

HEALTH SURVEY

**PERSONAL DETAILS**

**1. What is your age?**

\_\_\_\_\_ years

For questions 2 & 3 please only cross out only one box.

**2. What is your ethnicity?**

Chinese.....  1 Malay.....  2  
 Indian .....  3 Other \_\_\_\_\_  9

**3. Which of the following best describes the highest level of education you have completed?**

Primary school or no education .....  1 High/secondary school .....  2  
 Diploma .....  3 University/tertiary education & above .....  4

**4. Marital Status.**

Married.....  1 Widowed .....  2 Single .....  3 Divorced .....  4

**5. Do you have any of the following? (cross out all that apply)**

Heart disease .....  1 Stroke .....  2 High blood pressure .....  3  
 Diabetes .....  4 Cancer .....  5 High cholesterol .....  6  
 Osteoporosis .....  7 Arthritis .....  8 Other: \_\_\_\_\_  9

**6. Are you taking any of the following medications? (cross out all that apply)**

Blood pressure medication (e.g. Ramipril).....  1  
 Cholesterol medication (e.g. Lipitor) .....  2  
 Blood clotting/Anti-platelet medication (e.g. Aspirin) .....  3  
 Beta-blockers (e.g. Cartrol/Cartia) .....  4  
 Others: \_\_\_\_\_  9

Code
Q1 [    ]
Q2 [    ] _____
Q3 [    ]
Q4 [    ]
Q5 [    ] _____
Q6 [    ] _____

**7. Type of housing are you residing in.**

2 Room HDB Flat .....  1

3 Room HDB Flat .....  2

4 Room HDB Flat .....  3

5 Room HDB Flat .....  4

Others: \_\_\_\_\_  9

Q7 [    ]
_____

**Physical Activity**

<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, household chores i.e. vacuuming, mopping, scrubbing floors and shopping for groceries etc. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>	<b>Code</b>
<p><b>8. Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, mopping or scrubbing floors for at least 10 minutes continuously?</b></p> <p>Yes ..... <input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2 No → <i>Skip to question 11</i></p>	Q8 [    ]
<p><b>9. In a typical week, on how many days do you do vigorous-intensity activities as part of your work?</b></p> <p>_____ days per week</p>	Q9 [    ]
<p><b>10. How much time do you spend doing vigorous-intensity activities at work on a typical day?</b></p> <p>_____ hours per day</p> <p>_____ minutes per day</p>	Q10 [    ]
<p><b>11. Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking, carrying light groceries, sweeping, washing windows for at least 10 minutes continuously?</b></p> <p>Yes ..... <input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2 No → <i>Skip to question 14</i></p>	Q11 [    ]


<p>12. <b>In a typical week, on how many days do you do moderate-intensity activities as part of your work?</b></p> <p>_____ days per week</p>	<p>Q12 [     ]</p>
<p>13. <b>How much time do you spend doing moderate-intensity activities at work on a typical day?</b></p> <p>_____ hours per day</p> <p>_____ minutes per day</p>	<p>Q13 [     ]</p>
<p>The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship.</p>	
<p>14. <b>Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?</b></p> <p>Yes..... <input type="checkbox"/> <sub>1</sub></p> <p><input type="checkbox"/> <sub>2</sub> No → <i>Skip to question 17</i></p>	<p>Q14 [     ]</p>
<p>15. <b>In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?</b></p> <p>_____ days per week</p>	<p>Q15 [     ]</p>
<p>16. <b>How much time do you spend walking or bicycling for travel on a typical day?</b></p> <p>_____ hours per day</p> <p>_____ minutes per day</p>	<p>Q16 [     ]</p>
<p>The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure).</p>	
<p>17. <b>Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like running, swimming or dancing such as quick step or salsa, aerobics, playing ball sports i.e. soccer, volleyball, basketball, netball or badminton for at least 10 minutes continuously?</b></p> <p>Yes ..... <input type="checkbox"/> <sub>1</sub></p> <p><input type="checkbox"/> <sub>2</sub> No → <b>Skip to question 20</b></p>	<p>Q17 [     ]</p>

<p>18. <b>In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?</b></p> <p>_____ days per week</p>	<p>Q18 [     ]</p>
<p>19. <b>How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?</b></p> <p>_____ hours per day</p> <p>_____ minutes per day</p>	<p>Q19 [     ]</p>
<p>20. <b>Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that causes a small increase in breathing or heart rate such as brisk walking, gardening, doing low-aerobic exercise, using hand weights, using resistance band, doing Qigong or Tai chi for at least 10 minutes continuously?</b></p> <p>Yes ..... <input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2 No → <i>Skip to question 23</i></p>	<p>Q20 [     ]</p>
<p>21. <b>In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?</b></p> <p>_____ days per week</p>	<p>Q21 [     ]</p>
<p>22. <b>How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?</b></p> <p>_____ hours per day</p> <p>_____ minutes per day</p>	<p>Q22 [     ]</p>
<p>The following question is about sitting at work, lying on sofa at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, travelling in car, bus, train, reading or watching television, but do not include time spent sleeping.</p>	
<p>23. <b>How much time do you usually spend sitting or lying on a sofa on a typical day?</b></p> <p>_____ hours per day</p> <p>_____ minutes per day</p>	<p>Q23 [     ]</p>

**Nutrition**

<p>The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition poster here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.</p>	<p>Code</p>
<p><b>24. In a typical week, on how many days do you eat fruit?</b></p> <p>_____ <b>days per week</b></p> <p>If Zero days, go to Q26.</p>	<p>Q24 [     ]</p>
<p><b>25. How many servings of fruit do you eat on one of those days?</b></p> <p>_____ <b>of servings</b></p>	<p>Q25 [     ]</p>
<p><b>26. In a typical week, on how many days do you eat vegetables?</b></p> <p>_____ <b>days per week</b></p> <p>If Zero days, go to Q28.</p>	<p>Q26 [     ]</p>
<p><b>27. How many servings of vegetables do you eat on one of those days?</b></p> <p>_____ <b>of servings</b></p>	<p>Q27 [     ]</p>
<p>With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce. The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as luncheon meat, salted fish, Szechuan vegetable, preserved radish, preserved cai xin, salted egg, chinese sausage (lap cheong), fermented beancurd, and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.</p>	
<p><b>28. How often do you add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it?</b></p> <p>Always (6-7 times per week) ..... <input type="text" value="1"/>      Rarely (once per month)... <input type="text" value="4"/></p> <p>Often (2-5 times per week) ..... <input type="text" value="2"/>      Never ..... <input type="text" value="5"/></p> <p>Sometimes (2-4 [1 time per week] times per month) ... <input type="text" value="3"/></p>	<p>Q28 [     ]</p>

<p><b>29. How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?</b></p> <p>Always (6-7 times per week) ..... <input type="text" value="1"/> Rarely (once per month)... <input type="text" value="4"/>                  Often (2-5 times per week) ..... <input type="text" value="2"/> Never ..... <input type="text" value="5"/>                  Sometimes (2-4 [1 time per week] times per month) ... <input type="text" value="3"/></p>	<p>Q29 [     ]</p>
<p><b>30. How often do you eat processed food high in salt? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles, Szechuan vegetables, and salty food prepared at a fast food restaurant, processed meat.</b></p> <p>Always (6-7 times per week) ..... <input type="text" value="1"/> Rarely (once per month)... <input type="text" value="4"/>                  Often (2-5 times per week) ..... <input type="text" value="2"/> Never ..... <input type="text" value="5"/>                  Sometimes (2-4 [1 time per week] times per month) ... <input type="text" value="3"/></p>	<p>Q30 [     ]</p>
<p><b>31. How much salt or salty sauce do you think you consume?</b></p> <p>Far too much (7 times per week).... <input type="text" value="1"/> Sometimes(1-3 times per week] <input type="text" value="3"/>                  Too much (4-6 times per week)..... <input type="text" value="2"/> Rarely (once per month)..... <input type="text" value="4"/></p>	<p>Q31 [     ]</p>
<p><b>32. How important to you is lowering the salt in your diet?</b></p> <p>Very important ..... <input type="text" value="1"/> Not at all important .... <input type="text" value="3"/>                  Somewhat important (50%).... <input type="text" value="2"/></p>	<p>Q32 [     ]</p>
<p><b>33. Do you think that too much salt or salty sauce in your diet could cause a health problem?</b></p> <p>Yes ..... <input type="text" value="1"/>                  No ..... <input type="text" value="2"/></p>	<p>Q33 [     ]</p>
<p><b>34. Do you do any of the following on a regular basis to control your salt intake?</b></p>	
<p><b>34a. Limit consumption of processed foods</b></p> <p>Yes ..... <input type="text" value="1"/> No ..... <input type="text" value="2"/></p>	<p>Q34a [     ]</p>
<p><b>34b. Look at the salt or sodium content on food labels</b></p> <p>Yes ..... <input type="text" value="1"/> No ..... <input type="text" value="2"/></p>	<p>Q34b [     ]</p>

<div style="text-align: center;">  <p><b>34c. Buy low salt/sodium alternatives</b></p> <p>Yes ..... <input type="text" value="1"/> No ..... <input type="text" value="2"/></p> </div>	<p>Q34c [    ]</p>
<p><b>34d. Use spices other than salt when cooking</b></p> <p>Yes ..... <input type="text" value="1"/> No ..... <input type="text" value="2"/></p>	<p>Q34d [    ]</p>
<p><b>34e. Avoid eating foods prepared outside of a home</b></p> <p>Yes ..... <input type="text" value="1"/> No ..... <input type="text" value="2"/></p>	<p>Q34e [    ]</p>
<p><b>34f. Do other things specifically to control your salt intake</b></p> <p>Yes ..... <input type="text" value="1"/> Other: _____ <input type="text" value="9"/></p> <p>No ..... <input type="text" value="2"/></p> <p>*If Yes, go to 'Other'</p>	<p>Q34f [    ]</p> <p>_____</p>
<p>The next questions ask about the oil or fat that is most often used for meal preparation in your household, and about meals that you eat outside a home.</p>	
<p><b>35. What type of oil or fat is most often used for meal preparation in your household?</b></p> <p>Vegetable oil ..... <input type="text" value="1"/> Non in particular/mixture..... <input type="text" value="5"/></p> <p>Lard or suet ..... <input type="text" value="2"/> None used ..... <input type="text" value="6"/></p> <p>Butter or ghee..... <input type="text" value="3"/></p> <p>Margarine..... <input type="text" value="4"/></p> <p>Other: _____ <input type="text" value="9"/></p>	<p>Q35 [    ]</p> <p>_____</p>
<p><b>36. On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.</b></p> <p>_____meals per week</p>	<p>Q36 [    ]</p>

<p><b>37. How often do you eat high-fat foods like fried chicken wings, curry puff, ngoh hiang, spring roll, samosa, Indian rojak, goreng pisang, yutiao, ham chi peng and roti prata, etc?</b></p> <p>Always (6-7 times per week) ..... <input type="text" value="1"/> Rarely (once per month)... <input type="text" value="4"/>                  Often (2-5 times per week) ..... <input type="text" value="2"/> Never ..... <input type="text" value="5"/>                  Sometimes (2-4 [1 time per week] times per month) ... <input type="text" value="3"/></p>	<p>Q37 [     ]</p>
<p><b>38. How often do you eat processed meats like luncheon meats, bak-kwa, chinese sausage, smoked duck, spiced pork cube, minced pork with bean paste, etc?</b></p> <p>Always (6-7 times per week) ..... <input type="text" value="1"/> Rarely (once per month)... <input type="text" value="4"/>                  Often (2-5 times per week) ..... <input type="text" value="2"/> Never ..... <input type="text" value="5"/>                  Sometimes (2-4 [1 time per week] times per month) ... <input type="text" value="3"/></p>	<p>Q38 [     ]</p>
<p><b>39. What type of dairy products do you usually eat/drink?</b></p> <p>Whole milk or full cream..... <input type="text" value="1"/> None ..... <input type="text" value="4"/>                  Low fat ..... <input type="text" value="2"/>                  Non-fat or skim milk ..... <input type="text" value="3"/></p>	<p>Q39 [     ]</p>
<p><b>40. Do you remove skin from poultry and trim visible fat from meats?</b></p> <p>Yes ..... <input type="text" value="1"/>                  No ..... <input type="text" value="2"/></p>	<p>Q40 [     ]</p>
<p><b>41. What type of bread or bread roll do you USUALLY eat?</b></p> <p>White bread (ordinary/enriched).. <input type="text" value="1"/> Do not eat bread or bread roll at all... <input type="text" value="4"/>                  Wholemeal bread ..... <input type="text" value="2"/> Others : _____ <input type="text" value="9"/>                  A mixture of white and wholemeal bread ... <input type="text" value="3"/></p>	<p>Q41 [     ]                  _____</p>
<p><b>42. What type of rice do you USUALLY eat?</b></p> <p>White rice ..... <input type="text" value="1"/> Mixture of white &amp; brown or red rice... <input type="text" value="4"/>                  Brown or red rice ..... <input type="text" value="2"/> Others : _____ <input type="text" value="9"/>                  Do not eat rice at all ..... <input type="text" value="3"/></p>	<p>Q42 [     ]                  _____</p>



<p>43. <b>What type of sweetening agent do you USUALLY add to tea, coffee or other beverages?</b></p> <p>Sugar..... <input type="checkbox"/> 1 Do not add any sweetening agent at all... <input type="checkbox"/> 3</p> <p>Artificial sweeteners e.g. NutraSweet/ Equal/Saccharin-based syrups ..... <input type="checkbox"/> 2 Others : _____ <input type="checkbox"/> 9</p>	<p>Q43 [     ]</p> <p>_____</p>
<p>44. <b>How often do you drink sweetened drinks? (e.g. soft drinks, fruit drinks, packet drinks, cordials, yoghurt-based drinks and cultured milk drinks, etc.)</b></p> <p>_____ days per week</p>	<p>Q44 [     ]</p>
<p>45. <b>How often do you eat sweet desserts and snacks? (e.g. cakes, kuehs, jellies, candies, chocolates, cookies, ice-cream, etc.)</b></p> <p>_____ days per week</p>	<p>Q45 [     ]</p>

SF-8™ Health Survey

<p>This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can. For each of the following questions, cross out a box that best describes your answer.</p>	<p><b>Code</b></p>
<p>46. <b>Overall, how would you rate your health during the past 4 weeks?</b></p> <p>Excellent ..... <input type="checkbox"/> 1 Fair ..... <input type="checkbox"/> 4</p> <p>Very Good ..... <input type="checkbox"/> 2 Poor ..... <input type="checkbox"/> 5</p> <p>Good ..... <input type="checkbox"/> 3 Very Poor ..... <input type="checkbox"/> 6</p>	<p>Q46 [     ]</p>
<p>47. <b>During the past 4 weeks, how much did physical health problems limit your physical activities (such as walking or climbing stairs)?</b></p> <p>Not at all ..... <input type="checkbox"/> 1 Quite a lot ..... <input type="checkbox"/> 4</p> <p>Very little..... <input type="checkbox"/> 2 Could not do physical activities ... <input type="checkbox"/> 5</p> <p>Somewhat..... <input type="checkbox"/> 3</p>	<p>Q47 [     ]</p>
<p>48. <b>During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?</b></p> <p>Not at all ..... <input type="checkbox"/> 1 Quite a lot ..... <input type="checkbox"/> 4</p> <p>Very little..... <input type="checkbox"/> 2 Could not do daily work ..... <input type="checkbox"/> 5</p> <p>Somewhat..... <input type="checkbox"/> 3</p>	<p>Q48 [     ]</p>

<p><b>49. How much bodily pain have you had during the past 4 weeks?</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">None .....</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="width: 50%;">Moderate .....</td> <td style="border: 1px solid black; width: 30px; text-align: center;">4</td> </tr> <tr> <td>Very mild .....</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>Severe .....</td> <td style="border: 1px solid black; text-align: center;">5</td> </tr> <tr> <td>Mild .....</td> <td style="border: 1px solid black; text-align: center;">3</td> <td>Very severe .....</td> <td style="border: 1px solid black; text-align: center;">6</td> </tr> </table>	None .....	1	Moderate .....	4	Very mild .....	2	Severe .....	5	Mild .....	3	Very severe .....	6	Q49 [     ]
None .....	1	Moderate .....	4										
Very mild .....	2	Severe .....	5										
Mild .....	3	Very severe .....	6										
<p><b>50. During the past 4 weeks, how much energy did you have?</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Very much .....</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="width: 50%;">A little .....</td> <td style="border: 1px solid black; width: 30px; text-align: center;">4</td> </tr> <tr> <td>Quite a lot.....</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>None .....</td> <td style="border: 1px solid black; text-align: center;">5</td> </tr> <tr> <td>Some .....</td> <td style="border: 1px solid black; text-align: center;">3</td> <td></td> <td></td> </tr> </table>	Very much .....	1	A little .....	4	Quite a lot.....	2	None .....	5	Some .....	3			Q50 [     ]
Very much .....	1	A little .....	4										
Quite a lot.....	2	None .....	5										
Some .....	3												
<p><b>51. During the past 4 weeks, how much did your physical health or emotional problems (such as feeling anxious, depressed or irritable) limit your usual social activities with family or friends?</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Not at all .....</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="width: 50%;">Quite a lot .....</td> <td style="border: 1px solid black; width: 30px; text-align: center;">4</td> </tr> <tr> <td>Very little.....</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>Could not do social activities...</td> <td style="border: 1px solid black; text-align: center;">5</td> </tr> <tr> <td>Somewhat.....</td> <td style="border: 1px solid black; text-align: center;">3</td> <td></td> <td></td> </tr> </table>	Not at all .....	1	Quite a lot .....	4	Very little.....	2	Could not do social activities...	5	Somewhat.....	3			Q51 [     ]
Not at all .....	1	Quite a lot .....	4										
Very little.....	2	Could not do social activities...	5										
Somewhat.....	3												
<p><b>52. During the past 4 weeks, how much have you been bothered by emotional problems?</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Not at all .....</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="width: 50%;">Quite a lot .....</td> <td style="border: 1px solid black; width: 30px; text-align: center;">4</td> </tr> <tr> <td>Slightly .....</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>Extremely .....</td> <td style="border: 1px solid black; text-align: center;">5</td> </tr> <tr> <td>Moderately .....</td> <td style="border: 1px solid black; text-align: center;">3</td> <td></td> <td></td> </tr> </table>	Not at all .....	1	Quite a lot .....	4	Slightly .....	2	Extremely .....	5	Moderately .....	3			Q52 [     ]
Not at all .....	1	Quite a lot .....	4										
Slightly .....	2	Extremely .....	5										
Moderately .....	3												
<p><b>53. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Not at all .....</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="width: 50%;">Quite a lot .....</td> <td style="border: 1px solid black; width: 30px; text-align: center;">4</td> </tr> <tr> <td>Very little.....</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>Could not do daily activities...</td> <td style="border: 1px solid black; text-align: center;">5</td> </tr> <tr> <td>Somewhat.....</td> <td style="border: 1px solid black; text-align: center;">3</td> <td></td> <td></td> </tr> </table>	Not at all .....	1	Quite a lot .....	4	Very little.....	2	Could not do daily activities...	5	Somewhat.....	3			Q53 [     ]
Not at all .....	1	Quite a lot .....	4										
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Somewhat.....	3												

Thank you for answering the questions. We really appreciate your time and assistance.

**Office Use only:**

**Interviewer Name** \_\_\_\_\_

**Measurements**

**Your Program Ambassador will conduct the following measurements:**

**Waist circumference (cm)**  
(record to the nearest 0.5cm)

\_\_\_\_\_ (cm)

**Hip circumference (cm)**  
(record to the nearest 0.5cm)

\_\_\_\_\_ (cm)

**Waist Hip Ratio**  
(record to the nearest 0.5cm)

\_\_\_\_\_ (cm)

**BMI [Weight/Height<sup>2</sup>]** \_\_\_\_\_ kg/m<sup>2</sup>

Measurement: Wt \_\_\_\_\_ kg  
Ht \_\_\_\_\_ m

**Body fat percentage**

Measurement : \_\_\_\_\_ %

**Program ambassadors: Please check through the questionnaire to make sure the participant has answered all of the questions.**

**Name of Participant:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Home phone no:** \_\_\_\_\_ **Mobile no:** \_\_\_\_\_