SEACO Health Round 2013 Questionnaire
Seaco, Monash
04 February, 2021

Form ID: NA Form Version: NA

Variable Name: starttime
Variable Label: Timestamp of form open
Data Type: System generated

Variable Name: startdate
Variable Label: Date of form open
Data Type: System generated

Variable Name: endtime
Variable Label: Timestamp of form save
Data Type: System generated

Variable Name: enddate
Variable Label: Date of form save
Data Type: System generated

Variable Name: deviceid
Variable Label: IMEI
Data Type: System generated

Variable Name: FormVersion
Variable Label: Form ID
Data Type: System generated

Variable Name: Residents_name
Variable Label: What is the residents full name?
Data Type: string

Variable Name: Residents_agree
Variable Label: Can take part in SEACO's research?
Data Type: factor (select one)

Value	Label
1	Agreed
2	Agreed to be interviewed by another data collector
3	Unwilling
4	Unavailable (temporarily)
5	Incapable due to acute illness
6	Incapable due to chronic illness
7	Incapable for another reason (included < 5 years old)
8	Moved
9	Passed away

Variable Name: rid
Variable Label: case id

Data Type: integer

Variable Name: residents_sex
Variable Label: What is ${Residents_name}'s gender?
Data Type: factor (select one)

Value	Label
1	Male
2	Female
3	Other

Variable Name: residents_age
Variable Label: Age
Data Type: Integer

Variable Name: residents_ethnicity
Variable Label: What is ${Residents_name}'s ethnicity?
Data Type: factor (select multiple)

Value	Label
-9	Refused to answer
-8	Don't Know
1	Malay
2	Indian
3	Chinese
4	Bumiputera
5	Other
8	Orang Asli

Variable Name: residents_ethnicity_other
Variable Label: If other please state the ethnicity of ${Residents_name}
Data Type: String

Variable Name: Residents_1
Variable Label: Is still part of the household
Data Type: Yes

Variable Name: Residents_id
Variable Label: What kind of identity document does use
Data Type: Hidden from user / Not asked

Variable Name: Residents_employ
Variable Label: What did do over the past 30 days?
Data Type: Hidden from user / Not asked

Variable Name: Residents_jobtitle
Variable Label: What is 's position or job title?
Data Type: Hidden from user / Not asked

Variable Name: Residents_citizen
Variable Label: What is 's citizenship?
Data Type: factor (select one)

Value	Label
1	Malaysian
2	Singaporean

3	Indonesian
4	Indian
5	Other
6	Don't know
7	Refused to answer
8	Vietnamese
9	Philippines
10	Bangladeshi
11	Nepali
12	Thai
13	Cambodian

Variable Name: Residents_citizen_other
Variable Label: If 'Other' please specify citizenship of
Data Type: Hidden from user / Not asked

Variable Name: Residents_school
Variable Label: What is the schooling history of ?
Data Type: Hidden from user / Not asked

Variable Name: Residents_school_other
Variable Label: If 'Other' please specify the schooling history of
Data Type: Hidden from user / Not asked

Variable Name: individual_1
Variable Label: What language is being used for the interview
Data Type: factor (select one)

Value	Label
1	Malay
2	Mandarin or a Chinese dialect
3	Tamil
4	English
5	Other

Variable Name: demographic_1
Variable Label: What is 's relationship to the head of household
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Head of Household
2	Spouse
3	Parent
4	Child
5	Grand or great-grandparent
6	Grand or great-grandchild
7	Siblings
8	Parent-in-law
9	Son- or daughter-in-law
10	Brother or Sister-in-law
11	Other relatives
12	Friends
13	Workers such as live-in housemaid/gardener/driver/etc
14	Other

Variable Name: demographic_2
Variable Label: Do you know 's date of birth (Solar Calendar)?
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: demographic_3
Variable Label: What is 's date of birth
Data Type: string

Variable Name: demographic_5
Variable Label: Do you have an NRIC [MyKad, My Kid]
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: demographic_5a
Variable Label: What is your NRIC
Data Type: string

Variable Name: demographic_6
Variable Label: What kind of identity document does use
Data Type: factor (select one)

Value	Label
1	Birth Certificate
3	Military/Police Identity Card
4	Passport
5	Other
6	Don't Know
7	Refused to answer

Variable Name: demographic_6a
Variable Label: What is the ID Number
Data Type: string

Variable Name: demographic_8
Variable Label: Mobile telephone number
Data Type: string

Variable Name: demographic_10
Variable Label: What is you ethnicity
Data Type: Hidden from user / Not asked

Variable Name: demographic_11
Variable Label: What is your marital status
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Never married
2	Married
3	Separated / Living Apart (Not Divorced)

4	Divorced
5	Widow(er)
6	Cohabiting
7	Other

Variable Name: demographic_12

Variable Label: Are you in a polygomous marriage?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: demographic_13

Variable Label: Which wife are you?
Data Type: factor (select one)

Value	Label
1	First
2	Second
3	Third

Variable Name: demographic_14

Variable Label: How many wives do you have?
Data Type: factor (select one)

Value	Label
1	1
2	2
3	3
4	4

Variable Name: demographic_15

Variable Label: Does your spouse live with you in this house?
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: education_1

Variable Label: What was the highest level of formal schooling completed
Data Type: factor (select one)

Value	Label
1	Never attended school
2	Attended but did not finish Primary School
3	Finished Primary School
4	Started High School
5	Finished Form 3
6	Finished Form 5
7	Finished Form 6
8	Started College (Diploma)
9	Finished College (Diploma)
10	Started University (Degree)
11	Finished University (Degree)
12	Other
13	Do not know

14   Refused to answer

Variable Name: education_2
Variable Label: Are you still in school/University
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: education_2a
Variable Label: What level are you currently in
Data Type: factor (select one)

Value	Label
1	Standard one
2	Standard two
3	Standard three
4	Standard four
5	Standard five
6	Standard six
7	Form 1
8	Form 2
9	Form 3
10	Form 4
11	Form 5
12	Form 6
13	College (Diploma)
14	University (Degree)

Variable Name: education_3
Variable Label: What type of School is it?
Data Type: factor (select one)

Value	Label
1	National Primary School
2	Tamil Primary School
3	Chinese Primary School
4	National Secondary School

Variable Name: education_4
Variable Label: Can you read
Data Type: factor (select multiple)

Value	Label
1	English
2	Malay (Rumi)
3	Malay (Jawi)
4	Chinese (Traditional characters)
5	Chinese (Simplified characters)
6	Tamil
7	Unable to read

Variable Name: education_5
Variable Label: Have you ever studied at a religious school/
Data Type: factor (select one)

Value	Label
1	Yes

2	No

Variable Name: work_2

Variable Label: What did do over the past 30 days?
Data Type: factor (select one)

Value	Label
1	Too young to work
2	Student
3	Housewife / Househusband
4	Not Working
5	Casual Jobs
6	Working Part-time
7	Working Full-Time
8	Do not Know
9	Refused to answer
10	Pensioners/Pensions
11	Self Employed

Variable Name: work_3

Variable Label: What is your average personal gross monthly income, in terms of work/salary/pension (RM)
Data Type: integer

Variable Name: work_4

Variable Label: What is your average personal gross monthly income, in terms of money from other household members (RM)
Data Type: integer

Variable Name: work_5

Variable Label: What is your average personal gross monthly income, in terms of money from other sources, e.g., family members outside the household (RM)
Data Type: integer

Variable Name: insurance_1

Variable Label: Who usually pays for your health care costs?
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Government/pensioner
2	Employer provided health insurance
3	Personal health insurance
4	Employer/Panel Clinic
5	Self/Family/Household Member

Variable Name: insurance_2

Variable Label: Who usually decides whether you need to seek care from a healthcare provider?
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Spouse
2	Father
3	Mother

4	Child
5	An elder in the family
6	Self
7	Employer
8	Insurance
9	Other

Variable Name: insurance_3

Variable Label: Who usually decides where or from whom you should receive healthcare?
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Spouse
2	Father
3	Mother
4	Child
5	An elder in the family
6	Self
7	Employer
8	Insurance
9	Other

Variable Name: illness_1

Variable Label: In the last two weeks have you experienced fast or troubled breathing?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_2

Variable Label: In the last two weeks have you experienced severe or persistent vomiting?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_3

Variable Label: In the last two weeks have you experienced an injury from a fall, traffic accident, burn, poisoning, drowning, firearm, sharp weapon, or an act of violence from another person?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_4

Variable Label: In the last two weeks have you experienced dental (oral health) problems such as toothache or sensitive teeth, swollen gums (with or without pus), loss of teeth, denture problems, irregular teeth, mouth ulcers, or jaw pain?
Data Type: factor (select one)

Value	Label

-8	Refused to answer
1	Yes
2	No

Variable Name: illness_5

Variable Label: In the last two weeks have you experienced severe pain or tightness in the chest or stomach region?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_6

Variable Label: In the last two weeks have you experienced sudden dizziness?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_7

Variable Label: In the last two weeks did you have any health problem or injury that prevented you from doing your usual daily activities such as going to school or work?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_8

Variable Label: In the last two weeks how many days in total (either whole or part days) were you unable to do your usual daily activities because of health problems or injury?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_9

Variable Label: For the health problem/injury did you self medicate
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_10

Variable Label: For the health problem/injury did you seek help from a health care professional
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes

2   No

Variable Name: illness_10a
Variable Label: For the health problem/injury, which types of health professionals did you consult
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Government health practitioner - Doctor
2	Government health practitioner - Other
3	Private health practitioner - Doctor
4	Private health practitioner - Other

Variable Name: illness_10b
Variable Label: For all the health visits how much money did you have to pay in total (that will not be refunded by health insurance)
Data Type: integer

Variable Name: illness_10c
Variable Label: For all the health visits in total how many hours did you spend including waiting time and consultation time
Data Type: integer

Variable Name: illness_10d
Variable Label: For all the health visits in total how many hours (or parts of hours) did you spend traveling to and from the health care practitioner
Data Type: integer

Variable Name: illness_11
Variable Label: Following the visits, did you have to buy any medication not counted above
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_11a
Variable Label: How much money in total did you spend on the medication
Data Type: integer

Variable Name: illness_12
Variable Label: Overall how satisfied were you with the treatment you received during the health visits
Data Type: factor (select one)

Value	Label
1	Very satisfied

Variable Name: illness_15
Variable Label: Have you had your teeth examined by a dentist or dental technician in the past 12 months?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_16

Variable Label: Was the examination conducted in a government dental clinic?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_17

Variable Label: Which of the following best describes the state of your teeth?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	I have all my teeth
2	I am missing some of my teeth
3	I am missing most of my teeth
4	I have a mix of my own teeth and dentures
5	I have dentures

Variable Name: illness_18

Variable Label: How frequently do you experience oral pain or discomfort?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Never
2	Occasionally
3	Sometimes
4	Often
5	Constantly

Variable Name: illness_18a

Variable Label: How severe is the pain or discomfort?

Data Type: factor (select one)

Value	Label
-9	Dont Know
-8	Refused to answer
1	Mild
2	Moderate
3	Severe

Variable Name: illness_19

Variable Label: Have you ever been told by a doctor/medical assistant that you have heart disease?

Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_20

Variable Label: Have you ever been told by a doctor/medical assistant that you have asthma

Data Type: factor (select one)

Value	Label

-9	Do not Know
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_21

Variable Label: Have you ever been told by a doctor/medical assistant that you have had a stroke
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_22

Variable Label: Have you ever been told by a doctor/medical assistant that you have arthritis
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_23

Variable Label: In the last 12 months did a doctor/medical assistant tell you that you had dengue fever?
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_24

Variable Label: Have you ever been told by a doctor/medical assistant that you had dengue fever?
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_25

Variable Label: In the last 12 months did a doctor/medical assistant tell you that you have urinary tract problems?
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_26

Variable Label: Have you ever been told by a doctor/medical assistant that you have kidney disease?

Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_27

Variable Label: In the last 6 months have you taken any herbs or traditional medicine such as 'Ubat Makjun', ginseng, 'Tongkat Ali', 'Kacip Fatimah', etc.
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Yes
2	No

Variable Name: illness_28

Variable Label: How frequently did you take those herbs / traditional medicine
Data Type: factor (select one)

Value	Label
-9	Dont Know
-8	Refused to answer
1	At least once a day
2	At least once a week
3	At least once a month
4	Less than once a month

Variable Name: illness_29

Variable Label: How important is it for you to have an enriched religious/spiritual life
Data Type: factor (select one)

Value	Label
-9	Dont Know
-8	Refused to answer
1	Useful, but I can live without it
2	Important
3	Very important
4	Essential, I cannot live without it

Variable Name: illness_30

Variable Label: How strongly do you feel in control of what you do and achieve in your life
Data Type: factor (select one)

Value	Label
-9	Dont Know
-8	Refused to answer
1	I feel no control
2	I feel a little control
3	I feel some control
4	I feel mostly in control
5	I feel in full control

Variable Name: illness_31

Variable Label: How strongly do you agree with the following statement: No matter what I want to do or be in my life, there is a higher power that determines the course of my life.

Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Totally agree
2	Agree
3	Neither agree nor disagree
4	Disagree
5	Totally disagree

Variable Name: health_1

Variable Label: Do you usually have daily contact with other people?
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: health_2

Variable Label: In case of need, can you count on someone close to you?
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: health_3

Variable Label: Do you usually have enough income to meet your daily needs
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: health_4

Variable Label: Did you trip or fall anytime over the past 6 months
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: health_4a

Variable Label: How many times have you tripped or fallen in the past 6 months
Data Type: factor (select one)

Value	Label
1	Once
2	Twice
3	Three times
4	More than three times

Variable Name: health_4b

Variable Label: Which of the following best explains the [most recent] trip/fall
Data Type: selectt_one health_4a

Variable Name: health_5

Variable Label: Have you been hospitalized for one or more nights during the past 6 months

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: health_6

Variable Label: Have you visited a hospital EMERGENCY DEPARTMENT during the past 6 months

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: health_7

Variable Label: Overall in the last 30 days, how much difficulty did you have with concentrating or remembering things?

Data Type: factor (select one)

Value	Label
1	None
2	Mild
3	Moderate
4	Severe
5	Extreme / Cannot do

Variable Name: health_8

Variable Label: Overall in the last 30 days, how much difficulty did you have learning a new task (for example, learning how to get to a new place, learning a new game, etc.

Data Type: factor (select one)

Value	Label
1	None
2	Mild
3	Moderate
4	Severe
5	Extreme / Cannot do

Variable Name: health_9

Variable Label: Overall in the last 30 days, how much of a problem did you have with sleeping, such as falling asleep, waking up frequently during the night, or waking up too early in the morning

Data Type: factor (select one)

Value	Label
1	None
2	Mild
3	Moderate
4	Severe
5	Extreme / Cannot do

Variable Name: health_10

Variable Label: Overall in the last 30 days, how much of a problem did you have due to not feeling rested and refreshed during the day (for example, feeling tired or not having energy)?

Data Type: factor (select one)

Value	Label
1	None
2	Mild
3	Moderate
4	Severe

5	Extreme / Cannot do

Variable Name: health_11

Variable Label: Including people you know well, in the past 12 months, has anyone deliberately hit, slapped, punched or kicked you, or used force or violence in any way?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: health_12

Variable Label: Including people you know well, in the past 12 months, has anyone threatened to hit, slap, punch or kick, or use force or violence against you in a way that frightened you?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: health_13

Variable Label: In the past 12 months, has anyone stolen anything of yours that you valued
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: health_13a

Variable Label: What was stolen
Data Type: String

Variable Name: health_14

Variable Label: People are generally dishonest and selfish and they want to take advantage of others
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Totally agree
2	Agree
3	Neither agree nor disagree
4	Disagree
5	Totally disagree

Variable Name: health_15

Variable Label: If I do nice things for someone, I can anticipate that they will respect me and treat me just as well as I treat them
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Totally agree
2	Agree

3	Neither agree nor disagree
4	Disagree
5	Totally disagree

Variable Name: health_16

Variable Label: If I see people who cooperate with each other, I also feel that I would help someone in need
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Totally agree
2	Agree
3	Neither agree nor disagree
4	Disagree
5	Totally disagree

Variable Name: health_17

Variable Label: In a difficult situation, I can count on the help from people in my local community
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Totally agree
2	Agree
3	Neither agree nor disagree
4	Disagree
5	Totally disagree

Variable Name: health_18

Variable Label: I feel a strong attachment to my local community
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Totally agree
2	Agree
3	Neither agree nor disagree
4	Disagree
5	Totally disagree

Variable Name: health_19

Variable Label: Are you an active member of one of more local clubs or associations (e.g., sports club, political group, social club, Parent-Teachers Association, Residents association etc.)
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: health_19a

Variable Label: How many clubs or associations are you actively involved with?
Data Type: String

Variable Name: health_19b

Variable Label: Thinking about the club or association that you are most actively involved with, and the other members age and sex, how similar to you are they?
Data Type: factor (select one)

Value	Label
-9	Do not Know
1	Similar
2	More similar than dissimilar
3	Half-Half
4	Less similar than dissimilar
5	Dissimilar
8	Refused to answer

Variable Name: health_19c

Variable Label: Thinking about the club or association that you are most actively involved with, and the other members ethnicity, how similar to you are they?
Data Type: factor (select one)

Value	Label
-9	Do not Know
1	Similar
2	More similar than dissimilar
3	Half-Half
4	Less similar than dissimilar
5	Dissimilar
8	Refused to answer

Variable Name: dass_start

Variable Label: Start time (Do not change the values – swipe to next page)
Data Type: dateTime

Variable Name: dass_1

Variable Label: I found it hard to wind down.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_2

Variable Label: I was aware of dryness of my mouth.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_3

Variable Label: I couldn't seem to experience any positive feeling at all.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_4

Variable Label: I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion).
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_5

Variable Label: I found it difficult to work up the initiative to do things.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_6

Variable Label: I tended to over-react to situations.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_7

Variable Label: I experienced trembling (eg, in the hands).
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_8

Variable Label: I felt that I was using a lot of nervous energy.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all

1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_9

Variable Label: I was worried about situations in which I might panic and make a fool of myself.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_10

Variable Label: I felt that I had nothing to look forward to.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_11

Variable Label: I found myself getting agitated.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_12

Variable Label: I found it difficult to relax.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_13

Variable Label: I felt down-hearted and blue.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_14

Variable Label: I was intolerant of anything that kept me from getting on with what I was doing.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_15

Variable Label: I felt I was close to panic.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_16

Variable Label: I was unable to become enthusiastic about anything.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_17

Variable Label: I felt I wasn't worth much as a person.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_18

Variable Label: I felt that I was rather touchy.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_19

Variable Label: I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat).

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_20

Variable Label: I felt scared without any good reason.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_21

Variable Label: I felt that life was meaningless.
Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_end

Variable Label: End time (Do not change the values – swipe to next page)
Data Type: dateTime

Variable Name: whoqol_start

Variable Label: Start time (Do not change the values – swipe to next page)
Data Type: dateTime

Variable Name: whoqol_1

Variable Label: How would you rate your quality of life?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very poor
2	Poor
3	Neither poor nor good
4	Good
5	Very Good

Variable Name: whoqol_2

Variable Label: How satisfied are you with your health?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied

2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_3

Variable Label: To what extent do you feel that physical pain prevents you from doing what you need to do?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	An extreme amount
2	Very much
3	A moderate amount
4	A little
5	Not at all

Variable Name: whoqol_4

Variable Label: How much do you need any medical treatment to function in your daily life?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	An extreme amount
2	Very much
3	A moderate amount
4	A little
5	Not at all

Variable Name: whoqol_5

Variable Label: How much do you enjoy life?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	A moderate amount
4	Very much
5	An extreme amount

Variable Name: whoqol_6

Variable Label: To what extent do you feel your life to be meaningful?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	A moderate amount
4	Very much
5	An extreme amount

Variable Name: whoqol_7

Variable Label: How well are you able to concentrate?
Data Type: factor (select one)

Value	Label
-8	Refused to answer

1	Not at all
2	A little
3	A moderate amount
4	Very much
5	Extremely

Variable Name: whoqol_8

Variable Label: How safe do you feel in your daily life?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	A moderate amount
4	Very much
5	Extremely

Variable Name: whoqol_9

Variable Label: How healthy is your physical environment?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	A moderate amount
4	Very much
5	Extremely

Variable Name: whoqol_10

Variable Label: Do you have enough energy for everyday life?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	Moderately
4	Mostly
5	Completely

Variable Name: whoqol_11

Variable Label: Are you able to accept your bodily appearance?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	Moderately
4	Mostly
5	Completely

Variable Name: whoqol_12

Variable Label: Have you enough money to meet your needs?
Data Type: factor (select one)

Value	Label

-8	Refused to answer
1	Not at all
2	A little
3	Moderately
4	Mostly
5	Completely

Variable Name: whoqol_13

Variable Label: How available to you is the information that you need in your day-to-day life?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	Moderately
4	Mostly
5	Completely

Variable Name: whoqol_14

Variable Label: To what extent do you have the opportunity for leisure activities?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	Moderately
4	Mostly
5	Completely

Variable Name: whoqol_15

Variable Label: How well are you able to get around?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very poor
2	Poor
3	Neither poor nor good
4	Good
5	Very Good

Variable Name: whoqol_16

Variable Label: How satisfied are you with your sleep?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_17

Variable Label: How satisfied are you with your ability to perform your daily living activities?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_18

Variable Label: How satisfied are you with your capacity for work?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_19

Variable Label: How satisfied are you with yourself?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_20

Variable Label: How satisfied are you with your personal relationships?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_21

Variable Label: How satisfied are you with your sex life?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_22

Variable Label: How satisfied are you with the support you get from your friends?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_23

Variable Label: How satisfied are you with the conditions of your living place?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_24

Variable Label: How satisfied are you with your access to health services?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_25

Variable Label: How satisfied are you with your transport?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_26

Variable Label: How often do you have negative feelings such as blue mood, despair, anxiety, depression?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Always
2	Very Often
3	Quite Often
4	Seldom
5	Never

Variable Name: whoqol_end
Variable Label: End time (Do not change the values – swipe to next page)
Data Type: dateTime

Variable Name: smoking_1
Variable Label: Have you ever smoked a whole cigarette
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: smoking_1a
Variable Label: How old were you when you had your first whole cigarette
Data Type: Integer

Variable Name: smoking_2
Variable Label: Currently do you smoke tobacco everyday, less than everyday, or not at all?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Everyday
2	Less than everyday
3	Not at all

Variable Name: smoking_3
Variable Label: In the past did you smoke tobacco everyday, less than everyday, or not at all?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Everyday
2	Less than everyday
3	Not at all

Variable Name: smoking_4
Variable Label: Years stopped
Data Type: integer

Variable Name: smoking_5
Variable Label: How old were you when you started smoking everyday
Data Type: Integer

Variable Name: smoking_6
Variable Label: Of the following tobacco products, which ones did you smoke in the past month (select all that apply)
Data Type: factor (select multiple)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Manufactured cigarettes excluding kretek
2	Hand rolled cigarettes
3	Kretek
4	Other

Variable Name: smoking_7
Variable Label: On average, how many manufactured cigarettes do you smoke a day
Data Type: Integer

Variable Name: smoking_8
Variable Label: On average, how many hand rolled cigarettes do you smoke a day
Data Type: Integer

Variable Name: smoking_9
Variable Label: On average, how many kretek do you smoke a day
Data Type: Integer

Variable Name: smoking_10
Variable Label: Do you think you are addicted to cigarettes?
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Yes
2	No

Variable Name: smoking_11
Variable Label: How difficult would you find it to quit smoking
Data Type: factor (select one)

Value	Label
-9	Do not Know
-8	Refused to answer
1	Very Easy
2	Easy
3	Possible but not easy
4	Difficult
5	Very Difficult
6	Impossible

Variable Name: smoking_12
Variable Label: Have you ever tried to quit smoking?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: smoking_13
Variable Label: In the past 12 months how many times did you try to quit smoking
Data Type: factor (select one)

Value	Label
NA	NA

Variable Name: drinking_1
Variable Label: Have you consumed an alcoholic drink within the past 30 days?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: drinking_2
Variable Label: During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.
Data Type: factor (select one)

Value	Label
1	Always with a meal
2	Usually with a meal
3	Half the time with a meal
4	Rarely with a meal
5	Never with a meal

Variable Name: drinking_3
Variable Label: During the past 30 days, have you drunk so much that you woke up somewhere without remembering how you got there?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: nutrition_1
Variable Label: On average, how many meals (of the 21 meals in a week? breakfast, lunch and dinner) do you eat in a restaurant, food stall, mamak
Data Type: String

Variable Name: physical_1
Variable Label: Does your work involve VIRGOROUS-INTENSITY activities that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work] for at least 10 minutes continuously?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: physical_2
Variable Label: In a typical week, on how many days do you do VIRGOROUS-INTENSITY activities as part of your work?
Data Type: String

Variable Name: physical_3
Variable Label: How much time do you spend doing VIRGOROUS-INTENSITY activities at work on a typical day? (Record hours)
Data Type: String

Variable Name: physical_4

Variable Label: Does your work involve MODERATE-INTENSITY activities, that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: physical_5

Variable Label: In a typical week, on how many days do you doMODERATE-INTENSITY activities as part of your work?

Data Type: String

Variable Name: physical_6

Variable Label: How much time do you spend doing MODERATE-INTENSITY activities at work on a typical day?

Data Type: String

Variable Name: physical_7

Variable Label: Do you walk or use a pedal bicycle for at least 10 CONTINUOUS minutes to get to and from places

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: physical_8

Variable Label: In a typical week, on how many days do you walk or bicycle for at least 10 CONTINUOUS minutes to get to and from places?

Data Type: String

Variable Name: physical_9

Variable Label: How much time do you spend walking or bicycling on a typical day? (Record hours)

Data Type: String

Variable Name: physical_10

Variable Label: Do you do any VIRGOROUS-INTENSITY sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football] for at least 10 minutes continuously?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: physical_11

Variable Label: In a typical week, on how many days do you do VIRGOROUS-INTENSITY sports, fitness or recreational (leisure) activities?

Data Type: String

Variable Name: physical_12

Variable Label: How much time do you spend doing VIRGOROUS-INTENSITY sports, fitness or recreational activities on a typical day?
Data Type: String

Variable Name: physical_13

Variable Label: Do you do any MODERATE-INTENSITY sports, fitness or recreational (leisure) activities that cause small increases in breathing or heart rate like such as brisk walking, [cycling, swimming, volleyball] for at least 10 minutes continuously?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: physical_14

Variable Label: In a typical week, on how many days do you do MODERATE-INTENSITY sports, fitness or recreational (leisure) activities?
Data Type: String

Variable Name: physical_15

Variable Label: How much time do you spend doing MODERATE-INTENSITY sports, fitness or recreational activities on a typical day?
Data Type: String

Variable Name: physical_16

Variable Label: How much time do you usually spend sitting or reclining (excluding sleep at night) on a typical day?
Data Type: String

Variable Name: hypertension_1

Variable Label: Have you ever had your blood pressure measured by a doctor or other health worker
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: hypertension_2

Variable Label: Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: hypertension_3

Variable Label: Have you been told this in the past 12 months?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes

2   No

Variable Name: hypertension_4

Variable Label: Have you taken any drugs (medication - not Traditional Chinese Medicine (TCM)) in the past 2 weeks for your blood pressure
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: hypertension_5

Variable Label: In the past 12 months, have you seen a traditional healer or TCM practitioner for raised blood pressure or hypertension
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: hypertension_6

Variable Label: Are you currently taking any herbal or traditional remedy for raised blood pressure or hypertension
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: diabetes_1

Variable Label: Have you ever had your blood sugar measured by a doctor or other health worker?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: diabetes_2

Variable Label: Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: diabetes_3

Variable Label: Have you been told this in the past 12 months?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: diabetes_4

Variable Label: Are you currently receiving insulin for your diabetes or raised blood sugar?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: diabetes_5

Variable Label: Have you taken any drugs (medication not TCM) in the past 2 weeks for your diabetes or raised blood sugar?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: diabetes_6

Variable Label: In the past 12 months, have you seen a traditional healer or TCM practitioner for raised blood sugar or diabetes?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: diabetes_7

Variable Label: Are you currently taking any herbal or traditional remedy for raised blood sugar or diabetes?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: hw_start

Variable Label: Start time (Do not change the values – swipe to next page)
Data Type: dateTime

Variable Name: hw_1

Variable Label: Can stand straight
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: hw_2

Variable Label: Can move and stand on the weighing scales without assistance
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: hw_3
Variable Label: Enter device ID for height and weight
Data Type: string

Variable Name: hw_5
Variable Label: Height
Data Type: Integer

Variable Name: hw_6
Variable Label: Arm Span
Data Type: Integer

Variable Name: hw_8
Variable Label: Weight
Data Type: integer

Variable Name: hw_9
Variable Label: Are you pregnant?
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: hw_11
Variable Label: Enter device ID for waist
Data Type: string

Variable Name: hw_12
Variable Label: Waist circumference: Age >=16
Data Type: integer

Variable Name: hw_13
Variable Label: Do you think the waist measurement was done correctly
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: hw_end
Variable Label: End time (Do not change the values – swipe to next page)
Data Type: dateTime

Variable Name: bp_start
Variable Label: Start time (Do not change the values – swipe to next page)
Data Type: dateTime

Variable Name: bp_1
Variable Label: Enter device ID for blood pressure
Data Type: String

Variable Name: bp_2
Variable Label: Which arm will you use for BP measurement, it should be the left
Data Type: factor (select one)

Value	Label
1	Left
2	Right

Variable Name: bp_3
Variable Label: Arm circumference
Data Type: Integer

Variable Name: bp_4
Variable Label: Cuff Size
Data Type: factor (select one)

Value	Label
1	Small (16 - 22 cm)
2	Medium (23 - 32 cm)
3	Large (>32 cm)

Variable Name: bp_5
Variable Label: Diastolic1
Data Type: Integer

Variable Name: bp_6
Variable Label: Systolic1
Data Type: Integer

Variable Name: bp_7
Variable Label: Heart Rate1
Data Type: Integer

Variable Name: bp_8
Variable Label: Any problems with BP measurement 1 (e.g., misplaced cuff)?
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: bp_9
Variable Label: Diastolic2
Data Type: Integer

Variable Name: bp_10
Variable Label: Systolic2
Data Type: Integer

Variable Name: bp_11
Variable Label: Heart Rate2
Data Type: Integer

Variable Name: bp_12
Variable Label: Any problems with BP measurement 2 (e.g., misplaced cuff)?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: bp_13
Variable Label: Diastolic3
Data Type: Integer

Variable Name: bp_14
Variable Label: Systolic3
Data Type: Integer

Variable Name: bp_15
Variable Label: Heart Rate3
Data Type: Integer

Variable Name: bp_16
Variable Label: Any problems with BP measurement 3 (e.g., misplaced cuff)?
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: bp_17
Variable Label: During the past 2 weeks have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: bp_end
Variable Label: End time (Do not change the values – swipe to next page)
Data Type: dateTime

Variable Name: bg_start
Variable Label: Start time (Do not change the values – swipe to next page)
Data Type: dateTime

Variable Name: bg_1
Variable Label: How long ago did you have anything to eat or drink other than water? (Hours)
Data Type: Integer

Variable Name: bg_2
Variable Label: Enter device id for blood glucose
Data Type: String

Variable Name: bg_3
Variable Label: [Read time off the Tablet]
Data Type: dateTime

Variable Name: bg_4

Variable Label: Blood Glucose
Data Type: Integer

Variable Name: bg_5

Variable Label: Any problems with the blood glucose measurement
Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: bg_6

Variable Label: During the past 2 weeks have you been treated for raised blood glucose or diabetes with insulin or other drugs (medication) prescribed by a doctor or other health worker
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: bg_end

Variable Label: End time (Do not change the values – swipe to next page)
Data Type: dateTime

Variable Name: Tech

Variable Label: Now I would like to ask questions about the use of technology
Data Type: trigger

Variable Name: tech_1

Variable Label: Do you own a smartphone
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: tech_1a

Variable Label: Do you have data access for your smartphone
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: tech_2

Variable Label: Do you own a tablet
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: tech_2a

Variable Label: Do you have data access for your tablet
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: tech_3

Variable Label: Do you own a laptop computer
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: tech_4

Variable Label: Do you have internet access from home
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: tech_5

Variable Label: On average, how often would you access the internet each week
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	More than once per day
2	Once per day
3	Once every two days
4	At least twice a week
5	At least once a week
6	At least a fortnight
7	At least once per month
8	Less than once per month

Variable Name: tech_6

Variable Label: Do you have an email account
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: tech_8

Variable Label: Do you have a facebook page
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: tech_8a

Variable Label: What is your fb username
Data Type: String

Variable Name: tech_8b

Variable Label: On average, how often do you update your fb page
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	More than once per day
2	Once per day
3	Once every two days
4	At least twice a week
5	At least once a week
6	At least a fortnight
7	At least once per month
8	Less than once per month

Variable Name: tech_9

Variable Label: Do you have a twitter account
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: tech_9a

Variable Label: On average, how often do you tweet
Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	More than once per day
2	Once per day
3	Once every two days
4	At least twice a week
5	At least once a week
6	At least a fortnight
7	At least once per month
8	Less than once per month