

MALAYSIA AGEING AND RETIREMENT SURVEY (MARS)
WAVE 1-2018
Data Dictionary

QUESTIONNAIRE SECTIONS:

SECTION A1: COVERSCREEN

SECTION A2: HOUSEHOLD ROSTER

SECTION A3: PERSONAL INFORMATION

SECTION B1: FAMILY INFORMATION & SUPPORT - CHILDREN

SECTION B2: FAMILY INFORMATION & SUPPORT - PARENTS

SECTION B3: FAMILY INFORMATION & SUPPORT - SIBLINGS

SECTION C1: HEALTH & PHYSICAL MEASUREMENT

SECTION C2: RISK FACTORS

SECTION C3: PSYCHOSOCIAL

SECTION C4: ADL/IADL

SECTION C5: COGNITION

SECTION C6: HEALTHCARE UTILIZATION

SECTION D1: EMPLOYMENT

SECTION E1: INCOME & EXPENDITURE

SECTION F1: SAVINGS & ASSETS

| Module Name | Cover Respondent | All Respondent |
|------------------------------|------------------|----------------|
| A1.Coverscreen | X | |
| A2.Household Roster | X | |
| A3.Background | X | X |
| B1.Family Support - Children | X | X |
| B2.Family Support - Parents | X | X |
| B3.Family Support - Siblings | X | X |
| C1.Health Status | X | X |
| C2.Physical Measurement | X | X |
| C3.Risk Factors | X | X |
| C4.Psychosocial | X | X |
| C5.ADL/IADL | X | X |
| C6.Cognitive Function | X | X |
| C8.Healthcare Utilization | X | X |
| D1.Employment | X | X |
| E1.Income and Expenditure | X | X |
| F1.Savings and Assets | X | X |

A1: COVERSCREEN

| Variable Name | Question text | Recorded Value |
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| LanguageSelection | Please select your language | 1 - English 2 - Malay 3 - Chinese/ Mandarin 4 - Tamil 97 - Other - Specify (Local dialects e.g. Iban, Kadazan, Hokkien, Cantonese, etc.) DK - Don't Know RF - Refused |
| 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 - Continue |
| A101RName | Could you please confirm your full name? | 1 - True 2 - False |
| A101RSex | Is the respondent male or female? | 1 - Male 5 - Female DK - Don't Know RF - Refused |
| A101RDOB | What is your date of birth? | Enter Day, Month and Year |

A2: HOUSEHOLD ROSTER

| Variable Name | Question text | Recorded Value |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 DK - Don't Know RF - Refused |
| 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. | _____ people |
| A101HName | Can you tell me their names? | Names / alias names: _____ |
| A101HSex | Is (HH First Name) male or female | 1 - Male 5 - Female DK - Don't Know RF - Refused |
| A101HDOB | What is (HH First Name)'s date of birth? | Enter Day, Month and Year |
| Relation | What is (HH First Nam)'s relationship to you | 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 97 - Others - Specify DK - Don't Know RF - Refused |

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| ConfScreen | <ul style="list-style-type: none"> ◆ 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 | 1 - Continue |
| SecStart | Are you (PName)? | 1 - Yes 2 - No, I am another household member 3 - 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 | Name: _____ |
| PSR5 | Are you refusing to participate on behalf of the respondent? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| PSR6 | Was the respondent refusal to participate related to the following topics? | 1 - Time of burden 2 - Lack of interest 3 - Confidentiality 4 - Personal or sensitive questions 5 - Purpose of study 6 - Government 7 - "Why me" 8 - Surveys are voluntary 9 - Incentive insufficient 10 - Health/ Age (Too sick/ too old) 11 - Interview length 12 - Positive statements only 13 - No statements given 97 - Other - Specify |

A3: PERSONAL INFORMATION

| Variable Name | Question text | Recorded Value |
|---------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A200b | Were you born in Malaysia? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| A201_a - d | In which state, district, country were you born? | State, district, country |
| A202 | What is your ethnicity? | 1 - Malay 2 - Chinese 3 - Indian 97 - Other Ethnicity - Specify |
| A203 | What is your religion? | 1 - Islam 2 - Hindu 3 - Christian 4 - Buddhist 97 - Other religion - Specify |
| A204_1 | What is your marital status? | 1 - Never married 2 - Married 3 - Widowed 4 - Divorced/ Separated DK - Don't Know RF - Refused |
| A204_2 | If widowed, since what year? | Year: _____ |
| A204_3 | If divorced or separated, since what year? | Year: _____ |
| A205 | What is the highest level of education? | 1 - No schooling 2 - Kindergarten/ Nursing 3 - Religious education 4 - Primary school 5 - Lower secondary (Form 1-3) 6 - Upper secondary (Form 4-5) 7 - Vocational/ Technical |

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| | | 8 - Pre-U/ Diploma/ Form 6 9 - First Degree 10 - Postgraduate/ Equivalent Qualification DK - Don't Know RF - Refused |
| A206_1 | What is the language you used most at home? Please state only one. | 1 - Malay 2 - English 3 - Tamil 4 - Mandarin 5 - Other Chinese Dialect (e.g. Hokkien, Cantonese, etc) 97 - Others - Specify (Local dialects e.g. Iban, Kadazan, etc.) DK - Don't Know RF - Refused |
| A207_1 | 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 |

B1: FAMILY SUPPORT - CHILDREN

| Variable Name | Question text | Recorded Value |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SecStart | Now I want to ask you about your children. | 1 - Continue |
| B101 | Including step child and adopted child, how many living children do you have? | 0 - 25 |
| B102a | Please tell me the first name of your living children, including step children and adopted children, starting with the eldest child/ | Name, If R refuse to give name, can use alias names. |
| B102b | How old is [Name]? | Age of Children in current year |
| B102c | Is [Name] male or female? | 1 - Male 5 - Female DK - Don't Know RF - Refused |
| B102d | Is [Name] your child from current spouse, child from ex-spouse, child from spouse's previous relationship or adopted child? | 1 - Child from current spouse 2 - Child from ex - spouse 3 - Step child 4 - Adopted child |
| B102e | What is [Name] 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 | What is [Name] working status? | 1 - Still in school/ College/ University 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 |

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| | | 8 - Retired 97 - Other Specify |
| B102g | What is [Name] 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 [Name] have? | Number |
| B103a | Where does [Name] live? | 1 - Live with respondent 2 - Live close by (within 5km) 3 - Live elsewhere/abroad DK - Don't Know |
| B103b | 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 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 DK - Don't Know RF - Refused |
| B103c | Why did you and [Name] live together? | 1 - To support this child 2 - To support you 3 - To support each other |
| B103d | In the last 12 months, how often did you meet this child 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 |
| B103e | In the last 12 months, how often have you had contact with [Name], either by phone or email? | 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 i year |

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| B104 | Now I would like to ask you about the support you have <u>received</u> from your children. Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you <u>receive</u> any kind of support, either financial/non-monetary support, from [Name] in the last 12 months? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B104a | Did you <u>receive</u> any financial support from [Name]? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B104b_1 | How much did you receive? | RM |
| B104b_2 | (How much did you receive?) RM by (Month/Year) | 1 - Month 2 - Year |
| B104c_1 | If you occasionally receive financial support, in which situation would you receive support from [Name]? | 1 - When sick and needed to pay for medical fee 2 - Unemployed/ No income 3 - When could not make ends meet 4 - Special occasions (e.g. birthday, Eid, New Year, etc.) 97 - Other Specify (e.g. contribution during visit, support grandchildren, etc.) |
| B104d | Did you receive non-monetary support from [Name]? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B104e_1(1) | What kind of non-monetary support did you receive from [Name]? | 1 - Clothes/ Household items 2 - Medication/ Supplement (e.g. vitamins) 3 - Appliances 4 - Food/ Groceries 5 - look after your house 6 - Take you on a trip 7 - Advice/ keep you company 97 - other-specify |
| B105 | Now I want to ask about the support you have <u>given</u> to your child. Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you <u>give</u> any kind of support, either financial/non-monetary, to [Name] in the last 12 months? | 1 - Yes 5 - No DK - Don't Know RF - Refused |

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| B105a | Did you <u>give</u> any financial support to [Name]? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B105b_1 | If yes, how much did you give? | RM |
| B105b_2 | (How much did you give) [Name] RM by (Month/Year) | 1 - Month 2 - Year |
| B105c_1 | If you occasionally gave financial support, in which situation would you give support to the child? | 1 - When sick and needed to pay for medical fee 2 - Still Studying (School/ University)/ Unemployed / No Income 3 - When could not make ends meet 4 - Special occasions (e.g. birthday, Eid, New Year, etc.) 97 - Other - Specify (e.g. contribution during visit, support grandchildren, etc.) |
| B105d | Did you <u>give</u> non-monetary support to [Name]? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B105e | What kind of non-monetary support did you give to [Name]? | 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 Other - Specify |
| SecEnd | Are you done with this section? | 1 - Yes 5 - No DK - Don't Know RF - Refused |

B2: FAMILY SUPPORT - PARENTS

| Variable Name | Question text | Recorded Value |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| SecSupportParents | Next I would like to ask you for some information about your parents. | 1 - Continue |
| B200b | Are your parents/ parents-in-law still alive? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B201 | Which of your parents, including your father-in-law and mother-in-law, are still alive? | 1 - Father 2 - Mother 3 - Father-in-law 4 - Mother-in-law |
| B205 | Please state whether your father, your mother, your father-in-law and your mother-in-law require care or assistance in daily activities such as going to the washroom, eating, cooking etc.? | 0 - None 1 - Myself 2 - Spouse 3 - Father 4 - Mother 5 - Father-in-law 6 - Mother-in-law |
| B202a | What is your [Parent] first name? | If R refuse to give name, can use alias names |
| B202b | How old is [Name]? | Age of Parent in current year |
| B202c | What is [Name] 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 |
| B202d | Does [Name] live with you, live close by within 5km, live elsewhere or abroad or live at nursing home or caring facility? | 1 - Lives with respondent 2 - Lives close by (within 5km) |

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| | | 3 - Lives elsewhere/ abroad 4 - Nursing facility |
| B202e_1 | For the last 12 months, with whom does [Name] live with the most? | 1 - Lives with spouse/ himself/ herself 2 - Lives with other children 3 - Lives with relatives 97 - Other - Specify (e.g. friends, neighbours, etc.) |
| B202f | How close is [Name]'s residence to you? (If travel by car). | 1 - Less than 1 hours 2 - 1 to less 2 hours 3 - 2 to less than 3 hours 4 - at least 3 hours |
| B202g | In the last 12 months, how often did you meet [Name] 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 |
| B202h | In the last 12 months, how often have you had contact with [Name], either by phone or email? | 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 |
| B203 | Now I want to ask you about the support you have received from your parents. Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you <u>receive</u> any kind of support, either financial or non-monetary support, from [Name] in the last 12 months? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B203b | In the last 12 months period, did you receive any financial support from [Name]? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B203b_1 | How much did you receive? | RM: _____ |
| B203b_2 | (How much did you receive?) by (Month/Year) | 1 - Month 2 - Year |

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| B203c | If you occasionally receive financial support, in which situation would you receive support from [Name]? | 1 - When sick and needed to pay for medical fee 2 - Unemployed/ No income 3 - When could not make ends meet 4 - Special occasions (e.g. birthday, Eid, New Year, etc.) 97 - Other - Specify (e.g. contribution during visit, support grandchildren, etc.) |
| B203d | In the last 12 months, did you <u>receive</u> non-monetary support from [Name]? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B203e_1 | What kind of non-monetary support did you receive from [Name]? | 1 - Take care of your children 2 - Clothes/ 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 |
| B204 | Now I want to ask you about the support you have <u>given</u> to your parents. Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you <u>give</u> any kind of support, either financial or non-monetary support to [Name] in the last 12 months? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B204a | In the last 12 months, did you <u>give</u> any financial support to [Name]? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B204_1 | How much did you give? | RM _____ |
| B204_2 | (How much did you give?) | 1 - Month 2 - Year |
| B204c_1 | If you occasionally give financial support, in which situation would you | 1 - When sick and needed to pay for medical fee |

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| | give support | 2 - Unemployed/ No income 3 - When could not make ends meet 4 - Special occasions (e.g. birthday, Eid, New Year, etc.) 97 - Other -Specify |
| B204d | In the last 12 months, did you <u>give</u> non-monetary support | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B204e_1 | What kind of non-monetary support did you give | 1 - Clothes/ 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 |
| B205b_1 | If [Name] requires care or assistance in daily activities, who will usually help the most? | 1 - Myself 2 - Spouse 3 - Brother 4 - Sister 5 - Son 6 - Daughter 7 - Grandson 8 - Granddaughter 9 - Domestic Maid 10 - Professional Caregiver 97 - Other - Specify (e.g. cousin, neighbour, friend, etc.) |
| B205c | Does [Name] require nursing care? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B205d | How many hours of your time per week were spent on taking care of [Name] every week? | Hours/minutes: _____ |

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| SecEnd | Are you done with this section? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
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B3: FAMILY SUPPORT - SIBLINGS

| Variable Name | Question text | Recorded Value |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| SecStart | Now I would like to ask you for some information about your siblings. | 1 - Continue |
| B301 | How many living siblings do you have? (Including step siblings and adopted siblings) ENTER "0" if don't have any living siblings | No of siblings: _____ |
| B301a | How many siblings did you receive/ give support in the last 12 months? This includes monetary and non-monetary support. | No of siblings: _____ |
| B302a | Can you tell me their first names? (Only those who receive/ give support.) If R refuses to give name. Can use alias names | Sibling Name: _____ |
| B302c | How old is [Name]? | Age of Sibling in current year: _____ |
| B302c | Is [Name] male or female? | 1 - Male 5 - Female DK - Don't Know RF - Refused |
| B302d | What is [Name] marital status? | 1 - Never married 2 - Married 3 - Widowed 4 - Divorced/Separated |

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| | | DK - Don't Know RF - Refused |
| B302e_1 | Does [Name] have any children including step children and adopted children? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B302e_2 | How many living children? | No of 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 [Name] economic status to yours? | 1 - Much better 2 - Better 3 - Similar 4 - Worse 5 - Much worse |
| B303a | Where does [Name] live? | 1 - Live with respondent 2 - Live with parents 3 - Live close by (within 5km) 4 - Live elsewhere/ abroad 5 - No contact |
| B303b | If [Name] lives together with you, did [Name] move live with you, you moved to live with [Name], you and [Name] moved live together or [Name] 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 [Name] live together? | 1 - To support this sibling 2 - To support you 3 - To support each other |
| B303d | If [Name] live together with your parents, did [Name] move to live with your parents, parents moved to live with [Name], your parents and [Name] moved to live together or [Name] 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 sibling moved to live together 4 - This sibling has always lived with parents |

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| B303e_1 | Why did your parents and [Name] move to live together? | 1 - To support this sibling 2 - To support parents 3 - To support each other 4 - Other -Specify |
| B303f | In the last 12 months, how often did you meet [Name] 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 |
| B303g | In the last 12 months, how often have you had contact with [Name], either by phone or email? | 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 |
| B304 | Now I want to ask about the support you have <u>received</u> from your sibling. Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you <u>receive</u> any kind of support from [Name] in the last 12 months? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B304a | In the same period, did you <u>receive</u> any financial support from [Name]? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B304b_1 | If yes, how much did you receive? | RM _____ |
| B304b_2 | (If yes, how much did you receive?) RM by (Month/Year) | 1 - Month 2 - Year |
| B304c_1(1) | If you occasionally receive financial support, in which situation would you receive support from [Name]? | 1 - When sick and needed to pay for medical fee 2 - Still Studying (School/ University)/ Unemployed / No Income 3 - When could not make ends meet 4 - Special occasions (e.g. birthday, Eid, New Year, etc.) 97 - Other - Specify |

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| B304d | In the last 12 months, did you <u>receive</u> non-monetary support from [Name]? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B304e_1 | What kind of non-monetary support did you receive from [Name]? | 1 - Take care of your children/ grandchildren 2 - Clothes/ 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 |
| B305 | Now I want to ask about the support you have <u>given</u> to your sibling. Excluding any shared living cost such as rent, utility and/or food (in case of living together), did you <u>give</u> any kind of support either financial or non-monetary support to [Name] in the last 12 months? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B305a | In the last 12 months, did you <u>give</u> any financial support to [Name]? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| B305b_1 | If yes, how much did you give? | RM _____ |
| B305b_2 | (How much did you give?) RM by (Month/Year) | 1 - Month 2 - Year |
| B305c_1(1) | If you occasionally gave financial support, in which situation would you give support to [Name]? | 1 - When sick and needed to pay for medical fee 2 - Still Studying (School/ University)/ Unemployed / No Income 3 - When could not make ends meet 4 - Special occasions (e.g. birthday, Eid, New Year, etc.) 97 - Other -Specify |
| B305d | In the last 12 months, did you <u>give</u> non-monetary support to [Name]? | 1 - Yes 5 - No DK - Don't Know |

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| | | RF - Refused |
| B305e_1 | What kind of non-monetary support did you give to [Name]? | 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 - Other - Specify |

C1: HEALTH STATUS

| Variable Name | Question text | Recorded Value |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 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 - Similar 4 - Worse 5 - Much worse |
| C103a_1 | Did you experience any pain or ache in the following body parts in the last 30 days that limit your daily activities? | 0 - None 1 - Head 2 - Neck 3 - Shoulder 4 - Arms 5 - Wrist 6 - Fingers 7 - Chest |

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| | | 8 - Stomach 9 - Back 10 - Hips 11 - Legs 12 - Knees 13 - Ankles 14 - Toes 97 - Other - Specify |
| C103b | How bad is your ^BodyPart pain? Was it mid, moderate or severe? | 1 - Mild 2 - Moderate 3 - Severe |
| C103c | Does the pain on your ^BodyPart limit your daily activities? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C104a_1 | What illnesses have you been diagnosed by your doctors? | 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 |

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| | | 97 - Other - (Specify the most serious) |
| C104b | In what year was your ^Illness^ OtherIllness first diagnosed? | Year: _____ |
| C104c | Are you on any treatment or taking medication for your ^Illness^OtherIllness? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C104d | Does your ^Illness^OtherIllness limit your daily activities? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C105a_1 | In the last 24 months, were you involved in any accident that affects your physical health? | 0 - None 1 - Automobile accident 2 - Fall down 3 - Hit by a falling object 97 - Other - Specify |
| C105a_2 | How many times did you fall down? | Times: _____ |
| C105b | Did the ^Accident have lasting effects on your health? | 1 - Permanent 2 - Temporary 3 - None |
| C105c | Does the ^Accident limit your daily activities? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C106 | Do you worry about falling down? | 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 |

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| 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 in a month 4 - Yes, no more than 5 days in a month 5 - No |
| C109 | If yes, have you ever used any absorbent products such as pads, special garments, sanitary napkins, or toilet paper for your urine loss condition? And how often is that? | 1 - Always 2 - Often 3 - Once in a while 4 - No |
| C110 | Next questions are about your eyesight. Do you usually wear eyeglasses or corrective lens? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C111 | How would you rate your current vision/eyesight <u>when wearing</u> eyeglasses or corrective lens? | 1 - Good 2 - Fair 3 - Poor |
| C112 | How would you rate your eyesight <u>without wearing</u> eyeglasses or corrective lens? | 1 - Good 2 - Fair 3 - Poor |
| C113_1 | Have you ever had eye surgery? | 1 - Yes, lens replacement surgery 2 - Yes, eye replacement surgery 3 - Yes, cataract surgery 97 - Yes, Other - Specify 5 - No |
| C114 | Now I want to ask some questions about your hearing. Do you usually wear a hearing aid? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C115 | How would you rate your current hearing ability <u>when wearing</u> a hearing aid? | 1 - Good 2 - Fair 3 - Poor |
| C116 | How would you rate your hearing ability <u>without wearing</u> a hearing aid? | 1 - Good 2 - Fair 3 - Poor |

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| C117_1 | Have you ever had any ear surgery? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C117_2 | If yes, what type of ear surgery did you have? | |
| C118 | The next questions are about your dental and oral health. Do you wear dentures? | 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 <u>with dentures</u> ? | 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 <u>without dentures</u> ? | 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 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 ^C124_1 hand, when I say start, squeeze this handle as hard as you can for just a couple of seconds, and then let go. <ul style="list-style-type: none"> ◊ STAND holding the dynamometer with the display screen facing outward. ◊ HOLD your forearm parallel to the floor. | 1 - Yes 5 - No DK - Don't Know RF - Refused |

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| | <ul style="list-style-type: none"> ◇ SQUEEZE the handle for a few seconds. <p>Do you understand my explanation and feel safe to continue with this test?</p> <ul style="list-style-type: none"> ◇ ENTER "5" if R has injuries on either hand. | |
| C124_3 | Now please hold the device with your ^C124_1 and squeeze as hard as you can when I say start. | KG: _____ |
| C124_4 | Now please hold the device with your other hand and squeeze as hard as you can when I say start. | KG: _____ |
| C125_1 | Next, I would like to measure your blood pressure using a digital monitor. | 1 - Continue |
| C125_2 | <p>First, I will place the cuff on your left arm approximately one half inch above the elbow. I will ask you to:</p> <ul style="list-style-type: none"> ◇ 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 <p>I will then press the Start button. The cuff will inflate and deflate. I will give you the result after completing the measurement.</p> <p>Do you understand my explanation and feel safe to continue with this test?</p> | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C125_3 | Now let's start the measure. | 1 - Continue |
| C125_4 | Systolic (SBP) reading | 993-Equipment problem 999-R chose not to do it |
| C125_5 | Diastolic (DBP) reading | |
| C125_6 | Pulse reading | |
| 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 | Now I would like to measure your height. | Cm: _____ |

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| | <p>Before taking the height measurement:</p> <ul style="list-style-type: none"> ◊ FIND a suitable space to conduct the measurement. ◊ ASK for permission to place the masking tape on the wall. ◊ ASK R to remove his or her shoes. ◊ ASK R to stand up with their heels and shoulders against the wall. ◊ PLACE the masking tape behind R's head. ◊ PUT the triangle ruler on top of R's head and parallel against the wall. ◊ MARK R's height on the tape. ◊ ASK R to move away from the wall. ◊ TAKE the measurement using the yellow retractable tape. ◊ RECORD the measurement on the masking tape. ◊ REMOVE the tape from the wall. ◊ ENTER the record on your laptop to the nearest 0.1 cm. | <p>ENTER [999] if R chose not to do it.</p> |
| C126b | <p>Now I would like to measure your weight.</p> <ul style="list-style-type: none"> ◊ 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. | <p>Kg: _____</p> <p>ENTER [993] if R tried but equipment malfunctioned or exceed the measurement scale.</p> <p>ENTER [999] if R chose not to do it.</p> |
| C126c | <p>Next, I am going to ask you to perform a simple measurement of your waist and hip circumference.</p> | <p>Cm: _____</p> <p>ENTER [993] if measurement exceed scale.</p> <p>ENTER [999] if R chose not to do it.</p> |
| C126d | <p>Next, repeat the same procedures for measuring your hip circumference at the widest part of your hip.</p> | <p>Cm: _____</p> <p>ENTER [993] if measurement exceed scale.</p> <p>ENTER [999] if R chose not to do it.</p> |
| C127 | <p>Have you gained or lost more than 5kg in the last 2 years?</p> | <p>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</p> |
| C128 | <p>Are you still having menstrual periods?</p> | <p>1 - Yes 5 - No</p> |

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| | | DK - Don't Know RF - Refused |
| C129 | How old were you when you had your last menstrual period? | Age: _____ |
| C130 | Did you suffer from menopausal problem in the months leading to menopause? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C131_1 | What are the symptom(s) did you suffer from? | 0 - None 1 - Irregular periods 2 - Vagina dryness 3 - Hot flushes 4 - Chills 5 - Night sweats 6 - Sleep problem 7 - Mood changes 8 - Weight gains 9 - Slowed metabolism 10 - Thinning hair and dry skin 11 - Loss of breast fullness 12 - Pigmentation 97 - Other - Specify |

C2: RISK FACTORS

| Variable Name | Question text | Recorded Value |
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| SecRiskFactors | Now I would like to ask you about your smoking habit. | 1 - Continue |
| C201: Smoking history | Have you ever smoked shisha, cigarettes, cigars, pipes, etc.? | 1 - Yes IF YES, ANSWER C202 5 - No IF NO, GO TO C208 |
| C202a | How old were you when you started smoking? | Age: |
| C202b | Do you currently smoke? | 1 - Yes |

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| | | 5 - No DK - Don't Know RF - Refused |
| C202c | In total, how many years have you been smoking? | Years: _____ |
| C202d | How old were you when you stopped smoking? | Age: _____ |
| C202e | Do you smoke cigarettes, e-cigarettes, vapes, cigars, pipe/tobacco or shisha? | 1 - cigarettes 2 - e-cigarettes 3 - vape 4 - cigars 5 - pipe/tobacco 6 - shisha |
| C202f | When you were smoking the most, usually how many sticks/times do you smoke ^SmokingMethod in a day? | Sticks/Times: _____ |
| 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 - No DK - Don't Know RF - Refused |
| C204a | How old were you when you first start consuming alcoholic beverages? | Age: _____ |
| C204b | Do you currently drink alcoholic beverages? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C204c | How many years have you been drinking? | Years: _____ |
| C204d | How many years altogether have you been drinking before you stopped drinking? | Years: _____ |
| C204f | How many glasses/cans of alcoholic beverages do/did you have on a typical day when you are/were drinking? | 1 - 1 to 2 2 - 3 to 4 3 - 5 to 6 4 - 7 to 9 5 - 10 or more |
| C204g | How often do/did you have six or more glasses/cans on one occasion? | 1 - Never |

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| | | 2 - Less than once a month 3 - Monthly 4 - Weekly 5 - Daily or almost daily |
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C3: PSYCHOSOCIAL

| Variable Name | Question text | Recorded Value |
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| SecPsychosocial(1) | Now I would like to ask about your behaviour and the feelings you have experienced for the last 6 months. | 1 - Continue |
| C301a | How often did you experience boredom and lose interest in most things? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301b | How often did you experience trouble in concentrating? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301c | How often did you experience sadness/ feeling blue/ depressed? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301d | How often did you feel happy/ cheerful? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301e | How often did you feel anxious/ stressed? | 1 - Never 2 - Rarely |

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| | | 3 - Sometimes 4 - Often 5 - Always |
| C301g | Generally, how often did you feel that you are satisfied with your life? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301h | How often did you experience loneliness? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301i | In general, how often did you experience disappointment in your life? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301j | How often did you feel down on yourself, no good or worthless? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301k | How often did you think about death – either your own, someone else's, or death in general? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301l | How often did you experience isolated or sidelined from others? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301n | How often did you experience lack of companionship? | 1 - Never 2 - Rarely |

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| | | 3 - Sometimes 4 - Often 5 - Always |
| C301o | How often did you feel that you are “in tune/ get along well” with the people around you? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301p | How often did you feel that there are people you can talk to/ share your feelings? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301q | How often did you feel that there are people you can turn to for help? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301r | How often did you feel that there are people who really understand you? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301s | How often did you feel that there are people you are close to? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C301t | How often did you feel that you are part of a group of friends/ community? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C302 | Now I would like to ask you some questions about your spouse. | 1 Continue |

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| C302a | How much does your spouse really understand the way you feel about things? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C302b | How often can you open up to your spouse if you need to talk about your worries? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C302c | How often does your spouse make too many demands on you? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C302d | How often does your spouse let you down when you are counting on them? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C302e | How often does your spouse get on your nerves? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| 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 |

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| C305 | Please state how much you agree or disagree with each of the following statements. | 1 - Continue |
| C305a | I often feel helpless in dealing with the problems of life. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305b | Other people determine most of what I can and cannot do | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305c | What happens in my life is often beyond my control. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305e | There is really no way I can solve the problems I have | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305f | I can do just about anything I really set my mind to. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305g | When I really want to do something, I usually find a way to succeed at it. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |

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| C305h | Whether or not I am able to get what I want is in my own hands. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305i | What happens to me in the future mostly depends on me. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305j | I can do the things that I want to do | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305k | I am leading a meaningful purpose in life. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305l | I have a loving family. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305m | I continue to have friends who care for me. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305n | I am financially independent. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral |

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| | | 4 - Agree 5 - Strongly Agree |
| C305o | I can still contribute to society. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305p | I believe I will not need long term care at age 65 and beyond. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305q | I will continue working as long as my mental and physical capability permit. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305r | If possible I would like to live beyond age 80 years. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305s | I am prepared to be living alone. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305t | I am prepared to take care of my own health. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |

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| C305u | I am prepared to live in an assisted living facility (e.g. care centre for the elderly). | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305v | Taking care of grandchildren is part of my responsibility. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305w | The government should make it mandatory for children to support their parents | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C305x | I should be the one to determine when I want to retire. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| C306 | Now I would like to ask about some activities that you might be involved in. | 1- Continue |
| C306a | How often do you take care of a sick or disabled adult? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306b | How often do you do activities with your grandchildren/ nieces/ nephews, etc.? (e.g. go to playground, go to shopping mall, watch TV etc.) | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306d | How often do you do volunteer/ charity work? | 1 - Never 2 - Rarely |

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| | | 3 - Sometimes 4 - Often 5 - Always |
| C306 | How often do you attend an educational/ training course/ forum/ workshop? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306f | How often do you go to a sports, social or other clubs? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306g | How often do you attend meetings of non-religious organisations (e.g. political party/ residence association/ Parents & Teachers Association (PTA)? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306h | How often do you read books, magazines or newspapers? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306i | How often do you watch television? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306j | How often do you do writing (e.g. letters, stories, or diary)? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306l | How often do you use computer/ smartphone for e-mail, Internet, watch videos or other purposes? | 1 - Never 2 - Rarely |

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| | | 3 - Sometimes 4 - Often 5 - Always |
| C306m | How often do you go for a walk/ jog/ gym? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306n | How often do you do gardening/ pet rearing/ other hobbies? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306o | How often do you exercise/ involve in group exercise (e.g. Tai Chi, aerobic, yoga, silat, etc.)? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306p | How often do you participate in sport activities? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306q | How often do you go out for social outing (e.g. eating out, meeting friend, go to cinemas, etc.)? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306r | How often do you do home maintenance (e.g. house chores, repair, etc.)? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C306t_1 | Do you participate in any other activities? | 1 - Never 2 - Rarely |

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| | | 3 - Sometimes 4 - Often 5 - Always |
| C306t_3 | How often do you participate in this activity? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| C307 | Now I would like to ask about religious activities. | 1 - Continue |
| C307a | How often do you give alms or donations to community/ religious organisations? | 1 - Never 2 - Rarely 3 - Often 4 - Always |
| C307b | How often do you read religious books (e.g. Al-Quran/ Bible/ Bhagavad Gita)? | 1 - Never 2 - Rarely 3 - Often 4 - Always |
| C307c | How often do you perform daily prayers? | 1 - Never 2 - Rarely 3 - Often 4 - Always |
| C307d | How often do you practice primary basic doctrines on holy days or religious days like fasting or going to church on Sundays? | 1 - Never 2 - Rarely 3 - Often 4 - Always |
| C307e | How often do you attend religious sermons/ religious classes/ talks? | 1 - Never 2 - Rarely 3 - Often 4 - Always |

C4: ADL / IADL

| Variable Name | Question text | Recorded Value |
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| SecPhysActivities(1) | Now I would like to ask you some questions about physical activities. | 1 - Continue |
| C401 | How often do you take part in sports/ activities that are <u>vigorous</u> (e.g. running, swimming, cycling, aerobics, tennis, or digging with a hoe or shovel, etc.)? | 1 - Every day 2 - More than once a week 3 - 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 <u>moderately vigorous</u> (e.g. gardening, cleaning the car, walking at a moderate pace or dancing, etc.)? | 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 <u>light exercise/ activities</u> (e.g. Tai Chi, vacuuming or home cleaning, etc.)? | 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 |
| C404a_1 | Do you need any help in taking a bath? | 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C404a_2(1) | If you need help in taking a bath, who usually will help you? | 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson |

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| | | 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |
| C404b_1 | Do you need any help in dressing? | 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C404b_2(1) | If you need help in dressing, who usually will help you? | 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |
| C404c_1 | DO you need any help in grooming? | 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C404c_2(1) | If you need help in grooming, who usually will help you? | 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |
| C404d_1 | Do you need any help in mouth care? | 1 - Able to do it all by myself |

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| | | <p>2 - Sometimes need some help 3 - Always need some help 4 - Always need help</p> |
| C404d_2 | If you need help in mouth care, who usually will help you? | <p>1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused</p> |
| C404e_1 | Do you need any help in toileting? | <p>1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help</p> |
| C404e_2 | If you need help in toileting, who usually will help you? | <p>1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused</p> |
| C404f_1 | Do you need any help in moving from bed to chair/ Chair to bed? | <p>1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help</p> |
| C404f_2 | If you need help in moving from bed to chair/ chair to bed, who usually will help you? | <p>1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter</p> |

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| | | 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |
| C404g_1 | Do you need any help in walking around the house? | 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C404g_2 | If you need help in walking around the house, who usually will help you? | 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |
| C404h_1 | Do you need any help in climbing stairs? | 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C404h_2 | If you need help in climbing stairs, who usually will help you? | 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |

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|---------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C404i_1 | Do you need any help in eating? | 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C404i_2 | If you need help in eating, who usually will help you? | 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |
| C405 | Now I would like to ask you whether you have any difficulty in performing the following activities. | 1 - Continue |
| C405a | Do you have any difficulty with walking 100 meters? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C405b | Do you have any difficulty with sitting in a chair for two hours continuously? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C405c | Do you have any difficulty with getting up from a chair after sitting continuously for a long time? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C405d | Do you have any difficulty with walking several steps up the stairs <u>without</u> using the handrail? | 1 - Yes 5 - No DK - Don't Know RF - Refused |

| | | |
|---------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| C405e | Do you have any difficulty with taking one step up the stairs <u>without</u> using the handrail? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C405f | Do you have any difficulty with squatting or kneeling? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C405g | Do you have any difficulty with raising your arms above your shoulders? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C405h | Do you have any difficulty with pushing or pulling a large object such as a chair or table? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C405i | Do you have any difficulty with lifting or carrying an object weighing 5kg or more, such as a bag of rice? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C405j | Do you have any difficulty with picking up a small object such as a 10 cent coin from a desk with your fingers? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| C406 | Next, I would like to ask whether you have any difficulty in performing the following activities in the last week? | 1 - Continue |
| C406a_1 | Do you need any help in shopping? | 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C406a_2 | If you need help in shopping, who usually will help you? | 1 - Spouse 2 - Son 3 - Daughter |

| | | |
|---------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |
| C406b_1 | Do you need any help in cooking? | 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C406b_2 | If you need help in cooking, who usually will help you? | 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |
| C406c_1 | Do you need any help in managing your medications? | 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C406c_2 | If you need help in managing your medications), who usually will help you? | 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |

| | | |
|---------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C406d_1 | Do you need any help in using the phone and looking up numbers? | <ul style="list-style-type: none"> 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C406d_2 | If you need help in using the phone and looking up numbers, who usually will help you? | <ul style="list-style-type: none"> 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |
| C406e_1 | Do you need any help in doing housework? | <ul style="list-style-type: none"> 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C406e_2 | If you need help in doing housework, who usually will help you? | <ul style="list-style-type: none"> 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |
| C406f_1 | Do you need any help in doing laundry? | <ul style="list-style-type: none"> 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C406f_2 | If you need help in doing laundry, who usually will help you? | <ul style="list-style-type: none"> 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson |

| | | |
|---------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |
| C406g_1 | Do you need any help in driving/ riding motor vehicle? | 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C406g_2 | If you need help in driving/riding motor vehicle, who usually will help you? | 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |
| C406h_1 | Do you need any help in using public transportation? | 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C406h_2 | If you need help in using public transportation, who usually will help you? | 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |

| | | |
|---------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C406i_1 | Do you need any help in visiting friends or relatives? | 1 - Able to do it all by myself 2 - Sometimes need some help 3 - Always need some help 4 - Always need help |
| C406i_2 | If you need help in visiting friends or relatives, who usually will help you? | 1 - Spouse 2 - Son 3 - Daughter 4 - Grandson 5 - Granddaughter 6 - Domestic Maid 7 - Professional Caregiver 97 - Other - Specify (e.g. Friends, relatives, neighbour, etc.) DK - Don't Know RF - Refused |

C5: COGNITION

| Variable Name | Question text | Recorded Value |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| SecCognition | Now I would like to ask about your memory and thinking abilities | 1 - Continue |
| C501 | How would you rate your memory at the present time? Would you say it is 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. | 1 - Continue RF - Refused |

| | Do you understand my explanation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------|--------|--------|-----|---------|------|-------|-------|-------|------|-------|------|-----|-------|------|-------|-----|-------|--------|-------|------|------|------------|---------|--------|--------|------|------|------|--------|--------|-----|----------|--------|-------|------|---------|--------|--------|--------|------|-----|--------|----------------------------------------------------------------------------------------------------------------------------------|
| C503_1 | <p>Now I will read out the words. PERMIT as much time as R wishes -- up to about 2 minutes</p> <table border="1" data-bbox="516 402 1314 1040"> <thead> <tr> <th>List 1</th> <th>List 2</th> <th>List 3</th> <th>List 4</th> </tr> </thead> <tbody> <tr> <td>Cow</td> <td>Village</td> <td>Fire</td> <td>Shoes</td> </tr> <tr> <td>River</td> <td>Train</td> <td>Lamp</td> <td>House</td> </tr> <tr> <td>Tree</td> <td>Sky</td> <td>Spoon</td> <td>Kite</td> </tr> <tr> <td>Water</td> <td>Cat</td> <td>Paper</td> <td>Letter</td> </tr> <tr> <td>Knife</td> <td>Wood</td> <td>Baby</td> <td>Television</td> </tr> <tr> <td>Bicycle</td> <td>Plates</td> <td>Kettle</td> <td>Road</td> </tr> <tr> <td>Fans</td> <td>Fork</td> <td>Hammer</td> <td>Fruits</td> </tr> <tr> <td>Car</td> <td>Scissors</td> <td>Candle</td> <td>Hotel</td> </tr> <tr> <td>Ball</td> <td>Battery</td> <td>Market</td> <td>Bottle</td> </tr> <tr> <td>Wallet</td> <td>Comb</td> <td>Tin</td> <td>Tables</td> </tr> </tbody> </table> | List 1 | List 2 | List 3 | List 4 | Cow | Village | Fire | Shoes | River | Train | Lamp | House | Tree | Sky | Spoon | Kite | Water | Cat | Paper | Letter | Knife | Wood | Baby | Television | Bicycle | Plates | Kettle | Road | Fans | Fork | Hammer | Fruits | Car | Scissors | Candle | Hotel | Ball | Battery | Market | Bottle | Wallet | Comb | Tin | Tables | <p>Answers: _____ 97 Stuck on the answers DK Don't know RF Refused EMPTY</p> |
| List 1 | List 2 | List 3 | List 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cow | Village | Fire | Shoes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| River | Train | Lamp | House | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tree | Sky | Spoon | Kite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Water | Cat | Paper | Letter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Knife | Wood | Baby | Television | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bicycle | Plates | Kettle | Road | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fans | Fork | Hammer | Fruits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Car | Scissors | Candle | Hotel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ball | Battery | Market | Bottle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wallet | Comb | Tin | Tables | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C504 | <p>Next, please try to count backwards, <u>as quickly as you can</u>, from the number I will give you. I will tell you when to stop.</p> <p>ALLOW R to start over if he/she wishes to do so</p> <p>ASK R to stop after a few seconds Please start with: 20</p> | <p>1 - Correct 5 - Incorrect</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C505 | Now let's try some subtraction of numbers | 1 - Continue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| C505a_1 | One hundred minus 7 equals what | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------|--------|--------|-----|---------|------|-------|-------|-------|------|-------|------|-----|-------|------|-------|-----|-------|--------|-------|------|------|------------|---------|--------|--------|------|------|------|--------|--------|-----|----------|--------|-------|------|---------|--------|--------|--------|------|-----|--------|--------------------------------------------------------------------------------------------------------|
| C505b_1 | And 7 from that? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C505c_1 | And 7 from that? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C506a | <p>A little while ago, I read you a list of words and you repeated the ones you could remember. Please tel me any of the words that you remember now.</p> <table border="1"> <thead> <tr> <th>List 1</th> <th>List 2</th> <th>List 3</th> <th>List 4</th> </tr> </thead> <tbody> <tr> <td>Cow</td> <td>Village</td> <td>Fire</td> <td>Shoes</td> </tr> <tr> <td>River</td> <td>Train</td> <td>Lamp</td> <td>House</td> </tr> <tr> <td>Tree</td> <td>Sky</td> <td>Spoon</td> <td>Kite</td> </tr> <tr> <td>Water</td> <td>Cat</td> <td>Paper</td> <td>Letter</td> </tr> <tr> <td>Knife</td> <td>Wood</td> <td>Baby</td> <td>Television</td> </tr> <tr> <td>Bicycle</td> <td>Plates</td> <td>Kettle</td> <td>Road</td> </tr> <tr> <td>Fans</td> <td>Fork</td> <td>Hammer</td> <td>Fruits</td> </tr> <tr> <td>Car</td> <td>Scissors</td> <td>Candle</td> <td>Hotel</td> </tr> <tr> <td>Ball</td> <td>Battery</td> <td>Market</td> <td>Bottle</td> </tr> <tr> <td>Wallet</td> <td>Comb</td> <td>Tin</td> <td>Tables</td> </tr> </tbody> </table> | List 1 | List 2 | List 3 | List 4 | Cow | Village | Fire | Shoes | River | Train | Lamp | House | Tree | Sky | Spoon | Kite | Water | Cat | Paper | Letter | Knife | Wood | Baby | Television | Bicycle | Plates | Kettle | Road | Fans | Fork | Hammer | Fruits | Car | Scissors | Candle | Hotel | Ball | Battery | Market | Bottle | Wallet | Comb | Tin | Tables | <p>Answer: _____</p> <p>97 Stuck on the answer Dk Don't Know RF Refused EMPTY EMpty</p> |
| List 1 | List 2 | List 3 | List 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cow | Village | Fire | Shoes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| River | Train | Lamp | House | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tree | Sky | Spoon | Kite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Water | Cat | Paper | Letter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Knife | Wood | Baby | Television | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bicycle | Plates | Kettle | Road | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fans | Fork | Hammer | Fruits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Car | Scissors | Candle | Hotel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ball | Battery | Market | Bottle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wallet | Comb | Tin | Tables | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C507 | <p>What year are we in currently?</p> <p>Current year: ^xCurrenYear</p> | <p>1 - Correct 5 - Incorrect</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C508 | <p>What is the date today?</p> | <p>1 - Correct 5 - Incorrect</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| | Current date: ^xCurrentDate | |
| 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? | 1 - Correct 5 - Incorrect |
| C514 | Who is the first Prime Minister of Malaysia? | 1 - Correct 5 - Incorrect |
| C515 | In 60 seconds, please name as many animals as fast as you can. | No of animals: _____ |

C6: HEALTHCARE UTILIZATION

| Variable Name | Question text | Recorded Value |
|------------------|-----------------------------------------------------------------------------------|------------------------------------------------------|
| SecHealthcare[1] | Now I would like to ask you some questions about healthcare utilization. | 1 - Continue |
| C601 | Do you have any private health insurance, including employer-sponsored insurance? | 1 - Yes 5 - No DK - Don't know RF - Refused |
| C602 | How much does your private/ personal health insurance policy cover? | RM _____ |

| | | |
|---------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C603 | How much do you pay for this health insurance premium each year? | RM _____ |
| C604_1 | Who pays for your insurance? | 1 - Ownself 2 - Spouse 3 - Son 4 - Daughter 5 - Employer 97 - Other - Specify |
| C605[1] | In the last 12 months, did you go for any of the following medical check-up? | 0 - No medical check-up 1 - General health screen (e.g. blood-sugar rate) 2 - Cholestrol 3 - Mammogram 4 - Pap Smear 5 - Colonoscopy 6 - Prostate 7 - Bone density |
| C606_1 | If no, why 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 faciliy (Either because of the distance or travelling 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_1 | Where do you normally get your outpatient treatment | 1 - Government health facility or practitioner 2 - Private health facility or practitioner 3 - Traditional / alternative medicine practitioner |
| C608_1 | Who would normally accompany you to go for treatment? | 1 - Spouse 2 - Son/ Son-in-law 3 - Daughter/ Daughter in law 4 - Grandson 5 - Granddaughter 6 - Niece/ Nephew 7 - No Companion 97 - Other - Specify |

| | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C609 | Have you ever been hospitalised during the last 12 months | 1 - Yes 5 - No DK - Don't know RF - Refused |
| C610 | How many times have you been hospitalised in the last 12 months? | Times: _____ |
| C611_1 | Who accompanied you the most during your hospitalization? | 1 - Spouse 2 - Son/ Son-in-law 3 - Daughter/ Daughter in law 4 - Grandson 5 - Granddaughter 6 - Niece/ Nephew 7 - No Companion 97 - Other - Specify |
| C612_1[1] | What is/are the reason(s) for your hospitalization(s)? Please choose five most serious ones, if there are more than five. | 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 Vertigo 97 Other - (specify the most serious) |

D1: EMPLOYMENT

| Variable Name | Question text | Recorded Value |
|--------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Section SecWork[1] | Now, I would like to ask you some questions about your current employment situation. | 1 - Continue |
| D101 | What is your current employment status? | 1 - Working now 2 - Temporarily laid off 3 - Unemployed and looking for work 4 - Disabled and unable to work 5 - Retired/ No longer working 6 - A homemaker 7 - On sick or other leave 97 - Other - Specify |
| D101a | Do you expect to go back to this job? | 1 - Yes 5 - No DK - Don't know RF - Refused |
| D101a_1 | In what month did you last work on this job? | 1 - January 2 - February 3 - March 4 - April 5 - May 6 - June 7 - July 8 - August 9 - September 10 - October 11 - November 12 - December DK - Don't know RF - Refused EMPTY |
| D101a_2 | In what year did you last work on this job?) | Year: _____ |

| | | |
|---------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| D101b_1 | In what month did you become unemployed? | 1 - January 2 - February 3 - March 4 - April 5 - May 6 - June 7 - July 8 - August 9 - September 10 - October 11 - November 12 - December DK - Don't know RF - Refused EMPTY |
| D101b_2 | In what year did you become unemployed?) | Year: _____ |
| D101c_1 | In what month did you become disabled? | 1 - January 2 - February 3 - March 4 - April 5 - May 6 - June 7 - July 8 - August 9 - September 10 - October 11 - November 12 - December DK - Don't know RF - Refused EMPTY |
| D101c_2 | In what year did you become disabled?) | Year: _____ |
| D101d_1 | In what month did you retire/ stop working? | 1 - January 2 - February 3 - March |

| | | |
|---------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | 4 - April 5 - May 6 - June 7 - July 8 - August 9 - September 10 - October 11 - November 12 - December DK - Don't know RF - Refused EMPTY |
| D101d_2 | In what year did you retire/ stop working? | Year: _____ |
| D102 | Are you doing any work for pay at the present time? | 1 - Yes 5 - No DK - Don't know RF - Refused |
| D103 | Have you worked for pay in the last 12 months? | 1 - Yes 5 - No DK - Don't know RF - Refused |
| D104 | For your primary work, are you self employed or working for someone else? | 1 - Self-employed/ own business 2 - Someone else (employer, organization, company) |
| D105a | If self-employed, is your business registered? | 1 - Yes 5 - No DK - Don't know RF - Refused |
| D105b | Do you have business partner(s)? | 1 - Yes 5 - No DK - Don't know RF - Refused |

| | | |
|---------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D105c | What is the percentage of your ownership? | ?: _____ |
| D106a_1 | If you work for someone else, who do you work for? | 1 - Government 2 - Private Organization 3 - Statutory body/ GLCs 97 - Other - Specify |
| D107 | Now I would like to ask about your employer. | 1 - Continue |
| D107a | What is the name of the company or organization you work for? | Company Name: _____ |
| D107b | In which department/ unit/ ministries are you working? | Department: _____ |
| D107c | What is your job position? | Job Position: _____ |
| D108 | Now I would like to ask about your business. | 1 - Continue |
| D108a | What is the name of your business? | Business Name: _____ |
| D109 | What is your occupation? | 1 - Manager CEO, Managing Director, Administrative Manager, Legislator 2 - Professional (Scientist, engineer, architect, doctor, lecturer, teacher, accountant, lawyer, economist, journalist, etc.) 3 - Technician and associate Professional (technician, medical assistant, chef, insurance agent, real estate agent, photographer, etc.) 4 - Clerical support worker (Clerk, call centre, operator, customer service executive, receptionist, bank teller, etc.) 5 - Armed force (Army, navy, air force, etc.) Service and sales worker (Cook, waiter, hairdresser, cashier, fire fighter, police officer, security guard, etc.) 6 - Skilled agricultural, forestry and fishery worker (Worker in livestock and dairy producer, farm, fishery, forestry, etc) 7 - Craft and related trades worker (Carpenter, plumber, painter, welder, mechanic, butcher, baker, tailor, etc.) 8 - Plant and machine operator and assembler (Machine operator, assembler, driver, ship crew, |

| | | |
|------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | etc.) 9 - Elementary occupation (Janitor, labourer, street vendor garbage collector, etc.) |
| D110 | What industry do you work in? | 1 - Agriculture, forestry and fishery 2 - Mining and quarrying 3 - Manufacturing 4 - Electricity, gas, steam and air conditioning supply 5 - Water supply; sewerage, waste management and remediation activities 6 - Construction 7 - Wholesale and retail trade; repair of motor vehicles and motorcycles 8 - Transportation and storage 9 - Accommodation and Food service activities 10 - Construction 11 - Wholesale and retail trade; repair of motor vehicles and motorcycles 12 - Transportation and storage 13 - Accommodation and Food service activities Information and communication 14 - Financial and insurance/takaful activities 15 - Real estate activities 16 - Professional, scientific and technical activities 17 - Public administration and defence, compulsory social security 18 - Education 19 - Human health and social work activities 20 - Arts, entertainment and recreation 21 - Other service activities; activities of membership organisations, repairs of personal and household goods 22 - Activities of household as employers; undifferentiated goods and services-producing activities of households for own use 23 - Activities of extraterritorial organizations and bodies |
| D111 | At what age were you employed for your current work? | Age: _____ |

| | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D112 | At what age have you started this business? | Age: _____ |
| D113 | How long do you expect to work for your current employer/ business? | 1 - Less than one year 2 - 1-2 years 3 - More than 2 years to 3 years 4 - More than 3 years 5 - I want resign and get a new job 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 you have worked more than 3 jobs, please include the following information in the last 3 jobs. | |
| D116 | For your current job/ business, how many hours are you working in a week? | Hours: _____ |
| D117 | In the last 12 months, how many days of work did you miss due to health problems? | Days: _____ |
| D118 | Except for national holidays, how many days of paid leave per year are you entitled at your current workplace? | 0 - 100 |
| D119 | Do you have a secondary job? | 1 - Yes 5 - No DK - Don't know RF - Refused |
| D120 | How many hours do you work in a week for your secondary job? | Hours: _____ |
| D121 | For your main job, what is the usual retirement age for people who work with you or have the same kind of job? | Age: _____ |
| D122 | Now I would like to ask you some questions about your retirement planning. | 1 - Continue |

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| D123 | How often have you thought about retirement? | 1 - A lot 2 - Some 3 - A little 4 - Hardly at all |
| D124_1 | When you retire, do you plan to stop work altogether or reduced work hours, have you not given it much thought, or what? | 1 - Stop work altogether 2 - Never stop work 3 - Not given much thought 4 - No current plans, continue as is 5 - Reduce work hours 6 - Change kind of work 7 - Work for myself 8 - Work until my health fails 97 - Other |
| D125 | At what age do you plan to stop work altogether? | Age: _____ |
| D126 | At what age do you plan to start working fewer hours? | Age: _____ |
| D127 | At what age do you plan to change the kind of work you do? | Age: _____ |
| D128 | At what age do you plan to start working for yourself? | Age: _____ |
| D130 | Now, I would like to ask you about certain aspects of your current job. | 1- Continue |
| D130a | How often does your job require lots of physical effort? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| D130b | How often does your job require lifting heavy loads? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |

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| D130c | How often does your job require stooping, kneeling or crouching? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| D130d | How often does your job require good eyesight? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| D130e | How often does your job require intense concentration/ attention? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| D130f | How often does your job require skills in dealing with other people? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| D130g | How often does your job require you to work with computers? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| D130h | How often do you feel your job is more challenging than your previous job? | 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Always |
| D131 | Now, I would like to ask whether you agree with the following statements concerning your current job. | 1 - Continue |
| D131a | In promotion, seniority is important at your company. | 1 - Strongly Disagree 2 - Disagree |

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| | | 3 - Neutral 4 - Agree 5 - Strongly Agree |
| D131b | Your co-workers make older workers feel that they ought to retire before the retirement age. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| D131c | Your employer would let older workers move to less demanding job with less pay if they wanted to. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| D131d | Your salary is adequate. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| D131e | Your job security is good. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| D131f | You are satisfied with the work environment of your job. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| D131g | You are satisfied with the work you are assigned to do. | 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| D131h | Your job involves a lot of stress. | 1 - Strongly Disagree 2 - Disagree |

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| | | <ul style="list-style-type: none"> 3 - Neutral 4 - Agree 5 - Strongly Agree |
| D131i | You really enjoy going to work. | <ul style="list-style-type: none"> 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| D131j | Overall, you are satisfied with your current job. | <ul style="list-style-type: none"> 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree |
| D132_1a | What was the main reason for your retirement decision? | <ul style="list-style-type: none"> 1 - Having enough income 2 - Having enough income from spouse 3 - No interest to continue work 4 - To spend more time on leisure 5 - To do volunteer work/ to pursue hobby 6 - Due to poor health 7 - Due to the poor health of spouse 8 - Due to the poor health of other family members 9 - Due to child caring or housekeeping 10 - Could not find another job 11 - Mandatory retirement 97 Other - Specify |
| D133 | Thinking back to the time you completely retired, was that something you wanted to do or something you felt you were forced into? | <ul style="list-style-type: none"> 1 - Wanted to do 2 - Forced into 3 - Part wanted, part forced |
| D134 | Overall, are you satisfied with your retirement? | <ul style="list-style-type: none"> 1 - Very satisfied 2 - Moderately satisfied 3 - Not satisfied |
| D135 | Comparing before and after retirement, what would you say about your life after retirement? | <ul style="list-style-type: none"> 1 - Better than before retirement 2 - About the same 3 - Worse than before retirement |
| D136 | I am going to read statements which are positive about retirement. | <ul style="list-style-type: none"> 1 - Continue |

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| | Please tell me whether, for you, these were not at all important, not important, fairly important, important and very important. | |
| D136a | Being your own boss. | 1 - Not at all important 2 - Not important 3 - Fairly important 4 - Important 5 - Very important |
| D136b | Being able to take it easy/ relax. | 1 - Not at all important 2 - Not important 3 - Fairly important 4 - Important 5 - Very important |
| D136c | Having the chance to travel. | 1 - Not at all important 2 - Not important 3 - Fairly important 4 - Important 5 - Very important |
| D137 | I am going to read out to you statements which are negative about retirement. Please tell me if, during your retirement, they have not bothered you at all, not bothered you, slightly bothered you, bothered you or bothered you a lot. | 1 - Continue |
| D137a | Not doing anything productive or useful. | 1 - Not at all bothered 2 - Not bothered 3 - Slightly bothered 4 - Bothered 5 - Bothered you a lot |
| D137b | Illness or disability. | 1 - Not at all bothered 2 - Not bothered 3 - Slightly bothered 4 - Bothered 5 - Bothered you a lot |
| D137c | Not having enough income to get by. | 1 - Not at all bothered |

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| | | 2 - Not bothered 3 - Slightly bothered 4 - Bothered 5 - Bothered you a lot |
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E1: INCOME AND EXPENDITURE

| Variable Name | Question text | Recorded Value |
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| SecIncome | 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 DK - Don't Know RF - Refused |
| E102_1 | What type of income or payment did you receive? | 1 - Pension 2 - Rental 3 - Salary/ Income from business 4 - Insurance 5 - Allowance from Social Security Organisation (SOC SO) 6 - Social Welfare Department (elderly/ Disability aid) 7 - Zakat/ Donation received 8 - Dividend from shares/ unit trust 9 - Subsidies/ cost od living allowance (BSH/BR1M) 10 - Allowance/ contribution from Armed Forces Fund Board (LTAT) 97 - Other - Specify |
| E105_1 | Who manages your household finances? | 1 - Mostly ownself 2 - Mostly spouse 3 - Jointly together 97 - Other - Specify |
| E106 | What is your total monthly income after tax? (including income from | 1 - Less than RM1,000 |

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| | salary, profit from business, remittances, rental, etc.) | 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 |
| E107 | Now, I would like to ask the average monthly expenditure for your typical household needs, excluding housing costs, and the purchase of durable goods. | 1 - Continue |
| E107a | What is the average monthly expenditure for your transportation (Petrol, Touch n' Go, public transport, parking, school van, etc.)? | RM: _____ |
| E107b | What is the average monthly expenditure for your electricity? | RM: _____ |
| E107c | What is the average monthly expenditure for your water? | RM: _____ |
| E107d | What is the average monthly expenditure for your telephone/ mobile phone/ prepaid? | RM: _____ |
| E107e | What is the average monthly expenditure for your Indah water? | RM: _____ |
| E107f | What is the average monthly expenditure for your internet? | RM: _____ |
| E107g | What is the average monthly expenditure for your ASTRO/ Netflix/ TV Box? | RM: _____ |
| E107h | What is the average monthly expenditure for your payment for domestic services (e.g. domestic help, cleaner, gardener, etc.)? | RM: _____ |
| E107i | What is the average monthly expenditure for your) newspapers, magazines, other reading materials, etc.? | RM: _____ |
| E107j | What is the average monthly expenditure for your toiletries/ personal care? | RM: _____ |

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| E107k | What is the average monthly expenditure for your food (including eating out)/ groceries/ household needs (e.g. detergent, floor cleaner, garbage bags, etc.)? | RM: _____ |
| E107l | What is the average monthly expenditure for your membership fees (e.g. club, gym, resident association etc.)? | RM: _____ |
| E107m | What is the average monthly expenditure for your house repairs (e.g. plumbing, etc.)? | RM: _____ |
| E107n_1 | Do you have any other monthly expenditures (e.g. Education, condominium/ community maintenance, donation, etc.)? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| E107n_2 | What is the household expenditure on? | |
| E107n_3 | What is the average monthly expenditure? | RM: _____ |
| E108 | To what extent can you manage your monthly expenditure? On a scale of 1 to 10, with 1 being very difficult and 10 can manage very well. | 1 - 10 |
| E109 | Do you have any monthly installment? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| E110_1 | What kind of monthly installment do you have to pay? | 1 - Car Loan 2 - Personal Loan 3 - Investment Loan 4 - Housing Loan 97 - Other - Specify |
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F1: SAVINGS AND ASSETS

| Variable Name | Question text | Recorded Value |
|---------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SecAssets | 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 5 - No 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_1-9 | What type of savings do you have? | 1 - EPF Savings 2 - Bank savings (fixed deposit, savings/current account, etc.) 3 - Properties 4 - Tabung Haji 5 - Unit trust/ ASNB/ Endowment 6 - Shares 7 - Co-operative 8 - Private Retirement Scheme (PRS) 97 - Other - Specify |
| F104a_1 | Value of these savings in RM | RM _____ |
| F105 | Do you own any assets? | 1 - Yes 5 - No DK - Don't Know RF - Refused |

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| F105a_1 | What type of assets do you have? | 1 - House 2 - Land 3 - Other property (e.g. shops, warehouse, parking lot, etc.) 4 - Shares of business that you own 5 - Insurance 97 - Other - Specify (e.g. Livestock, etc.) |
| F105a_1 | Market Value of these assets in RM | RM _____ |

SECTION ENDING

| Variable Name | Question text | Recorded Value |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 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 DK - Don't Know RF - Refused |
| TQ4 | Would you be willing to receive any communication from us in the future? | 1 - Yes 5 - No DK - Don't Know RF - Refused |
| TQ5_1 | What form of communication would you prefer? | 1 - Mobile Phone 2 - Home telephone 3 - Letters |

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| | | 4 - Text Message 5 - Email 6 - Face to face 97 - Other - Specify |
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