SEACO Health Round 2023

Field	Question	Answer
dc_namelist *(required)*	1. Please select your name:	dc_password | dc_name
dc_id *(required)*	3. Please key in your password: *Question relevant when: string-length(${sensitive_response})=0* *Response constrained to: .= ${dc_namelist}*	
HouseDetails_lbl *(required)*	Before you knock on the door of a new dwelling, you will need to collect data from outside	
HouseDetails_type *(required)*	What type of house is it?	1 Bungalow 2 Semi-Detached 3 Linked Terrace House 4 Shop House 5 Kampung House 6 Flats (Flat) 7 Other
HouseDetails_type_other *(required)*	If you answered "Other" please specify the type of house *Question relevant when: ${HouseDetails_type} =7*	
HouseDetails_construction *(required)*	Describe the material the dwelling is constructed from?	1 Bricks or Concrete 2 Wood 3 Half-and-Half (wood and bricks/concrete) 4 Other 5 Do not know
HouseDetails_construction_other *(required)*	If you answered "Other" describe the material the dwelling is constructed from? *Question relevant when: ${HouseDetails_construction} =4*	
HouseDetails_roof_type *(required)*	Please select the roof type of the house	1 Zinc roof 2 Asbestos roof 3 Clay and ceramics roof 4 Concrete roof 5 Multiroof 6 Spandex roof 7 Shingle Roof 8 Bitumen Roof 9 Membrane Roof -8 Don't Know
searchopt *(required)*	4. Please select an appropriate identification of the household	1 SEACO House Barcode 2 Individual name 3 House Address 4 MyKad 5 Respondent ID
HH search options 1 *Group relevant when: ${searchopt} =1*		
searchopt1_barcode *(required)*	4.1. Barcode: Please enter the barcode	
searchopt1_list	4.2. Barcode: List of Household member(s)	hh_residentsId | Barcode
HH search options 2 *Group relevant when: ${searchopt} =2*		
searchopt2_name *(required)*	4.1. Individual Name: Please enter respondent's name	
searchopt2_list *(required)*	4.2. Individual Name: List of respondent	hh_residentsId | Residents_name_concat
HH search options 3 *Group relevant when: ${searchopt} =3*		
searchopt3_houseAddr *(required)*	4.1. House Address: Please enter the house address	
searchopt3_list *(required)*	4.2. House Address: List of Household member(s)	hh_residentsId | houseFullAddress
HH search options 4 *Group relevant when: ${searchopt} =4*		
searchopt4_icNo *(required)*	4.1. MyKad: Please enter the IC NO	
searchopt4_list *(required)*	4.2. MyKad: List of respondent	hh_residentsId | Residents_ic
HH search options 5 *Group relevant when: ${searchopt} =5*		
searchopt5_respondentID *(required)*	4.1. Respondent ID: Please enter the respondent ID	
searchopt5_list *(required)*	4.2. Respondent ID: List of respondent	hh_residentsId | Residents_name_concat
residents_id	5. [searchopt] : Residents's ID	
trigger1 *(required)*	6. Starting the Health Round 2023 for this household here.	
Residents_name *(required)*	7. What is the residents full name? *Type the name out in full*	
known_participant_name *(required)*	8. Is your name [Residents_name]?	1 Yes 2 No
new_participant_name *(required)*	9. What is your full name?	

Field	Question	Answer
	Please use all CAPITAL LETTER to answer this question and insert full name including 'BIN', 'BINTI' or 'A/P' (if any); Eg: AISYA DHIYARANA BINTI DANIEL ASHRAF *Question relevant when: ${known_participant_name} =2* *Response constrained to: regex(., '^\s*[A-Z/@\s]+\s*$')*	
quality_data *(required)*	9.1 Did DC get permission or permission to record this interview?	1 Yes 2 No
quality_data_other *(required)*	9.2 Please specify why. *Question relevant when: ${quality_data} =2*	
address *(required)*	10. Verify the address. *Injected data*	
address_true *(required)*	11. Is the address shown correct?	1 Yes 2 No
INFORMATION ABOUT EXISTING HOUSE ADDRESS *Group relevant when: ${address_true} =2*		
INFORMATION ABOUT EXISTING HOUSE ADDRESS > Address *Group relevant when: ${address_true} =2*		
HouseDetails	11.1 Enter the participant's house address:	
HouseDetails_Number *(required)*	11.2 Type of the lot number/house number/pole number of that dwelling?	1 Lot 2 Number 3 Pole number 4 Not applicable
HouseDetails_Number2 *(required)*	11.3 Please specify the lot number/house number/pole number of that dwelling?	
HouseDetails_Number3 *(required)*	11.4 Type of the lot number/house number/pole number of that dwelling?	1 Lot 2 Number 3 Pole number 4 Not applicable
HouseDetails_Number4 *(required)*	11.5 Please specify the lot number/house number/pole number of that dwelling?	
HouseDetails_Street *(required)*	11.6 Type of the street/lorong of that dwelling?	1 Jalan 2 Lorong 3 Not applicable
HouseDetails_Street2 *(required)*	11.7 Please specify the street name/lorong of that dwelling?	
HouseDetails_Street3 *(required)*	11.8 Type of the street/lorong of that dwelling?	1 Jalan 2 Lorong 3 Not applicable
HouseDetails_Street4 *(required)*	11.9 Please specify the street name/lorong of that dwelling?	
HouseDetails_Area *(required)*	11.10 Type of the taman/kampung/Felda/Felcra of that dwelling?	1 Taman 2 Kampung 3 Felda 4 Not applicable
HouseDetails_Area2 *(required)*	11.11 Please specify the taman/kampung/Felda/Felcra of that dwelling?	
HouseDetails_Area3 *(required)*	11.12 Type of the taman/kampung/Felda/Felcra of that dwelling?	1 Taman 2 Kampung 3 Felda 4 Not applicable
HouseDetails_Area4 *(required)*	11.13 Please specify the taman/kampung/Felda/Felcra of that dwelling?	
HouseDetails_Batu *(required)*	11.14 What batu is that dwelling along?	
HouseDetails_Mukim *(required)*	11.15 Which mukim is that dwelling in?	1 Bekok 2 Chaah 3 Gemereh 4 Jabi 5 Sungai Segamat
residents_agree *(required)*	12. Can [Residents_name] take part in SEACO's research? *Do not read out this question. Use discretion.*	1 Agreed 2 Unwilling 3 No respondent at home 4 Incapable due to acute illness 5 Incapable due to chronic illness 6 Incapable for other reason 7 Moved 8 Passed away
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD *Group relevant when: ${residents_agree} =1*		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > RESPONSE		
response1	**RESPONSE SECTION**	
Residents_sex *(required)*	13. What is [Residents_name]'s gender? *Injected data*	1 Male 2 Female 3 Other
gender_other *(required)*	14. Please specify other. *Question relevant when: ${Residents_sex} =3*	

Field	Question	Answer
Residents_ethnicity *(required)*	15. What is [Residents_name]'s ethnicity? *Injected data*	1 Malay 2 Indian 3 Chinese 4 Orang Asli 5 Other Bumiputera 6 Other -8 Don't Know -9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > RESPONSE > responsea		
Residents_ethnicity_other *(required)*	15.1 If other please state the ethnicity of [Residents_name] *Question relevant when: selected(${Residents_ethnicity} , 6)*	
language *(required)*	16. What language is being used for the interview?	1 Malay 2 Mandarin or a Chinese dialect 3 Tamil 4 English 5 Other
language_other	16.1 Please specify other language. *Question relevant when: ${language} =5*	
Residents_rhh *(required)*	17. What is [Residents_name]'s relationship to the head of household?	1 is the Head of Household 2 Husband or Wife 3 Parent 4 Parent (in law) 5 Grandparent 6 Grandparent (in law) 7 Brother or Sister 8 Child 9 Daughter-in-law or Son-in-law 10 Adopted 11 Stepchild 12 Grandchild 13 Domestic helper (e.g., maid/driver) 14 There is no Head of Household 15 Acquaintance 16 Friend 17 Other -8 Don't Know -9 Refused to answer
residents_rhh_other	17.1 Please specify other. *Question relevant when: ${Residents_rhh} =17*	
ic_01_1	18. Verify your NRIC. *Injected data*	
ic_01_2 *(required)*	19. Is the NRIC shown correct?	1 Yes 2 No
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ID DATA *Group relevant when: ${ic_01_2} =2*		
ic_01 *(required)*	19.1 Do you have a NRIC?	1 Yes 2 No
ic_05 *(required)*	19.2 [DC] Enter NRIC number. *Omit '-' in the NRIC* *Question relevant when: ${ic_01} =1* *Response constrained to: regex(., '^\d\d(0[1-9]\|1[012])(0[1-9]\|[12][0-9]\|3[01])[0-9]{2}[0-9]{4}$')*	
ic_06 *(required)*	19.3 [DC] Enter NRIC number (repeat). *Omit '-' in the NRIC* *Question relevant when: ${ic_01} =1* *Response constrained to: .= ${ic_05}*	
type_id *(required)*	19.4 What other identification do you have? *Question relevant when: ${ic_01} =2*	1 Other Malaysian government issued ID 2 Foreign passport 3 Other 4 ID missing 5 Refused to provide ID
ic_08 *(required)*	19.4.1 Please specify other. *Question relevant when: ${type_id} =3 or ${type_id} =1*	
ic_09 *(required)*	19.5 Please enter the ID number. *Question relevant when: ${type_id} =1 or ${type_id} =2 or ${type_id} =3*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > AGE *Group relevant when: ${ic_01_2} =1 and ${ic_01_1} !=''*		
dob_ic_injected	21. Verify Date of Birth (yyyy-mm-dd): 19--	
dob_02 *(required)*	22. Is the date of birth shown correct?	1 Yes

Field	Question	Answer
		2 No
age_ic_injected_2	23. Age: [age_ic_injected]. *Question relevant when: ${dob_02} =1* *Response constrained to: .= ${age_ic_injected} and .>4*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > AGE *Group relevant when: ${ic_06} !=''*		
dob_ic_key	21. Verify Date of Birth (yyyy-mm-dd): 19--	
dob_04 *(required)*	22. Is the date of birth shown correct?	1 Yes 2 No
age_ic_key_2	23. Age: [age_ic_key]. *Question relevant when: ${dob_04} =1* *Response constrained to: .= ${age_ic_key} and .>4*	
dob *(required)*	24. What is your Date of Birth? *Question relevant when: (${ic_01} =2 or ${dob_02} =2 or ${dob_04} =2) and ${type_id} !=5*	
age_dob *(required)*	25.1 Age: [dob_key]. Please key in the respondent's age again for verification *Question relevant when: (${ic_01} =2 or ${dob_02} =2 or ${dob_04} =2) and ${type_id} !=5* *Response constrained to: .= ${dob_key} and .>4*	
datetime_visit_01	Date and time visit (Do not change the values -- swipe to next page)	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > DECLARATION BY PARTICIPANT *Group relevant when: ${residents_age} >=18*		
ethics1	**ETHICS SECTION**	
consent_1	26. I have been asked to take part in the SEACO - Monash University Malaysia research project specified above. I have read (or had read to me at my request) and understood the Explanatory Statement.	
consent_2 *(required)*	26.1 I have received an information sheet and a copy of the privacy statement.	1 Yes 2 No
consent_3 *(required)*	26.2 Any questions I had about participation have been satisfactorily answered.	1 Yes 2 No
consent_4 *(required)*	26.3 I am going to take part in a questionnaire survey.	1 Yes 2 No
consent_5 *(required)*	26.4 I am going to take part in a health check that may include measurement of height, weight, waist circumference, blood pressure and blood glucose (finger-prick).	1 Yes 2 No
consent_6 *(required)*	26.5 My responses will be stored securely on a computer and/or SEACO data base only destroyed when they are no longer useful for research.	1 Yes 2 No
consent_7 *(required)*	26.6 My responses will be made available to researchers, policymakers, and the community in a non-identifiable form.	1 Yes 2 No
consent_8 *(required)*	26.7 Summary results combining many household responses, including mine, may be published in a non-identifiable form.	1 Yes 2 No
consent_9 *(required)*	26.8 The responses I provide may be used by researchers in future research projects in a non-identifiable form.	1 Yes 2 No
consent_10 *(required)*	26.9 The responses I provide may be linked in the future to other SEACO data or other data collected by a third-party or data from Ministry of Health.	1 Yes 2 No
consent_11 *(required)*	26.10 Participation is voluntary, and I may withdraw at any time without penalty. If I withdraw from the research before the completion of the survey, the data will not be recorded or retained by SEACO. If I withdraw after completing the survey, the data will be retained by SEACO, but the data will be de-identified; that is, the data will be unlinked from my personal identifying information, and the personal identifying information will be deleted from the SEACO database.	1 Yes 2 No
consent_12 *(required)*	26.11 SEACO may share my health-related data, with my personal identifying data, with the Ministry of Health to improve health service delivery in Segamat.	1 Yes 2 No
consent_13 *(required)*	26.12 SEACO field staff may contact me for a brief telephone interview to follow up on my hypertension status 4 to 6 weeks after this survey (Only for unknown hypertension group under behaviour intervention). *Question relevant when: ${residents_age} >=35 and ${residents_agree} = 0*	1 Yes 2 No
consent_15 *(required)*	27. Participant's signature *Question relevant when: ${residents_age} >=18 and ${consented_initial} =1*	
signed *(required)*	28. Did participant sign the consent? *Question relevant when: ${residents_age} >=18 and ${consented_initial} =1*	1 Yes 2 No
child_consent_1 *(required)*	29. Parent's or guardian's name *Question relevant when: ${residents_age} >=5 and ${residents_age} <=17*	hh_residentsId Residents_name_concat -99 Other
guardian *(required)*	29.1 Is the Parent's or Guardian shown correct?: [child_consent_1_name] *Question relevant when: ${residents_age} >=5 and ${residents_age} <=17 and ${child_consent_1} !=-99*	1 Yes 2 No
guardian_name *(required)*	29.2 Please enter Parent's or Guardian name. *Please use all CAPITAL LETTER to answer this question and insert full name including 'BIN', 'BINTI' or 'A/P' (if any); Eg: AISYA DHIYARANA BINTI DANIEL ASHRAF* *Question relevant when: (${guardian} =2 and ${residents_age} <=17) or (${child_consent_1} =-99 and ${residents_age} <=17)*	
child_consent_2 *(required)*	30. Relationship with participant *Question relevant when: ${residents_age} >=5 and ${residents_age} <=17*	1 Father 2 Mother 3 Guardian

Field	Question	Answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > DECLARATION BY PARENTS/ GUARDIAN *Group relevant when: ${residents_age} >=5 and ${residents_age} <=17*		
child_ethics1	**CHILD ETHICS**	
child_consent_3	31. By signing below, I [child_consent_1] agree to allow my child/ ward [Residents_name] to take part in the above study entitled Risk factor surveillance in the South East Asia Community Observatory (SEACO). I understand the information sheet that I read, or have been read to me, and have been given a copy to keep. I had the opportunity to discuss the study and ask the questions, and I understand why the study is being done.	
child_consent_4 *(required)*	31.1 I have received an information sheet and a copy of the privacy statement.	1 Yes 2 No
child_consent_5 *(required)*	31.2 Any questions I had about participation have been satisfactorily answered.	1 Yes 2 No
child_consent_6 *(required)*	31.3 My child/ ward will take part in a questionnaire survey.	1 Yes 2 No
child_consent_7 *(required)*	31.4 My child/ward will take part in a health check that may include measurement of height, weight, waist circumference, and blood pressure.	1 Yes 2 No
child_consent_8 *(required)*	31.5 Responses will be stored securely on a computer and/or SEACO data base only destroyed when they are no longer useful for research.	1 Yes 2 No
child_consent_9 *(required)*	31.6 Responses will be made available to researchers, policy makers and community and only in a de-identified form.	1 Yes 2 No
child_consent_10 *(required)*	31.7 Summary results combining many household's responses, including those of my child/ward, may be published in a de-identified form.	1 Yes 2 No
child_consent_11 *(required)*	31.8 Responses provided may be used by researchers in future research projects in a de-identified form.	1 Yes 2 No
child_consent_12 *(required)*	31.9 Responses provided may be linked in the future to other SEACO data or other data collected by a third-party or data from Ministry of Health.	1 Yes 2 No
child_consent_13 *(required)*	31.10 Participation is voluntary, and my child/ward may withdraw at any time without penalty. If my child/ward withdraws from the research before the completion of the survey, the data will not be recorded or retained by SEACO. If my child/ward withdraws after the completion of the survey, the data will be retained by SEACO, but the data will be de-identified; that is, the data will be unlinked from any personal identifying information of my child/ward, and the personal identifying information will be deleted from the SEACO database.	1 Yes 2 No
child_consent_14 *(required)*	31.11 SEACO may share the health-related data of my child/ward, and the personal identifying data, with the Ministry of Health for the purposes of improving health service delivery in Segamat.	1 Yes 2 No
child_consent_16 *(required)*	32. Parent's/Guardian's signature *Question relevant when: ${residents_age} >=5 and ${residents_age} <=17 and ${child_consented_initial} =1*	
child_signed *(required)*	33. Did parent/guardian sign the consent? *Question relevant when: ${residents_age} >=5 and ${residents_age} <=17 and ${child_consented_initial} =1*	1 Yes 2 No
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > AGREE THE FOLLOWING *Group relevant when: ${residents_age} >=5 and ${residents_age} <=15*		
assent0	**Assent Form**	
assent1 *(required)*	33.1 I am going to take part in a questionnaire survey. *Question relevant when: ${residents_age} >=5 and ${residents_age} <=15*	1 Yes 2 No
assent2 *(required)*	33.2 I am going to take part in a health check that may include measurement of height and weight. *Question relevant when: ${residents_age} >=5 and ${residents_age} <=15*	1 Yes 2 No
assent3 *(required)*	33.3 I am going to answer questions about smoking habits and technology use. I understand that any information I provide is confidential, and that no information that could lead to my identification will be disclosed in any reports on the project, or to any other party including my parents. *Question relevant when: ${residents_age} >=5 and ${residents_age} <=15*	1 Yes 2 No
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > AGREE THE FOLLOWING *Group relevant when: ${residents_age} >=16 and ${residents_age} <=18*		
assent4	**Assent Form**	
assent5 *(required)*	33.1 I am going to take part in a questionnaire survey. *Question relevant when: ${residents_age} >=16 and ${residents_age} <=18*	1 Yes 2 No
assent6 *(required)*	33.2 I am going to take part in a health check that may include measurement of height, weight, and waist circumference. *Question relevant when: ${residents_age} >=16 and ${residents_age} <=18*	1 Yes 2 No
assent7 *(required)*	33.3 I am going to answer questions about smoking habits and technology use. I understand that any information I provide is confidential, and that no information that could lead to my identification will be disclosed in any reports on the project, or to any other party including my parents. *Question relevant when: ${residents_age} >=16 and ${residents_age} <=18*	1 Yes 2 No
trigger2	We do not have consent to continue. Save and Close the form. *Question relevant when: ${consented} =0 or ${child_consented} =0 or ${assent1_form} =0 or ${assent2_form} =0*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT *Group relevant when: ${consented} =1 or ${child_consented} =1 or ${assent1_form} =1 or ${assent2_form} =1*		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > DEMOGRAPHIC *Group relevant when: ${residents_age} >=5*		

Field	Question	Answer
demographic1	**DEMOGRAPHIC SECTION**	
residents_citizen *(required)*	34. What is [Residents_name] citizenship?	1 Malaysian 2 Singaporean 3 Indonesian 4 Indian 5 Vietnamese 6 Filipinos 7 Bangladeshi 8 Nepali 9 Thai 10 Cambodian 11 Other -8 Don't Know -9 Refused to answer
residents_citizen_other *(required)*	34.1 If 'Other' please specify citizenship of [Residents_name] *Question relevant when: ${residents_citizen} =11*	
demographic_11 *(required)*	35. What is your marital status? *Question relevant when: ${residents_age} >=16*	1 Single 2 Married 3 Separated / Living Apart (Not Divorced) 4 Divorced 5 Widow / Widower -8 Don't Know -9 Refused to answer
demographic_15 *(required)*	39. Does your spouse live with you in this house? *Question relevant when: ${demographic_11} =2*	1 Yes 2 No
demographic_12 *(required)*	36. Are you in a polygamous marriage? *Question relevant when: ${demographic_11} =2 and selected(${Residents_ethnicity} , '1')*	1 Yes 2 No -9 Refused to answer
demographic_13 *(required)*	37. Which wife are you? *Question relevant when: ${Residents_sex} =2 and ${demographic_12} =1 and selected(${Residents_ethnicity} , '1')*	1 First 2 Second 3 Third 4 Fourth
demographic_14 *(required)*	38. How many wives do you have? *Question relevant when: ${Residents_sex} =1 and ${demographic_12} =1 and selected(${Residents_ethnicity} , '1')*	1 2 2 3 3 4
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > INFORMATION ON SCHOOLING *Group relevant when: ${residents_age} >=5*		
school1	**INFORMATION ON SCHOOLING SECTION**	
school_1 *(required)*	40. Is [Residents_name] currently attending (pre-)school, college or university? *Question relevant when: ${type_id} !=5*	1 Yes 2 No -8 Do not know -9 Refused to answer
school_2 *(required)*	41. What year of study is [Residents_name] in? *Question relevant when: ${school_1} =1*	1 Pre-school playgroup 2 Kindergarten 3 Primary School, Year 1 4 Primary School, Year 2 5 Primary School, Year 3 6 Primary School, Year 4 7 Primary School, Year 5 8 Primary School, Year 6 9 Secondary School, Form 1 10 Secondary School, Form 2 11 Secondary School, Form 3 12 Secondary School, Form 4 13 Secondary School, Form 5 14 Secondary School, Form 6/ Pre-University 15 College (Diploma) 16 University (Degree) 17 Other -8 Do not know -9 Refused to answer
school_2_others *(required)*	41.1 If 'Other', please describe the year of study is [Residents_name] in. *Question relevant when: ${school_2} =17*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > EDUCATION LEVEL SECTION *Group relevant when: ${school_1} =2*		

Field	Question	Answer
education1	**EDUACATION LEVEL SECTION**	
highest_education *(required)*	42. What was the highest level of education achieved by [Residents_name]? *Question relevant when: ${school_1} =2*	1 Never attended school 2 Attended but did not finish Primary School 3 Finished Primary School 4 Attended but did not finish Secondary 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
highest_education_other	42.1 Please specify other. *Question relevant when: ${highest_education} =12*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > EMPLOYMENT *Group relevant when: ${residents_age} >=5*		
employment1	**EMPLOYMENT SECTION**	
work_2 *(required)*	43. What did [Residents_name] do over the past 30 days? *Read out all response options except "Do not know" and "Refused to answer"*	1 Too young to work 2 Student 3 Housewife/ HouseHusband 4 Not Working 5 Casual jobs 6 Working Part-Time 7 Working Full-Time 8 Pensioners/ Pensions 9 Self Employed -8 Do not know -9 Refused to answer
work_3 *(required)*	44. What is your average personal gross monthly income, in terms of work/salary/pension (RM)? *Question relevant when: (${work_2} =5 or ${work_2} =6 or ${work_2} =7 or ${work_2} =8 or ${work_2} =9 or ${work_2} =10 or ${work_2} =11) and ${residents_age} >=18* *Response constrained to: .>=0*	
work_4 *(required)*	45. What is your average personal gross monthly income, in terms of money from other household members (RM)? *Question relevant when: ${residents_age} >=18*	
work_5 *(required)*	46. What is your average personal gross monthly income, in terms of money from other family members outside the household, investment, JKM, Zakat etc (RM)? *Question relevant when: ${residents_age} >=18*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > HEALTH INSURANCE *Group relevant when: ${residents_age} >=16*		
insurance1	**HEALTH INSURANCE SECTION**	
insurance_1 *(required)*	47. How do you (usually) pay for your healthcare costs?	1 Government/ pension plan 2 Employer provided health insurance 3 Personal private health insurance 4 Employer/ Panel Clinic 5 Self (Out of pocket (cash)) 6 Family member (Out of pocket (cash)) 7 Family member (Health insurance) 8 Family member (Government) 9 Other -8 Do not know -9 Refused to answer -10 No
insurance1_other *(required)*	47.1 Please specify other. *Question relevant when: ${insurance_1} =9*	
insurance_2 *(required)*	48. Who usually decides whether you need to seek care from a healthcare provider?	1 Spouse 2 Father 3 Mother 4 Child 5 An elder in the family 6 Self 7 Employer

Field	Question	Answer	
		8	Health insurance provider
		9	Other
		-8	Do not know
		-9	Refused to answer
insurance2_other *(required)*	48.1 Please specify other. *Question relevant when: ${insurance_2} =9*		
insurance_3 *(required)*	49. Who usually decides where or from whom you should receive healthcare?	1	Spouse
		2	Father
		3	Mother
		4	Child
		5	An elder in the family
		6	Self
		7	Employer
		8	Health insurance provider
		9	Other
		-8	Do not know
		-9	Refused to answer
insurance3_other *(required)*	49.1 Please specify other. *Question relevant when: ${insurance_3} =9*		
insurance_4 *(required)*	50. How important do you think having personal private health insurance coverage is?	1	Not Important
		2	Not that Important
		3	Important
		4	Very Important
		-8	Do not know
		-9	Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > ILLNESS AND HEALTH SEEKING *Group relevant when: ${residents_age} >=5*			
ilnnes0	**ILLNESS AND HEALTH SEEKING SECTION**		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > ILLNESS AND HEALTH SEEKING > illness4			
selfrated_health *(required)*	51. In general, how would you rate your health today?	1	Very Good
		2	Good
		3	Moderate
		4	Bad
		5	Very Bad
		-9	Refused to answer
loneliness *(required)*	52. In general, how often do you feel lonely?	1	All the time
		2	Most of the time
		3	Sometimes
		4	Rarely
		5	Never
		-9	Refused to answer
sleep *(required)*	53. On average, how many hours of sleep do you get in 24-hour period? (Including day-time nap) *Response constrained to: .>=1 and .<=24*		
illness_3 *(required)*	54. 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?	1	Yes
		2	No
		-9	Refused to answer
illness_7 *(required)*	55. 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?	1	Yes
		2	No
		-9	Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > ILLNESS AND HEALTH SEEKING > illness5 *Group relevant when: ${illness_7} =1*			
illness_8 *(required)*	56. 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? *Enter a value between 0 and 14 only.* *Question relevant when: ${illness_7} =1* *Response constrained to: .>= 0 and .<= 14*		
illness_9 *(required)*	57. For the health problem/injury did you self medicate? *Question relevant when: ${illness_7} =1*	1	Yes
		2	No
		-9	Refused to answer
illness_10 *(required)*	58. For the health problem/injury did you seek help from a health care professional? *Question relevant when: ${illness_7} =1*	1	Yes
		2	No
		-9	Refused to answer
illness_10a *(required)*	59. For the health problem/injury, which types of health professionals did you consult? *Question relevant when: ${illness_10} =1*	1	Government health practitioner - Doctor
		2	Government health practitioner - Other
		3	Private health practitioner - Doctor
		4	Private health practitioner - Other

Field	Question	Answer
		-9 Refused to answer
illness_10b *(required)*	60. For all the health visits how much money did you have to pay in total (that will not be refunded by health insurance)? *Question relevant when: ${illness_10} =1* *Response constrained to: .>=0*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > ILLNESS AND HEALTH SEEKING > illness1		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > ILLNESS AND HEALTH SEEKING > illness1 > illness2 *Group relevant when: ${illness_10} =1*		
illness_10c	61. For all the health visits in total how many hours did you spend including waiting time and consultation time? *Question relevant when: ${illness_10} =1*	
illness_10c_hour *(required)*	61.1 Hours *Question relevant when: ${illness_10} =1* *Response constrained to: .>=0 and .<=24*	
illness_10_minutes *(required)*	61.2 Minutes *Question relevant when: ${illness_10} =1* *Response constrained to: .>=0 and .<=59*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > ILLNESS AND HEALTH SEEKING > illness1 > illness3 *Group relevant when: ${illness_10} =1*		
illness_10d	62. 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? *Question relevant when: ${illness_10} =1*	
illness_10d_hour *(required)*	62.1 Hours *Question relevant when: ${illness_10} =1* *Response constrained to: .>=0 and .<=24*	
illness_10d_minutes *(required)*	62.2 Minutes *Question relevant when: ${illness_10} =1* *Response constrained to: .>=0 and .<=59*	
illness_11 *(required)*	63. Following the visits, did you have to buy any medication (additional medicines other than those given by the doctor)? *Question relevant when: ${illness_10} =1*	1 Yes 2 No -9 Refused to answer
illness_11a *(required)*	64. How much money in total did you spend on the medication? *Question relevant when: ${illness_11} =1* *Response constrained to: .>=0*	
illness_14 *(required)*	65. Overall how satisfied were you with the treatment you received during the health visits? *Question relevant when: ${illness_10} =1*	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied 4 Dissatisfied 5 Very dissatisfied -9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > CHRONIC CONDITION *Group relevant when: ${residents_age} >=5*		
chronic0	**CHRONIC CONDITION SECTION**	
illness_19 *(required)*	66. Have you ever been told by a doctor/medical assistant that you have heart disease?	1 Yes 2 No -8 Do not know -9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > CHRONIC CONDITION > Chronic_conditions2 *Group relevant when: ${illness_19} =1*		
illness_19_1 *(required)*	67. Have you ever been told by a doctor/medical assistant that you have Coronary heart disease e.g. chest pain, heart attack? *Coronary heart disease = Clogged arteries* *Question relevant when: ${illness_19} =1*	1 Yes 2 No -8 Do not know -9 Refused to answer
illness_19_2 *(required)*	68. Have you ever been told by a doctor/medical assistant that you have Heart failure? *Question relevant when: ${illness_19} =1*	1 Yes 2 No -8 Do not know -9 Refused to answer
illness_19_3 *(required)*	69. Have you ever been told by a doctor/medical assistant that you have Valvular heart disease? *Valvular heart disease = Clogged valve* *Question relevant when: ${illness_19} =1*	1 Yes 2 No -8 Do not know -9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > CHRONIC CONDITION > Chronic_conditions1 *Group relevant when: ${residents_age} >=18*		
illness_21 *(required)*	70. Have you ever been told by a doctor/medical assistant that you have had a stroke? *(Stroke) = Zhòngfēng* *Question relevant when: ${residents_age} >=18*	1 Yes 2 No -8 Do not know -9 Refused to answer

Field	Question	Answer	
illness_20_1 *(required)*	71. COPD? (Lung diseases that make breathing difficult and get worse over time due to airflow obstruction eg emphysema or chronic bronchitis) *(Lung disease) = Fèi bù jíbìng* *Question relevant when: ${residents_age} >=18*	1	Yes
		2	No
		-8	Do not know
		-9	Refused to answer
illness_22 *(required)*	72. Have you ever been told by a doctor/medical assistant that you have arthritis (joint pain)? *(Arthritis/ Joint pain) =Guānjié yán* *Question relevant when: ${residents_age} >=18*	1	Yes
		2	No
		-8	Do not know
		-9	Refused to answer
illness_cirrhosis *(required)*	73. Have you been told by a doctor that you have cirrhosis of the liver? (The heart becomes shriveled and hard) *(Cirrhosis) = Gān yìnghuà* *Question relevant when: ${residents_age} >=18*	1	Yes
		2	No
		-8	Do not know
		-9	Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > CHRONIC CONDITION > Chronic_conditions3			
illness_cancer *(required)*	74. Have you ever been diagnosed with cancer? *(Cancer) = Áizhèng*	1	Yes
		2	No
		-8	Do not know
		-9	Refused to answer
illness_20 *(required)*	75. Have you ever been told by a doctor/medical assistant that you have asthma? *(Asthma) = Xiāochuǎn/píjuàn*	1	Yes
		2	No
		-8	Do not know
		-9	Refused to answer
illness_tb *(required)*	76. Tuberculosis (TB)? *(Tuberculosis) = Jiéhé*	1	Yes
		2	No
		-8	Do not know
		-9	Refused to answer
illness_26 *(required)*	77. Have you ever been told by a doctor/ medical assistant that you have kidney disease? *(Kidney disease) = Shènzàng jíbìng*	1	Yes
		2	No
		-8	Do not know
		-9	Refused to answer
illness_26_1 *(required)*	78. Do you have kidney dialysis? *(Kidney Dialisis) = Shèn tòuxī*	1	Yes
		2	No
		-8	Do not know
		-9	Refused to answer
illness_fh *(required)*	79. Do you have a family history of the following (Diabetes, hypertension, hypercholesterolemia)? *(Diabetes, Hipertension) = Tángniàobìng, Gāo xiěyā, Gāo dǎngùchún xiě zhèng*	1	Diabetes Mellitus
		2	Hypertension
		3	Hypercholesterolemia
		0	No
		-8	Do not know
		-9	Refused to answer
illness_cancer_type	79.1 Could you tell us which type of cancer? *Question relevant when: ${illness_cancer} =1*	1	Breast
		2	Lung
		3	Colorectal (Colon Cancer)
		4	Nasopharyngeal (Nasal Cancer)
		5	Liver
		6	Other
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > CHRONIC CONDITION > Chronic_conditions6			
illness_cancer_type_other *(required)*	79.2 Please specify other. *Question relevant when: selected(${illness_cancer_type} , 6)*		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > HPV TESTING AND PAP SMEAR *Group relevant when: ${residents_age} >=20 and ${residents_age} <=65 and ${Residents_sex} =2*			
hpv0	**HPV TESTING AND PAP SMEAR SECTION**		
pap1 *(required)*	80. Have you ever had a Pap smear?	1	Yes
		2	No
		-8	Don't know
pap4 *(required)*	81. Have you ever had an HPV (Human Papillomavirus) test?	1	Yes
		2	No
		-8	Don't know
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > HPV TESTING AND PAP SMEAR > hpv1			
pap2 *(required)*	82. How many Pap smears have you done? *Question relevant when: ${pap1} =1*	1	1 to 3
		2	4 to 6
		3	7 to 10
		4	More than 10
pap3 *(required)*	83. When was your last Pap smear? *Question relevant when: ${pap1} =1*	1	<12 months ago
		2	1 to 3 years ago
		3	>3 years ago
		-8	Do not know

Field	Question	Answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > INFECTIOUS DISEASES *Group relevant when: ${residents_age} >=5*		
infections0	**INFECTIOUS DISEASES SECTION**	
illness_24 *(required)*	84. Have you ever been told by a doctor/medical assistant that you had dengue fever?	1 Yes 2 No -8 Do not know -9 Refused to answer
illness_23 *(required)*	85. In the last 12 months, did a doctor/medical assistant tell you that you had dengue fever?	1 Yes 2 No -8 Do not know -9 Refused to answer
illness_25 *(required)*	86. In the last 12 months, did a doctor/medical assistant tell you that you have urinary tract problems?	1 Yes 2 No -8 Do not know -9 Refused to answer
illness_lrti *(required)*	87. In the past 12 months, have you been told by a doctor that you have (lung infection such as pneumonia, bronchitis) lower respiratory tract infection?	1 Yes 2 No -8 Do not know -9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > COPD SCREENING *Group relevant when: ${residents_age} >=35 and ${illness_20_1} =2*		
COPD0	**COPD SCREENING SECTION**	
copd_1 *(required)*	88. Do you cough several times most days?	1 Yes 0 No
copd_2 *(required)*	89. Do you bring up phlegm or mucus most days?	1 Yes 0 No
copd_3 *(required)*	90. Do you get out breath more easily than others your age?	1 Yes 0 No
copd_4 *(required)*	91. Are you older than 40 years? [residents_age]	1 Yes 0 No
copd_5 *(required)*	92. Are you current smoker or an ex-smoker?	1 Yes 0 No
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > ASTHMA SCREENING *Group relevant when: ${residents_age} >=35 and ${illness_20} =2*		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > ASTHMA SCREENING > Asthma1 *Group relevant when: ${residents_age} >=35 and ${illness_20} =2*		
Asthma0	**ASTHMA SCREENING SECTION**	
asq_1 *(required)*	93. Do you cough more than the average person?	2 Yes 0 No
asq_2 *(required)*	94. Do you have a cough that comes mainly from your chest and NOT from your throat?	2 Yes 0 No
asq_3	95. Do you have worsening of the following symptoms when you lie down to sleep?	
asq_3a *(required)*	95.1 Cough	1 Yes 0 No
asq_3b *(required)*	95.2 Chest tightness	1 Yes 0 No
asq_3c *(required)*	95.3 Wheeze	1 Yes 0 No
asq_3d *(required)*	95.4 Shortness of breath	1 Yes 0 No
asq_4	96. Do you have worsening of the following symptoms after exercise or physical acivity?	
asq_4a *(required)*	96.1 Cough	1 Yes 0 No
asq_4b *(required)*	96.2 Chest tightness	1 Yes 0 No
asq_4c *(required)*	96.3 Wheeze	1 Yes 0 No
asq_4d *(required)*	96.4 Shortness of breath	1 Yes 0 No
asq_5	97. Do you have worsening of the following symptoms after laughing or crying?	
asq_5a *(required)*	97.1 Cough	1 Yes 0 No
asq_5b *(required)*	97.2 Chest tightness	1 Yes 0 No
asq_5c *(required)*	97.3 Wheeze	1 Yes 0 No

Field	Question	Answer	
asq_5d *(required)*	97.4 Shortness of breath	1	Yes
		0	No
asq_6	98. Do you have worsening of the following symptoms after talking on the phone?		
asq_6a *(required)*	98.1 Cough	1	Yes
		0	No
asq_6b *(required)*	98.2 Chest tightness	1	Yes
		0	No
asq_6c *(required)*	98.3 Wheeze	1	Yes
		0	No
asq_6d *(required)*	98.4 Shortness of breath	1	Yes
		0	No
copd_score1	99. COPD Screening Score: [copd_score] and Low risk Asthma *Question relevant when: ${residents_age} >=35 and ${illness_20_1} =2*		
asq_score1	100. Asthma Screening Score: [asq_score] and Low risk Asthma *Question relevant when: ${residents_age} >=35 and ${illness_20} =2*		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > TRADITIONAL MEDICINE USE *Group relevant when: ${residents_age} >=5*			
tmu0	**TRADITIONAL MEDICINE USE SECTION**		
illness_27 *(required)*	101. In the last 6 months, have you taken any herbs or traditional medicine such as Ubat Makjun, ginseng, Tongkat Ali, Kacip Fatimah, etc?	1	Yes
		2	No
		-8	Do not know
		-9	Refused to answer
illness_28 *(required)*	102. How frequently did you take those herbs / traditional medicine? *Question relevant when: ${illness_27} =1*	1	At least once a day
		2	At least once a week
		3	At least once a month
		4	Less than once a month
		-8	Do not Know
		-9	Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > WELLBEING OF OLDER ADULTS *Group relevant when: ${residents_age} >=55*			
health	**WELLBEING OF OLDER ADULTS**		
health_5 *(required)*	103. Have you been hospitalized for one or more nights during the past 6 months?	1	Yes
		2	No
health_6 *(required)*	104. Have you visited a hospital **EMERGENCY DEPARTMENT** during the past 6 months?	1	Yes
		2	No
health_2 *(required)*	105. In case of need, can you count on someone close to you?	1	Yes
		2	No
health_3 *(required)*	106. Do you usually have enough income to meet your daily needs?	1	Yes
		2	No
health_4 *(required)*	107. Have you fallen in the past 12 months? (A fall is defined as 'unintentionally coming to rest on the ground, floor, or lower level')	1	No
		2	Once
		3	Twice
		4	Three times or more
health_4_sfall *(required)*	108. Have you had a serious fall in the last 12 months? (A "serious fall" is defined as fall-related hospital presentation, with or without hospital admission)	1	Yes
		2	No
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > THE LAWTON INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) SCALE SECTION *Group relevant when: ${residents_age} >=55*			
iadl0	**THE LAWTON INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) SCALE SECTION**		
iadl_a *(required)*	109. Ability to Use Telephone	1	Operates telephone on own initiative-looks up and dials numbers, etc.
		2	Dials a few well-known numbers
		3	Answers telephone but does not dial
		4	Does not use telephone at all
iadl_b *(required)*	110. Shopping	1	Takes care of all shopping needs independently
		2	Shops independently for small purchases
		3	Needs to be accompanied on any shopping trip
		4	Completely unable to shop
iadl_c *(required)*	111. Food Preparation	1	Plans, prepares and serves adequate meals independently
		2	Prepares adequate meals if supplied with ingredients
		3	Heats, serves and prepares meals, or prepares meals, or prepares meals

Field	Question	Answer		
				but does not maintain adequate diet
			4	Needs to have meals prepared and served
iadl_d *(required)*	112. Housekeeping		1	Maintains house alone or with occasional assistance (e.g. "heavy work domestic help")
			2	Performs light daily tasks such as dish washing, bed making
			3	Performs light daily tasks but cannot maintain acceptable level of cleanliness
			4	Needs help with all home maintenance tasks
			5	Does not participate in any housekeeping tasks
iadl_e *(required)*	113. Laundry		1	Does personal laundry completely
			2	Launders small items-rinses stockings, etc.
			3	All laundry must be done by others
iadl_f *(required)*	114. Mode of Transportation (management)		1	Travels independently on public transportation or drives own car
			2	Arranges own travel via taxi, but does not otherwise use public transportation
			3	Travels on public transportation when accompanied by another
			4	Travel limited to taxi or automobile with assistance of another
			5	Does not travel at all
iadl_g *(required)*	115. Responsibility (management) for Own Medications		1	Is responsible for taking medication in correct dosages at correct time
			2	Takes responsibility if medication is prepared in advance in separate dosage
			3	Is not capable of dispensing own medication
iadl_h *(required)*	116. Ability to Handle (management) finances		1	Manages financial matters independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income
			2	Manages day-to-day purchases, but needs help with banking, major purchases, etc.
			3	Incapable of handling money
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > IDEA SCREENING INSTRUMENT *Group relevant when: ${residents_age} >=60*				
Idea0	**IDEA SCREENING INSTRUMENT SECTION**			
ideaa *(required)*	116.1 Can respondents undergo the **IDEA SCREENING INSTRUMENT SECTION** examination?		1	Yes
			2	No
ideaa_other *(required)*	116.2 Please state why. *Question relevant when: ${ideaa} =2*			
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > IDEA SCREENING INSTRUMENT > ideaw *Group relevant when: ${residents_age} >=60 and ${ideaa} =1*				
memory_note	"Now I am going to ask you certain questions and make you perform certain tasks, in order to assess your memory. You will be scored based on your answers and will help you know if you have some indications of a decline in your memory."			
ideaprep	Preparation for ten-word list item (idea5)			
ideaprep2	I will read a list of some words. Please listen carefully and when finished, I will instruct you to repeat it again (the words are read slowly in 3 attempts). *List of Words: Butter, Arm, Letter, Queen, Ticket, Grass, Corner, Stone, Book, Stick*			
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > IDEA SCREENING INSTRUMENT > ideaw > IDEA1 *Group relevant when: ${residents_age} >=60*				
attempt1 *(required)*	117. **First attempt:** Now tell me all the words you can remember (Tick '√' on the grid the words remembered).		1	Butter
			2	Arm
			3	Letter
			4	Queen
			5	Ticket
			6	Grass
			7	Corner

Field	Question	Answer	
		8	Stone
		9	Book
		10	Stick
		11	Could not recall any.
attempt2 *(required)*	118. **Second attempt:** Now I will read out the words again, listen carefully and I will ask you to repeat as many as you can. Now tell me all the words you can remember (Tick '√' on the grid the words remembered).	1	Butter
		2	Arm
		3	Letter
		4	Queen
		5	Ticket
		6	Grass
		7	Corner
		8	Stone
		9	Book
		10	Stick
		11	Could not recall any.
attempt3 *(required)*	119. **Third attempt:** Now I will read out the words one last time, listen carefully and I will ask you to repeat as many as you can. Now tell me all the words you can remember (Tick '√' on the grid the words remembered).	1	Butter
		2	Arm
		3	Letter
		4	Queen
		5	Ticket
		6	Grass
		7	Corner
		8	Stone
		9	Book
		10	Stick
		11	Could not recall any.
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > IDEA SCREENING INSTRUMENT > ideaw > IDEA2 *Group relevant when: ${residents_age} >=60*			
idea1 *(required)*	120. I will tell you the name of something and I want you to describe what it is. What is a BRIDGE? (Correct answer: something that goes across a river, canyon or road).	0	Incorrect
		2	Correct
idea2 *(required)*	121. I want you to name as many DIFFERENT ANIMALS as you can in one minute. *DC need to write down the animals name in the DC notebook.*	0	0-3 animals named
		1	4-7 animals named
		2	8 or more animals named
idea3 *(required)*	122. Who is the current PRIME MINISTER OF MALAYSIA?	0	Incorrect
		1	Correct
idea4 *(required)*	123. What DAY of the week is it?	0	Incorrect
		2	Correct
idea5 *(required)*	124. Can you tell me the TEN WORDS we learned earlier? Try to remember as many as you can. *List of Words: Butter, Arm, Letter, Queen, Ticket, Grass, Corner, Stone, Book, Stick*	0	No words
		1	1 word
		2	2 words
		3	3 words
		4	4 words
		5	5 or more words
idea6_image *(required)*	125. Can you make the design shown below using these four matchsticks? I will show you once, and then you have to copy exactly. (The interviewer should make the design first using the matchsticks and specifically point out to the respondent that the matchsticks all need to point the same way. Once the interviewer has made the shape, collect up all the matchsticks in a bunch and place them in front of the respondent. Do not allow the respondent to see the design below (or to see a pre-made correct arrangement using matchsticks as they make the shape).		
idea6_1 *(required)*	126. Middle two matchsticks pointing the same way.	0	Incorrect
		1	Correct
idea6_2 *(required)*	127. Outside two matchsticks pointing out at an angle.	0	Incorrect
		1	Correct
idea6_3 *(required)*	128. Matchsticks are orientated correctly.	0	Incorrect
		1	Correct
ideascore1	IDEA Score: [ideascore] IDEA Score of 11 or below:[ideascore_en]		
idea_problem1 *(required)*	128.a Any problems with IDEA assessment (e.g., respondent lazy to answer)?	1	Yes
		2	No
idea_problem2 *(required)*	128.b Please specify the problem. *Question relevant when: ${idea_problem1} =1*		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > WORLD HEALTH ORGANIZATION QUALITY-OF-LIFE SCALE (WHOQOL-BREF) *Group relevant when: ${residents_age} >=16*			
whoqol_start	Start time (Do not change the values -- swipe to next page) *Question relevant when: ${residents_age} >=16*		

Field	Question	Answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > WORLD HEALTH ORGANIZATION QUALITY-OF-LIFE SCALE (WHOQOL-BREF) > whoqol_02 *Group relevant when: ${residents_age} >=16*		
whoqol0	**WORLD HEALTH ORGANIZATION QUALITY-OF-LIFE SCALE (WHOQOL-BREF) SECTION**	
whoqol_a	The following question ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with response options. Please choose the answer that appears most appropriate. If you are unsure about which response to give to a question, the first response you think of is often the best ones. Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the LAST FOUR WEEKS.	
whoqol_1 *(required)*	129. How would you rate your quality of life? *Read out all response options except "Do not know" and "Refused to answer"*	1 Very poor 2 Poor 3 Neither poor nor good 4 Good 5 Very Good -8 Do not Know -9 Refused to answer
whoqol_2 *(required)*	130. How satisfied are you with your health? *Read out all response options except "Do not know" and "Refused to answer"*	1 Very dissatisfied 2 Dissatisfied 3 Neither satisfied nor dissatisfied 4 Satisfied 5 Very satisfied -8 Do not Know -9 Refused to answer
whoqol_3 *(required)*	131. To what extent do you feel that physical pain prevents you from doing what you need to do? *Read out all response options except "Do not know" and "Refused to answer"*	1 Not at all 2 A little 3 A moderate amount 4 Very much 5 An extreme amount -8 Do not Know -9 Refused to answer
whoqol_4 *(required)*	132. How much do you need any medical treatment to function in your daily life? *Read out all response options except "Do not know" and "Refused to answer"*	1 Not at all 2 A little 3 A moderate amount 4 Very much 5 An extreme amount -8 Do not Know -9 Refused to answer
whoqol_5 *(required)*	133. How much do you enjoy life? *Read out all response options except "Do not know" and "Refused to answer"*	1 Not at all 2 A little 3 A moderate amount 4 Very much 5 An extreme amount -8 Do not Know -9 Refused to answer
whoqol_6 *(required)*	134. To what extent do you feel your life to be meaningful? *Read out all response options except "Do not know" and "Refused to answer"*	1 Not at all 2 A little 3 A moderate amount 4 Very much 5 An extreme amount -8 Do not Know -9 Refused to answer
whoqol_7 *(required)*	135. How well are you able to concentrate? *Read out all response options except "Do not know" and "Refused to answer"*	1 Not at all 2 A little 3 A moderate amount 4 Very much 5 Extremely -8 Do not Know -9 Refused to answer
whoqol_8 *(required)*	136. How safe do you feel in your daily life? *Read out all response options except "Do not know" and "Refused to answer"*	1 Not at all 2 A little 3 A moderate amount 4 Very much 5 Extremely -8 Do not Know -9 Refused to answer
whoqol_9 *(required)*	137. How healthy is your physical environment? *Read out all response options except "Do not know" and "Refused to answer"*	1 Not at all 2 A little

Field	Question	Answer	
		3	A moderate amount
		4	Very much
		5	Extremely
		-8	Do not Know
		-9	Refused to answer
whoqol_10 *(required)*	138. Do you have enough energy for everyday life? *Read out all response options except "Do not know" and "Refused to answer"*	1	Not at all
		2	A little
		3	Moderately
		4	Mostly
		5	Completely
		-8	Do not Know
		-9	Refused to answer
whoqol_11 *(required)*	139. Are you able to accept your bodily appearance? *Read out all response options except "Do not know" and "Refused to answer"*	1	Not at all
		2	A little
		3	Moderately
		4	Mostly
		5	Completely
		-8	Do not Know
		-9	Refused to answer
whoqol_12 *(required)*	140. Have you enough money to meet your needs? *Read out all response options except "Do not know" and "Refused to answer"*	1	Not at all
		2	A little
		3	Moderately
		4	Mostly
		5	Completely
		-8	Do not Know
		-9	Refused to answer
whoqol_13 *(required)*	141. How available to you is the information that you need in your day-to-day life? *Read out all response options except "Do not know" and "Refused to answer"*	1	Not at all
		2	A little
		3	Moderately
		4	Mostly
		5	Completely
		-8	Do not Know
		-9	Refused to answer
whoqol_14 *(required)*	142. To what extent do you have the opportunity for leisure activities? *Read out all response options except "Do not know" and "Refused to answer"*	1	Not at all
		2	A little
		3	Moderately
		4	Mostly
		5	Completely
		-8	Do not Know
		-9	Refused to answer
whoqol_15 *(required)*	143. How well are you able to get around? *Read out all response options except "Do not know" and "Refused to answer"*	1	Very poor
		2	Poor
		3	Neither poor nor good
		4	Good
		5	Very Good
		-8	Do not Know
		-9	Refused to answer
whoqol_16 *(required)*	144. How satisfied are you with your sleep? *Read out all response options except "Do not know" and "Refused to answer"*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Do not Know
		-9	Refused to answer
whoqol_17 *(required)*	145. How satisfied are you with your ability to perform your daily living activities? *Read out all response options except "Do not know" and "Refused to answer"*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Do not Know
		-9	Refused to answer
whoqol_18 *(required)*	146. How satisfied are you with your capacity for work? *Read out all response options except "Do not know" and "Refused to answer"*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Do not Know

Field	Question	Answer	
		-9	Refused to answer
whoqol_19 *(required)*	147. How satisfied are you with yourself? *Read out all response options except "Do not know" and "Refused to answer"*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Do not Know
		-9	Refused to answer
whoqol_20 *(required)*	148. How satisfied are you with your personal relationships? *Read out all response options except "Do not know" and "Refused to answer"*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Do not Know
		-9	Refused to answer
whoqol_21 *(required)*	149. How satisfied are you with your sex life? *Read out all response options except "Do not know" and "Refused to answer"*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Do not Know
		-9	Refused to answer
whoqol_22 *(required)*	150. How satisfied are you with the support you get from your friends? *Read out all response options except "Do not know" and "Refused to answer"*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Do not Know
		-9	Refused to answer
whoqol_23 *(required)*	151. How satisfied are you with the conditions of your living place? *Read out all response options except "Do not know" and "Refused to answer"*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Do not Know
		-9	Refused to answer
whoqol_24 *(required)*	152. How satisfied are you with your access to health services? *Read out all response options except "Do not know" and "Refused to answer"*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Do not Know
		-9	Refused to answer
whoqol_25 *(required)*	153. How satisfied are you with your transport? *Read out all response options except "Do not know" and "Refused to answer"*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Do not Know
		-9	Refused to answer
whoqol_26 *(required)*	154. How often do you have negative feelings such as blue mood, despair, anxiety, depression? *Read out all response options except "Do not know" and "Refused to answer"*	1	Never
		2	Seldom
		3	Quite Often
		4	Very Often
		5	Always
		-8	Do not Know
		-9	Refused to answer
whoqol_note *(required)*	**Self-administered by the respondent**	1	Questions and answers are answered by the respondents themselves.
		2	Questions and answers are answered with the help of a data collector.
whoqol_end	End time (Do not change the values -- swipe to next page)		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (QIDS-SR16) *Group relevant when: ${residents_age} >=18*			
qids01	**QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (QIDS-SR16) SECTION**		

Field	Question	Answer		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (QIDS-SR16) > qids0				
qids_0	155. Please choose the one response to each item that best describes you for the past seven days.			
qids_1 *(required)*	156. Falling Asleep		0	I never take longer than 30 minutes to fall asleep.
			1	I take about 30 minutes to fall asleep (1-3 times per week).
			2	I take about 30 minutes to fall asleep (4-7 times per week).
			3	I take more than 1 hour to fall asleep (4-7 times per week).
qids_2 *(required)*	157. Sleep During the Night		0	I do not wake up at night.
			1	I have restless nights and sleep lightly.
			2	I wake up at least once at night, but I go back to sleep easily.
			3	I wake up more than once at night and stay awake for 20 minutes or more (4-7 times per week).
qids_3 *(required)*	158. Waking Up Too Early		0	Not more than 30 minutes before get up.
			1	I wake up 30 minutes earlier (4-7 days per week).
			2	I always wake up at least one hour earlier, but I go back to sleep eventually.
			3	I wake up at least one hour earlier, and cannot go back to sleep (for 4-7 times per week).
qids_4 *(required)*	159. Sleeping Too Much		0	No, I sleep 7-8 hours a night without daytime napping.
			1	No longer than 10 hours.
			2	No longer than 12 hours.
			3	Longer than 12 hours.
qids_5 *(required)*	160. Feeling Sad		0	I do not feel sad.
			1	I seldom feel sad (1-3 days per week).
			2	I quite often feel sad (4-7 times per week).
			3	I almost always feel sad.
qids_6 *(required)*	161. Decreased Appetite		0	There is no change in my usual appetite.
			1	I eat rather less often or lesser amounts of food than usual.
			2	I eat much less than usual and only with personal effort.
			3	I rarely eat within a 24-hour period, and only with extreme personal effort or when others persuade me to eat.
qids_7 *(required)*	162. Increased Appetite		0	There is no change from my usual appetite.
			1	I feel a need to eat more frequently than usual.
			2	I regularly eat more often and/or greater amounts of food than usual.
			3	I feel driven to overeat both at mealtime and between meals.
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (QIDS-SR16) > qids1				
qids_8 *(required)*	163. Decreased Weigt (Within the Last Two Weeks) *Question relevant when: ${qids_6} !=0*		0	I have not had a change in my weight.
			1	I feel as if I have had a slight weight loss.
			2	I have lost 1 Kg/ 2 pounds or more.
			3	I have lost 2 Kg/ 5 pounds or more.
qids_9 *(required)*	164. Increased Weight (Within the Last Two Weeks) *Question relevant when: ${qids_7} !=0*		0	I have not had a change in my weight.
			1	I feel as if I've had a slight weight gain.
			2	I have gained 1 Kg/ 2 pounds or more.
			3	I have gained 2 Kg/ 5 pounds or more.

Field	Question	Answer		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (QIDS-SR16) > qids2 *Group relevant when: ${residents_age} >=18*				
qids_10 *(required)*	165. Concentration/Decision Making:		0	There is no change in my usual capacity to concentrate or make decisions.
			1	I occasionally feel indecisive or find that my attention wanders.
			2	Most of the time, I struggle to focus my attention or to make decisions.
			3	I cannot concentrate well enough to read or cannot make even minor decisions.
qids_11 *(required)*	166. View of Myself		0	I see myself as equally worthwhile and deserving as other people.
			1	I am more self-blaming than usual.
			2	I largely believe that I cause problems for others.
			3	I think almost constantly about major and minor defects in myself.
qids_12 *(required)*	167. Thoughts of Death or Suicide		0	I do not think of suicide or death.
			1	I feel that life is empty or wonder if it is worth living.
			2	I have thought of suicide or death several times over the last seven days for several minutes.
			3	I think of suicide or death several times a day in some detail, or I have made specific plans for suicide or have actually tried to take my life.
qids_13 *(required)*	168. General Interest		0	There is no change from usual in how interested I am in other people or activities.
			1	I notice that I am less interested in people or activities.
			2	I find I have interest in only one or two of my formerly pursued activities.
			3	I have very little interest in formerly pursued activities.
qids_14 *(required)*	169. Energy Level		0	There is no change in my usual level of energy.
			1	I get tired more easily than usual.
			2	I have to make a big effort to start or finish my usual daily activities (for example, shopping, homework, cooking or going to work).
			3	I really cannot carry out most of my usual daily activities because I just do not have the energy.
qids_15 *(required)*	170. Feeling Slowed Down		0	I think, speak, and move at my usual rate of speed.
			1	I find that my thinking is slower or my voice sounds dull or flat.
			2	It takes me several seconds to respond to most questions and I am sure my thinking is slower.
			3	I am often unable to respond to questions without extreme effort.
qids_16 *(required)*	171. Feeling Restless		0	I do not feel restless.
			1	I am often fidgety, wringing my hands, or need to shift how I am sitting.
			2	I have impulses to move about and am quite restless.
			3	At times, I am unable to stay seated and need to pace around.
qids_note *(required)*	**Self-administered by the respondent** *Question relevant when: ${residents_age} >=18*		1	Questions and answers are answered by the respondents themselves.
			2	Questions and answers are answered with the help of a data collector.

Field	Question	Answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > KESSLER PSYCHOLOGICAL DISTRESS SCALE (K10) *Group relevant when: ${residents_age} >=18*		
k0	**KESSLER PSYCHOLOGICAL DISTRESS SCALE (K10) SECTION**	
k_0	172. These questions concern how you have been feeling over the past 4 weeks. Tick a box below each question that best represents how have you been.	
k_1 *(required)*	173. During the last 4 weeks, about how often did you feel tired out for no good reason?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
k_2 *(required)*	174. During the last 4 weeks, about how often did you nervous?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
k_3 *(required)*	175. During the last 4 weeks, about how often did you feel so nervous that nothing could calm you down?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
k_4 *(required)*	176. During the last 4 weeks, about how often did you feel hopeless?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
k_5 *(required)*	177. During the last 4 weeks, about how often did you feel restless or fidgety?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
k_6 *(required)*	178. During the last 4 weeks, about how often did you feel so restless you could not sit still?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
k_7 *(required)*	179. During the last 4 weeks, about how often did you feel depressed?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
k_8 *(required)*	180. During the last 4 weeks, about how often did you feel that everything was an effort?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
k_9 *(required)*	181. During the last 4 weeks, about how often did you feel so sad that nothing could cheer you up?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
k_10 *(required)*	182. During the last 4 weeks, about how often did you feel worthless?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
k10_note *(required)*	**Self-administered by the respondent** *Question relevant when: ${residents_age} >=18*	1 Questions and answers are answered by the respondents themselves. 2 Questions and answers are answered with the help of a data collector.
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > SMOKING AND VAPING *Group relevant when: ${residents_age} >=8*		
smoking0	**SMOKING AND VAPING SECTION**	
smoking_1 *(required)*	183. Have you ever smoked a whole cigarette?	1 Yes 2 No -9 Refused to answer
smoking_2 *(required)*	184. Currently do you smoke tobacco everyday, less than everyday, or not at all? *Question relevant when: ${smoking_1} =1*	1 Everyday 2 Less than everyday

Field	Question	Answer
		3 Not at all
		-9 Refused to answer
vape_1 *(required)*	185. Have you ever used an electronic cigarette or a vape?	1 Yes
		2 No
		-9 Refused to answer
vape_2 *(required)*	186. Currently do you vape daily, less than daily but at least once a week, less than weekly but at least once a month, less than monthly or not at all? *Question relevant when: ${vape_1} =1*	1 Daily
		2 Less than daily but at least once a week
		3 Less than weekly but at least once a month
		4 Less than monthly
		5 Not at all.
		-9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > DRINKING *Group relevant when: ${residents_age} >=16*		
drinking0	**DRINKING SECTION**	
drinking_1 *(required)*	187. Have you consumed an alcoholic drink within the past 30 days?	1 Yes
		2 No
		-9 Refused to answer
drinking_2 *(required)*	188. During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks. *Question relevant when: ${drinking_1} =1*	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
		-9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > DIETARY INTAKE *Group relevant when: ${residents_age} >=16*		
nutrition0	**DIETARY INTAKE SECTION**	
nutrition_2 *(required)*	189. How many servings of fruit do you eat on a typical day? (Banana, mango, apple, orange, papaya, pineapple, grapefruit, pear, dragon fruit, honeydew, guava, etc) *"One handful = One meal"* *Response constrained to: .>=0*	
nutrition_3 *(required)*	190. How many servings of vegetables do you eat on a typical day? (Tomato, cauliflower, potato, spinach, cucumber, kale, cabbage, mustard etc) *Response constrained to: .>=0*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > GLOBAL PHYSICAL ACTIVITY QUESTIONNAIRE (GPAQ) *Group relevant when: ${residents_age} >=18*		
physical0	**GLOBAL PHYSICAL ACTIVITY QUESTIONNAIRE (GPAQ) SECTION**	
physical_0	**Next I am going to ask you about the time you spend doing different types of physical activitiy in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. Think first about the time you spend doing work. Thing of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting foods/crops fishing or hunting for food, seeking employment. [Insert other examples if needed]/ In answering the following questions 'virgorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heartrate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.**	
physical_1 *(required)*	191. 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? *Question relevant when: ${residents_age} >=18*	1 Yes
		2 No
		-9 Refused to answer
physical_2 *(required)*	192. In a typical week, on how many days do you do **VIRGOROUS-INTENSITY** activities as part of your work? *Question relevant when: ${physical_1} =1* *Response constrained to: .>0 and .<=7*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > GLOBAL PHYSICAL ACTIVITY QUESTIONNAIRE (GPAQ) > physical_time_a *Group relevant when: ${physical_1} =1*		
physical_3	193. How much time do you spend doing **VIRGOROUS-INTENSITY** activities at work on a typical day? [Record hours in decimal]	
physical_3_hour *(required)*	193.1 Hours *Response constrained to: .>=0 and .<=24*	
physical_3_minute *(required)*	193.2 Minutes *Response constrained to: .>=0 and .<=59*	
physical_4 *(required)*	194. Does your work involve **MODERATE-INTENSITY** activities, that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads] for at least 10 minutes continuously? [INSERT EXAMPLES] *Question relevant when: (${residents_age} >=18 or ${work_2} >=4)*	1 Yes
		2 No
		-9 Refused to answer
physical_5 *(required)*	195. In a typical week, on how many days do you do **MODERATE-INTENSITY** activities as part of your work? *Question relevant when: ${physical_4} =1*	

Field	Question	Answer
	Response constrained to: .>0 and .<=7	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > GLOBAL PHYSICAL ACTIVITY QUESTIONNAIRE (GPAQ) > physical_time_b *Group relevant when: ${physical_4} =1*		
physical_6	196. How much time do you spend doing **MODERATE-INTENSITY** activities at work on a typical day? [Record hours in decimal]	
physical_6_hour *(required)*	196.1 Hours *Response constrained to: .>=0 and .<=24*	
physical_6_minute *(required)*	196.2 Minutes *Response constrained to: .>=0 and .<=59*	
physical_7 *(required)*	197. Do you walk or use a pedal bicycle for at least 10 **CONTINUOUS** minutes to get to and from places	1 Yes 2 No -9 Refused to answer
physical_8 *(required)*	198. 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? *Question relevant when: ${physical_7} =1* *Response constrained to: .>0 and .<=7*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > GLOBAL PHYSICAL ACTIVITY QUESTIONNAIRE (GPAQ) > physical_time_c *Group relevant when: ${physical_7} =1*		
physical_9	199. How much time do you spend walking or bicycling on a typical day? [Record hours in decimal]	
physical_9_hour *(required)*	199.1 Hours *Response constrained to: .>=0 and .<=24*	
physical_9_minute *(required)*	199.2 Minutes *Response constrained to: .>=0 and .<=59*	
physical_10 *(required)*	200. 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?	1 Yes 2 No -9 Refused to answer
physical_11 *(required)*	201. In a typical week, on how many days do you do **VIRGOROUS-INTENSITY** sports, fitness or recreational (leisure) activities? *Question relevant when: ${physical_10} =1* *Response constrained to: .>0 and .<=7*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > GLOBAL PHYSICAL ACTIVITY QUESTIONNAIRE (GPAQ) > physical_time_d *Group relevant when: ${physical_10} =1*		
physical_12	202. How much time do you spend doing **VIRGOROUS-INTENSITY** sports, fitness or recreational activities on a typical day?	
physical_12_hour *(required)*	202.1 Hours *Response constrained to: .>=0 and .<=24*	
physical_12_minute *(required)*	202.2 Minutes *Response constrained to: .>=0 and .<=59*	
physical_13 *(required)*	203. 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?	1 Yes 2 No -9 Refused to answer
physical_14 *(required)*	204. In a typical week, on how many days do you do **MODERATE-INTENSITY** sports, fitness or recreational (leisure) activities? *Question relevant when: ${physical_13} =1* *Response constrained to: .>0 and .<=7*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > GLOBAL PHYSICAL ACTIVITY QUESTIONNAIRE (GPAQ) > physical_time_e *Group relevant when: ${physical_13} =1*		
physical_15	205. How much time do you spend doing **MODERATE-INTENSITY** sports, fitness or recreational activities on a typical day?	
physical_15_hour *(required)*	205.1 Hours *Response constrained to: .>=0 and .<=24*	
physical_15_minute *(required)*	205.2 Minutes *Response constrained to: .>=0 and .<=59*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > GLOBAL PHYSICAL ACTIVITY QUESTIONNAIRE (GPAQ) > physical_time_f *Group relevant when: ${residents_age} >=18*		
physical_16	206. How much time do you usually spend sitting or reclining (excluding sleep at night) on a typical day? *Please enter according to hour*	
physical_16_hour *(required)*	206.1 Hours *Response constrained to: .>=0 and .<=24*	
physical_16_minute *(required)*	206.2 Minutes *Response constrained to: .>=0 and .<=59*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > PhyActQ *Group relevant when: ${residents_age} >=7 and ${residents_age} <18*		

Field	Question	Answer
PhyActQ0	We are trying to find out about your level of physical activity from the last 7 days (in the last week). This includes sport or dance that make you make you sweat or make your legs feel tired, or games that make you breath hard, like tag, skipping, running, climbing and others. There are no right or wrong answers - this is not a test. Please answer all the questions as honestly and accurately as you can - this is very important.	
PhyActQ1	207. In the last 7 days, how many days did you attend school (except home-based teaching and learning)?	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > PhyActQ > PhyActQ_1		
PhyActQ2_note1	Physical activity in your spare time: Have you done any of the following activities in the past 7 days (last week)? If yes, how many times? (Mark only one answer per row.)	
PhyActQ2_note2	208. **Please Choose**	1 None 2 1 - 2 times 3 3 - 4 times 4 5 - 6 times 5 7 times or more -9 Refused to answer
PhyActQ2_1 *(required)*	209. Skipping	1 None 2 1 - 2 times 3 3 - 4 times 4 5 - 6 times 5 7 times or more -9 Refused to answer
PhyActQ2_2 *(required)*	210. Rowing/ Canoeing	1 None 2 1 - 2 times 3 3 - 4 times 4 5 - 6 times 5 7 times or more -9 Refused to answer
PhyActQ2_3 *(required)*	211. In-line skating	1 None 2 1 - 2 times 3 3 - 4 times 4 5 - 6 times 5 7 times or more -9 Refused to answer
PhyActQ2_4 *(required)*	212. Chase Tag	1 None 2 1 - 2 times 3 3 - 4 times 4 5 - 6 times 5 7 times or more -9 Refused to answer
PhyActQ2_5 *(required)*	213. Walking for exercise	1 None 2 1 - 2 times 3 3 - 4 times 4 5 - 6 times 5 7 times or more -9 Refused to answer
PhyActQ2_6 *(required)*	214. Bicycling	1 None 2 1 - 2 times 3 3 - 4 times 4 5 - 6 times 5 7 times or more -9 Refused to answer
PhyActQ2_7 *(required)*	215. Jogging or running	1 None 2 1 - 2 times 3 3 - 4 times 4 5 - 6 times 5 7 times or more -9 Refused to answer
PhyActQ2_8 *(required)*	216. Aerobics	1 None 2 1 - 2 times 3 3 - 4 times 4 5 - 6 times 5 7 times or more -9 Refused to answer
PhyActQ2_9 *(required)*	217. Swimming	1 None 2 1 - 2 times 3 3 - 4 times 4 5 - 6 times 5 7 times or more

Field	Question	Answer	
		-9	Refused to answer
PhyActQ2_10 *(required)*	218. Baseball, Softball	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_11 *(required)*	219. Dance	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_12 *(required)*	220. Football	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_13 *(required)*	221. Badminton	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_14 *(required)*	222. Skateboarding	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_15 *(required)*	223. Futsal	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_16 *(required)*	224. Street hockey	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_17 *(required)*	225. Volleyball	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_18 *(required)*	226. Floor hockey	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_19 *(required)*	227. Basketball	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer

Field	Question	Answer	
PhyActQ2_20 *(required)*	228. Ice skating	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_21 *(required)*	229. Cross- country sking	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_22 *(required)*	230. Ice hockey/ ringette	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_23 *(required)*	231. Other (Please state)	1	None
		2	1 - 2 times
		3	3 - 4 times
		4	5 - 6 times
		5	7 times or more
		-9	Refused to answer
PhyActQ2_other	231.1. Please state other physical activity. *Question relevant when: ${PhyActQ2_23} !=1*		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > PhyActQ > PhyActQ_2			
PhyActQ3 *(required)*	232. In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)	1	I do not do PE
		2	Hardly ever
		3	Sometimes
		4	Quite often
		5	Always
		-9	Refused to answer
PhyActQ4 *(required)*	233. In the last 7 days, what did you do the most of the time at recess?	1	Sat down (talking, reading, doing schoolwork)
		2	Stood around or walked around
		3	Ran or played a little bit
		4	Ran around and played quite a bit
		5	Ran and played hard most of the time
		-9	Refused to answer
PhyActQ5 *(required)*	234. In the last 7 days, what did you normally do at lunch (besides eating lunch)?	1	Sat down (talking, reading, doing schoolwork)
		2	Stood around or walked around
		3	Ran or played a little bit
		4	Ran around and played quite a bit
		5	Ran and played hard most of the time
		-9	Refused to answer
PhyActQ6 *(required)*	235. In the last 7 days, on how many days right after school, did you do sports, dance or play games in which you were very active?	1	None
		2	1 times last week
		3	2 or 3 times last week
		4	4 times last week
		5	5 times last week
		-9	Refused to answer
PhyActQ7 *(required)*	236. In the last 7 days, on how many evenings did you do sports, dance, or play games in which you were very active?	1	None
		2	1 time
		3	2 - 3 times
		4	4 - 5 times
		5	6 - 7 times
		-9	Refused to answer
PhyActQ8 *(required)*	237. On the last weekend, how many times did you do sports, dance or play games in which you were very active?	1	None
		2	1 time
		3	2 - 3 times
		4	4 - 5 times
		5	6 or more times
		-9	Refused to answer
PhyActQ9 *(required)*	238. Which one of the following describes you for the best for the last 7 days? Read all five statements before deciding on the one answer that describes you?	1	All or most of my free time was spent doing things that involve little physical

Field	Question	Answer		
				effort.
			2	I sometimes (1 - 2 times last week) did physical things in my free time (e.g played sports, went running, swimming, bike riding, did aerobics)
			3	I often (3 - 4 times last week) did physical things in my free time.
			4	I quite often (5 - 6 times last week) did physical things in my free time.
			5	I very often (7 or more times last week) did physical things in my free time.
			-9	Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > PhyActQ > PhyActQ_3				
PhyActQ10Note1	239. Select one on how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.			
PhyActQ10Note2	240. Day			
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > PhyActQ > PhyActQ_3 > PhyActQ_4				
PhyActQ10_1 *(required)*	241. Monday		1	None
			2	Little bit
			3	Medium
			4	Often
			5	Very often
			-9	Refused to answer
PhyActQ10_2 *(required)*	242. Tuesday		1	None
			2	Little bit
			3	Medium
			4	Often
			5	Very often
			-9	Refused to answer
PhyActQ10_3 *(required)*	243. Wednesday		1	None
			2	Little bit
			3	Medium
			4	Often
			5	Very often
			-9	Refused to answer
PhyActQ10_4 *(required)*	244. Thursday		1	None
			2	Little bit
			3	Medium
			4	Often
			5	Very often
			-9	Refused to answer
PhyActQ10_5 *(required)*	245. Friday		1	None
			2	Little bit
			3	Medium
			4	Often
			5	Very often
			-9	Refused to answer
PhyActQ10_6 *(required)*	246. Saturday		1	None
			2	Little bit
			3	Medium
			4	Often
			5	Very often
			-9	Refused to answer
PhyActQ10_7 *(required)*	247. Sunday		1	None
			2	Little bit
			3	Medium
			4	Often
			5	Very often
			-9	Refused to answer
PhyActQ11 *(required)*	248. Were you sick last week, or did anything prevent you from doing your normal physical activities?		1	Yes
			2	No
			-9	Refused to answer
PhyActQ11_1	248.1 If yes, what prevented you? *Question relevant when: ${PhyActQ11} =1*			
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > HYPERTENSION *Group relevant when: ${residents_age} >=18*				

Field	Question	Answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > HYPERTENSION > HYPERTENSION1 *Group relevant when: ${residents_age} >=18*		
hypertension0	**HYPERTENSION SECTION**	
hypertension_1 *(required)*	249. Have you ever had your blood pressure **measured by a doctor or health care worker?**	1 Yes 2 No -9 Refused to answer
hypertension_2 *(required)*	250. Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? *Question relevant when: ${hypertension_1} =1*	1 Yes 2 No -9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > HYPERTENSION > HYPERTENSION2 *Group relevant when: ${hypertension_2} =1 and ${residents_age} >=18*		
hypertension_3 *(required)*	251. Were you first told in the past 12 months?	1 Yes 2 No -9 Refused to answer
hypertension_4 *(required)*	252. Have you taken any drugs (medication - not Traditional Medicine) in the past 2 weeks for your blood pressure?	1 Yes 2 No -9 Refused to answer
hypertension_5 *(required)*	253. In the past 12 months, have you seen a traditional healer or TCM practitioner for raised blood pressure or hypertension?	1 Yes 2 No -9 Refused to answer
hypertension_6 *(required)*	254. In the past 12 are you currently taking any herbal or traditional remedy for raised blood pressure or hypertension?	1 Yes 2 No -9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > DIABETES *Group relevant when: ${residents_age} >=18*		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > DIABETES > DIABETES1 *Group relevant when: ${residents_age} >=18*		
diabetes0	**DIABETES SECTION**	
diabetes_1 *(required)*	255. Have you ever had your blood sugar **measured by a doctor or other health worker?**	1 Yes 2 No -9 Refused to answer
diabetes_2 *(required)*	256. Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes? *Question relevant when: ${diabetes_1} =1*	1 Yes 2 No -9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > DIABETES > DIABETES2 *Group relevant when: ${diabetes_2} =1 and ${residents_age} >=18*		
diabetes_3 *(required)*	257. Were you first told in the past 12 months?	1 Yes 2 No -9 Refused to answer
diabetes_4 *(required)*	258. Are you currently receiving insulin for your diabetes or raised blood sugar?	1 Yes 2 No -9 Refused to answer
diabetes_5 *(required)*	259. Have you taken any drugs (medication not Traditional Medicine) in the past 2 weeks for your diabetes or raised blood sugar?	1 Yes 2 No -9 Refused to answer
diabetes_6 *(required)*	260. In the past 12 months, have you seen a traditional healer or Tradisional Medicine practitioner for raised blood sugar or diabetes?	1 Yes 2 No -9 Refused to answer
diabetes_7 *(required)*	261. In the past 12 months, are you currently taking any herbal or traditional remedy for raised blood sugar or diabetes?	1 Yes 2 No -9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > RAISED CHOLESTEROL *Group relevant when: ${residents_age} >=18*		
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > RAISED CHOLESTEROL > RAISED CHOLESTEROL1 *Group relevant when: ${residents_age} >=18*		
chol0	**RAISED CHOLESTEROL SECTION**	
chol_1 *(required)*	262. Have you ever had your cholesterol (fat levels in your blood) **only measured by a doctor or other health worker?**	1 Yes 2 No -9 Refused to answer
chol_2 *(required)*	263. Have you ever been told by a doctor or other health worker that you have raised cholesterol? *Question relevant when: ${chol_1} =1*	1 Yes 2 No -9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > RAISED CHOLESTEROL > RAISED CHOLESTEROL2 *Group relevant when: ${chol_2} =1 and ${residents_age} >=18*		
chol_3 *(required)*	264. Were you first told in the past 12 months?	1 Yes 2 No

Field	Question	Answer		
			-9	Refused to answer
chol_4 *(required)*	265. In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?		1	Yes
			2	No
			-9	Refused to answer
chol_5 *(required)*	266. Have you ever seen a traditional healer for raised cholesterol?		1	Yes
			2	No
			-9	Refused to answer
chol_6 *(required)*	267. Are you currently taking any herbal or traditional remedy for your raised cholesterol?		1	Yes
			2	No
			-9	Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > TECH USE *Group relevant when: ${residents_age} >=12*				
techa	**TECH USE SECTION**			
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > TECH USE > TECH USE1				
tech_1 *(required)*	268. Do you own a smartphone?		1	Yes
			2	No
			-9	Refused to answer
tech_3 *(required)*	270. Do you own a laptop computer?		1	Yes
			2	No
			-9	Refused to answer
tech_4 *(required)*	271. Do you have internet access from home?		1	Yes
			2	No
			-9	Refused to answer
tech_5 *(required)*	272. On average how often would you access the internet each week?		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 per week
			6	At least once per fortnight
			7	At least once per month
			8	Less than once per month
			9	Never
			-9	Refused to answer
demographic_8 *(required)*	273. Phone number *In the form: 01XXXXXXXX or 0111XXXXXXX or 0XXXXXXXX or please enter -99 if no contact number* *Question relevant when: ${type_id} !=5*			
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > TECH USE > TECH USE2 *Group relevant when: ${tech_1} =1*				
tech_1a *(required)*	269. Do you have data access for your smartphone?		1	Yes
			2	No
			-9	Refused to answer
a_1 *(required)*	313. Do you have air- conditioner in your house?		1	Yes
			2	No
b_1 *(required)*	314. How many air - conditioner do you have in your house? *Question relevant when: ${a_1} =1*		1	1 unit
			2	2 unit
			3	3 unit
			4	4 unit
			5	5 unit
			6	Other
c_1 *(required)*	314.a Please state. *Question relevant when: ${b_1} = 6*			
c_2 *(required)*	315. How often do you use the air-conditioner? *Question relevant when: ${a_1} =1*		1	Rarely (every other week)
			2	Sometimes (when only hot such as 1-2 days/week)
			3	Regularly (specific time daily, such as night or afternoon)
			4	Frequently (daily use and more than a specific time)
			5	All the time
note_healthcheck	 **Please** ensure to wear gloves prior to conducting the health check-up. It is mandatory for all data collectors to **Wear Gloves** as a safety precaution.			
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > BLOOD PRESSURE MEASUREMENT *Group relevant when: ${residents_age} >=35*				
bp_start	Start time (Do not change the values -- swipe to next page)			
bp0	**BLOOD PRESSURE MEASUREMENT**			

Field	Question	Answer
bpa *(required)*	273.1 Can the respondent undergo a **BLOOD PRESSURE MEASUREMENT** examination?	1 Yes 2 No
bpa_other *(required)*	273.2 Please state why. *Question relevant when: ${bpa} =2*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > BLOOD PRESSURE MEASUREMENT > bw *Group relevant when: ${bpa} =1*		
bp_1a *(required)*	275. Enter device ID for blood pressure:	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > BLOOD PRESSURE MEASUREMENT > bw > bp1		
bp_2 *(required)*	276. Which arm will you use for BP measurement, it should be the left	1 Left 2 Right
bp_3 *(required)*	277. Arm circumference (cm) *Please enter number between 5 - 50* *Response constrained to: .>4 and .<51*	
bp_5 *(required)*	278. Systolic1 *Please enter number between 0 - 250* *Response constrained to: .>=0 and .<=250*	
bp_6 *(required)*	279. Diastolic1 *Please enter number between 0 - 181* *Response constrained to: .>=0 and .<=181*	
bp_7 *(required)*	280. Heart Rate1 *Please enter number 0 or number 30 - 160* *Response constrained to: (.>=30 and .<=160) or .=0*	
bp_8 *(required)*	281. Any problems with BP measurement 1 (e.g., misplaced cuff)?	1 Yes 2 No
bp_other1 *(required)*	281.1 Please specify the problems. *Question relevant when: ${bp_8} =1*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > BLOOD PRESSURE MEASUREMENT > bw > bp2 *Group relevant when: ${bpa} =1*		
bp_9 *(required)*	282. Systolic2 *Please enter number between 0 - 250* *Response constrained to: .>=0 and .<=250*	
bp_10 *(required)*	283. Diastolic2 *Please enter number between 0 - 181* *Response constrained to: .>=0 and .<=181*	
bp_11 *(required)*	284. Heart Rate2 *Please enter number 0 or number 30 - 160* *Response constrained to: (.>=30 and .<=160) or .=0*	
bp_12 *(required)*	285. Any problems with BP measurement 2 (e.g., misplaced cuff)?	1 Yes 2 No
bp_other2 *(required)*	285.1 Please specify the problems. *Question relevant when: ${bp_12} =1*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > BLOOD PRESSURE MEASUREMENT > bw > bp3		
bp_13 *(required)*	286. Systolic3 *Please enter number between 0 - 250* *Response constrained to: .>=0 and .<=250*	
bp_14 *(required)*	287. Diastolic3 *Please enter number betweem 0 - 181* *Response constrained to: .>=0 and .<=181*	
bp_15 *(required)*	288. Heart Rate3 *Please enter number 0 or number 30 - 160* *Response constrained to: (.>=30 and .<=160) or .=0*	
bp_16 *(required)*	289. Any problems with BP measurement 3 (e.g., misplaced cuff)?	1 Yes 2 No
bp_other3 *(required)*	289.1 Please specify the problems. *Question relevant when: ${bp_16} =1*	
bp_end	End time (Do not change the values -- swipe to next page)	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > BLOOD SUGAR MEASUREMENT *Group relevant when: ${residents_age} >=35*		
bg_start	Start time (Do not change the values -- swipe to next page)	
bg0	**BLOOD SUGAR MEASUREMENT**	
bga *(required)*	290.1 Can the respondent undergo a **BLOOD SUGAR MEASUREMENT** examination?	1 Yes 2 No
bga_other *(required)*	290.2 Please state why. *Question relevant when: ${bga} =2*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > BLOOD SUGAR MEASUREMENT > bgw *Group relevant when: ${bga} =1*		
bgNote	291. Blood Glucose	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > BLOOD SUGAR MEASUREMENT > bgw > BG Screening A *Group relevant when: ${bga} =1*		
bg_1	292. How long ago did you have anything to eat or drink other than water? (Hours)	
bg_1_hour *(required)*	292.1 Hours	

Field	Question	Answer
	Response constrained to: .>=0 and .<=24	
bg_1_minute *(required)*	292.2 Minutes *Response constrained to: .>=0 and .<=59*	
bg_2a *(required)*	294. Enter device id for blood glucose:	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > BLOOD SUGAR MEASUREMENT > bgw > bg1 *Group relevant when: ${bga} =1*		
bg_4 *(required)*	295. Blood Glucose *Response constrained to: .>=0 and .<=33.3*	
bg_5 *(required)*	296. Any problems with the blood glucose measurement?	1 Yes 2 No
bg_5_yes *(required)*	296.1. If yes, please specify the problem: *Question relevant when: ${bg_5} =1*	
bg_end	End time (Do not change the values -- swipe to next page)	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > ANTHROPOMETRIC MEASUREMENT *Group relevant when: ${residents_age} >=5*		
hw_start	Start time (Do not change the values -- swipe to next page)	
hw0	**ANTHROPOMETRIC MEASUREMENT SECTION**	
hw_1 *(required)*	298. Can [Residents_name] stand straight? *Question relevant when: ${residents_age} >=5*	1 Yes 2 No
hw_2 *(required)*	299. Can [Residents_name] move and stand on the weighing scales without assistance? *Question relevant when: ${hw_1} =1 and ${residents_age} >=5*	1 Yes 2 No
hw_3a *(required)*	301. Enter device ID for height: *Question relevant when: ${hw_2} =1 and ${residents_age} >=5*	
hw_4 *(required)*	302. Height (cm) *Question relevant when: ${hw_1} =1 and ${hw_2} =1 and ${residents_age} >=5* *Response constrained to: .>=0 and .<=250*	
hw_6a *(required)*	302.1 Enter device ID for weight: *Question relevant when: ${hw_2} =1 and ${residents_age} >=5*	
hw_6 *(required)*	303. Weight (kg) *Question relevant when: ${hw_2} =1 and ${residents_age} >=5* *Response constrained to: .>=0 and .<=150*	
hw_5 *(required)*	305. Arm Span (cm) *Question relevant when: ${hw_1} =2 and ${residents_age} >=16*	
hw_7 *(required)*	306. Are you pregnant? *Question relevant when: ${Residents_sex} =2 and ${residents_age} >=16*	1 Yes 2 No -9 Refused to answer
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > ANTHROPOMETRIC MEASUREMENT > Waist measurement *Group relevant when: ${residents_age} >=16*		
hw_7a *(required)*	307. Can the respondent undergo a **Waist Measurement** section? *Pregnant women are exempt from this part of the question.*	1 Yes 2 No
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > ANTHROPOMETRIC MEASUREMENT > Waist measurement > Waist measurement1 *Group relevant when: ${hw_7a} =1*		
hw_8a *(required)*	308. Enter device ID for waist:	
hw_9 *(required)*	309. Waist circumference (cm) *Response constrained to: .>=0 and .<=152*	
hw_10 *(required)*	310. Do you think the waist measurement was done correctly?	1 Yes 2 No
hw_other *(required)*	310.1 Please specify why. *Question relevant when: ${hw_10} =2*	
hw_end	End time (Do not change the values -- swipe to next page)	
summary	***"HEALTH EXAMINATION REPORT"*** Name: **[Residents_name]** Gender: **[Residents_sex]** Age: **[residents_age]** Mukim: **[mukim]** ***"HEALTH HISTORY"*** High Blood Pressure: **Tidak** Diabetes: **Tidak** High Cholesterol: **Tidak** Asthma: **Tidak** COPD: **Tidak** ***"EXAMINATION RESULTS"*** Weight (kg): **[hw_6]**	

Field	Question	Answer
	Height (cm): **[hw_4]** Body Mass Index (BMI) (kg/m2): **[bmi]** Measure Waist (cm): **[hw_9]** Blood Sugar (mmol/L): **[bg_4]** Blood Pressure: Systolic (mmHg): **[average1]** Diastolic (mmHg): **[average2]** Heart Rate (bpm): **[bp_15]** IDEA Cognitive Screening Score: **[ideascore]** Eating/drinking in the last 2 hours: **[bg_1_hour] hours [bg_1_minute] minutes.**	
summary1	***"OTHERS SCREENING"*** BMI (kg/m2): **[bmi] and Low Risk CVD** **Waist Circumference length: [waist_summary]** Systolic Pressure (mmHg): **Unable to read SBP** Diastolic Pressure (mmHg): **Unable to read DBP** Category and Capillary Blood Sugar (mmol/L): **[bg_4]** **Puasa >= 5.6[hours_summary2]** ***"OTHER FILTERS"*** COPD >2: **Score [copd_score] Tidak Berkemungkinan COPD** Asthma >3: **Score [asq_score] Tidak Berkemungkinan Penyakit Asma** IDEA Score: **Score [ideascore][ideascore_en]**	
referral *(required)*	311. Referral leaflet serial number	
summary_hpt	**""Hypertension Summary"** **(*For Hypertension Follow-up.*)** Name: **[Residents_name]** Group: **[summary2]** Age (over 35 years): **[residents_age]** Systolic (more than 140mmHg): **[average1] mmHg** **You not fulfill condition on next research.** Diastolic (more than 90mmHg): **[average2] mmHg** **You not fulfill condition on next research.** ***Respondents will be followed up for the next 4 to 6 weeks.*** *If the sample is Control group dont provide the RCT leaflet, but if the sample is intervention group then the RCT leaflet need to be provided.* *Question relevant when: (${hpt_group_calc} ="Intervention" or ${hpt_group_calc} ="Control") and ${residents_age} >=35 and (${average1} >=140 or ${average2} >=90) and (${hypertension_2} =2 or (${hypertension_2} =1 and ${hypertension_4} =2)) and ${residents_agree} =0*	
referral1	311.1 Please give participant leaflet hypertension. *Question relevant when: (${hpt_group_calc} ="Intervention" or ${hpt_group_calc} ="Control") and ${residents_age} >=35 and (${average1} >=140 or ${average2} >=90) and (${hypertension_2} =2 or (${hypertension_2} =1 and ${hypertension_4} =2)) and ${residents_agree} =0*	1 Hypertension leaflets have been given. 2 Hypertension leaflets have not been given.
referral_why *(required)*	311.2 Please specify why. *Question relevant when: ${referral1} =2*	
summary_hpt_followup_note *(required)*	Hypertension Follow up: [Residents_name] (NO RECORD) *Question relevant when: (${hpt_group_calc} ="Intervention" or ${hpt_group_calc} ="Control") and ${residents_age} >=35 and (${average1} >=140 or ${average2} >=90) and (${hypertension_2} =2 or (${hypertension_2} =1 and ${hypertension_4} =2)) and ${residents_agree} =0*	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > scale10		
quality *(required)*	On a scale of 0 to 10 how well do you think you recorded the data?	1 1 2 2 3 3 4 4 5 5 6 6

Field	Question	Answer
		7 7 8 8 9 9 10 10
honesty *(required)*	On a scale of 0 to 10 how well do you think the respondent was to your questions?	1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10
media1 *(required)*	Do you have Facebook or Instagram?	1 Yes 2 No
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > SOCIAL MEDIA *Group relevant when: ${media1} =1*		
QR_1	 Facebook: Seaco.Asia	
QR_2	 Instagram: seaco.monash	
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > Item Checklist		
checklist0	**Checklist for Equipment** *Please put the items and project items back into the SEACO bag after use.*	
checklist1 *(required)*	• Height Gauge	1 Irrelevant 2 Available 3 Others
checklist2 *(required)*	• Weight Gauge	1 Irrelevant 2 Available 3 Others
checklist3 *(required)*	• Waist Circumference	1 Irrelevant 2 Available 3 Others
checklist4 *(required)*	• Blood Pressure Set	1 Irrelevant 2 Available 3 Others
checklist5 *(required)*	• Blood Glucose Machine	1 Irrelevant 2 Available 3 Others
checklist6 *(required)*	• Audio Recorder	1 Irrelevant 2 Available 3 Others
checklist8 *(required)*	• Referral Leaflet	1 Irrelevant 2 Available 3 Others
checklist9 *(required)*	• Letters of Support and Supporting Documents	1 Irrelevant 2 Available 3 Others
checklist10 *(required)*	• SEACO ID card	1 Irrelevant 2 Available 3 Others
checklist11 *(required)*	• Smartwatch	1 Irrelevant 2 Available 3 Others
checklist12 *(required)*	• Switchbot Meter	1 Irrelevant 2 Available 3 Others
checklist13 *(required)*	• Spirobank	1 Irrelevant 2 Available 3 Others
checklist14 *(required)*	• Vest	1 Irrelevant 2 Available 3 Others
checklist15 *(required)*	• Consumable items (*Strip, Lancet, Biohazard Bin, Biohazard bag and Glove*)	1 Irrelevant 2 Available

Field	Question	Answer
		3 Others
ONLY FOR AGREE PARTICIPANT AND STILL PART OF THE HOUSEHOLD > ONLY FOR CONSENTING PARTICIPANT > Item Checklist		
checklist1_others *(required)*	• Height Gauge (others) *Question relevant when: selected(${checklist1} , 3)*	
checklist2_others *(required)*	• Weight Gauge (others) *Question relevant when: selected(${checklist2} , 3)*	
checklist3_others *(required)*	• Waist Circumference (others) *Question relevant when: selected(${checklist3} , 3)*	
checklist4_others *(required)*	• Blood Pressure Set (others) *Question relevant when: selected(${checklist4} , 3)*	
checklist5_others *(required)*	• Blood Glucose Machine (others) *Question relevant when: selected(${checklist5} , 3)*	
checklist6_others *(required)*	• Audio Recorder (others) *Question relevant when: selected(${checklist6} , 3)*	
checklist8_others *(required)*	• Referral Leaflet (others) *Question relevant when: selected(${checklist8} , 3)*	
checklist9_others *(required)*	• Support Letter (others) *Question relevant when: selected(${checklist9} , 3)*	
checklist10_others *(required)*	• Identity Card (others) *Question relevant when: selected(${checklist10} , 3)*	
checklist11_others *(required)*	• Smartwatch (others) *Question relevant when: selected(${checklist11} , 3)*	
checklist12_others *(required)*	• Switchbot Meter (others) *Question relevant when: selected(${checklist12} , 3)*	
checklist13_others *(required)*	• Spirobank (others) *Question relevant when: selected(${checklist13} , 3)*	
checklist14_others *(required)*	• Vest (others) *Question relevant when: selected(${checklist14} , 3)*	
checklist15_others *(required)*	• Consumable items (*Strip, Lancet, Biohazard Bin, Biohazard bag and Glove*) (others) *Question relevant when: selected(${checklist15} , 3)*	
note_last *(required)*	**Please put the items and project items back into the SEACO bag after use.**	
HouseDetails_photo *(required)*	316. Do you have permission to take the outside photograph of the dwelling?	1 Yes 2 No
HouseDetails_photo_agree *(required)*	317. Take a photograph of the outside of the dwelling *Please include the roof of the house in the picture.* *Question relevant when: ${HouseDetails_photo} =1*	
PARTICIPANT UNWILLING *Group relevant when: ${residents_agree} =2*		
typeOfRejection *(required)*	312. Type of Rejection:	1 Reject DC 2 Reject DCS 3 Reject Door Knocker -99 Other
typeOfRejection_other1 *(required)*	312.1 Please specify other. *Question relevant when: ${typeOfRejection} =-99*	
rejectionreq *(required)*	313. In your opinion, would rejection revisit by another data collector or door knocker or DC Supervisor change the status?	1 Yes 2 No
reasonGive *(required)*	314. Is the reason of refusal from:	1 Observation 2 Respondent answer
categoryRejectChoose *(required)*	315. Category of reject	1 No interest in survey (don't feel interview/research is necessary) 2 Complete avoidance (ex:Respondent at home but didn't give response/did not have a chance to introduce) 3 Not a suitable time (Grief / in the period of mourning/ busy with other work) 4 Too frequent visits from SEACO 5 Concerning of data privacy 6 Appointments scheduled but eventually refused with no reason 7 Others
typeOfRejection_other *(required)*	316. Please state other type of rejection *Question relevant when: ${categoryRejectChoose} =7*	
reasonOthers *(required)*	317. Please specify other category of reject? *Question relevant when: ${categoryRejectChoose} =7*	
PARTICIPANT INCAPABLE DUE TO CHRONIC ILLNESS *Group relevant when: ${residents_agree} =5*		
residents_chronic *(required)*	318. Chronic condition(s) *Question relevant when: ${residents_agree} =5*	1 Cancer 2 Cardiovascular diseases

Field	Question	Answer
		3 Chronic respiratory diseases
		4 Diabetes
		5 Dementia
		6 Other
PARTICIPANT INCAPABLE DUE TO CHRONIC ILLNESS > PARTICIPANT INCAPABLE DUE TO CHRONIC ILLNESS		
residents_chronic_other *(required)*	318.1 Please specify chronic condition other. *Question relevant when: selected(${residents_chronic} , 6)*	
residents_cancer *(required)*	319. Cancer type *Question relevant when: selected(${residents_chronic} , 1)*	1 Breast 2 Lung 3 Colorectal 4 Nasopharyngeal 5 Liver 6 Other
residents_cvd *(required)*	320. CVD type. *Question relevant when: selected(${residents_chronic} , 2)*	1 Stroke 2 Heart failure 3 Ischemic heart disease
residents_respi *(required)*	321. Chronic respiratory condition. *Question relevant when: selected(${residents_chronic} ,3)*	1 Asthma 2 COPD
agree_resident3other		
other_cancer *(required)*	319.1 Please specify cancer type other. *Question relevant when: selected(${residents_cancer} ,6)*	
PARTICIPANT INCAPABLE FOR OTHER REASON *Group relevant when: ${residents_agree} =6*		
residents_agree_other *(required)*	322. Please specify other *Question relevant when: ${residents_agree} =6*	
PARTICIPANT MOVED *Group relevant when: ${residents_agree} =7*		
residents_move *(required)*	323. Where did this household move to?	1 Within the mukim 2 Within the daerah Segamat 3 To Johor Bahru 4 Somewhere else within Johor 5 To Kuala Lumpur 6 Somewhere else within Malaysia 7 Singapore 8 Another country
PARTICIPANT PASSED AWAY *Group relevant when: ${residents_agree} =8*		
residents_dod	324. Date passed away. *For those respondent who do not know the exact date of death (please fill in May 31 and the year of death).* *Question relevant when: ${residents_agree} =8*	
residents_pod *(required)*	325. Where did [Residents_name] pass away? *Question relevant when: ${residents_agree} =8*	1 Hospital 2 Other health facility 3 Home 4 A relative or friend's home 5 Other -8 Do not know -9 Refused to answer
residents_pod_other *(required)*	325.1 Please specify other. *Question relevant when: ${residents_pod} =5*	
residents_passed *(required)*	326. Cause of death. *Question relevant when: ${residents_agree} =8*	
category *(required)*	Category of field note:	1 Health and medicine 2 Household information 3 No respond/feedback 4 Technical 5 Respondent's feedback 6 Academic achievement 7 Communication 9 Respondent's complaint -99 None -8 Others
resonCat		
categoryReason1 *(required)*	Health and medicine *Question relevant when: selected(${category} , 1)*	1 Respondents/households are facing health problems/infirmities. 2 Respondents/households are disabled (deaf/mute/blurred vision/blind/mental/paralyzed/learning

Field	Question	Answer		
				problems/hearing problems/down syndrome).
			3	Convulsions
			-8	Others
categoryReason2 *(required)*	Household information *Question relevant when: selected(${category} , 2)*		1	Household IC number/date of birth is incomplete.
			2	The identity card (IC/ MyKid) is not with the head of the household/ with other household representatives (mother/ father) who keep it.
			3	Male respondents but the end of the IC number is even numbered/ female but the end of the IC number is odd numbered.
			4	Forgot household ic/ mykid number.
			-8	Others
categoryReason3 *(required)*	No respond/feedback *Question relevant when: selected(${category} , 3)*		1	House under construction/ renovation/ demolished/ dilapidated.
			2	The house is a homestay/ boarding house/ charity house/ place of prayer/ office/ bird house/ store/ other functions of the house.
			3	Unoccupied residence.
			4	Door open/ window/ TV open but no occupants come out.
			5	Parents/guardians are not at home.
			6	Respondents return home once a month.
			7	Respondents are on holiday/ work/ are at home erratically/ rarely/ hard to meet.
			8	Respondent has moved.
			9	The respondent is only at night.
			-8	Others
categoryReason4 *(required)*	Technical *Question relevant when: selected(${category} , 4)*		1	IC Scanner is not working.
			2	The barcode failed to be scanned because it was torn/covered with scratches/paint/faded/too high/lost/unable.
			-8	Others
categoryReason5 *(required)*	Respondent's feedback *Question relevant when: selected(${category} , 5)*		1	The respondent cooperated well.
			2	Respondents are busy and don't have time.
			3	Respondents are not interested in participating.
			4	Children/parents/husband/guardians do not give permission.
			5	Respondents answered the questions quickly/carelessly (willingly or unwillingly).
			6	Respondents refused to share salary information.
			7	Reluctant to give ic number.
			8	Not staying at home (only a certain period of time will be at home).
			9	The respondent lives alone at home.
			10	The respondent (police) told the authorization letter was invalid.
			11	Respondents are not comfortable sharing about spirituality/religion.
			12	I don't believe it because there are cases of people wearing vests coming to the house to check gas/ doing suspicious things.
			-8	Others
categoryReason6 *(required)*	Academic achievement *Question relevant when: selected(${category} , 6)*		2	The respondent attends a private school.

Field	Question	Answer		
			3	Respondents attending schools outside Malaysia (eg Indonesia, Myanmar, Vietnam, Singapore) level of school education.
			-8	Others
categoryReason7 *(required)*	Communication *Question relevant when: selected(${category} , 7)*		1	Respondents do not/poorly understand/fluent Malay.
			2	The respondent was too old/ did not go to school and did not understand the question.
			-8	Others
categoryReason9 *(required)*	Respondent's complaint *Question relevant when: selected(${category} , 9)*		1	The respondent was angry and asked not to come again.
			2	Too many questions and taking too long.
			3	SEACO always comes.
			4	Repelling DC.
			5	The respondent himself does not get any benefit.
			-8	Others
remarks *(required)*	Please specify other. *Question relevant when: selected (${category} ,-8)*			
resonCatOther				
categoryReasonOther1 *(required)*	Health and medicine *Question relevant when: selected(${categoryReason1} , -8)*			
categoryReasonOther2 *(required)*	Household information *Question relevant when: selected(${categoryReason2} , -8)*			
categoryReasonOther3 *(required)*	No respond/feedback *Question relevant when: selected(${categoryReason3} , -8)*			
categoryReasonOther4 *(required)*	Technical *Question relevant when: selected(${categoryReason4} , -8)*			
categoryReasonOther5 *(required)*	Respondent's feedback *Question relevant when: selected(${categoryReason5} , -8)*			
categoryReasonOther6 *(required)*	Academic achievement *Question relevant when: selected(${categoryReason6} , -8)*			
categoryReasonOther7 *(required)*	Communication *Question relevant when: selected(${categoryReason7} , -8)*			
categoryReasonOther9 *(required)*	Respondent's complaint *Question relevant when: selected(${categoryReason9} , -8)*			
mukim_note *(required)*	Please select district		1	Bekok
			2	Chaah
			3	Gemereh
			4	Jabi
			5	Sungai Segamat
trigger_6 *(required)*	Health Round questions completed. *Save the form* and close			