

MALAYSIA AGEING AND RETIREMENT SURVEY
(MARS)
WAVE 1 – 2018/2019

PACKAGE B
BACKGROUND & HEALTH

SECTIONS INCLUDED:

SECTION A3: PERSONAL INFORMATION
SECTION C1: HEALTH & PHYSICAL MEASUREMENT
SECTION C2: RISK FACTORS
SECTION C3: PSYCHOSOCIAL
SECTION C4: ADL/IADL
SECTION C5: COGNITION
SECTION C6: HEALTHCARE UTILIZATION

A3: PERSONAL INFORMATION

Variable Name	Question text
A200b	Were you born in Malaysia?
A201_a - d	In which state, district, country were you born?
A202	What is your ethnicity?
A203	What is your religion?
A204_1	What is your marital status?
A204_2	If widowed, since what year?
A204_3	If divorced or separated, since what year?
A205	What is the highest level of education?
A206_1	What is the language you used most at home? Please state only one.
A207_1	What is your native language? Please state only one
A208	How well do you speak your native language
A209	How proficient are you in writing in your native language?

C1: HEALTH STATUS

Variable Name	Question text
C101	Which of the following best describes your current health status?
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?
C103a_1	Did you experience any pain or ache in the following body parts in the last 30 days that limit your daily activities?
C103b	How bad is your Body Part pain? Was it mid, moderate or severe?
C103c	Does the pain on your Body Part limit your daily activities?
C104a_1	What illnesses have you been diagnosed by your doctors?
C104b	In what year was your Illness/Other Illness first diagnosed?
C104c	Are you on any treatment or taking medication for your Illness/Other Illness?
C104d	Does your Illness/Other Illness limit your daily activities?
C105a_1	In the last 24 months, were you involved in any accident that affects your physical health?
C105a_2	How many times did you fall down?
C105b	Did the ^Accident have lasting effects on your health?
C105c	Does the ^Accident limit your daily activities?
C106	Do you worry about falling down?
C107	How much of the time during the past 4 weeks did you feel tired?
C108	During the last 12 months, have you lost any amount of urine beyond your control?
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?
C110	Next questions are about your eyesight. Do you usually wear eyeglasses or corrective lens?
C111	How would you rate your current vision/eyesight <u>when wearing</u> eyeglasses or corrective lens?
C112	How would you rate your eyesight <u>without wearing</u> eyeglasses or corrective lens?
C113_1	Have you ever had eye surgery?

C114	Now I want to ask some questions about your hearing. Do you usually wear a hearing aid?
C115	How would you rate your current hearing ability <u>when wearing</u> a hearing aid?
C116	How would you rate your hearing ability <u>without wearing</u> a hearing aid?
C117_1	Have you ever had any ear surgery?
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?
C119	How would you rate your ability to chew solid or crispy food such as meat, biscuits or apple <u>with dentures</u> ?
C120	How would you rate your ability to chew solid or crispy food such as meat, biscuits or apple <u>without dentures</u> ?
C121	The next questions are about your sleeping habit, How often do you have trouble falling asleep?
C122	How often do you have trouble with waking up too early and not being able to fall asleep again?
C123	How often do you feel rested when you wake up in the morning?
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?
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.
C124_3	Now please hold the device with your ^C124_1 and squeeze as hard as you can when I say start.
C124_4	Now please hold the device with your other hand and squeeze as hard as you can when I say start.
C125_1	Next, I would like to measure your blood pressure using a digital monitor.
C125_2	First, I will place the cuff on your left arm approximately one half inch above the elbow. I will ask you to: I will then press the Start button. The cuff will inflate and deflate. I will give you the result after completing the measurement. Do you understand my explanation and feel safe to continue with this test?
C125_3	Now let's start the measure.
C125_4	Systolic (SBP) reading
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?
C126a	

C126b	Now I would like to measure your weight.
C126c	Next, I am going to ask you to perform a simple measurement of your waist and hip circumference.
C126d	Next, repeat the same procedures for measuring your hip circumference at the widest part of your hip.
C127	Have you gained or lost more than 5kg in the last 2 years?
C128	Are you still having menstrual periods?
C129	How old were you when you had your last menstrual period?
C130	Did you suffer from menopausal problem in the months leading to menopause?
C131_1	What are the symptom(s) did you suffer from?

C2: RISK FACTORS

Variable Name	Question text
C201: Smoking history	Have you ever smoked shisha, cigarettes, cigars, pipes, etc.?
C202a	How old were you when you started smoking?
C202b	Do you currently smoke?
C202c	In total, how many years have you been smoking?
C202d	How old were you when you stopped smoking?
C202e	Do you smoke cigarettes, e-cigarettes, vapes, cigars, pipe/tobacco or shisha?
C202f	When you were smoking the most, usually how many sticks/times do you smoke Smoking Method in a day?
C203	Now, I would like to ask you about drinking habit. Have you ever consumed any alcoholic beverages such as beer, wine or toddy?
C204a	How old were you when you first start consuming alcoholic beverages?
C204b	Do you currently drink alcoholic beverages?
C204c	How many years have you been drinking?
C204d	How many years altogether have you been drinking before you stopped drinking?
C204f	How many glasses/cans of alcoholic beverages do/did you have on a typical day when you are/were drinking?
C204g	How often do/did you have six or more glasses/cans on one occasion?

C3: PSYCHOSOCIAL

Variable Name	Question text
C301a	How often did you experience boredom and lose interest in most things?
C301b	How often did you experience trouble in concentrating?
C301c	How often did you experience sadness/ feeling blue/ depressed?
C301d	How often did you feel happy/ cheerful?
C301e	How often did you feel anxious/ stressed?
C301g	Generally, how often did you feel that you are satisfied with your life?
C301h	How often did you experience loneliness?
C301i	In general, how often did you experience disappointment in your life?
C301j	How often did you feel down on yourself, no good or worthless?
C301k	How often did you think about death – either your own, someone else's, or death in general?
C301l	How often did you experience isolated or side lined from others?
C301n	How often did you experience lack of companionship?
C301o	How often did you feel that you are "in tune/ get along well" with the people around you?
C301p	How often did you feel that there are people you can talk to/ share your feelings?
C301q	How often did you feel that there are people you can turn to for help?
C301r	How often did you feel that there are people who really understand you?
C301s	How often did you feel that there are people you are close to?
C301t	How often did you feel that you are part of a group of friends/ community?
C302	Now I would like to ask you some questions about your spouse.
C302a	How much does your spouse really understand the way you feel about things?
C302b	How often can you open up to your spouse if you need to talk about your worries?
C302c	How often does your spouse make too many demands on you?
C302d	How often does your spouse let you down when you are counting on them?
C302e	How often does your spouse get on your nerves?

C303	How close is your relationship with your spouse?
C304	Who has the final say in decisions about major family issues?
C305	Please state how much you agree or disagree with each of the following statements.
C305a	I often feel helpless in dealing with the problems of life.
C305b	Other people determine most of what I can and cannot do
C305c	What happens in my life is often beyond my control.
C305e	There is really no way I can solve the problems I have
C305f	I can do just about anything I really set my mind to.
C305g	When I really want to do something, I usually find a way to succeed at it.
C305h	Whether or not I am able to get what I want is in my own hands.
C305i	What happens to me in the future mostly depends on me.
C305j	I can do the things that I want to do
C305k	I am leading a meaningful purpose in life.
C305l	I have a loving family.
C305m	I continue to have friends who care for me.
C305n	I am financially independent.
C305o	I can still contribute to society.
C305p	I believe I will not need long term care at age 65 and beyond.
C305q	I will continue working as long as my mental and physical capability permit.
C305r	If possible I would like to live beyond age 80 years.
C305s	I am prepared to be living alone.
C305t	I am prepared to take care of my own health.
C305u	I am prepared to live in an assisted living facility (e.g. care centre for the elderly).
C305v	Taking care of grandchildren is part of my responsibility.
C305w	The government should make it mandatory for children to support their parents
C305x	I should be the one to determine when I want to retire.
C306	Now I would like to ask about some activities that you might be involved in.

C306a	How often do you take care of a sick or disabled adult?
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.)
C306d	How often do you do volunteer/ charity work?
C306	How often do you attend an educational/ training course/ forum/ workshop?
C306f	How often do you go to a sports, social or other clubs?
C306g	How often do you attend meetings of non-religious organisations (e.g. political party/ residence association/ Parents & Teachers Association (PTA))?
C306h	How often do you read books, magazines or newspapers?
C306i	How often do you watch television?
C306j	How often do you do writing (e.g. letters, stories, or diary)?
C306l	How often do you use computer/ smartphone for e-mail, Internet, watch videos or other purposes?
C306m	How often do you go for a walk/ jog/ gym?
C306n	How often do you do gardening/ pet rearing/ other hobbies?
C306o	How often do you exercise/ involve in group exercise (e.g. Tai Chi, aerobic, yoga, silat, etc.)?
C306p	How often do you participate in sport activities?
C306q	How often do you go out for social outing (e.g. eating out, meeting friend, go to cinemas, etc.)?
C306r	How often do you do home maintenance (e.g. house chores, repair, etc.)?
C306t_1	Do you participate in any other activities?
C306t_3	How often do you participate in this activity?
C307	Now I would like to ask about religious activities.
C307a	How often do you give alms or donations to community/ religious organisations?
C307b	How often do you read religious books (e.g. Al-Quran/ Bible/ Bhagavad Gita)?
C307c	How often do you perform daily prayers?
C307d	How often do you practice primary basic doctrines on holy days or religious days like fasting or going to church on Sundays?
C307e	How often do you attend religious sermons/ religious classes/ talks?

C4: ADL / IADL

Variable Name	Question text
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.)?
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.)?
C403	How often do you take part in <u>light exercise/ activities</u> (e.g. Tai Chi, vacuuming or home cleaning, etc.)?
C404	Next, I would like to ask whether you need assistance in performing the following activities for the past one week.
C404a_1	Do you need any help in taking a bath?
C404a_2(1)	If you need help in taking a bath, who usually will help you?
C404b_1	Do you need any help in dressing?
C404b_2(1)	If you need help in dressing, who usually will help you?
C404c_1	DO you need any help in grooming?
C404c_2(1)	If you need help in grooming, who usually will help you?
C404d_1	Do you need any help in mouth care?
C404d_2	If you need help in mouth care, who usually will help you?
C404e_1	Do you need any help in toileting?
C404e_2	If you need help in toileting, who usually will help you?
C404f_1	Do you need any help in moving from bed to chair/ Chair to bed?
C404f_2	If you need help in moving from bed to chair/ chair to bed, who usually will help you?
C404g_1	Do you need any help in walking around the house?
C404g_2	If you need help in walking around the house, who usually will help you?
C404h_1	Do you need any help in climbing stairs?
C404h_2	If you need help in climbing stairs, who usually will help you?
C404i_1	Do you need any help in eating?
C404i_2	If you need help in eating, who usually will help you?
C405	Now I would like to ask you whether you have any difficulty in performing the following activities.

C405a	Do you have any difficulty with walking 100 meters?
C405b	Do you have any difficulty with sitting in a chair for two hours continuously?
C405c	Do you have any difficulty with getting up from a chair after sitting continuously for a long time?
C405d	Do you have any difficulty with walking several steps up the stairs <u>without</u> using the handrail?
C405e	Do you have any difficulty with taking one step up the stairs <u>without</u> using the handrail?
C405f	Do you have any difficulty with squatting or kneeling?
C405g	Do you have any difficulty with raising your arms above your shoulders?
C405h	Do you have any difficulty with pushing or pulling a large object such as a chair or table?
C405i	Do you have any difficulty with lifting or carrying an object weighing 5kg or more, such as a bag of rice?
C405j	Do you have any difficulty with picking up a small object such as a 10 cent coin from a desk with your fingers?
C406	Next, I would like to ask whether you have any difficulty in performing the following activities in the last week?
C406a_1	Do you need any help in shopping?
C406a_2	If you need help in shopping, who usually will help you?
C406b_1	Do you need any help in cooking?
C406b_2	If you need help in cooking, who usually will help you?
C406c_1	Do you need any help in managing your medications?
C406c_2	If you need help in managing your medications), who usually will help you?
C406d_1	Do you need any help in using the phone and looking up numbers?
C406d_2	If you need help in using the phone and looking up numbers, who usually will help you?
C406e_1	Do you need any help in doing housework?
C406e_2	If you need help in doing housework, who usually will help you?
C406f_1	Do you need any help in doing laundry?
C406f_2	If you need help in doing laundry, who usually will help you?
C406g_1	Do you need any help in driving/ riding motor vehicle?
C406g_2	If you need help in driving/riding motor vehicle, who usually will help you?
C406h_1	Do you need any help in using public transportation?

C406h_2	If you need help in using public transportation, who usually will help you?
C406i_1	Do you need any help in visiting friends or relatives?
C406i_2	If you need help in visiting friends or relatives, who usually will help you?

C5: COGNITION

Variable Name	Question text
C501	How would you rate your memory at the present time? Would you say it is very good, good, fair, poor or very poor?
C502	Would you say your memory is better now, about the same or worse now compared to two years ago?
C503	I will read a set of 10 words and ask you to recall as many as you can. Please listen carefully as I read the set of words because I cannot repeat them. When I finish, I will ask you to recall aloud as many of the words as you can, in any order. Do you understand my explanation?
C503_1	Now I will read out the words. PERMIT as much time as R wishes -- up to about 2 minutes
C504	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. ALLOW R to start over if he/she wishes to do so ASK R to stop after a few seconds Please start with: 20
C505	Now let's try some subtraction of numbers
C505a_1	One hundred minus 7 equals what
C505b_1	And 7 from that?
C505c_1	And 7 from that?
C506a	A little while ago, I read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you remember now.
C507	What year are we in currently? Current year: Current Year
C508	What is the date today? Current date: Current Date

C509	What month are we in currently?
C510	What day of the week?
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
C512	What do you call the kind of thorny fruit that has a strong smell? CORRECT answer is Durian
C513	Who is the current Prime Minister of Malaysia?
C514	Who is the first Prime Minister of Malaysia?
C515	In 60 seconds, please name as many animals as fast as you can.

C6: HEALTHCARE UTILIZATION

Variable Name	Question text
C601	Do you have any private health insurance, including employer-sponsored insurance?
C602	How much does your private/ personal health insurance policy cover?
C603	How much do you pay for this health insurance premium each year?
C604_1	Who pays for your insurance?
C605[1]	In the last 12 months, did you go for any of the following medical check-up?
C606_1	If no, why didn't you go for medical check-up?
C607_1	Where do you normally get your outpatient treatment
C608_1	Who would normally accompany you to go for treatment?
C609	Have you ever been hospitalised during the last 12 months
C610	How many times have you been hospitalised in the last 12 months?
C611_1	Who accompanied you the most during your hospitalization?
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.