Annex C
Survey Questionnaire

Ministry of Health

Survey ID : ☐☐☐☐☐☐☐

NATIONAL HEALTH SURVEY 2004
MINISTRY OF HEALTH
SURVEY QUESTIONNAIRE

1. REGISTRATION

Identification

Could you please show me the invitation letter and your NRIC, so that we can properly identify you?

1000. Name: _____

1001. NRIC No.: ☐ ☐☐☐☐☐☐☐☐ ☐

1002. Date of registration (dd – mm – yyyy) ☐☐☐☐☐☐☐☐
D D M M Y Y Y Y

1003. Polyclinic

Yishun	.....	**NC**
Hougang	.....	**HG**
Ang Mo Kio	.....	**AM**
Outram	.....	**TG**
Tampines	.....	**TM**
Bukit Batok	.....	**BK**

☐☐

1004 Gender

Male	.....	**1**
Female	.....	**2**

☐

1005. Ethnic group

Chinese	.....	**1**
Malay	.....	**2**
Indian	.....	**3**

☐

1006. Address: _____

_____

1007. Age: _____ years

Fasting Status

1100. At what time did you last eat or drink (except plain water only)? ☐ hrs ☐ mins

1100a) Remarks

_____

_____

_____

_____

_____

_____

Diabetic Status

1101. Have you ever been told by a doctor (western-trained) you have diabetes?

Yes..... **1**

No..... **2** *(Proceed with OGTT)*

Don't know..... **8** *(Proceed with OGTT)* ☐

1101a) Are you currently on regular diabetic medication from your doctor (western-trained)?

Yes..... **1** *(Exempted from OGTT)*

No..... **2** *(Proceed with OGTT)* ☐

2. DEMOGRAPHICS

I would like to start by asking you some background questions before asking you questions on your health. All information provided is confidential and will only be used for research purposes.

2000. Record sex as observed
<CONFIRM IF UNSURE>

Male **1**

Female ..... **2** ☐

2001. What is your Date of Birth? ☐☐☐☐☐☐☐☐
D D M M Y Y Y Y

2002. What is your current martial status?

Never married **1**

Currently married **2**

Separated **3**

Divorced **4**

Widowed **5**

Refused ..... **7** ☐

2003. What is the highest level of education* that you have attained?
<USE SHOWCARD>

No forma / qualifications / primary..... **1**

PSLE **2**

Secondary **3**

'O' / 'N' level **4**

'A' level **5**

Polytechnic diploma **6**

Other diploma & professional qualification..... **7**

University..... **8**

Refused .....**777** ☐

*Refers to the highest level or standard which a person had passed or attained and awarded a certificate, either through attendance at an institution of learning or through correspondence or self-study.

2004. What is your main work status over the last 12 months?

Working (record occupation below)..... **1**

Student (full-time) **2**

National Service **3**

Homemaker/Housewife **4**

Retired (record previous occupation below) **5**

Unemployed (able to work)(record previous occupation below)..... **6**

Unemployed (unable to work)*..... **7**
*due to disability or other medical conditions

Refused..... **777** ☐

Occupation : _____

_____

2005. Over the last 12 months, can you tell me what has been the average earnings (S$) of your household per month? <USE SHOWCARD>

Below 2,000 per month **1**

2,000 - 3,999 per month **2**

4,000 - 5,999 per month **3**

6,000 - 9,999 per month **4**

10,000 & above **5**

Refused **7**

Don't know ..... **8** ☐

2006. Remarks

_____

_____

_____

_____

_____

3. PHYSICAL ACTIVITY

Please think about the time you spend doing work. Think of work as the things that you **have to do** such as paid or unpaid work, and household chores [or looking for a job].

3000. Does your work involve mostly sitting and / or standing?
(with walking less than 10 minutes at a time)

Yes ..... **1** *(Go to Q.3005)*

No..... **2** ☐

3001. Does your work involve vigorous activity, like [heavy lifting, digging or construction work] for at least 10 minutes at a time?
<USE SHOWCARD>

Yes **1**

No..... **2** *(Go to Q.3003)* ☐

3002. In a typical week, on how many days do you do vigorous activities as part of your work?

_____ Days a week

3002a). On a typical day on which you do vigorous activity, how much time (in total) do you spend doing such work? ☐ hrs ☐ mins

3003. Does your work involve moderate-intensity activity, like [mopping the floor or carrying light loads] for at least 10 minutes at a time?
<USE SHOWCARD>

Yes..... **1**

No..... **2** *(Go to Q.3005)* ☐

3004. In a typical week, on how many days do you do moderate-intensity activities as part of your work?

_____ Days a week

3004a). On a typical day on which you do moderate-intensity activities, how much time (in total) do you spend doing such work? ☐ hrs ☐ mins

3005. How long is your typical work day? (including time spent on household chores) ☐ hrs

Other than the activities that you have already mentioned, I would like to ask you about the way you travel to and from places. For example, to work, for shopping, to market, or to [church, temple or mosque] or going out for lunch.

3006. Do you walk for at least 10 minutes continuously to travel from one place to another?

Yes..... **1**

No..... **2** *(Go to Q.3100)* ☐

3007. In a usual week, on how many days do you walk for at least 10 minutes at a time from one place to another?

days a week *(If 0, go to Q.3100)* ☐ days

3007a). On a typical day when you walk for at least 10 minutes at a time, how much time in total do you spend walking? ☐ hrs ☐ mins

Next, I would like to ask you about activities you do in your leisure time. Think about activities you do for recreation, fitness or sports. Do not include the physical activities you do at work or for travel mentioned already.

3100. In the past 3 months, did you participate in any sports, exercise or walking during your leisure time?

Yes..... **1** *(Go to Q.3100b)*

No..... **2** *(Go to Q.3100a)* ☐

If NO :

3100a). What is your main reason for not doing any leisure physical activity?
<DO NOT READ OUT>

No time due to work / family commitment..... **1**

No companion to exercise with **2**

Too lazy..... **3**

Too tired because of work commitment etc..... **4**

Too old **5**

Poor health..... **6**

Doctor advise not to exercise..... **7**

Have enough exercise at work **8**

Lack of facilities **9**

Weather is too hot / humid..... **10**

Others (specify) : _____..... **11** ☐

_____

Go to Q.4000

3100b). **If YES :**
In the past 3 months, what were the sports or exercise that you participated in? <READ OUT ONLY 1 to 11>

No.	Activities	Frequency (no. of sessions per week)	Duration per session (mins)	Intensity* 1 light 2 moderate 3 vigorous
1	Running or jogging			
2	Swimming			
3	Walking (for leisure)			
4	Soccer			
5	Badminton			
6	Cycling			
7	Gym-workout (weights)			
8	Gym-workout (treadmill, power rider, stationary bike)			
9	Basketball			
10	Golf			
11	Tennis			
12	Aerobic exercise			
13	Billards / Snooker / Pool			
14	Bowling			
15	Body building / weight lifting			
16	Canoeing or rowing			
17	Dancing (all forms)			
18	Hiking / Mountain climbing			
19	Martial Arts / Taekwando / Karate / Judo / Silat / Lion Dance			
20	Netball			
21	Roller skate / In-line skating / Ice skating / Roller blading / Skate boarding			
22	Rock climbing			
23	Rugby			
24	Sailing (including yachting)			
25	Sepak takraw			
26	Softball			
27	Squash			
28	Stretching and muscle toning exercise (sit-up, push up, knee bending, leg stretching)			
29	Taichi / Qigong			
30	Table tennis			
31	Yoga			
	Others Sports			
32	Others (specify) :			
33	Others (specify) :			
34	Others (specify) :			
35	Others (specify) :			

* **Vigorous** physical activities - make you breathe **much harder** than normal **1**
Moderate physical activities - make you breathe **somewhat harder** than normal **2**
Light physical activities - **no change** in breathing pattern **3**

4. CIGARETTE SMOKING

4000. Have you ever smoked cigarettes?

Yes..... **1**

No..... **2** *(Go to Q.5000)* ☐

If YES :
Now I would like to ask you some questions about your smoking.

4001. Have you ever smoked at least 100 cigarettes (about 5 packs) in your lifetime?

Yes..... **1**

No..... **2** *(Go to Q.5000)* ☐

4002. Have you ever smoked cigarettes daily?

Yes..... **1**

No ..... **2** *(Go to Q.5000)* ☐

4003. Do you smoke now?

Daily*..... **1** *(Go to Q.4004) [Daily Smoker]*

Occasionally..... **2** *(Go to Q.5000)*

Have stopped smoking completely... **3** *(Go to Q.4011) [Ex-Smoker]* ☐

*includes respondents who have to stop smoking daily temporarily because of religious fasting or medical reasons

Daily Smoker Only

4004. On average, how many cigarettes do you smoke per day? ☐☐ cigarettes

4005. How old were you when you first tried (ie, experimented with) smoking? ☐☐ years old

4006. At what age did you start smoking daily? ☐☐ years old

4007. What is your main reason for smoking now?
<DO NOT READ OUT>

To feel **relaxed** / to **relieve stress** / to help me cope with problems..... **1**

To help me **concentrate** **2**

Would feel **unbearable** if I do not smoke..... **3**

Smoking is **enjoyable** **4**

Boredom..... **5**

To feel **confident** / **grown up** / important **6**

To be like my **family members** / relatives..... **7**

To model **film** / **TV stars**..... **8**

To **be like** / to **impress** my boyfriend / girlfriend / friends / colleagues..... **9**

To **entertain** clients / friends..... **10**

Others (specify) :_____..... **11** ☐

4008. Which of the following best describes you?
(Choose only one answer) <USE SHOWCARD>

I plan to quit smoking within the next month..... **1**

I plan to quit smoking within the next 6 months..... **2**

I plan to quit smoking within the next 12 months..... **3**

I plan to quit smoking within the next 5 years..... **4**

I plan to quit smoking sometime in the future..... **5**

I do not plan to quit smoking at all but plan to cut down on the number of cigarettes smoked **6**

I do not plan to quit smoking at all and do not plan to cut down on the number of cigarettes smoked..... **7** ☐

4009. Have you abstained from smoking for a period of at least 24 hours in the past 12 months?

Yes..... **1**

No..... **2** ☐

4010. How many times did you try quitting smoking during the past 12 months? ☐ times

Go to Q.5000

Ex-Smoker Only

4011. How long has it been since you last smoked daily? ☐☐ years ☐☐ months

4012. How long did you smoke daily before you gave up smoking? ☐☐ years ☐☐ months

4013. What was the main reason for which you stopped smoking completely?
<DO NOT READ OUT>

Advised to stop smoking by my **doctor**..... **1**

Learnt about the **harmful effects** of smoking..... **2**

Health reasons / experienced the ill effects of smoking..... **3**

Concerned about the health of those around me (through **passive smoking)**..... **4**

Cigarettes have become too **expensive** **5**

Smoking is a **waste of money**..... **6**

Pressure / advice to stop from **family / friends / colleagues**..... **7**

No particular reason / decided to give up **voluntarily**..... **8**

Others (specify) : _____ ..... **9** ☐

_____

4014. How did you quit smoking? <DO NOT READ OUT LOUD>

1. Abstained from smoking on own accord ☐
2. Attended smoking cessation programme in public / private hospitals ☐
3. Attended smoking cessation programme in public / private clinics ☐
4. Through counselling ☐
5. By nicotine replacement therapy (e.g. nicotine patch, inhaler) ☐
6. By herbal remedy ☐
7. Used acupuncture ☐
8. Used medication (e.g. Bupropion / Zyban) ☐
9. Other methods (specify) : _____ ☐

_____

4015. How many times did you try to quit smoking before you succeeded? ☐ times

Go to Q.5000

5. ALCOHOL CONSUMPTION

5000. Have you ever consumed alcohol?

Yes..... **1**

No..... **2** *(Go to Q.6000)* ☐

5001. Have you consumed alcohol within the past 12 months?

Yes..... **1**

No..... **2** *(Go to Q.6000)* ☐

5002. What is your main alcoholic drink? *(One answer only)*

Beer..... **1**

Stout..... **2**

Wines (champagne, port)..... **3**

Spirits (gin, whisky, rum, brandy, vodka)..... **4**

No specific preference..... **5** ☐

5003. In the past 12 months, how frequently have you had at least one drink? <READ RESPONSES> <USE SHOWCARD>

5 or more days a week **1**

1-4 days per week..... **2**

1-3 days a month..... **3**

Less than once a month..... **4** ☐

5004. When you drink alcohol, on average, how many drinks do you have during one day? <USE SHOWCARD> ☐ drinks

5005. During the past month, have you ever had 5 drinks or more in any one drinking session?

Yes..... **1**

No..... **2** *(Go to Q.6000)* ☐

If YES :

5006. How many times? ☐ times

6. DIABETES

6000. Has anyone in your family ever had diabetes?

Yes..... **1**

No..... **2** *(Go to Q.6001)*

Don't know ..... **8** *(Go to Q.6001)* ☐

If YES :

6000a) Can you tell me who in your family had diabetes?

1. Father ☐
2. Mother ☐
3. Brother ☐
4. Sister ☐
5. Son ☐
6. Daughter ☐

6001. Have you ever been told by a doctor that you have diabetes?

Yes..... **1**

No..... **2** *(Go to Q.7000)*

Don't know..... **8** *(Go to Q.7000)* ☐

6001a) What type of medication are you on?

None..... **1**

Insulin injections..... **2**

Oral hypoglycemic agents..... **3**

Both insulin injections & oral hypoglycemic agents..... **4**

Others (specify): _____ **5**

Refused..... **7**

Don't know..... **8** ☐

6001b) How many years have you had diabetes? ☐☐ years

6001c) What do you do to control your diabetes?
<READ OUT> <USE SHOWCARD>

1. Lose weight / maintain ideal weight ☐
2. Reduce intake of sugar, rice, bread ☐
3. Increase intake of wholemeal bread, brown rice, vegetables and high fibre food ☐
4. Reduce fat intake ☐
5. Cutting down / stop smoking ☐
6. Exercise ☐
7. None ☐

6002. About how often do you check your blood for glucose or sugar yourself?
Include times when checked by family member or friend, but do not include times when checked by health professional.

☐ times

per day..... **1**

per week..... **2**

per month..... **3**

Don't know..... **8** ☐

6003. About how many times in the past 12 months have you seen a doctor for your diabetes?

Don't know **888**

☐ times

6004. Where do you seek treatment for your diabetes most of the time?

Private GP **1**

Government polyclinic..... **2**

Specialist outpatient clinic (restructured hospital)..... **3**

Specialist outpatient clinic (private hospital)..... **4**

Others (specify) : _____..... **5**

_____

None..... **6** ☐

7. HYPERTENSION

7000. Has anyone in your family ever had high blood pressure?

Yes..... **1**

No ..... **2** *(Go to Q.7001)*

Don't know..... **8** *(Go to Q.7001)* ☐

If YES :

7000a) Can you tell me who in your family had high blood pressure?

1 Father ☐

2 Mother ☐

3 Brother ☐

4 Sister ☐

5 Son ☐

6 Daughter ☐

7001. Have you ever been told by a doctor that you have high blood pressure?

Yes..... **1**

No ..... **2** *(Go to Q.8000)*

Don't know..... **8** *(Go to Q.8000)* ☐

7001a) How many years have you had high blood pressure? ☐ years

7001b) Does your doctor currently prescribe tablets for your high blood pressure?

Yes..... **1**

No ..... **2** ☐

7001c) What do you do to control your blood pressure?
<READ OUT> <USE SHOWCARD>

1. Lose weight ☐
2. Reduce salt intake ☐
3. Reduce fat intake ☐
4. Exercise ☐
5. Cutting down / stop smoking ☐
6. Reduce/cope with stress ☐
7. None ☐

7001d) How long ago was your most recent blood pressure check done?

Less than 1 month..... **1**

1 to 3 months..... **2**

4 to 6 months..... **3**

More than 6 months..... **4** ☐

7002. About how many times in the past 12 months have you seen a doctor for your high blood pressure?

Don't know..... **888** ☐ times

7003. Where do you seek treatment for your high blood pressure most of the time?

Private GP..... **1**

Government polyclinic..... **2**

Specialist outpatient clinic (restructured hospital)... **3**

Specialist outpatient clinic (private hospital)..... **4**

Others (specify) : _____..... **5**

None ..... **6** ☐

8. HEALTH CONDITIONS

8000. Have you ever been told by a doctor that you have chest pain due to heart problems?

Yes..... **1**

No **2**

Refused..... **7**

Don't know / Not sure..... **8** ☐

8001. Have you ever been told by a doctor that you had a heart attack?

Yes..... **1**

No **2**

Refused..... **7**

Don't know / Not sure..... **8** ☐

8002. Have you ever been told by a doctor that you had a stroke?

Yes..... **1**

No **2**

Refused..... **7**

Don't know / Not sure..... **8** ☐

8003. In the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint (e.g. hip, knee, shoulder, elbow, wrist, fingers)?

Yes..... **1**

No ..... **2** *(Go to Q.8004)* ☐

If YES:

8003a) Were these symptoms present on most days for at least one month?

Yes..... **1**

No ..... **2** ☐

8003b) Did these symptoms start **only** because of an injury?

Yes..... **1**

No ..... **2** ☐

8003c) Were you limited in your usual activities because of joint symptoms?

Yes..... **1**

No ..... **2** ☐

8004. Have you ever been told by a doctor that you have arthritis?

Yes..... **1**

No **2**

Refused..... **7**

Don't know / Not sure..... **8** ☐

8005. In the past 12 months, have you had neck pain that lasted a whole day or more?

Yes..... **1**

No..... **2** *(Go to Q.8006)* ☐

If YES:

8005a) Were you limited in your usual activities because of neck pain?

Yes..... **1**

No..... **2** ☐

8006. In the past 12 months, have you had low back pain that lasted a whole day or more?

Yes..... **1**

No..... **2** *(Go to Q.8010)* ☐

If YES:

8006a) Did this pain spread down either leg to areas below the knees?

Yes..... **1**

No..... **2** ☐

8006b) Were you limited in your usual activities because of low back pain?

Yes..... **1**

No..... **2** ☐

IF RESPONDENT IS AGED 40 YEARS AND OLDER, GO TO Q.8010.
IF NOT, GO TO Q.8011.

FOR RESPONDENTS 40 YEARS AND OLDER

8010. Have you ever been told by a doctor that you had broken or fractured your bone after age 40?

Yes..... **1**

No..... **2** *(Go to Q.8011)* ☐

If YES:

8010a) How many times have you fractured your bone(s)? ☐ times

For fracture 1:

8010b)i) Which part of the body did you fracture?

Hip	1
Spine	2
Wrist	3
Others	4
Don't know / Not sure	8

If others: specify: _____ ☐

8010c)i) How old were you when you fractured your bone(s)? ☐☐ years old

8010d)i) What was the cause of your fracture?

Fall from standing height or less	1
Harder fall	2
Car accident / other severe trauma	3
Others	4
Don't know / Not sure	8

If others: specify: _____ ☐

For fracture 2:

8010b)ii) Which part of the body did you fracture?

Hip	1
Spine	2
Wrist	3
Others	4
Don't know / Not sure	8

If others: specify: _____ ☐

8010c)ii) How old were you when you fractured your bone(s)? ☐☐ years old

8010d)ii) What was the cause of your fracture?

Fall from standing height or less	1
Harder fall	2
Car accident / other severe trauma	3
Others	4
Don't know / Not sure	8

If others: specify: _____ ☐

For fracture 3:

8010b)iii) Which part of the body did you fracture?

Hip	1
Spine	2
Wrist	3
Others	4
Don't know / Not sure	8

If others: specify: _____ ☐

8010c)iii) How old were you when you fractured your bone(s)? ☐☐ years old

8010d)iii) What was the cause of your fracture?

Fall from standing height or less	1
Harder fall	2
Car accident / other severe trauma	3
Others	4
Don't know / Not sure	8

If others: specify: _____ ☐

For fracture 4:

8010b)iv) Which part of the body did you fracture?

Hip..... **1**

Spine..... **2**

Wrist..... **3**

Others..... **4**

Don't know / Not sure..... **8** ☐

If others: specify:_____

8010c)iv) How old were you when you fractured your bone(s)? ☐☐ years old

8010d)iv) What was the cause of your fracture?

Fall from standing height or less..... **1**

Harder fall..... **2**

Car accident / other severe trauma..... **3**

Others **4**

Don't know / Not sure..... **8** ☐

If others: specify:_____

8011. Have you ever been told by a doctor that you have asthma?

Yes..... **1**

No..... **2** *(Go to Q.8012)* ☐

If YES:

8011a) How old were you when you were first told you had asthma? ☐☐ years old

8011b) During the last 12 months, have you had an episode of asthma or an asthma attack?

Yes..... **1**

No..... **2** *(Go to Q.8012)* ☐

If YES:

8011c) During the last 12 months, how many times did you have to visit A&E or a doctor's clinic for urgent treatment of asthma?

(If 0 times, go to Q.8011e)

☐ times

8011d) During the last 12 months, how many times were you hospitalised for treatment of asthma?

☐ times

8011e) Over the past 1 month, on average, how many times **per week** do you need to use your inhaler medication for quick relief of asthma symptoms?

times per week

☐ times

8011f) During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep?

☐ days

8011g) Are you taking a preventive medication for asthma everyday?

Yes..... **1**

No..... **2**

Don't know / Not sure..... **8**

☐

8012. Have you ever been told by a doctor that you have high blood cholesterol or lipids?

Yes..... **1**

No..... **2**

Refused..... **7**

Don't know / Not sure..... **8**

☐

8013. Have you ever been told by a doctor that you are overweight or you need to lose weight?

Yes..... **1**

No..... **2**

Refused..... **7**

Don't know / Not sure..... **8**

☐

IF RESPONDENT IS FEMALE & AGED 40 YEARS AND OLDER, GO TO Q.8014.
IF NOT, GO TO Q.8016.

8014. Have your periods stopped, because of menopause?

Yes..... **1**

No..... **2**

Refused..... **7**

Don't know / Not sure..... **8** ☐

8015. Female hormones may be taken during or after menopause. Have you ever used female hormones?
Please do not include birth control methods.

Yes..... **1**

No..... **2** (*Go to Q.8016)*

Refused..... **7** *(Go to Q.8016)*

Don't know / Not sure..... **8** *(Go to Q.8016)* ☐

If YES:

8015a) Are you currently still using female hormones?

Yes..... **1**

No..... **2**

Refused..... **7**

Don't know / Not sure..... **8** ☐

8016. Have you ever suffered from the following:
(Tick the boxes accordingly)

	Yes	No	Don't Know / Not sure
Dengue fever			
Hepatitis B			

8017. Have you previously had vaccination for the following:
(Tick the boxes accordingly)

	Yes	No	Don't Know / Not sure
Chickenpox			
Measles			
Mumps			
Rubella (German measles)			
Hepatitis B			

9. HEALTH SCREENING PROGRAMMES

I would like to ask for your opinions on some health screening programmes and whether you have participated in these programmes.

Community Health Screening

9000. Can you tell me which health conditions are important for a person aged 50 years and above to have health screening/check up for? <DO NOT READ OUT>

1. Heart disease ☐
2. High blood cholesterol ☐
3. High blood pressure ☐
4. Diabetes ☐
5. Breast cancer ☐
6. Cervical cancer ☐
7. Colon cancer ☐
8. Liver cancer ☐
9. Lung cancer ☐
10. Osteoporosis ☐
11. Arthritis ☐
12. Obesity ☐
13. Others (specify) : _____ ☐

_____

IF RESPONDENT IS MALE & AGED 40 YEARS AND OLDER, GO TO Q.9008.
IF RESPONDENT IS MALE & AGED LESS THAN 40 YEARS, GO TO Q.10000.

FOR FEMALE RESPONDENTS ONLY

Cervical Cancer Screening

9001. Do you know what is a PAP smear?

Yes..... **1**

No..... **2** *(Go to Q.9002)*

Not sure..... **9** ☐

If YES or NOT SURE:

9001a) Can you describe to me what you think a PAP smear test is?
<DO NOT READ OUT>

Test for **detecting cervical cancer** but don't know exactly what it involves **1**

Examination of the **cervix** to detect cervical cancer **2**

Examination of the **womb** to detect cervical cancer **3**

Test involving the **scrapping of cells** from the cervix / mouth of womb to detect cervical cancer **4**

Test involving the scrapping of cells from the cervix / mouth of womb for **microscopic examination** to detect cervical cancer **5**

It's a test to **check** if my womb / cervix is **all right** **6**

Others (specify) : _____ ..... **7** ☐

_____

9002. <READ OUT TO RESPONDENT>
A PAP smear test is a simple test involving the scrapping of cells from the mouth of the womb. This test is done to detect cervical cancer.

Have you ever had a PAP smear test?

Yes..... **1** *(Go to Q.9002a)*

No..... **2** *(Go to Q.9002b)*

Don't know..... **8** *(Go to Q.9003)* ☐

If YES:

9002a) i) How long ago did you have your last smear done?

1 year ago or less..... **1**

More than 1 year to 2 years.... **2**

More than 2 years to 3 years.. **3**

More than 3 years to 4 years.. **4**

More than 4 years to 5 years.. **5** ☐

More than 5 years..... **6**

ii) Where did you go for your last PAP smear?

Polyclinic	1	☐
General practitioner	2	
National University Hospital	3	
Tan Tock Seng Hospital	4	
Singapore General Hospital	5	
Changi General Hospital	6	
KK Women's and Children's Hospital	7	
Others (specify) : _____	8	

iii) Why did you go for your last PAP smear test?
<DO NOT READ OUT>

1. Know the **importance** of screening ☐
2. Have current / previous **gynaecological problem** ☐
3. Advised by **doctors / nurses** ☐
4. My **family members / friends / colleagues** encouraged me ☐
5. **Read / heard** about it ☐
6. Received a **letter** to encourage me to go for screening ☐
7. **Ad-hoc** health screening ☐
8. **Routine** check-up ☐
9. Others (specity): _____ ☐

(Go to Q.9003)

If NO:

9002b) What are your reasons for not doing a PAP smear test?
<DO NOT READ OUT>

1. **Never heard** about it ☐
2. **Not necessary** as I am **healthy** ☐
3. **Not at risk** ☐
4. Too **old** ☐

5. Too **young** ☐

6. Too **expensive** ☐

7. Afraid of possible **side effects** ☐

8. **Afraid** of **knowing results** ☐

9. **Inconvenient** (e.g. need to take leave, clinic / hospital too far away, wait at clinic / hospital may be long, English signs at clinic / hospital too confusing, etc.) ☐

10. **Not important** ☐

11. **Not effective** in detecting cervical cancer ☐

12. **Cannot do anything** if cervical cancer is detected ☐

13. Don't know **where** to go ☐

14. Don't have **companion** to go ☐

15. **Painful** test ☐

16. **Embarrassing** (e.g. need to undress for the procedure, operator may not be female) ☐

17. **Fated** if I get cervical cancer ☐

18. **Not sexually active** ☐

19. Others (specify) :_____ ☐

_____

Breast Cancer Screening

9003. Do you know what is a mammogram?

Yes..... **1**

No..... **2** (*Go to Q.9005)*

Not sure..... **8** ☐

If YES or NOT SURE:

9004. Can you describe to me what you think is a mammogram?
<DO NOT READ OUT>

Test for **detecting breast cancer** but don't know exactly what it involves..... **1**

X-ray of the breast for detecting breast lumps / cancer..... **2**

Others (specify): _____ ..... **3** ☐

_____

9005. <READ OUT TO RESPONDENT>
A mammogram is an x-ray of each breast to look for breast cancer.

Have you ever had a mammogram?

Yes..... **1** *(Go to Q.9005a)*

No..... **2** *(Go to Q.9005b)*

Don't know..... **8** *(Go to Q.9006)* ☐

If YES:

9005a) i) How long has it been since you had your last mammogram?

1 year ago or less..... **1**

More than 1 year to 2 years.... **2**

More than 2 years to 3 years... **3**

More than 3 years to 4 years... **4**

More than 4 years to 5 years... **5**

More than 5 years..... **6** ☐

ii) Where did you go for your last mammogram?

Polyclinic..... **1**

National University Hospital..... **2**

Tan Tock Seng Hospital..... **3**

Singapore General Hospital /
National Cancer Centre..... **4**

Changi General Hospital..... **5**

Mount Elizabeth Hospital..... **6**

Gleneagles Hospital..... **7**

Others (specify) : _____ ..... **8** ☐

iii) Why did you go for your last mammogram?
<DO NOT READ OUT>

1. Know the **importance** of screening ☐
2. Have current / previous **gynaecological problem** ☐
3. Advised by **doctors / nurses** ☐
4. My **family members / friends / colleagues** encouraged me ☐

5. **Read / heard** about it ☐
6. Received a **letter** to encourage me to go for screening ☐
7. **Ad-hoc** health screening ☐
8. **Routine** check-up ☐
9. Others (specify) : _____ ☐

(Go to Q.9006)

If NO:

9005b) What are your reasons for not doing a mammogram?
<DO NOT READ OUT>

1. **Never heard** about it ☐
2. **Not necessary** as I am **healthy** ☐
3. **Not at risk** ☐
4. Too **old** ☐
5. Too **young** ☐
6. Too **expensive** ☐
7. Afraid of possible **side effects** ☐
8. **Afraid** of knowing results ☐
9. **Inconvenient** (e.g. need to take leave, clinic/hospital too far away, wait at clinic/hospital may be long, English signs at clinic/hospital too confusing, etc.) ☐
10. **Not important** ☐
11. **Not effective** in detecting breast cancer ☐
12. **Cannot do anything** if breast cancer is detected ☐
13. Don't know **where** to go ☐
14. Don't have **companion** to go ☐
15. **Painful** test ☐
16. **Embarrassing** (e.g. need to undress for the procedure, radiographer may not be female) ☐
17. **Fated** if I get breast cancer ☐
18. **Not sexually active** ☐
19. Others (specify) : _____ ☐

_____

9006. Have you heard of Breast Screen Singapore?
[It is a national breast screening programme which encourages women 40 years and above to go for a mammogram. The mammogram is offered at a subsidised rate of $50 at the polyclinics. Have you heard of it?]

Yes..... **1**

No..... **2** (*Go to Q.9008 if aged 40 yrs and older; Go to Q.10000 if aged less than 40 yrs)*

Don't know..... **8** *(Go to Q.9008 if aged 40 yrs and older; Go to Q.10000 if aged less than 40 yrs)*

9007. Where did you hear about Breast Screen Singapore?
<USE SHOWCARDS FOR OPTIONS 1, 3, 4, 5, 6 AND 7>

1. Television advertisement
2. Radio advertisement
3. MRT In-train panel
4. Letter
5. Newspaper advertisement
6. Poster
7. Pamphlet
8. From friends / colleagues / neighbours
9. From family members / relatives
10. From health professionals (doctors / nurses)
11. Others (specify) : _____

_____

(Go to Q.9008 if aged 40 yrs and older; Go to Q.10000 if aged less than 40 yrs)

Colorectal Cancer Screening

9008. A blood stool test is a test to determine whether the stool contains blood. Have you ever had this test?

Yes..... **1**

No..... **2** *(Go to Q.9010)*

Refused..... **7** *(Go to Q.9010)*

Don't know / Not sure..... **8** *(Go to Q.9010)*

9009. How long has it been since you had your last blood stool test?

1 year ago or less..... **1**

More than 1 year to 2 years.... **2**

More than 2 years to 5 years... **3**

More than 5 years ago..... **4**

Refused..... **7**

Don't know / Not sure..... **8** ☐

9010. Sigmoidoscopy and colonoscopy are tests in which a tube is inserted in the large intestines to look for signs of colon cancer or other health problems.
Have you ever had either of these tests?

Yes..... **1**

No..... **2** *(Go to Q.10000)*

Refused..... **7** *(Go to Q.10000)*

Don't know / Not sure..... **8** *(Go to Q.10000)* ☐

9011. How long has it been since you had your last sigmoidoscopy or colonoscopy?

1 year ago or less..... **1**

More than 1 year to 2 years.... **2**

More than 2 years to 5 years... **3**

More than 5 years to 10 years... **4**

More than 10 years ago..... **5**

Refused..... **7**

Don't know / Not sure..... **8** ☐

10. HEALTH SERVICES UTILISATION PRACTICES

Now I would like to ask you some questions on your most recent visit to consult your doctor.

10000. During the past 3 months, did you visit a private general practitioner (GP) or the government polyclinic for a medical condition?

(Visits for screening or immunisation are excluded)

Yes..... **1**

No..... **2** *(Go to Q.10100)*

Don't know..... **8** *(Go to Q.10100)*

☐

10001. Whom did you last consult?

Private GP (includes company doctor)..... **1**

Government polyclinic doctor..... **2**

☐

10002. What was the main medical condition for which you last sought treatment from your GP / polyclinic doctors? Please specify :

_____

☐☐☐ off code

Specialist Outpatient Clinic

10100. During the past 3 months, did you visit a specialist for a medical condition?

Yes..... **1**

No..... **2** (*Go to Q.10200)*

☐

If YES:

10100a) Where did you consult the specialist?

Specialist outpatient clinic (restructured hospital)... **1**

Specialist outpatient clinic (private hospital)..... **2**

Others (specify) : _____..... **3**

☐

_____

10100b) Which specialty?

General surgery..... **1**

Orthopaedics surgery..... **2**

Eye..... **3**

ENT..... **4**

Gynaecology..... **5**

Urology..... **6**

General Medicine..... **7**

Dermatology (skin)..... **8**

Cardiology..... **9**

Psychiatry..... **10**

Others (specify): _____..... **11** ☐

_____

10101. The first time you saw this specialist, were you referred by the polyclinic / private GP / hospital doctor?

Yes..... **1** *(Go to Q.10200)*

No..... **2** ☐

If NO:

10101a) Why did you go to the specialist instead of the polyclinic / private GP? <DO NOT READ OUT>

1. I don't trust the GP ☐
2. The specialist is more knowledgeable than the GP ☐
3. I think my medical condition should be seen by a specialist ☐
4. I have a better peace of mind seeing a specialist ☐
5. GP does not offer the treatment that I am seeking ☐
6. Others (specify) : _____ ☐

_____

Traditional Chinese Medicine

I would like to ask you some questions on consultations with a traditional Chinese medicine (TCM) practitioner. A TCM practitioner could be a TCM physician, a Chinese sinseh/herbalist/bone setter or an acupuncturist.

10200. Have you ever visited a TCM practitioner for a medical condition before?

Yes..... **1**

No..... **2** *(Go to end)*

Don't know..... **3** *(Go to end)* ☐

10201. When was your last visit to a TCM practitioner for a medical condition?

< 6 months ago..... **1**

6 months to < 1 year ago..... **2**

1 year to < 2 years ago..... **3** *(Go to Q.10203)*

2 years to < 5 years ago..... **4** *(Go to Q.10203)*

At least 5 years ago..... **5** *(Go to Q.10203)* ☐

10202. During the last 12 months, how many times did you visit a TCM practitioner for a medical condition?

1 to 5 times a year..... **1**

6 to 10 times a year..... **2**

More than 10 times a year..... **3** ☐

10203. How were you referred to the TCM practitioner?

Self referral..... **1**

Referred by a Western doctor..... **2**

Referred by friends or relatives..... **3**

Referred by others (specify: _____)..... **4** ☐

10204. What were the medical conditions you sought treatment from a TCM practitioner? <DO NOT READ OUT>

1. Acute illness like flu / cough / cold ☐
2. Acute injuries like sprains / strains ☐
3. Chronic illness like hypertension / diabetes / heart disease / cancer ☐
4. Chronic aches and pain like headache/backache / rheumatism ☐
5. General weakness like feeling tired / weak ☐
6. Others (specify) :_____ ☐

_____

10205. Does the TCM practitioner usually prescribe / perform the following during your consultation? <READ OUT>

1. Herbal Medicine ☐
2. Acupuncture ☐
3. TCM tuina / massage / bone setting ☐
4. Others (specify) : _____ ☐

_____

10206. How much do you usually pay for each visit to the TCM practitioner? $ ☐☐☐

10207. Do you usually see a Western doctor and a TCM practitioner for the same medical condition?

Yes..... **1** *(Go to Q.10208)*

No..... **2**

10208. Why do you usually see a Western doctor and a TCM practitioner for the same medical condition?
<DO NOT READ OUT>

1. Western medical treatment not effective ☐
2. Need the Western doctor to issue medical certificate as medical certificate issued by the TCM practitioner is not valid ☐
3. Want a second opinion ☐
4. Others (specify) : _____ ☐

_____