

SID



# **MALAYSIA AGEING AND RETIREMENT SURVEY**

## **1<sup>ST</sup> WAVE 2018**

**Social Wellbeing Research Centre (SWRC)  
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**Remarks (For Interviewer)**

No	Date of Interview	Length	Start time	End time

Name of Interviewer: \_\_\_\_\_

Field Supervisor: \_\_\_\_\_

## SC1

### Interviewer Checkpoint

- ◆ ENSURE you are talking to the respondent
- ◆ ENSURE Age at Date of Birth must be at least 40 years

1            Continue

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### LanguageSelection

Please select your language

1	English	GO TO Confidentiality
2	Malay	GO TO Confidentiality
3	Chinese/ Mandarin	GO TO Confidentiality
4	Tamil	GO TO Confidentiality
97	<b>Other - Specify (Local dialects e.g. Iban, Kadazan, Hokkien, Cantonese, etc.)</b>	
DK	Don't Know	GO TO Confidentiality
RF	Refused	GO TO Confidentiality

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### LanguageSelectOther

Please select your language

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### Confidentiality

Good morning/afternoon, my name is \_\_\_\_\_, and I work for the Social Wellbeing Research Centre (SWRC), formerly known as SSRC, University of Malaya (**SHOW ID**). 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            **Select '1' to continue**

---

### A101RName

Could you please confirm your full name?

---

**A101RSex**

**Interviewer Checkpoint**

Is the respondent male or female?

- 1 Male
  - 5 Female
  - DK Don't Know
  - RF Refused
- 

**A101RDOB**

What is your date of birth?

**DD/MM/YYYY**

**ENTER day**

1 - 31

---

**A101RMonth**

(What is your date of birth?)

**DD/MM/YYYY**

**ENTER month**

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

- DK Don't Know
  - RF Refused
  - EMPTY Empty
- 

**A101RYear**

(What is your date of birth?)

**DD/MM/YYYY**

**ENTER year**

1900 - 2019

---

**xCalculatedAge**

**A101Alone**

I have some questions about the members of your household. Is there anyone else who lives with you in this house?

- |    |            |                            |
|----|------------|----------------------------|
| 1  | Yes        |                            |
| 5  | No         | GO TO SectionStatus.SecEnd |
| DK | Don't Know | GO TO SectionStatus.SecEnd |
| RF | Refused    | GO TO SectionStatus.SecEnd |

---

**A101HH**

Excluding you, how many people live in this house? Please include those who have lived at this location most of the time for the past 12 months or living apart temporarily.

---

IF A101Alone = Yes

- |       |                                 |
|-------|---------------------------------|
| True  |                                 |
| False | GO TO SecParticipation.SecStart |
-

A101: Make a complete list of individuals in the family starting with the respondent.

(IWER: Please include those who have lived at this location most of the time for the past 12 months or living apart temporarily. Please tick (/) in the appropriate columns.)

No.	A101HName	A101Sex		A101HDOB	A101Age	A101HRelatio													
	Can you tell me their names?  ◆ <b>ENTER first name only</b> ◆ <b>IF R refuse to give names, can use alias names</b>	Is [HH First Name] male or female? 1. Male 5. Female		What is [HH First Name]'s date of birth? <b>DD/MM/YYYY</b>	<b>Age</b> (Year 2018)	<b>What is [HH First Name]'s relationship to you?</b> 1. Ownself 2. Spouse 3. Parent/ Parent in-law/ Adopted Parent/ Step Parent 4. Son /Step Son / 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) DK Don't Know RF Refused													
		1	5			1	2	3	4	5	6	7	8	9	10	11	12	97 Specify:	
1																			
2																			
3																			
4																			
5																			
6																			

No.	A101HName	A101Sex		A101HDOB	A101Age	A101HRelatio													
	Can you tell me their names? ◆ <b>ENTER first name only</b> ◆ <b>IF R refuse to give names, can use alias names</b>	Is [HH First Name] male or female? 1. Male 5. Female		What is [HH First Name]'s date of birth? <b>DD/MM/YYYY</b>	<b>Age</b> (Year 2018)	<b>What is [HH First Name]'s relationship to you?</b> 1. Ownself 2. Spouse 3. Parent/ Parent in-law/ Adopted Parent/ Step Parent 4. Son /Step Son / 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) DK Don't Know RF Refused													
		1	5			1	2	3	4	5	6	7	8	9	10	11	12	97 Specify:	
7																			
8																			
9																			
10																			

**ConfScreen**

- ◆ If any of this information is incorrect, please click on the name on the left to go back and change it.
- ◆ If the information is correct, select "1" to continue
- ◆ Once you select "1" to continue on this screen you will no longer be able to add or to edit this list
- ◆ Select "1" to continue

1 Continue      GO TO SectionStatus

## Section Participation

### SecStart

Are you ^pName?

- Yes
  - No, I am another household member
  - No, I am the interviewer
- 

### PSR3

Are you willing and able to do the survey?

- 1. Yes
  - 5. No
- DK Don't Know                      RF                      Refused
- 

### PSR4

Can you please confirm your full name?

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### PSR5

Are you refusing to participate on behalf of respondent?

- 1. Yes
  - 5. No
  - DK Don't Know
  - RF Refused
- 

### PSR6\_1[1]

Was the respondent refusal to participate related to the following topics?

◆ **ENTER all that apply**

◆ **For multiple responses, use [space] or [-] to separate responses**

- Time of burden
- Lack of interest
- Confidentiality
- Personal or sensitive questions
- Purpose of study
- Government
- "Why me"
- Surveys are voluntary
- Incentive insufficient
- Health/ Age (Too sick/too old)
- Interview length
- Positive statements only
- No statements given
- 97. Other - Specify



**Section A: Background Information**

A200b Were you born in Malaysia?

- 1 Yes Go to A201a       5 No Go to A201c

A201\_a In which state were you born?

State:

A201\_b In which district were you born?

District:

A201\_c (In which district were you born?)

A201\_d In which country were you born?

Country:

A202 What is your ethnicity?

1. Malay  
 2. Chinese  
 3. Indian  
 97. **Others Ethnicity - Specify:** \_\_\_\_\_

A203 What is your religion?

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

A204 What is your marital status?

1. Never married  
 2. Married  
 3. Widowed – since what year: \_\_\_\_\_  
 4. Divorced/ Separated – since what year: \_\_\_\_\_  
 DK Don't Know  
 RF Refused

A205 What is the highest level of education?

- |  |   |
|--|---|
| <input type="radio"/> 1. No Schooling                  | <input type="radio"/> 6. Upper secondary (Form 4-5) |
| <input type="radio"/> 2. Kindergarten/ Nursing         | <input type="radio"/> 7. Vocational / Technical     |
| <input type="radio"/> 3. Religious education           | <input type="radio"/> 8. Pre-U / Diploma/ Form 6    |
| <input type="radio"/> 4. Primary school (Standard 1-6) | <input type="radio"/> 9. First Degree               |
| <input type="radio"/> 5. Lower secondary (Form 1-3)    |   |

A206 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.): \_\_\_\_\_
- DK Don't Know
- RF Refused

A207 What is your native language? 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.): \_\_\_\_\_
- DK Don't Know
- RF Refused

A208 How well do you speak your native language?

- 1. Not at all fluent
- 2. Not fluent
- 3. Moderate
- 4. Fluent

A209 How proficient are you in writing in your native language?

- 1. Not proficient at all
- 2. Not proficient
- 3. Moderate
- 4. Proficient

**SECTION B1: FAMILY SUPPORT AND TRANSFER – CHILDREN**

**Parallel Block Assignment - If A101Relation\_1 =2, Skip to B104 (Spouse of R); If A101Relation\_1 ≠2, Go to B101**

No	B102a NAME  Please tell me the first name of your living children, including step children and adopted children, starting with the eldest child.  ◆ <b>If R refuses to give name, can use alias names.</b>	B102b  How old ^B102a  ◆ <b>Age of Children in current year</b>  <b>DK ALLOWED</b>	B102c  Is ^B102a male or female?  1. Male 5. Female DK Don't know RF Refused	B102d  Relationship with the child  1. Child from current spouse 2. Child from ex-spouse 3. Step Child 4. Adopted child	B102e  Highest level of education  1. No schooling 2. Kindergarten/ Nursing 3. Religious education 4. Primary school (Standard 1-6) 5. Lower secondary (Form 1-3) 6. Upper secondary (Form 4-5) 7. Vocational/ Technical 8. Pre-U/ Diploma/ Form 6 9. First Degree 10. Postgraduate/ Equivalent Qualification DK Don't know RF Refused	B102f  Working status  1. Still In School/College 2. Working full time 3. Working part time/ non-permanent. 4. Self-employed 5. Unemployed (seeking employment) 6. Unemployed (not seeking employment) 7. Housewife/ Househusband 8. Retired 97 <b>Other - Specify:</b>  DK Don't Know RF Refused	B102g  Marital status  1. Never married 2. Married 3. Widowed 4. Divorced/ Separated DK Don't know RF Refused	B102i  Including step children and adopted children, how many children does ^B102a have?  ◆ <b>ENTER 0 if don't have any children</b>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

B101 Including step child and adopted child, how many living children do you have?

◆ **ENTER '0' if don't have any living children** Number of child:   **If n=0, go to B201**

B102 Please complete the following table which relates to information of your children

No.	[Name]	B103a Where does [NAME] live?  1. Live with respondent 2. Live close by (within 5km) 3. Live elsewhere/ abroad DK Don't Know  IF ANSWER IS 1, <u>GO TO B103b</u>  IF ELSE, <u>GO TO B103d</u>	B103b  <b><u>IF B103a = 1</u></b>  Did this child move to live with you, you moved to live with this child, you and this child moved to live together or this child has always lived with you? 1. This child moved to live with you 2. You moved to live with this child 3. You and this child moved to live together 4. This child has always lived with you.	B103c  <b><u>IF B103a = 1</u></b>  Why did your child live together?  1. To support this child 2. To support you 3. To support each other	B103d  <b><u>IF B103a = 2,3,4</u></b>  In the last 12 months, how often did you meet this child in person? ◆ <b>NO NEED to read categories but can probe</b>  1. Daily 2. Several times a week 3. Several times a month 4. At least 4 times a year 5. Less than 4 times a year 6. Have not met in the last 1 year	B103e  <b><u>IF B103a = 2,3,4</u></b>  In the last 12 months, how often have you had contact with this child, either by phone or email? ◆ <b>NO NEED to read categories but can probe</b>  1. Daily 2. Several times a week 3. Several times a month 4. At least 4 times a year 5. Less than 4 times a year 6. Have no contact in the last 1 year
1						
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B104 Family support and transfer – Child to R

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 ^B102a in the last 12 months?

1. Yes

**IF YES, ANSWER B104a**

5. No

**IF NO, SKIP TO B105**

No	[Name]	B104a Did you <u>receive</u> any financial support from this child?  1. Yes <b><u>IF YES, GO TO B104b</u></b>  5. No <b><u>IF NO, SKIP TO B104d</u></b>	B104b_1 If yes, how much did you receive?  ♦ <b>ENTER CTRL+R if R refused to reveal any giving/ receiving amount.</b>	B104b_2 RM by 1. Month <b><u>IF ANSWER IS 1, SKIP TO B104d</u></b>  2. Year <b><u>IF ANSWER IS 2, GO TO B104c</u></b>	B104c If you occasionally receive financial support, in which situation would you receive support from this child? ♦ <b>NO NEED to read categories but can probe</b> ♦ <b>ENTER all that apply</b> ♦ <b>For multiple responses, use [space] or [-] to separate responses</b> 1. When sick and needed to pay for medical fee 2. Unemployed/ No income 3. When could not make end meet 4. Special occasions (e.g. birthday, Eid, New Year, etc.) 97. <b>Other – Specify (e.g. contribution during visit, etc.)</b>	B104d Did you receive non-monetary support from this child? 1. Yes <b><u>IF YES, GO TO B104e</u></b>  5. No <b><u>IF NO, SKIP TO B105</u></b>  DK Don't Know RF Refused	B104e What kind of non-monetary support did you receive from this child? ♦ <b>NO NEED to read categories but can probe</b> ♦ <b>ENTER all that apply</b> ♦ <b>For multiple responses, use [space] or [-] to separate responses</b> 1. Clothes/ Household items 2. Medication/ Supplement (e.g. vitamins) 3. Appliances 4. Food/ Groceries 5. Help with housework or look after your house 6. Take you on a trip 7. Advice/ keep you company 97. <b>Other - Specify</b>
1							
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B105 Family Transfer – R to Child

Now I want 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 **IF YES, ANSWER B105a**
5. No **IF NO, SKIP TO B201**

No	[Name]	B105a Did you <u>give</u> any financial support to this child?  1. Yes <u>IF YES, GO TO B105b_1</u>  5. No <u>IF NO, SKIP TO B105d</u>  DK Don't Know RF Refused	B105b_1 If yes, how much did you give?  ♦ ENTER CTRL+R if R refused to reveal any giving/ receiving amount.	B105b_2 RM by  1. Month <u>IF ANSWER IS 1, SKIP TO B105d</u>  2. Year <u>IF ANSWER IS 2, GO TO B105c</u>	B105c If you occasionally gave financial support, in which situation would you give support to the child? ♦ NO NEED to read categories but can probe ♦ ENTER all that apply ♦ For multiple responses, use [space] or [-] to separate responses <b>1. When sick and needed to pay for medical fee</b> <b>2. Still Studying (School/University) /Unemployed/ No income</b> <b>3. When could not make end meet</b> <b>4. Special occasions (e.g. birthday, Eid, New Year, etc.)</b> 97 Other - Specify (e.g. contribution during visit, support grandchildren, etc.)	B105d Did you give non-monetary support to this child? 1. Yes <u>IF YES, GO TO B105e</u>  5. No <u>IF NO, SKIP TO B201</u>  DK Don't Know RF Refused	B105e What kind of non-monetary support did you give to this child? ♦ NO NEED to read categories but can probe ♦ ENTER all that apply ♦ For multiple responses, use [space] or [-] to separate responses  <b>1. Taking care of his/her children</b> <b>2. Clothing / Household items</b> <b>3. Medication/ Supplement (e.g. vitamins)</b> <b>4. Appliances</b> <b>5. Food/ Groceries</b> <b>6. Help with housework or look after his/her house</b> <b>7. Take him/her on a trip</b> <b>8. Advice/ keep him/her company</b> 97 Other - Specify:
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**SECTION B2: FAMILY SUPPORT AND TRANSFER - PARENTS**

Sec.Start Next, I would like to ask you some information about your parents.

1. **Continue**

B200b Are your parents/ parents-in-law still alive?

1. Yes

5. No

DK Don't Know

RF Refused

**IF ANY STILL ALIVE, PROCEED TO B201**

**IF NONE ALIVE, SKIP TO B205**

<p>B201[1] Which of your parents, including your father-in-law and mother-in-law, are still alive?                  ♦ <b>ENTER all that apply</b>                  ♦ <b>For multiple responses, use [space] or [-] to separate responses</b></p>	<p><input type="radio"/> <b>Father</b></p>	<p><input type="radio"/> <b>Mother</b></p>	<p><input type="radio"/> <b>Father-in-law</b></p>	<p><input type="radio"/> <b>Mother-in-law</b></p>
<p>B202a Name of [PARENT]</p>				
<p>B202b Age                  ♦ <b>Age of Parent in current year</b></p>				
<p>B202c Marital Status                  1. Married and live together                  2. Married but do not live together                  3. Widowed                  4. Divorced/ separated                  DK Don't Know                  RF Refused</p>				
<p>B202d Living arrangement with R                  1. Live with respondent → <b><u>SKIP TO B203</u></b>                  2. Live close by (within 5km)                  3. Live elsewhere/ abroad                  4. Nursing facility</p>				
<p><b>SKIP POINT: IF B202d IS 1, SKIP TO B203, IF ELSE, PROCEED TO B202e</b></p> <p>B202e_1                  For the last 12 months, with whom does [PName] live with the most?                  1. Live by spouse/ himself/ herself                  2. Live with other children                  3. Live with relatives                  4. <b>Other – Specify (e.g. friends, neighbours, etc.)</b></p>				

	<b>Father</b>	<b>Mother</b>	<b>Father-in-law</b>	<b>Mother-in-law</b>
<p>B202f How close is [PName]'s residence to you? (If travel by car).</p> <ol style="list-style-type: none"> <li>1. Less than 1 hour</li> <li>2. 1 to less than 2 hours</li> <li>3. 2 to less than 3 hours</li> <li>4. At least 3 hours</li> </ol>				
<p>B202g In the last 12 months, how often did you meet [PName] in person?</p> <ol style="list-style-type: none"> <li>1. Daily</li> <li>2. Several times a week</li> <li>3. Several times a month</li> <li>4. At least 4 times a year</li> <li>5. Less than 4 times a year</li> <li>6. Have not met in the last 1 year</li> </ol>				
<p>B202h In the last 12 months, how often have you had contact with [PName], either by phone or email?</p> <ol style="list-style-type: none"> <li>1. Daily</li> <li>2. Several times a week</li> <li>3. Several times a month</li> <li>4. At least 4 times a year</li> <li>5. Less than 4 times a year</li> <li>6. Have no contact in the last 1 year</li> </ol>				



B203 Family support and transfer - Parents to R

Now I want to ask you 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 **IF YES, ANSWER B203a**
5. No **IF NO, SKIP TO B204**
- DK Don't Know RF Refused

[PARENT]	B203a	B203b	B203b_2	B203c	B203d	B203e
	<p><b>In the last 12 months, did you <u>receive</u> any financial support from [PName]?</b></p> <p><b>1. Yes</b></p> <p><u>IF YES, GO TO B203b</u></p> <p><b>5. No</b></p> <p><u>IF NO, SKIP TO B203d</u></p> <p><b>DK Don't Know</b> <b>RF Refused</b></p>	<p><b>How much did you receive?</b></p> <p>◆ ENTER CTRL+R if R refused to reveal any giving/ receiving amount.</p>	<p><b>by</b></p> <p><b>1. Month</b></p> <p><u>IF ANSWER IS 1, SKIP TO B203d</u></p> <p><b>2. Year</b></p> <p><u>IF ANSWER IS 5, GO TO B203c</u></p>	<p><b>If you occasionally receive financial support, in which situation would you receive support from [PName]?</b></p> <p>◆ NO NEED to read categories but can probe</p> <p>◆ ENTER all that apply</p> <p>◆ For multiple responses, use [space] or [-] to separate responses</p> <p><b>1. When sick and needed to pay for medical fee</b></p> <p><b>2. Unemployed / no income</b></p> <p><b>3. When could not make end meet</b></p> <p><b>4. Special occasions (e.g. birthday, Eid, New Year, etc.)</b></p> <p><b>97. Other - Specify (e.g. contribution during visit, support grandchildren, etc.)</b></p>	<p><b>In the last 12 months, did you receive non-monetary support from [PName]?</b></p> <p><b>1. Yes</b></p> <p><u>IF YES, GO TO B203e</u></p> <p><b>5. No</b></p> <p><u>IF NO, SKIP TO B204</u></p> <p><b>DK Don't Know</b> <b>RF Refused</b></p>	<p><b>What kind of non-monetary support did you receive from [PName]?</b></p> <p>◆ NO NEED to read categories but can probe</p> <p>◆ ENTER all that apply</p> <p>◆ For multiple responses, use [space] or [-] to separate responses</p> <p><b>1. Taking care of your children</b></p> <p><b>2. Clothing/ Household items</b></p> <p><b>3. Medication/ Supplement (e.g. vitamins)</b></p> <p><b>4. Appliances</b></p> <p><b>5. Food/ Groceries</b></p> <p><b>6. Help with housework or look after your house</b></p> <p><b>7. Take you on a trip</b></p> <p><b>8. Advice/ keep you company</b></p> <p><b>97. Other - Specify</b></p>
Father						
Mother						
Father-in-law						
Mother-in-law						

B204 Family Support and Transfer – R to Parents

Now I want to ask you about the support you have given to your parent.

Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you give any kind of support, either financial or non-monetary support to [PName] in the last 12 months?

1. Yes      **IF YES, ANSWER B204a**  
 5. No        **IF NO, SKIP TO B205**  
 DK Don't Know    RF Refused

<b>[PARENT]</b>	<b>B204a</b>  In the last 12 months, did you <u>give</u> any financial support to [PName]?  1. Yes  <u>IF YES, GO TO B204b_1</u>  5. No  <u>IF NO, SKIP TO B204d</u>	<b>B204b_1</b>  If yes, how much did you give?  ♦ ENTER CTRL+R if R refused to reveal any giving/ receiving amount.	<b>B204b_2</b>  by  1. Month  <u>IF ANSWER IS 1, SKIP TO B204d</u>  2. Year  <u>IF ANSWER IS 5, GO TO B204c</u>	<b>B204c</b>  If you occasionally gave financial support, in which situation would you give support to [PName]?  ♦ NO NEED to read categories but can probe ♦ ENTER all that apply ♦ For multiple responses, use [space] or [-] to separate responses  1. When sick and needed to pay for medical fee 2. Unemployed / No income 3. When could not make end meet 4. Special occasions (e.g. birthday, Eid, New Year, etc.) 97 Other - Specify	<b>B204d</b>  In the last 12 months, did you <u>give</u> non-monetary support to [PName]?  1. Yes  <u>IF YES, GO TO B204e</u>  5. No  <u>IF NO, SKIP TO B205</u>	<b>B204e</b>  What kind of non-monetary support did you give to [PName]? ♦ NO NEED to read categories but can probe ♦ ENTER all that apply ♦ For multiple responses, use [space] or [-] to separate responses  1. Clothing/ Household items 2. Medication/ Supplement (e.g. vitamins) 3. Appliances 4. Food/ Groceries 5. Help with housework or look after his/her house 6. Take him/her on a trip 7. Advice/ keep him/her company 97 Other - Specify
Father						
Mother						
Father-in-law						
Mother-in-law						

B205 Assistance in daily living activities

	<p><b>B205[1]</b></p> <p>Please tick (/) 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> <ul style="list-style-type: none"> <li>◆ ENTER all that apply</li> <li>◆ For multiple responses, use [space] or [-] to separate responses</li> <li>◆ ENTER '0' if none require care</li> </ul>	<p><b>B205b</b></p> <p>If [your father, your mother, your father-in-law and your mother-in-law] requires care or assistance in daily activities, who will usually will help the most?</p> <ul style="list-style-type: none"> <li>◆ ENTER at most 2 persons</li> <li>◆ For multiple responses, use [space] or [-] to separate responses</li> </ul> <ol style="list-style-type: none"> <li>1. Myself</li> <li>2. Spouse</li> <li>3. Brother</li> <li>4. Sister</li> <li>5. Son</li> <li>6. Daughter</li> <li>7. Grandson</li> <li>8. Granddaughter</li> <li>9. Domestic Maid</li> <li>10. Professional Caregiver</li> <li>97. Other - Specify (cousin, neighbour, friend etc.)</li> </ol>	<p><b>B205c</b></p> <p>Does [[your father, your mother, your father-in-law and your mother-in-law] require nursing care?</p> <p>1. Yes → <u>GO TO B205d</u></p> <p>5. No → <u>Skip to B301</u></p> <p><b>DK Don't Know</b> <b>RF Refused</b></p>	<p><b>B205d</b></p> <p>How many hours of your time per week were spent on taking care of [your father/ your mother/ your father-in-law/ your mother-in-law] every week?</p> <p>→ <u>GO TO B301</u></p>
<b>0. None</b>				
<b>3. Father</b>				
<b>4. Mother</b>				
<b>5. Father-in-law</b>				
<b>6. Mother-in-law</b>				

**SECTION B3: FAMILY SUPPORT AND TRANSFERS - SIBLINGS**

SecStart Now I would like to ask you 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 → SKIP TO SECTION C**

Number of siblings

B301a How many siblings did you receive/ give support in the last 12 months? This includes monetary and non-monetary support.

◆ **ENTER '0' if don't have any living siblings OR if don't receive/ give support to living siblings → SKIP TO SECTION C**

Number of siblings

B302 Please complete the following table which relates to information of your siblings

No	B302a Can you tell me their first names? (Only those who receive/ give support.)  ◆ If R refuses to give name, can use alias names.	B302b How old is [SiblingName]?  ◆ Age of Sibling in current year	B302c Gender  1. Male 5 Female  DK Don't Know  RF Refused	B302d Marital status  1. Never married 2. Married 3. Widowed 4. Divorced/ separated DK Don't Know RF Refused	B302e_1 Does [SiblingName] have any children including step children and adopted children?  1. Yes GO TO B302e_2 5. No GO TO B302f DK Don't Know RF Refused	B302e_2 If YES, how many living children?	B302f In the last 12 months, did this sibling work for pay/ salary?  1. Yes 5. No DK Don't Know RF Refused	B302g How would you compare [SiblingName]'s economic status to yours?  1. Much better 2. Better 3. Similar 4. Worse than 5. Much worse
1								
2								
3								
4								
5								
6								
7								
8								

B303 Living Arrangement

No.	[Name]	IF B303a = 1 LIVE WITH R		IF B303a = 2 LIVE WITH PARENTS		IF ELSE, SKIP TO B303f & B303g	
		B303a Where does [SiblingName] live?  1. Live with respondent 2. Live with parents 3. Live close by (within 5km) 4. Live elsewhere/ abroad 5. No contact  <b>IF B303a = 1, GO TO B303b</b>  <b>IF B303a = 2, GO TO B303d</b>  <b>IF ELSE, SKIP TO B303f &amp; B303g</b>	B303b  If live together with you, did [SiblingName] move to live with [SiblingName], you and [SiblingName] moved to live together or did [SiblingName] has always lived with you?  1. This sibling moved to live with you 2. You moved to live with this sibling 3. You and this sibling moved to live together 4. This sibling has always lived with you.	B303c  Why did you and [SiblingName] live together?  1. To support this sibling 2. To support you 3. To support each other  <b><u>SKIP TO B303f &amp; B303g</u></b>	B303d  If [SiblingName] live together your parents, did [SiblingName] move to live with your parents, parents moved to live with [SiblingName], your parents and [SiblingName] moved to live together or [SiblingName] has always lived with your parents?  1. This sibling moved to live with your parents 2. Parents moved to live with this sibling 3. Parents and siblings moved to live together 4. This sibling has always lived with parents.	B303e  Why did your parents and [SiblingName] move to live together?  1. To support this sibling 2. To support parents 3. To support each other <b>97. Other - Specify</b>  <b><u>SKIP TO B304</u></b>	B303f  In the last 12 months, how often did you meet [SiblingName] in person?  1. Daily 2. Several times a week 3. Several times a month 4. At least 4 times a year 5. Less than 4 times a year 6. Have not met in the last 1 year
1							
2							
3							
4							
5							
6							
7							
8							

B304 Family Support and Transfer: Siblings → R

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?

1. Yes **IF YES, ANSWER B304a**  
 5. No **IF NO, SKIP TO B305**

No	[Name]	B304a  In the last 12 months, did you receive any financial support from [SiblingName]?  1. Yes  <u>IF YES, GO TO B304b</u>  5. No  <u>IF NO, SKIP TO B304d</u>	B304b_1  If yes, how much did you receive?  ♦ ENTER CTRL+R if R refused to reveal any giving/ receiving amount.	B304b_2  by  1. Month  <u>IF ANSWER IS 1, SKIP TO B304d</u>  2. Year  <u>IF ANSWER IS 2, GO TO B304c</u>	B304c  If you occasionally receive financial support, in which situation would you receive support from [SiblingName]?  ♦ NO NEED to read categories but can probe ♦ ENTER all that apply ♦ For multiple responses, use [space] or [-] to separate responses  1. When sick and needed to pay for medical fee 2. Still in studying (School/ University)/ Unemployed/ No income 3. When could not make end meet 4. Special occasions (e.g. birthday, Eid, New Year, etc.) 97.Other - Specify	B304d  In the last 12 months, did you <u>receive non-monetary support</u> from [SiblingName]?  1. Yes  <u>IF YES, GO TO B304e</u>  5. No  <u>IF NO, SKIP TO B305</u>	B304e  What kind of non-monetary support did you receive from [SiblingName]?  ♦ NO NEED to read categories but can probe ♦ ENTER all that apply ♦ For multiple responses, use [space] or [-] to separate responses  1. Take care of your children/ grandchildren 2. Clothing/ Household items 3. Medication/ Supplement (e.g. vitamins) 4. Appliances 5. Food/ Groceries 6. Help with housework or look after your house 7. Take you on a trip 8. Advice/ keep you company 97.Other - Specify:
1							
2							
3							
4							
5							
6							
7							
8							

B305 Family Transfer – R to Sibling

Now I want to ask about the support you have given to your sibling.

Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you give any kind of support either financial or non-monetary to [Siblingname] in the last 12 months?

1. Yes **IF YES, ANSWER B305a**  
 5. No **IF NO, SKIP TO C101**  
 DK Don't Know RF Refused

No	[Name]	B305a In the last 12 months, did you <u>give</u> any financial support to [SiblingName] ? 1. Yes <b><u>IF YES, GO TO B305b 1</u></b> 5. No <b><u>IF NO, SKIP TO B305d</u></b>	B305b_1 If yes, how much did you give? ♦ <b>ENTER CTRL+R if R refused to reveal any giving/ receiving amount.</b>	B305b_2 by 1. Month <b><u>IF ANSWER IS 1, SKIP TO B305d</u></b> 2. Year <b><u>IF ANSWER IS 2, GO TO B305c</u></b>	B305c If you occasionally gave financial support, in which situation would you give support to [SiblingName] ? ♦ <b>NO NEED to read categories but can probe</b> ♦ <b>ENTER all that apply</b> ♦ <b>For multiple responses, use [space] or [-] to separate responses</b> 1. When sick and needed to pay for medical fee 2. Still in studying (School/ University) /Unemployed/ No income) 3. When could not make end meet 4. Special occasions (e.g. birthday, Eid, New Year, etc.) 97. <b>Other - Specify</b>	B305d In the last 12 months, did you <u>give</u> non-monetary support to [SiblingName] ? 1. Yes <b><u>IF YES, GO TO B305e</u></b> 5. No <b><u>IF NO, SKIP TO C101</u></b>	B305e What kind of non-monetary support did you give to this sibling? ♦ <b>NO NEED to read categories but can probe</b> ♦ <b>ENTER all that apply</b> ♦ <b>For multiple responses, use [space] or [-] to separate responses</b> 1. Take care of his/her children/ grandchildren 2. Clothes/ Household items 3. Medication/ Supplement (e.g. vitamins) 4. Appliances 5. Food/ Groceries 6. Help with housework or look after his/her house 7. Take him/her on a trip 8. Advice/ keep him/her company 97. <b>Other - Specify</b>
1							
2							
3							
4							
5							
6							
7							
8							

**Section C1: Health Status**

SecStart 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. Very good
- 2. Good
- 3. Moderate
- 4. Poor
- 5. Very poor

C102 Compare your current health to your health for the last 12 months, would you say your health now is much better, better, about the same, worse or much worse?

- 1. Much better
- 2. Better
- 3. About the same
- 4. Worse
- 5. Much worse

C103 Did you experience any pain or ache in the following body parts in the last 30 days that limit your daily activities?

- ◆ **ENTER '0' if don't feel any pain or ache at all**
- ◆ **ENTER all that apply**
- ◆ **For multiple responses, use [space] or [-] to separate responses**

<b>Body Part</b>	<b>Limit your daily activities (/)</b>
0. None	
1. Head	
2. Neck	
3. Shoulder	
4. Arms	
5. Wrist	
6. Fingers	
7. Chest	
8. Stomach	
9. Back	
10. Hips	
11. Legs	
12. Knees	
13. Ankles	
14. Toes	
97. <b>Other - Specify</b>	



C104 Have you been diagnosed from a doctor for the following illnesses? If yes, when it was first diagnosed?  
Does it need a treatment or involve taking any medication and injection? And does that illness limit your daily activities?

- ◆ **NO NEED to read categories**
- ◆ **ENTER '0' if have not been diagnosed from a doctor**
- ◆ **ENTER all that apply**
- ◆ **For multiple responses, use [space] or [-] to separate responses**

Illnesses	C104a What illnesses have you been diagnosed by your doctors?	C104b Year first diagnosed	C104c Any treatment/ taking any medication?		C104d Limit your daily activities?	
			1. Yes	5. No	1. Yes	5. No
0. None						
1. Asthma			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bladder disorder (difficulty in urinating, enlarged prostate)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cancer or other malignant tumour (including leukaemia, lymphoma)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stroke			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Chronic lung disease (chronic bronchitis, emphysema etc.)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dementia/Alzheimer's			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Depression, emotional disorder			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Diabetes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Femoral neck fracture			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Heart diseases (angina, heart failure, cardiac infarction, heart valve disease, etc.)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. High blood pressure			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. High cholesterol			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Joint disorder (arthritis, rheumatism)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Liver disease (hepatitis B or C, hepatic cirrhosis etc., excluding liver cancer)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Osteoporosis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Parkinson's disease			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Ulcer or other gastrointestinal disorder			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Vertigo			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. <b>Other - (Specify the most serious):</b> .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C105 In the last 24 months, were you involved in any accident that affects your physical health? If yes, does it limits your daily activities?

- ◆ **READ all categories**
- ◆ **ENTER '0' if did not involve any accident**
- ◆ **ENTER all that apply**
- ◆ **For multiple responses, use [space] or [-] to separate responses**

C105a_1 Type of accidents	C105b Lasting effects on health? 1. Permanent 2. Temporary 3. None			C105c Does it limit your daily activities? 1. Yes 5. No DK Don't Know RF Refused	
	1	2	3	1	5
<input type="checkbox"/> <b>0. None</b>					
<input type="checkbox"/> <b>1. Automobile accident</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>2. Fall down, number of times fell down.....</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>3. Hit by a falling object</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>97. Other - Specify: .....</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C106 Do you worry about falling down?

- ◆ **DO NOT READ categories but can probe**

- 1. Yes, I'm very worried
- 2. Yes, somewhat worried
- 3. Yes, a little
- 4. 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 often than 15 days in a month
- 3. Yes, 5-15 days a month
- 4. Yes, no more than 5 days in a month
- 5. No

**IF YES, GO TO C109**

**IF NO, SKIP TO C110**

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?

◆ **READ all categories**

- 1. Always
- 2. Often
- 3. Once in a while
- 5. No

C110 Next questions are about your eyesight. Do you usually wear eyeglasses or corrective lens?

- 1. Yes **GO TO C111**
- 5. No **SKIP TO C112**

DK Don't Know  
RF Refused

C111 How would you rate your current vision/eyesight **when wearing** eyeglasses or corrective lens?

- 1. Good
- 2. Fair
- 3. Poor

C112 How would you rate your eyesight **without wearing** eyeglasses or corrective lens?

- 1. Good
- 2. Fair
- 3. Poor

C113 Have you ever had eye surgery?

- ◆ **READ all categories**
- ◆ **ENTER all that apply**

- 1. Yes, lens replacement surgery
- 2. Yes, eye replacement surgery
- 3. Yes, cataract surgery
- 97. **Yes, Other - Specify**
- 5. No

C114 Now I want to ask some questions about your hearing.  
Do you usually wear a hearing aid?

- 1. Yes **GO TO C115**
- 2. No **SKIP TO C116**

C115 How would you rate your current hearing ability when wearing a hearing aid?

- 1. Good
- 2. Fair
- 3. Poor

C116 How would you rate your hearing ability without wearing a hearing aid?

- 1. Good
- 2. Fair
- 3. Poor

C117 Have you ever had any ear surgery?

- 1. Yes, **please specify**
- 5. No

DK Don't Know

RF Refused

C118 The next questions are about your dental and oral health.  
Do you wear dentures?

◆ **NO NEED to read categories but can probe**

- 1. Yes, both upper and lower teeth
- 2. Yes, either upper or lower teeth
- 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

C121 The next questions are about your sleeping habit  
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

C123 How often do you feel really rested when you wake up in the morning?

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

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?

◆ **ENTER '5' if R has injuries on either hand.**

- 1. Yes GO TO C124\_3
- 5. No GO TO C125

DK Don't Know

RF Refused

C124\_3

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

- ◆ **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.**
- ◆ **ENTER [993] if R tried but the equipment malfunctioned.**
- ◆ **ENTER [999] if R chose not to do it.**

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.**
- ◆ **ENTER [993] if R tried but the equipment malfunctioned.**
- ◆ **ENTER [999] if R chose not to do it.**

Hand: \_\_\_\_\_ kg

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.

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

- 1. Yes
- 5. No **SKIP TO C126**
- Don't Know
- Refused

C125\_3 Now let's start the measure.

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

C125\_4

- ◆ **ENTER Systolic (SBP) reading**
- ◆ **ENTER [993] if R tried but was unable to do it or if an unresolvable equipment problem occurs.**
- ◆ **ENTER [999] if R chose not to do it**

Systolic: \_\_\_\_\_

C125\_5

- ◆ **ENTER Diastolic (DBP) reading**

Diastolic: \_\_\_\_\_

C125\_6

- ◆ **ENTER Pulse reading**

Pulse: \_\_\_\_\_

C126

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

- 1. Yes
- 5. No
- DK Don't Know
- RF Refused

C126a

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 MARKR**
- ◆ **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.**
- ◆ **ENTER [999] if R chose not to do it.**

Height: \_\_\_\_\_ 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 shoes.**
- ◆ **ENTER the record to the nearest 0.1 kg.**
- ◆ **ASK R to move away from the scale.**
- ◆ **ENTER [993] if R tried but equipment malfunctioned or exceed the measurement scale.**
- ◆ **ENTER [999] if R chose not to do it.**

Weight: \_\_\_\_\_ kg

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.
- ◆ ENTER [993] if measurement exceed scale.
- ◆ ENTER [999] if R chose not to do it.

Waist Circumference: \_\_\_\_\_ cm

C126d Hip Circumference

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.
- ◆ ENTER [993] if measurement exceed scale.
- ◆ ENTER [999] if R chose not to do it.

Hip Circumference: \_\_\_\_\_ cm

C127 Have you gained or lost weight more than 5kg in the last 2 years?

- ◆ DO NOT READ categories but can probe
  - 1. Yes, gained more than 5kg
  - 2. Yes, lost more than 5kg
  - 3. Yes, gained more than 5kg but have lost all of that
  - 4. Yes, lost more than 5kg but have gained that back
  - 5. No OR gained/ lost less than 5 kg

**SKIP POINT: IF R IS MALE, SKIP TO SECTION C201**  
**IF R IS FEMALE, ANSWER C128**

C128 Are you still having menstrual periods?

- 1. Yes **IF YES, SKIP TO SECT. C2**
- 5. No **IF NO, ANSWER C129**
- Don't Know
- Refused

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

Age:  years old

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

- 1. Yes **IF YES, GO TO C131\_1**
- 5. No **IF NO, SKIP TO SECT. C201**



C131\_1 What are the symptom(s) did you suffer from?

- ◆ **ENTER [0] if experience no symptom**
- ◆ **READ all categories**
- ◆ **ENTER all that apply**
- ◆ **For multiple responses, use [space] or [-] to separate responses**

- 1. None
- 2. Irregular periods
- 3. Vagina dryness
- 4. Hot flushes
- 5. Chills
- 6. Night sweats
- 7. Sleep problem
- 8. Mood changes
- 9. Weight gains
- 10. Slowed metabolism
- 11. Thinning hair and dry skin
- 12. Loss of breast fullness
- 13. Pigmentation
- 97. **Other - Specify**

**SECTION C2: RISK FACTORS**

**SecStart**

Now I would like to ask you about smoking habit.

1 **Continue**

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

- 1. Yes **IF YES, ANSWER C202a**
- 5. No **IF NO, GO TO C207**
- DK Don't Know
- RF Refused

<b>C202 IF EVER SMOKE</b>		
C202a	How old were you when you started smoking? ◆ <b>ENSURE R answered in AGE</b>	<input type="text"/> years old
C202b	Do you currently smoke?	<input type="radio"/> 1. Yes <b><u>IF YES, GO TO C202c</u></b> <input type="radio"/> 5. No <b><u>IF NO, SKIP TO C202d</u></b> DK Don't Know RF Refused
C202c	<b><u>IF C202b = 1, ANSWER C202c</u></b> In total, how many years have you been smoking?	<input type="text"/> years
C202d	<b><u>IF C202b = 5, ANSWER C202d</u></b> How old were you when you stopped smoking? ◆ <b>ENSURE R answered in AGE</b>	<input type="text"/> years old
C202e	<b><u>REGARDLESS OF ANSWER IN C202c or C202d, ANSWER C202e</u></b> Do you smoke cigarettes, E-cigarettes, vapes, cigars, pipe/tobacco or shisha? ◆ <b>READ all the categories</b> ◆ <b>ENTER all that apply</b> ◆ <b>For multiple responses, use [space] or [-] to separate responses</b>	<input type="text"/> Cigarettes <input type="text"/> E-cigarettes <input type="text"/> Vapes session <input type="text"/> Cigars <input type="text"/> Pipe <input type="text"/> Shisha session
C202f	When you were smoking the most, usually how many sticks/ times do you smoke [typecigarettes] in a day? ◆ <b>ENSURE for cigarettes, cigars, R answer in the form of sticks</b>	<input type="text"/> Cigarettes <input type="text"/> E-cigarettes <input type="text"/> Vapes session <input type="text"/> Cigars <input type="text"/> Pipe <input type="text"/> Shisha session

C203 Now, I would like to ask you about drinking habit.  
Have you ever consumed any alcoholic beverages such as beer, wine or toddy?

- 1. Yes
- 5. Never
- DK Don't Know
- RF Refused

**IF YES, ANSWER C204a**

**IF NEVER, SKIP TO SECTION C3**

<b>C204 IF EVER DRINK ALCOHOL</b>		
C204a	How old were you when you first start consuming alcoholic beverages?  ♦ <b>ENSURE R answered in AGE</b>	<input type="text"/> years old
C204b	Do you currently drink alcoholic beverages?	<input type="radio"/> 1. Yes <b><u>IF YES, GO TO C204c</u></b>  <input type="radio"/> 5. No <b><u>IF NO, SKIP TO C204d</u></b> <input type="radio"/> DK Don't Know <input type="radio"/> RF Refused
C204c	How many years have you been drinking?	<input type="text"/> years old
C204d	How many years altogether have you been drinking before you stopped drinking?	<input type="text"/> years
C204e	<b><u>SKIP POINT</u></b> <b><u>IF NO LONGER DRINKING, GO TO C204f</u></b> <b><u>IF CURRENTLY DRINKING, ANSWER C204e</u></b>  For the past 1 month, how often have you had a drink containing alcohol?	<input type="radio"/> 0. Never <input type="radio"/> 1. Once a month <input type="radio"/> 2. 2 to 3 times a week <input type="radio"/> 3. 4 or more times a week
C204f	How many glasses/cans of alcoholic beverages do/did you have on a typical day when you are/were drinking?	<input type="radio"/> 1. 1 to 2 <input type="radio"/> 2. 3 to 4 <input type="radio"/> 3. 5 to 6 <input type="radio"/> 4. 7 to 9 <input type="radio"/> 5. 10 or more
C204g	How often do/did you have six or more glasses/cans on one occasion?	<input type="radio"/> 0. Never <input type="radio"/> 1. Less than once a month <input type="radio"/> 2. Monthly <input type="radio"/> 3. Weekly <input type="radio"/> 4. Daily or almost daily

## SECTION C3: PSYCHOSOCIAL

SecPsychosocial [1]. SecStart

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

### 1. Continue

No.	Feelings	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always
<b>C301a</b>	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>C301b</b>	How often did you experience trouble in concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C301c</b>	How often did you experience sadness/ feeling blue/ depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C301d</b>	How often did you feel happy/ cheerful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C301e</b>	How often did you feel anxious/ stressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C301g</b>	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"/>
<b>C301h</b>	How often did you experience loneliness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C301i</b>	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"/>
<b>C301j</b>	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"/>
<b>C301k</b>	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"/>
<b>C301l</b>	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"/>
<b>C301n</b>	How often did you experience lack of companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C301o</b>	How often did you feel that you are "in tune/ get along well" with the people around you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C301p</b>	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"/>
<b>C301q</b>	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"/>
<b>C301r</b>	How often did you feel that there are people who really understand you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C301s</b>	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"/>
<b>C301t</b>	How often did you feel that you are part of a group of friends/ community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SKIP POINT: IF R CURRENTLY DO NOT HAVE SPOUSE, SKIP TO C305**

**IF CURRENTLY MARRIED, ANSWER C302**

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

1. **Continue**

No	Statements	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always
<b>C302a</b>	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>C302b</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"/>
<b>C302c</b>	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"/>
<b>C302d</b>	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"/>
<b>C302e</b>	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

No.	Statements	1. Strongly Disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly Agree
C305a	I often feel helpless in dealing with the problems of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305b	Other people determine most of what I can and cannot do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305c	What happens in my life is often beyond my control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305e	There is really no way I can solve the problems I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305f	I can do just about anything I really set my mind to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305g	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"/>	<input type="radio"/>	<input type="radio"/>
C305h	Whether or not I am able to get what I want is in my own hands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305i	What happens to me in the future mostly depends on me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305j	I can do the things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305k	I am leading a meaningful purpose in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305l	I have a loving family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305m	I continue to have friends who care for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305n	I am financially independent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305o	I can still contribute to society.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305p	I believe I will not need long term care at age 65 and beyond.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305q	I will continue working as long as my mental and physical capability permit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305r	If possible I would like to live beyond age 80 years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305s	I am prepared to be living alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305t	I am prepared to take care of my own health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305u	I am prepared to live in an assisted living facility (e.g. care centre for the elderly).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C305v	Taking care of grandchildren is part of my responsibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305w	The government should make it mandatory for children to support their parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305x	I should be the one to determine when I want to retire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

1 **Continue**

No.	Statements	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always
<b>C306a</b>	How often do you take care of a sick or disabled adult?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306b</b>	How often do you do activities with your grandchildren/ nieces/ nephews, etc.? (e.g. go to playground, go to shopping mall, watch TV etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306d</b>	How often do you do volunteer/ charity work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306e</b>	How often do you attend an educational/ training course/ forum/ workshop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306f</b>	How often do you go to a sports, social or other clubs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306g</b>	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"/>	<input type="radio"/>	<input type="radio"/>
<b>C306h</b>	How often do you read books, magazines or newspapers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306i</b>	How often do you watch television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306j</b>	How often do you do writing (e.g. letters, stories, or diary)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306l</b>	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"/>	<input type="radio"/>	<input type="radio"/>
<b>C306m</b>	How often do you go for a walk/ jog/ gym?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306n</b>	How often do you do gardening/ pet rearing/ other hobbies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306o</b>	How often do you exercise/ involve in group exercise (e.g. Tai Chi, aerobic, yoga, silat, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306p</b>	How often do you participate in sport activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306q</b>	How often do you go out for social outing (e.g. eating out, meeting friend, go to cinemas, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



<b>C306r</b>	How often do you do home maintenance (e.g. house chores, repair etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C306t</b>	Do you participate in any other activities? <input type="radio"/> 1. Yes <b>GO TO C306t_2</b> <input type="radio"/> 5. No <b>GO TO C307</b> DK Don't Know RF Refused					
<b>C306t_2</b>	What other activities? Please specify _____					
<b>C306t_3</b>	How often do you participate in this activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C307 Now I would like to ask about religious activities.

<b>No</b>	<b>Religious Activities</b>	<b>1. Never</b>	<b>2. Rarely</b>	<b>3. Often</b>	<b>4. Always</b>
<b>C307a</b>	How often do you give alms or donation to community/ religious organisation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C307b</b>	How often do you read religious books (e.g. Al-Quran/ Bible/ Bhagavad Gita)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C307c</b>	How often do you perform daily prayers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C307d</b>	How often do you practice primary basic doctrines on holy days or religious days like fasting or going to church on Sundays?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C307e</b>	How often do you attend religious sermons/ religious classes/ talks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### SECTION C4: PHYSICAL ACTIVITIES

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.)?

◆ **NO NEED to read categories but can probe**

- 1. Every day
- 2. More than once a week
- 3. About 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.)?

◆ **NO NEED to read categories but can probe**

- 1. Every day
- 2. More than once a week
- 3. About 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.)?

◆ **NO NEED to read categories but can probe**

- 1. Every day
- 2. More than once a week
- 3. About 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

Please check the level of needed assistance for each of the activities, and who helps if you are not able to do it by yourself.

Activities of Daily Living (ADL)	C404_1 Level of needed assistance				<b><u>IF DON'T NEED HELP, GO TO C404 ELSE ANSWER C404_2</u></b>							
	1	2	3	4	C404_2 If you need help in any activities, who usually will help? (Can be more than one) <ul style="list-style-type: none"> <li>◆ <b>NO NEED to read categories but can probe</b></li> <li>◆ <b>ENTER all that apply</b></li> <li>◆ <b>For multiple responses, use [space] or [-] to separate responses</b></li> </ul> 1. Spouse 2. Son 3. Daughter 4. Grandson 5. Granddaughter 6. Domestic Maid 7. Professional Caregiver 97. <b>Other Specify (e.g. Friends, relatives, neighbour, etc.)</b>							
a. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97: Specify
b. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mouth care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Transferring bed/chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Walking around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Daily activities (NAGI Index)	Have any difficulty?	
	1. Yes	5. No
a. Walking 100 meters	<input type="checkbox"/>	<input type="checkbox"/>
b. Sitting on a chair for two hours continuously	<input type="checkbox"/>	<input type="checkbox"/>
c. Getting up from a chair after sitting continuously for a long time	<input type="checkbox"/>	<input type="checkbox"/>
d. Walking several steps up the stairs <u>without</u> using the handrail	<input type="checkbox"/>	<input type="checkbox"/>
e. Taking one step up the stairs <u>without</u> using the handrail	<input type="checkbox"/>	<input type="checkbox"/>
f. Squatting or kneeling	<input type="checkbox"/>	<input type="checkbox"/>
g. Raising your arms above your shoulders	<input type="checkbox"/>	<input type="checkbox"/>
h. Pushing or pulling a large object such as a chair or sofa	<input type="checkbox"/>	<input type="checkbox"/>
i. Lifting or carrying an object weighing 5kg or more, such as a bag of rice	<input type="checkbox"/>	<input type="checkbox"/>
j. Picking up a small object such as a 10 cent coin from a desk with your fingers	<input type="checkbox"/>	<input type="checkbox"/>

C406 Below is the checklist of instrumental activities of daily living. Do you need have any difficulty in performing each of the activities last week?

Please check the level of needed assistance for each of the activities, and who helps if you are not able to do it by yourself.

Instrumental Activities of Daily Living (IADL)	C406_1 Level of needed assistance				<b><u>IF DON'T NEED HELP, GO TO SECTION C5 ELSE ANSWER C405_2</u></b>						
	1	2	3	4	1	2	3	4	5	6: Specify	
a. Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Managing medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Using the phone and looking up numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Doing housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Driving/ riding motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Using public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Visiting friends or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION C5: COGNITION**

C501 How would you rate your memory at the present time? Would you say it is very good, good, fair, poor or very poor?

- 1. Very good
- 2. Good
- 3. Fair
- 4. Poor
- 5. Very 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**
- RF Refused

[IWER: **PICK ONLY ONE OUT OF THE FOUR LISTS**]

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 recalls the words does not matter.

- 1 **Continue**
- RF Refused

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. Cow <input type="checkbox"/>	1. Village <input type="checkbox"/>	1. Fire <input type="checkbox"/>	1. Shoes <input type="radio"/>
2. River <input type="checkbox"/>	2. Train <input type="checkbox"/>	2. Lamp <input type="checkbox"/>	2. House <input type="radio"/>
3. Tree <input type="checkbox"/>	3. Sky <input type="checkbox"/>	3. Spoon <input type="checkbox"/>	3. Kite <input type="radio"/>
4. Water <input type="checkbox"/>	4. Cat <input type="checkbox"/>	4. Paper <input type="checkbox"/>	4. Letter <input type="radio"/>
5. Knife <input type="checkbox"/>	5. Wood <input type="checkbox"/>	5. Baby <input type="checkbox"/>	5. Television <input type="radio"/>
6. Bicycle <input type="checkbox"/>	6. Plates <input type="checkbox"/>	6. Kettle <input type="checkbox"/>	6. Road <input type="radio"/>
7. Fans <input type="checkbox"/>	7. Fork <input type="checkbox"/>	7. Hammer <input type="checkbox"/>	7. Fruits <input type="radio"/>
8. Car <input type="checkbox"/>	8. Scissors <input type="checkbox"/>	8. Candle <input type="checkbox"/>	8. Hotel <input type="radio"/>
9. Ball <input type="checkbox"/>	9. Battery <input type="checkbox"/>	9. Market <input type="checkbox"/>	9. Bottle <input type="radio"/>
10. Wallet <input type="checkbox"/>	10. Combs <input type="checkbox"/>	10. Tin <input type="checkbox"/>	10. Tables <input type="radio"/>
97. Stuck on the answers <input type="checkbox"/>	97. Stuck on the answers <input type="checkbox"/>	97. Stuck on the answers <input type="checkbox"/>	97. Stuck on the answers <input type="radio"/>

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.

- ◆ **ALLOW R to start over if he/she wishes to do so**
- ◆ **ASK R to stop after a few seconds**

Please start with: 20

You may stop now. Thank you

- 1. Correct
- 5. Incorrect

C505 Now let's try some subtraction of numbers		
C505a One hundred minus 7 equals what?  [IWER: CORRECT ANSWER IS 93]	C505b And 7 from that  [IWER: CORRECT ANSWER IS 86]	C505c And 7 from that  [IWER: CORRECT ANSWER IS 79]

C506 A little while ago, I read 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**

List 1	List 2	List 3	List 4
1. Cow <input type="checkbox"/>	1. Village <input type="checkbox"/>	1. Fire <input type="checkbox"/>	1. Shoes <input type="radio"/>
2. River <input type="checkbox"/>	2. Train <input type="checkbox"/>	2. Lamp <input type="checkbox"/>	2. House <input type="radio"/>
3. Tree <input type="checkbox"/>	3. Sky <input type="checkbox"/>	3. Spoon <input type="checkbox"/>	3. Kite <input type="radio"/>
4. Water <input type="checkbox"/>	4. Cat <input type="checkbox"/>	4. Paper <input type="checkbox"/>	4. Letter <input type="radio"/>
5. Knife <input type="checkbox"/>	5. Wood <input type="checkbox"/>	5. Baby <input type="checkbox"/>	5. Television <input type="radio"/>
6. Bicycle <input type="checkbox"/>	6. Plates <input type="checkbox"/>	6. Kettle <input type="checkbox"/>	6. Road <input type="radio"/>
7. Fans <input type="checkbox"/>	7. Fork <input type="checkbox"/>	7. Hammer <input type="checkbox"/>	7. Fruits <input type="radio"/>
8. Car <input type="checkbox"/>	8. Scissors <input type="checkbox"/>	8. Candle <input type="checkbox"/>	8. Hotel <input type="radio"/>
9. Ball <input type="checkbox"/>	9. Battery <input type="checkbox"/>	9. Market <input type="checkbox"/>	9. Bottle <input type="radio"/>
10. Wallet <input type="checkbox"/>	10. Combs <input type="checkbox"/>	10. Tin <input type="checkbox"/>	10. Tables <input type="radio"/>
97. Stuck on the answers <input type="checkbox"/>	97. Stuck on the answers <input type="checkbox"/>	97. Stuck on the answers <input type="checkbox"/>	97. Stuck on the answers <input type="radio"/>

C507 What year are we in currently?

- 1. Correct
- 5. Incorrect

C508 What is the date today?

- 1. Correct
- 5. Incorrect

- C509 What month are we in currently?  
 1. Correct  
 5. Incorrect
- C510 What day of the week?  
 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 / knives**  
 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 Tun Dr. Mahathir Mohamad**  
 1. Correct  
 5. Incorrect
- C514 Who is the first Prime Minister of Malaysia?  
♦ **CORRECT answer is Tunku Abdul Rahman**  
 1. Correct  
 5. Not correct
- C515 In 60 seconds, please name as many animals as fast as you can.  
Total animal answers:

IWER NOTES

**C516a Interviewer Checkpoint**

**Did you record the total of incorrect answers?**

- Yes            1            GO TO C516b
- No             5            SKIP TO SC3

**C516b How many incorrect answers? Total incorrect: \_\_\_\_\_**

**SC3 What did you use to time this task?**

- 1. Stop watch
- 2. Computer clock
- 3. Wrist watch
- 4. Wall clock
- 5. Nothing

**SC4 Please indicate whether any problems occurred in relation to animal naming.**

**CHOOSE all that apply**

- 1. Interruption during 60 seconds response period
- 2. R exceeded 60 seconds response period
- 3. Technical problem with computer or timing equipment
- 4. R did not understand task
- 5. **Other - Specify**
- 6. No problems



**SECTION C6: HEALTHCARE UTILIZATION**

**SecStart**

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 **IF YES, GO TO C602**
- 5. No **IF NO, SKIP TO C605**
- DK Don't Know
- RF Refused

C602 How much does your private health insurance policy cover?

- ◆ **ENTER "0" if respondent does not know**
- ◆ **ENTER 999 if unlimited coverage**

RM

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

- ◆ **ENTER "0" if respondent does not know**

RM

C604 Who pays for your health insurance?

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

C605 In the past 12 months, did you go for any of the following medical check-up?

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

**IF DIDN'T GO FOR ANY MEDICAL CHECK-UP AT ALL, SKIP TO C606**  
**IF YES, ANSWER C605**

	Medical check-up	C605a		C605b									C605c
		Do check-up?		Who paid for it?									How much you pay?
		1. Yes 5. No		0. No payment 1. Government/ Pensioner 2. Employer-provided health insurance 3. Personal health insurance 4. Employer/ Panel clinic (not included if there are complete salary deductions) 5. Self/ Family/ Household members 6. Part insurance, part self-paid 7. Others Specify  .....									<b><u>SKIP IF C605b IS 0</u></b>
		1.	5.	0.	1.	2.	3.	4.	5.	6.	7. Others	RM	
0.	No medical check-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1	General health screen (e.g. blood-sugar rate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Pap smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Prostate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Bone density	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**SKIP POINT: IF WENT FOR MEDICAL CHECK-UP, SKIP TO C607**  
**IF NO, ANSWER C606**

C606 If no, why you didn't you go 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 the results
- 6. Did not see a need
- 97. Other - Specify

- C607 Where do you normally get your medical treatment (outpatient)? Please check all that apply.
- 1. Government health facility or practitioner
  - 2. Private health facility or practitioner
  - 3. Traditional or alternative medicine practitioner
  - 97. Other - Specify \_

- C608 Who would normally accompany you to go for treatment?
- ◆ **ENTER all that apply**
  - ◆ **For multiple responses, use [space] or [-] to separate responses**
  - 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. **IF YES, ANSWER C610**
  - 5. No **IF NO, GO TO SECTION D: EMPLOYMENT**
  - DK Don't Know
  - RF Refused

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

- C611 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 What is/are the reason(s) for your hospitalization(s)? Please choose five most serious ones if there are more than five.

◆ **ENTER five most serious ones, if there are more than five**

◆ **DO NOT READ categories but can probe**

◆ **For multiple responses, use [space] or [-] to separate responses**

- 0. None
- 1. Asthma
- 2. Bladder disorder (difficulty in urinating, enlarged prostate)
- 3. Cancer or other malignant tumour (including leukaemia, lymphoma)
- 4. Stroke
- 5. Chronic lung disease (chronic bronchitis, emphysema etc.)
- 6. Dementia/ Alzheimer's
- 7. Depression, emotional disorder
- 8. Diabetes
- 9. Femoral neck fracture
- 10. Heart diseases (angina, heart failure, cardiac infarction, heart valve disease, etc.)
- 11. High blood pressure/ hypertension
- 12. High cholesterol
- 13. Joint disorder (arthritis, rheumatism)
- 14. Liver disease (hepatitis B or C, hepatic cirrhosis etc., excluding liver cancer)
- 15. Osteoporosis
- 16. Parkinson's disease
- 17. Ulcer or other gastrointestinal disorder
- 18. Vertigo
- 97 **Other- (Specify the most serious)**

**SECTION D: WORK, EMPLOYMENT AND RETIREMENT**

**SecStart**

Now, I would like to ask you some questions about your current employment situation.

1 **Continue**

D101 What is your current employment status?

◆ **NO NEED TO READ categories but can probe**

<input type="radio"/> 1. Working now	<p><b><u>SKIP TO D102</u></b></p>						
<input type="radio"/> 2. Temporarily laid off	<p>D101a Do you expect to go back to this job?  <input type="radio"/> 1. Yes      <input type="radio"/> 5. No</p> <p>D101a_1 In what month and year did you last work on this job?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>y</td> </tr> </table> <p style="text-align: right;"><b>PROCEED TO ANSWER D102</b></p>	m	m	/	y	y	y
m	m	/	y	y	y		
<input type="radio"/> 3. Unemployed and looking for work	<p>D101b_1 In what month and year did you become unemployed?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>y</td> </tr> </table> <p style="text-align: right;"><b>SKIP TO SECT. E</b></p>	m	m	/	y	y	y
m	m	/	y	y	y		
<input type="radio"/> 4. Disabled and unable to work	<p>D101c_1 In what month and year did you become disabled?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>y</td> </tr> </table> <p style="text-align: right;"><b>SKIP TO SECT. E</b></p>	m	m	/	y	y	y
m	m	/	y	y	y		
<input type="radio"/> 5. Retired/ No longer working	<p>D101d_1 In what month and year and did you retire/ stop working?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>y</td> </tr> </table> <p style="text-align: right;"><b>SKIP TO D105</b></p>	m	m	/	y	y	y
m	m	/	y	y	y		
<input type="radio"/> 6. A Homemaker	<p><b><u>SKIP TO SECTION E</u></b></p>						
<input type="radio"/> 7. On Sick or other leave	<p>D101a Do you expect to go back to this job?  <input type="radio"/> 1. Yes      <input type="radio"/> 5. No</p> <p>D101a_1 In what month and year did you last work on this job?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>y</td> </tr> </table> <p style="text-align: right;"><b>PROCEED TO ANSWER D102</b></p>	m	m	/	y	y	y
m	m	/	y	y	y		
<input type="radio"/> <b>97. Other - Specify:</b>	<p>-----  <b><u>SKIP TO SECTION E</u></b></p>						

D102 Are you doing any work for pay at the present time?  
 1. Yes **IF YES, PROCEED TO D104**  
 5. No **IF NO, ANSWER D103**  
DK Don't Know  
RF Refused

D103 If no, have you worked for pay in the last 12 months?  
 1. Yes  
 5. No  
DK Don't Know  
RF Refused

Note:

If R is working now (D101 =1) AND D102=1, THEN GO TO D104a

If R is working now (D101=1) AND D102=5, THEN GO TO D103

If R is temporarily laid off; Sick Leave (D101=2; D101=7) AND expected to go back to this job (D101a=1) AND D102 =1, THEN GO TO D104a

If R is temporarily laid off; Sick Leave (D101=2; D101=7) AND not expected to go back to this job (D101a=5) AND D102=1, THEN GO TO D103

If R is temporarily laid off; Sick Leave (D101=2; D101=7) AND expected to go back to this job (D101a=1) AND D102 =5, THEN GO TO D103

If R is temporarily laid off; Sick Leave (D101=2; D101=7) AND not expected to go back to this job (D101a=5) AND D102=5, THEN GO TO D103

**D104 IF WORKING NOW**

D104	<p>For your primary work, are you self employed or working for someone else?</p> <p><input type="radio"/> 1. Self-employed / own business GO TO D105a</p> <p><input type="radio"/> 2. Someone else / employee (employer, organisation, company) GO TO D108</p>
D105a	<p>If self-employed, is your business registered?</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 5. No DK Don't Know RF Refused</p>
D105b	<p>Do you have business partner(s)?</p> <p><input type="radio"/> 1. Yes. <input type="radio"/> 5. No</p>
D105c	<p>What is the percentage of your ownership? ..... percent</p>
D106a_1	<p>If work for someone else, who do you work for? GO TO D107</p> <p><input type="radio"/> 1. Government <input type="radio"/> 3. Statutory/ GLCs</p> <p><input type="radio"/> 2. Private organisation <input type="radio"/> 97. <b>Other - Specify:</b>.....</p>
<p>D107</p> <p>D107a</p> <p>D107b</p> <p>D107c</p>	<p>Now I would like to ask about your employer.</p> <p>1 <b>Continue</b></p> <p>What is the name of the company/organization you work for?</p> <p>Name: <input type="text"/></p> <p>Dept. /Unit /Ministries: <input type="text"/></p> <p>Position/Title: <input type="text"/></p>
<p>D108</p> <p>D108a</p>	<p>Now I would like to ask about your business.</p> <p>1 <b>Continue</b></p> <p>Name of the business: <input type="text"/></p>
D109	<p>What is your occupation?</p> <p><input type="radio"/> 1. <b>Manager</b> (CEO, Managing Director, Administrative Manager, Legislator)</p> <p><input type="radio"/> 2. <b>Professional</b> (Scientist, engineer, architect, doctor, lecturer, teacher, accountant, lawyer, economist, journalist, etc.)</p> <p><input type="radio"/> 3. <b>Technician and associate Professional</b> (Technician, medical assistant, chef, insurance agent, real estate agent, photographer, etc.)</p> <p><input type="radio"/> 6. <b>Service and sales worker</b> (Cook, waiter, hairdresser, cashier, fire fighter, police officer, security guard, etc.)</p> <p><input type="radio"/> 7. <b>Skilled agricultural, forestry and fishery worker</b> (Worker in livestock and dairy producer, farm, fishery, forestry, etc.)</p> <p><input type="radio"/> 8. <b>Craft and related trades worker</b> (Carpenter, plumber, painter, welder, mechanic, butcher, baker, tailor, etc.)</p> <p><input type="radio"/> 9. <b>Plant and machine-operator and ...assembler</b> (Machine operator, assembler, driver, ship crew, etc.)</p>

	<input type="radio"/> 4. <b>Clerical support worker</b> (Clerk, call centre operator, customer service executive, receptionist, bank teller, etc.)  <input type="radio"/> 5. <b>Armed Force</b> (Army, navy, air force, etc.) <input type="radio"/> 10. <b>Elementary occupation</b> (Janitor, labourer, street vendor, garbage collector, etc.)
D110	What industry do you work in? <input type="radio"/> 1. Agriculture, forestry and fishing <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 motorcycles <input type="radio"/> 8. Transportation and storage <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 organisations .....and bodies
D111	IF ELSE EMPLOYED: At what age were you employed for your current work?
	<input style="width: 50px; height: 20px;" type="text"/> years
D112	IF SELF EMPLOYED: At what age have you started this business?
D113	How long do you expect to work for your current employer/business? <input type="radio"/> 1. Less than one year <input type="radio"/> 2. 1 – 2 years <input type="radio"/> 3. More than 2 years – 3 years <input type="radio"/> 4. More than 3 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
D114	Before you work at this job, how many other jobs have you previously worked? ----- If have worked more than 3 jobs, please include the following information in the last 3 jobs. ♦ <b>ENTER "0" if do not work any other job before</b>





D124	<p>When you retire, do you plan to to stop work altogether or reduced work hours, have you not given it much thought, or what?</p> <p>♦ <b>NO NEED to read categories but can probe</b></p> <p><input type="checkbox"/> 1. Stop work altogether D125 At what age do you plan to stop work altogether? .....</p> <p><input type="checkbox"/> 2. Never stop work</p> <p><input type="checkbox"/> 3. Not given much thought</p> <p><input type="checkbox"/> 4. No current plans, continue as is</p> <p><input type="checkbox"/> 5. Reduce work hours D126 At what age do you plan to start working fewer hours?.....</p> <p><input type="checkbox"/> 6. Change kind of work → D127 At what age do you plan to change the kind of work you do?.....</p> <p><input type="checkbox"/> 7. Work for myself D128 At what age do you plan to start working for yourself? .....</p> <p><input type="checkbox"/> 8. Work until my health fails</p>																																																																																																																		
D130	<p>Now, I would like to ask you about certain aspects of your current job.</p> <p>1 <b>Continue</b></p> <p>Please say how often the following statements are true for you using a scale of 1 to 5 (where 1 is Never, 2= Rarely, 3 = Sometimes, 4 = Often, 5 = Always).</p> <table border="1" data-bbox="244 987 1465 1312"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>a. How often does your job require lots of physical effort?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. How often does your job require lifting heavy loads?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. How often does your job require stooping, kneeling or crouching?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. How often does your job require good eyesight?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. How often does your job require intense concentration/ attention?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f. 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(where 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree)</p> <p>1 <b>Continue</b></p> <table border="1" data-bbox="244 1462 1465 1850"> <tbody> <tr> <td>a. In promotion, seniority is important at your company</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Your co-workers make older workers feel that they ought to retire before the retirement age</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. 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**SKIP POINT: IF R IS STILL WORKING, GO TO SECTION E: INCOME AND CONSUMPTION**  
**IF R IS RETIRED, GO TO D105**

<b>D105 IF RETIRED</b>																									
D132	<p>What was the main reason for your retirement decision?</p> <p>♦ <b>DO NOT NEED read categories but can probe</b></p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 1. Having enough income  <input type="checkbox"/> 2. Having enough income from spouse  <input type="checkbox"/> 3. No interest to continue to work  <input type="checkbox"/> 4. To spend more time on leisure  <input type="checkbox"/> 5. To do volunteer work/ to pursue hobby  <input type="checkbox"/> 6. Due to poor health                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 7. Due to the poor health of spouse  <input type="checkbox"/> 8. Due to poor health of other family members  <input type="checkbox"/> 9. Due to child caring or housekeeping  <input type="checkbox"/> 10. Could not find another job  <input type="checkbox"/> 11. Mandatory retirement  <input type="checkbox"/> 12. <b>Other - Specify</b>                  .....</td> </tr> </table>	<input type="checkbox"/> 1. Having enough income <input type="checkbox"/> 2. Having enough income from spouse <input type="checkbox"/> 3. No interest to continue to work <input type="checkbox"/> 4. To spend more time on leisure <input type="checkbox"/> 5. To do volunteer work/ to pursue hobby <input type="checkbox"/> 6. Due to poor health	<input type="checkbox"/> 7. Due to the poor health of spouse <input type="checkbox"/> 8. Due to poor health of other family members <input type="checkbox"/> 9. Due to child caring or housekeeping <input type="checkbox"/> 10. Could not find another job <input type="checkbox"/> 11. Mandatory retirement <input type="checkbox"/> 12. <b>Other - Specify</b> .....																						
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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 style="text-align: right;"> <input type="radio"/> 1. Wanted to do  <input type="radio"/> 2. Forced into  <input type="radio"/> 3. Part wanted, part forced                 </p>																								
D134	<p>Overall, are you satisfied with your retirement?</p> <p style="text-align: right;"> <input type="radio"/> 1. Very satisfied  <input type="radio"/> 2. Moderately satisfied  <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 style="text-align: right;"> <input type="radio"/> 1. Better than before retirement  <input type="radio"/> 2. About the same  <input type="radio"/> 3. Worse than before retirement                 </p>																								
D136	<p>I am going to read statements which are positive about retirement. Please tell me whether, for you, these were not at all important, not important, fairly important, important and very important.</p> <p>1 <b>Continue</b></p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;"></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr style="background-color: #e0e0e0;"> <td>a. Being your own boss</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Being able to take it easy/ relax</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr style="background-color: #e0e0e0;"> <td>c. Having the chance to travel</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		1	2	3	4	5	a. Being your own boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Being able to take it easy/ relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Having the chance to travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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D137	<p>I am going to read out to you statements which are negative about retirement. Please tell me if, during your retirement, they have not bothered you at all, not bothered you, slightly bothered you, bothered you or bothered you a lot.</p> <p>1 <b>Continue</b></p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;"></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr style="background-color: #e0e0e0;"> <td>a. Not doing anything productive or useful</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Illness or disability</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr style="background-color: #e0e0e0;"> <td>c. Not having enough income to get by</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		1	2	3	4	5	a. Not doing anything productive or useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Illness or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Not having enough income to get by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Section E: Income and Expenditure

### SecStart

Now I would like to ask you some questions about your income and consumption.

1 **Continue**

E101 For the last 12 months, did you receive any income or payment, excluding income received by the household members?

1. Yes  
 5. No

**IF DON'T RECEIVE ANY OF THE INCOMES, SKIP TO E105.**

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**

Sources of income	
<input type="checkbox"/>	1. Pension
<input type="checkbox"/>	2. Rental
<input type="checkbox"/>	3. Salary/ Income from business
<input type="checkbox"/>	4. Insurance
<input type="checkbox"/>	5. Allowance from Social Security Organisation (SOCSO)
<input type="checkbox"/>	6. Social Welfare Department (Elderly/ Disability aid)
<input type="checkbox"/>	7. Zakat/donation received
<input type="checkbox"/>	8. Dividend from shares/ unit trust
<input type="checkbox"/>	9. Subsidies/ Cost of Living Allowance (BSH/ BR1M)
<input type="checkbox"/>	10 Allowance/ Contribution from Armed Forces Fund Board (LTAT)
<input type="checkbox"/>	97. <b>Other - Specify</b>

**IF RECEIVE ANY INCOME, ANSWER E103. ELSE SKIP TO E103.**

E103 How much did you receive from [Source of Income] in the last one year, after tax?

Sources of income		RM (Yearly)
<input type="checkbox"/>	1. Pension	
<input type="checkbox"/>	2. Rental	
<input type="checkbox"/>	3. Salary/ Income from business	
<input type="checkbox"/>	4. Insurance	
<input type="checkbox"/>	5. Allowance from Social Security Organisation (SOCSO)	
<input type="checkbox"/>	6. Social Welfare Department (Elderly/ Disability aid)	
<input type="checkbox"/>	7. Zakat/donation received	
<input type="checkbox"/>	8. Dividend from shares/ unit trust	
<input type="checkbox"/>	9. Subsidies/ Cost of Living Allowance (BSH/ BR1M)	
<input type="checkbox"/>	10 Allowance/ Contribution from Armed Forces Fund Board (LTAT)	
<input type="checkbox"/>	97. <b>Other - Specify</b>	

E104 How is the amount of your [Source of Income] in the last 12 months, compared to the previous year? (where 1= More, 2= Less, 3= Same, 4= Not Applicable)

Sources of income	1	2	3	4
1. Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Salary/ Income from business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Allowance from Social Security Organisation (SOCSCO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10 Allowance/ Contribution from Armed Forces Fund Board (LTAT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Other Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E105 Who manages your household finances?

- Mostly oneself
- Mostly spouse
- Jointly together
- Other - Specify**

E106 What is the total of your total monthly income after tax? (including income from salary, profit from business, remittances, rental income etc.)

- 1. Less than RM1,000
- 2. RM1,000 to RM1,999
- 3. RM2,000 to RM 2,999
- 4. RM3,000 to RM3,999
- 5. RM4,000 to RM4,999
- 6. RM5,000 to RM5,999
- 7. RM6,000 to RM6,999
- 8. RM7,000 to RM7,999
- 9. RM8,000 to RM8,999
- 10. RM9,000 to RM9,999
- 11. RM10,000 or more



**SECTION F: HOUSING AND ASSETS**

**SecStart**

Now, I would like to ask you some questions about your housing and assets.

1 **Continue**

F101 Is the house that you are currently staying rented?

1. Yes **IF RENTED, ANSWER F102**

5. No **IF NO, SKIP TO F104**

DK Don't Know

RF Refused

F102 How much is your monthly rental? RM

F103 For the last 12 months, who mostly pays for the rental?

- 1. Mostly myself
- 2. Mostly spouse
- 3. Mostly somebody else

F104 Do you have any savings?

- 1. Yes
- 5. No DK Don't Know RF Refused

F104a What type of savings do you have?

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

**IF DON'T HAVE ANY SAVINGS, SKIP TO F106**

	F104a Savings	F104b RM
<input type="checkbox"/>	1. EPF Savings	
<input type="checkbox"/>	2. Bank Savings (Fixed deposit, savings/ current account, etc.)	
<input type="checkbox"/>	3. Properties	
<input type="checkbox"/>	4. Tabung Haji	
<input type="checkbox"/>	5. Unit trust/ ASNB/ Endowment	
<input type="checkbox"/>	6. Shares	
<input type="checkbox"/>	7. Co-operative	
<input type="checkbox"/>	8. Private Retirement Scheme (PRS)	
<input type="checkbox"/>	97. <b>Other - Specify</b>	

F105 Do you own any assets?

- 1. Yes
  - 5. No
- DK Don't Know  
RF Refused

F105a What type of assets do you have?

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

F105b How much would you get if you could sell this [asset]?

F105a What type of assets do you have?	F105b RM
<input type="checkbox"/> 1. House	
<input type="checkbox"/> 2. Land	
<input type="checkbox"/> 3. Other property (e.g. shops, warehouse, parking lot, etc.)	
<input type="checkbox"/> 4. Shares of business that you own	
<input type="checkbox"/> 5. Insurance	
<input type="checkbox"/> 97. <b>Others - Specify (e.g. Livestock, etc.)</b>	



## Section End

### 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 a cash incentive. 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 GO TO TQ6

### TQ5\_1

What form of communication would you prefer?

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

1. Mobile Phone  
 2. Home telephone  
 3. Letters  
 4. Text Message  
 5. Email  
 6. Face to face  
 97. **Other - Specify**

**RIWComplete**

**Interviewer Checkpoint**

- ◆ **You have reached the end of the interview.**

**1 Interview Complete**

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