

25. Compared with past 12 months, what do you think about your present health condition? ① ② ③ ④ ⑤

26. *In the last 3 months*, do you think your health is: ①Very good ②Good ④Poor ⑤Very poor

Health promoting behaviour and planning

		Done a lot	Done some	Done few	Done nothing
27.	<i>In the past 1 month</i> , (including now), have you done anything to promote health or to prevent disease?	①	②	③	④
28.	<i>In the past 12 months, not including this month</i> , have you done anything to promote health or to prevent disease?	①	②	③	④

Check Box

27 Answer: ④ <input checked="" type="checkbox"/> and 28 Answer: ④ <input checked="" type="checkbox"/>	A
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Other answers B

A				
29.	<i>In the past 12 months</i> , have you planned to do anything to promote health or to prevent disease (e.g. on daily habit, diet or other areas)? ① Seriously planned ② Somewhat planned ③ Have not planned	①	②	③
30.	What are you planning to do to promote health or to prevent disease? *(no need to prompt the subject, code all that apply. If she/he only answers one item, please confirm/prompt) ① Exercise (any kind) ② Cut the intake of certain kinds of food (e.g. deep-fried and high-fat food) ③ Eat more healthy food ④ More rest or sleep ⑤ Take dietary supplement ⑥ Body check ⑦ Do something to reduce stress ⑧ Take care of disease ⑨ Orderly life ⑩ Lose weight ⑪ Reduce or quit smoking ⑫ Reducing or quit drinking ⑬ Take care of personal hygiene ⑭ Other : _____			
31.	<i>In the past twelve months</i> , have you experienced any barriers that eventually made you unable to do anything to promote health or to prevent disease? ① No barriers ② Some barriers ③ A lot of barriers ④ Don't know	①	②	③
32.	What is the major type of barriers? *(only one answer is allowed) ① No spare time/too busy ② Inconvenient in terms of physical conditions/falling sick/feeling tired ③ No companion ④ No facilities/space ⑤ Do not want to spend money ⑥ Do not know how to do ⑦ No persistence ⑧ Laziness ⑨ Other: _____			

B		
33.	Have you done that continuously for <i>6 months or longer</i> in the past 12 months?	① Yes ② No

34.	What have you done to do to promote health or to prevent disease?*(no need to prompt the subject, code all that apply. If she/he only answers one item, please confirm/prompt) ①Exercise (any kind) ②Eat more healthy food ③Cut the intake of certain kinds of food (e.g. deep-fried and high fat food) ④More rest or sleep ⑤Take dietary supplement ⑥Body check ⑦Orderly life ⑧Take care of disease ⑨Do something to reduce stress ⑩Lose weight ⑪Reduce or quit smoking ⑫Reducing or quit drinking ⑬Take care of personal hygiene ⑭Other:_____				
35.	Have you experienced any barriers when you were doing those activities in the <i>past 12 months</i> ? ①No barriers ②Some barriers ③A lot of barriers ④Don't know	①	②	③	④
36.	What is the major type of barriers? *(only one answer is allowed) ①No spare time/too busy ②Inconvenient in terms of physical conditions/falling sick/feeling tired ③No companion ④No facilities/space ⑤Do not want to spend money ⑥Do not know how to do ⑦No persistence ⑧Laziness ⑨Other:_____				

37.	Are you planning to do something to promote health or to prevent disease in the next 1 month? ①Seriously planning ②Somewhat planning ③Not planning	①	②	③
38.	Are you planning to do something to promote health or to prevent disease in the next 6 month? ①Seriously planning ②Somewhat planning ③Not planning	①	②	③

Check Box

37 Answer: ③ <input checked="" type="checkbox"/> and 38 Answer: ③ <input checked="" type="checkbox"/> A
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Other answer B

A					
39.	Even though you do not plan to take health promotion action in the future, imagine if you plan to do so, do you expect any barriers from that? ①No barriers ②Some barriers ③A lot of barriers ④Don't know	①	②	③	④
40.	What is the major type of perceive barriers? *(only one answer is allowed) ①No spare time/too busy ②Inconvenient in terms of physical conditions/falling sick/feeling tired ③No companion ④No facilities/space ⑤Do not want to spend money ⑥Do not know how to do ⑦No persistence ⑧Laziness ⑨Other:_____				
41.	Even though you do not plan to take health promotion action in the future, imagine if you plan to do so, what extent of benefit do you expect to gain from that? ①Yes, short-term only ②Yes, long-term only ③Yes, both long-term and short term ④No benefit ⑤Don't know				

B

42.	What are you planning to do to promote health or to prevent disease?*(no need to prompt the subject, code all that apply. If she/he only answers one item, please confirm/prompt) ①Exercise (any kind) ②Eat more healthy food ③Cut the intake of certain kinds of food (e.g. deep-fried and high fat food) ④More rest or sleep ⑤Take dietary supplement ⑥Body check ⑦Orderly life ⑧Take care of disease ⑨Do something to reduce stress ⑩Lose weight ⑪Reduce or quit smoking ⑫Reducing or quit drinking ⑬Take care of personal hygiene ⑭Other : _____				
43.	On a scale of 0 to 10, how confident are you that you can successfully done something to improve your health or to prevent disease? (0-10) ⑪Don't know				
44.	Do you expect any barriers when you are taking the health promotion action in the future? ①No barriers ②Some barriers ③A lot of barriers ④Don't know	①	②	③	④
45.	What is the major type of perceive barriers? *(only one answer is allowed) ①No spare time/too busy ②Inconvenient in terms of physical conditions/falling sick/feeling tired ③No companion ④No facilities/space ⑤Do not want to spend money ⑥Do not know how to do ⑦No persistence ⑧Laziness ⑨Other:_____				
46.	What extent of benefit, short or long term, do you expect to gain from the health promotion action you have done or plan to take? (<i>Please read out the options</i>) ①Yes, short-term only ②Yes, long-term only ③Yes, both long-term and short term ④No benefit ⑤Don't know				

Part III Physical Health

Acute conditions

47. Do you have the following health problems in the *past one month*?

	Yes	No	Don't know		Yes	No	Don't know
a. Common cold /influenza	①	②	③	n. Constipation	①	②	③
b. Asthmatic attack	①	②	③	o. Low back pain	①	②	③
c. Stomach ache	①	②	③	p. Joint pain	①	②	③
d. Shortness of breath	①	②	③	q. Neck pain	①	②	③
e. Rapid/irregular heartbeat	①	②	③	r. Cramps	①	②	③
f. Chest pain	①	②	③	s. Fainting or loss of consciousness	①	②	③
g. Dizziness	①	②	③	t. Frequent headache	①	②	③
h. Persistent cough	①	②	③	u. Numbness or weakness in limbs	①	②	③
i. Swollen joints	①	②	③	v. Trouble with allergies	①	②	③
j. Vomiting	①	②	③	w. Trouble with eyes	①	②	③
k. Abdominal pain	①	②	③	x. Trouble with ears	①	②	③

- | | | | | | | | |
|-------------|---|---|---|---|---|---|---|
| l. Nausea | ① | ② | ③ | y. Trouble with teeth or mouth | ① | ② | ③ |
| m. Diarrhea | ① | ② | ③ | z. Menstrual pain *(for female only) | ① | ② | ③ |

Chronic conditions

48. Have you ever been told by a doctor (western medical practitioner) that you had the following chronic health conditions?

a. Cancer: If yes, the location: _____	① Yes	② No	③ Don't know
Was the disease diagnosed in the <i>past 12 months</i> ?	① Yes	② No	③ Don't know
b. Stroke:	① Yes	② No	③ Don't know
If yes, did the first stroke occurred in the <i>past 12 months</i> ?	① Yes	② No	③ Don't know
c. Coronary Heart Disease:	① Yes	② No	③ Don't know
If yes, was the disease diagnosed in the <i>past 12 months</i> ?	① Yes	② No	③ Don't know
d. Asthma:	① Yes	② No	③ Don't know
If yes, was the disease diagnosed in the <i>past 12 months</i> ?	① Yes	② No	③ Don't know
e. Chronic Obstructive Pulmonary Disease (Such as emphysema, chronic bronchitis):	① Yes	② No	③ Don't know
If yes, was the disease diagnosed in the <i>past 12 months</i> ?	① Yes	② No	③ Don't know

49. Do you ever have other chronic health conditions as told by a doctor, but not mentioned in the list above? *(If the response is yes, ask “was the disease diagnosed in the *past 12 months*”)

	No	Yes, In the past 12 months	Yes, before the last 12 months	Yes, but don't know when it was diagnosed	Don't know
a. Epilepsy	①	②	③	④	⑤
b. Parkinson's disease	①	②	③	④	⑤
c. Respiratory diseases (other than asthma, COPD mentioned above) Which disease: _____	①	②	③	④	⑤
d. Diseases of the eyes (including glaucoma, cataract, bad vision and blindness, but exclude myopia, hypermetropia, astigmatism and presbyopia) Which disease: _____	①	②	③	④	⑤
e. Diseases of the ears/nose/throat (e.g. sinusitis, allergic rhinitis, hearing loss) Which disease: _____	①	②	③	④	⑤
f. Thyroid disease	①	②	③	④	⑤
g. Kidney diseases	①	②	③	④	⑤
h. Liver diseases (e.g. hepatitis B or C, cirrhosis) Which disease: _____	①	②	③	④	⑤
i. Stomach and intestinal diseases (e.g. peptic ulcer)	①	②	③	④	⑤
j. Anaemia	①	②	③	④	⑤
k. Congenital blood diseases (e.g. thalassemia, hemophilia) Which disease: _____	①	②	③	④	⑤
l. Musculoskeletal diseases (e.g. arthritis, rheumatism, low back pain) Which disease: _____	①	②	③	④	⑤
m. Immune diseases (e.g. SLE, rheumatoid arthritis) Which disease: _____	①	②	③	④	⑤
n. Skin diseases (e.g. eczema, psoriasis) Which disease: _____	①	②	③	④	⑤
o. Depression	①	②	③	④	⑤

- p. Anxiety disorder ① ② ③ ④ ⑤
- q. Schizophrenia ① ② ③ ④ ⑤
- r. Dementia ① ② ③ ④ ⑤
- s. Any kind of impairments or disabilities. Which disease: _____ ① ② ③ ④ ⑤
- t. Others, please specify: _____ ① ② ③ ④ ⑤

High blood cholesterol

50.	Have you ever had your blood cholesterol checked? If yes, about how long has it been since you last had your blood cholesterol checked?	①Yes ___Year(s) ___Month(s)	②No
51.	Have you ever been told by a doctor or other health professional that your blood cholesterol level was high?	①Yes	②No
	If yes, was it diagnosed in <i>the past 12 months</i> ? ①Yes ②No ③Don't know		
52.	Are you now: a. Taking prescribed medicine? ①Yes ②No		
	If yes, you are now taking: ①Traditional Chinese medicine ②Western medicine ③Both of them		
	b. Taking over-the-counter medication? ①Yes ②No		
	c. Controlling your weight or losing weight? ①Yes ②No		
	d. Eating fewer high fat or high cholesterol foods? ①Yes ②No		
	e. Increasing your physical activity or exercise? ①Yes ②No		

Hypertension

53.	Have you ever had your blood pressure taken by a doctor or other health professionals in the past 5 year? If yes, about how long has it been since you last had your blood pressure checked?	①Yes ___Year(s) ___Month(s)	②No
54.	Have you ever been told by a doctor or other health professional that you had hypertension?	①Yes	②No
	If yes, was it diagnosed in the past 12 months? ①Yes ②No ③Don't know		
55.	Are you now: a. Taking doctor-prescribed medicine to control or lower your blood pressure? ①Yes ②No		
	If yes, you are now taking: ①Chinese medicine ②Western medicine ③Both		
	b. Taking over the counter medication to control or lower your blood pressure? ①Yes ②No		
	c. Controlling your weight or losing weight ①Yes ②No		
	d. Cutting down on salt in your diet ①Yes ②No		
	e. Increasing your physical activity or exercise? ①Yes ②No		
	f. Cutting down on your alcohol consumption ①Yes ②No		
56.	Blood pressure measurement (First time) a) Systolic BP: _____ mmHg b) Diastolic BP: _____ mmHg (Second time) c) Systolic BP: _____ mmHg d) Diastolic BP: _____ mmHg		

Diabetes

57.	Have you ever had your blood sugar checked? If yes, about how long has it been since you last had	①Yes	②No
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	your blood sugar checked?	___Year(s)	
		___Month(s)	
58.	Have you ever been told by a doctor or health professional that you have diabetes or your blood sugar level was high? ①Yes, have diabetes ②Yes, with high blood sugar but no diabetes ③No	①	② ③
	If yes, was the disease diagnosed in the past 12 months ①Yes ②No ③Don't know		
59.	Are you now: a. Taking insulin ①Yes ②No		
	If yes, for how long?	___Year(s)	
	b. Taking diabetic pills ①Yes ②No		
	If yes, for how long?	___Year(s)	
	c. Taking over the counter medication? ①Yes ②No		
	d. Controlling your weight or losing weight? ①Yes ②No		
	e. Increasing your physical activity or exercise? ①Yes ②No		
	f. Eating fewer high sugar content, high fat content or high cholesterol foods? ①Yes ②No		

Vision

60. At the present time, would you say your eyesight, with glasses or contact lens if you wear them, is:

- ①Excellent ②Good ③Fair ④Poor ⑤Very poor

61. Do you suffer from short-sightedness? ①No ② -0.01 to -0.99 diopters ③ -1.00 to -1.99 diopters
 ④ -2.00 to -2.99 diopters ⑤ -3.00 to -3.99 diopters ⑥ -4.00 to -4.99 diopters ⑦ -5.00 to -5.99 diopters
 ⑧ -6.00 to -9.99 diopters ⑨ -10.00 diopters or above Yes, but don't know how much ⑩ Don't know

62. How old were you when you first developed short-sightedness? _____ years old

63. The next questions are about how much difficulty, if any, you have doing certain activities in your daily life. If you usually wear glasses or contact lenses to do these activities, please rate your ability to do them while wearing them.

How much difficulty do you have:	No difficulty	A little difficulty	Moderate difficulty	Extreme difficulty	Unable to do because of eyesight
a. Reading ordinary print in newspaper?	①	②	③	④	⑤
b. Doing work or hobbies that require you to see well up close?	①	②	③	④	⑤
c. Going down steps, stairs in dim light or at night?	①	②	③	④	⑤
d. Noticing objects off to the side while you are walking?	①	②	③	④	⑤
e. Finding something on a crowded shelf?	①	②	③	④	⑤

64. How limited are you in working or doing other daily activities such as housework because of your vision? Would you say you are limited

- ①None of the time ②A little of the time ③Some of the time ④Most of the time ⑤All of the time

65. Have you ever had a cataract operation? ①Yes ②No

Weight history

66. Do you consider yourself now to be: ①Very thin/underweight ②A little bit thin/underweight ③About the right weight
 ④A little bit fat/overweight ⑤Very fat/overweight

67. How do you perceive yourself as thin or fat *(more than one answer can be given)

- ①Weight ②Waist circumference ③Hip circumference ④Body proportions
⑤Other people's comment ⑥Compare with others ⑦Whether clothing fits ⑧Health status ⑨BMI
⑩Others: _____

68. Would you like to weigh: ①More ②Less ③Stay about the same

69. Would you like your waist circumference to be: ①Larger ②Smaller ③Stayed about the same

70. Have you heard of Body Mass Index(BMI) ? If yes, do you know how to calculate it?

- ①No ②Yes, but don't know how or with wrong formula ③Yes, with right formula:[mass/(height)²]

If yes, do you know your body mass index(BMI)? ①Yes(BMI?____) ②No

71. How much did you weigh a year ago? _____ Kg/ _____ Pounds

*(If the current weight has a difference of at least 10 pounds or 4.5 kg with the weight a year ago, continue to ask "Was the change between your current weight and your weight a year ago intentional")

- ①Yes ②No ③Don't know
-

72. During the past 12 months, have you done anything to lose weight or keep from gaining weight? ①Yes ②No

If yes, what did you do *(no need to prompt the subject, code all that apply. If she/he only answers one item, please confirm/prompt)

- ①Ate less food ②Switched to foods with lower calories ③Exercised ④Skipped meals
 ⑤Ate “diet” foods ⑥Joined a weight loss program ⑦Took diet pills prescribed by a doctor
 ⑧Took other pills or supplements not needing a prescription ⑨Smoking ⑩Others: _____

*(measurements taken after asking the subject)

73a.Height(estimated by subjects): _____ cm/ _____ feet _____ inches	73b.(measured by interviewer): _____ cm
74a.Weight(estimated by subjects): _____ Kg/ _____ pounds	74b.(measured by interviewer): _____ Kg
75a.Waist Circumference(estimated by subjects): _____ cm/ _____ inches	75b.(measured by interviewer): _____ cm

Part IV Health-related lifestyle practices

Smoking

76.	Have you ever smoked cigarette? ①Yes ②No	①				②
77.	Your smoking habit is: ①Currently smoke at least one cigarette a day (at least seven a week) ②Currently smoke occasionally, fewer than one cigarette a day (fewer than seven a week) ③Now have quit already (former smoker) ④Used to smoke but have already quitted now (had never smoked 1 cigarette a day continuously for 6 months)	①	②	③	④	
78.	Have you quitted for 6 months or over? ①Yes, Quitted for ___Year(s)___Month(s) ②No			___Yr(s) ___Mth(s)	②	
79.	How many cigarettes in average do you smoke a day?	___		___	___	
80.	How old did you start smoking?	___years old	___years old	___years old	___years old	
81.	Have you seriously planned to quit in the next one month? ①Yes ②No	①	②	①	②	
82.	Have you seriously planned to quit in the next six months? ①Yes ②No					
83.	On a scale of 0 to 10, how confident are you that you can quit smoking successfully in the future? 0-10 (0 least confident,10 most confident) ⑩Don't know					
84.	The followings are questions about your current smoking habit: a. How soon after you wake up do you smoke your first cigarette? ①Within 5 minutes ②6-30 minutes ③31-60 minutes ④60+ minutes					

b. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g. in shopping mall, MTR or lifts? ①Yes ②No						
c. Which cigarette would you hate most to give up? ①First one in the morning ②Others						
d. Do you smoke more frequently during the first hours after waking than during the rest of the day? ①Yes ②No						
e. Do you smoke if you are so ill that you are in bed most of the day? ①Yes ②No						

85. Excluding yourself, do any members of your household smoke?	①Yes		②No	
86. How many members of your household, excluding yourself, smoke?	_____persons			
87. Do any of these smokers smoke inside the home?	①Yes	②No		
88. How many of these smokers smoke inside the home?	_____person(s)			
89. How many cigarettes do they smoke inside the home? (That is the total number of cigarettes smoked per day of all household members)	_____cigarettes			

90. Are you currently employed (excluding retired and unemployed person, student and home maker)?	①Yes			②No	
91. What is the main nature of your workplace? ①Indoor ②Outdoor ③Both indoor and outdoor					
92. Does anyone smoke in your workplace within 10 feet (or 3 meter) from you?	①Yes	②No			
93. How many people smoke in your workplace within 10 feet (or 3 meter) from you?	_____person(s)				
94. For how long have you been working in a place where people smoke near you?	____Year(s)		____Month(s)		
95. Is smoking allowed in the indoor area of your company? ①Yes ②No ③Don't know ④No indoor area	①	②	③	④	
96. Is there any designated smoking area in the indoor area of your company? ①Yes ②No ③Don't know					
97. Is there any designated non-smoking area? ①Yes ②No ③Don't know					

98. Apart from home and workplace, have you been any other places in the past one month where people have smoked near you?	①Yes			②No	
99. What are these places? *(ask for any other places if only one place is given) ①Restaurant ②Chinese restaurant ③Bar ④Karaoke ⑤Café ⑥Cha charn ting ⑦Game center ⑧Shopping mall ⑨Outdoor locations, such as bus stop ⑩Others:_____					

Alcohol Consumption

100. Do you drink alcohol?

- ①Never (jump to 104)
- ②Quit now, for how long? _____
- ③Drink less than once a month (e.g. only on special occasions)
- ④Drink 1-3 days a month
- ⑤Drink 1-3 days a week
- ⑥Drink 4-6 days a week
- ⑦Drink everyday

101. How old did you started drinking? _____ years old

102. What is your weekly level of consumption ?

	Can	Large bottle	Small bottle	Large beer mug	Small beer mug	Water glass	Wine glass	Spirit glass	Spirit Shot glass	Small Chinese cup
①Beer										
②Table wine										
③Spirit (e.g. whisky, brandy, XO)										
④Chinese rice wine(雙蒸, rice wine)										
⑤Others _____										

103. Have you ever consumed at least five cans of beer, five glasses of wine or five pegs of liquor in one occasion in the past month?

- ①No
- ②Yes, once
- ③Yes, twice
- ④Yes, at least 3 times

Physical activity and exercise

(Vigorous physical activities: activities which take hard physical effort or make you breathe much harder than normal;

Moderate physical activities: activities which take moderate physical effort or make you breathe somewhat harder than normal, not include shortness of breath due to physical weakness and diseases;

Walk for at least 10 minutes at a time: including walking at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise or leisure)

During the last 7 days, how many days did you perform the following different level activities?

104. Vigorous physical activities	105. Moderate physical activities	106. Walk for at least 10 minutes at a time
①No	①No	①No
②Yes → _____ days per week _____ hr(s) _____ min(s) per day	②Yes → _____ days per week _____ hr(s) _____ min(s) per day	②Yes → _____ days per week _____ hr(s) _____ min(s) per day

107. During the last 7 days, how much time in an average day (includes only Monday to Friday) did you usually spend sitting on, including time spent sitting at a desk, visiting friends, reading, traveling on transportation, sitting or lying down to watch TV?
_____ hr(s) _____ min(s)

108.	Have you exercised or done any physical activity in the past one month?	①Yes	②No
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109.	Only counting those episodes of exercise or physical activity which last for at least 30 minutes, in the past one month, what type of exercise or physical activity have you taken? How many times? Code all that apply	①Ballgames:___times ②Running:___times ③Gymnastics/body building/aerobics:___times ④Swimming/water sports__times ⑤Hiking:___times ⑥Walking:___times ⑦Morning-walk/qi-gong/tai-chi:___times ⑧Cycling:___times ⑨Others:___times
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110. Have you ever increased your physical activity level through daily routine and activities in the past one month? E.g. take more stairs and use elevators less frequently, walk more and take less transportation.

- ①Often ②Sometimes ③Seldom ④Never

111. In the past one month, have you ever:

- | | | |
|---|------|-----|
| a) Taken more stairs and used elevators less frequently | ①Yes | ②No |
| b) Done housework? | ①Yes | ②No |
| c) Walked more instead of taking transportation? | ①Yes | ②No |
| d) Done callisthenics during spare time? | ①Yes | ②No |

Diet and nutrition

	Monthly		Weekly			Daily			Don't know
	<1time / do not eat	1-3time(s)	once	2-4times	5-6times	once	twice	>twice	
112. Fruit	①	②	③	④	⑤	⑥	⑦	⑧	⑨
113. How many fruits do you eat a day? *(one fruit equals to one apple, orange, pear, etc)	_____								
114. Vegetable	①	②	③	④	⑤	⑥	⑦	⑧	⑨
115. How many bowls of vegetable do you eat a day? *(one bowl refers to the size of a rich bowl)	_____								
116. Soybean curd	①	②	③	④	⑤	⑥	⑦	⑧	⑨
117. Milk/milk product	①	②	③	④	⑤	⑥	⑦	⑧	⑨
118. Chinese tea (including green tea)	①	②	③	④	⑤	⑥	⑦	⑧	⑨
119. Fish (excluding salted fish)	①	②	③	④	⑤	⑥	⑦	⑧	⑨
120. Meat (e.g. pork, beef, poultry)	①	②	③	④	⑤	⑥	⑦	⑧	⑨
121. Deep-fried and high fat food	①	②	③	④	⑤	⑥	⑦	⑧	⑨

122. When you see fat in your food, such as greasy meat or chicken skin, what will you do?

- ①Remove all ②Remove some ③Remove none ④Do not eat meat

123. Do you choose certain foods or avoid others:

- | | | |
|--|-----|----|
| | Yes | No |
| a. Because you are concerned about your body weight? | ① | ② |
| b. Because you are concerned about maintaining or improving your weight? | ① | ② |
| c. Because you are concerned about heart disease ? | ① | ② |
| d. Because you are concerned about cancer ? | ① | ② |
| e. Because you are concerned about osteoporosis ? | ① | ② |
| f. Because you are concerned about hypertension ? | ① | ② |
| g. Because you are concerned about diabetes ? | ① | ② |

124. Do you choose or avoid certain foods because of:
- | | Yes | No |
|------------------------------------|-----|----|
| a. The fat content? | ① | ② |
| b. The fibre content? | ① | ② |
| c. The calcium content? | ① | ② |
| d. The iron content? | ① | ② |
| e. The sugar content? | ① | ② |
| f. The cholesterol content? | ① | ② |
| g. The calorie content? | ① | ② |

Stress management

125. Have you done anything to reduce stress in the *past one month*?
- ①Done a lot ②Done some ③Done few ④Done nothing (jump to 127)
126. What exactly have you done to reduce stress?*(no need to prompt the subject, code all that apply. If she/he only answers one item, please confirm/prompt)
- ①Exercise ②More rest or sleep ③Talking to somebody ④Smoking ⑤Drinking
- ⑥Eating ⑦Shopping or leisure activities ⑧Reading or listening to music
- ⑨Others: _____

Breastfeeding

127. Were you ever breastfed? ①Yes ②No ③Don't know

Injuries and injury prevention behaviour

128.	In the <i>past 12 months</i> , did you have injuries that were serious enough to limit your normal activities. For example, a broken bone, a bad cut or burn, or a sprain you injured?	①Yes	②No
129.	How many times were you injured?	_____ times	
130.	Thinking about the most serious injury, what type of injury did you have?		
131.	What part of your body was injured?		
132.	Where did the injury happen?		
133.	Was this a work-related injury?	①Yes	②No
134.	In the past 12 months, have you done anything or taken any precautions to prevent injuries from happening in household or workplace?	①Yes	②No
	If yes, what have you done? (code all that apply) ①Being more careful ②Took safety training ③Using protective gear ④Others: _____		
135.	How often do you use seatbelts when you drive or ride in a car with seatbelts (e.g. taxi and private car)? ①Always ②Nearly always ③Sometimes ④Seldom ⑤Never		

Drug use

136. In the past one month, did you take any of the following medications:	Yes	No	Don't know
a. Pain relievers such as aspirin or Panadol?	①	②	③
b. Tranquilizers such as Valium?	①	②	③
c. Diet pills?	①	②	③
d. Anti-depressants?	①	②	③
e. Asthma or COPD medications?	①	②	③
f. Sleeping pills?	①	②	③
g. Stomach remedies?	①	②	③
i. Health supplement such as vitamin and mineral supplement?	①	②	③
j. Traditional Chinese medicine?	①	②	③
If yes, is it (doctor-prescribed TCM, over-the-counter Chinese medicine, or both?	①Prescribed	②OTC	③Both

Part V Preventive practices

137. Do you have regular physical checkup? If yes, how often? ① Yes ____ Year(s) ____ Month(s) ② No

<p>138. Sigmoidoscopy and colonoscopy are the examinations in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these examinations?</p> <p>① Yes, with no symptoms nor discomfort at that time</p> <p>② Yes, had test because of symptoms or discomfort</p> <p>③ No</p>	<p>If yes, how long ago did you have your last examination (without symptoms and discomfort) ? ____ Year(s) ____ Month(s)</p> <p>The doctor you have consulted is:</p> <p>① Private doctor</p> <p>② Doctor of public clinics and A&E (HA and DH)</p> <p>③ Doctor of charity organizations or universities</p> <p>Do you have regular examination? If yes, how often</p> <p>① Yes ____ Year(s) ____ Month(s) ② No</p>
<p>139. A blood stool test is a test to determine whether the stool contains blood. Have you ever had this test?</p> <p>① Yes, with no symptoms nor discomfort at that time</p> <p>② Yes, had test because of symptoms or discomfort</p> <p>③ No</p>	<p>If yes, how long ago did you have your last examination (without symptoms and discomfort) ? ____ Year(s) ____ Month(s)</p> <p>The doctor you have consulted is:</p> <p>① Private doctor</p> <p>② Doctor of public clinics and A&E (HA and DH)</p> <p>③ Doctor of charity organizations or universities</p> <p>Do you have regular examination? If yes, how often</p> <p>① Yes ____ Year(s) ____ Month(s) ② No</p>

-----**For male only**-----

<p>140. A prostate-specific antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?</p> <p>① Yes, with no symptoms nor discomfort at that time</p> <p>② Yes, had test because of symptoms or discomfort</p> <p>③ No</p>	<p>If yes, how long ago did you have your last examination (without symptoms and discomfort) ? ____ Year(s) ____ Month(s)</p> <p>The doctor you have consulted is:</p> <p>① Private doctor</p> <p>② Doctor of public clinics and A&E (HA and DH)</p> <p>③ Doctor of charity organizations or universities</p> <p>Do you have regular examination? If yes, how often</p> <p>① Yes ____ Year(s) ____ Month(s) ② No</p>
<p>141. A digital rectal examination is an examination in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal examination?</p> <p>① Yes, with no symptoms nor discomfort at that time</p> <p>② Yes, had test because of symptoms or discomfort</p> <p>③ No</p>	<p>If yes, how long ago did you have your last examination (without symptoms and discomfort) ? ____ Year(s) ____ Month(s)</p> <p>The doctor you have consulted is:</p> <p>① Private doctor</p> <p>② Doctor of public clinics and A&E (HA and DH)</p> <p>③ Doctor of charity organizations or universities</p> <p>Do you have regular examination? If yes, how often</p> <p>① Yes ____ Year(s) ____ Month(s) ② No</p>

-----**For female only**-----

<p>142. *(For female aged 18 or above only)</p>	
<p>Cervical smear examination, also called a PAP Smear, is for cervical cancer test and analysis. Have you ever had this examination?</p> <p>① Yes, with no symptoms nor discomfort at that time</p> <p>② Yes, had test because of symptoms or discomfort</p> <p>③ No</p>	<p>If yes, how long ago did you have your last examination (without symptoms and discomfort) ? ____ Year(s) ____ Month(s)</p> <p>The doctor you have consulted is:</p> <p>① Private doctor</p> <p>② Doctor of public clinics and A&E (HA and DH)</p> <p>③ Doctor of charity organizations or universities</p> <p>Do you have regular examination? If yes, how often</p> <p>① Yes ____ Year(s) ____ Month(s) ② No</p>
<p>143. *(For female aged 35 or above only)</p>	
<p>Mammogram is the examination of breast using special X-ray machine to see if there are potential tumors. Have you ever had this examination?</p> <p>① Yes, with no symptoms nor discomfort at that time</p> <p>② Yes, had test because of symptoms or discomfort</p> <p>③ No</p>	<p>If yes, how long ago did you have your last examination (without symptoms and discomfort) ? ____ Year(s) ____ Month(s)</p> <p>The doctor you have consulted is:</p> <p>① Private doctor</p> <p>② Doctor of public clinics and A&E (HA and DH)</p> <p>③ Doctor of charity organizations or universities</p> <p>Do you have regular examination? If yes, how often</p> <p>① Yes ____ Year(s) ____ Month(s) ② No</p>

144.* (For female aged 35 or above only)	
Clinical breast examination is an examination of the breast by clinical observations and palpation by physician or other health professional.	If yes, how long ago did you have your last examination (without symptoms and discomfort) ? ____ Year(s) ____ Month(s)
① Yes, with no symptoms nor discomfort at that time	The doctor you have consulted is:
② Yes, had test because of symptoms or discomfort	① Private doctor
③ No	② Doctor of public clinics and A&E (HA and DH)
	③ Doctor of charity organizations or universities
	Do you have regular examination? If yes, how often
	① Yes ____ Year(s) ____ Month(s) ② No

Part VI Use of health service

145. If you were sick, would you usually see Western or Chinese medicine practitioner? ① Chinese ② Western ③ Both
 If western or both, ask “would you usually visit Western medicine practitioner in
 ① Private clinic ② Public clinic or A & E under HA & DH ③ Charitable organization or tertiary institution

146. In the past 30 days, have you experienced any symptoms, e.g. discomfort, illness or injury? ① Yes ② No (jump to 148)

147. Which of the following treatment have you had for the symptoms you experienced in the past 30 days? If yes, probe the number of times used

	Yes	No		Yes	No
a. At public clinics / A & E (HA & DH included) for western practitioner	① ____ times	②	g. Had unconventional / non-mainstream treatment such as chiropractic, osteopathy, homeopathy, aromatherapy, reflexology, etc.	① ____ times	②
b. At private clinics / hospitals / 24-hour clinics for western practitioner	① ____ times	②	h. Consumed over-the-counter Western medication	① ____ times	②
c. Chinese herbalist	① ____ times	②	i. Consumed over-the-counter Chinese medication or herbs	① ____ times	②
d. Acupuncturist	① ____ times	②	j. Modified diet habit	① ____ times	②
e. Bonesetter	① ____ times	②	k. Did nothing but took rest	① ____ times	②
f. Had occupational, physio- or speech therapy	① ____ times	②	l. Did nothing but just ignored it	① ____ times	②

148.	Have you stayed in hospital in Hong Kong in the past 12 months? Please only include those cases which you had to make registration and disregard whether you had to stay overnight.	① Yes	② No
------	---	-------	------

149.	In the past 12 months, how many times have you been admitted to hospital under Hospital Authority (HA)? *(transferring from one hospital to another is counted as twice) If yes, which HA hospital(s) and department(s)? (ask names of hospitals and departments detail) _____	① Yes ____ times	② No	
150.	In the past 12 months, how many times have you been admitted to private hospital? *(transferring from one hospital to another is counted as twice) If yes, which private hospital(s) and department(s)? (ask names of hospitals and departments detail) _____	① Yes ____ times	② No	
151.	How many days did you stay in the hospital in the last episode, including transfer from one hospital to another?	_____ day(s)		
152.	Was any operation performed in operating theatre in the last episode? ① Yes ② No			

153. During the past 12 months, have you seen a mental health professional such as a psychologist, psychiatrist, psychiatric nurse, or clinical social worker about your mental health? ① No ② Yes _____ times

154. On a scale of 0 to 100, 0 is the lowest and 100 is the highest (101 don't know), what is your overall satisfaction to the health care systems of Hong Kong? Private sector: _____ Public sector: _____

Part VII Quality of life

The following questions are about your life in the past 2 weeks. Please answer them based on your personal standard and expected choices. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. Please answer all the following questions:

155. How would you rate your quality of life?

- ① Very poor ② Poor ③ Neither poor nor good ④ Good ⑤ Very good

156. How satisfied are you with your health?

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

157. To what extent do you feel that physical pain prevents you from doing what you need to do?

- ① Not at all ② A little ③ A moderate amount ④ Very much ⑤ An extreme amount

158. How much do you need any medical treatment to function in your daily life?

- ① Not at all ② A little ③ A moderate amount ④ Very much ⑤ An extreme amount

159. How much do you enjoy life?

- ① Not at all ② A little ③ A moderate amount ④ Very much ⑤ An extreme amount

160. To what extent do you feel your life to be meaningful?

- ① Not at all ② A little ③ A moderate amount ④ Very much ⑤ An extreme amount

161. How well are you able to concentrate?

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

162. How safe do you feel in your daily life?

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

163. How healthy is your physical environment?

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

	Not at all	A little	Moderately	Mostly	Completely
164 Do you have enough energy for everyday life?	①	②	③	④	⑤
165 Are you able to accept your bodily appearance?	①	②	③	④	⑤
166 Have you enough money to meet your needs?	①	②	③	④	⑤
167 How available to you is the information that you need in your day-to-day life?	①	②	③	④	⑤
168 To what extent do you have the opportunity for leisure activity?	①	②	③	④	⑤

169. How well are you able to get around?

- ①Very poor ②Poor ③Neither poor nor good ④Good ⑤Very good

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
170 How satisfied are you with your sleep?	①	②	③	④	⑤
171 How satisfied are you with your ability to perform your daily living activities?	①	②	③	④	⑤
172 How satisfied are you with your capacity for work? (including all paid jobs, unpaid jobs, volunteer works, full time studying, child caring and home making)	①	②	③	④	⑤
173 How satisfied are you with yourself?	①	②	③	④	⑤
174 How satisfied are you with your personal relationships?	①	②	③	④	⑤
175 How satisfied are you with the support you get from your friends?	①	②	③	④	⑤
176 How satisfied are you with the conditions of your living place?	①	②	③	④	⑤
177 How satisfied are you with your access to health services?	①	②	③	④	⑤
178 How satisfied are you with your transport?	①	②	③	④	⑤

179. In the last two weeks, how often do you have negative feelings such as blue mood, despair, anxiety, depression?

- ①Never ②Seldom ③Quite often ④Very often ⑤Always

180. Do you think people accept you? ①Not accept ②A little ③Somewhat ④Quite ⑤Very
181. Is the food you desire easily available to you? ①Not easy ②A little ③Somewhat ④Quite ⑤Very

Part VIII Psychosocial health

182. Listed below are a number of statements which people have used to describe themselves. Please indicate the extent to which each statement describes how you feel right now, at this moment, using the following scale

	<u>Not at all</u>	<u>Somewhat</u>	<u>Moderately</u>	<u>Very much so</u>
a. I feel rested	①	②	③	④
b. I feel content	①	②	③	④
c. I feel comfortable	①	②	③	④
d. I am relaxed	①	②	③	④
e. I feel pleasant	①	②	③	④
f. I feel anxious	①	②	③	④
g. I feel nervous	①	②	③	④
h. I am jittery	①	②	③	④
i. I feel “high strung”	①	②	③	④
j. I feel over-excited and “rattled”	①	②	③	④

183. Please indicate the extent to which each statement describes how often you felt or behaved this way during the past week, using the following scale

	<u>Never</u>	<u>Seldom</u>	<u>Sometimes</u>	<u>Always</u>	<u>Almost Everyday</u>
a. I was bothered by things that usually don't bother me	①	②	③	④	⑤
b. I did not feel like eating; my appetite was poor	①	②	③	④	⑤
c. I felt that I could not shake off the blues even with help from my family or friends	①	②	③	④	⑤
d. I felt that I was just as good as other people	①	②	③	④	⑤
e. I had trouble keeping my mind on what I was doing	①	②	③	④	⑤
f. I felt depressed	①	②	③	④	⑤
g. I felt that everything I did was an effort	①	②	③	④	⑤
h. I felt hopeful about the future	①	②	③	④	⑤
i. I thought my life had been a failure	①	②	③	④	⑤
j. I felt fearful	①	②	③	④	⑤
k. My sleep was restless	①	②	③	④	⑤
l. I was happy	①	②	③	④	⑤
m. I talked less than usual	①	②	③	④	⑤
n. I felt lonely	①	②	③	④	⑤
o. People were unfriendly	①	②	③	④	⑤
p. I enjoyed life	①	②	③	④	⑤
q. I had crying spells	①	②	③	④	⑤
r. I felt sad	①	②	③	④	⑤
s. I felt that people disliked me	①	②	③	④	⑤
t. I could not get “going”	①	②	③	④	⑤

Social support

184.	<p>Can you count on anyone to provide you with emotional support such as talking over problems or helping you make a difficult decision?</p> <p>① Yes ② No ③ Don't need help ④ Don't know</p>	①	②	③	④
185.	<p>In the last 12 months, who was the most helpful in providing you with emotional support? *(code all that apply)</p> <p>① Spouse ② Daughter ③ Son ④ Sister ⑤ Brother ⑥ Mother ⑦ Father ⑧ Other relative ⑨ Neighbor ⑩ Co-workers ⑪ Church members ⑫ Club members ⑬ Professionals ⑭ Friends ⑮ Others _____ ⑯ No one ⑰ Don't know</p>				
186.	<p>In the last 12 months, could you have used more emotional support than you received?</p> <p>① Yes ② No ③ Don't know</p> <p>If yes, would you say that you could have used ① A lot more ② Some ③ A little more</p>	①	②	③	
187.	<p>If you need some extra help financially, could you count on anyone to help you; for example, by paying any bills, rent, mortgage or hospital visits? ① Yes ② No ③ Doesn't need help ④ Don't know</p>				
188.	<p>In general, how many relatives and close friends that you feel at ease with, can talk to about private matter and can call on for help do you have?</p>	_____ persons			
189.	<p>Do you think you have sufficient money to cover your daily expense?</p> <p>① Very sufficient ② Sufficient ③ Just enough ④ Insufficient ⑤ Very insufficient</p>				

-- End --



Population Health Survey – Self Administered Questionnaire

Quality of Life

The following questions are about your life in the past 2 weeks. Please answer them based on your personal standard and expected choices.

1. How satisfied are you with your sex life? Very dissatisfied Dissatisfied
 Neither satisfied nor dissatisfied Satisfied Very satisfied
 Not applicable

Psychosocial Health -- Suicidal ideation, attempt and behaviour

2. **During the past one week, have you:**
- | | Never | Some
of the time | Occasionally | Most of the
time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. had thoughts about death? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. thought about killing yourself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. felt that your family and friends would be better off if you were dead? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. felt that you would kill yourself if you knew a way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. **During the past 12 months,**
- | | Yes | No |
|---|------------------------------------|---|
| a. did you ever seriously consider suicide? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. did you make a plan about how you would attempt suicide? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. did you actually attempt suicide? | <input type="checkbox"/> ___ times | <input type="checkbox"/> *(Jump to Question4) |
| d. did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or other health professional? | <input type="checkbox"/> | <input type="checkbox"/> |

4. **Not including the past one week, have you ever:**
- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. had thoughts about death? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. thought about killing yourself? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. felt that your family and friends would be better off if you were dead? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. felt that you would kill yourself if you knew a way? | <input type="checkbox"/> | <input type="checkbox"/> |

5. Have you ever made a suicide attempt (tried to kill myself)? No
Yes (How many attempts? _____)

-----**For women only**-----

Health-related lifestyle practices

Breast Feed

6. Have you ever been pregnant? Yes No *(Jump to question 11)
7. Did you breast feed your child/children? Yes No *(Jump to question 10)
8. How many children have you breast-fed? _____
9. How many months on average have you breast-fed each child? _____ *(Jump to question 11)
10. What were your reasons for not breast feeding your child? (CODE ALL THAT APPLY)
- Job or scheduling difficulties Mother's physical or medical difficulties
- Child's physical or medical difficulties Preferred bottle feeding
- Didn't know how to breast-feed Other: _____

Drug use

11. ***(For women aged 49 or younger)**
In the past one month, did you take any birth control pill: Yes No
12. ***(For women aged 30 or older)**
In the past one month, did you take hormones for menopause or aging symptoms?
- Yes No
- If yes, what type of hormones are you taking? _____
- When did you start this hormone therapy? _____

-- END--

