ebooks, magazines or newspapers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	How often do you watch television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l.	How often do you use computer/ smartphone for e-mail, Internet, watch videos or other purposes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m.	How often do you go for a walk/ jog/ gym/ exercise/ sport activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n.	How often do you do gardening/ pet rearing/ other hobbies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q.	How often do you go out for social outings (e.g. eating out, meeting friends, going to the cinema, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r.	How often do you participate in religious activities such as gathering, prayers, fasting, read holy books, attend services etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sec End Are you done with this section?

1. Yes

5. No

SECTION C4: ADL/ IADL

C400 Now I would like to ask you activities that you are involved in?

1. Continue

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

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

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

C404 Next, I would like to ask whether you need assistance in performing the following activities for the past one week.

1. Continue

No	Activities of Daily Living (ADL)	Level of needed assistance 1. Able to do it all by myself 2. Sometimes need some help 3. Always need some help. 4. Always need help.	If you need help in any activities, who usually will help? 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.)
a.	Bathing		
b.	Dressing		
c.	Grooming		
d.	Mouth care		
e.	Toileting		
f.	Transferring bed/ chair		
g.	Walking around the house		
h.	Climbing stairs		
i.	Eating		

C405 Now I would like to ask you whether you have any difficulty in performing the following activities.

1. Continue

Statement	1. Yes	5. No
	a. Do you have any difficulty with walking 100 meters?	<input type="radio"/>
b. Do you have any difficulty with sitting on a chair for two hours continuously?	<input type="radio"/>	<input type="radio"/>
c. Do you have any difficulty with getting up from a chair after sitting continuously for a long time?	<input type="radio"/>	<input type="radio"/>
d. Do you have any difficulty with walking several steps up the stairs without using the handrail?	<input type="radio"/>	<input type="radio"/>
e. Do you have any difficulty with taking one step up the stairs without using the handrail?	<input type="radio"/>	<input type="radio"/>
f. Do you have any difficulty with squatting or kneeling?	<input type="radio"/>	<input type="radio"/>
g. Do you have any difficulty with raising your arms above your shoulders?	<input type="radio"/>	<input type="radio"/>
h. Do you have any difficulty with pushing or pulling a large object such as a chair or a table?	<input type="radio"/>	<input type="radio"/>
i. Do you have any difficulty with lifting or carrying an object weighing 5kg or more, such as a bag of rice?	<input type="radio"/>	<input type="radio"/>
j. Do you have any difficulty with picking up a small object such as a 10 cent coin from a desk with your fingers?	<input type="radio"/>	<input type="radio"/>

C406 Next, I would like to ask whether you have any difficulty in performing the following activities in the last week?

1. Continue

No	Instrumental Activities of Daily Living (IADL)	Level of needed assistance 1. Able to do it all by myself 2. Sometimes need some help 3. Always need some help 4. Always need help	If you need help in any activities, who helps? 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.)
a.	Shopping		
b.	Cooking		
c.	Managing your medications (obtaining and taking medications)		
d.	Using the phone and looking up numbers		
e.	Doing housework		
f.	Doing laundry		
g.	Driving/ riding a motor vehicle		
h.	Using public transportation		
i.	Visiting friends or relatives		
j.	Managing money such as paying your bills and keeping track of expenses		

Sec End Are you done with this section?

1. Yes

5. No

SECTION C5: COGNITION

Now I would like to ask about your memory and thinking abilities.

1. Continue

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

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

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

C503_1 Now I will read out the words.

READ the following list of words to the respondent once. However, if the respondent had trouble hearing the words, you may repeat just once. The order in which the respondent recall the words does not matter.

List 1	List 2	List 3	List 4
1. Hand	1. Village	1. Fire	1. Door
2. River	2. Mountain	2. Lamp	2. House
3. Tree	3. Sky	3. Spoon	3. Pencil
4. Water	4. Finger	4. Paper	4. Leg
5. Book	5. Wood	5. Eye	5. TV
6. Bicycle	6. Plate	6. Egg	6. Lorry
7. Fan	7. Bread	7. Flower	7. Vegetable
8. Car	8. Key	8. Candle	8. Blue
9. Ball	9. Battery	9. Yellow	9. Bottle
10. Box	10. Boat	10. Gate	10. Table

1. Continue

C503_2 Please tell me the words you can recall.

- **PERMIT as much time as R wishes -- up to about 2 minutes**
- **ENTER '97' if R stuck on the answers.**

List 1	List 2	List 3	List 4
1. Hand <input type="checkbox"/>	1. Village <input type="checkbox"/>	1. Fire <input type="checkbox"/>	1. Door <input type="checkbox"/>
2. River <input type="checkbox"/>	2. Mountain <input type="checkbox"/>	2. Lamp <input type="checkbox"/>	2. House <input type="checkbox"/>
3. Tree <input type="checkbox"/>	3. Sky <input type="checkbox"/>	3. Spoon <input type="checkbox"/>	3. Pencil <input type="checkbox"/>
4. Water <input type="checkbox"/>	4. Finger <input type="checkbox"/>	4. Paper <input type="checkbox"/>	4. Leg <input type="checkbox"/>
5. Book <input type="checkbox"/>	5. Wood <input type="checkbox"/>	5. Eye <input type="checkbox"/>	5. TV <input type="checkbox"/>
6. Bicycle <input type="checkbox"/>	6. Plate <input type="checkbox"/>	6. Egg <input type="checkbox"/>	6. Lorry <input type="checkbox"/>
7. Fan <input type="checkbox"/>	7. Bread <input type="checkbox"/>	7. Flower <input type="checkbox"/>	7. Vegetable <input type="checkbox"/>
8. Car <input type="checkbox"/>	8. Key <input type="checkbox"/>	8. Candle <input type="checkbox"/>	8. Blue <input type="checkbox"/>
9. Ball <input type="checkbox"/>	9. Battery <input type="checkbox"/>	9. Yellow <input type="checkbox"/>	9. Bottle <input type="checkbox"/>
10. Box <input type="checkbox"/>	10. Boat <input type="checkbox"/>	10. Gate <input type="checkbox"/>	10. Table <input type="checkbox"/>
97. Stucked on the answers <input type="checkbox"/>	97. Stucked on the answers <input type="checkbox"/>	97. Stucked on the answers <input type="checkbox"/>	97. Stucked on the answers <input type="checkbox"/>

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

<p>C505 Now let's try some subtraction of numbers.</p> <p><input type="radio"/> 1. Continue</p>		
<p>C505a</p> <p>One hundred minus 7 equals what?</p> <p>Answer: _____</p>	<p>C505b</p> <p>And 7 from that?</p> <p>Answer: _____</p>	<p>C505c</p> <p>And 7 from that?</p> <p>Answer: _____</p>

C506 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.

- ◆ **ALLOW R to start over if he/she wishes to do so**
- ◆ **ENTER '97' if R stuck on the answers, GO TO C507**

List 1	List 2	List 3	List 4
1. Hand <input type="checkbox"/>	1. Village <input type="checkbox"/>	1. Fire <input type="checkbox"/>	1. Door <input type="checkbox"/>
2. River <input type="checkbox"/>	2. Mountain <input type="checkbox"/>	2. Lamp <input type="checkbox"/>	2. House <input type="checkbox"/>
3. Tree <input type="checkbox"/>	3. Sky <input type="checkbox"/>	3. Spoon <input type="checkbox"/>	3. Pencil <input type="checkbox"/>
4. Water <input type="checkbox"/>	4. Finger <input type="checkbox"/>	4. Paper <input type="checkbox"/>	4. Leg <input type="checkbox"/>
5. Book <input type="checkbox"/>	5. Wood <input type="checkbox"/>	5. Eye <input type="checkbox"/>	5. TV <input type="checkbox"/>
6. Bicycle <input type="checkbox"/>	6. Plate <input type="checkbox"/>	6. Egg <input type="checkbox"/>	6. Lorry <input type="checkbox"/>
7. Fan <input type="checkbox"/>	7. Bread <input type="checkbox"/>	7. Flower <input type="checkbox"/>	7. Vegetable <input type="checkbox"/>
8. Car <input type="checkbox"/>	8. Key <input type="checkbox"/>	8. Candle <input type="checkbox"/>	8. Blue <input type="checkbox"/>
9. Ball <input type="checkbox"/>	9. Battery <input type="checkbox"/>	9. Yellow <input type="checkbox"/>	9. Bottle <input type="checkbox"/>
10. Box <input type="checkbox"/>	10. Boat <input type="checkbox"/>	10. Gate <input type="checkbox"/>	10. Table <input type="checkbox"/>
97. Stucked on the answers <input type="checkbox"/>	97. Stucked on the answers <input type="checkbox"/>	97. Stucked on the answers <input type="checkbox"/>	97. Stucked on the answers <input type="checkbox"/>

C507 What year are we in currently?

- **DISPLAY Current Year**

1. Correct
 5. Incorrect

C508 What is the date today?

- **DISPLAY Current Date**

1. Correct
 5. Incorrect

C509 What month are we in currently?

- **DISPLAY Current Month**

1. Correct
 5. Incorrect

C510 What day of the week?

- **DISPLAY Current Day**

1. Correct
 5. Incorrect

C511 Now I'm going to ask you for the names of some people and things. What do people usually use to cut paper?

- **CORRECT answer is scissors or shears**

1. Correct
 5. Incorrect

C512 What do you call the kind of thorny fruit that has a strong smell?

- **CORRECT answer is Durian**

1. Correct
 5. Incorrect

C513 Who is the current Prime Minister of Malaysia?

- **CORRECT answer is Tan Sri Muhyiddin Yassin**

1. Correct
 5. Incorrect

C514 Who is the first Prime Minister of Malaysia?

- **CORRECT answer is Tunku Abdul Rahman**

1. Correct
 5. Incorrect

C515 In 60 seconds, please name as many animals as fast as you can.

- **ENTER total correct animal answers**

Total correct animal answers: _____

Correct answers include any living thing that is not a plant. Examples include mammals, reptiles, amphibians, birds, fish, marsupials, rodents, cetaceans (like dolphins and whales), invertebrates (for example, an octopus), or any insects are counted as animals.

If a respondent gives the specific name of their pets or others' pets and you are sure that they are naming pets, that would be acceptable as a correct response too.

Extinct animals (dinosaurs) would be acceptable too.

If you are not sure whether what respondent names is an animal, count it as correct.

Sec End Are you done with this section?

1. Yes
 5. No

SECTION C6: HEALTHCARE UTILIZATION

C600 Now I would like to ask you some questions about healthcare utilization.

1. Continue

C601 Do you have any private health insurance, including employer-sponsored insurance?

1. Yes
 5. No

C602 How much does your private/ personal health insurance policy cover?

- **ENTER "0" if respondent do not know**

RM _____

C603 How much do you pay for this health insurance premium each year?

- **ENTER "0" if respondent do not know**

RM _____

C604_1 Who pays for your health insurance?

1. Ownself
 2 Spouse
 3 Son
 4 Daughter
 5 Employer
 97 Other - Specify _____

C605 In the last 12 months, did you go for any of the following medical check-up such as general health screen, cholesterol, mammogram, pap smear, colonoscopy, prostate or bone density?

1. Yes
 5. No GO TO C606

No	In the last 12 months, did you go for any of the following medical check-up?	1. Yes 5. No	Who paid for your medical check-up? 0.No payment 2.Employer 4.Personal health insurance 5.Self/ Family/ Household member 7.Part insurance, part self-paid 97. Other Specify _____	How much did you pay for medical check-up? RM_____
a.	General health screening (e.g. blood-sugar level, cholesterol etc.)			
b.	Mammogram			
c.	Pap Smear			
d.	Colonoscopy			
e.	Prostate			
f.	Bone density			

C606 Where do you normally go for medical check-up?

1. Government health facility
 2. Private health facility
 3. Never go for any medical check-up

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: _____

C607aa Have you seen or talked to a medical doctor about your health, including emergency room, clinic visits, or house calls for the past 12-months? This includes visits with nurse practitioners and physician assistants, regular visits for treatment such as dialysis and cancer treatment and medical tests or procedures performed by anyone practicing under a doctor's supervision such as mammograms or x-rays. Physical therapy or rehabilitation services should not be included.

- 1. Yes
- 5. No GO TO C607_1

C607ab How many times have you seen or talked to a medical doctor about your health, including emergency room, clinic visits, or house calls in the past 12-months?
For regular visits for treatment, each visit counts as one time.

Times: _____

C607ac On average, how much did you pay per visit?
Please state the amount even if someone else paid on your behalf.

RM: _____

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: _____

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
- 5. Granddaughter
- 6. Niece/ Nephew
- 7. No Companion
- 97. Other - Specify: _____

C609 Have you ever been hospitalised during the last 12 months?

- 1. Yes
- 5. No

C610 How many times have you been hospitalised in the last 12 months?

_____ times

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: _____

C612_1 What is/are the reason(s) for your hospitalization(s)? Please choose five most serious ones, if there are more than five.

<input type="radio"/> 1. Asthma
<input type="radio"/> 2. Bladder disorder (difficulty in urinating, enlarged prostate)
<input type="radio"/> 3. Cancer or other malignant tumour (including leukaemia, lymphoma)
<input type="radio"/> 4. Stroke
<input type="radio"/> 5. Chronic lung disease (chronic bronchitis, emphysema, etc.)
<input type="radio"/> 6. Dementia/Alzheimer's
<input type="radio"/> 7. Depression, emotional disorder
<input type="radio"/> 8. Diabetes
<input type="radio"/> 9. Femoral Neck Fracture
<input type="radio"/> 10. Heart diseases (angina, heart failure, cardiac infarction, heart valve disease, etc.)
<input type="radio"/> 11. High blood pressure / Hypertension
<input type="radio"/> 12. High cholesterol
<input type="radio"/> 13. Joint disorder (arthritis, rheumatism)
<input type="radio"/> 14. Liver disease (hepatitis B or C, hepatic cirrhosis etc. excluding liver cancer)
<input type="radio"/> 15. Osteoporosis
<input type="radio"/> 16. Parkinson's disease
<input type="radio"/> 17. Ulcer or other gastrointestinal disorder
<input type="radio"/> 18. Vertigo
<input type="radio"/> 19. Other (Specify the most serious)

Please write down the diseases (in numbering).

Diseases					
----------	--	--	--	--	--

C613 Did you have to pay for your hospitalization?

- 1. Yes
- 5. No

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: _____

Sec End Are you done with this section?

- 1. Yes
- 5. No

SECTION D1: EMPLOYMENT

D100 Now I would like to ask you your employment status.

- 1. Continue

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 GO TO D104
- 5.No GO TO D101_2

D101_2 If no, have you ever worked?

- 1.Yes GO TO D101_3
- 5.No GO TO D101_4

D101_3 If yes, reason for not working now

- 1. Poor Health/ Disability/ Health Condition GO TO D101_5
- 2. Retired GO TO D101_7 (pg45)
- 3. Laid off / termination of contract GO TO D101_5
- 4. Family commitment (to take care of child or parent, unpaid family worker) GO TO D101_5
- 5. No longer interested GO TO D101_5
- 6. Not allowed GO TO D101_5
- 97. Other – Specify: _____

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
- 97. Other – Specify: _____

D101_5 How long have you not been working? _____ year / _____ month(s) GO TO D101_6

D101_6 Do you still want to work?

- 1.Yes
- 5.No

D101_1 =1 If respondent is working now

D104	<p>If you are working now, which category do you belong to?</p> <p><input type="radio"/> 1. Self-employed (including GrabDriver, Farmers (FELDA/ FELCRA), Hawkers, Fisherman, Rubber Tappers, Photographer, Designer) GO TO D105a</p> <p><input type="radio"/> 2. Own business/ Own account worker (including Home/online business, registered/or not registered)</p> <p><input type="radio"/> 3. Government/ Statutory body/ State Government (Head of village, ADUN)</p> <p><input type="radio"/> 4. Private Organization/ Employer/ GLCs/ CO-OP</p> <p><input type="radio"/> 5. NGO/ NPO (Mosque (Imam), Church, Associations)</p>		
D104_1	<p>How would you describe your primary work? Who do you work for? Describe your typical day?</p> <p><i>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.</i></p>		
D105a	<p>If self-employed/own business, is your business registered?</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 5. No</p>		
D109	<p>What is your occupation?</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p><input type="radio"/> 1. Manager (CEO, Managing Director, Administrative Manager, Legislator)</p> <p><input type="radio"/> 2. Professional (Scientist, engineer, architect, doctor, lecturer, teacher, accountant, lawyer, economist, journalist, etc.)</p> <p><input type="radio"/> 3. Technician and associate Professional (Technician, medical assistant, chef, insurance agent, real estate agent, photographer, etc.)</p> <p><input type="radio"/> 4. Clerical support worker (Clerk, call centre operator, customer service executive, receptionist, bank teller, etc.)</p> <p><input type="radio"/> 5. Armed Force (Army, navy, air force, etc.)</p> </td> <td style="vertical-align: top; width: 50%;"> <p><input type="radio"/> 6. Service and sales worker (Cook, waiter, hairdresser, cashier, fire fighter, police officer, security guard, etc.)</p> <p><input type="radio"/> 7. Skilled agricultural, forestry and fishery (Worker in livestock and dairy producer, farm, fishery, forestry, etc.)</p> <p><input type="radio"/> 8. Craft and related trades worker (Carpenter, plumber, painter, welder, mechanic, butcher, baker, tailor, etc.)</p> <p><input type="radio"/> 9. Plant and machine operator and assembler (Machine operator, assembler, driver, ship crew, etc.)</p> <p><input type="radio"/> 10. Elementary occupation (Janitor, labourer, street vendor, garbage collector, etc.)</p> </td> </tr> </table>	<p><input type="radio"/> 1. Manager (CEO, Managing Director, Administrative Manager, Legislator)</p> <p><input type="radio"/> 2. Professional (Scientist, engineer, architect, doctor, lecturer, teacher, accountant, lawyer, economist, journalist, etc.)</p> <p><input type="radio"/> 3. Technician and associate Professional (Technician, medical assistant, chef, insurance agent, real estate agent, photographer, etc.)</p> <p><input type="radio"/> 4. Clerical support worker (Clerk, call centre operator, customer service executive, receptionist, bank teller, etc.)</p> <p><input type="radio"/> 5. Armed Force (Army, navy, air force, etc.)</p>	<p><input type="radio"/> 6. Service and sales worker (Cook, waiter, hairdresser, cashier, fire fighter, police officer, security guard, etc.)</p> <p><input type="radio"/> 7. Skilled agricultural, forestry and fishery (Worker in livestock and dairy producer, farm, fishery, forestry, etc.)</p> <p><input type="radio"/> 8. Craft and related trades worker (Carpenter, plumber, painter, welder, mechanic, butcher, baker, tailor, etc.)</p> <p><input type="radio"/> 9. Plant and machine operator and assembler (Machine operator, assembler, driver, ship crew, etc.)</p> <p><input type="radio"/> 10. Elementary occupation (Janitor, labourer, street vendor, garbage collector, etc.)</p>
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D110	<p>What industry do you work in?</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <input type="radio"/> 1. Agriculture, forestry, and fishery <input type="radio"/> 2. Mining and quarrying <input type="radio"/> 3. Manufacturing <input type="radio"/> 4. Electricity, gas, steam and air conditioning supply <input type="radio"/> 5. Water supply; sewerage, waste management and remediation activities <input type="radio"/> 6. Construction <input type="radio"/> 7. Wholesale and retail trade; repair of motor vehicles and motorcycle <input type="radio"/> 8. Transportation and storages <input type="radio"/> 9. Accommodation and Food service activities <input type="radio"/> 10. Information and communication <input type="radio"/> 11. Financial and insurance/ takaful activities </td> <td style="vertical-align: top; width: 50%;"> <input type="radio"/> 12. Real estate activities <input type="radio"/> 13. Professional, scientific and technical activities <input type="radio"/> 14. Administrative and support service activities <input type="radio"/> 15. Public administration and defence; compulsory social security <input type="radio"/> 16. Education <input type="radio"/> 17. Human health and social work activities <input type="radio"/> 18. Arts, entertainment and recreation <input type="radio"/> 19. Other service activities; activities of membership organisations, repairs of personal and household goods <input type="radio"/> 20. Activities of households as employers; undifferentiated goods and services- producing activities of households for own use <input type="radio"/> 21. Activities of extraterritorial organizations and bodies </td> </tr> </table>	<input type="radio"/> 1. Agriculture, forestry, and fishery <input type="radio"/> 2. Mining and quarrying <input type="radio"/> 3. Manufacturing <input type="radio"/> 4. Electricity, gas, steam and air conditioning supply <input type="radio"/> 5. Water supply; sewerage, waste management and remediation activities <input type="radio"/> 6. Construction <input type="radio"/> 7. Wholesale and retail trade; repair of motor vehicles and motorcycle <input type="radio"/> 8. Transportation and storages <input type="radio"/> 9. Accommodation and Food service activities <input type="radio"/> 10. Information and communication <input type="radio"/> 11. Financial and insurance/ takaful activities	<input type="radio"/> 12. Real estate activities <input type="radio"/> 13. Professional, scientific and technical activities <input type="radio"/> 14. Administrative and support service activities <input type="radio"/> 15. Public administration and defence; compulsory social security <input type="radio"/> 16. Education <input type="radio"/> 17. Human health and social work activities <input type="radio"/> 18. Arts, entertainment and recreation <input type="radio"/> 19. Other service activities; activities of membership organisations, repairs of personal and household goods <input type="radio"/> 20. Activities of households as employers; undifferentiated goods and services- producing activities of households for own use <input type="radio"/> 21. Activities of extraterritorial organizations and bodies																																											
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D116	<p>For your current job/ business, how many hours are you working in a week?</p> <p>_____ hours</p>																																													
D113	<p>How long do you expect to work for your current employer/business?</p> <input type="radio"/> 1. Less than 1 year <input type="radio"/> 2. 1 - 2 years <input type="radio"/> 3. More than 2 years to 3 years <input type="radio"/> 4. More than 4 years <input type="radio"/> 5. I want to resign and get a new job <input type="radio"/> 6. I want to resign and stop working altogether																																													
D130	<p>Now, I would like to ask you about certain aspects of your current job.</p> <input type="radio"/> 1. Continue																																													
D130	<p>Please say how often the following statements are true for you using a scale of 1 to 5 (where 1 is Never/ Rarely, 2 = Sometimes, 3 = Often/ Always, 99 = Not Applicable).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Statement</th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th style="text-align: center;">99</th> </tr> </thead> <tbody> <tr> <td>a. How often does your job require lots of physical effort?</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>b. How often does your job require lifting heavy loads?</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>c. How often does your job require stooping, kneeling or crouching?</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>d. How often does your job require good eyesight?</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>e. How often does your job require intense concentration/ attention?</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>f. How often does your job require skills in dealing with other people?</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>g. How often does your job require you to work with computers?</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td>h. How often do you feel your job is more challenging than your previous job?</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> </tbody> </table>	Statement	1	2	3	99	a. How often does your job require lots of physical effort?	□	□	□	□	b. How often does your job require lifting heavy loads?	□	□	□	□	c. How often does your job require stooping, kneeling or crouching?	□	□	□	□	d. How often does your job require good eyesight?	□	□	□	□	e. How often does your job require intense concentration/ attention?	□	□	□	□	f. How often does your job require skills in dealing with other people?	□	□	□	□	g. How often does your job require you to work with computers?	□	□	□	□	h. How often do you feel your job is more challenging than your previous job?	□	□	□	□
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D131	<p>Now, I would like to ask whether you agree with the following statements concerning your current job. (where 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">d. Your salary is adequate</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>e. Your job security is good</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>f. You are satisfied with the work environment of your job</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>g. You are satisfied with the work you are assigned to do</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>h. Your job involves a lot of stress.</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>i. You really enjoy going to work</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>j. Overall, you are satisfied with your current job.</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	d. Your salary is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Your job security is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. You are satisfied with the work environment of your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. You are satisfied with the work you are assigned to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Your job involves a lot of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. You really enjoy going to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Overall, you are satisfied with your current job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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D122	<p>Now I would like to ask you some questions about your retirement planning.</p> <p><input type="radio"/> 1. Continue</p>																																			
D123	<p>How often have you thought about retirement/stop working?</p> <p><input type="radio"/> 1. Always</p> <p><input type="radio"/> 2. Sometimes</p> <p><input type="radio"/> 3. Rarely/ Never</p>																																			
D124	<p>When you retire, do you plan to stop work altogether or reduced work hours, have you not given it much thought, or what?</p> <p><input type="radio"/> 1. Stop work altogether</p> <p><input type="radio"/> 2. Never stop work</p> <p><input type="radio"/> 3. Not given much thought</p> <p><input type="radio"/> 4. No current plans, continue as is</p> <p><input type="radio"/> 5. Reduce work hours</p> <p><input type="radio"/> 6. Change kind of work</p> <p><input type="radio"/> 7. Work for myself</p> <p><input type="radio"/> 8. Work until my health fails</p>																																			

D101_3 = 2, If the respondent is retired	
D101_7	<p>How many years have you been retired/not working?</p> <p style="text-align: center;">_____ year / _____ month (s) GO TO D132</p>
D132_1	<p>What was the main reason for your retirement?</p> <p><input type="radio"/> 1. Having enough income/ spouse</p> <p><input type="radio"/> 2. No interest to continue to work</p> <p><input type="radio"/> 3. To spend more time on leisure</p> <p><input type="radio"/> 4. To spend more time on family/ children</p> <p><input type="radio"/> 5. To do volunteer work/ to pursue hob</p> <p><input type="radio"/> 6. Due to poor health</p> <p><input type="radio"/> 7. Due to the poor health of spouse/ family members</p> <p><input type="radio"/> 8. Due to poor health of other family members</p> <p><input type="radio"/> 9. Personal and Family Issue</p> <p><input type="radio"/> 10. Could not find another job</p> <p><input type="radio"/> 11. Workplace issue</p> <p><input type="radio"/> 12. Economic condition/ environment/ retrenchment (business drop in rubber prices, disease outbreak etc.)</p> <p><input type="radio"/> 13. Mandatory retirement</p> <p><input type="radio"/> 97. Other - Specify GO TO D132_2</p>

D133	<p>Thinking back to the time you completely retired, was that something you wanted to do or something you felt you were forced into?</p> <p><input type="radio"/> 1. Wanted to do</p> <p><input type="radio"/> 2. Forced into</p> <p><input type="radio"/> 3. Part wanted, part forced</p>																
D134	<p>Overall, are you satisfied with your retirement?</p> <p><input type="radio"/> 1. Very satisfied</p> <p><input type="radio"/> 2. Moderately satisfied</p> <p><input type="radio"/> 3. Not satisfied</p>																
D135	<p>Comparing before and after retirement, what would you say about your life after retirement?</p> <p><input type="radio"/> 1. Better than before retirement</p> <p><input type="radio"/> 2. About the same</p> <p><input type="radio"/> 3. Worse than before retirement</p>																
D136	<p>I am going to read statements which are positive about retirement.</p> <p>Please tell me whether, for you, these were not important, fairly important, or important.</p> <p><input type="radio"/> 1. Continue</p> <table border="1" data-bbox="435 869 1291 1162"> <thead> <tr> <th data-bbox="435 869 834 954">Statement</th> <th data-bbox="834 869 986 954">1 Not important</th> <th data-bbox="986 869 1137 954">2 Fairly Important</th> <th data-bbox="1137 869 1291 954">3 Important</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 954 834 1039">a. Having freedom and independence.</td> <td data-bbox="834 954 986 1039"><input type="radio"/></td> <td data-bbox="986 954 1137 1039"><input type="radio"/></td> <td data-bbox="1137 954 1291 1039"><input type="radio"/></td> </tr> <tr> <td data-bbox="435 1039 834 1102">b. Being able to take it easy/ relax</td> <td data-bbox="834 1039 986 1102"><input type="radio"/></td> <td data-bbox="986 1039 1137 1102"><input type="radio"/></td> <td data-bbox="1137 1039 1291 1102"><input type="radio"/></td> </tr> <tr> <td data-bbox="435 1102 834 1162">c. Having the chance to travel</td> <td data-bbox="834 1102 986 1162"><input type="radio"/></td> <td data-bbox="986 1102 1137 1162"><input type="radio"/></td> <td data-bbox="1137 1102 1291 1162"><input type="radio"/></td> </tr> </tbody> </table>	Statement	1 Not important	2 Fairly Important	3 Important	a. Having freedom and independence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. Being able to take it easy/ relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. Having the chance to travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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b. Being able to take it easy/ relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														
c. Having the chance to travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														
D137	<p>I am going to read out to you statements which are negative about retirement.</p> <p>Please tell me if, during your retirement, they have not bothered you, slightly bothered you, or bothered you.</p> <p><input type="radio"/> 1. Continue</p> <table border="1" data-bbox="426 1402 1300 1673"> <thead> <tr> <th data-bbox="426 1402 882 1487">Statement</th> <th data-bbox="882 1402 1015 1487">1 Not bothered</th> <th data-bbox="1015 1402 1150 1487">2 Slightly bothered</th> <th data-bbox="1150 1402 1300 1487">3 Bothered</th> </tr> </thead> <tbody> <tr> <td data-bbox="426 1487 882 1550">a. Not doing anything productive or useful</td> <td data-bbox="882 1487 1015 1550"><input type="radio"/></td> <td data-bbox="1015 1487 1150 1550"><input type="radio"/></td> <td data-bbox="1150 1487 1300 1550"><input type="radio"/></td> </tr> <tr> <td data-bbox="426 1550 882 1612">b. Illness or disability</td> <td data-bbox="882 1550 1015 1612"><input type="radio"/></td> <td data-bbox="1015 1550 1150 1612"><input type="radio"/></td> <td data-bbox="1150 1550 1300 1612"><input type="radio"/></td> </tr> <tr> <td data-bbox="426 1612 882 1673">c. Not having enough income to get by</td> <td data-bbox="882 1612 1015 1673"><input type="radio"/></td> <td data-bbox="1015 1612 1150 1673"><input type="radio"/></td> <td data-bbox="1150 1612 1300 1673"><input type="radio"/></td> </tr> </tbody> </table>	Statement	1 Not bothered	2 Slightly bothered	3 Bothered	a. Not doing anything productive or useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. Illness or disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. Not having enough income to get by	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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c. Not having enough income to get by	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														

SECTION E1: INCOME AND EXPENDITURE

E100 Now I would like to ask you some questions about your income?

1. Continue

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 GO TO E101a

5. No GO TO E105_1

E101a How much did you receive per month?

1. Amount = RM _____

2. If R do not want to tell the specific amount, then probe/estimate.

1. RM1 to RM199

2. RM200 to RM399

3. RM400 to RM599

4. RM600 to RM799

5. RM800 to RM999

6. RM1000 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 RM 3,999

11- RM4,000 to RM4,999

12- RM5,000 to RM5,999

13- RM6,000 to RM6,999

14- RM7,000 to RM7,999

15- RM8,000 to RM8,999

16- RM9,000 to RM 9,999

17- RM10,000 or more

E102 What type of income or payment did you receive??

- **READ all the categories**
- **ENTER all that apply**
- **For multiple responses, use [space] or [-] to separate responses**

	Source of Income	RM (Yearly)
<input type="checkbox"/>	1. Pension (Government pension, armed forces, private pension)	
<input type="checkbox"/>	2. Rental	
<input type="checkbox"/>	3. Dividend / Insurance/ Annuity/ Dividend from shares or unit trust	
<input type="checkbox"/>	4. Social Security Organisation (SOCSO)	
<input type="checkbox"/>	5. Assistance from BSH	
<input type="checkbox"/>	6. Assistance from JKM	
<input type="checkbox"/>	7. Assistance from Zakat/ Baitulmal	
<input type="checkbox"/>	8. Assistance from the state government/ foundation (yayasan)	
<input type="checkbox"/>	9. Assistance from NGO/ NPO/ Others	
<input type="checkbox"/>	10. Contribution from family members, neighbours, relatives (spouse, child, siblings.)	
<input type="checkbox"/>	97. Other Income – Specify: _____	

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

E106 What is your total monthly income after tax? (including all the income mentioned earlier) individual

- 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

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

Statement	Monthly(RM)
<input type="checkbox"/> a. How much do you pay for your transportation every month? This includes Petrol, Touch n' Go, public transport, parking, school van, etc.)?	
<input type="checkbox"/> b. How much do you pay for your electricity bill?	
<input type="checkbox"/> c. How much do you pay for your water bill?	
<input type="checkbox"/> d. How much do you pay for your telephone/ mobile phone/ prepaid?	
<input type="checkbox"/> e. How much do you pay for your Indah Water?	
<input type="checkbox"/> f. How much do you pay for your internet?	
<input type="checkbox"/> g. How much do you pay for your ASTRO/ Netflix/ TV Box?	
<input type="checkbox"/> i. How much do you pay for your newspapers, magazines, other reading materials, etc.?	
<input type="checkbox"/> j. 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.	
<input type="checkbox"/> k. How much do you pay for activities or contributions? (e.g. club, gym, resident association, security, maintenance, facility maintenance, etc.)?	
<input type="checkbox"/> l. How much do you pay for childcare? This includes school/tuition fees/university, PIBG, nursery, kindergarten, school supplies, etc.	
<input type="checkbox"/> m. How much do you pay for parental care? This includes clothes, assisted facility fees, home nurse, diapers, supplements, personal, medicine, medical fees, medical expenses?	
<input type="checkbox"/> n. How much do you pay for your healthcare?	

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

E110 Now I would like to ask about any instalments that you may have (paid by respondent)

1. Continue

E110_1 What kind of monthly instalment do you have to pay??

Type of Instalment	Total Loan Amount (with interest)	Months remaining
<input type="checkbox"/> a. Vehicle loan (e.g. Car, Motorcycle, Boat, etc.)		
<input type="checkbox"/> b. Personal loan		
<input type="checkbox"/> c. Business / Agri loan		
<input type="checkbox"/> d. Investment Loan (e.g. ASB, shares, etc.)		
<input type="checkbox"/> e. Housing/Property/Land/Shoplot loan		
<input type="checkbox"/> f. Household / Personal / Healthcare items (e.g, furniture, carpet, household equipment and appliances)		
<input type="checkbox"/> g. Education loan (e.g, PTPTN, MARA, Bank, etc.)		
<input type="checkbox"/> h. Other loan – Specify: _____		

E112_1 Do you have any rental payment for house, property or land?

1. Yes GO TO E112_2
 5. No

E112_2 How much is the monthly payment? RM _____

E113_1 Do you have any rental payment for business premises, business equipment or shoplot?

1. Yes
 5. No

E113_2 How much is the monthly payment? RM _____

E114 Now I would like to ask for some question on your financial behaviour.

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?

1. Very difficult managing
 2. Hard
 3. Average
 4. Can manage OK
 5. Can manage very well

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. Often
 5. Very often

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

E114d I keep track of my monthly expenses.

- 1. Never
- 2. Rarely
- 3. Sometimes
- 4. Often
- 5. Very Often

E114e I set a budget for my daily expenses.

- 1. Never
- 2. Rarely
- 3. Sometimes
- 4. Often
- 5. Very Often

E114f I set aside a portion of my monthly income as savings.

- 1. Never
- 2. Rarely
- 3. Sometimes
- 4. Often
- 5. Very Often

E114g I can survive without working for at least three months with my current savings.

- 1. Never
- 2. Rarely
- 3. Sometimes
- 4. Often
- 5. Very Often

SECTION F1: SAVINGS AND ASSETS

Now I would like to ask you some questions about savings?

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)

F101b Do you pay any rental for this house?

- 1. Yes GO TO F102
- 5. No GO TO F103

F102 If Yes, how much do you pay? RM _____

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)

F104 Do you have any savings?

- 1. Yes
- 5. No GO TO F105

F104 What type of savings do you have?

(/)	Type of Savings	How much do you have? (RM)
<input type="checkbox"/>	a. Savings in your bank? This includes fixed deposits, current account, savings account.	
<input type="checkbox"/>	b. Cash in hand/ Safe box	
<input type="checkbox"/>	c. Tabung Haji	
<input type="checkbox"/>	d. Unit trust/ ASNB/LTAT/ SSPN/Endowment	
<input type="checkbox"/>	e. EPF	
<input type="checkbox"/>	f. Shares	
<input type="checkbox"/>	g. Co-operative (CO-OP)	
<input type="checkbox"/>	h. Private Retirement Scheme (PRS)	
<input type="checkbox"/>	i. Other savings – Specify: _____	

F105 Do you own any assets?

- 1. Yes
- 5. No

F105_1 What type of assets do you have?

- READ all categories
- ENTER all that apply
- For multiple responses, use [space] or [-] to separate responses

F105_2 How much would you get if you could sell this [asset]?

Asset	How much would you get if you could sell this [asset]? (RM)
<input type="checkbox"/> a. Houses	
<input type="checkbox"/> b. Jewelry / precious metals / gold bars/ luxury items/ collectibles / antiques	
<input type="checkbox"/> c. Vehicles (Car, motorcycle, lorry, bus, van, boat - loans fully settled)	
<input type="checkbox"/> d. Land / Agricultural land / paddy lots / ponds	
<input type="checkbox"/> e. Other property (e.g. shops, warehouse, parking lot, etc.)	
<input type="checkbox"/> f. Shares of business that you own	
<input type="checkbox"/> g. Insurance	
<input type="checkbox"/> h. Livestock? (e.g. cows, goats, chickens, ducks, fishponds, prawns, etc.)	
<input type="checkbox"/> i. Other asset: _____	

SecEnd

Are you done with this section?

- 1. Yes
- 5. No

SECTION G1: SOCIAL PROTECTION

G101A You are about to begin the Social Protection module. Please indicate which respondent will answer questions on the social assistance program.

- 1. This respondent will answer GO TO G101
- 5. Other respondent will answer / the respondent has answered GO TO G110

The questions from G102 to G109b will be answered by 1st respondent (R1) only. R2/R3 respondents will begin to answer the questions from G110.

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

No	G102 If yes, who receives the assistance? If this person receives multiple assistance, please state all the assistance this person receives before moving on to the next person.	G102a Relationship to Respondent: 1. Self 2. Spouse 3. Parent/ Parent in-law/ Adopted Parent/ Step Parent 4. Son /Stepson / Adopted son 5. Daughter /Step Daughter / Adopted daughter 6. Sibling 7. Grandchild 8. Grandparent 9. Domestic Maid 10. Other relative 11. Son-in-law 12. Daughter-in-law 97. Other – Specify: _____	G103 If yes, what is the name of the program/scheme?	G104 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	G105 If yes, what is the type of the assistance? 1. If cash, specify amount (RM) 2. If in-kind, please specify (food, medical aids, work equipment)	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.						
3.						
4.						
5.						
6.						
7.						
8.						

G108 Do you need any assistance to support you and your family?

- 1. Yes
- 5. No

G109 If YES, what kind of assistance? Please state the type of assistance needed most.

No	Who needs assistance?	Relationship to Respondent:	Type of assistance
		1. Self 2. Spouse 3. Parent/ Parent in-law/ Adopted Parent/ Step Parent 4. Son /Stepson / Adopted son 5. Daughter /Step Daughter / Adopted daughter 6. Sibling 7. Grandchild 8. Grandparent 9. Domestic Maid 10. Other relative 11. Son-in-law 12. Daughter-in-law 97. Other – Specify: _____	
1			
2			
3			
4			
5			

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

G111 Currently, do you make any contribution to EPF? (Contribution for self or others)

- 1. Yes
- 5. No

G111_1 If YES, What is the type of the contribution?

- **ENTER all that apply**
- **For multiple responses, use [space] or [-] to separate responses**

- 1. Mandatory
- 2. Voluntary - Self
- 3. Voluntary - i-Saraan
- 4. Voluntary - i-Suri
- 5. Voluntary - Top-up for others

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 _____

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

G113 Currently, do you make any contribution to SOCSO? (Contribution for self or others)

1. Yes
 5. No

G113a If YES, what is the type of contribution?

1. Mandatory
 2. Voluntary

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

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

No	Statement	1 Strongly agree	2 Agree	3 Neutral	4 Disagree	5 Strongly Disagree	6 Not Applicable
G115a	I felt lonely during the MCO.						
G115b	The MCO has strained my relationship with my family.						
G115c	The MCO has brought me closer to my family.						
G115d	Not being able to physically meet my family members made me feel sad.						
G115e	I felt anxious and stressed living in a confined space.						
G115f	I felt sad for not being able to participate in social/religious activities.						
G115g	I am worried about my health and the health of my family members.						
G115h	I kept myself updated with the current news and development related to the pandemic.						
G115i	The MCO caused reduction in my income from formal work.						
G115j	The MCO reduced my income generated from my business.						
G115k	I had to find new employment due to COVID-19.						

No	Statement	1 Strongly agree	2 Agree	3 Neutral	4 Disagree	5 Strongly Disagree	6 Not Applicable
G115l	I had to change work days/work hours.						
G115m	I had difficulty in having access to food, medication and essential services (Hand sanitizer, mask and glove).						
G115n	The MCO increased my spending.						
G115o	I am very much affected financially by this pandemic.						

Sec End Are you done with this section?

- 1. Yes
- 5. No

SECTION H1: PHYSICAL MEASUREMENT

BLOOD PRESSURE

C125_1 Next, I would like to measure your blood pressure using a digital monitor.

1. Continue

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

C125_3 Now let's start the measure.

- **Press START/STOP button and record measurement.**
1. Continue

	C125_4 Systolic (SBP) reading	C125_5 Diastolic (DBP) reading	C125_6 Pulse reading
1.			
2.			
3.			

Height, Waist Circumference, Hip Circumference and Weight

C126 Next I would like to measure your height, waist circumference, hip circumference and weight. Can I proceed with taking your measurements?

1. Yes
 5. No

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.
- 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.

Height = _____cm

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.

- **ENSURE R follows all the instructions given.**
- **ENSURE that the tape is in correct position**
- **ENTER the record to the nearest 0.1 cm.**

Waist Circumference = _____ cm

C126d Next, repeat the same procedures for measuring your hip circumference at the widest part of your hip.

- **ENSURE R follows all the instructions given**
- **ENSURE that the tape is in correct position**
- **ENTER the record to the nearest 0.1 cm.**

Hip Circumference = _____ cm

C126b Now I would like to measure your weight.

- **PLACE the weight scale on a flat surface.**
- **ASK R to stand straight on the scale without shoe**
- **ENTER the record to the nearest 0.1 kg**

Weight: _____ kg

Hand Grip Strength

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

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.

- **STAND** holding the dynamometer with the display screen facing outward.
- **HOLD** your forearm parallel to the floor
- **SQUEEZE** the handle for a few seconds.

Do you understand my explanation and feel safe to continue with this test?

- 1. Yes
- 5. No

C124_3 Now please hold the device with your [Dominant hand] and squeeze as hard as you can when I say start.

- **ENSURE the respondent's hand is at the correct position.**
- **ENSURE the respondent has removed all jewelries on his/her hand.**
- **ENTER the score rounded to the nearest 0.1 kg.**
- **Make sure the reading in KG not in lbs.**

Hand: _____kg

C124_4 Now hold this device with your other hand and squeeze as hard as you can when I say start.

- **ENSURE the respondent's hand is at the correct position.**
- **ENSURE the respondent has removed all jewelries on his/her hand.**
- **ENTER the score rounded to the nearest 0.1 kg.**
- **Make sure the reading in KG not in lbs.**

Hand: _____kg

Sec End Are you done with this section??

1. Yes
5. No

End-Interview Section

TQ1

This concludes the interview. Thank you again for your time and participation in this study.

As a form of our gratitude for your participation, you will receive RM80.00. I would like to ask you to sign a form as proof of receipt. Thank you.

1. Continue

TQ2

As part of our quality control procedures, someone from the Social Wellbeing Research Centre (SWRC), University of Malaya may contact you to ask a few questions about this interview and to answer any questions you may have about the interview process.

1. Continue

TQ3

As I have mentioned earlier, this study will be conducted every two years.

Would you be willing to participate in this study again?

1. Yes
 5. No

TQ4

Would you be willing to receive any communication from us in the future?

1. Yes
 5. No

TQ5_1

What form of communication would you prefer?

1. Mobile Phone
 2. Home Telephone
 3. Letters
 4. Text Message
 5. Email
 6. Face to face
 97. Other Specify: _____

RIW Complete

Interviewer checkpoint

- You have reached the end of the interview.

1. Temubual Selesai