

SEACO Health Round 2013 Codebook

Seaco, Monash

10 October, 2019

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 polygamous 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)

Value	Label
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

Value	Label
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

Value	Label
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 diseas

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

Value	Label
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

Value	Label
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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 concentr

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 ne

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 sleepi

Data Type: factor (select one)

Value	Label
1	None
2	Mild

Value	Label
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 feeli

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 deliberat

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

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

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

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 hel

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 c

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.,

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

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

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

Value	Label
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

Value	Label
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

Value	Label
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: 163. How would you rate your quality of 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_2

Variable Label: 164. 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: 165. To what extent do you feel that physical pain prevents you from doing what

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_4

Variable Label: 166. 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

Value	Label
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_5

Variable Label: 167. How much do you enjoy 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_6

Variable Label: 168. To what extent do you feel your life to be meaningful?

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_7

Variable Label: 169. How well are you able to concentrate?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied

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

Variable Name: whoqol_8

Variable Label: 170. How safe do you feel in your daily 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_9

Variable Label: 171. How healthy is your physical environment?

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_10

Variable Label: 172. Do you have enough energy for everyday life?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied

Value	Label
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_11

Variable Label: 173. Are you able to accept your bodily appearance?

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_12

Variable Label: 174. Have you enough money to meet your needs?

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_13

Variable Label: 175. How available to you is the information that you need in your day-to-day li

Data Type: factor (select one)

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

Value	Label
4	Satisfied
5	Very satisfied

Variable Name: whoqol_14

Variable Label: 176. To what extent do you have the opportunity for leisure 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_15

Variable Label: 177. How well are you able to get around?

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_16

Variable Label: 178. 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

Value	Label
5	Very satisfied

Variable Name: whoqol_17

Variable Label: 179. How satisfied are you with your ability to perform your daily living activi

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: 180. 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: 181. 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: 182. 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: 183. 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: 184. 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: 185. 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: 186. 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: 187. 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: 188. How often do you have negative feelings such as blue mood, despair, anxiety

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_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 a

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

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 witho

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

Data Type: String

Variable Name: physical_1

Variable Label: Does your work involve VIRGOROUS-INTENSITY activities that causes large increase

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

Data Type: String

Variable Name: physical_3

Variable Label: How much time do you spend doing vigorous-intensity activities at work on a typi

Data Type: String

Variable Name: physical_4

Variable Label: Does your work involve MODERATE-INTENSITY activities, that causes small increase

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 do MODERATE-INTENSITY activities

Data Type: String

Variable Name: physical_6

Variable Label: How much time do you spend doing moderate-intensity activities at work on a typi

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

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 CONTI

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)

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, f

Data Type: String

Variable Name: physical_12

Variable Label: How much time do you spend doing vigorous-intensity sports, fitness or recreatio

Data Type: String

Variable Name: physical_13

Variable Label: Do you do any MODERATE-INTENSITY sports, fitness or recreational (leisure)

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, fi

Data Type: String

Variable Name: physical_15

Variable Label: How much time do you spend doing moderate-intensity sports, fitness or recreatio

Data Type: String

Variable Name: physical_16

Variable Label: How much time do you usually spend sitting or reclining 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 worke

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

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

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

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 bp

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

Value	Label
2	No

Variable Name: diabetes_2

Variable Label: Told by a doctor / 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

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

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

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

Value	Label
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

Value	Label
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
