

NATIONAL HEALTH & MORBIDITY SURVEY

2015

METHODOLOGY & GENERAL FINDINGS

VOLUME I



NATIONAL HEALTH & MORBIDITY SURVEY 2015

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Volume I :

Methodology & General Findings

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- ii. Volume II : Non-Communicable Disease, Risk Factors and Other Health Problems
- iii. Volume III : Health Care Demand
- iv. Volume IV : Traditional & Complementary Medicine

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The views expressed in this report are those of the authors alone and do not necessarily represent the opinions of the other investigators participating in the survey, nor the view or policy of the Ministry of Health.

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1. BACKGROUND

National Health and Morbidity Survey (NHMS) was first initiated in 1986. Its objectives were to supplement community-based data on the pattern of common health problems, health needs and expenditure on health in the community to enable the Ministry of Health to review priorities and activities of programmes, plan future allocation of resources and evaluate the impact of strategies. The scopes covered in this survey were morbidity rates, health service utilizations and their barriers, health expenditure and their sources, immunization coverage, acute respiratory illness, hypertension, angina, smoking, diabetes, asthma and injuries. In 1986, the survey was carried out only in Peninsular Malaysia and was spearheaded by the Institute for Public Health (IPH).

The Second National Health and Morbidity Study (NHMS 2) was conducted ten years later (1996). The scopes covered in this survey were load of illness, health seeking behaviour, health care consumption cost, health related behaviours (exercise, breast-feeding practices, pap-smear examination, breast examination, smoking, alcohol consumption, obesity, adolescent risky behaviour: smoking, alcohol consumption, drug abuse, sexual practices), specific health problems (hypertension, hypercholesterolemia, ischaemic heart disease, diabetes mellitus, medically diagnosed cancer, injury, physical impairments, asthma and acute respiratory infections). The NHMS 2 involved whole Malaysia including Sabah and Sarawak.

The Third NHMS was carried out in 2006. The survey covered similar scopes such as load of illness, health utilization, injury and risk reduction practices, physical disability, asthma, smoking, alcohol, hypertension, hypercholesterolemia, diabetes mellitus, nutritional status and sexual behavior. Additional new scopes included dengue prevention practices, infant feeding, women's health and psychiatric morbidity.

With a ten-yearly survey, information gathered was not timely for planning of health programmes. The Minister of Health had commented in early 2010 on the long gap between each cycle and had suggested a more frequent survey to ensure timely information for policy makers, particularly to support implementation of healthcare transformation and the 5-yearly Malaysian Plan. Thus, starting from NHMS 2011, the survey was planned to be conducted as 4 yearly cycles with annual data collection. Similar scopes as previous NHMS are to be conducted on the first year of the cycle followed by different prioritized scopes on the subsequent three years. However, NHMS will only focus on national prevalence resulting in smaller sample size compared to previous NHMS.

The Fourth NHMS was conducted as a 2011-2014 cycle. The NHMS 2011 included similar scopes as previous NHMS namely; topics under health care demand, i.e. load of illness, health service utilisation, dental or oral health care, out-patient care, health care costs for appliance, promotive and preventive care, health problems, general health, personal risk factors, demand analysis; topics under non-communicable diseases and non-communicable diseases risk factors which included hypertension, hypercholesterolemia, diabetes mellitus, physical activity, nutritional status, smoking and alcohol consumption; mental health problems among adults, mental health problems among children and home injury. In 2012, IPH collaborated with World Health Organisation and CDC Atlanta in conducting Global School-based Student Health Survey (GSHS) which focused on health behaviours and protective factors of the adolescents in government secondary schools. GSHS

became part of NHMS, and two other scopes namely; nutrition and mental health were included. In the year 2014, NHMS covered two different scopes. In the first half of 2014, NHMS focused on nutrition among adult population in Malaysia, while in the second half of the year, NHMS studied the prevalence of visual impairment in Malaysia.

Data collection for the study on the visual impairment and blindness among Malaysian population, also known as Rapid Assessment of Avoidable Blindness (RAAB) was implemented on the fourth quarter of 2014. This survey has provided baseline indicators for planning and monitoring of eye care services in the country. This is in line with WHO Global Action Plan for the Prevention of Avoidable Blindness and Visual Impairment 2014-2019, where the global target is the reduction in prevalence of avoidable visual impairment by 25% by 2019 from the baseline of 2010.

2. THE NATIONAL HEALTH AND MORBIDITY SURVEY 2015

2.1 AN OVERVIEW

NHMS 2015 was conducted as the first survey in a new cycle of NHMS (2015-2018). The NHMS 2015 has repeated all the main scopes of the previous NHMS in monitoring trends of health problems and utilisation of health services in Malaysia. The aim was to provide health-related community based data and information to support the Ministry of Health Malaysia in reviewing its health priorities, programmes strategies, activities and planning its allocation of resources. The NHMS 2015 has covered most of the modules in NHMS 2011 especially on health care demands, non-communicable diseases and non-communicable diseases risk factors. A few additional modules were also included as requested by the stakeholders.

2.2. OBJECTIVES

2.2.1. General Objectives

To provide health related community-based data and information to support Ministry of Health in reviewing health priorities, program strategies and activities, and planning for allocation of resources.

2.2.2. Specific Objectives

- i. To describe community's perception and demand for health care.
 - a. To measure community's perception towards government/private health care delivery system.
 - b. To identify choice of preferred provider for specific health conditions.
 - c. To identify perceived cost for government and private care.
 - d. To determine the pattern of utilization of health care service.
 - e. To estimate the total household Out of Pocket Expenditure (OOPE) and its distribution
- ii. To determine Non-Communicable Diseases (NCDs) & NCD Risk Factors
 - a. To determine the prevalence of diabetes, hypertension, hypercholesterolemia by socio-demographic profile.
 - b. To determine the prevalence of risk factors of NCD i.e. smoking, physical inactivity, unhealthy dietary practice, alcohol consumption and obesity.
 - c. To determine the clinical management of individuals with diabetes mellitus, hypertension or hypercholesterolemia.
 - d. To determine the usual place of treatment for individual with diabetes mellitus, hypertension and hypercholesterolemia.
- iii. To determine the prevalence of other health-related problems
 - a. Mental Health Problem Among Adult
 - b. Mental Health Problem Among Children
 - c. Disability
 - d. Anaemia

- iv. To describe community's participation towards dengue control and prevention in the general population
- v. To determine the prevalence of TB-like symptoms in Malaysia and the health seeking behaviour of individuals with TB-like symptoms.
- vi. To assess the community's awareness and knowledge towards Hansen's disease/leprosy in Malaysia.
- vii. To study the prevalence of T&CM modalities used by the Malaysian population
- viii. To determine the prevalence of health literacy in Malaysian adults.

Detailed objectives of each topic were shown in **Appendix 1**.

2.3. ORGANISATIONAL SET-UP OF NHMS 2015

The organisation and functional committees were set up at various levels to ensure optimum coordination of this national survey. Assistance was obtained from various categories of staff within the Ministry of Health at national, state and district levels during the field implementation of the survey. In addition, temporary data collectors were recruited. The organisation set-up for the survey is summarized in the diagram below.

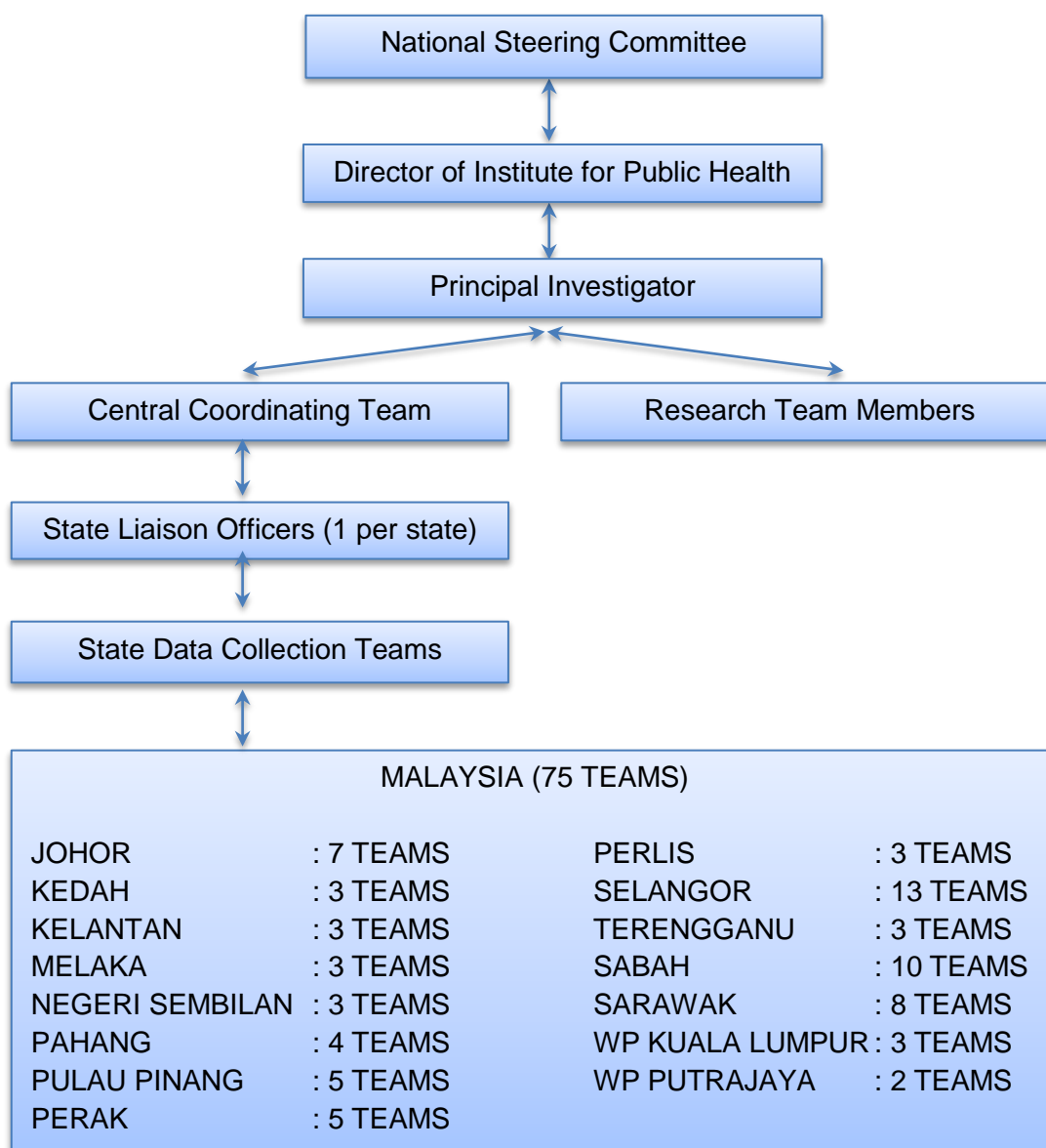


Figure 1: NHMS 2015 Organisation Chart

2.3.1. Steering Committee

The NHMS Steering Committee, chaired by the Director- General of Health was set up at the national level to approve on the scopes of NHMS 2015 and to facilitate the implementation of the survey.

The members and terms of reference of this committee are shown in **Appendices 2 and 3**.

2.3.2. Central Coordinating Team (CCT)

A working committee within the Institute for Public Health was established to coordinate the implementation of the survey according to the scheduled Gantt chart. The Operation Centre was set up as a base by the CCT for coordinating and monitoring the progress of the survey.

The CCT members and terms of reference are shown in **Appendices 4 and 5**.

2.3.3. Research Team Members

There were research team members for each sub-topic under the NHMS, with a Chairperson (act as the Principal Investigator) and Key-person (IPH officer as the co-Principal Investigator). The research team was responsible for the technical input for development of the manual to assist during data collection.

The members of the research teams are shown in **Appendix 6**.

2.3.4. State Liaison Officers

State Liaison Officer was appointed from each state to facilitate in the planning and implementation of data collection.

The list of State Liaison Officers and terms of reference are shown in **Appendix 7**.

2.3.5. State Data Collection Teams

There were a total of 75 data collection teams for NHMS 2015. The teams were distributed throughout the country to implement the data collection.

The list of State Data Collection Teams is shown in **Appendix 8**.

2.4. IDENTIFICATION OF THE SCOPES FOR NHMS 2015

Suggestions and feedback were obtained from the stakeholders and policy-makers at the central level on the areas to be covered by the NHMS based on the needs of the policy-makers. The stakeholders were required to justify for the areas suggested. These suggestions were then compiled and discussed at the institutional level and selection was done based on the specific criteria formulated and used in the previous second and third NHMS, as below;

1. Relatively high prevalence, currently or in future.
2. Focusing on diseases/disorders associated with affluence, lifestyle, environment and demographic changes.
3. Causing significant physical, mental or social disability.
4. Have important economic implications.
5. Information not available through routine monitoring system or other sources.
6. Feasibility of implementing intervention.
7. Information more appropriately obtained through a nation-wide community survey.
8. Feasibility of obtaining information through a nation-wide community survey.

Several discussions were held with the stakeholders since the year 2013 to discuss on the suggested topics and the selected topics were then shortlisted. Research groups were formed based on the shortlisted scopes/topics.

Research Scopes/Topics and Objectives of NHMS 2015

1. Health Care Demand
 - Perception on Healthcare Delivery System
 - Payer for Health Services
 - Reported Illness
 - Health Service Utilization
 - Dental Care
 - Outpatient Care
2. NCD and NCD risk factors
 - a. Non Communicable Disease
 - Diabetes Mellitus
 - Hypertension
 - Hypercholesterolemia
 - b. NCD Risk factors
 - Nutritional Status & Obesity
 - Dietary Practice
 - Smoking
 - Alcohol consumption
 - Physical Activity

3. Family Health

- Mental Health Problem Among Adult
- Mental Health Problem Among Children
- Disability
- Anaemia

4. Others

- Tuberculosis
- Leprosy
- Dengue
- Traditional & Complementary Medicine
- Health Literacy

Table 1: NHMS 2015 Modules According to Age

NO.	MODULE	TITLE	HH*	All age	≥5	≥13	≥15	≥16	≥18
1	A1000	Household Information	/						
2	A1041	Household Rosters	/						
3	A1050	Household Questionnaire	/						
4	A2	Sociodemography		/					
5	AC	Perception on Healthcare Delivery System							/
6	A23	Payer For Health Services		/					
7	B1	Reported Illness		/					
8	B2	Health Service Utilisation		/					
9	B3	Dental Care		/					
10	B4	Out-Patient Care		/					
11	C	Diabetes Mellitus							/
12	D	Hypertension							/
13	E	Hypercholesterolaemia							/
14	F	Physical Activity						/	
15	G	Dietary Practice							/
16	H	Smoking					/		
17	J	Alcohol				/			
18	K	Tuberculosis					/		
19	L	Hansen's Disease/Leprosy							/
20	M	Dengue							/
21	N	Traditional & Complimentary Medicine		/					
22	P	Disability							/
22	R	Clinical Assessment		/					
23	S	Mental Health Adult						/	
24	T	Mental Health Children			5 years to below 16 years				
25	U	Health Literacy							/

*HH: Head of Household

2.5. METHODOLOGY AND SAMPLING DESIGN

2.5.1. Target Population

Geographically, NHMS 2015 covered both urban and rural areas for every state in Malaysia. The target population was the residence in the non-institutional living quarters (LQ). Institutional population such as those staying in hotel, hostels, hospitals, etc. were excluded from the survey.

2.5.2. Sampling Frame

The sampling frame for this survey was updated in 2014 prior to the sampling process. Based on the frame, the geographical areas in Malaysia were divided into Enumeration Blocks (EB). There were about 75,000 EBs in Malaysia. On average, each EB contained between 80 to 120 Living Quarters with an average population of 500 to 600 people. The sampling frame was provided by Department of Statistics Malaysia.

The EBs in the sampling frame were classified into either urban or rural areas. The classification was given by Department of Statistics based on the population size of the gazetted area in the year 2014. The definition of urban area is a gazetted area which has a combined population of 10,000 or more. A gazetted area with a combined population of less than 10,000 is classified as rural area.

2.5.3. Sample Size Determination

Sample size was calculated using a single proportion formula for estimation of prevalence.

$$n_{SRS} \geq \frac{z^2 P(1-P)}{e^2}$$

The sample size calculation was based on a few criteria as below:

1. Variance of proportion of the variable of interest (Based on NHMS 2011 or other literatures)
2. Margin of error (e) (Between 0.01 to 0.05)
3. Confidence Interval of 95%

To ensure optimum sample size, few adjustments were made:

1. Adjusted n(srs) for the total number of target population (N) (Based on 2014 projected population)

$$n \geq \frac{n_{SRS}}{1 + \frac{n_{SRS}}{N}}$$

2. Adjusted for the design effect (deff) (Based on previous survey: NHMS 2011)
n(complex)= n * deff
3. Adjusted the n(complex) taking into account expected non response rates of 35%
n(adj) = n(complex) * (1+nonresponse rate)

4. The sample size was then adjusted according to the need of the analysis, whether the estimate was going to be done at the national, urban and rural level or the state, urban and rural level.

For the year 2015, based on the requirements for the core topics and above mentioned considerations, the optimum sample size required was 10,428 living quarters

Table 2: Distribution of Samples by States, NHMS 2015

No.	States	Urban		Rural		Total EB Sample by State	Total LQs by State
		Number of EBs	Number of LQs	Number of EBs	Number of LQs		
1	Johor	52	624	25	300	77	924
2	Kedah	28	336	25	300	53	636
3	Kelantan	25	300	25	300	50	600
4	Melaka	25	300	25	300	50	600
5	N.Sembilan	25	300	25	300	50	600
6	Pahang	25	300	25	300	50	600
7	P. Pinang	31	372	25	300	56	672
8	Perak	36	432	25	300	61	732
9	Perlis	25	300	25	300	50	600
10	Selangor	108	1,296	25	300	133	1,596
11	Terengganu	25	300	25	300	50	600
12	Sabah	38	456	32	384	70	840
13	Sarawak	29	348	25	300	54	648
14	WP Kuala Lumpur	37	444	-	-	37	444
15	WP Labuan	2	24	1	12	3	36
16	WP Putrajaya	25	300	-	-	25	300
Total		536	6,432	333	3,996	869	10,428

(Source: Department of Statistics)

The allocation of samples to the states, urban and rural was done proportionally to the population size. Bigger number of samples were allocated to states with bigger population size such as Selangor, Johor and Sabah, and lesser number of samples were allocated to states with smaller population size such as Perlis, Melaka and Putrajaya.

2.5.4. Sampling Design

To ensure national representativeness, two stage stratified random sampling was used. The two strata are Primary stratum, which made up of states of Malaysia, including Federal Territories, and Second stratum, which made up of urban and rural strata formed within primary stratum.

Sampling involved two stages; the Primary Sampling Unit (PSU), which was Enumeration Block (EBs) and the Second Sampling Unit (SSU), which was Living Quarters (LQs) within the selected EBs. A total of 10,428 LQs were selected from the total EBs in Malaysia, where 536 and 333 EBs were selected from urban and rural areas respectively. Twelve LQs were randomly selected from each selected EB.

- All households within the selected LQs were included in the study.
- All members in the households were also included in the study.

2.6. FIELD PREPARATION AND LOGISTIC SUPPORT

Several categories of support were recruited from every state. In each state, Liaison Officer was appointed to assist the central team in the logistic preparation of the survey. These Liaison Officers assisted in the delivery of information regarding survey and liaised with the selected communities, relevant District Health Officers and Local Authorities for logistic arrangement, such as transportations and accommodations.

Before the implementation of the data collection, scouts were appointed from the District State Office the selected districts. The selected LQs were then identified and tagged by the scouts. The members in the selected LQs, communities and related government agencies were also informed about the survey.

Field Supervisors of each state were recruited to liaise with Liaison Officer in the arrangement of transportation, accommodation, appointment with respondents and other related logistic issues.

75 teams were established throughout Malaysia. Each team comprised of one Team Leader (Q27), three interviewers (Q17), one nurse and one driver.

2.7. QUESTIONNAIRES AND OTHER SURVEY MATERIALS

Structured questionnaires were used to collect data based on the scopes of the survey. There were two types of questionnaire; face-to-face interview and self-administered. For the face-to-face interview, the pre-tested questionnaire was bi-lingual (Bahasa Melayu and English) accompanied with questionnaire manual prepared as a guide to the data collectors. The self-administered questionnaires were in four languages; Bahasa Melayu, English, Mandarin, and Tamil.

The face-to-face interview questionnaire was programmed into an application and the data collection was done using tablet. The self-administered questionnaires were prepared in hardcopies. The questionnaires contain modules as follows:

Household questionnaire (Face-to-face interview):

A1000 : Household Information
A1041 : Household Roster
A1050 : Household Questionnaire

Individual Questionnaire (Face-to-face interview):

A2 : Socio demography
AC : Perception on Healthcare Delivery Systems
A23 : Payer for Health Services
B1 : Reported Illness
B2 : Health Service Utilisation
B3 : Dental Care
B4 : Out-Patience Care
C : Diabetes Mellitus
D : Hypertension
E : Hypercholesterolemia
F : Physical Activity
G : Dietary Practices
H : Smoking
J : Alcohol
K : Tuberculosis
L : Hansen's Disease/Leprosy
M : Dengue
N : Traditional and Complimentary Medicine
P : Disability
R : Clinical Assessment
R3 : Blood Pressure Measurement
R4 : Biochemistry Test
R5 : Haemoglobin Test

Self-administered Questionnaires:

- i. Alcohol (13 years and above)
- ii. Mental Health
 - a. Children (5 to below 16 years)
 - b. Adult (16 years and above)
- iii. Health Literacy (18 years and above)

Questionnaires used were as shown in **Appendix 9**.

There were flash cards and code book to assist in the interview (**Appendix 9**)

Interviews were conducted for respondents aged 13 years and above, while for respondents below 13 years, the parent/guardian responded to the interview on their behalf (by proxy). Similar rules were applied to the self-administered questionnaire.

Clinical Assessment (done by nurses):

- Anthropometry (weight/height/length and waist circumference): All ages.
- Blood pressure measurement: Aged 18 years and above.
- Biochemistry tests (Fasting Blood Glucose and Cholesterol): Aged 18 years and above.
- Hemoglobin test: Aged 15 years and above

For the assessment of weight, Tanita Personal Scale HD 319 was used for adults, while Tanita Baby Scale 1583 was used for infants. Both tools had been validated and calibrated. For field implementation, a standard weight was supplied for each team for standardisation.

For measurement of height, SECA Stadiometer 213 was used for adults, while Measuring Mat SECA 210 was used for infants. Both tools have also been validated and calibrated.

Omron Japan Model HEM-907 which had been validated and calibrated was used for blood pressure assessment, while PA Cardiocheck which had been validated, was used to assess fasting blood glucose and cholesterol. A validated and calibrated hemocue machine Hb 201+ was used to measure haemoglobin level.

2.8. TRAINING FOR IMPLEMENTATION OF NHMS 2015

2.8.1. Training for Scouts

A training course was conducted for the scouts. The scouts were trained on the technique of reading the EBs map, locating the selected LQs, tagging the identified LQs and informing head of the household on the survey. The scouts were also required to update the data collection teams on the basic information of the household members.

2.8.2. Training for Data Collection Teams

Prior to data collection, a training course was conducted for the field supervisors, team leaders, nurses and interviewers. The training course was conducted separately for data collectors from Peninsular Malaysia and Sarawak, Sabah and Labuan.

The main objectives of the training were to familiarize the data collection teams with the questionnaire, develop the interpersonal skills and appreciate the need for good teamwork. Briefing on the questionnaire, mock interview in the classroom and individual interviewing practice under supervision were conducted during the training.

The nurses were trained on the techniques of using related equipments used in clinical examination. They were also briefed on the criteria for referral of respondents with health problems. At the end of training a pilot test for data collection was conducted.

2.9. PUBLICITY

Publicity is an essential component in enhancing the response rate of a nationwide community survey. The main purpose was to create awareness among the public about the survey and to get the highest participation from the household members of the selected living quarters. The publicity was carried out by utilizing both printed and electronic media and further reinforced by sending personal letters containing information on the benefits and importance of participating in the survey.

The publicity team was responsible for designing the template and drafting the contents of publicity materials such as pamphlet, poster, bunting, banner, car sticker, respondent information sheet, media press release, news ticker or “crawler” for television, and text (both questions and answers) for radio, and television interviews based on inputs from Principal Investigator. In order to ensure messages reached to various ethnic groups of the community, most of the printed publicity materials such as pamphlets and respondent information sheets were produced and delivered in four main languages – Malay, English, Mandarin and Tamil.

The publicity team liaised closely with the counterparts from the Health Education Division, Ministry of Health (MOH) and the Corporate Communication Unit, MOH especially in making publicity arrangements with the mass media such as newspapers, television and radio. This included organizing press conference sessions as well. In addition, the implementation of publicity activities at the states were strongly supported by The State Health Departments through the State Liaison Officers. The scouting teams helped in the distribution of pamphlets to every selected living quarters and displaying posters at health facilities and prominent public places. Furthermore, the State Liaison Officers for each state were also responsible for arranging for radio interviews at local radio broadcasting networks and arranging additional publicity strategies (when needed).

Summary of the publicity activities and samples of publicity materials are in **Appendix 10**.

2.10. FIELD DATA COLLECTION PHASE

2.10.1. Data Collection Period

In Peninsular Malaysia, the data collection started on 1 March 2015 while in Sabah and Sarawak the data collection started in the middle of March 2015. All data collection ended in early June 2015.

2.10.2. Data Collection by Using Mobile Data Collection Tools

Since the beginning of NHMS, the data collection was carried out in traditional way by using paper and pen (or pencil). This method would require a longer time for data processing. For NHMS 2015, IPH has opted to use mobile data collection devices to shorten the duration of data processing.

As many as 340 Tablets were used for NHMS 2015 Survey. Each team was given 4 tablets for data collections. During the period of data collection, about 300 tablets were used in the field whereas the remaining 40 tablets were kept either by IPH or the Field Supervisors for back-up purposes. Each data collector was provided a manual on the tablet usage and care as well as the e-NHMS 2015 Application User's Guide.

Data collection was done using the e-NHMS 2015 application. The application contained all the modules that were required in the face-to-face interview.



Figure 2: e-NHMS 2015 Application

The e-NHMS 2015 Application Interface consists of the:

1. Login Screen: The data collectors entered their username and password specifically given to them.
2. Home screen: In this home screen, the options provided to data collectors were :
 - i. New Survey Button: To start new survey; data collectors were given options either household or individual survey
 - ii. Draft Section: To review and edit previously saved survey that had not been finalized yet
 - iii. Finalized Section: To review and edit previously saved survey that had not been submitted to the server
 - iv. History Section: To review the previously submitted survey
 - v. Search Button: To search for the previously saved survey
3. Questionnaire pages: All face-to-face questionnaires were programmed into this application.

In the application, data collectors entered answers given by respondents depending on the type of response required in the application; such as Multiple Choice Options, Free Text, Numeric or Alphanumeric Answers.

As the data collected in the field were directly submitted to the server, on-field data quality check were essential in making sure that the data submitted were in good quality. Hence, the applications were developed in such a way that each answer option was given certain rules for quality control. Example:

- a. Survey ID: Survey ID of each respondent was displayed in 'Drop-Down' manner. This was to minimise the error made by the data collectors during entry of Respondent's Survey ID.
- b. Age-based Questionnaire: The questionnaires programmed in e-NHMS 2015 application were based on age. The application automatically calculated the age of the respondent and displayed questionnaires related to the respondent's age.
- c. Limits/ Normal Value: Certain questions might require the logical answers. E.g: If the Questions asked, "how many days do you exercise in a week?" The answer options were restricted only from 0 days to 7 days.
- d. Some questions were required to be answered in looping or jumping manner. The application automatically did this for the data collectors.
- e. At the end of the survey, before submitting the survey to the server, data collectors were prompted again by the app on how many more questions were left unanswered. Data collectors could open the unanswered questions and answered them before submitting to the server.
- f. In addition to supervising the interview, Field Supervisor was given the responsibility to check whether the Survey ID entered was correct and to ensure that all the questions were answered before data collectors submitted the survey to IPH Server.

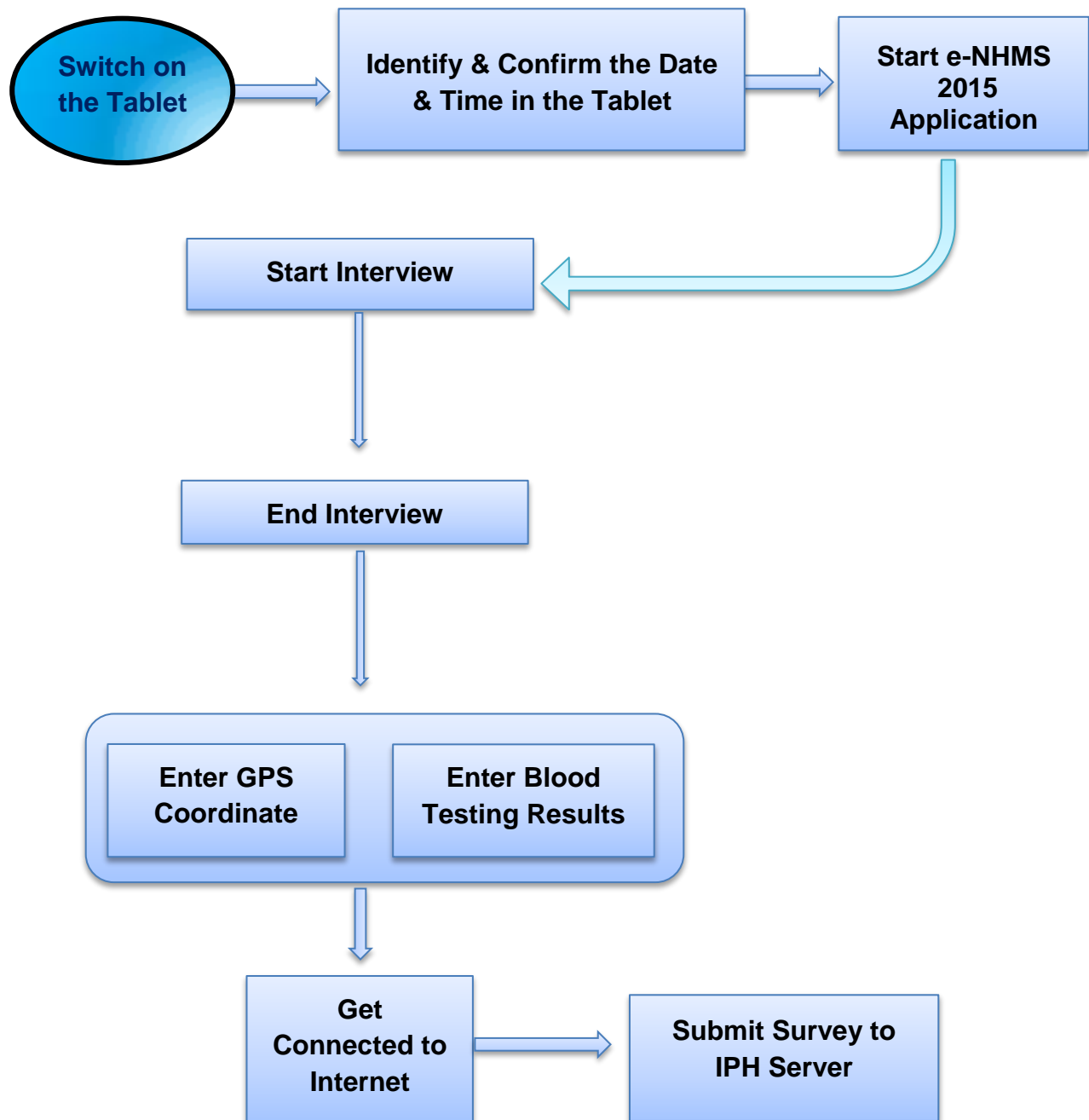


Figure 3: Flow Chart on Tablet Usage during Data Collection

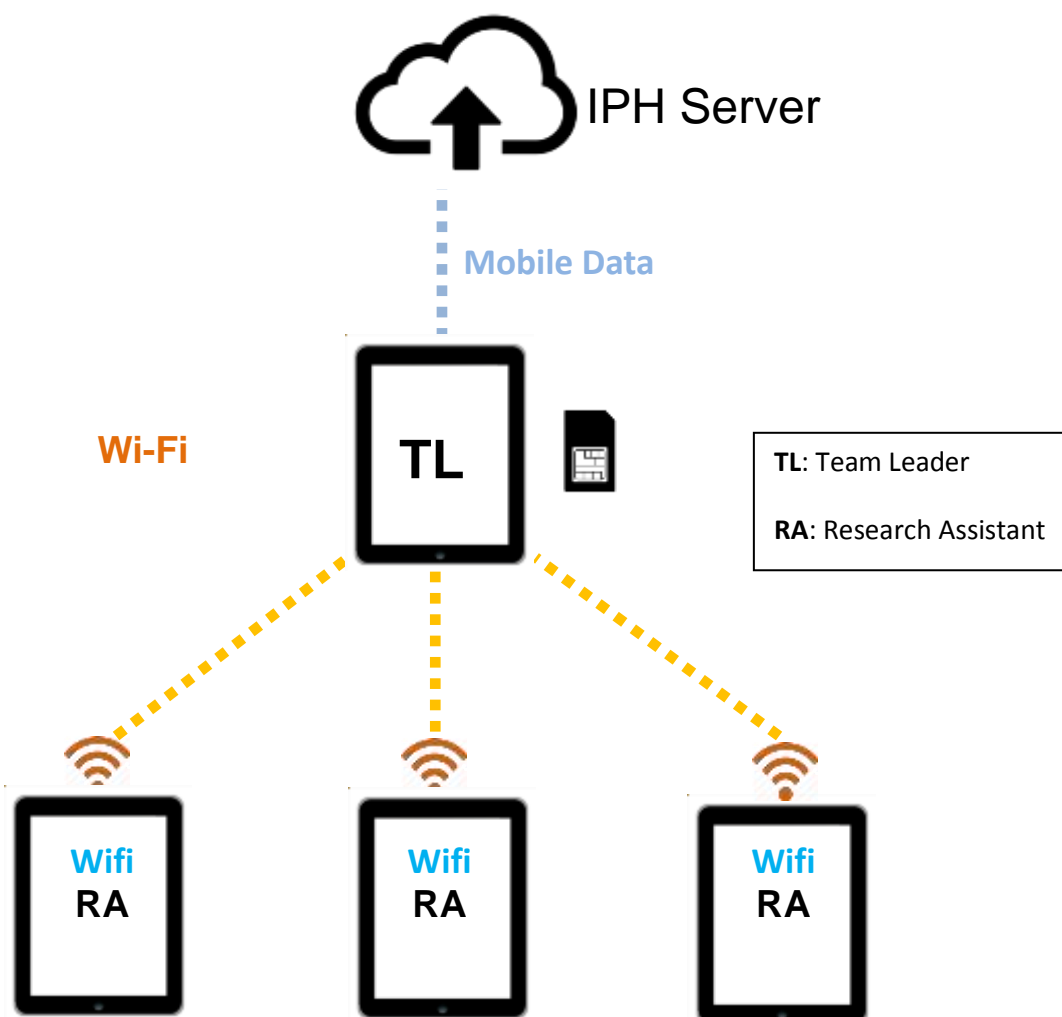


Figure 4: Data Submission to the IPH Server

Each Team Leader (TL) was provided with a SIM Card with Mobile Data Internet Connection. Each time when surveys were completed, the TL would switch on the mobile data while the research assistant (RA) connected to TL's mobile data using Wi-Fi Hotspot. Once they were all connected to the internet, the completed survey automatically be submitted to the IPH Server.

2.10.3. Data Collection Process

An appointment with the household was made by the team leader prior to the actual visit. In case if any of the household members were not available during the first visit, the team had to make several attempts to ensure a good coverage of all the members in the household. At least three visits were attempted before the household was classified as unsuccessful.

Unsuccessful survey at the household level could be due to:

- Not an LQ: The selected sample was found not to be a Living Quarters.
- LQ destroyed: The selected sample was found to be destroyed.
- Empty LQ: The selected sample was found to be unoccupied.
- Locked LQ: The selected sample was found to be locked.
- Refusal: The selected sample refused at the household level.
- Others: Eg: – hostile environment/danger

Unsuccessful survey at the individual level could be due to:

- Not eligible: The individual was not eligible for this survey.
- Not at home: The individual was not at home during the visit/s.
- Refusal: The individual refused to be interviewed.
- Others: Eg: - Language barrier

Information sheet and consent form was made available for every respondent. For minor or disabled, a signed consent was taken from the guardian with a witness. For illiterate respondent, thumb print was also taken from the respondent with a literate person as the witness. **Appendix 11**

2.10.4. Transportation of Completed Self-administered Questionnaire (SAQ) from Field to Operation Centre

Self-administered questionnaires (SAQ) were collected every two weeks from each state in Peninsular Malaysia. SAQ from Sabah and Sarawak were sent to operation centre via courier.

2.10.5. Data Collection Monitoring

Throughout the data collection period, the Central Coordinating Team (CCT) had conducted weekly meeting to monitor the progress of each team. These meetings were chaired by the Director of Institute for Public Health (IPH) to discuss on the movements of the teams, logistic issues, response rate, and the publicity.

The productivity of each team was monitored by comparing the cumulative targeted LQs with the weekly progress report by the teams and the amount of data receives in the server. This information was updated regularly on the monitoring board at the operation room together with the status of SAQ received. Appropriate actions were taken for any problems detected.

2.10.6. Quality Control Checks

Quality control of the whole survey was done at various stages. During the planning stage, quality was ensured through correct survey design, validated questionnaires and tools, manuals and standardised training. On the field, quality check started with the identification of the correct Identification Number (ID) of the selected LQs based on the map provided by the Department of Statistics. In terms of data quality, the Field Supervisors were given responsibility to supervise the interviews and the data collection processes and review all filled questionnaires at the end of the survey. At the central level, all the submitted questionnaires had undergone various checks by the data processing team.

To ensure the quality of data captured, quality check were also in-built into the application pertaining to eligibility in answering different modules based on age-group or sex.

2.11. OPERATION CENTRE

The operation centre was set up to centralize and coordinate activities at the central level. With the data available, the operation centre would be able to detect early warning signs of problems and hence could respond accordingly.

Among the activities were monitoring weekly progress of data collection, team movement and location, providing support to data collection teams, i.e. supplying of questionnaires, equipment and consumables, providing backup manpower, maintaining hotline for enquiries, conducting weekly meetings for central coordinating team. The frequency of the meetings was scheduled once a week to disseminate weekly reports, discuss progress and challenges. Minutes of the meetings were recorded for delegations and follow up actions.

Examples of indicators monitored were coverage rates and response rates. Formats were designed to capture data from the field performance to be matched with the data received in the database from time to time. This would ensure optimum productivity and completion of survey following the planned timeline.

Format NHMS/DC_3b was developed to capture number of living quarters, number of respondents by household and individual, number of respondents answered using tablet and SAQ modules covered per week.

Operation centre also collected daily reports from Station 1 (receiving of questionnaires and quality check), Station 2 (scanning) and Station 3 (data verification) for SAQ, and then recorded on the monitoring board. If there were any inconsistencies when matched with Format NHMS/DC_3b, prompt actions were taken to notify the concerned parties to make necessary checks and corrections.

The operation centre played a key role to ensure the survey run smoothly. Proper management and deployment of staff, timely supply of functioning equipment and resources would undoubtedly drive better performance towards quality data.

2.12. DATA MANAGEMENT

2.12.1. Data Processing

All major data processing activities were centralized at Institute for Public Health which started from receiving questionnaire bundles from the field until hand over of the clean dataset to data analysis team. Data processing activities were done based on the type of questionnaire (ie: face-to-face interview or self-administered)

A) Face-to-face Interview

- Data collections for face-to-face interviews were carried out by the data collection teams using mobile devices based on the system developed for the data collection.
- Completed questionnaires were sent to the NHMS server in IKU whenever there was an internet connection.
- Data in the NHMS server were downloaded regularly (3 hourly) by the server and saved in the dataset folders according to the completion time of downloading activity.
- Data management team downloaded the dataset folder every morning.
- Quality control was done to the dataset (especially on the respondent ID, outliers or incorrect data)
- Cleaned data were sent to the data analysis team.

B) Self-administered Questionnaire

- The data processing for self-administered questionnaires involved several stations.
 1. Station 1 : Checking Respondent ID
 2. Station 2 : Scanning process
 3. Station 3 : Verification process
 4. Station 4 : Storage of questionnaire

2.12.2. Workflow for Individual Questionnaire

Station 1

1. Questionnaire bundles received from the field (by post or handed over by the data collection team) were recorded in BUKU DAFTAR PERGERAKAN BORANG NHMS 2015 (STATION 1)

2. Number of questionnaire from each EB were calculated and compared with information on the EB cover. Any discrepancies were referred to the data collection team.
3. IDs of the LQs and respondents were checked based on EB master list. Any mistake was corrected accordingly and conveyed to the data collection team(s).
4. Individual booklets with no problem were stamped "QUESTIONNAIRE CHECKED"
5. Questionnaire bundle then passed over to Station 2.

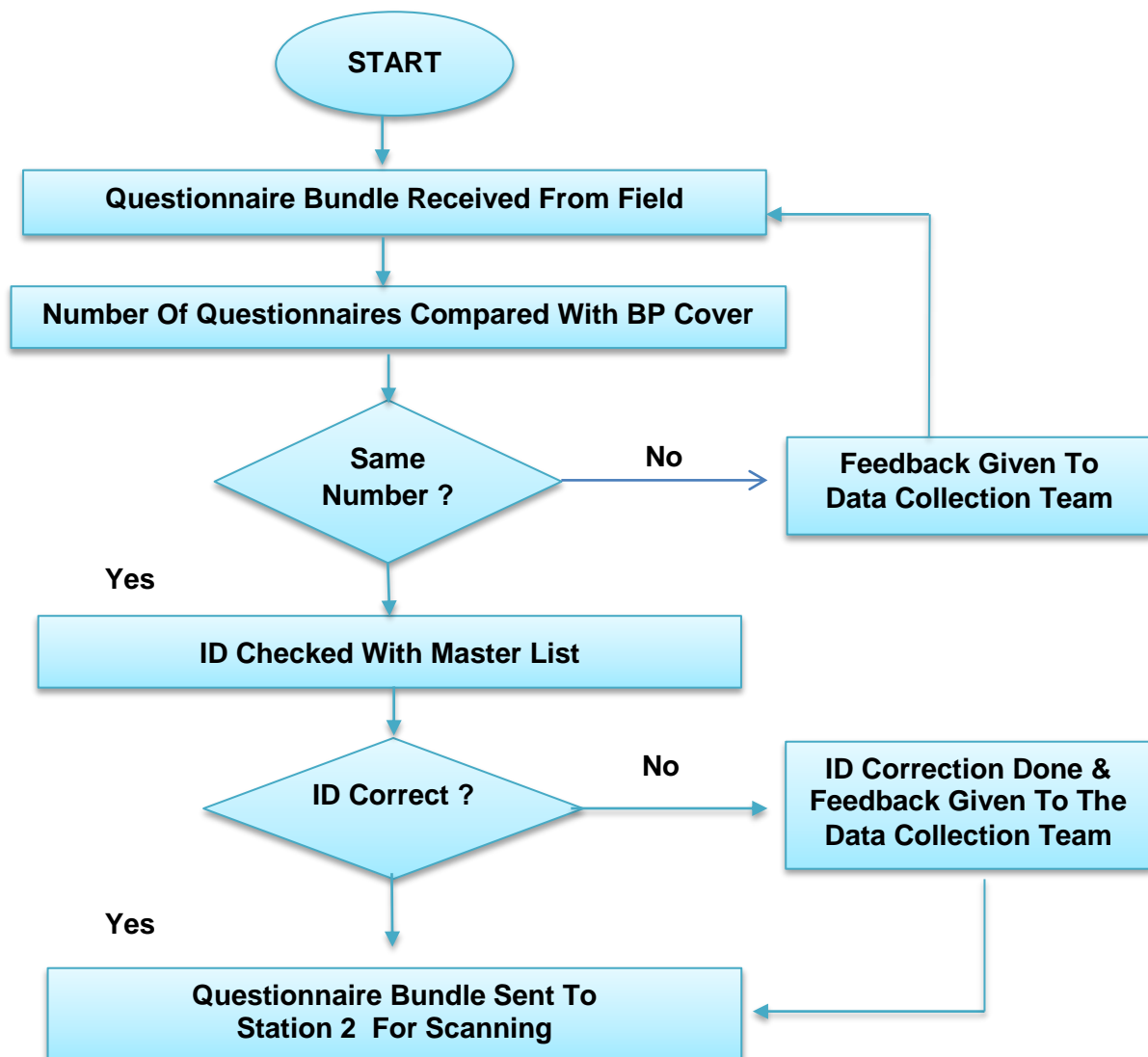


Figure 5: Work flow of Station 1

Station 2

1. Received questionnaire bundles from Station 1 and recorded in the BUKU DAFTAR PERGERAKAN BORANG SOAL SELIDIK NHMS 2015 (STATION 2)
2. Questionnaire were scanned based on the modules.
3. The questionnaire bundle sent to Station 3 and recorded in BUKU DAFTAR PERGERAKAN BORANG SOAL SELIDIK NHMS 2015 (STATION 2)

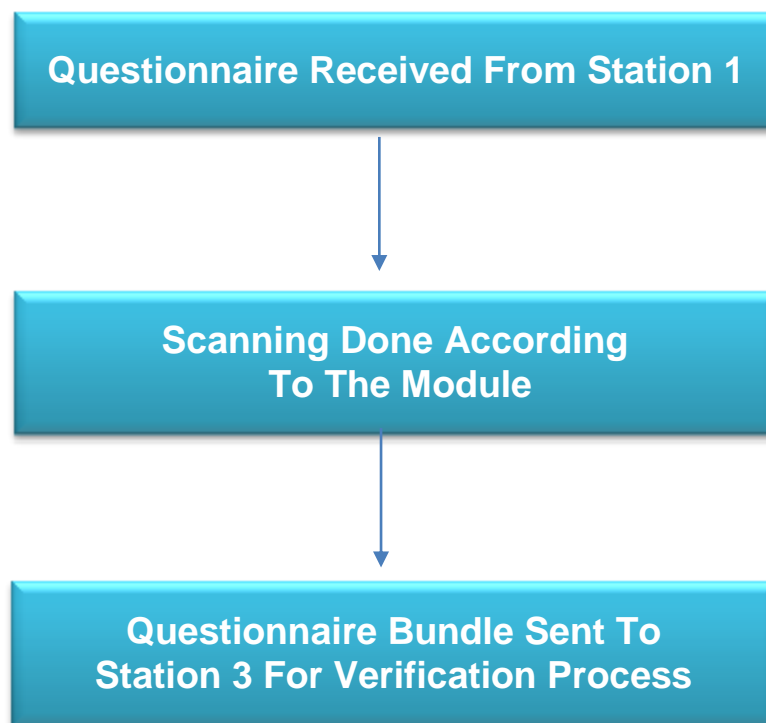


Figure 6: Work flow of Station 2

Station 3

1. Questionnaire bundle received from Station 2 and recorded in BUKU DAFTAR PERGERAKAN BORANG SOAL SELIDIK NHMS 2015 (STATION 3)
2. Verification of the data captured by scanner was done by the verifier.
3. Completed dataset were extracted based on the module and sent to the data analysis team.
4. Completed questionnaire bundles were sent to Station 4 for storage and recorded in BUKU DAFTAR PERGERAKAN BORANG SOAL SELIDIK NHMS 2015 (STATION 3)

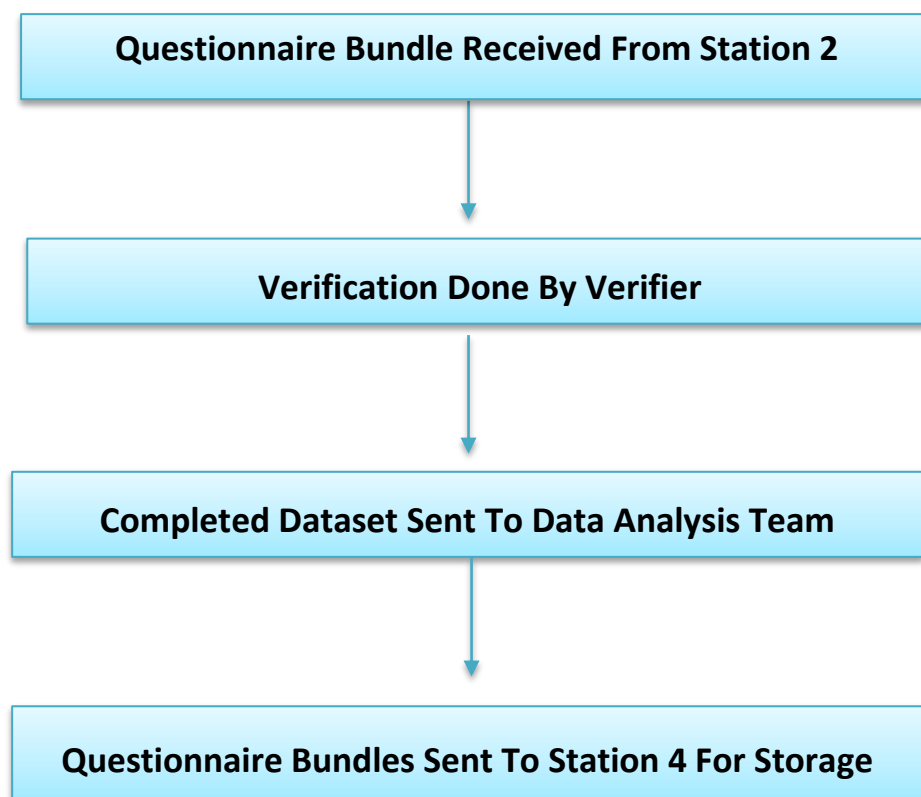


Figure 7: Work flow of Station 3

Station 4

1. Questionnaire bundle received from Station 3 and recorded in BUKU DAFTAR PENYIMPANAN BORANG SOAL SELIDIK NHMS 2015 (STATION 4)
2. Questionnaire bundles were sorted and stored according to the modules, state and EB for easy retrieval.

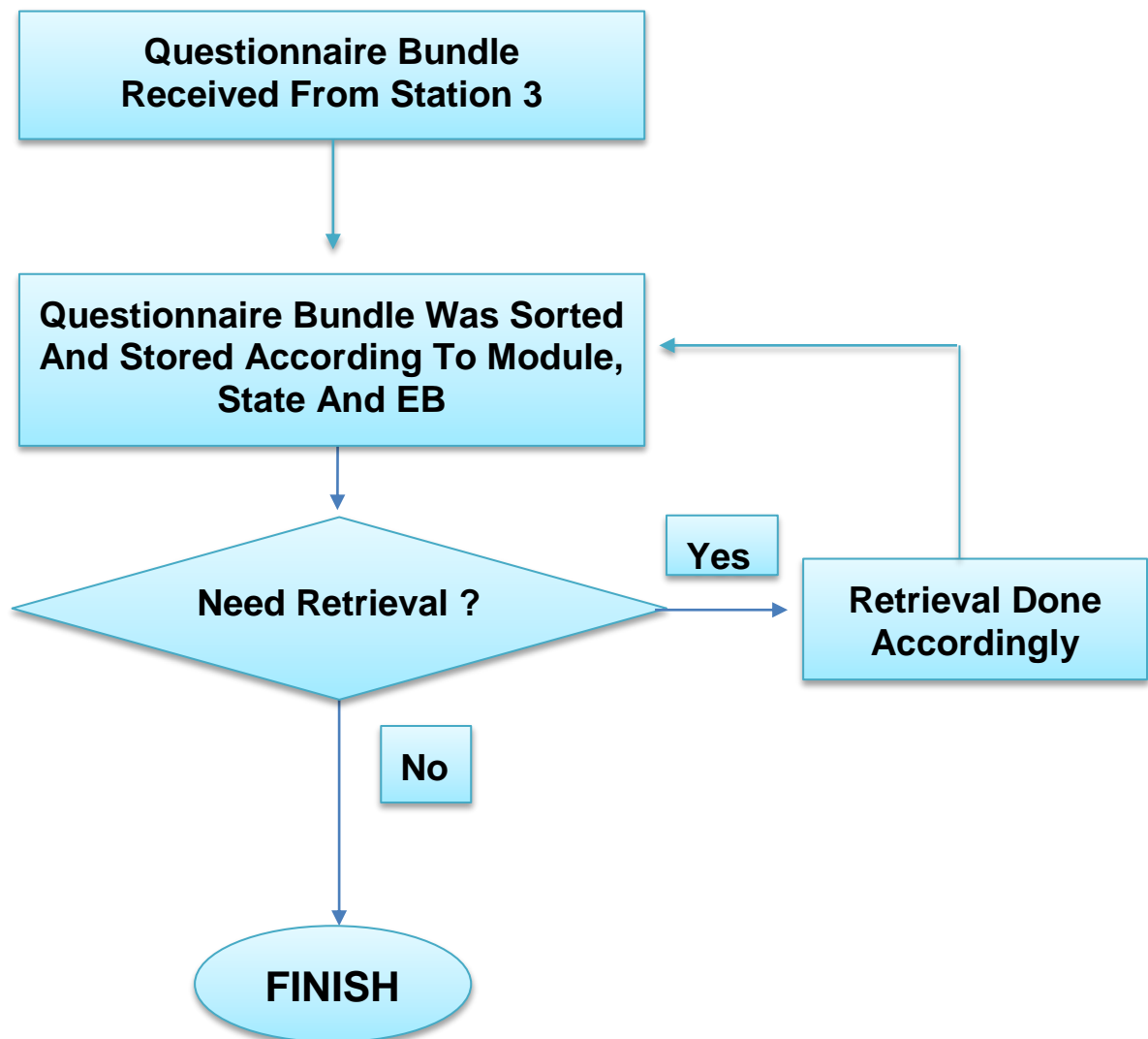


Figure 8: Work flow of Station 4

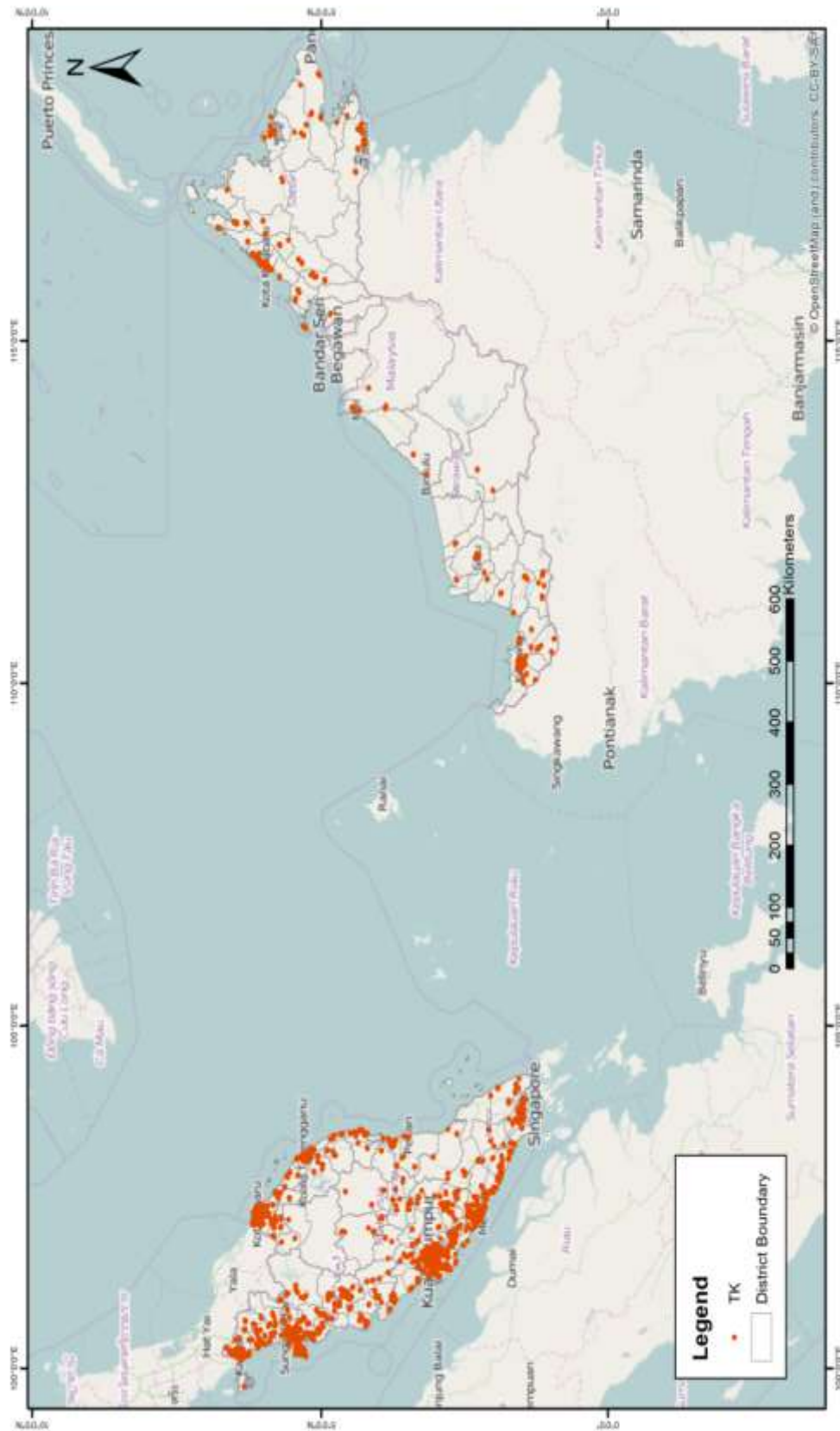


Figure 9: Distribution of Living Quarters Selected for NHMS 2015

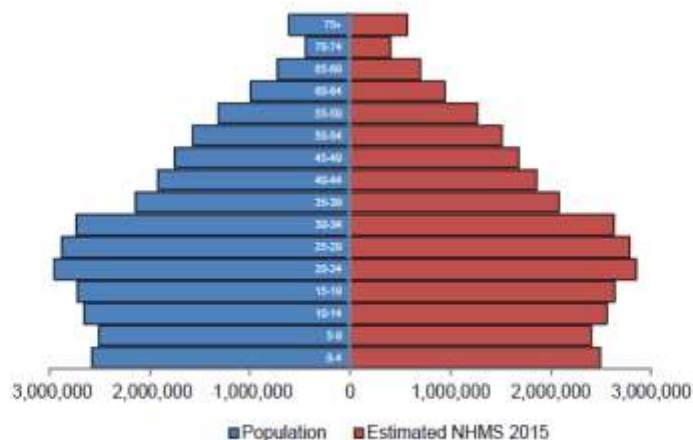


Figure 10: Population Pyramid: Comparison between Estimated Population based on NHMS 2015 and Projected Malaysian Population on 2015

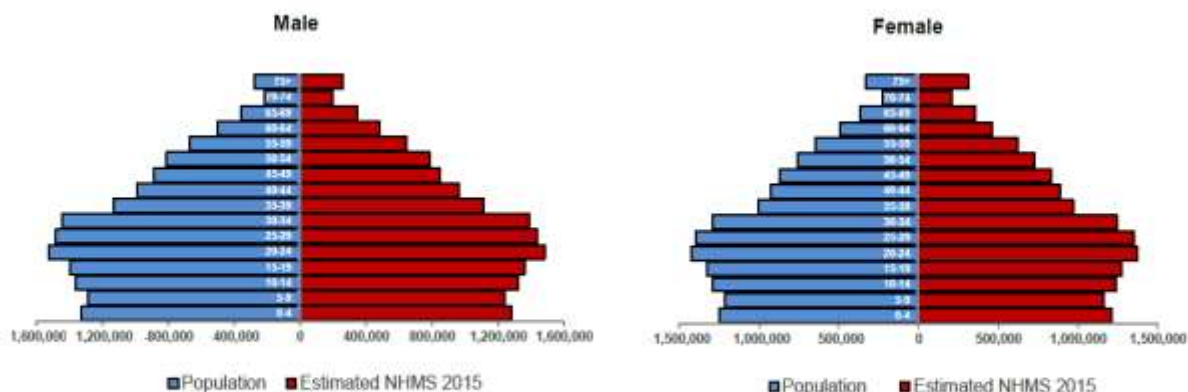


Figure 11: Population Pyramid: Comparison between Estimated Population by Sex based on NHMS 2015 and Projected Malaysian Population on 2015

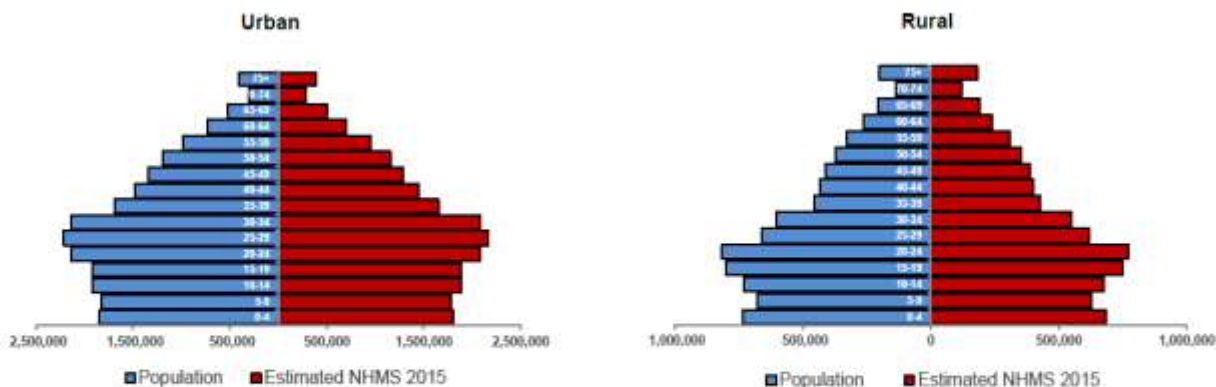


Figure 12: Population Pyramid: Comparison between Estimated Population by Strata (urban & rural) based on NHMS 2015 and Projected Malaysian Population on 2015

Table 3: Response Rate at Living Quarter and Individual Levels by States, NHMS 2015

State	LQ			Individual			Total Response Rate (%)
	Eligible	Interviewed	Response Rate (%)	Eligible	Interviewed	Response Rate (%)	
Johor	822	748	91.0	2,670	2,594	97.2	88.4
Kedah	581	530	91.2	1,906	1,854	97.3	88.7
Kelantan	524	474	90.5	1,940	1,899	97.9	88.5
Melaka	538	498	92.6	1,788	1,734	97.0	89.8
Negeri Sembilan	557	523	93.9	1,871	1,838	98.2	92.2
Pahang	539	509	94.4	1,873	1,817	97.0	91.6
Pulau Pinang	626	578	92.3	1,909	1,885	98.7	91.2
Perak	652	593	91.0	2,080	2,036	97.9	89.0
Perlis	591	588	99.5	1,889	1,832	97.0	96.5
Selangor	1,452	1,155	79.5	4,386	4,165	95.0	75.5
Terengganu	521	497	95.4	1,902	1,872	98.4	93.9
Sabah	741	626	84.5	2,597	2,500	96.3	81.3
Sarawak	599	492	82.1	1,840	1,759	95.6	78.5
WP Kuala Lumpur	394	333	84.5	970	912	94.0	79.5
WP Labuan	30	26	86.7	96	96	100.0	86.7
WP Putrajaya	266	241	90.6	831	813	97.8	88.6
Total	9,433	8,411	89.2	30,548	29,606	96.9	86.4

Table 4: Response Rate at Living Quarter and Individual Levels by Locality (Urban & Rural) and States, NHMS 2015

State	LQ Level						Individual Level					
	Urban			Rural			Urban			Rural		
	Eligible	Interviewed	Response Rate (%)	Eligible	Interviewed	Response Rate (%)	Eligible	Interviewed	Response Rate (%)	Eligible	Interviewed	Response Rate (%)
Johor	559	498	89.1	263	250	95.1	1,791	1,724	96.3	879	870	99.0
Kedah	307	279	90.9	274	251	91.6	1,004	977	97.3	902	877	97.2
Kelantan	252	220	87.3	272	254	93.4	877	859	97.9	1,063	1,040	97.8
Melaka	265	245	92.5	273	253	92.7	874	850	97.3	914	884	96.7
Negeri Sembilan	279	252	90.3	278	271	97.5	914	901	98.6	957	937	97.9
Pahang	264	246	93.2	275	263	95.6	859	833	97.0	1,014	984	97.0
P. Pinang	337	299	88.7	289	279	96.5	902	892	98.9	1,007	993	98.6
Perak	390	338	86.7	262	255	97.3	1,175	1,139	96.9	905	897	99.1
Perlis	294	292	99.3	297	296	99.7	900	873	97.0	989	959	97.0
Selangor	1,164	891	76.5	288	264	91.7	3,397	3,226	95.0	989	939	94.9
Terengganu	247	231	93.5	274	266	97.1	895	881	98.4	1,007	991	98.4
Sabah	405	303	74.8	336	323	96.1	1,248	1,192	95.5	1,349	1,308	97.0
Sarawak	321	240	74.8	278	252	90.6	903	855	94.7	937	904	96.5
WP Kuala Lumpur	394	333	84.5				970	912	94.0			0.0
WP Labuan	18	17	94.4	12	9	75.0	49	49	100.0	47	47	100.0
WP Putrajaya	266	241	90.6				831	813	97.8			0.0
Total	5,762	4,925	85.5	3,671	3,486	95.0	17,589	16,976	96.5	12,959	12,630	97.5

Table 5: Socio-demographic Characteristics of the Respondents, NHMS 2015

	Total		Male		Female	
	Count	%	Count	%	Count	%
MALAYSIA	29,460	100	14,225	100	15,235	100
STATES						
Johor	2,570	8.7	1,269	8.9	1,301	8.5
Kedah	1,880	6.4	953	6.7	927	6.1
Kelantan	1,887	6.4	906	6.4	981	6.4
Melaka	1,730	5.9	777	5.5	953	6.3
N.Sembilan	1,834	6.2	875	6.2	959	6.3
Pahang	1,821	6.2	905	6.4	916	6.0
Pulau Pinang	1,878	6.4	890	6.3	988	6.5
Perak	1,976	6.7	931	6.5	1,045	6.9
Perlis	1,814	6.2	862	6.1	952	6.2
Selangor	4,117	14.0	1,996	14.0	2,121	13.9
Terengganu	1,865	6.3	919	6.5	946	6.2
Sabah & Labuan	2,610	8.9	1,280	9.0	1,330	8.7
Sarawak	1,769	6.0	831	5.8	938	6.2
WP Kuala Lumpur	906	3.1	444	3.1	462	3.0
WP Putrajaya	803	2.7	387	2.7	416	2.7
STRATA						
Urban	16,880	57.3	8,134	57.2	8,746	57.4
Rural	12,580	42.7	6,091	42.8	6,489	42.6
GENDER						
Male	14,225	48.3				
Female	15,235	51.7				
AGE GROUP						
0-4	2,689	9.1	1,355	9.5	1,334	8.8
5-9	2,688	9.1	1,367	9.6	1,321	8.7
10-14	2,638	9.0	1,283	9.0	1,355	8.9
15-19	2,291	7.8	1,141	8.0	1,150	7.5
20-24	1,928	6.5	1,007	7.1	921	6.0
25-29	2,176	7.4	1,022	7.2	1,154	7.6
30-34	2,096	7.1	1,041	7.3	1,055	6.9
35-39	1,915	6.5	873	6.1	1,042	6.8
40-44	1,797	6.1	805	5.7	992	6.5
45-49	1,869	6.3	890	6.3	979	6.4
50-54	1,897	6.4	873	6.1	1,024	6.7
55-59	1,682	5.7	795	5.6	887	5.8
60-64	1,345	4.6	620	4.4	725	4.8

65-69	1,015	3.4	499	3.5	516	3.4
70-74	685	2.3	315	2.2	370	2.4
75+	749	2.5	339	2.4	410	2.7
EDUCATION						
No Formal	1,995	7.6	753	5.9	1,242	9.0
Primary	8,611	32.6	4,141	32.7	4,470	32.5
Secondary	10,354	39.2	5,191	41.0	5,163	37.6
Tertiary	4,403	16.7	2,057	16.2	2,346	17.1
Unclassified	1,043	3.9	531	4.2	512	3.7
MARITAL STATUS						
Never married	6,687	29.7	3,608	33.7	3,079	26.1
Married	13,860	61.6	6,730	62.8	7,130	60.6
Widow/Widower/Divorcee	1,941	8.6	375	3.5	1,566	13.3
OCCUPATION						
Government/Semi Government	2,195	13.4	1,096	13.4	1,099	13.3
Private Employee	6,206	37.8	3,764	46.1	2,442	29.5
Self Employed	3,892	23.7	2,582	31.6	1,310	15.8
Unpaid worker / homemaker	3,352	20.4	124	1.5	3,228	39.0
Retiree	786	4.8	598	7.3	188	2.3
HOUSEHOLD INCOME						
Less than RM1000	4,638	15.7	1,917	13.5	2,721	17.9
RM1000 – 1999	5,450	18.5	2,629	18.5	2,821	18.5
RM2000 – 2999	5,053	17.2	2,519	17.7	2,534	16.6
RM3000 – 3999	3,743	12.7	1,868	13.1	1,875	12.3
RM4000 – 4999	2,663	9.0	1,317	9.3	1,346	8.8
RM5000 – 5999	2,041	6.9	1,034	7.3	1,007	6.6
RM6000 – 6999	1,367	4.6	690	4.9	677	4.4
RM7000 – 7999	1,143	3.9	578	4.1	565	3.7
RM8000 – 8999	913	3.1	457	3.2	456	3.0
RM9000 – 9999	459	1.6	225	1.6	234	1.5
RM10000 and above	1,990	6.8	991	7.0	999	6.6
QUINTILE HOUSEHOLD INCOME						
Quintile 1	3,958	13.4	1,604	11.3	2,354	15.5
Quintile 2	5,580	18.9	2,672	18.8	2,908	19.1
Quintile 3	6,471	22.0	3,217	22.6	3,254	21.4
Quintile 4	6,072	20.6	3,045	21.4	3,027	19.9
Quintile 5	7,379	25.0	3,687	25.9	3,692	24.2

OBJECTIVES

Appendix 1:
GENERAL AND SPECIFIC OBJECTIVES

NO.	TOPIC	GENERAL OBJECTIVES	SPECIFIC OBJECTIVES
1	Healthcare Demand (Health Service Utilization & Expenditure)	To describe the community's perception and demand for health care.	<ul style="list-style-type: none"> To measure community's perception towards government/private health care delivery systems. To identify choice of preferred provider for specific health conditions. To identify perceived cost for government and private care. To determine the pattern of utilization of health care services. To estimate the total household OOPE and its distribution
2	Diabetes	To determine the prevalence of diabetes in Malaysia.	<ul style="list-style-type: none"> To determine the prevalence of overall diabetes by socio-demographic sub-groups; To determine the prevalence of known diabetes by socio-demographic sub-groups; and To determine the prevalence of undiagnosed diabetes by socio-demographic subgroups.
3	Hypertension	To determine the prevalence of hypertension in Malaysia.	<ul style="list-style-type: none"> To determine the prevalence of overall hypertension by socio-demographic sub-groups; To determine the prevalence of known hypertension by socio-demographic sub-groups; and To determine the prevalence of undiagnosed hypertension by socio-demographic subgroups.
4	Hypercholesterolemia	To determine the prevalence of hypercholesterolemia in Malaysia.	<ul style="list-style-type: none"> To determine the prevalence of overall hypercholesterolemia by socio-demographic sub-groups; To determine the prevalence of known hypercholesterolemia by socio-demographic sub-groups; and To determine the prevalence of undiagnosed hypercholesterolemia by socio-demographic subgroups.
5	Nutritional Status Adult	To determine the body mass index, waist circumference and calf circumference status among Malaysians aged 18 years old and above.	<ul style="list-style-type: none"> To determine the prevalence of underweight, normal, overweight and obesity among Malaysian adults. To determine the prevalence of underweight, normal, overweight and obesity among Malaysian adults by socio-demography subgroups.

			<ul style="list-style-type: none"> • To determine the prevalence of abdominal obesity among Malaysian adults. • To determine the prevalence of abdominal obesity among Malaysian adult by socio- demography subgroups. • To determine the prevalence of muscle wasting among adults aged more than 60 years old.
6	Nutritional Status Children	To determine the nutritional status among Malaysian children aged below 18 years old.	<ul style="list-style-type: none"> • To determine the prevalence of underweight, normal, overweight, obesity, stunting and wasting among Malaysian children below 18 years old. • To determine the prevalence of underweight, normal, overweight, obesity, stunting and wasting among Malaysian children by socio- demography subgroups.
7	Tobacco	To determine the prevalence of current smokers by social demographic characteristics among adults aged 15 years and above in Malaysia.	<ul style="list-style-type: none"> • To determine the prevalence of current smokers and passive smokers by socio-demographic characteristics. • To establish smoking patterns among current smokers by socio-demographic characteristics. • To identify cessation behaviour of current smokers by socio-demographic subgroups. • To determine awareness of anti-smoking campaign among respondents. • To determine awareness of health warnings on cigarette packages by current smokers. • To determine awareness of cigarette promotion and advertising among respondents.
8	Alcohol	To determine the prevalence of alcohol consumption in Malaysia	<ul style="list-style-type: none"> • To determine the national prevalence of abstainers for: <ol style="list-style-type: none"> i. Lifetime abstainers ii. Ex-drinkers (Abstainers past 12 months) • To determine the national prevalence

			<p>of alcohol use by socio-demographic subgroups.</p> <ol style="list-style-type: none"> i. Ever drinker ii. Current drinker (past 12 months) <ul style="list-style-type: none"> • To identify the proportion of binge drinking among the current drinker by gender, ethnicity and location • To identify the proportion of heavy episodic drinking among current drinkers • To determine types of drinkers by their risk to alcohol-related harm (low risk, risky and probable dependence)
9	Physical Activities	To determine the prevalence of physical activity among Malaysian adults	<ul style="list-style-type: none"> • To determine the prevalence of overall physical activity by socio-demographic subgroups. • To determine the prevalence of different levels of physical activity (HEPA active, minimally active and inactive) by socio-demographic subgroups.
10	Dietary Practices	To determine the adequacy of fruit, vegetable and plain water intake among Malaysian adults	<ul style="list-style-type: none"> • To determine adequacy of fruit intake among Malaysian adults. • To determine adequacy of vegetable intake among Malaysian adults. • To determine adequacy of plain water intake among Malaysian adults.
11	Mental Health In Adult	To determine the prevalence of mental health problems among Malaysian Adults	<ul style="list-style-type: none"> • To determine the prevalence of mental health problem among adults aged 16 years and above. • To determine the prevalence of mental health problem by sociodemographic profiles.
12	Mental Health Among Children	To determine the prevalence of mental health problems among 5 to 15 years old children in Malaysia.	<ul style="list-style-type: none"> • To determine the prevalence of mental health problems among children in Malaysia. • To determine the prevalence of emotional problem among children in Malaysia. • To determine the prevalence of conduct problem among children in Malaysia. • To determine the prevalence of hyperactivity problems among

			<p>children in Malaysia.</p> <ul style="list-style-type: none"> To determine the prevalence of peer problems among children in Malaysia. To determine the prevalence of pro-social skills among children in Malaysia.
13	Anaemia	To determine the prevalence of anaemia in Malaysia.	<ul style="list-style-type: none"> To determine the overall prevalence of anaemia by socio-demographic subgroups. To determine the prevalence of anaemia by level of severity (mild, moderate, severe).
14	Dengue	To describe community's participation towards dengue control and prevention in the general population.	<ul style="list-style-type: none"> To describe the community's practices towards dengue prevention in the general population. To describe the community's perception on dengue prevention practices in the general population. To identify the accessibility of dengue health promotion materials in the general population.
15	Tuberculosis	To determine the prevalence of TB-like symptoms in Malaysia.	<ul style="list-style-type: none"> To determine the health seeking behaviour of individuals with TB-like symptoms. To determine the percentage of individuals with TB-like symptoms who were screened for TB when sought treatment at either government or private health care facilities. To identify the reasons behind individuals with TB-like symptoms who did not seek treatment.
16	Hansen's Disease/Leprosy	To assess the community's awareness and knowledge towards Hansen's disease/leprosy in Malaysia.	<ul style="list-style-type: none"> To describe the community's awareness towards Hansen's disease/leprosy. To describe the community's knowledge on Hansen's disease/leprosy.
17	Disability	To determine the magnitude of disability and its impact on Malaysian adult population.	<ul style="list-style-type: none"> To determine the prevalence of difficulty in: <ul style="list-style-type: none"> i. Seeing ii. Listening iii. Walking or going up and down

			<p>stairs</p> <ul style="list-style-type: none"> iv. Remembering or paying attention/concentrating v. Caring for themselves vi. Communicating <ul style="list-style-type: none"> • To define the magnitude of level of difficulties among disabled person. • To compare types of disability by socio-demographic characteristics.
18	Traditional & Complementary Medicine	<ul style="list-style-type: none"> • To study prevalence of T&CM modalities used by the Malaysian population <ul style="list-style-type: none"> i. Prevalence of ever used (with and without consultation) ii. Prevalence of current use (use within the last 12 months with and without consultation) • To describe the reasons for T&CM use • To determine the place where the T&CM modalities services are obtained • To determine the amount of expenditure and the amount the public are willing to pay for the services by the T&CM modalities 	
19	Health Literacy	To determine the prevalence of health literacy in Malaysian adults.	<ul style="list-style-type: none"> • To determine the prevalence of overall health literacy by socio-demographic subgroups. • To determine the prevalence of different levels of health literacy (Limited likely, limited possible and adequate) by socio demographic subgroups.

NHMS 2015 COMMITTEE

Appendix 2:**Members of Steering Committee, NHMS 2015-2018**

1. Director General of Health
2. Deputy Director General (Research & Technical Support) Division
3. Deputy Director General of Health (Public Health) Division
4. Deputy Director General of Health (Medical) Division
5. Director, Oral Health Division
6. Director, Pharmaceutical Services Division
7. Director, Food Safety and Quality Programme Division
8. Director, Medical Development Division
9. Director, Planning Division
10. Director, Health Education Division
11. Director, Disease Control Division
12. Director, Family Health Development Division
13. Director, Nutrition Division
14. Representative of State Directors
15. Director, Institute for Public Health
16. Dean, Faculty of Medicine
University of Malaya
17. Dean, Faculty of Medicine
National University of Malaysia
18. Principal Investigator of NHMS

Appendix 3:**Terms of Reference for NHMS 2015 Steering Committee**

1. To approve the objectives and scopes of NHMS 2015-2018.
2. To facilitate inter-and intra-sectorial collaboration.
3. To monitor the implementation of the NHMS 2015-2018
4. To facilitate the utilisation of the NHMS 2015-2018 findings.

Appendix 4:**Members of NHMS 2015 Central Coordinating Team (CCT)**

1. Dr. Hj. Tahir bin Hj. Aris (Director Of Institute For Public Health)
2. Dr. Muhammad Fadhli bin Mohd Yusoff (Principal Investigator)
3. Dr. Mohd Azahadi bin Omar (Head of Data Processing & Data Management)
4. Dr. Abdul Aiman bin Abd. Ghani (Head of e-NHMS 2015 Application System & Central Field Supervisor of Sarawak Zone)
5. Dr. Noor Ani binti Ahmad (Central Field Supervisor of Southern Zone)
6. Dr. Siti Fatimah binti Mat Hussin (Central Field Supervisor of Central Zone)
7. Lim Kuang Kuay (Central Field Supervisor of Eastern Zone)
8. Dr. S. Maria binti Awaluddin (Central Field Supervisor of Sabah Zone)
9. Norzawati binti Yeop (Central Field Supervisor of Northern Zone)
10. Norazizah binti Ibrahim Wong (Head of Operation Centre)
11. Norhayati binti Abdullah (Head of ICT Support)
12. Balkish binti Mahadir Naidu (Data Processing & Quality)
13. Hamizatul Akmal binti Abd. Hamid (Head of Project Management)

Appendix 5:

TERMS OF REFERENCE FOR NHMS 2015 CENTRAL COORDINATING TEAM (CCT)

	Team	Duties	Officers
1.	Project Management and Finance	<p>Work closely with recruitment group for employment of RA</p> <p>Prepare security cards/name tags for research team</p> <p>Arrangement for advanced payment for team managers, nurses and drivers</p> <p>Process claims of MOH staff</p> <p>Prepare tickets for travelling</p> <p>Monitor the expenditure/budget</p>	<p>Dr. Muhammad Fadhli bin Mohd Yusoff</p> <p>Dr. Abdul Aiman bin Abd. Ghani</p> <p>Hamizatul Akmal binti Abd Hamid</p> <p>Nik Norizan binti Nik Ibrahim</p> <p>Noraida binti Mohd Kassim</p> <p>Haszreen bin Shariff</p> <p>Ahmad Hazwan bin Othman</p>
2.	Survey Research Centre	<p>Calculate sample size</p> <p>Determine sample distribution</p> <p>Liaise with DOS in sampling process</p> <p>Liaise with DOS for obtaining EB maps</p> <p>Preparation of training for scout</p>	<p>Dr. Muhammad Fadhli bin Mohd Yusoff</p> <p>Norazizah binti Ibrahim Wong</p> <p>Balkish Mahadir binti Naidu</p> <p>Riyanti binti Saari</p> <p>Nur Fadzilla binti Mohd Radzi</p> <p>Nurul Aini binti Kamaruddin</p> <p>Nur Hazwani binti Mohd Hasri</p>

3.	eNHMS 2015 Data Collection System	<p>Development of the e-NHMS 2015 Data Collection System including the front-end & back-end</p> <p>User Requirement Survey including applications and the server requirement</p> <p>Incorporation of all questionnaires into the application system.</p> <p>Development of User Guide Manual for e-NHMS 2015 Application.</p> <p>Development of the Server for Database.</p> <p>Development of the Web-Based Monitoring System for real-time monitoring of the data collection progress.</p> <p>System and Server Pilot Testing</p>	<p>Dr. Abdul Aiman bin Abd. Ghani</p> <p>Dr. Muhammad Fadhli bin Mohd Yusoff</p> <p>Dr. Mohd Azahadi bin Omar</p> <p>Andy bin Mustaming</p>
4.	Central Field Supervisors	<p><u>Before Data Collection</u></p> <p>Central Field Supervisors are expected to prepare for the initiation of data collection. The preparation tasks include:</p> <p>To ensure adequate logistic support for the data collection and liaise with the District Health Office and other relevant departments to ensure that:</p> <ul style="list-style-type: none"> • Human resources are available: Field Supervisors, Nurses, Research Assistants and Drivers. • Manage transport: Vehicles • Manage survey equipment and maps • Manage lodging for data collectors • Notification of the survey to the City Council/ Police / Head of the Village or Residential Areas/ Village Development and Security Committee (JKKK) via notice/notification letter <p>Ensure the notification letters to the Director of the State Health Department regarding the date of the survey in each province</p>	<p>Dr. Abdul Aiman bin Abd. Ghani</p> <p>Dr. S. Maria binti Awaluddin</p> <p>Dr. Noor Ani binti Ahmad</p> <p>Dr. Siti Fatimah binti Mat Hussin</p> <p>Lim Kuang Kuay</p> <p>Norzawati binti Yeop</p>

		<p>have been issued and a copy forwarded to the District Health Officer and State Liaison Officer, based on the selected Enumeration Block (EB) and Living Quarters (LQ).</p> <p>Assist the State Liaison Officer to carry out publicity during the survey via:</p> <ul style="list-style-type: none"> • Police Department • District Information Office: Local Radio Broadcast • Posters in the clinic (Klinik Kesihatan and Klinik Desa) at selected District Health Office <p>Plan the data collection movement schedule with the State Liaison Officer and the Field Supervisors.</p> <p><u>During Data Collection</u></p> <p>Gather feedback from the field on the data collection status and issues related to logistics.</p> <p>Visit the field to help data collectors solve the problem if necessary.</p> <p>To ensure all data collection monitoring forms have been received on time.</p>	
5.	Data Processing and Management	<p>Setting up data processing facility</p> <p>Development of directory of variables for database</p> <p>Development of QC manual for data processing</p> <p>Specify data structure for data processing and data output requirement</p> <p>Responsible for data entry and data cleaning</p> <p>Monitoring and evaluation of QC performance for data processing</p> <p>Responsible for GIS data quality</p>	<p>Dr. Mohd Azahadi bin Omar</p> <p>Dr. Muhammad Fadhli bin Mohd Yusoff</p> <p>Dr. Abdul Aiman bin Abd. Ghani</p> <p>Norazizah binti Ibrahim Wong</p> <p>Balkish binti Mahadir Naidu</p> <p>Wan Shakira binti Rodzlan Hasani</p> <p>Mohd Hazrin bin Hashim</p>

6.	Publicity	Prepare publicity materials: Letter to individual household Letter to local authority/police Poster Flyers Talking point for TV and radio (technical input from PI) Press release Web-site / Facebook Plan publicity strategies/activities	Dr. Muhammad Fadhli bin Mohd Yusoff Dr. Noor Safiza binti Mohd Nor Edawaty binti Ujang Habsah binti Dusa Norzawati binti Yeop Dr. Abdul Aiman bin Abd. Ghani Azli bin Baharudin Hamizatul Akmal binti Abd Hamid Marsita binti Yahaya Nor Intan binti Abdul Rasid Mohamad Naziran bin Hasni
7.	ICT Unit	Prepare the tablet and accessories needed for data collection Manage the distribution of the tablets and accessories among the team members as well as as for the back-ups Maintenance of any problematic tablets encountered during data collection period Daily back up for databases Maintenance of the server for data collection	Norhayati binti Abdullah Yunura Azura binti Yunus Andy bin Mustaming Mohamad Syawal bin Abdullah

8.	Secretariat	<p>Arrange date and place of meeting</p> <p>Prepare and circulate briefing materials</p> <p>Prepare and circulate minutes of CCT meeting</p> <p>Prepare letters of appointment to state liaison officers, nurses, scouts and data collectors</p> <p>Prepare advertisement material for recruitment of data collectors, team leaders, and interviewers,</p> <p>Prepare letters of notifications for data collections</p> <p>Prepare manuals for scouts, field supervisors, data collectors and nurses</p> <p>Develop a system/format and monitor the distribution of materials/equipment for field work</p> <p>Arrange transport/drivers for distribution and collection of materials/equipment/SAQ</p>	<p>Hamizatul Akmal binti Abd Hamid</p> <p>Dr. Nur Liana binti Ab Majid</p> <p>Azli bin Baharudin</p> <p>Nor Azian binti Mohd Zaki</p> <p>Norzawati binti Yeop</p> <p>Nur Fadzilla binti Mohd Radzi</p> <p>Nur Syazwani binti Manan</p> <p>Nurul Aini binti Kamaruddin</p> <p>Nur Hazwani binti Mohd Hasri</p> <p>Norazlina binti Muhammad</p> <p>Hasmila binti Mat Hassan</p> <p>Mohd Firdaus bin Daud</p> <p>Muhammad Asyraf bin Napiah</p>
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Appendix 6:**List of Research Team Members****A. Healthcare Demand (Health Service Utilization & Expenditure)****Stakeholders**

- Dr. Feroza Sulaiman
- Dr. Khairiyah Abd. Muttalib
- Dr. Mohd Safiee Ismail
- Dr. Nordin Saleh
- Dr. Rozita Halina Tun Hussein

Institute for Health Systems Research

- Adilius Manual
- Anis Syakira Jailani
- Azlin Muharram
- Dr. Diane Chong Woei Quan
- Emy Sarah Ng Amar Ng
- Dr. Hazlina Abu Bakar
- Jabrullah Ab Hamid
- Dr. Jayan a/l Gnanapandythan
- Dr. Juanita Halili
- Nurul Salwana Abu Bakar
- Dr. Sondi Sararaks
- Dr. Zulfadli Hafiz Ismail
- Zuraini Mohd Yusoff
- Zurriyati Ya'kub
- Anisah Rashidi
- Mohammad Afif Azmi
- Norsyafawati Muhammad Hashim
- Salwa Trisnasaria Nasaruddin
- Sharmeen Abdul Majid
- Siti Nur Farawahida Abd Rahman

Institute for Public Health

- Norazizah Ibrahim Wong

International Medical University

- Assoc Prof. Dr. Tan Bee Siew

National Health Financing Unit, Planning Division

- Dr. Yussni Aris
- Rozisham Mohd Ali
- Izzanie Mohamed Razif

Oral Health Division

- Dr. Natifah Che Salleh
- Dr. Nurrul Asyikin Abdullah
- Dr. Yaw Siew Lian
- Dr. Tan Ee Hong

B. Non Communicable Disease (Diabetes, Hypertension & Hypercholesterolemia)

- Dr. Feisul Idzwan Mustapha
- Dr. Muhammad Fadhli Mohd Yusoff
- Dr. Mohammad Nazarudin Bahari
- Dr. Mastura Ismail
- Dr. Fatanah Ismail
- Dr. Abdul Aiman Abd. Ghani
- Hasimah Ismail
- Dr. Arunah Chandran
- Dr. Nur Liana Ab. Majid
- Dr. Jane Ling Miaw Yn
- Mohamad Naim Mohamad Rasidi
- Hamizatul Akmal Abd Hamid
- Rashidah Dato' Ambak
- Nor Azian Mohd Zaki
- Nur Shahida Abd Aziz
- Balkish Mahadir Naidu
- Dr. Noor Safiza Mohamad Nor
- Dr. Siti Fatimah Mat Hussin
- Dr. Khoo Yi Yi
- Mohamad Fuad Mohamad Anuar

C. Nutritional status

- Azli Baharudin
- Rashidah Dato' Ambak
- Fatimah Othman
- Nur Shahida Abdul Aziz
- Mohamad Hasnan Ahmad
- Nor Azian Mohd Zaki

- Cheong Siew Man
- Ahmad Ali Zainuddin
- Rusidah Selamat
- Norlida Zulkafly

D. Tobacco

- Lim Kuang Hock
- Dr. Noraryana Hassan
- Dr. Mohd Azahadi Omar
- Dr. Muhammad Fadhli Mohd Yusoff
- Tee Guat Hiong
- Dr. Nizam Baharom
- Dr. Christopher Eugene
- Dr. Gunenthira Rao a/l Subbarao
- Dr. Jane Ling Miaw Yn

E. Alcohol

- Hamizatul Akmal Abd Hamid
- Dr. Norsiah Ali
- Dr Rozanim Kamarudin
- Dr. Shubash Shander a/l Ganapathy
- Dr. Nur Liana Ab Majid
- Dr. Jane Ling Miaw Yn
- Mohd Hatta Abd Mutalib
- Wan Shakira Rodzlan Hasani

F. Physical Activities

- Dr. Mohd Azahadi Omar
- Lim Kuang Kuay
- Dr. Khoo Yi Yi
- Dr. Chandrika a/p Jeevanathan
- Azli Baharudin
- Chan Ying Ying
- Cheong Siew Man

G. Dietary Practices

- Nor Azian Mohd Zaki
- Fatimah Othman
- Nur Shahida Abd Aziz

- Cheong Siew Man
- Azli Baharudin
- Mohamad Hasnan Ahmad
- Rashidah Dato' Ambak
- Dr. Noor Safiza Mohd Nor
- Rusidah Selamat
- Norlida Zulkafly

H. Mental Health In Adult

- Dr. Noor Ani Ahmad
- Mohamad Aznuddin Abd. Razak
- Dr. Abd Kadir Abu Bakar
- Dr. Azriman Rosman
- Dr. Nurashikin Ibrahim
- Dr. S. Maria Awaluddin
- Dr. Lim Chong Hum
- Balkish Mahadir Naidu
- Chan Ying Ying
- Noraida Mohd Kasim
- Rahama Samad

I. Mental Health Among Children

- Dr. Noor Ani Ahmad
- Norhafizah Sahril
- Dr. Idayu Badilla Idris
- Dr. Nur Asyikin Ibrahim
- Balkish Mahadir Naidu

J. Anaemia

- Dr. S. Maria Awaluddin
- Dr. Noor Ani Ahmad
- Balkish Mahadir Naidu
- Muslimah Yusof
- Rahama Samad
- Noraida Mohd Kasim
- Mohammad Aznuddin Abd. Razak
- Chan Ying Ying
- Norhafizah Sahril
- Dr. Rajini a/p Sooryanarayana

K. Dengue

- Kamarul Zaman Salleh
- Norzawati Yoep
- Zanariah Zaini
- Tee Guat Hiong
- Mohd Hazrin Hashim
- Ahmad Nadzri Jai
- Mohamad Naim Mohamad Rasidi
- Sayan a/l Pan
- Assoc. Prof. Dr. Noran Naqiah Mohd Hairi

L. Tuberculosis

- Tee Guat Hiong
- Joanita Sulaiman
- Faizah Paiwai
- Dr. Asmah Razali
- Mohd Hatta Abdul Mutalip
- Norazizah Ibrahim Wong
- Sobashini a/p Kanniah
- Dr. Muhammad Ismail
- Assoc. Prof. Dr. Noran Naqiah Mohd Hairi
- Dr. Jiloris F. Dony
- Dr. Mohamed Naim Abdul Kadir

M. Hansen's Disease/Leprosy

- Tee Guat Hiong
- Assoc. Prof. Dr. Noran Naqiah Mohd Hairi
- Dr. Muhammad Ismail
- Dr. Asmah Razali
- Joanita Sulaiman
- Mohd Hatta Abdul Mutalip
- Norazizah Ibrahim Wong
- Sobashini a/p Kanniah
- Dr. Jiloris F. Dony
- Dr. Mohamed Naim Abdul Kadir

N. Disability

- Noraida Mohamad Kasim
- Dr. Salimah Othman

- Dr. Mohd Khir Abdullah
- Dr. Yusniza Mohd Yusof
- Dr. Norhayati Hussein
- Mohd Yussof Sabtu
- Jemsee Onggi
- Nur Azna Mahmud
- Zaidi Yaacob
- Siti Suriani Che Hussin
- Dr. Noor Ani Ahmad

O. Traditional & Complementary Medicine

- Dr. Ami Fazlin Syed Mohamed
- Dr. Ahmad Fauzi Mohd Yusoff
- Dr. Aidatul Azura binti Abdul Rani
- Dr. Shamsaini Shamsuddin
- Dr. Noridah Mohd Saleh
- Dr. Ariyani Amin
- Dr. Noor Khairiyah Shazwani Sholehudin
- Ida Farah Ahmad
- Cheong Yin Ying
- Dr. Hanisah Akbar Tajudin
- Siti Khairul Bariyyah Akhlar
- Balkish Mahadir Naidu
- Wan Shakira Rodzlan Hasani

P. Health Literacy

- Norrafizah Jaafar
- Abu Bakar Rahman
- Dr. Mohd Azahadi Omar

Appendix 7:**List of Liaison Officers**

1. Dr. Yusmah binti Mohamad
Chief Senior Assistant Director, NCD Unit, Johor State Health Department
2. Dr. Khalijah binti Mohd Yusof
Chief Senior Assistant Director, NCD Unit, Negeri Sembilan State Health Department
3. Dr. Suhaila binti Osman
Epidemiology Officer, NCD Unit, Melaka State Health Department
4. Dr. Salmiah binti Baharudin
Chief Assistant Director, NCD Unit, Selangor State Health Department
5. Dr. Misliza binti Ahmad
Chief Senior Assistant Director, NCD Unit, Wilayah Persekutuan Kuala Lumpur & Putrajaya State Health Department
6. Dr. Anisah binti Abu Bakar
Epidemiology Officer, NCD Unit, Putrajaya Health Department
7. Dr. Asmah binti Zainal Abidin
Epidemiology Officer, NCDC, Perak State Health Department
8. Dr. Shahrul Bariyah binti Ahmad
Chief Senior Assistant Director, NCD Unit, Kedah State Health Department
9. Dr. Azizah binti Abdul Manan
Public Health Specialist, NCD Unit, Pulau Pinang State Health Department
10. Dr. Husna Hakimah binti Tajau Rahim
Chief Assistant Director, NCD Unit, Perlis State Health Department
11. Dr. Fatimah binti A Majid
Prinsipal Assistant Director, NCD Unit, Pahang State Health Department
12. Dr. Hajah Fatimah binti Muda
Epidemiology Officer, NCD Unit, Terengganu State Health Department
13. Dr. Noor Hashimah binti Abdullah
Chief Senior Assistant Director, NCD Unit, Kelantan State Health Department
14. Dr. Leydra Philip Felix
Principal Assistant Director, NCD Unit, Sabah State Health Department
15. Dr. Tengku Intan Najwa binti Tengku Azmi
Medical Officer, Wilayah Persekutuan Labuan State Health Department
16. Dr. Hashimah binti Basri
Chief Senior Assistant Director, NCD Unit, Sarawak State Health Department

Terms of Reference of Liaison Officer

Before Data Collection

All State Liaison Officers are responsible for the preparations prior to data collection. The duties include;

1. To ensure adequate logistic support for the data collection and liaise with the District Health Office and other relevant departments to ensure that:
 - a. Human resources are available: Field Supervisor, Nurses, Research Assistants and Drivers.
 - b. Manage transport: Vehicles
 - c. Manage lodging for data collectors
 - d. Notification of the survey to the City Council/ Police / Head of the Village or Residential Areas/ Village Development and Security Committee (JKKK) via notice/notification letter.
2. Ensure that the Notification Letter is extended to all District Health Officer, based on the selected Administrative District (DP), the Census District (CD), Enumeration Block (EB) and Living Quarters (LQ).
3. Publicity of the survey via:
 - a. District Information Office: Local Radio Broadcast
 - b. Selected District Health Office (DHO): Klinik Kesihatan (KK) and Klinik Desa (KD)
4. Plan the data collection movement with the Central Field Supervisor and Field Supervisor.

During Data Collection

1. Gather feedback from the field on the status of data collection and issues related to logistics.
2. Visit the field to help data collectors solve problem if necessary.

Appendix 8:**State Data Collection Teams****JOHOR****Field Supervisors**

1. Muslimah Binti Yusof
2. Fatimah Binti Othman
3. Khadijah Binti Sahat
4. Mohd Najmie Bin Daud
5. Noraziah Binti Atan

Nurses

1. Siti Rosliniaswani Binti Abd Razab
2. Chitrakadiwas Binti Wahab
3. Prabhavathy A/P Segar
4. Nur Amalina Binti Burhan
5. Nurul Syuhadah Binti Jamalludin
6. Norashikin Binti Salihin
7. Khairul Faeizah Binti Abd Manap
8. Siti Rohani Binti Suferdy

Drivers

1. Murad Bin Omar
2. Mohd Safar Bin Sarbani
3. Norly Bin Mohd Khalid@Onn
4. Mohd Yunus Bin Abd Aziz
5. Noryazit Bin Baken
6. Azizul Hakim Bin Abdullah
7. Jais Bin Paijo
8. Kammisan Bin Zainal@Jabir

Research Assistants

1. Muhammad Hafiz Bin Md Nor
2. Muhammad Hazwan Bin Abd Hamid
3. Mohammad Faris Bin Abdul Hamid
4. Siti Zaleha Binti Abdul Kadir
5. Asmadiana Binti Mohd Aseri
6. Norkhatina Binti Mohd Razali

7. Afiza Izzati Binti Mat Aris
8. Farah Masdiana Binti Ahmad Kasim
9. Mohamad Zaim Bin Zor
10. Norkasmahazwani Binti Khalib
11. Nurul Ashikin Binti Yaacob
12. Hanisah Binti Aris
13. Farah Dayana Binti Suharman
14. Mohd Akmal Bin Md Muslim
15. Asmafarahdila Binti Mohd Aseri
16. Amirul Izwan Bin Abd Hamid
17. Mohd Fitri Bin Hassim
18. Nurul Syahirah Binti Md Damin
19. Siti Nuur'ain Binti Ismail
20. Muhammad Izzat Bin Azman
21. Nur Afifah Binti Omar
22. Baizura Binti Yaacob
23. A'shahqirin Binti Aziz
24. Mohamad Hafiz Bin Rahim Ahmad
25. Muhammad Syafiq Bin Zaini
26. Nurul Hidayah Binti Kharudin
27. Muhammad Sazwan Bin Ghazali
28. Nurul Fadila Binti Omar
29. Nur Farhana Binti Saari
30. Nurul Hidayah Binti Whakiddin

Public Health Assistants

1. Shahrul Bin Abd Rahim
2. Iswandi Bin Hj Sedek
3. Sufa'at Bin Sahid
4. Shahrul Akmal Bin Md Isa
5. Ridzuan Bin Koming
6. Mohd Azri Bin Ab. Latip
7. Mohd Omar Bin Jarkasi
8. Mohd Izwan Bin Johan Ali
9. Raini Bin Osman
10. Muhammad Taufiq Bin Sulaiman
11. Mohd Azizie Bin Kassim
12. Fadhil Rushdan Bin Daman Huri
13. Razali Bin Abd Rahman
14. Muhammad Azamuddin Bin Talibin
15. Noor Azlan Bin Abu Hassan
16. Md Sukor Bin Kahar
17. Kamaruddin Bin Ujang

KEDAH**Field Supervisors**

1. Mohamad Naim Bin Mohamad Rasidi
2. Sayan A/L Pan
3. Zahasmira Binti Che Soh
4. Ng Lee Fah @ Laura
5. Santhe A/P Paramasevan

Nurses

1. Rohana Binti Mat Man
2. Rodziah Binti Idris
3. Noor Shafina Binti Ahmad Nizar

Drivers

1. Fuzi Bin Abu Othman
2. Mohd Zaki Bin Hassan
3. Pahruddin Bin Ibrahim

Research Assistants

1. Muhammad Akram Bin Amiru'd-Din
2. Ain Athirah Binti Mohamed Rozimi
3. Nur 'Amirah Binti Mohd Radzhi
4. Siti Arfah Binti Zaini Azlan
5. Siti Norhafizah Binti Zainal
6. Muhammad Syafiq Bin Ahmad Neguib
7. Zulhazman Bin Zainol Rashid
8. 'Afwa 'Alyaa Binti Zainuldin
9. Rabiatal Adawiyah Binti Alias
10. Mohd Khairul Afifi Bin Abd Razak
11. Aznita Binti Shuaib
12. Noor Najwa Binti Hassan

Public Health Assistants

1. Azhar Bin Ismail
2. Mohamad Zuki Bin Din
3. Mohd Nazri Bin Marzuki
4. Mohd Faizul Bin Che Razali
5. Mohd Faiz Bin Mohd Yosof
6. Armanyadi Bin Rhazali
7. Abd Halim Bin Awang Samah

8. Suhaizul Izran Bin Mat Jusoh
9. Razali Bin Mat Tek
10. Nor Irwan Bin Khalim
11. Mohd Ridzwan Bin Musa
12. Mohd Shazwira Azmi Bin Ramli
13. Azwan Bin Amri
14. Saifullizan Bin Salleh
15. Airil Afzar Bin Azizan
16. Saiful Iman Bin Mohd Zain
17. Abd Fatah Bin Noor
18. Mohd Ikmal Izzat Bin Ismail
19. Abd Razak Bin Abd Hamid
20. Mohd Zulkifli Bin Lebai Mat
21. Mohd Fariz Bin Azhar
22. Mohd Rozaidi Bin Salleh
23. Shalan Bin Alias
24. Azizi Bin Abd Hamid
25. Sizrul Fitrul Fitri Bin Azizan
26. Mohd Rizal Bin Mohd Rejab
27. Hasrul Nazrin Bin Dollah
28. Muhammad Khairie Bin Zakaria
29. Mat Yusof Bin Noordin
30. Mohd Firdaus Bin Mamat
31. Hafsham Bin Yunus
32. Muhammad Shahiddi Bin Zulkepli
33. Mohd Nazri Bin Abd Hamid
34. Kamal Bin Hussain
35. Mohd Firdaus Bin Mohd Safee
36. Marzima Irman Bin Marzuki
37. Zakaria Bin Abu Bakar@Ismail
38. Mohd Ikhwan Bin Soh

KELANTAN

Field Supervisors

1. Norhafizah Binti Sahril
2. Hapsah Binti Zakaria

Nurses

1. Che Norliza Binti Mohamed
2. Siti Rohani Binti Husin@Ibrahim
3. Shalawani Binti Abdullah
4. Wan Nurnadilla Binti Wan Yusoff

Research Assistants

1. Mohamad Fakri Bin Ludin
2. Mohd Fadhli Bin Mukhtar@Zahari
3. Safrial Bin Ridwan
4. Nur Syuhada Binti Mohamad Sapri
5. Nur Assyifaa Binti Abd Rahman
6. Norafsiah Binti Yusof
7. Norazira Binti Nordin
8. Muhammad Hamizan Bin Sahril
9. Anisah Binti Lot
10. Ruzaini Binti Rasid
11. Yuraiha Binti Mustapha
12. Saiful Amin Bin Ab Rani
13. Norshahrul Azwan Bin Rohseli
14. Mohd Yuszairi Bin Hafis Ismail
15. Mohamad Norislam Faiz Bin Che Ismail

Public Health Assistants

1. Shukor Bin Talib
2. Mohd Hairul Bin Mohd Nawawi
3. Mohamad Roslan Bin Hussain
4. Ramlan Bin Hj. Ramli
5. Nazmi bin Muhamad
6. Syed Ahmad Bin Syed Husin
7. Mohd Sainudin Bin Daud
8. Idris Bin Hassan
9. Mohamad Azwadi Bin Aziz
10. Ahmad Kamal Bin Muhamad
11. Yusof Bin Saad
12. Nor Khusaimi Aftitah Bin Jannah

MELAKA**Field Supervisors**

1. Lim Kuang Hock
2. Dr. Shubash Shander A/L Ganapathy

Nurses

1. Nor Asma Binti Pauzi
2. Sumathi A/P Murugiah
3. Azura Binti Idris
4. Siti Faridah Binti Sani

Drivers

1. Mohd Razif Bin Abdul Ramlee
2. Azmir Bin Mohd Dom
3. Johari b Mohamad

Research Assistants

1. Nur Farahin Binti Tumin
2. Nurul Nadia Binti Mohd Ghazali
3. Syahiroh Binti Said
4. Muhammad Saufi Bin Barlim
5. Rohana Binti Saharudin
6. Kathiravan A/L Kalimuthu
7. Noranasuha Binti Abd Rahman
8. Muhammad Alif Syukri Bin Amran
9. Muhammad Noriduan Bin Nor' Amilin
10. Nur Afifah Binti Shaari
11. Nur Fatieha Binti Che Mamat
12. Nur Khairiyah Binti Mohammad
13. Teoh Jia Qian

Public Health Assistants

1. Nik Mohd Sabri Bin Abd Razak
2. Muhammad Fakhrul Fazreq Bin Abd Lazim
3. Mohd Helmi Bin Mohd Izan
4. Mohd Amir Farhan Bin Mohd Faizul
5. Muhammad Fridaus Bin Md Rasid
6. Saravana Kumar A/L Muniandy
7. Azmer Bin Abd Rahman
8. Abdul Rahim Bin Wahab
9. Abdul Khalid Bin Abdul Manan

NEGERI SEMBILAN**Field Supervisors**

1. Hasimah Binti Ismail
2. Nor Azian Binti Mohd Zaki
3. Sarinah Binti Othman
4. Jasimah Binti Sarlan

Nurses

1. Siti Hadijah Binti Mahat
2. Norhazila Binti Mame Kutty
3. Norshahidah Binti Daud
4. Nur Izzieatul Binti Ahmad
5. Aziani Binti Ahmad

Drivers

1. Mohd Shukor Bin Hamzah
2. Mohd Farid Huszaini Bin Sufian
3. Abd. Halim Bin Abd. Kadir

Research Assistants

1. Mohd Zuraimy Bin Yaakob
2. Mohammad Idlan Bin Noramilin
3. Syarifah Nurul Azirah Binti Sayed Hassan
4. Muhammad Syahir Bin Samad
5. Athirah Binti Idris
6. Norzalika Binti Md Sulaiman
7. Nur Sahira Binti Mat Yasim
8. Noor Hadi Bin Azrumi
9. Mohamad Firdaus Bin Omar
10. Mohamad Al Sidek Bin Teramuji
11. Muhammad Azri Syahmi Bin Musa
12. Nuraini Binti Mamat Rusli
13. Siti Zulaikha Binti Nor'azizi
14. Mohamad Faiz Bin Ab. Rahman

Public Health Assistants

1. Mahadi Bin Zainuddin
2. Mohd Azrul Bin Hashim
3. Jasmi Bin Amir
4. Firdaus Bin Mohd Rashid
5. Md Khalid Bin Sulaiman
6. Mohd Lyzam Bin Malik
7. Muhammad Ain Muzaffar Bin Mohd Zulkaple
8. Ismail Bin Hamzah
9. Yahya Bin Othman@Tasrip
10. Muhammad Fikry Bin Othman

PAHANG**Field Supervisors**

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2. Siti Alisah Binti Ali

Nurses

1. Umi Kelthum Binti Nawi
2. Iza Adawiah Binti Ibrahim
3. Noor Ain Binti Che Darus
4. Alisa Binti Ali

Drivers

1. Zawawi Bin Mamat
2. Mohd Yusof Bin Fadzil
3. Mohd Agil Bin Ahmad
4. Mohd Nor Arzari Bin Hassan
5. Mohd Zuraini Bin Md Yunan

6. Mohammad Syaqqieq Bin Ramli
7. Ahmad Zamri Bin Idris
8. Hasmizan Bin Mukhtar
9. Ramli Bin Mohd Noor
10. Mohd Saiza Bin Samdin
11. Ahmad Faizal Bin Alam
12. Asmayudin Bin Junid

Research Assistants

1. Mohamad Nor Azwan Bin Azahar
2. Nur Sham Binti Ismail
3. Noraini Binti Abdullah@ Ab Ghani
4. Sharifah Solihah Binti Syed Hashim
5. Norhabsah Binti Awang@Mat Lamli
6. Salsabila Atrash Binti Mohamad Ghani
7. Siti Aminah Binti Hamdan
8. Nurul Asikin Binti Min
9. Khairul Anuar Bin Lateh
10. Norasidah Binti Hassan
11. Intan Saidatul Natasha Binti Mohamed Idris
12. Isa Bin Idris
13. Nur Asmira Irdayu Binti Abdul Nasir
14. Rosfida Binti Shaari
15. Wan Zulhadilah Binti Wan Mustafa
16. Siti Hajar Binti Daud

Public Health Assistants

1. Jusoh Bin Mamat
2. Mohamad Khairul Bin Abdullah
3. Mohd Fadhil Nor Bin Mohamed Lasim
4. Khairul Nizam Bin Mohd Sarani
5. Hamzah Bin MK Derus
6. Mohd Zahareen Bin Abdul Jalil
7. Ahmad Qasimi Bin Zainal Azman
8. Muhamad Zahid Bin Haji Zahari
9. Mohd Aidil Eqzmaal Bin Ramli
10. Muhammad Azri Bin Mahmud
11. Zaini Hisyam Bin Zainiyan
12. Mohamad Ruzaidi Bin Mohamad Razani
13. Ahmad Bin Mahmud
14. Fadhil Bin Talib
15. Shaari Bin Jalil
16. Muhamad Tarmizi Bin Othman
17. Mohd Faizul Bin Ramli
18. Safuan Bin Mat Tahir

PULAU PINANG**Field Supervisor**

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2. Loh Siew Khim
3. Zuraida Binti Kamaruddin

Nurses

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2. Norliza Binti Ramly
3. Nur Afiqah Binti Ismail
4. Nurul Juliana Binti Awang
5. Rozana Binti Bakar
6. Nagananthini A/P Maniam
7. Kaanagessvary A/P Sannasi

Drivers

1. Redzuan Bin Aziz
2. Rosli Bin Nayan
3. Mat Suimi Bin Mohamad
4. Norismadi Bin Abd. Malik
5. Azzhari Bin Yusuf
6. Mohd Sufian Bin Yusof
7. Zul Fitri Bin Omar
8. Mohd Rizal Bin Hamzah
9. Shaiful Rizal Bin Ahmad
10. Rosly Bin Ahmad
11. Suhaimi Bin Murad
12. Abdul Manaf Bin Alimunan
13. Mohd Desa Bin Rahmat

Research Assistants

1. Ting Lee Heng
2. Nor Hafizan Bin Ab Rahman
3. Agilan A/L R.Veerasingam
4. Ma Suhaila Binti Meor Raflan
5. Shazuan Zulhilmi Bin Md Zain
6. Muhammad Amirhakimi Bin Basri
7. Khoo Seow Wen
8. Nur Aziera Binti Rosman
9. Nik Wan Nurliana Binti Wan Ali
10. Nor Syafawati Binti Ahmad Sukhari
11. Tan Jun Jie
12. Mohd Fadzil Bin Azizan
13. Siti Illyiana Binti Ilias
14. Yong Kar Weng
15. Chong Kang Lin
16. Lau Cin Pein

17. Sim Zhenzhao
18. Siti Norfaten Binti Azman
19. Nur Ilhami Qurratu Aini Binti Wira
20. Goh Yu Zhang
21. Muhammad Syafiq Bin Shariff

Public Health Assistants

1. Abu Hanifah Bin Ahmad
2. Charmendra A/L Chelvakumar
3. Mohd Firdaus Bin Annuar
4. Safwan Bin Supian
5. Shabri Bin Mohamed Isa
6. Abdul Aziz Bin Ali
7. Mohd Noor Bin Shaari
8. Gurdev Singh A/L Gurubakash Singh
9. G.Manovindharaan A/L Govindarajoo
10. Fazrul Izman Bin Che Om
11. Azhar Bin Embi
12. Mahzir A/L Megat

PERAK

Field Supervisor

1. Azli Bin Baharudin @ Shahrudin
2. Marzuki Bin Mohamad
3. Noor Ain Binti Ismail

Nurses

1. Puvaneswari A/P Paranthamah
2. Nor Azreen Binti Nordin
3. Nurul Azwa Binti Azlan
4. Ayu Shahela Binti Mohd Sidek
5. Suhaida Binti Roslan
6. Tan Saw Ting

Drivers

1. Fazli Bin Mahadi
2. Syed Suhaili Bin Syed Dahari
3. Khairul Redzuan Bin Kamsani
4. Ismail Bin Abdul Rashid
5. Junaidi Bin Sariman
6. Mohd Saiful Bin Mohd Tahur

Research Assistants

1. Sakinah Binti Ismail
2. Mohd Afendi Bin Sharudin
3. Nur Syuhada Binti Sadrani

4. Mohd Hairuddin Bin Hamdan
5. Nor Safiah Binti Mohd Sobri
6. Sharifah Azaitul Maisyarah Binti Sayed Hassan
7. Muhammad Fitri Afiq Bin Zulhisam
8. Nabila Najwa Binti Mohamed Azami
9. Maisarah Binti Mat Hasim
10. Sheha Binti Ibrahim
11. Nur Faizah Binti Ahmad Ariff Shah
12. Faralisa Sofea Adlin Binti Sanuddin
13. Muhammad Aiman Bin Awang
14. Nurul Salwana Binti Mazelan
15. Nur Ain Binti Mat Yasin
16. Shalini A/P Ganesan
17. Mohd Amer Haiqal Bin Ruslan
18. Mohd Mustaqim Bin Ramli
19. Wan Nurhafizah Binti Mohd Rodzlad
20. Puteri Fatin Raihanah Binti Mohd Sopian

Public Health Assistants

1. Farizal Bin Ngah Ibrahim
2. Kamaruzaman Bin Mat Shik
3. Abdul Salam Bin Mohd Nor
4. Pushpanathan A/L Nagan
5. Azmi Syahril Zaili Bin Mohd Yunus
6. Amir Ashraf Bin Khalid
7. Mohamad Yusri Bin Abdul Rani
8. Mazlan Bin Mohamed Subadi
9. Md Kamal Bin Osman
10. Razmir Adha Bin Mat Raji
11. Firdaus Bin Ya Ali
12. Mohd Noor Bin Ayob
13. John Rakerd Anak Ju,Ude
14. Adnan Bin Mohamed Nor
15. Mohamad Faizul Bin Abdul Rashid
16. Mohd Faizal Izuddin Bin Che Abdullah
17. Mohd Faizal Bin Mohd Thani
18. Mohamad Faiz Bin Mohamad Ali
19. Muhammad Ridhwan Bin Ghazali
20. Muhamad Yasser Bin Azahar

PERLIS

Field Supervisors

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2. Hasmah Binti Matt Saman

Nurses

1. Siti Munirah Binti Osman
2. Elia Binti Roslee
3. Nur Hidanis Binti Ilias

Drivers

1. Sarizan Bin Mat Ishak
2. Hanif Bin Had
3. Hairul Bin Abd. Rashid

Research Assistants

1. Nor Asmira Binti Abidin
2. Rohazila Binti Abdul Rahim
3. Syaza Syazwani Binti Che Halim
4. Nor Hidayah Binti Abd Rahman
5. Muhammad Nazrin Bin Abd Hamid
6. Siti Hazira Binti Che Halim
7. Faezah Binti Bakar
8. Nurul Farhana Binti Zakaria
9. Ika Shalida Binti Tajudin
10. Khairunnisa Binti Abd Razak
11. Nor Syazana Binti Abd Halim
12. Farah Binti Abdul Kassim

Public Health Assistants

1. Ahmad Shahrir Bin Muhamad
2. Sakh Zahari Bin Sheikh Daud
3. Ahmad Reza Bin Abdul Razak
4. Azizi Bin Haron
5. Zainudin Bin Long
6. Azarul Amin Bin Ibrahim
7. Shairol Azrin Bin Zakari

SELANGOR**Field Supervisor**

1. Ahmad Nadzri Bin Jai
2. Mohd Hazrin Bin Hashim
3. Dr. Muhd Zulfadli Hafiz Bin Ismail
4. Dr. Shakirah Binti Md Sharif
5. Mohd Hasnan Bin Ahmad

6. Chan Ying Ying
7. Norazlin Binti Muharam
8. Zurriyati Binti Ya'kub
9. Adilius Manual
10. Noraida Binti Mohd Kassim
11. Rahama Binti Samad
12. Wan Maimun Binti Wan Ahmad

Nurses

1. Siti Zawiya Binti Alias
2. Norhamizah Binti Wan Fadzilah
3. Suzilawati Binti Zulkafli
4. Normira Aina Binti Ismail
5. Nuraina Fatinah Binti Muhamad Zaki
6. Siti Hazirah Binti Ibrahim
7. Azreen Lydia Daniela Binti Saberi
8. Siti Emmadiani Binti Din
9. Norhayati Binti Razali
10. Tuan Suylai Binti Raja Mamat
11. Ainul Basirah Binti Jamaluddin
12. Hazalina Binti Suleiman
13. Siti Norhayat Binti Abdul Manaf
14. Roziana Binti Ibrahim

Drivers

1. Mohamad Nizam Bin Mohd Nor
2. Mohd Baharuddin Bin Bakar
3. Anuar Bin Mohamed
4. Abdul Rahman Bin Yahaya
5. Faizal Bin Saffie
6. Pragas A/L Arulanatham
7. Ramli Bin Mohd Noor
8. Hashim B Mat Zin Bin Razali
9. Amirul Hafizi
10. Rony Mizwar Bin Awaruddin

Research Assistants

1. Nur Ameelia Binti Badrulsam
2. Nor Shahirah Binti Pishal
3. Nurul Hidayah Binti Abu Bakar
4. Noor Syafinaz Binti Ishak
5. Siti Sarah Sufiah Binti Abdul Aziz
6. Nabila Binti Azmi

7. Siti Aisyah Binti Mohamed
8. Norfarihan Binti Che Azih
9. Ayuni Syafawati Binti Abdol Samad
10. Muhammad Syawal Bin Bahar
11. Asma Puteri Amirah Binti Mohamad
12. Zaty Awanis Binti Nadzri
13. Choong Horng Tatt
14. Shahidah Binti Ismail
15. Mohammad Irwan Bin Abdul Hakim
16. Mohammed Azwan Bin Bahari
17. Raja Naqiuddin Bin Raja Kamarul Abidin
18. Nik Mohd Izwan Bin Abdullah
19. Abdul Muzamir Bin Mohd Aris
20. Nurul Mardiah Binti Abdul Salam
21. Siti Nur Haryani Binti Remli
22. Siti Norehan Binti Abdullah
23. Noraasikin Binti Yusof
24. Nurul Ashikin Binti Yusoff
25. Nur Ayu Nabila Binti Ramlee
26. Siti Nursyakilla Binti Harun
27. Noraihan Binti Azhar
28. Suhainiza Binti Samsudin
29. Rahimah Binti Mohd Yusoff
30. Vinothiinee A/P Subramaniam
31. Khayalvili A/P Ratnakumar
32. Suthesh Varmah A/L Ravintharan
33. Prashan A/L Prapakaran
34. Ganeswaran A/L Gunasekaran
35. Haizeer Ahmad Bin Ayob
36. Anafarhana Binti Mohd Yusof
37. Nur Syamihah Binti Mat Zin
38. Muhammad Haffis Bin Abdul Razak
39. Nurul Rufaidah Binti Hamzah
40. Hartini Binti Aris
41. Belida Binti Abdul Gafar
42. Fauziah Binti Mohamed Tajuddin
43. Md Daud Bin Abas
44. Fitriadi Haryanto Rahman Bin Abdul Rahman Saleh
45. Khirthikapriyah A/P Nadarajah
46. Nabila Huda Binti Mohd Nor
47. Wan Syahirah Binti Wan Hassan
48. Saiyidatina Aisyah Binti Mohd Jusoh
49. Noraziah Binti Mat Lazim
50. Noraini Binti Azimin

51. Thinalooshini A/P Gunesegeran
52. Nik Nadhirah Binti Nik Hamed Faried
53. Siti Zulaiha Binti Hasbullah
54. Azlina Binti Mohd Azmi
55. Muhammad Amir Aiman Bin Ismail
56. Mohd Nizam Bin Mohd Nasir
57. Nurlis Bin Yunarlis
58. Aiman Fansury Bin Ahmad
59. Thachayani A/P Ramayah
60. Noor Haziqah Binti Hamdan
61. Nor Amira Binti Bahari
62. Nornasuha Binti Md Nasir

Public Health Assistants

1. Syed Mohd Lokman Bin Syed Hussin
2. Mohd Hamidi Bin Zakaria
3. Mohd Annuar Bin Sulaiman
4. Mohd Rauf Bin Andres
5. Zuraidi Bin Dolah
6. Mishar Bin Laton
7. Rizal Bin Marangkar
8. Mohd Aizat Bin Arif
9. Mohd Azmizan Bin Mohd Soid
10. Mohd Hafiz Bin Ahmad Kamil
11. Jeneral Jairy
12. Bobbie Toining
13. Zahin Bin Azmi
14. Celvineshter Johanny
15. Syed Mohsin Bin Syed Abdul Rahman
16. Lokman Hakim Bin Md Ilham
17. Mohd Ariff Bin Mat Ya
18. Muhammad Faiz Bin Rozlan
19. Mohd Hazrul Bin Pilus

TERENGGANU

Field Supervisors

1. Mohd Azza Bin Azlan
2. Abdul Razak Bin Salleh

Nurses

1. Zuzialwani Binti Mohamad
2. Siti Zunaidah Binti Zahid @ Ahmad
3. Nurhasbie Binti Mokhtar

Drivers

1. Shiek Yussof Bin M.S. Alaudin
2. Khairul Azizi Bin Ali
3. Azmi Bin Mamat

Research Assistants

1. Siti Aisyah Binti Ibrahim
2. Solihah Binti Kamaruddin
3. Nor Aliza Binti Hassan @ Hassanudin
4. Nik Syamil Azam Bin Mat Daud
5. Nor Asmalisa Binti Ismail
6. Nurul Azila Azura Binti Mohd Kamil
7. Norhayati Binti Kamarudin
8. Siti Hajar Binti Wahab
9. Mohd Yusri Bin Mohd Yunos
10. Halimatul Saidah Binti Ahmad
11. Wan Humaiyah Binti Wan Mohamad
12. Ahmad Syarifi Hidayatullah Bin Razak

Public Health Assistants

1. Rustan Bin Md Ali
2. Nik Zafrul Hayat Bin Nik Ludin
3. Muhammad Nor Bin Lot
4. Mohd Yuzey Bin Hassan Pakeri
5. Mohd Adi Safuan Bin Zakaria
6. Mohd Sharim Bin Hamid
7. Abdul Hadi Bin Nawang
8. Mohd Amin Bin Ismail
9. Mohd Nasir Bin Muda

SABAH**Field Supervisors**

1. Leni Tupang
2. Faizah Binti Paiwai
3. Jemsee Onggi
4. Mahaibat Binti Amil Hassan
5. Erna Binti Lantukan

Nurses

1. Ester Julius
2. Harmilah Binti Jamanis
3. Siti Zaharah Binti Abar
4. Jumahyanti Lokimin
5. Azizah @ Nur Binti Ahing
6. Nor Faziah Binti Rozney

7. Hazia Hamdin
8. Kaiyang Binti Albani
9. Khadijah Binti Tarajen
10. Noraljeera Binti Jerain
11. Desiree Alexandra Laban

Drivers

1. Mohd. Bomba Bin Budlama
2. Abdul Jainad Bin Binad
3. Syed Noor Nizam Bin Syed Mahani
4. Mad Usup Bin Ab Samat
5. Ignatius Ambrose
6. Johslee Udog
7. Salleh Bin Yaggu
8. Ho Nyuk Fah

Research Assistants

1. Mohd Iskandar Shah Bin Maitin
2. Nurul Azyana Binti Juanis @ Azlan
3. Awangku Mohd Shahfarol Bin Pg Kamal
4. Joan Sonny Limbowoi Saimin
5. Jovinia Jane Fabian
6. Ianddrian Charles Taimin
7. Richard Tokan
8. Christiano Clexter Philip Mok
9. Ruzanly Binti Ulah
10. Reza Azrie Bin Sah
11. Sharlly Marcela Baun
12. Jeffin Bin Kaluah
13. Abdul Khairil Bin Abdullah Chik
14. Hariebon Bin Kumpas
15. Hilary Jamilie
16. Mohd Fhareez Bin Mudry
17. Sunita Samin
18. Jeldy Bin Galoh
19. Heirie Hazuin Bin Salam
20. Azril Hamizzi Bin Shahari
21. Paul Beatrix Fernando Oppei
22. Nurhidayah Shafina Binti Amarisner
23. Norman Bin Muhammad
24. Audrey Marcia David
25. Rohaisham Bin Sukiman
26. Fardaus Bin Said
27. Zulhafiz Bin Othman
28. Diana Binti Guriana
29. Sazwan Bin Saffri
30. Eddy Bin Dani
31. Noratikah Binti Linggam
32. Angielia Maikol

33. Maxwell Guriana
34. Mohd Safwan Afiq Bin Saimang
35. Hazimah Binti Pannusu
36. Zaifah Binti Sahran
37. Mohamad Fadzuan Bin Junaib
38. Gracella Alfanie Jubeline
39. Mahzle Bin Omar
40. Faradillah Binti Dahalan
41. Florice John
42. Mazlan Bin Hj Abdul Halim Chin

SARAWAK

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1. Tilen Jok
2. Nurul Shaidatul Nadia Binti Mohd Saifullah
3. Gelang Ajah
4. Mohamad Aznuddin Bin Abd Razak
5. Mohamad Fuad Bin Mohamad Anuar
6. Paul Raymond Kemat

Nurses

1. Yap Wan Seing
2. Kamala Sari Binti Mahbar
3. Lolin AK Martin
4. Fatimah Seniah Binti Amit
5. Serena AK Francis
6. Chin Suk Chien
7. Hasliza Binti Sahari
8. Mastika Binti Yusuf
9. Littin AK Mengoong
10. Betty Anak Ranggie
11. Pauline Lungah Anak Nikon Ansu
12. Nur Ain Binti Mazlan
13. Tracie Ayut Anak Luwat
14. Gituen Pengiran
15. Angela Anak Jeni
16. Masrini Mohammad @ Kalalit
17. Sipeny AK Changgai
18. Fransister David Carrol
19. Marianna Bibi AK Augustine Dealria
20. Dorimia AK Michael
21. Saffina AK Jibat

Drivers

1. Kerim AK Sedek
2. Awg Omar Farif Bin Awg Alwi
3. Dillah Bin Jainie

4. Perry AK Aji
5. Abdul Mutlib Bin Mahrup
6. Frederick AK Ison
7. Haddy Bin Ahmad
8. Karia Mat
9. Jeffry Ahmat
10. Kamarulzaman Bin Morsidi
11. Mutang Pengiran
12. Hassan Bin Jobli
13. Benedict AK Handel
14. Zollkifli Bin Rapa-ee
15. Razie Bin Ismail
16. Mohd Aiman Ruzaini Wan
17. Abd Manap Bin Isa
18. Terry Anthony Joseph Jajo

Research Assistants

1. Abdul Hazize Bin Abdul Talip
2. Noraziana Binti Dorani
3. Noor Rafidah Binti Abdul Karim
4. Mohd. Qoshaere Bin Dullah
5. Rosemaryon Anak Idon
6. Bernicael Bernard Anak Megol
7. Poulina Rheta Anak Peter Datu
8. Zanariah Binti Junaidi
9. Maria Amella Anak Willing
10. Nesly Anak Namjun
11. Donny Anak Nirau
12. Achai Anak Lubang
13. Noris Anak Pantar
14. Cosmas Anak Taboh
15. Benard Maoh Anak Peter Datu
16. Doris Anak Sabat
17. Muhammad Shairazi Bin Safri
18. Daphne Anak Dingon
19. Phillomina Jawai Anak Bajang
20. Andy Rajesh Danna Anak Kunsil
21. Khairul Yusuf Bin Jimi
22. Lydiana Binti Yusuf
23. Nicholas Anak Ujan
24. Nurul Syafawani Binti Rosmadi
25. Abang Ahmad Fasnol Bin Abang Kiflee
26. Gloria Jati Anak Philip Langut
27. Nor Aziera Binti Brahim
28. Masmedia Binti Mohd Fadzil
29. Musa Bin Jimi
30. Abg Rahmad Bin Abang Ahmad Tajudin
31. Nur Kartini Binti Affandi
32. Wenna Anak Anthony
33. Steven Harris Anak Brendan

Public Health Assistants

1. Syahrin Bin Hj. Saharit
2. Safrizul Alwi
3. Nicholas AK Kerang
4. Felix Daniel
5. Mohd Nawfal @ Frankie Engan
6. Morris AK Sanggau
7. Augtine Das Anak Basih
8. Awg.Rozaimi Bin Awg. Zaidi
9. Johnnes AK Gindar
10. Joshua AK Ansie
11. Alpian Bin Saini
12. Mohd Nazri Audi Bin Abdullah
13. Elfy Izwan Bin Mohidi
14. Mahdi Bin Drahman
15. Gibbson Libau Anak Baranda
16. Salehan Yahya
17. Nikita Brand Gundang
18. Nero AK Sian
19. Dennis Anak Igal
20. Mohd Khairil Ridzwan Bin Khalid
21. Aniq Siras Bin Junid
22. Samsuni Bin Troki
23. Chan Siew Lan
24. Robin Caster Anak Ripin
25. Adam AK Mani
26. Devis Bin Ahmad
27. Fedarshan Bin Siyu
28. Larry AK Ngelai
29. Dollah Bin Ali
30. Gaik AK Dana

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4. Dr. Hazlina Binti Abu Bakar
5. Jabrullah Bin Ab Hamid

Nurses

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2. Muhammad Hisyamuddin Bin Saberi
3. Mohd Iqbal Bin Roslan

Drivers

1. Zulazri Bin Ibrahim

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2. Habibah Binti Shaari
3. Jakason Bin Robinson
4. Kogulan A/L R Ganesan
5. Mohamed Tajudin Bin Abdul Karim
6. Mohd Khairi Bin Hassan Jamil
7. Mohd Salman Syahmi Bin Mohamad Idris
8. Mohd Shukri Bin A. Rahman
9. Muhamad Faizul Ikhwan Bin Zulkifli
10. Muhammad Shazuan Bin Sharom
11. Nik Nur Farahiyah Binti Nik Zamani
12. Nur Azlin Binti Ab Kadir
13. Nur Hanani Binti Muslim
14. Nurfazreen Binti Safiee
15. Rusdie Bin Hussin

Public Health Assistants

1. Mohammed Raziman Bin Rejab
2. Abdul Aziz Bin Darus
3. Nik Mohd Rusdan Bin Nik Zamani
4. Mohamad Amir Bin Ahmad Hambal

PUTRAJAYA**Field Supervisor**

1. Ahmad Ali Bin Zainuddin
2. Nur Shahida Binti Abd Aziz

Nurses

1. Izuana Binti Mohd Jaya
2. Siti Fatimah Binti Kamaruddin

Drivers

1. Fadli Bin Othman
2. Helmi Bin Saarani

Research Assistants

1. Muhd Fazreen Bin Roslan
2. Aida Marina Binti Jamin
3. Mohd Hilmi Bin Mohd Baharuddin
4. Fitrin Nadia Binti Yusof
5. Puteri Nurasikin Binti Nasarudin
6. Farzad Bin Abd Jalil
7. Muhammad Syafieq Bin Mohamad
8. Nurul Hasanah Binti Musa

Public Health Assistants

1. Md Saman Bin Baharudin
2. Khairul Hamzah Bin Abdul Wahab
3. Nazrul Hairy Bin Aziz

STESEN SAQ

1. Munirah Binti Mohd Nasir
2. Nadiyah Asmaq Binti Nek Jid
3. Aini Fariza Binti Abdullah
4. Nor Fatin Hanani Binti Ramli
5. Nor Zurina Binti Osman
6. Nurizzati Binti Mohd Aris
7. Muhammad Afiq Bin Abd Aziz
8. Mohamad Safuan Bin Safiri
9. Siti Nur Syahida Binti Che Musa
10. Farah Hafsa Binti Mohd Noor
11. Nursyafiza Binti Zahari
12. Puteri Noor Ruzanna Binti Abd Aziz

GIS

1. Safirah Nabilah Binti Mohd Safri
2. Nik Nadhirah Binti Nik Hamed Faried
3. Thinalooshini A/P Gunesegeran
4. Mohamad Amirul Ridzwan Bin Hasan
5. Nor Amira Binti Mohd Azmi
6. Mas Idayu Binti Mahamud
7. Faezana Binti Mohd Zahir
8. Indok Noorshahmirani Mustapa

Appendix 9

**QUESTIONNAIRES
&
CODE BOOKS**

**TINJAUAN KEBANGSAAN
KESIHATAN DAN MORBIDITI 2015**
*NATIONAL HEALTH AND
MORBIDITY SURVEY 2015*

BORANG SOAL SELIDIK ISI RUMAH
HOUSEHOLD QUESTIONNAIRE



UNTUK DIISI OLEH PENEMURAMAH

Negeri : _____

ID :
NEGERI DP DB BP STRATA TK ISI RUMAH

ID Penemuramah : **ID Jururawat :**

Keputusan : 1. Lengkap 2. Tidak Lengkap* 3. Enggan Jawab*
4. lain-lain* * Nyatakan _____

Borang NHMS/DC/Q

KEPUTUSAN TEMUBUAL ISIRUMAH			
Nama Ketua Isirumah: Alamat:			
REKOD PANGGILAN/ LAWATAN-PERINGKAT ISIRUMAH (Perlu diisi selepas selesai temuramah)			
Bilangan Panggilan/ Lawatan	Lawatan Ke-1	Lawatan Ke-2	Lawatan Ke-3
Tarikh (dd/mm/yyyy)			
2. ID Penemuramah			
2.1 Penemuramah 1			
2.2 Penemuramah 2			
2.3 Penemuramah 3			
2.4 Penemuramah 4			
3. Berhubung Dengan Siapa :	a. Penghuni b. Jiran c. Ketua kampung	a. Penghuni b. Jiran c. Ketua kampung	a. Penghuni b. Jiran c. Ketua kampung
4a. Kod Keputusan Peringkat Isi Rumah*			
4b. Nyatakan Sebab#			
5. Bahasa Yang Digunakan (bulatkan)	1. Melayu	2. Inggeris	3. Cina 4. Tamil Lain, nyatakan :
*4a. Kod Keputusan Peringkat Isirumah	04. TK berkunci 05. TK kosong 06. TK telah dirobohkan 07. TK tidak dapat dikesan sebab# 08. bukan TK 09. TK tempam merbahaya /tidak selamat masalah bahasa 10. masalah bahasa 11. Lain-Lain (sila nyatakan#)		

Borang Soal Selidik Individu Isi Rumah

1

A1 : MAKLUMAT ISIRUMAH/ HOUSEHOLD PARTICULARS												
A1010 - A1034 untuk diisi oleh PKA/ To be filled by PKA USING GPS Reader												
PLEASE CIRCLE THE ANSWER WHEN INDICATED												
To be completed by PKA using a GPS Reader and written in Degree Decimal Minute Format e.g N40 446195 W79 948862												
Koordinat lokasi geografi <i>Geographical coordinat locations</i>												
A1011	i. Latitude											
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>u</td> </tr> </table>												u
										u		
A1012	ii. Longitude											
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>o</td> </tr> </table>												o
										o		
A1020	Jenis rumah / <i>House types</i> 1. Rumah Sebuah 2. Rumah berkembar 3. Rumah bot 10. Rumah kampung 4. Kondominium/ Pangsepuni/ mempunyai sistem keselamatan 5. Rumah teres selingkat 6. Rumah teres dua tingkat atau lebih 11. Rumah Kedai 7. Rumah panjang 8. Rumah Pangsa/ Flat (tidak mempunyai kemudahan) 9. Rumah setinggan 12. Rumah kongsi											
Taburan kemudahan fasiliti kesihatan konvensional sektor awam dan swasta di sekitar kediaman penghuni <i>Distribution of government and private services outlet within occupants vicinity</i>												
Nama Fasiliti <i>Name of Facility</i>												
Koordinat lokasi Geografi <i>Geographical coordinat location</i>												

Jenis Fasilitas <i>Type of Facility</i>	Latitude	Longitude	Degree	Decimal Degree	Jarak (km)	Fasilitas terdekat "adalah/..." (Pilih satu sahaja dan tandakan ✓ di ruang berkenaan <i>Nearest facility* is choose only one and tick ✓ where relevant</i>
Hospital KKM terdekat						
Hospital Swasta Terdekat						
Lain-Lain Hospital Terdekat (seperti Hospital Universiti, Hospital Tentera dll.						
Klinik KKM Terdekat						
Klinik Swasta Terdekat						
Klinik Pergigian Kerajaan Terdekat						
Klinik Pergigian Swasta Terdekat						
Lain-Lain Klinik Terdekat (e.g Klinik Estet, dll.) Untuk diisi hanya sekiranya klinik terdekat bukan dari MOH atau swasta						

Borang Soal Selidik Individu Isi Rumah

A1: MAKLUMAT ISIRUMAH / HOUSEHOLD PARTICULARS	
<p>[PENEMURAMAH: Maklumat isirumah ini perlu diperolehi dari ketua isirumah atau orang yang paling tahu mengenai isirumah. Tentukan terlebih dahulu orang yang paling tahu mengenai isirumah]</p>	<p>Saya akan bertanyakan beberapa soalan mengenai ahli isirumah anda. Ahli isirumah adalah mereka yang tinggal di tempat kediaman ini, berkongsi peralatan dan kemudahan di rumah, makan bersama dan telah tinggal sekurang-kurangnya 2 minggu dari tarikh temuduga. <i>I would like to ask you a few questions about your household members. Household members are those who live here, share facilities, eat together, and live here at least 2 weeks from the date of interview.</i></p>
<p>A1040 Berapakah bilangan ahli isirumah anda? <i>How many persons are there in your household?</i></p>	<p style="text-align: center;"><input type="text"/> Orang</p>
<p>A1041 Saya perlukan maklumat mengenai nama, jantina, umur dan taraf A-D perkahwinan setiap ahli isirumah ini. <i>I would like to know the name, sex, age and marital status of each household member.</i></p>	<p>[PENEMURAMAH: Senaraikan kesemua ahli isirumah ini serta isikan maklumat berkaitan di ruang A-D. Mulakan baris pertama dengan nama orang yang memberi maklumat mengenai isirumah ini]</p>
<p>A1041 E Siapakah ketua isirumah ini? <i>Who is the head of this household ?</i> [PENEMURAMAH: Ketua isirumah adalah orang yang paling berpengaruh dan yang paling banyak buat keputusan untuk isirumah ini]</p>	<p>[PENEMURAMAH: Tandakan "1" pada kolom E bagi ketua isirumah yang telah dikenal pasti]</p>
<p>A1041 E Saya perlukan maklumat mengenai hubungan setiap ahli isirumah dengan ... [bacakan nama ketua isirumah]. <i>I would like to know the relationship of each household member to ...</i> [bacakan nama ketua isirumah].</p>	<p>[PENEMURAMAH: Rujuk Kod A untuk status hubungan dan tuliskan pada kolom E bagi setiap ahli isi rumah]</p>

JADUAL ISIRUMAH / HOUSEHOLD ROSTER

A1041. Maklumat sosio-demografi		Kegunaan pejabat								
No. ID	A. Nama ahli isi rumah	B. Jantina		C. Umur, tahun genap pada hari lahir terakhir. Jika bayi kurang setahun, muna bulan nenang		D. Taraf	E. Hubungan dengan ketua isirumah	F. Buku Diisi		G. Kod Keputusan Peringkat Individu (sila rujuk *Nota)
		1. Lelaki	Tahun	Bulan	Interview			Isi Sendiri		
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										

<p>Taraf Perkahwinan</p> <p>1. Tidak pernah bertakwini/ <i>Never married</i></p> <p>2. Bertakwini/ <i>Married</i></p> <p>3. Berpisah/ <i>Separated</i></p> <p>4. Janda/ <i>Widow</i></p> <p>5. Batu/ <i>Widower</i></p> <p>6. Tinggal bersama pasangan/ <i>Cohabiting</i></p> <p>7. Lain-lain/ <i>Others</i></p>	<p>Hubungan dengan Ketua Isirumah</p> <p>01. Ketua isirumah/ <i>Head of Household</i></p> <p>02. Suami atau isteri/ <i>Spouse</i></p> <p>03. Ibuapa/ <i>Parents</i></p> <p>04. Anak/ <i>Child</i></p> <p>05. Datuk/ nenek atau moyang/ <i>Grand- or great grandparents</i></p> <p>06. Cucu atau cicit/ <i>Grand- or great grand child</i></p> <p>07. Adik-beradik/ <i>Siblings</i></p>	<p>08. Mertua/ <i>parent-in-law</i></p> <p>09. Menantu/ <i>Son-/ Daughter-in-law</i></p> <p>10. Ipar dual/ <i>Brother or sister in law</i></p> <p>11. Saudara-mara lain/ <i>Other relatives</i></p> <p>12. Kawani/ <i>Friend</i></p> <p>13. Pekerja seperti pembantu rumah, tukang kebun, pemandu di <i>Workers such as live-in housemaid, gardener, driver etc</i></p> <p>14. Lain-lain/ <i>Others</i></p>
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Pemberi Maklumat

Borang Soal Selidik Individu Isi Rumah

A1042. MAKLUMAT TANGGUNGAN ISIRUMAH YANG TIDAK TINGGAL BERSAMA									
<p>Saya perlukan maklumat mengenai tanggungan isirumah yang tidak tinggal bersama di rumah ini. Tanggungan isirumah adalah mereka yang dibiayai dari pendapatan isirumah serta tidak berpendapatan sendiri. Ini termasuk orang dewasa dan kanak-kanak seperti ibubapa, pasangan, anak, adik-beradik dan ahli isirumah lain / <i>I would like to know about the household dependents who are not staying in this house. The household dependent include adults and children, such as parents, spouse, offsprings, siblings and other household members whom other household members take care of financially</i></p> <p>[PERINGATAN: Ini termasuk tanggungan yang berada di kediaman lain, kolej, universiti, asrama, hospis, luar negara, dll] [REMINDER: These dependents could be in other residence, college/ university, hostel, hospice, overseas, etc.]</p>									
No. ID	A. Nama	B. Jantina		C. Umur, tahun genap pada hari lahir terakhir. Jika bayi kurang setahun, guna bulan genap		D. Hubungan dengan ketua isirumah	E. Kewarganegaraan 1. Warganegara Malaysia 2. Permaisutain Tetap 3. Bukan Warganegara Malaysia	F. Bangsa [Rujuk Kod B]	G. Taraf Perkahwinan
		1. Lelaki 2. Perempuan	Tahun (-7) TT / (-9) EJ	Bulan (-7) TT / (-9) EJ					
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
Taraf Perkahwinan	Hubungan dengan Ketua Isirumah								
1. Tidak pernah berkahwin/ <i>Never married</i>	01. Ketua isirumah/ <i>Head of Household</i>								
2. Berkahwin/ <i>Married</i>	02. Suami atau isteri/ <i>Spouse</i>								
3. Berpisah/ <i>Separated</i>	03. Ibubapa/ <i>Parents</i>								
4. Janda / <i>Dual/ Divorce</i>	04. Anak/ <i>Child</i>								
5. Belu / <i>Widower</i>	05. Datuk/ menek atau moyang/ <i>Grand- or great grandparents</i>								
6. Tinggal bersama pasangan/ <i>Cohabiting</i>	06. Cucu atau cicit/ <i>Grand- or great grand child</i>								
7. Lain-lain/ <i>Others</i>	07. Adik-beradik/ <i>Siblings</i>								
	08. Mertua/ <i>Parent-in-law</i>								
	09. Menantu/ <i>Son-/ Daughter-in-law</i>								
	10. Ipar dual/ <i>Brother or sister in law</i>								
	11. Saudara-mara lain/ <i>Other relatives</i>								
	12. Kawan/ <i>Friend</i>								
	13. Pekerja seperti pembantu rumah, tukang kebun, pemandu dll <i>Workers such as live-in housemaid, gardener, driver etc</i>								
	14. Lain-lain/ <i>Others</i>								

<p>Saya akan bertanyakan beberapa soalan mengenai rumah anda. <i>I would like to ask you a few questions about your home.</i></p>		
A1050	<p>Rumah ini ada berapa bilik? Ini termasuk ruang tamu, dapur, bilik tidur, bilik bacaan, bilik air, bilik sembahyang dll <i>How many rooms are there in this house? This includes living room, kitchen, bedroom, study room, toilets, prayer room, etc.</i></p>	<p><input type="text"/> Bilik (-7) TT (-9) EJ</p> <p>[PENEMURAMAH: Sebuah bilik adalah sebarang ruang berpintu, berdinging empat dan penuh, berlantai dan berbumbung. Sebarang ruangan yang dipisahkan dengan langsir atau pembahagi yang tidak lengkap tidak dianggap sebagai bilik yang berasingan. Sekiranya di rumah panjang, hanya kira bilik di dalam unit tempat kediaman yang diduduki oleh isirumah ini sahaja]</p>
A1051	<p>Adakah ia ... <i>Is this home ...</i></p> <p>[PERINGATAN KEPADA PENEMURAMAH: Sila baca pilihan jawapan. Pilih satu jawapan sahaja]</p>	<p>1 ...milik isirumah, dengan pinjaman perumahan atau pinjaman lain <i>...owned by any household member, with mortgage</i></p> <p>2 ...milik isirumah, tanpa pinjaman perumahan atau pinjaman lain <i>...owned by any household members, without mortgage</i></p> <p>3 ...kuarters kakitangan kerajaan/ majikan <i>... a government / employer-provided staff quarters</i></p> <p>4 Disewal/ <i>Rented</i></p> <p>5 Lain-lain/ <i>Others</i> <i>(cth: tinggal secara percuma di rumah yang dimiliki oleh orang yang bukan ahli isirumah ini) (e.g: living for free in a house owned by non- household members)</i></p> <p>(-7) TT (-9) EJ</p>
A1052	<p>Apakah sumber atau punca utama bekalan air minum di rumah anda? <i>What is the main source of drinking water in your house?</i></p>	<p>1 Air paip di dalam rumah/ <i>Piped water that runs into house</i></p> <p>2 Air paip di perkarangan rumah/ <i>Piped water in yard</i></p> <p>3 Air paip di kawasan awam/ <i>Public standpipe</i></p> <p>4 Air minum dalam botol (mineral/ suling) <i>Bottled drinking water (mineral/ distilled)</i></p> <p>5 Perigi/ telaga yang dilindungi <i>Protected dug well or protected spring</i></p> <p>6 Perigi/ telaga yang tidak dilindungi <i>Unprotected dug well or spring</i></p> <p>7 Air hujan yang ditadah/ <i>Rainwater (into tank or cistern)</i></p> <p>8 Air dari tasik atau sungai <i>Water taken directly from pond or stream</i></p> <p>9 Air dari tangki air bergerak, vendor/ <i>Tanker-truck, vendor</i></p> <p>10 Lain-lain/ <i>Others</i></p> <p>(-7) TT (-9) EJ</p>

A1053	<p>Apakah cara utama pembuangan sampah di rumah anda? <i>What is the main method of disposing your household garbage?</i></p>	<p>1 Dikutip oleh kerajaan tempatan/ pihak pengurusan <u>secara teratur</u> <i>Collected by the local authority/ management <u>regularly</u></i></p> <p>2 Dikutip oleh kerajaan tempatan/ pihak pengurusan <u>secara tidak teratur</u> <i>Collected by the local authority/ management <u>irregularly</u></i></p> <p>3 Ditanam di luar rumah/ <i>Buried outside the house</i></p> <p>4 Dibakar di luar/ <i>Open burning</i></p> <p>5 Dibuang ke dalam longkang, sungai atau laut atau merata-rata/ <i>Thrown into the drain, river, or sea or anywhere</i></p> <p>6 Dikumpul dan dibuang di tempat khas untuk kitaran semula / <i>Collected and thrown in a specialized area for recycling</i></p> <p>7 Lain-lain/ <i>Others</i></p> <p>(-1) 11 (-9) EJ</p>
[PENEMURAMAH: Sila tunjukkan Kod C kepada responden]		
A1054	<p>Apakah jenis tandas di rumah anda? <i>What is the type of toilet at your house?</i></p>	<p>1 Tandas pam dan disambung ke sistem kumbahan pusat / <i>Flush toilet and connected to the main sewerage system</i></p> <p>2 Tandas pam dengan tangki kumbahan ('septic tank') <i>Flush toilet with septic tank</i></p> <p>3 Tandas curah/ <i>Pour flush toilet</i></p> <p>4 Tandas lubang tertutup/ <i>Bore hole toilet with closed lid</i></p> <p>5 Tandas lubang tidak tertutup/ <i>Bore hole toilet without cover</i></p> <p>6 Tandas angkut/ tong/ <i>Bucket latrine</i></p> <p>7 Tandas gantung terus ke sungai/ laut/ <i>Hanging latrine</i></p> <p>8 Tiada kemudahan/ <i>No facilities at all</i></p> <p>9 Lain-lain/ <i>Others</i></p> <p>(-7) TT (-9) EJ</p>

[PENEMURAMAH: Untuk soalan A1061 hingga A1064, hanya kira yang berfungsi/ boleh digunakan sahaja. Tidak termasuk yang digunakan untuk tujuan perniagaan]		
	<p>Berapa jumlah kenderaan bermotor yang dimiliki oleh isirumah anda? <i>How many motorised vehicles does your household own?</i></p>	
A1061	<p>Kereta / Van (nyatakan jumlah) <i>Car / Van (specify total number)</i></p>	<input type="text"/> Buah (-7) TT (-9) EJ
A1062	<p>Motosikal (nyatakan jumlah) <i>Motorcycle (specify total number)</i></p>	<input type="text"/> Buah (-7) TT (-9) EJ
A1063	<p>Bot/ Sampan bermotor (nyatakan jumlah) <i>Motorized boat (specify total number)</i></p>	<input type="text"/> Buah (-7) TT (-9) EJ
A1064	<p>Lain-lain/ <i>Others</i></p>	<input type="text"/> Buah (-7) TT (-9) EJ
<p>Saya ingin tanya tentang berapa banyak isirumah ini belanja untuk jagaan kesihatan dan lain-lain. <i>I would like to ask you some questions about how much your household spends on health care services and other things.</i></p>		<p>[PENEMURAMAH: Untuk semua soalan, tuliskan dalam Ringgit Malaysia (RM), nilai tunai/ wang atau benda]</p>
A1071	<p>Dalam masa <u>sebulan lepas</u>, berapakah yang telah dibelanjakan oleh isirumah anda secara keseluruhannya? <i>In the last one month, how much did your household spend in total?</i></p>	RM <input type="text"/> (-7) TT (-9) EJ
A1072	<p>Dalam masa sebulan lepas, berapa isirumah ini belanja untuk: <i>In the last one month, how much did your household spend on:</i></p> <p>Makanan, termasuk beras, daging, buah-buahan, sayur-sayuran dan minyak masak. Masukkan juga harga sebarang makanan yang dimasak dan dimakan oleh isirumah kecuali arak, tembakau dan bayaran makan di restoran / <i>Food, including such things as rice, meat, fruits, vegetables, and cooking oils. Include the value of any food that was produced and consumed by the household, and exclude alcohol, tobacco and restaurant meals.</i></p>	RM <input type="text"/> (-7) TT (-9) EJ
A1073	<p>Sewa / bayaran pinjaman rumah, bil elektrik, bil air, bil telefon, gas dan arang / kayu api. <i>Housing, gas, electricity, water, telephone, and heating fuel</i></p>	RM <input type="text"/> (-7) TT (-9) EJ
A1074	<p>Yuran sekolah/ pengajian, tuisyen, buku, alat tulis dan lain-lain belanja sekolah/ pengajian./ <i>Education fees and supplies</i></p>	RM <input type="text"/> (-7) TT (-9) EJ
A1075	<p>Semua perbelanjaan untuk kesihatan (tidak termasuk tuntutan insurans) / <i>Health care costs, excluding any insurance reimbursements</i></p>	RM <input type="text"/> (-7) TT (-9) EJ
A1076	<p>Premium untuk insurans kesihatan <i>Insurance premiums or prepaid health plans</i></p>	RM <input type="text"/> (-7) TT (-9) EJ

A1077	Lain-lain perbelanjaan (termasuk bayaran makan di restoran, arak, tembakau dll) / <i>All other goods and services (including payment for meals at restaurants, alcohol, tobacco, etc)</i>	RM <input type="text"/>	(-7) TT	(-9) EJ
A1080	Dalam masa <u>12bulanlepas</u> , dari mana isirumah anda dapat wang untuk bayar perbelanjaan kesihatan? <i>In the <u>last12months</u>, which of the following financial sources did your household use to pay for any health expenditure?</i>	1 Ya	2 Tidak	(-7) TT (-9) EJ
A1081	-pendapatan semasa ahli isirumah <i>Current income of any household members</i>	1 Ya	2 Tidak	(-7) TT (-9) EJ
A1082	-wang simpanan/ <i>Savings (e.g. bank account)</i>	1 Ya	2 Tidak	(-7) TT (-9) EJ
A1083	-bayaran atau tuntutan daripada pelan insurans kesihatan/ <i>"insurance reimbursement" Payment or reimbursement from a health insurance plan</i>	1 Ya	2 Tidak	(-7) TT (-9) EJ
A1084	-jual/gadai barang-barang seperti perabot, binatang, barang kemas dll/ <i>Sold items (e.g. furniture, animals, jewellery, furniture)</i>	1 Ya	2 Tidak	(-7) TT (-9) EJ
A1085	-dapat dari ahli keluarga atau kawan yang bukan isirumah <i>Family members or friends from outside the household</i>	1 Ya	2 Tidak	(-7) TT (-9) EJ
A1086	-pinjam daripada bank/ceti/ ah long dll (orang lain yang bukan kawan atau keluarga) <i>Borrowed from bank/ money lender, etc. (someone other than a friend or family)</i>	1 Ya	2 Tidak	(-7) TT (-9) EJ
A1087	Lain-lain <i>Other</i>	1 Ya	2 Tidak	(-7) TT (-9) EJ

Borang Soal Selidik Individu Isi Rumah
Household Questionnaire

**TINJAUAN KEBANGSAAN
KESIHATAN DAN MORBIDITI 2015**
*NATIONAL HEALTH AND
MORBIDITY SURVEY 2015*

**BORANG SOAL SELIDIK INDIVIDU
INDIVIDUAL QUESTIONNAIRE**

**RESPONDEN 13 TAHUN DAN KE ATAS
RESPONDENT 13 YEARS AND ABOVE**



iku
INSTITUTE FOR PUBLIC HEALTH

UNTUK DIISI OLEH PENEMURAMAH

Negeri : _____

ID :
NEGERI DP DB BP STRATA TK ISIRUMAH

ID Penemuramah : **ID Jururawat :**

Keputusan : 1. Lengkap 2. Tidak Lengkap* 3. Enggan Jawab*
4. lain-lain* * Nyatakan _____

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MODUL A2 : SOSIODEMOGRAFI / *SOCIODEMOGRAPHY*

A2: INDIVIDU BERUMUR 13 TAHUN DAN KE ATAS

Soalan untuk diisi oleh penemuramah : Bulatkan **SATU** jawapan sahaja

A2000 : Siapakah yang telah menjawab borang soal selidik ini?

1. Ahli isirumah sendiri
2. Ahli isirumah dibantu oleh penterjemah
3. Proksi (bagi pihak ahli isirumah)
4. Proksi dengan bantuan penterjemah

A2100 Nama ahli isi rumah / Name of household member : _____

A2104 Apakah hubungan anda dengan ...
(nama ketua isirumah)?*What is your relationship to ...
(name of the head of household)?*

- 1 Ketua isirumah / *Head of Household*
- 2 Suami atau isteri / *Spouse*
- 3 Ibubapa / *Parents*
- 4 Anak / *Child*
- 5 Datuk/ Nenek atau moyang /
Grand-or great-grandparents
- 6 Cucu atau cicit / Grand- or great-grandchild
- 7 Adik-beradik / *Siblings*
- 8 Mertua / *Parent-in-law*
- 9 Menantu / *Son- or daughter-in-law*
- 10 Ipar Duai / *Brother-or sister-in-law*
- 11 Saudara-mara lain / *Other relatives*
- 12 Kawan / *Friend*
- 13 Pekerja seperti pembantu rumah, tukang
kebun, pemandu, dll. / *Workers such as live-
in housemaid / gardener / driver etc.*
- 14 Lain-lain / *Others*

(-7) TT (-9) EJ

A2110 Bila tarikh lahir anda?
When is your birth date?

<i>D</i>	<i>D</i>

<i>M</i>	<i>M</i>

<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>

[PENEMURAMAH : Sekiranya 'TT' tuliskan '01' untuk hari '07' untuk bulan]

A2111 Berapa umur...?
How old are...?

Tahun genap (-7) TT (-9) EJ

A2112 Apakah nombor kad pengenalan anda?
*What is your identification number?*No. KP Baru / *New IC / MyKid*

No. Passport / *Passport No.*

No. Kad Pengenalan yang lain Tentera-Polis-Sijil lahir-
Lain-lain / *Army-Police-Birth cert-Others*

[PERINGATAN : Pastikan nombor pengenalan BETUL]

2

Borang Soal Selidik Individu Responden 13 Tahun Dan Ke Atas /
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A2120	Apakah bangsa anda? <i>What is your ethnicity?</i>	Kod <input type="text"/> Lain-lain, nyatakan : _____ (-7) TT (-9) EJ [PENEMURAMAH : Rujuk Kod B]
A2130	Apakah taraf kewarganegaraan anda? <i>What is your citizenship status?</i>	1. Warganegara Malaysia / <i>Malaysian Citizen</i> 2. Permastautin tetap / <i>Permanent Resident of Malaysia</i> 3. Bukan warganegara Malaysia / <i>Non-Malaysian Citizen</i> (-7) TT (-9) EJ
A2140	Apakah taraf perkahwinan anda? <i>What is your marital status?</i>	1. Tidak pernah berkahwin / <i>Never married</i> 2. Berkahwin / <i>Married</i> 3. Berpisah / <i>Separated</i> 4. Janda / Duda / <i>Divorcee</i> 5. Balu / <i>Widow / er</i> 6. Tinggal bersama pasangan / <i>Cohabiting</i> 7. Lain-lain contohnya lelaki / perempuan simpanan <i>Others eg. Mistress / masterers</i> (-7) TT (-9) EJ
A2200	Apakah tahap pendidikan tertinggi anda? <i>What is your highest education level?</i>	1. Tidak pernah bersekolah / <i>Never been to school</i> 2. Tidak habis sekolah rendah / <i>Did not complete primary school</i> 3. Tamat darjah 6 / <i>Completed standard 6</i> 4. Tamat tingkatan 3 / <i>Completed form 3</i> 5. Tamat tingkatan 5 / <i>Completed form 5</i> 6. Tamat tingkatan 6 / sijil/ diploma / <i>Completed form 6 / certificate / diploma</i> 7. Tamat pengajian peringkat sarjana muda / <i>Completed Bachelors degree</i> 8. Tamat pengajian peringkat sarjana / <i>Completed Masters degree</i> 9. Tamat pengajian peringkat kedoktoran (PHD) / <i>Completed Doctoral qualification (PhD)</i> 10. Lain-Lain / <i>Others</i> (-7) TT (-9) EJ
A2210	Adakah anda bekerja? <i>Are you working?</i>	1. Ya / <i>Yes..... Ke A2213</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ

A2211	<p>Adakah anda bekerja dalam satu bulan yang lepas? <i>Did you work in the last one month?</i></p> <p>[PROBE : tanyakan samada menerima bayaran]</p>	<ol style="list-style-type: none"> 1. Ya, dengan bayaran / <i>Yes, with payment... ke A2213</i> 2. Ya, tanpa bayaran / <i>Yes, without payment... ke A2213</i> 3. Tidak / <i>No</i> <p>(-7) TT (-9) EJ</p>
A2212	<p>Apa yang anda lakukan dalam satu bulan yang lepas? <i>What did you mainly do in the last one month?</i></p> <p>Pilih satu jawapan sahaja / <i>Choose only one answer</i></p>	<ol style="list-style-type: none"> 1. Mempunyai pekerjaan tapi tidak bekerja / <i>Have a job but happened not to work</i> 2. Tidak bekerja, sedang mencari kerja / <i>Unemployed, looking for work</i> 3. Masih belajar, universiti / <i>Still schooling, university</i> 4. Menjaga rumah dan anak-anak / <i>Homemaker, care of children</i> 5. Sakit kronik, kurang upaya / <i>Chronically ill, handicapped</i> 6. Menjaga pesakit kronik atau orang kurang upaya / <i>Care of chronically ill, handicapped, elderly</i> 7. Bersara / <i>Retired</i> 8. Sakit, dengan sijil perubatan / <i>Sick, with a medical certificate</i> 9. Tua / <i>Old age</i> 10. Lain-lain / <i>Others</i> <p>(-7) TT (-9) EJ</p>
[PENEMURAMAH : Soalan Lompat-Terus ke A2220 Selepas soalan ini]		
A2213	<p>Adakah anda... <i>Are you a...</i></p>	<ol style="list-style-type: none"> 1. Pekerja Kerajaan / <i>Government Employee</i> 2. Pekerja Badan Berkanun / <i>Semi Government Employee</i> 3. Pekerja Swasta / <i>Private Employee</i> 4. Pekerja Sendiri / <i>Self Employed</i> 5. Pekerja tidak diupah bayar / <i>Unpaid worker</i> <p>(-7) TT (-9) EJ</p>
A2213s	<p>Adakah anda bekerja lebih daripada satu sektor, nyatakan kod sektor... <i>Are you working in more than one sector, specify sector's code...</i></p> <p>A2213 ditanya jika : A2210 = 'YA' atau A2211 = 'YA'</p>	<p>[PENEMURAMAH : Bacakan pilihan jawapan]</p> <ol style="list-style-type: none"> 1. Ya / <i>Yes</i> Sila nyatakan sektor-sektor anda bekerja _____ <i>Please specify sectors you are working in</i> _____ 2. Tidak, bekerja dalam satu sektor sahaja <i>No, works in only one sector</i> <p>Dengan merujuk kepada kod jawapan soalan A2213. Contohnya 1+3 merujuk kepada pekerja sektor kerajaan dan juga sektor swasta</p>

4 Borang Soal Selidik Individu Responden 13 Tahun Dan Ke Atas /
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BAGI SOALAN A2214,A2215,A2216 & A2217 HANYA UNTUK AHLI ISIRUMAH BERUMUR 15 TAHUN DAN KE ATAS. JIKA BERUMUR KURANG DARI 15, TERUS KE A2220
 QUESTION A2214,A2215,A2216 & A2217 ARE ONLY FOR MEMBER OF THE HOUSEHOLD AGED 15 YEARS AND ABOVE. IF AGE BELOW 15, GO TO A2220

A2214	Apakah pekerjaan utama anda? <i>What is your main job title?</i>	Nyatakan dan pilih salah satu kategori pekerjaan di bawah <i>Please specify and choose only one of below job category</i> <ol style="list-style-type: none"> 1. Pengurus dan Pegawai Atasan / <i>Managers and Senior Officials</i> 2. Profesional / <i>Professionals</i> 3. Juruteknik dan Profesional Bersekutu / <i>Technician and Associate Professionals</i> 4. Pekerja Perkeranian / <i>Clerical Workers</i> 5. Pekerja Perkhidmatan dan Jualan / <i>Services & Sales Workers</i> 6. Pekerja Berkemahiran / <i>Skilled Workers</i> 7. Pekerja Tidak Berkemahiran atau Pekerja Am / <i>Unskilled or General Workers</i> 8. Angkatan Tentera / <i>Armed Forces</i> (-7) TT (-9) EJ
A2215	Apakah bidang pekerjaan anda? <i>In which field are you working?</i>	Sila pilih hanya SATU bidang dibawah <i>Please choose only ONE field from below</i> <ol style="list-style-type: none"> 1. Pembuatan / <i>Manufacturing</i> 2. Perdagangan Borong dan Runcit; Pembaikan Kenderaan Bermotor dan Motosikal / <i>Wholesale and Retail Trade; Repair of Motor Vehicle and Motorcycles</i> 3. Pertanian, Penternakan, Perhutanan dan Perikanan / <i>Agriculture, Live Stock Farming, Forestry and Fishing</i> 4. Pembinaan / <i>Construction</i> 5. Penginapan; Aktiviti Perkhidmatan Makanan dan Minuman / <i>Accommodation; Food And Beverage Service Activities</i> 6. Pendidikan / <i>Education</i> 7. Pentadbiran Awam dan Pertahanan; Aktiviti Keselamatan Sosial Wajib / <i>Public Administration and Defence; Compulsory Social Security</i> 8. Pentadbiran (Bukan Awam) dan Perkhidmatan Sokongan / <i>Administrative (Private Sector) and Support Service Activities</i> 9. Pengangkutan dan Penyimpanan / <i>Transportation and Storage</i> 10. Aktiviti Kesihatan Kemanusiaan dan Kerja Sosial / <i>Human Health and Social Work Activities</i> 11. Aktiviti Kewangan dan Insurans / Takaful / <i>Financial and Insurance / Takaful Activities</i> 12. Aktiviti Perundingan Profesional, Sainifik dan Teknik / <i>Professional Consultation, Scientific and Technical Activities</i> 13. Lain-lain / <i>Others</i> (-7) TT (-9) EJ

A2216	Nyatakan tempoh pekerjaan anda sekarang. <i>State the duration of your current work.</i>	<input type="text"/> tahun / <i>year</i> <input type="text"/> bulan / <i>month</i> Menggenapkan ke bulan yang terdekat jika kurang dari setahun; ke tahun yang terdekat jika lebih dari setahun
A2217	Apakah jenis sistem waktu bekerja anda? <i>What is your working time system?</i>	1. Waktu bekerja tetap (Kurang dari 48 jam seminggu) / <i>Regular working time (Less than 48 hours per week)</i> 2. Bekerja lebih masa (Melebihi 48 jam seminggu) / <i>Extended Hours (More than 48 hours per week)</i> 3. Hari Bekerja tidak tetap / <i>Staggered Days</i> 4. Bekerja shif / <i>Shift hours</i> 5. Bekerja Perjalanan Jauh / <i>Long haul</i> 6. Pekerja Sambilan / <i>Part-time</i> (-7) TT (-9) EJ
Berapakah purata pendapatan kasar anda sebulan, dari segi... <i>What is your average personal gross monthly income, in terms of...</i>		Sekiranya TIADA pendapatan tuliskan '0'
A2220	Pendapatan dari bekerja / gaji / upah / pencen <i>Income from work / salary / pension</i> (-7) TT (-9) EJ	RM <input type="text"/> <i>Sebulan / Monthly</i>
A2221	Wang yang diterima daripada ahli isirumah lain <i>Money received from other household members</i> (-7) TT (-9) EJ	RM <input type="text"/> <i>Sebulan / Monthly</i>
A2222	Wang dari sumber lain, cth daripada kutipan sewa aset, wang daripada ahli keluarga di luar isi rumah, biasiswa, kebajikan masyarakat, Baitulmal dll <i>Money from other source e.g from rented assets collection, from family member outside the household, scholarship, welfare, Baitulmal etc</i> (-7) TT (-9) EJ	RM <input type="text"/> <i>Sebulan / Monthly</i>

**AC : PERSEPSI TERHADAP PENYAMPAIAN SISTEM KESIHATAN /
PERCEPTION ON HEALTHCARE DELIVERY SYSTEMS**

Hanya untuk responden 18 tahun dan ke atas sahaja. Untuk responden kurang daripada 18 tahun terus ke Soalan A2300 / *Only for respondent 18 years old and above. For respondent below 18 years old go to question A2300*

**PILIHAN BERDASARKAN PENYAKIT AM BERLAINAN
CHOICE OF PROVIDER BASED ON DIFFERENT GENERAL ILLNESS**

Sekarang saya akan bertanya tentang pilihan pengamal kesihatan untuk beberapa jenis masalah kesihatan.
Now I will ask you about your choice of healthcare provider for several different health conditions.

Dalam situasi-situasi berikut, ke manakah **tempat paling utama yang akan anda pergi?**
Which is the main health facility you would go to in the following situations?

Tunjukkan kod D untuk contoh fasiliti kesihatan tradisional / komplementari / alternative

AC101	Jika anda mengalami masalah kesihatan ringan (cth. selsema, demam, batuk, sakit perut, dll.), ke mana anda akan pergi? <i>If you have minor health problem (e.g. flu, fever, cough, stomach ache, etc.), where would you go?</i>	<ol style="list-style-type: none"> 1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> 3. Fasiliti kesihatan tradisional / komplementari / alternatif / <i>Traditional / complementary / alternative health facility</i> 4. Tidak akan ke mana-mana fasiliti / <i>Will not go to any facility</i> <p>(-7) TT (-9) EJ</p>
AC102	Jika anda menghadapi masalah kesihatan serius (cth. kanser, diabetes, masalah jantung, dll.), ke mana anda akan pergi? <i>If you have major health problem (e.g. cancer, diabetes, heart problem, etc.), where would you go?</i>	<ol style="list-style-type: none"> 1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> 3. Fasiliti kesihatan tradisional / komplementari / alternatif / <i>Traditional / complementary / alternative health facility</i> 4. Tidak akan ke mana-mana fasiliti / <i>Will not go to any facility</i> <p>(-7) TT (-9) EJ</p>
AC103	Jika anda memerlukan pembedahan kecil (cth. jahitan luka kecil, dll.), ke mana anda akan pergi? <i>If you need minor surgery (e.g. stitches for small wound, etc.), where would you go?</i>	<ol style="list-style-type: none"> 1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> 3. Fasiliti kesihatan tradisional / komplementari / alternatif / <i>Traditional / complementary / alternative health facility</i> 4. Tidak akan ke mana-mana fasiliti / <i>Will not go to any facility</i> <p>(-7) TT (-9) EJ</p>
AC104	Jika anda memerlukan pembedahan besar (cth. pembedahan pintasan jantung, dll.), ke mana anda akan pergi? <i>If you need major surgery (e.g. cardiac bypass surgery, etc.), where would you go?</i>	<ol style="list-style-type: none"> 1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> 3. Fasiliti kesihatan tradisional / komplementari / alternatif / <i>Traditional / complementary / alternative health facility</i> 4. Tidak akan ke mana-mana fasiliti / <i>Will not go to any facility</i> <p>(-7) TT (-9) EJ</p>

Borang Soal Selidik Individu Responden 13 Tahun Dan Ke Atas /
Individual Questionnaire Respondent 13 Years Old and Above

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AC105	Jika anda memerlukan rawatan pergigian (cth. tampal gigi, cabut gigi, cuci gigi, dll.), ke mana anda akan pergi? <i>If you need dental treatment (e.g. filling, tooth extraction, scaling, etc.), where would you go?</i>	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> 3. Fasiliti kesihatan tradisional / komplementari / alternatif / <i>Traditional / complementary / alternative health facility</i> 4. Tidak akan ke mana-mana fasiliti / <i>Will not go to any facility</i> (-7) TT (-9) EJ	
AC106	Sekiranya untuk melahirkan anak, nak pergi mana? <i>For birth delivery, where would you go?</i>	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> 3. Fasiliti kesihatan tradisional / komplementari / alternatif / <i>Traditional / complementary / alternative health facility</i> 4. Tidak akan ke mana-mana fasiliti / <i>Will not go to any facility</i> (-7) TT (-9) EJ Sekiranya responden lelaki, tujukan soalan sekiranya isteri beliau mahu melahirkan anak	
<p>Sekarang, saya nak tanya, berapa anda rasa perlu bayar bagi setiap lawatan ke kerajaan dan swasta untuk keadaan / situasi berikut? Ini termasuklah kos rawatan, ubat-ubatan, ujian dan lain-lain. (Hanya bayaran dengan wang sendiri / keluarga / ahli isirumah dan tidak termasuk bayaran balik insurans / majikan) <i>Now, I want to ask you, how much do you think you have to pay per visit for public and private health care given the following conditions/situations? This includes consultation, medications, tests etc.</i> (Only payment made by own money / family / household member and does not include reimbursement paid by insurance / employer)</p> <p style="text-align: center;">(-7) TT (-9) EJ</p>			
Pastikan ada jawapan untuk kerajaan DAN swasta		Kerajaan <i>Government</i>	Swasta <i>Private</i>
AC111	Jika anda mengalami selesema, demam atau batuk? <i>If you have flu, fever or cough?</i>	RM <input type="text"/>	RM <input type="text"/>
AC112	Jika anda menghidap diabetes, darah tinggi? <i>If you have diabetes, hypertension?</i>	RM <input type="text"/>	RM <input type="text"/>
AC113	Jika anda perlukan jahitan luka kecil? <i>If you need stitches for small wound?</i>	RM <input type="text"/>	RM <input type="text"/>
AC114	Jika anda memerlukan pembedahan pintasan jantung? <i>If you need cardiac bypass surgery?</i>	RM <input type="text"/>	RM <input type="text"/>
AC115	Jika anda memerlukan rawatan pergigian (cth : tampal gigi, cabut gigi, cuci gigi, dll.)? <i>If you need dental treatment (e.g. filling, tooth extraction, scaling, etc.)?</i>	RM <input type="text"/>	RM <input type="text"/>
AC116	Sekiranya untuk melahirkan anak? <i>For birth delivery?</i> Sekiranya responden lelaki, tujukan soalan sekiranya isteri beliau mahu melahirkan anak	RM <input type="text"/>	RM <input type="text"/>






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Borang Soal Selidik Individu Responden 13 Tahun Dan Ke Atas /
Individual Questionnaire Respondent 13 Years Old and Above

PERSEPSI TERHADAP PENYAMPAIAN SISTEM KESIHATAN
PERCEPTION ON HEALTHCARE DELIVERY SYSTEMS

Sekarang saya akan bertanya tentang pandangan anda atas sistem kesihatan. Sila pilih jawapan yang sesuai untuk anda, dengan menggunakan skala (1-5) di bawah. Tiada jawapan yang betul atau salah / *Now I will ask you about your views on healthcare delivery systems. Please choose the answer that applies to you, using the scale (1-5) below. There is no right or wrong answer.*

									
Sangat tidak bagus <i>Very Poor</i>		Tidak bagus <i>Poor</i>		Sederhana <i>Fair</i>		Bagus <i>Good</i>		Sangat bagus <i>Excellent</i>	
1		2		3		4		5	
		(-7) TT		(-9) EJ					
<p>Berdasarkan tanggapan atau kepercayaan anda [kepada penemuramah: sekiranya responden menghadapi masalah, anda boleh bantu dengan mencadangkan, e.g. Daripada perkhabaran/pengalaman keluarga, rakan-rakan anda, pengalaman anda sendiri], bagaimana anda menilai KLINIK kerajaan dan swasta (pesakit luar) pada aspek berikut <i>Based on your perception or impression [to interviewer: if respondent has trouble answering, you can help them by suggesting, e.g. What you hear from your relatives and friends, other's experience, own experience], how would you rate the government and private CLINIC (outpatient) on the following aspect ...</i></p>									
Tanya semua soalan berkenaan fasiliti Kerajaan dahulu, diikuti dengan Swasta.									
		Klinik / Clinic							
		Kerajaan Government				Swasta Private			
AC201	Kesesuaian lokasi klinik / <i>Convenience of clinic location</i>								
AC202	Kesesuaian waktu operasi / <i>Convenience of operating hours</i>								
AC203	Keselesaan klinik (cth: kebersihan, susun atur kerusi, ruang, dll.) / <i>Comfort of clinic (e.g. cleanliness, setting of chairs, space, etc.)</i>								
AC204	Adanya ujian makmal / <i>Availability of laboratory tests</i>								
AC205	Adanya doktor pakar di klinik pakar <i>Availability of specialist (s) at the specialist clinic</i>								
AC206	Dibenarkan memilih doktor / <i>Allowed to choose the doctor</i>								
AC207	Tempoh menunggu untuk berjumpa doktor sebaik tiba di klinik <i>The waiting time to see a doctor once arrived at the clinic</i>								
AC208	Masa yang diluangkan oleh doktor untuk pesakit <i>The amount of time the doctor spends with a patient</i>								
AC209	Kemampuan doktor memberi diagnosis dan memberi rawatan yang betul / <i>The ability of the doctor to give you the correct diagnosis and treatment</i>								
AC210	Kejelasan penerangan doktor berkenaan penyakit, ujian dan prosedur / <i>Clarity of doctor's explanation regarding the illness, test and procedure</i>								
AC211	Budi bahasa dan kesediaan doktor, penolong pegawai perubatan & jururawat untuk membantu / <i>Courtesy and helpfulness of doctor, assistant medical officer and nurse</i>								
AC212	Keberkesanan perkhidmatan / rawatan <i>The outcome of services / treatment</i>								
AC213	Caj rawatan / <i>Treatment charges</i>								
AC214	Pandangan anda secara keseluruhan <i>Your overall impression</i>								

		 Sangat tidak bagus <i>Very Poor</i> 1	 Tidak bagus <i>Poor</i> 2	 Sederhana <i>Fair</i> 3	 Bagus <i>Good</i> 4	 Sangat bagus <i>Excellent</i> 5
		(-7) TT		(-9) EJ		
Berdasarkan tanggapan atau kepercayaan anda [kepada penemuramah: sekiranya responden menghadapi masalah, anda boleh bantu dengan mencadangkan, e.g. Daripada perkhabaran/pengalaman keluarga, rakan-rakan anda, pengalaman anda sendiri], bagaimana anda menilai HOSPITAL kerajaan dan swasta (pesakit dalam) pada aspek berikut ... / <i>Based on your perception or impression [to interviewer: if respondent has trouble answering, you can help them by suggesting, e.g. What you hear from your relatives and friends, other's experience, own experience], how would you rate the government and private HOSPITAL (inpatient) on the following aspect ...</i>						
Tanya semua soalan berkenaan fasiliti Kerajaan dahulu, diikuti dengan Swasta.						
		Hospital / Hospital				
		Kerajaan Government		Swasta Private		
AC215	Kesesuaian lokasi hospital <i>Convenience of hospital location</i>					
AC216	Boleh memohon bilik persendirian / tidak berkongsi dengan ramai pesakit lain / <i>Ability to ask for a private room / sharing with less people</i>					
AC217	Keselesaan hospital (cth: kebersihan, susun atur kerusi, ruang, dll.) / <i>Comfort of hospital (e.g. cleanliness, setting of chairs, space, etc.)</i>					
AC218	Adanya ujian/ peralatan perubatan <i>Availability of investigations/ medical equipment</i>					
AC219	Adanya doktor pakar di hospital pakar <i>Availability of specialist (s) at the specialist hospital</i>					
AC220	Dibenarkan memilih doktor <i>Allowed to choose the doctor</i>					
AC221	Tempoh menunggu untuk berjumpa doktor sebaik tiba di hospital <i>The waiting time to see a doctor once arrived at the hospital</i>					
AC222	Masa yang diluangkan oleh doktor untuk pesakit <i>The amount of time the doctor spends with a patient</i>					
AC223	Kebolehan doktor memberi diagnosis dan memberi rawatan yang betul / <i>The ability of the doctor to give you the correct diagnosis and treatment</i>					
AC224	Kejelasan penerangan doktor berkenaan penyakit, ujian dan prosedur / <i>Clarity of doctor's explanation regarding the illness, test and procedure</i>					
AC225	Budi bahasa dan kesediaan doktor, penolong pegawai perubatan & jururawat untuk membantu / <i>Courtesy and helpfulness of doctor, assistant medical officer and nurse</i>					
AC226	Keberkesanan perkhidmatan / rawatan <i>The outcome of services / treatment</i>					
AC227	Caj rawatan <i>Treatment charges</i>					
AC228	Pandangan anda secara keseluruhan <i>Your overall impression</i>					

10 Borang Soal Selidik Individu Responden 13 Tahun Dan Ke Atas /
Individual Questionnaire Respondent 13 Years Old and Above

A23 : PEMBAYAR PERKHIDMATAN KESIHATAN / PAYER FOR HEALTH SERVICES

Saya akan tanya mengenai perlindungan insurans kesihatan. 'Perlindungan insurans kesihatan' bermakna seseorang itu ada insurans yang akan bayar kos jagaan/rawatan kesihatan semasa dia sakit atau cedera.
I would like to ask about health insurance coverage. 'Covered by health insurance' means that one is enrolled with an insurance organization that pays for health care costs if he or she gets sick or injured.

A2300	Adakah anda dilindungi oleh surat jaminan kerajaan atau GL untuk rawatan kesihatan? (milik sendiri atau milik ahli keluarga yang lain) <i>Are you covered by any government Guarantee Letter (GL) for health care?</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2301	Adakah anda dilindungi oleh insurans yang dibeli oleh majikan, fasiliti panel atau lain-lain perlindungan kesihatan majikan (tidak termasuk PERKESO)? (milik sendiri atau milik ahli keluarga yang lain) <i>Are you covered by any employer-sponsored insurance, panel facilities or other forms of employment coverage (excluding SOCSO)? (your own or family members' coverage)</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2302	Adakah anda dilindungi oleh insurans kesihatan peribadi dibeli sendiri atau oleh ahli keluarga lain? <i>Are you covered by any private personal health insurance plans which you or a family member had purchased?</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
Siapa yang biasanya bayar untuk jagaan / rawatan kesihatan anda? <i>Who usually pays for your health care?</i>		
A2320	Kerajaan / pencen <i>Government / pensioner</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2321	Insurans Kesihatan dibeli Majikan <i>Employer-provided health insurance</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2322	Insurans Kesihatan Peribadi <i>Personal Health Insurance</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2323	Majikan / Klinik Panel (Tidak termasuk jika melibatkan potongan gaji penuh) <i>Employer / Panel Clinic (not included if there are complete salary deductions)</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2324	Sendiri / keluarga / ahli isirumah <i>Self / family / household member</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2325	Lain-lain, nyatakan <i>Others, specify.....</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2410	Siapa yang biasanya tentukan samada anda perlu mendapatkan jagaan kesihatan? <i>Who usually decides whether you need to seek care from a healthcare provider?</i> [Penemuramah : Hanya satu jawapan dibenarkan]	1. Suami atau isteri / Spouse 2. Bapa / Father 3. Ibu / Mother 4. Anak / Child 5. Ahli keluarga yang lebih tua / An elder in the family 6. Sendiri / Self 7. Majikan / Employer 8. Insurans / Insurance 9. Lain-lain / Others (-7) TT (-9) EJ

B1 : LAPORAN PENYAKIT / REPORTED ILLNESS

<p>Dalam tempoh 2 minggu lepas, dari... hingga hari ini, pernahkah anda menghadapi...</p> <p><i>In the last 2 weeks, from... till today, did you experience...</i></p>		
B1301	<p>...masalah kesihatan seperti berikut : ...<i>any of the following health problems</i> :</p> <p>Baca Kod E / Read Code E</p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
B1302	<p>...masalah mulut atau gigi seperti sakit gigi / ngilu, gusi bengkak atau bernanah, masalah kehilangan gigi, masalah gigi palsu, pecah mulut atau mata ikan, atau sakit rahang? ...<i>dental problems such as toothache or sensitive tooth, swollen gums with / without pus discharge, loss of teeth, denture problems, irregular teeth, mouth ulcers, or jaw pain?</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
<p>Semak jawapan responden bagi B1301 dan B1302</p>		<p>Jika ada satu 'YA / Yes'... ke B1400 Jika kedua-dua 'Tidak / No'... ke B2</p>
<p>Dalam tempoh 2 minggu lepas, bagi masalah di atas, adakah anda...</p> <p><i>In the last 2 weeks, for the above problem(s), did you...</i></p>		
B1400	<p>...mengubati sendiri? ...<i>self medicate?</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
B1401	<p>Tunjuk kod F / Show Code F</p> <p>...mendapatkan rawatan atau nasihat daripada mana-mana pengamal kesihatan? ...<i>seek treatment or advice from a health care provider?</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
B1402	<p>...membeli ubat dari farmasi selepas dinasihatkan oleh mana-mana ahli farmasi? ...<i>purchase medicine after getting advice from a pharmacist</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
B1403	<p>...mendapat nasihat daripada orang lain, selain dari pengamal kesihatan? ...<i>get advice from others, other than a health care provider?</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
B1404	<p>...membuat sesuatu selain dari di atas? ...<i>do anything else?</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>Sila nyatakan / <i>Please specify</i></p> <p>..... (-7) TT (-9) EJ</p>

B2 : PENGGUNAAN KEMUDAHAN SERVIS KESIHATAN / *HEALTH SERVICE UTILISATION*

B2000 RAWATAN PESAKIT DALAM / <i>INPATIENT CARE</i>				
<p>Soalan seterusnya berkenaan pengalaman bermalam untuk rawatan. Bermalam untuk rawatan ialah tinggal di tempat rawatan sekurang-kurangnya satu malam untuk rawatan. Contoh tempat rawatan : hospital, klinik, hospis, rumah bersalin, tempat pengamal tradisional / alternatif (bomoh, sinseh, aryuvedik, akupunktur, dll.). <i>The following questions are on your experience of overnight stay for treatment.</i> Overnight stay for treatment is a stay of at least one night at place of treatment, for treatment. <i>Place of treatment : hospitals, clinics, hospices, maternity home, premise of traditional practitioner / alternative healers ('bomoh', 'sinseh', aryuvedic, acupuncturist, etc).</i></p>				
B2100	Dalam masa 12 bulan lepas , dari bulan... 2014 hingga sekarang, pernahkah anda bermalam untuk rawatan ? <i>In the last 12 months, from... 2014 till now, have you had overnight stay for treatment?</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No...terus ke B3</i> (-7) TT (-9) EJ		
B2200	Jika ya, berapa tempat telah anda pergi? (Dalam masa 12 bulan lepas) <i>If yes, how many places did you go to? (In the past 12 months)</i>	<input type="text"/> <input type="text"/> Tempat (-7) TT (-9) EJ		
Sekiranya B2200 lebih dari 3 tempat : Isikan hanya 3 tempat TERKINI. Tanya semua soalan berkenaan Tempat 1, diikuti dengan Tempat 2 dan Tempat 3.				
		a.Tempat 1	a.Tempat 2	a.Tempat 3
B2301	Apakah nama tempat? <i>What is the name of the place?</i> Rujuk Kod GIS	<input type="text"/> (-7) TT (-9) EJ Kod <input type="text"/>	<input type="text"/> (-7) TT (-9) EJ Kod <input type="text"/>	<input type="text"/> (-7) TT (-9) EJ Kod <input type="text"/>
B2302	Apakah tempat tersebut milik kerajaan atau swasta <i>Is that place owned by government or private</i>	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> (-7) TT (-9) EJ	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> (-7) TT (-9) EJ	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> (-7) TT (-9) EJ
B2303	Berapa kali anda telah dimasukkan ke...? <i>How many times were you admitted to...?</i>	<input type="text"/> Kali (-7) TT (-9) EJ	<input type="text"/> Kali (-7) TT (-9) EJ	<input type="text"/> Kali (-7) TT (-9) EJ
B2304	Jumlah keseluruhan hari masuk ke... <i>Total days spent in ...</i>	<input type="text"/> Hari (-7) TT (-9) EJ	<input type="text"/> Hari (-7) TT (-9) EJ	<input type="text"/> Hari (-7) TT (-9) EJ

		a.Tempat 1	a.Tempat 2	a.Tempat 3
B2401	<p>Adakah anda bermalam di...untuk.. <i>Were you admitted in...for..</i></p> <p>1. <i>Minor health problem</i> 2. <i>Major health problem</i> 3. <i>Minor surgery</i> 4. <i>Major surgery</i> 5. <i>Dental treatment / problems</i> 6. <i>Normal delivery</i> 7. <i>Forcep / vaccum delivery</i> 8. <i>LSCS / Caesarean / operation for delivery</i></p> <p>Bacakan pilihan jawapan. Pilih satu sebab utama.</p>	<p>1. Masalah kesihatan ringan 2. Masalah kesihatan serius 3. Pembedahan kecil 4. Pembedahan besar 5. Rawatan pergigian 6. Melahirkan anak -biasa 7. Melahirkan anak -Forcep / vaccum 8. Melahirkan anak -Pembedahan</p> <p>(-7) TT (-9) EJ</p>	<p>1. Masalah kesihatan ringan 2. Masalah kesihatan serius 3. Pembedahan kecil 4. Pembedahan besar 5. Rawatan pergigian 6. Melahirkan anak -biasa 7. Melahirkan anak -Forcep / vaccum 8. Melahirkan anak -Pembedahan</p> <p>(-7) TT (-9) EJ</p>	<p>1. Masalah kesihatan ringan 2. Masalah kesihatan serius 3. Pembedahan kecil 4. Pembedahan besar 5. Rawatan pergigian 6. Melahirkan anak -biasa 7. Melahirkan anak -Forcep / vaccum 8. Melahirkan anak -Pembedahan</p> <p>(-7) TT (-9) EJ</p>
Siapa bayar untuk rawatan di...? <i>Who paid for care at...?</i>				
		a.Tempat 1	a.Tempat 2	a.Tempat 3
B2501	<p>...insuran kesihatan peribadi <i>...personal health insurance</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
B2502	<p>...insuran kesihatan oleh majikan <i>...employer-provided health insurance</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
B2503	<p>...majikan / klinik panel (tidak termasuk potongan gaji penuh) <i>...employer / panel clinic (not considered if there is complete salary deductions)</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
B2504	<p>...kerajaan / pencen <i>...government / pensioner</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
B2505	<p>...PERKESO <i>...SOCSO</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>

		a.Tempat 1	a.Tempat 2	a.Tempat 3
B2506	...sendiri / keluarga / ahli isirumah ... <i>self / family / household members</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
B2507	...pegecuialan bayaran ... <i>exemption of payment</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) F.I	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) F.I	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) F.I
B2508	...lain-lain, nyatakan ... <i>others, specify</i>	1. Ya / <i>Yes</i> ----- 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> ----- 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> ----- 2. Tidak / <i>No</i> (-7) TT (-9) EJ
B2509	Berapa telah anda bayar untuk rawatan di...? (Hanya bayaran dengan wang sendiri / keluarga / ahli isirumah dan tidak termasuk bayaran balik insurans / majikan) <i>How much did you pay for your treatment in...? (Only payment made by own money / family / household member and does not include reimbursement paid by banks / employer)</i>	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B2510	Selain dari jumlah itu, berapa anda bayar untuk beli ubat / peralatan (implant, kanta mata, dll. kerana dinasihatkan oleh pengamal kesihatan? (ubat / peralatan yang tidak disediakan oleh Tempat 1, 2 atau 3) (Hanya bayaran dengan wang sendiri / keluarga / ahli isirumah dan tidak termasuk bayaran balik insurans / majikan) <i>Other than the above total paid, how much did you spend for other medication / appliances (implants, intra-ocular lenses, etc) upon receiving advised by the health care provider? (medications / appliances that is not available in Tempat 1, 2 or 3)(Only payment made by own money / family / household member and does not include reimbursement paid by banks / employer)</i>	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ

		a.Tempat 1	a.Tempat 2	a.Tempat 3
B2600	Bagaimana anda pergi ke....? <i>How did you go to....?</i> 1. <i>Own car</i> 2. <i>Own motorcycle</i> 3. <i>Own bicycle</i> 4. <i>Own boat</i> 5. <i>Rented / public vehicle</i> 6. <i>Walk</i> 7. <i>Ambulance</i> 8. <i>Other</i>	1. Kereta sendiri 2. Motosikal sendiri 3. Basikal sendiri 4. Bot sendiri 5. Kenderaan sewa atau awam 6. Jalan kaki 7. Ambulan 8. Lain-lain (-7) TT (-9) EJ	1. Kereta sendiri 2. Motosikal sendiri 3. Basikal sendiri 4. Bot sendiri 5. Kenderaan sewa atau awam 6. Jalan kaki 7. Ambulan 8. Lain-lain (-7) TT (-9) EJ	1. Kereta sendiri 2. Motosikal sendiri 3. Basikal sendiri 4. Bot sendiri 5. Kenderaan sewa atau awam 6. Jalan kaki 7. Ambulan 8. Lain-lain (-7) TT (-9) EJ
Soalan B2531-B2533 : - Jika pergi >1 kali untuk satu tempat : catat kos paling tinggi (bukan kos keseluruhan) - Jika bayar dengan benda / hadiah : minta nilai anggaran dalam-RM - Jika perkhidmatan percuma : tuliskan 0				
Berapa jumlah anda bayar untuk pergi ke... (sebutkan nama tempat) bagi... ? <i>How much did you pay for the trip to... (mention name of place) for...?</i>				
		a.Tempat 1	a.Tempat 2	a.Tempat 3
B2531	...perjalanan sehalah (termasuk tambang / tol / petrol) ... one-way travel (includes fares / toll / petrol)	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B2532	... penginapan (termasuk untuk orang yang menemani) ... accommodation (includes that of accompanying person)	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B2533	...perbelanjaan lain-lain (termasuk makanan dan parkir), nyatakan : ... other expenses (includes food and parking), specify :	RM <input type="text"/> Nyatakan : _____ (-7) TT (-9) EJ	RM <input type="text"/> Nyatakan : _____ (-7) TT (-9) EJ	RM <input type="text"/> Nyatakan : _____ (-7) TT (-9) EJ
B2610	Biasanya berapa lama masa perjalanan dari rumah ke... (sehalah)? <i>How long do you usually take to travel from home to... (one-way)?</i> Isikan 0 pada ruangan jam sekiranya kurang sejam	<input type="text"/> Jam/ Hour <input type="text"/> Minit/ Minute (-7) TT (-9) EJ	<input type="text"/> Jam/ Hour <input type="text"/> Minit/ Minute (-7) TT (-9) EJ	<input type="text"/> Jam/ Hour <input type="text"/> Minit/ Minute (-7) TT (-9) EJ

		a.Tempat 1	a.Tempat 2	a.Tempat 3
B2620	<p>Berapakah jarak dari rumah ke...? <i>What is the distance from your home to...?</i></p> <p>Tukarkan kepada kilometer (km) sekiranya jawapan diberi dalam batu (e.g., 1 batu = 1.6 KM)</p>	<p><input type="text"/> KM</p> <p>(-7) TT (-9) EJ</p>	<p><input type="text"/> KM</p> <p>(-7) TT (-9) EJ</p>	<p><input type="text"/> KM</p> <p>(-7) TT (-9) EJ</p>
<p>[PERINGATAN : Lengkapkan semua soalan bagi Tempat 2 dan Tempat 3 (jika ada), sebelum pergi ke B3]</p>				

B3 : JAGAAN KESIHATAN MULUT ATAU GIGI / **DENTAL CARE**

3000 RAWATAN PERGIGIAN / DENTAL CARE	
<p>Soalan seterusnya berkenaan rawatan pergigian sebagai pesakit luar.</p> <p>Contoh rawatan pergigian : pemeriksaan mulut dan gigi, dan rawatan untuk sakit gigi / ngilu, gusi bengkak atau bermanah, masalah kehilangan gigi, masalah gigi palsu, masalah gigi tidak teratur, pecah mulut atau mata ikan, atau sakit rahang. Pengamal kesihatan atau tempat / perkhidmatan berkaitan : klinik pergigian, klinik pergigian di hospital, rawatan pergigian di sekolah, jabatan kecemasan, farmasi, kedai gigi, pengamal perubatan tradisional / alternatif seperti bomoh, sinseh, ayurveda, 'faith healer', atau perkhidmatan pergigian bergerak.</p> <p><i>The following questions are about outpatient dental care.</i></p> <p>Example of dental care : dental checkup, and treatment for toothache or sensitive tooth, swollen gums with / without pus discharge, loss of teeth, denture problems, irregularly aligned teeth, mouth ulcers, or jaw pain. Health care provider or facility : dental clinics, dental clinics in hospitals, school dental care, emergency department, pharmacy, traditional / alternative medicine practitioners such as 'bomoh', 'sinseh', ayurvedic practitioner, faith healers, or mobile dental services.</p>	
B3100	<p>Dalam masa 12 bulan lepas, dari bulan... 2014 hingga sekarang, pernahkah anda mendapatkan pemeriksaan / rawatan pergigian?</p> <p><i>In the last 12 months, from... 2014 till now, did you receive any dental checkup / care?</i></p> <p>Jika 'YA' terus ke B3200</p>
	<p>1. Ya / Yes... ke B3200 2. Tidak / No... ke B3100b</p> <p>(-7) TT (-9) EJ</p>
B3100b	<p>Jika B3100 tidak, adakah anda mendapatkan rawatan di sekolah dalam masa 12 bulan lepas?</p> <p><i>If B3100 no, do you received dental care in schools in the past 12 months?</i></p> <p>Soalan ini hanya perlu dijawab oleh responden berumur 13-18 tahun sahaja</p>
	<p>1. Ya / Yes... ke B3200 2. Tidak / No... ke B3101</p> <p>(-7) TT (-9) EJ</p>
B3101	<p>Jika B3100b tidak, bila kali terakhir anda mendapatkan rawatan pergigian?</p> <p><i>If B3100b no, when was the last time you received dental care?</i></p> <p>Terus ke B4 selepas soalan ini. Tuliskan jawapan pada ruangan bulan / tahun</p>
	<p>..... bulan tahun (sila tulis anggaran bulan & tahun)</p> <p>(5) Tidak pernah (-7) TT (-9) EJ</p>
B3200	<p>Jika ya, berapa tempat telah anda pergi? (Dalam masa 12 bulan lepas)</p> <p><i>If yes, how many places have you been to? (in the past 12 months)</i></p>
	<p><input type="text"/> Tempat</p> <p>(-7) TT (-9) EJ</p>
<p>Sekiranya B3200 lebih dari 3 tempat : Isikan hanya 3 tempat TERKINI. Tanya semua soalan berkenaan Tempat 1, diikuti dengan Tempat 2 dan Tempat 3</p>	

18 Borang Soal Selidik Individu Responden 13 Tahun Dan Ke Atas / Individual Questionnaire Respondent 13 Years Old and Above

		a.Tempat 1	a.Tempat 2	a.Tempat 3
B3301	Apakah nama tempat? <i>What is the name of the place?</i> Rujuk Kod GIS	<input type="text"/> (-7) TT (-9) EJ Kod <input type="text"/>	<input type="text"/> (-7) TT (-9) EJ Kod <input type="text"/>	<input type="text"/> (-7) TT (-9) EJ Kod <input type="text"/>
B3302	Adakah tempat tersebut milik kerajaan atau swasta? <i>Is that place owned by government or private</i>	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> (-7) TT (-9) EJ	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> (-7) TT (-9) EJ	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> (-7) TT (-9) EJ
B3303	Adakah lawatan anda ke... berkaitan dengan masalah gigi atau mulut dalam 2 minggu yang lalu? <i>Were your visits to... related to your dental problem in the last 2 weeks?</i> Rujuk jawapan di B1302	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
B3304	Berapa kali anda ke...? <i>How many times did you visit...?</i>	<input type="text"/> Kali (-7) TT (-9) EJ	<input type="text"/> Kali (-7) TT (-9) EJ	<input type="text"/> Kali (-7) TT (-9) EJ
B3510	Berapa telah anda bayar untuk rawatan pergigian di...? (Hanya bayaran dengan wang sendiri / keluarga / ahli isirumah dan tidak termasuk bayaran balik insurans / majikan) <i>How much did you pay for your dental treatment in ...? (Only payment made by own money / family / household member and does not include reimbursement paid by insurance / employer)</i>	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B3511	Selain dari jumlah di atas, berapa anda bayar untuk beli ubat/ korona gigi/ jambatan gigi dari tempat lain kerana dinasihatkan oleh pengamal pergigian? (Hanya bayaran dengan wang sendiri / keluarga / ahli isirumah dan tidak termasuk bayaran balik insurans / majikan)	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ

	<i>Other than the above total paid, how much did you spend for medication / crown / bridge, from outside the clinic as advised by a dental practitioner? (Only payment made by own money / family / household member and does not include reimbursement paid by banks / employer)</i>			
B3600	Bagaimana anda pergi ke...? How did you go to...? 1. <i>Own car</i> 2. <i>Own motorcycle</i> 3. <i>Own bicycle</i> 4. <i>Own boat</i> 5. <i>Rented / public vehicle</i> 6. <i>Walk</i> 7. <i>Ambulance</i> 8. <i>Other</i> Bacakan pilihan jawapan. Boleh jawab lebih dari satu jawapan	1. Kereta sendiri 2. Motosikal sendiri 3. Basikal sendiri 4. Bot sendiri 5. Kenderaan sewa atau awam 6. Jalan kaki 7. Ambulan 8. Lain-lain (-7) TT (-9) EJ	1. Kereta sendiri 2. Motosikal sendiri 3. Basikal sendiri 4. Bot sendiri 5. Kenderaan sewa atau awam 6. Jalan kaki 7. Ambulan 8. Lain-lain (-7) TT (-9) EJ	1. Kereta sendiri 2. Motosikal sendiri 3. Basikal sendiri 4. Bot sendiri 5. Kenderaan sewa atau awam 6. Jalan kaki 7. Ambulan 8. Lain-lain (-7) TT (-9) EJ
Soalan B3531-B3533 : - Jika pergi >1 kali untuk satu tempat : catat kos paling tinggi (bukan kos keseluruhan) - Jika bayar dengan benda/hadiah : minta nilai anggaran dalam-RM - Jika perkhidmatan percuma : tuliskan 0				
Berapa jumlah anda bayar untuk pergi ke... (sebutkan nama tempat) bagi... ? <i>How much did you pay for the trip to... (mention name of place) for...?</i>				
		a.Tempat 1	a.Tempat 2	a.Tempat 3
B3531	...perjalanan sehalu (termasuk tambang / tol / petrol) ... one-way travel (includes fares / toll / petrol)	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B3532	... penginapan (termasuk untuk orang yang menemani) ... accommodation (includes that of accompanying person)	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B3533	...perbelanjaan lain-lain (termasuk makanan dan parkir), nyatakan : ... other expenses (includes food and parking), specify :	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ

		a.Tempat 1	a.Tempat 2	a.Tempat 3
B3610	Biasanya berapa lama masa perjalanan dari rumah ke... (sehalu)? <i>How long do you usually take to travel from home to... (one-way)?</i> Isikan 0 Pada ruangan jam sekiranya kurang sejam	<input type="text"/> Jam/ Hour <input type="text"/> Minit/ Minute (-7) TT (-9) EJ	<input type="text"/> Jam/ Hour <input type="text"/> Minit/ Minute (-7) TT (-9) EJ	<input type="text"/> Jam/ Hour <input type="text"/> Minit/ Minute (-7) TT (-9) EJ
B3620	Berapakah jarak dari rumah ke....? <i>What is the distance from your home to...?</i> Tukarkan kepada kilometer (km) sekiranya jawapan diberi dalam batu (e.g., 1 batu = 1.6 KM)	<input type="text"/> KM (-7) TT (-9) EJ	<input type="text"/> KM (-7) TT (-9) EJ	<input type="text"/> KM (-7) TT (-9) EJ
[PERINGATAN: Lengkapkan semua soalan bagi Tempat 2 dan Tempat 3 (jika ada), sebelum pergi ke B4]				

B4 : JAGAAN KESIHATAN PESAKIT LUAR / OUT-PATIENT CARE**B4000 RAWATAN PESAKIT LUAR / OUT-PATIENT CARE**

Soalan seterusnya berkenaan pengalaman rawatan pesakit luar. Rawatan pesakit luar adalah khidmat kesihatan yang tidak memerlukan anda bermalam untuk rawatan. Contoh tempat rawatan : klinik, klinik di hospital, jabatan kecemasan, pusat rawatan harian / ambulatori, farmasi, tempat pengamal tradisional / alternatif (bomoh, sinseh, ayurveda, 'faith healer' dll) atau lawatan dari pegawai kesihatan, dll. Rawatan tidak termasuk jagaan kesihatan mulut atau gigi.

The following questions are on your experience of **outpatient care**. Outpatient care is care that did not involve **overnight stay for treatment**. **Place of treatment** : clinics, clinics in a hospital, emergency department, day care or ambulatory care centers, pharmacy, premise of traditional practitioner/alternative healers ('bomoh', 'sinseh', ayurvedic practitioner, faith healers, etc) atau homevisits by health care professionals, etc. **Dental care (oral health care) is not included here**.

B4100	Dalam masa 2 minggu lepas , dari...hingga hari ini, pernahkah anda mendapatkan jagaan kesihatan pesakit luar? / <i>In the past 2 weeks, from...till now, did you receive any outpatient care?</i> Jika 'TIDAK' terus ke modul seterusnya Untuk soalan B4100 tunjuk Kalender 2015	1. Ya / Yes ... ke B4200 2. Tidak / No ... terus ke modul seterusnya (-7) TT (-9) EJ											
B4200	Jika ya, berapa tempat telah anda pergi? (Dalam masa 2 minggu lepas) <i>If yes, how many places did you go to? (In the past 2 weeks)</i>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>Tempat</td> </tr> <tr> <td>(-7) TT</td> <td>(-9) EJ</td> <td></td> </tr> </table>			<input type="text"/>	<input type="text"/>	Tempat	(-7) TT	(-9) EJ				
<input type="text"/>	<input type="text"/>	Tempat											
(-7) TT	(-9) EJ												
Sekiranya B4200 lebih dari 3 tempat: Isikan hanya 3 tempat TERKINI Tanya semua soalan berkenaan Tempat 1, diikuti dengan Tempat 2 dan Tempat 3.													
		a.Tempat 1	a.Tempat 2	a.Tempat 3									
B4301	Apakah nama tempat? <i>What is the name of the place?</i> Rujuk Kod GIS	<table border="1"> <tr> <td><input type="text"/></td> </tr> <tr> <td>(-7) TT (-9) EJ</td> </tr> <tr> <td>Kod <input type="text"/></td> </tr> </table>	<input type="text"/>	(-7) TT (-9) EJ	Kod <input type="text"/>	<table border="1"> <tr> <td><input type="text"/></td> </tr> <tr> <td>(-7) TT (-9) EJ</td> </tr> <tr> <td>Kod <input type="text"/></td> </tr> </table>	<input type="text"/>	(-7) TT (-9) EJ	Kod <input type="text"/>	<table border="1"> <tr> <td><input type="text"/></td> </tr> <tr> <td>(-7) TT (-9) EJ</td> </tr> <tr> <td>Kod <input type="text"/></td> </tr> </table>	<input type="text"/>	(-7) TT (-9) EJ	Kod <input type="text"/>
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B4302	Apakah tempat tersebut milik kerajaan atau swasta? <i>Is that place owned by government of private?</i>	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> (-7) TT (-9) EJ	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> (-7) TT (-9) EJ	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> (-7) TT (-9) EJ									
B4303	Adakah lawatan ke...berkaitan dengan masalah kesihatan yang dihadapi dalam 2 minggu yang lalu? <i>Were these visits to...related to the health problems faced in the last 2 weeks?</i> Rujuk jawapan di B1301	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ									

		a.Tempat 1	a.Tempat 2	a.Tempat 3
B4304	Berapa kali anda ke...? <i>How many times did you visit...?</i>	<input type="text"/> Kali (-7) TT (-9) EJ	<input type="text"/> Kali (-7) TT (-9) EJ	<input type="text"/> Kali (-7) TT (-9) EJ
B4401	Adakah lawatan ke ... untuk ... <i>Were these visits to ... for ...</i> 1. <i>Minor health problem</i> 2. <i>Major health problem</i> 3. <i>Minor surgery</i> 4. <i>Major surgery</i> 5. <i>Dental treatment / problems</i> Bacakan semua pilihan jawapan Pilih 1 sebab utama	1. Masalah kesihatan ringan 2. Masalah kesihatan serius 3. Pembedahan kecil 4. Pembedahan besar 5. Rawatan pergigian (-7) TT (-9) EJ	1. Masalah kesihatan ringan 2. Masalah kesihatan serius 3. Pembedahan kecil 4. Pembedahan besar 5. Rawatan pergigian (-7) TT (-9) EJ	1. Masalah kesihatan ringan 2. Masalah kesihatan serius 3. Pembedahan kecil 4. Pembedahan besar 5. Rawatan pergigian (-7) TT (-9) EJ
B4510	Untuk kesemua lawatan , berapa jumlah yang dibayar untuk jagaan kesihatan, ubat, ujian dll? (Hanya bayaran dengan wang sendiri / keluarga/ ahli isirumah dan tidak termasuk bayaran balik insurans / majikan) <i>For all visits, how much in total did you pay for health care, including consultation, medications, tests etc? (Only payment made by own money/family/ household member and does not include reimbursement paid by banks/employer)</i>	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B4511	Selain dari jumlah yang anda bayar di atas, berapakah perbelanjaan untuk beli ubat atau peralatan dari tempat lain kerana dinasihatkan oleh pengamal kesihatan? (Hanya bayaran dengan wang sendiri / keluarga / ahli isirumah dan tidak termasuk bayaran balik insurans / majikan) <i>Apart from the total paid above, how much did you spend for medication or appliances from outside facilities upon being advised by a health practitioner? (Only payment made by own money/family/ household member and does not include reimbursement paid by banks/employer)</i>	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ

		a.Tempat 1	a.Tempat 2	a.Tempat 3
B4600	<p>Apakah jenis pengangkutan yang anda guna untuk ke? <i>What was your mode of transport when you went to?</i></p> <p>1. <i>Own car</i> 2. <i>Own motorcycle</i> 3. <i>Own bicycle</i> 4. <i>Own boat</i> 5. <i>Rented/ public vehicle</i> 6. <i>Walk</i> 7. <i>Ambulance</i> 8. <i>Other</i></p> <p>Sila bacakan pilihan jawapan. Lebih dari satu jawapan diterima</p>	<p>1. Kereta sendiri 2. Motosikal sendiri 3. Basikal sendiri 4. Bot sendiri 5. Kenderaan sewa atau awam 6. Jalan kaki 7. Ambulan 8. Lain-lain</p> <p>(-7) TT (-9) EJ</p>	<p>1. Kereta sendiri 2. Motosikal sendiri 3. Basikal sendiri 4. Bot sendiri 5. Kenderaan sewa atau awam 6. Jalan kaki 7. Ambulan 8. Lain-lain</p> <p>(-7) TT (-9) EJ</p>	<p>1. Kereta sendiri 2. Motosikal sendiri 3. Basikal sendiri 4. Bot sendiri 5. Kenderaan sewa atau awam 6. Jalan kaki 7. Ambulan 8. Lain-lain</p> <p>(-7) TT (-9) EJ</p>
<p>Soalan B4531- B4533 : - Jika pergi >1 kali untuk satu tempat: catat kos paling tinggi (bukan kos keseluruhan) - Jika bayar dengan benda/hadiah: minta nilai anggaran dalam - RM - Jika perkhidmatan percuma: tuliskan 0</p>				
<p>Berapa jumlah anda bayar untuk pergi ke ... (sebutkan nama tempat) bagi ... ? <i>How much did you pay for the trip to ... (mention name of place) for ...?</i></p>				
		a.Tempat 1	a.Tempat 2	a.Tempat 3
B4531	<p>...pengangkutan dan perjalanan sehala <i>...one-way transport and travel</i></p>	<p>RM <input type="text"/></p> <p>(-7) TT (-9) EJ</p>	<p>RM <input type="text"/></p> <p>(-7) TT (-9) EJ</p>	<p>RM <input type="text"/></p> <p>(-7) TT (-9) EJ</p>
B4532	<p>... penginapan (termasuk perbelanjaan bagi penjaga) <i>... accommodation (includes expenses borne by caregivers for that visit)</i></p>	<p>RM <input type="text"/></p> <p>(-7) TT (-9) EJ</p>	<p>RM <input type="text"/></p> <p>(-7) TT (-9) EJ</p>	<p>RM <input type="text"/></p> <p>(-7) TT (-9) EJ</p>
B4533	<p>... perbelanjaan lain-lain (termasuk makanan dan parkir), nyatakan: <i>... other expenses (includes food and parking), specify:</i></p>	<p>RM <input type="text"/></p> <p>..... (-7) TT (-9) EJ</p>	<p>RM <input type="text"/></p> <p>..... (-7) TT (-9) EJ</p>	<p>RM <input type="text"/></p> <p>..... (-7) TT (-9) EJ</p>

		a.Tempat 1	a.Tempat 2	a.Tempat 3
B4610	Biasanya berapa lama masa perjalanan dari rumah ke ... (schala)? <i>How long do you usually take to travel from home to ... (one-way)?</i>	<input type="text"/> .Jam/ Hour <input type="text"/> Minit/ Minute (-7) TT (-9) EJ	<input type="text"/> .Jam/ Hour <input type="text"/> Minit/ Minute (-7) TT (-9) EJ	<input type="text"/> .Jam/ Hour <input type="text"/> Minit/ Minute (-7) TT (-9) EJ
R4620	Berapakah jarak dari rumah ke ... ? <i>What is the distance from your home to?</i>	<input type="text"/> KM (-7) TT (-9) EJ	<input type="text"/> KM (-7) TT (-9) EJ	<input type="text"/> KM (-7) TT (-9) EJ
PERINGATAN: Lengkapi semua soalan bagi Tempat 2 dan Tempat 3 (jika ada) sebelum pergi ke modul seterusnya				

MODUL C: KENCING MANIS / *DIABETES MELLITUS*

KRITERIA KELAYAKAN: AHLI ISIRUMAH BERUMUR 18 TAHUN DAN KE ATAS
 MEMBER OF THE HOUSEHOLD AGED 18 YEARS AND ABOVE

Bulatkan jawapan yang bersesuaian / *Please circle the appropriate answer.*

Sekarang saya ingin bertanya mengenai kesihatan anda, terutamanya berkenaan kencing manis
Now I would like to ask you about your health, particularly in regards to diabetes.

C010	Dalam tempoh 12 bulan yang lepas, pernahkah anda menjalani pemeriksaan paras gula dalam darah? <i>Have you ever had your blood sugar measured in the past 12 months?</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	C020	Pernahkah anda diberitahu oleh doktor ataupun Penolong Pegawai Perubatan (PPP) bahawa anda menghidap penyakit kencing manis atau diabetes? <i>Have you ever been told by a doctor or Assistant Medical Officer that you have diabetes?</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ Jika "Ya" terus ke C031-C035, dan C040, jika "Tidak", "TT" atau "EJ" terus ke Modul D
Apakah jenis rawatan atau nasihat yang anda terima daripada doktor (atau anggota kesihatan lain) untuk mengawal penyakit kencing manis? <i>What kind of treatments or advice for diabetes are you currently receiving from doctor or other health worker?</i>			
C031	Insulin / <i>Insulin</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	C032	Ubat-ubatan dalam masa 2 minggu lepas <i>Drugs (medication) in the past two weeks</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
C033	Nasihat diet khusus untuk penyakit kencing manis / <i>Diabetic diet</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	C034	Nasihat untuk kurangkan berat badan <i>Advice to lose weight</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
C035	Nasihat untuk mula bersenam atau lebihkan senaman / <i>Advice to start or do more exercise</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ		

C040	<p>Di manakah anda selalunya mendapat rawatan untuk penyakit kencing manis? <i>Where do you usually seek treatment for diabetes?</i></p> <ol style="list-style-type: none">1 Klinik kerajaan/ <i>Government clinic</i>2 Klinik swasta / <i>Private clinic</i>3 Hospital kerajaan/ <i>Government hospital</i>4 Hospital swasta / <i>Private hospital</i>5 Farnasi (rawatan sendiri) / <i>Pharmacy (self-medicating) medicating</i>6 Pengamal rawatan tradisional, herba atau komplementari <i>Traditional, herbal and complementary medicine</i> <p>(-7) TT (-9) EJ</p>
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MODUL D: TEKANAN DARAH TINGGI / HYPERTENSION

KRITERIA KELAYAKAN: AHLI ISIRUMAH BERUMUR 18 TAHUN DAN KE ATAS
MEMBER OF THE HOUSEHOLD AGED 18 YEARS AND ABOVE

Bulatkan jawapan yang bersesuaian/ *Please circle the appropriate answer.*

Sekarang saya ingin bertanya mengenai kesihatan anda, terutamanya berkenaan tekanan darah tinggi.
Now I would like to ask you about your health, particularly in regards to high blood pressure.

D010	<p>Dalam tempoh 12 bulan yang lepas, pernahkah anda menjalani pemeriksaan tekanan darah? <i>Have you ever had your blood pressured measured in the past 12 months?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	D020	<p>Pernakah anda diberitahu oleh doktor ataupun Penolong Pegawai Perubatan (PPP) bahawa tekanan darah anda adalah tinggi? <i>Have you ever been told by a doctor or Assistant Medical Officer that you have raised blood pressure or hypertension?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p> <p>Jika “Ya” terus ke D031-D034, dan D040, jika “Tidak”, “TT” atau “EJ” terus ke Modul E</p>
<p>Apakah jenis rawatan atau nasihat yang anda terima daripada doktor (atau anggota kesihatan lain) untuk mengawal penyakit darah tinggi? / <i>What kind of treatments or advice for high blood pressure or hypertension are you currently receiving from doctor or other health worker?</i></p>			
D031	<p>Ubat-ubatan sejak 2 minggu lepas <i>Drugs (medication) in the past two weeks</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) F.I</p>	D032	<p>Nasihat untuk kurangkan garam dalam makanan / <i>Advice to reduce salt intake</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) F.I</p>
D033	<p>Nasihat untuk kurangkan berat badan <i>Advice to lose weight</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	D034	<p>Nasihat untuk mula bersenam atau lebihkan senaman / <i>Advice to start or do more exercise</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>

D040	<p>Di manakah anda selalunya mendapat rawatan untuk penyakit darah tinggi? <i>Where do you usually seek treatment for your high blood pressure?</i></p> <ol style="list-style-type: none"> 1 Klinik kerajaan/ <i>Government clinic</i> 2 Klinik swasta / <i>Private clinic</i> 3 Hospital kerajaan/ <i>Government hospital</i> 4 Hospital swasta / <i>Private hospital</i> 5 Farnasi (rawatan sendiri) / <i>Pharmacy (self-medicating) medicating</i> 6 Pengamal rawatan tradisional, herba atau komplementari / <i>Traditional, herbal and complementary medicine</i> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
D041	<p>Pernakah anda mengalami serangan jantung ataupun sakit dada berpunca dari penyakit jantung (angina) atau angin ahmar? <i>Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident)?</i></p> <ol style="list-style-type: none"> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> <p>(-7) TT (-9) EJ</p>

MODUL E : PARAS KOLESTEROL TINGGI / *HYPERCHOLESTEROLAEMIA*

KRITERIA KELAYAKAN : AHLI ISIRUMAH BERUMUR 18 TAHUN DAN KE ATAS

*MEMBER OF THE HOUSEHOLD AGED 18 YEARS AND ABOVE*Bulatkan jawapan yang bersesuaian/ *Please circle the appropriate answer.*

Sekarang saya ingin bertanya mengenai kesihatan anda, terutamanya berkenaan paras kolesterol yang tinggi.

Now I would like to ask you about your health, particularly in regards to high cholesterol.

E010	<p>Dalam tempoh 12 bulan yang lepas, pernahkah anda menjalani pemeriksaan paras kolesterol dalam darah?</p> <p><i>Have you ever had your total blood cholesterol measured in the past 12 months?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(- /) TT (-9) EJ</p>	E020	<p>Pernahkan anda diberitahu oleh doktor ataupun Penolong Pegawai Perubatan (PPP) bahawa paras kolesterol darah anda adalah tinggi?</p> <p><i>Have you ever been told by a doctor or Assistant Medical Officer that you have high cholesterol?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(- /) TT (-9) EJ</p> <p>Jika “Ya” terus ke E031-E034, dan E040, Jika “Tidak”, “TT” atau “EJ” terus ke Modul F</p>
<p>Apakah jenis rawatan atau nasihat yang anda terima daripada doktor (atau anggota kesihatan lain) untuk mengawal paras kolesterol tinggi? / <i>What kind of treatments or advice for high cholesterol are you currently receiving from doctor or other health worker?</i></p>			
E031	<p>Ubat-ubatan sejak 2 minggu lepas</p> <p><i>Drugs (medication) in the past two weeks</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(- /) TT (-9) EJ</p>	E032	<p>Nasihat diet khusus seperti rendah lemak atau rendah kolesterol</p> <p><i>Special low fat or low cholesterol diet</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
E033	<p>Nasihat untuk kurangkan berat badan</p> <p><i>Advice to lose weight</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	E034	<p>Nasihat untuk mula bersenam atau lebihkan senaman</p> <p><i>Advice to start or do more exercise</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>

E040	<p>Di manakah anda selalunya mendapat rawatan untuk penyakit darah tinggi? <i>Where do you usually seek treatment for your high blood pressure?</i></p> <ol style="list-style-type: none">1 Klinik kerajaan/ <i>Government clinic</i>2 Klinik swasta / <i>Private clinic</i>3 Hospital kerajaan/ <i>Government hospital</i>4 Hospital swasta / <i>Private hospital</i>5 Farmasi (rawatan sendiri) / <i>Pharmacy (self-medicating) medicating</i>6 Pengamal rawatan tradisional, herba atau komplementari <i>Traditional, hcrbal and complcmntary medicinc</i> <p>(-7) TT (-9) EJ</p>
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MODUL F : AKTIVITI FIZIKAL / *PHYSICAL ACTIVITY*

KRITERIA KELAYAKAN: AHLI ISIRUMAH BERUMUR 16 TAHUN DAN KE ATAS
MEMBER OF THE HOUSEHOLD AGED 16 YEARS AND ABOVE

Bulatkan jawapan yang bersesuaian/ *Please circle the appropriate answer.*

FIKIRKAN TENTANG AKTIVITI FIZIKAL LASAK YANG ANDA LAKUKAN.
PLEASE NOTE THE VIGOROUS PHYSICAL ACTIVITY THAT YOU DO.

<p>F010</p>	<p>Dalam tempoh 7 hari yang lepas, berapa hariakah anda telah melakukan aktiviti fizikal lasak (contohnya mengangkat barang berat, mencangkul, senaman aerobik atau berbasikal laju dan lain-lain) sekurang-kurangnya 10 minit pada suatu masa ?</p> <p><i>In the past 7 days, how many days have you done vigorous physical activity (eg: carry heavy weights, till the earth, aerobic exercises or fast cycling and others) for at least 10 minutes per session?</i></p> <p><input type="text"/> hari seminggu</p> <p>(-8) Tiada aktiviti berat</p> <p>(-7) TT (-9) EJ</p>	<p>F011</p>	<p>Pada hari anda yang melakukan aktiviti fizikal lasak, berapa lamakah anda melakukannya?</p> <p><i>On the day you carry out the vigorous physical activity, how long do you do this activity?</i></p> <p><input type="text"/> minit</p> <p>(-7) TT (-9) EJ</p>
<p>FIKIRKAN TENTANG AKTIVITI FIZIKAL SEDERHANA YANG ANDA LAKUKAN. <i>PLEASE NOTE THE MODERATE PHYSICAL ACTIVITY THAT YOU DO.</i></p>			
<p>F020</p>	<p>Dalam tempoh 7 hari yang lepas, berapa hariakah anda telah melakukan aktiviti fizikal sederhana (contohnya mengangkat muatan ringan, mengelap lantai, berbasikal pada kelajuan biasa dan lain-lain) sekurang-kurangnya 10 minit pada suatu masa tidak termasuk berjalan kaki?</p> <p><i>In the past 7 days, how many days have you done moderate physical activity (eg: carry light weights, mop the floor, or normal rate of cycling and others) for at least 10 minutes per session? This does not include walking</i></p> <p><input type="text"/> hari seminggu</p> <p>(-8) Tiada aktiviti berat</p> <p>(-7) TT (-9) EJ</p>	<p>F021</p>	<p>Pada hari anda yang melakukan aktiviti fizikal sederhana, berapa lamakah anda melakukannya?</p> <p><i>On the day you carry out the moderate physical activity, how long do you do this activity?</i></p> <p><input type="text"/> minit</p> <p>(-7) TT (-9) EJ</p>

FIKIRKAN TENTANG AKTIVITI BERJALAN KAKI YANG ANDA LAKUKAN. <i>PLEASE NOTE THE AMOUNT OF WALKING THAT YOU DO.</i>	
<p>F030</p> <p>Dalam tempoh 7 hari yang lepas, berapa harikah anda telah berjalan kaki selama sekurang-kurangnya 10 minit pada sesuatu masa? <i>In the past 7 days, how many days have you walked for at least 10 minutes per session?</i></p> <p><input type="text"/> hari seminggu</p> <p>(-8) Tiada aktiviti berjalan kaki</p> <p>(-7) TT (-9) EJ</p>	<p>F031</p> <p>Pada salah satu daripada hari berkenaan, berapakah masa yang anda gunakan untuk berjalan kaki? <i>On one of these days that you walked, how long do you spend walking?*</i></p> <p><input type="text"/> minit</p> <p>(-7) TT (-9) EJ</p>
FIKIRKAN TENTANG AKTIVITI BARING DAN DUDUK YANG ANDA LAKUKAN. <i>PLEASE NOTE THE SEDENTARY ACTIVITY THAT YOU DO.</i>	
<p>F040</p> <p>Biasanya dalam sehari, berapa jamkah yang anda gunakan untuk duduk atau berbaring termasuk di tempat kerja, di rumah, di waktu lapang dan semasa perjalanan, TETAPI TIDAK TERMASUK waktu tidur? <i>Normally in a day, how many hours do you spend on sitting or lying down including the workplace, in the house, in your free time and while travelling. BUT NOT INCLUDING the time spent sleeping?</i></p> <p><input type="text"/> jam</p> <p>(7) TT (9) EJ</p>	

MODUL G : AMALAN PEMAKANAN / *DIETARY PRACTICE*

KRITERIA KELAYAKAN: AHLI ISIRUMAH BERUMUR 18 TAHUN DAN KE ATAS
 MEMBER OF THE HOUSEHOLD AGED 18 YEARS AND ABOVE

Bulatkan jawapan yang bersesuaian/ *Please circle the appropriate answer.*

G010	<p>Kebiasaannya, dalam seminggu berapa hari anda makan buah-buahan? <i>In a typical week, how many days do you eat fruits?"</i></p> <p><input type="text"/> Bil Hari (-7) TT (-9) EJ</p>	G011	<p>Biasanya, pada hari yang anda makan buah buahan, berapa banyak hidangan anda makan dalam sehari? <i>Usually on the day that you eat fruits, how much did you eat in a day?</i></p> <p><input type="text"/> Bil Hidangan (-7) TT (-9) EJ</p> <p>Rujuk kad contoh satu hidangan makanan <i>Refer Examples of One Food Serving</i></p>
G020	<p>Kebiasaannya, dalam seminggu berapa hari anda makan sayur-sayuran/ulam-ulaman? <i>In a typical week, how many days do you eat vegetables / ulam-ulaman?</i></p> <p><input type="text"/> Bil Hari (-7) TT (-9) EJ</p>	G021	<p>Biasanya, pada hari yang anda makan sayur-sayuran/ulam-ulaman, berapa banyak anda makan dalam sehari? <i>Usually on the day that you eat vegetables /ulam-ulaman, how much did you eat in a day?"</i></p> <p><input type="text"/> Bil Hidangan (-7) TT (-9) EJ</p> <p>Rujuk kad contoh satu hidangan makanan <i>Refer Examples of One Food Serving</i></p>
G030	<p>Kebiasaannya, berapa gelas anda minum air kosong dalam sehari? <i>Typically, how many glasses of plain water you drink in a day?</i></p> <p><input type="text"/> Bil Gelas (-7) TT (-9) EJ</p> <p>Rujuk kad contoh satu hidangan makanan / <i>Refer Examples of One Food Serving</i></p>		

MODUL H : MEROKOK / **SMOKING**

KRITERIA KELAYAKAN UNTUK MENJAWAB: 15 TAHUN DAN KEATAS

ELIGIBILITY CRITERIA: 15 YEARS AND ABOVE

<p>H1</p>	<p>Status Merokok Terkini <i>Current Tobacco Smoking Status</i></p> <p>Pada ketika ini adakah anda menghisap tembakau setiap hari, kurang daripada setiap sehari, atau tidak sama sekali? <i>Do you currently smoke tobacco on a daily basis, less than daily, or not at all?</i></p> <p>1. Setiap Hari / <i>Daily</i> - ke soalan H3 2. Kurang Dari Setiap Hari <i>Less Than Daily</i> - ke soalan H2a 3. Tidak Sama Sekali / <i>Not At All</i> - ke soalan H2b</p> <p>(-7) TT (-9) EJ</p> <p>Jika TT atau EJ ke Soalan H3</p>	<p>H2a</p>	<p>Status Merokok Setiap Hari Terdahulu <i>Past Daily Smoking Status</i></p> <p>Pernahkah anda menghisap tembakau setiap hari pada masa lalu? <i>Have you smoked tobacco daily in the past?</i></p> <p>1. Ya / <i>Yes</i> - ke Soalan H3 2. Tidak / <i>No</i> - Ke soalan H3</p> <p>(-7) TT (-9) EJ</p> <p>Jika TT atau EJ ke Soalan H3</p>
<p>H2b</p>	<p>Status Merokok Terdahulu / <i>Past Smoking Status</i></p> <p>Pada masa lalu, pernahkah anda menghisap tembakau setiap hari, kurang daripada setiap sehari, atau tidak sama sekali? / <i>In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?</i></p> <p>JIKA RESPONDEN TELAH MENJAWAB KEDUA-DUANYA "SETIAP HARI" DAN "KURANG DARIPADA SETIAP SEHARI" PADA MASA LALU, TANDAKAN "SETIAP HARI" <i>IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"</i></p> <p>1. Setiap Hari / <i>Daily</i> 2. Kurang Dari Setiap Hari <i>Less Than Daily</i> 3. Tidak Sama Sekali / <i>Not At All</i> – ke soalan H4</p> <p>(-7) TT (-9) EJ</p> <p>Jika menjawab (3) Tidak sama sekali, (-7) TT, atau (-9) EJ terus ke soalan H4</p>		

<p>H3 Bilangan Produk Tembakau Yang Dihisap Setiap Hari / <i>Number of Tobacco Products Smoked Per Day</i></p> <p>Soalan ini hanya dijawab oleh responden yang memberi jawapan H 1= 1 (setiap hari) atau H 1= 2 (kurang dari dari setiap hari) pada soalan 1.</p> <p>Untuk responden yang menjawab H 1= 1 (setiap hari) , tanyakan penggunaan SETIAP ITEM (bahagian a-g) penggunaan hasil tembakau setiap hari (BILANGAN PER HARI). manakala responden yang menjawab H1=2 (kurang dari setiap hari) , tanyakan SETIAP ITEM (bahagian a-g) penggunaan hasil tembakau pada setiap minggu (BILANGAN PER MINGGU)</p> <p><i>Administered to respondents who are currently smokers (H 1= 1 or 2). Ask stem question in H 3 and each item part (a through g). For current daily smokers (H1=1), the question should ask about daily use (number per day). For current less than daily smokers (H1=2), the question should ask about weekly use (number per week)</i></p> <p>Secara purata, berapa banyak di antara produk-produk berikut yang anda biasa menghisap setiap hari? Nyatakan juga jika anda ada menghisap produk tersebut walaupun tidak setiap hari.</p> <p><i>On average, how many of the following products do you currently smoke each (day/week)? Also, let me know if you smoke the product, but not every (day/week)</i></p> <p>JIKA RESPONDEN menjawab menghisap PRODUK TERSEBUT TETAPI TIDAK SETIAP HARI, masukkan 888 <i>IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888</i></p> <p>PERINGATAN: DAPATKAN ROKOK YANG DIHISAP DALAM BILANGAN BATANG ROKOK SEHARI, TIDAK SEPATUTNYA DALAM BENTUK PAKET / <i>INT: VERIFY THIS IS # OF CIGARETTES, NOR PACKS</i></p> <p>Jika Tidak Tahu tuliskan TT, jika Enggan Jawab tuliskan EJ pada ruangan.</p>						
			Per Hari Per Day		Per Minggu Per Week	
a.	Rokok (yang dikilang) / <i>Manufactured cigarettes?</i>					
	Pada ketika ini, secara purata berapa batang rokok (yang dikilang) anda hisap setiap minggu? <i>On average, how many manufactured cigarettes do you currently smoke each week?</i>					
b.	Rokok gulung sendiri / <i>Hand-rolled cigarettes?</i>					
	Pada ketika ini, secara purata berapa batang rokok digulung sendiri anda hisap setiap minggu? <i>On average, how many hand-rolled cigarettes do you currently smoke each week?</i>					
c.	Kretek / <i>Kretek?</i>					
	Pada ketika ini, secara purata berapa batang kretek anda hisap setiap minggu? <i>On average, how many kreteks do you currently smoke each week?</i>					

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Borang Soal Selidik Individu Responden 13 Tahun Dan Ke Atas /
Individual Questionnaire Respondent 13 Years Old and Above

		Per Hari Per Day			Per Minggu Per Week		
e.	<p>Curut atau curut kecil (<i>cigarillos</i>) <i>Cigars, cheroots, or cigarillos?</i></p> <p>Pada ketika ini, secara purata berapa batang Curut atau curut kecil (<i>cigarillos</i>) anda hisap setiap minggu? <i>On average, how many Cigars, cheroots, or cigarillos do you currently smoke each week?</i></p>						
d.	<p>Paip mampat dengan tembakau / <i>Pipes full of tobacco?</i></p> <p>Pada ketika ini, secara purata berapa paip mampat dengan tembakau anda hisap setiap minggu <i>On average, how many pipes full of tobacco do you currently smoke each week?</i></p>						
f.	<p>Bidis / <i>Bidis?</i></p> <p>Pada ketika ini, secara purata berapa batang bidis anda hisap setiap minggu? <i>On average, how many bidis do you currently smoke in each week?</i></p>						
g.	<p>Lain-lain? / <i>Any others?</i></p> <p>Pada ketika ini, nyatakan lain-lain jenis tembakau yang anda hisap setiap hari : _____ <i>Please specify the other type you currently smoke each day: _____</i></p> <p>Pada ketika ini, secara purata berapa banyak _____ anda hisap setiap minggu? <i>On average, how many _____ do you currently smoke in each week?</i></p>						

<p>H4</p> <p>Status Penggunaan Produk Tembakau (tanpa asap) Terkini <i>Current Smokeless Tobacco Use</i></p> <p>Pada ketika ini adakah anda mengguna tembakau tanpa asap setiap hari, kurang daripada setiap sehari, atau tidak sama sekali? <i>Do you currently use smokeless tobacco on a daily basis, less than daily, or not at all?</i></p> <ol style="list-style-type: none"> 1. Setiap Hari / <i>Daily</i> - ke Soalan H6 2. Kurang Dari Setiap Hari / <i>Less Than Daily</i> - ke soalan H5a 3. Tidak Sama Sekali / <i>Not At All</i> - ke soalan H5b <p>(-7) TT (-9) EJ</p> <p>Jika TT atau EJ ke Soalan H6</p>	<p>H5a</p> <p>Status Penggunaan Setiap Hari Produk Tembakau (tanpa asap) Terdahulu <i>Past Daily Smokeless Tobacco Use</i></p> <p>Pernahkah anda menggunakan tembakau tanpa asap setiap hari pada masa lalu? <i>Have you used smokeless tobacco daily in the past?</i></p> <ol style="list-style-type: none"> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> <p>(-7) TT (-9) EJ</p> <p>Terus ke Soalan H6</p>
<p>H5b</p> <p>Status Penggunaan Produk Tembakau (tanpa asap) Terdahulu <i>Past Smokeless Tobacco Use</i></p> <p>Pada masa lalu, pernahkah anda menggunakan tembakau tanpa asap setiap hari, kurang daripada setiap sehari, atau tidak sama sekali? / <i>In the past, have you used smokeless tobacco on a daily basis, less than daily, or not at all?</i></p> <p>[JIKA RESPONDEN TELAH MENJAWAB KEDUA-DUANYA "SETIAP HARI" DAN "KURANG DARIPADA SETIAP SEHARI" PADA MASA LALU, TANDAKAN "SETIAP HARI"] <i>[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"]</i></p> <ol style="list-style-type: none"> 1. Setiap Hari / <i>Daily</i> 2. Kurang Dari Setiap Hari / <i>Less Than Daily</i> 3. Tidak Sama Sekali / <i>Not At All</i> <p>(-7) TT (-9) EJ</p>	
<p>H6</p> <p>Kekerapan Merokok di Rumah / <i>Frequency of Smoking in the Home</i></p> <p>Berapa kerapkah "seseorang" merokok di dalam rumah anda? Adakah setiap hari, setiap minggu, setiap bulan, kurang daripada setiap bulan, tidak pernah? <i>How often does anyone smoke inside your home? Would you say daily, weekly, monthly, less than monthly, or never?</i></p> <ol style="list-style-type: none"> 1. Setiap Hari / <i>Daily</i> 2. Setiap Minggu / <i>Weekly</i> 3. Setiap Bulan / <i>Monthly</i> 4. Kurang Dari Setiap Bulan / <i>Less Than Monthly</i> 5. Tidak Pernah / <i>Never</i> <p>(-7) TT (-9) EJ</p>	

<p>H7</p>	<p>Lokasi Bekerja / <i>Current Working Location</i></p> <p>Adakah anda bekerja di luar rumah anda? <i>Do you currently work outside of your home?</i></p> <p>1. Ya / <i>Yes</i>> ke soalan H8 2. Tidak / Tidak BEKERJA / <i>No / Don't Work</i> - ke soalan H10</p> <p>(-7) TT (-9) EJ</p> <p>Jika TT atau EJ ke Soalan H10</p>	<p>H8</p> <p>Kerja di Luar atau Dalam Pejabat <i>Currently Working Indoors or Outdoors</i></p> <p>Adakah anda selalu bekerja di dalam atau diluar bangunan? <i>Do you usually work indoors or outdoors?</i></p> <p>1. Di Dalam / <i>Indoors</i> .. ke soalan H9 2. Di Luar / <i>Outdoors</i> - ke soalan H10 3. Kedua-dua / <i>Both</i> ke soalan H9</p> <p>(-7) TT (-9) EJ</p> <p>Jika TT atau EJ ke Soalan H10</p>
<p>H9</p>	<p>Merokok di Tempat Kerja <i>Smoking at the Workplace</i></p> <p>Dalam 30 hari lepas, adakah sesiapa yang merokok di dalam bangunan anda bekerja? <i>During the past 30 days, did anyone smoke in indoor areas where you work?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>H10</p> <p>Soalan H10 hanya perlu dijawab oleh responden yang menjawab pilihan merokok setiap hari (pilihan 1) atau kurang dari setiap hari (pilihan 2) pada soalan H1; iaitu (H1 = 1 atau 2) / <i>Question H 10 is to be answered by respondents who answered daily (choice No.1) or less than daily (Choice No 2) for Question H1; i.e. (H1=1 or 2)</i></p> <p>Percubaan Berhenti Merokok <i>Attempting to Quit Smoking</i></p> <p>Dalam 12 bulan yang lepas, pernahkah anda cuba berhenti merokok? <i>During the past 12 months, have you tried to stop smoking?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>

<p>H11</p>	<p>Soalan H11 hanya perlu dijawab oleh responden yang menjawab pilihan merokok setiap hari (pilihan 1) atau kurang dari setiap hari (pilihan 2) pada soalan H1; iaitu (H1 = 1 atau 2) / <i>Question H11 is to be answered by respondents who answered daily (choice No 1) or less than daily (choicc No. 2) for Qucestion H1;i.e.(H1 = 1 or 2)</i></p> <p>Bertemu Doktor / <i>Visiting a Doctor</i></p> <p>Pernahkah anda berjumpa doktor atau petugas kesihatan yang lain dalam tempoh 12 bulan yang lalu? <i>Have you visited a doctor or other health care provider in the past 12 months?</i></p> <p>1. Ya / <i>Yes</i>> ke soalan H12 2. Tidak / <i>No</i>> ke soalan H13</p> <p>(-7) TT (-9) EJ</p> <p>Jika TT atau EJ ke Soalan H13</p>	<p>H12</p> <p>Soalan I H12 hanya perlu dijawab oleh responden yang menjawab pilihan merokok setiap hari (pilihan 1) atau kurang dari setiap hari (pilihan 2) pada soalan H1; iaitu (H1 = 1 atau 2) / <i>Question H12 is to be answered by respondents who answered daily (choice No.1) or less than daily (choice No. 2) for Question H1;i.e.(H1 = 1 or 2)</i></p> <p>Menerima Nasihat Berhenti Merokok dari Doktor / <i>Receiving Cessation Advice from Doctor</i></p> <p>Pada setiap kali anda berjumpa doctor atau petugas kesihatan dalam tempoh 12 bulan yang lalu, adakah anda ditanya samada anda menghisap tembakau? / <i>During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
<p>H13</p>	<p>Informasi Berhenti Merokok Di Suratkhbar / Majalah / <i>Noticing Anti-Cigarette Information in Newspapers/Magazines</i></p> <p>Pada 30 hari yang lalu, adakah anda pcrasaan tentang "maklumat-maklumat" mengenal bahaya merokok atau galakan untuk berhenti merokok di surat khabar atau majalah? <i>In the last 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting in newspapers or in magazines?</i></p> <p>1. Ya / <i>Ycs</i> 2. Tidak / <i>NO</i> 3. Tidak Berkenaan / <i>Not Applicable</i></p> <p>(-7) TT (-9) EJ</p>	<p>H14</p> <p>Informasi Berhenti Merokok Di Televisyen / <i>Noticing Anti-Cigarette Information on Television</i></p> <p>Pada 30 hari yang lalu, adakah anda pcrasan tentang "maklumat-maklumat" mengenal bahaya merokok atau galakan untuk berhenti merokok di telesisyen? <i>In the last 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting on television?</i></p> <p>1. Ya / <i>Ycs</i> 2. Tidak / <i>No</i> 3. Tidak Berkenaan / <i>Not Applicable</i></p> <p>(-7) TT (-9) EJ</p>

<p>H15</p> <p>Soalan H15 hanya perlu dijawab oleh responden yang menjawab pilihan merokok setiap hari (pilihan 1) atau kurang dari setiap hari (pilihan 2) pada soalan H1; iaitu (H1 = 1 atau 2) / <i>Question H15 is to be answered by respondents who answered daily (choice No.1) or less than daily (choice No. 2) for Question H1; i.e.(H1 = 1 or 2)</i></p> <p>Tanda Amaran pada Kotak Rokok Noticing Health Warnings on Cigarette Packs</p> <p>Pada 30 hari yang lalu, adakah anda perasaan sebarang maklumat tentang amaran kesihatan pada kotak rokok? / <i>In the last 30 days, did you notice any health warnings on cigarette packages?</i></p> <ol style="list-style-type: none"> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> - ke Soalan H17 3. Tidak Melihat Sebarang Kotak Rokok <i>Did See Any Cigarette Packages - ke Soalan H17</i> <p>(-7) TT (-9) EJ</p> <p>Jika TT atau EJ ke Soalan H17</p>	<p>H16</p> <p>Soalan H16 hanya perlu dijawab oleh responden yang menjawab pilihan merokok setiap hari (pilihan 1) atau kurang dari setiap hari (pilihan 2) pada soalan H1; iaitu (H1 = 1 atau 2) <u>DAN menjawab "Ya" kepada H15; iaitu (H15=1)</u> / <i>Question H16 is to be answered by respondents who answered daily (choice No.1) or less than daily (choice No. 2) for Question H1; i.e.(H1 = 1 or 2) AND answered "Yes" to H15; i.e.(H15=1)</i></p> <p>Memikirkan Untuk Berhenti Kerana Tanda Amaran pada Kotak Rokok / Thinking About Quitting Because of Health Warnings on Cigarette Packs</p> <p>Pada 30 hari yang lalu, adakah amaran pada kotak rokok mendorong anda untuk berfikir untuk berhenti menghisap hasil tembakau? / <i>In the last 30 days, have warning labels on cigarette packages led you to think about quitting?</i></p> <ol style="list-style-type: none"> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> <p>(-7) TT (-9) EJ</p>
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H17	<p>Ikian Merokok di Pasaraya / <i>Cigarette Advertising in Stores</i></p> <p>Pada 30 hari yang lalu, adakah anda perasaan sebarang "iklan atau tanda promosi" di kedai rokok dijual? <i>In the last 30 days, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> 3. Tidak Berkenaan / <i>Not Applicable</i></p> <p>(-7) TT (-9) EJ</p>	
H18	<p>Promosi Merokok / <i>Cigarette Promotions</i></p> <p>Dalam masa 30 hari yang lepas, pernahkah anda terlihat promosi rokok seperti yang dinyatakan? <i>In the last 30 days, have you noticed any of the following types of cigarette promotions?</i></p> <p>Baca Setiap Item / <i>Read Each Item:</i></p>	
1.	<p>Sampel rokok percuma? <i>Free samples of cigarettes?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>2. Jualan murah / potongan harga? <i>Cigarettes at sale prices?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
3.	<p>Kupon rokok? / <i>Coupons for cigarettes?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>4. Hadiah atau potongan harga apabila membeli rokok? <i>Free gifts or special discount offers on other products when buying cigarettes?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) F.I</p>
5.	<p>Pakaian atau barangan lain yang mempunyai logo atau jenama rokok? / <i>Clothing or other items with a cigarette brand name or logo?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>6. Promosi rokok melalui surat? <i>Cigarette promotions in the mail?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>

H19	<p>Soalan H19 hanya perlu dijawab oleh responden yang menjawab pilihan merokok setiap hari (pilihan 1) atau kurang dari setiap hari (pilihan 2) pada soalan H1 ; iaitu (H1 = 1 atau 2) <u>DANmenjawabH3adari1-888 (111=1atau2DANI3a=1-000) / Question H19 is to be answered by respondents who answered daily (choice No. 1) or less than daily (choice No. 2) for Question H1; i.e.(H1 = 1 or 2) <u>ANDansweredH3afrom 1-888(H1=1or2ANDH3a=1-888).</u></u></p> <p>Rokok Terakhir yang Dibeli - Kuantiti / Last Cigarette Purchase - Quantity</p> <p>Pada kali terakhir anda membeli rokok untuk diri sendiri, berapa banyakkah yang anda beli? <i>In the last time you bought cigarettes for yourself, how many cigarettes did you buy?</i></p> <p>PENEMURAMAH : REKODKAN BILANGAN DAN UNIT <i>INTERVIEWER : RECORD NUMBER AND CHECK UNIT</i></p>
1.	Batang Rokok / <i>Cigarettes</i> <input type="text"/> <input type="text"/>
2.	Bungkus / <i>Packet</i> Berapa bilangan rokok dalam setiap paket? <i>How many cigarettes were in each pack?</i> <input type="text"/> <input type="text"/>
3.	Karton / <i>Carton</i> Berapa bilangan rokok dalam setiap karton? <i>How many cigarettes were in each carton?</i> <input type="text"/> <input type="text"/>
4.	Lain-Lain / <i>Other</i> Nyatakan : _____ / <i>Specify</i> : _____ Berapa batang rokok dalam setiap [nyatakan]? <i>How many cigarettes were in each [FILL]?</i> <input type="text"/> <input type="text"/>
5.	Tidak Pernah MEMBELI ROKOK> Tamat, Ke Modul Seterusnya <i>Never BOUGHT CIGARETTES.....> End, Go to Next Modul</i> <input type="text"/> <input type="text"/> (-7) TT - Ke Soalan H20 (-9) EJ - Ke Soalan H20
H20	<p>Soalan H20 hanya perlu dijawab oleh responden yang menjawab pilihan merokok setiap hari (pilihan 1) atau kurang dari setiap hari (pilihan 2) pada soalan H1 ; iaitu (H1 = 1 atau 2) <u>DANmenjawabH3adari 1-888(H1=1atau2 DANH3a=1-888) / Question H20 is to be answered by respondents who answered daily (choice No. 1) or less than daily (choice No. 2) for Question H1 ; i.e.(H1 = 1 or 2) <u>ANDansweredH3a from 1-888(H1=1or2ANDH3a=1-888).</u></u></p> <p>Jumlah Perbelanjaan / Total Expenses</p> <p>Berapakah jumlah wang yang anda telah belanja pada kali terakhir anda membeli rokok sebelum ini? <i>In total, how much money did you pay for this purchase?</i></p> <p>Nyatakan : RM _____</p> <p><i>Specify</i> : RM _____ (7) TT Ke Soalan H21 (9) EJ Ke Soalan H21</p>

H21	<p>Soalan H21 hanya perlu dijawab oleh responden yang menjawab pilihan merokok setiap hari (pilihan 1) atau kurang dari setiap hari (pilihan 2) pada soalan H1 ; iaitu (H1 = 1 atau 2) <u>DANmenjawabH3adari1-888 (11=1atau2DANI3a=1-888) / Question 1121 is to be answered by respondents who answered daily (choice No.1) or less than daily (choice No.2) for Question H1 ; i.e.(H1 = 1 or 2) <u>ANDansweredH3afrom 1-888(H1-1or2ANDH3a-1-888).</u></u></p> <p>Berapakah harga sebungkus rokok yang terakhir anda beli? <i>How much is the price of 1 pack of cigarette in your last purchase?</i></p> <p>Nyatakan : RM _____</p> <p><i>Specify</i> : RM _____</p> <p>Tamat, Ke Modul Seterusnya / End, Go to Next Modul</p>
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MODUL J : ALKOHOL / ALCOHOL

KRITERIA KELAYAKAN UNTUK MENJAWAB: 13 TAHUN DAN KEATAS

ELIGIBILITY CRITERIA: 13 YEARS AND ABOVE

- | | |
|---|--|
| 1 | <p>Pernahkah anda minum sebarang minuman mengandungi alkohol? (seperti arak, bir, wain, minuman herba berarak tadi, samsu, tuak, whisky, stout dan lain-lain) / <i>Have you ever consumed any alcoholic beverage? (such as liquor, beer, wine, alcoholic beverage? (such as liquor, beer, wine, alcoholic herbal beverages, todhi, samsu, tuak, stout and others)</i></p> <p>1. Ya / <i>Yes</i>.....Berikan responden soal selidik menjawab sendiri bagi modul alkohol</p> <p>2. Tidak / <i>No</i>.....Ke modul seterusnya</p> <p>(-1) 11.....Ke modul seterusnya (-9) 1J.....Ke modul seterusnya</p> |
|---|--|

MODUL K : TUBERKULOSIS / TUBERCULOSIS

KRITERIA KELAYAKAN UNTUK MENJAWAB : 15 TAHUN DAN KEATAS <i>ELIGIBILITY CRITERIA : 15 YEARS AND ABOVE</i>			
K1	Dalam tempoh 1 bulan lepas, adakah anda menghadapi masalah kesihatan seperti berikut : <i>In the last 1 month, did you experience any of the following health problems :</i> Baca Setiap Item / <i>Read Each Item :</i>		
1.1	Batuk lebih dari 2 minggu <i>Cough more than 2 weeks</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1.2	Batuk berkahak lebih dari 2 minggu <i>Cough up phlegm or sputum for more than 2 weeks</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
1.3	Batuk berdarah <i>Cough up blood</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1.4	Demam lebih dari 2 minggu <i>Fever more than 2 weeks</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
1.5	Turun berat badan yang tidak dijangka <i>Unexpected loss of weight</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1.6	Berpeluh waktu malam lebih dari 2 minggu <i>Night sweats for more than 2 weeks</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
Boleh lebih daripada satu jawapan. Jika salah satu 'Ya' pergi ke Soalan K2. Jika TIADA 'Ya' sila ke modul seterusnya.			

K2	<p>Dalam tempoh 2 minggu lepas bagi masalah diatas, adakah anda.. <i>In the last 2 weeks for the above problem(s), did you..</i></p> <p>Baca Setiap Item / <i>Read Each Item:</i></p>	
2.1	<p>.. mengubati sendiri ?...<i>self medicate?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>2.2</p> <p>..membeli ubat dari farmasi? <i>purchased medicine from any pharmacy?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) F.I</p>
2.3	<p>..mendapatkan rawatan dari klinik kesihatan kerajaan ? .. <i>seek treatment from government health clinic ?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>2.4</p> <p>.. mendapatkan rawatan dari hospital kerajaan? <i>.. seek treatment from government Hospital?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
2.5	<p>.. mendapatkan rawatan dari klinik swasta ? <i>.. seek treatment from a private clinic?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>2.6</p> <p>..mendapatkan rawatan dari hospital swasta? <i>.. seek treatment from private hospital?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
2.7	<p>.. mendapat nasihat dan rawatan dari pengamal perubatan tradisional / ..<i>get advice and treatment from traditional healers?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(7) TT (9) EJ</p>	<p>2.8</p> <p>Tidak buat apa-apa / <i>did not do anything</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-6) Tidak berkaitan / <i>not applicable</i> (-7) TT (-9) EJ</p> <p>Jika jawapan 'YA' , sila ke K4 <i>If 'YES', please proceed to K4</i></p>
<p>Jika 'Ya' bagi 2.3 atau 2.4 atau 2.5 atau 2.6 pergi soalan K3.</p>		

K3	Berdasarkan masalah kesihatan diatas, adakah anda diminta untuk menjalani pemeriksaan berikut? <i>Based on the health problem(s) stated above, were you asked to do the following test?</i>		
		Pemeriksaan Kahak <i>Sputum Examination</i>	X-ray dada <i>Chest x-ray</i>
1.	Klinik Kerajaan / <i>Government Health Clinic</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
2.	Hospital Kerajaan / <i>Government Hospital</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) F.I	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) F.I
3.	Klinik Swasta / <i>Private clinic</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
4.	Hospital Swasta / <i>Private Hospital</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
Modul tamat. Sila ke modul seterusnya. <i>End of Module. Proceed to the next module.</i>			
K4	Soalan ini adalah untuk responden yang menjawab pilihan 2 (Tidak) pada K2.1 hingga K2.7 DAN pilihan 1 (Ya) pada K2.8 / <i>This question is to be answered by respondent who chose option 2 (No) in K2.1-K2.7 AND option 1 (Yes) in K2.8</i> Apakah sebab U IAMA anda tidak mendapatkan nasihat atau rawatan bagi masalah kesihatan anda? (Rujuk kod G) / <i>What is the MAIN reason for not seeking advice or treatment for that health problem(s)? (Refer to the Code G)</i> <div style="border: 1px solid black; height: 40px; width: 150px; margin: 10px auto;"></div>		

MODUL L : PENYAKIT KUSTA/ HANSEN'S DISEASE/ LEPROSY

KRITERIA KELAYAKAN UNTUK MENJAWAB: 18 TAHUN DAN KEATAS ELIGIBILITY CRITERIA: 18 YEARS AND ABOVE			
L1	<p>Pernahkah anda mendengar berkenaan dengan penyakit kusta? / <i>Have you ever heard about Hansen's disease / leprosy?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p> <p>Jika jawapan ialah TIDAK, TT atau EJ, Sila ke modul seterusnya <i>If answer is NO, TT or EJ, Please proceed to the next module.</i></p>	L2	<p>Adakah anda merasakan bahawa penyakit kusta masih lagi wujud di Malaysia pada masa kini? <i>Do you feel that Hansen's disease / leprosy still exist in Malaysia currently?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
L3	<p>Berdasarkan pengetahuan anda, <i>Based on your knowledge,</i></p> <p>Baca Setiap Item / <i>Read Each Item:</i></p>		
1.	<p>Adakah tompok-tompok pada kulit yang tiada rasa, tidak sakit dan tidak berpeluh berkemungkinan tanda-tanda penyakit kusta? <i>Do you think skin lesions with loss of sensation, no pain and not sweating are probably symptoms of Hansen's disease/ leprosy?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	2.	<p>Adakah penyakit kusta boleh disembuh? <i>Do you think a person who has Hansen's disease / leprosy can be cured?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
3.	<p>Adakah penyakit kusta yang tidak dirawat boleh menjangkiti orang lain? <i>Can a person with untreated Hansen's disease/ leprosy infect other people?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	4.	<p>Adakah penyakit kusta boleh menyebabkan kecacatan sekiranya tidak dirawat? <i>Do Hansen's disease/ leprosy cause deformity if left untreated?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>

MODUL M : DENGGI / *DENGUE*

KRITERIA KELAYAKAN UNTUK MENJAWAB: 18 TAHUN DAN KEATAS

ELIGIBILITY CRITERIA: 18 YEARS AND ABOVE

M1	<p>Dalam tempoh 12 bulan yang lepas, Berapa kerapkah anda hapuskan tempat pembiakan nyamuk di kediaman anda? / <i>For the past 12 months, How often do you eliminate mosquito breeding sites at your house?</i></p> <ol style="list-style-type: none"> 1. Sekali seminggu / <i>Once a week</i> 2. Lebih daripada sekali seminggu / <i>More than once a week</i> 3. Sekali sebulan / <i>Once a month</i> 4. 2 hingga 3 kali sebulan / <i>2 to 3 times a month</i> 5. 2 hingga 3 bulan sekali / <i>Once in 2 to 3 months</i> 6. Tidak pernah buat / <i>Never do (Kenapa ? / Why ?</i>) <p>(-7) TT (-9) EJ</p>
M2	<p>Apakah yang anda lakukan untuk hapuskan tempat pembiakan / tempat berpotensi nyamuk aedes di dalam rumah? / <i>What have you done to eliminate mosquito breeding sites inside your house?</i> (Lebih dari satu jawapan diterima) / (More than one answer is accepted)</p> <ol style="list-style-type: none"> 1. Tukar air dan cuci bekas / <i>Clean the container and change the water</i> 2. Bubuh racun pembunuh jentik-jentik / <i>Add larvicide</i> 3. Buang bekas yang tidak digunakan / <i>Dispose off unwanted container</i> 4. Lain lain, Nyatakan / <i>Others, Please specify.....</i> <p>(-7) TT (-9) EJ</p>
M3	<p>Apakah yang anda lakukan untuk hapuskan tempat pembiakan/tempat berpotensi nyamuk aedes di persekitaran rumah anda? / <i>What have you done to eliminate mosquito breeding sites in your house compound?</i> (Lebih dari satu jawapan diterima) / (More than one answer is accepted)</p> <ol style="list-style-type: none"> 1. Buang bekas yang boleh menampung air / <i>Dispose off containers that can hold water</i> 2. Tutup dengan kemas bekas simpanan air / <i>Close tightly water container with a lid</i> 3. Bubuh racun pembunuh jentik-jentik / <i>Add larvicide</i> 4. Tidak menggunakan lagi bekas yang boleh menampung air / <i>Stop using containers that can hold water</i> 5. Lakukan gotong royong keluarga / <i>Organize family search and destroy activities</i> 6. Bersihkan saluran air hujan / <i>Clean rain gutters</i> 7. Cantas dahan pokok yang menutup saluran air hujan untuk elak air bertakung <i>Trim overgrown branch that cover rain gutters to prevent stagnant water</i> 8. Lain-lain, Nyatakan / <i>Others, Please specify</i> <p>(-7) TT (-9) EJ</p>

M4	<p>Dalam tempoh 12 bulan yang lepas, adakah kakitangan Pejabat Kesihatan / Pihak Berkuasa tempatan melaksanakan semburan kabus di kejiranan anda? / <i>For the past 12 months is there any fogging activity in your neighbourhood carried out by the Health Department/local Authority?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
M5	<p>M5.1</p> <p>Jika ya, adakah anda sertai? / <i>If yes, did you participate?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
M6	<p>Pada waktu bilakah nyamuk Aedes aktif menggigit? / <i>When is the active biting time for Aedes mosquitoes?</i> Bacakan pilihan jawapan, responden hanya perlu pilih satu sahaja</p> <p>1. Awal pagi (6-8 pagi) / <i>Early morning (6-8am)</i> 2. Tengah hari / <i>Noon</i> 3. Petang/ senja/ (6petang-8 malam) / <i>Evening/dusk (6-8pm)</i> 4. Awal pagi (6-8 pagi) & Petang/ senja/ (6petang-8 malam) / <i>Early morning (6-8am) & evening/dusk (6-8pm)</i> 5. Tengah malam / <i>Midnight</i></p> <p>(-7) TT (-9) EJ</p>
M7	<p>Apakah cara yang anda gunakan bagi mengelakkan digigit oleh nyamuk Aedes? / <i>What is / are the method (s) you used to prevent from mosquito bites?</i> (Lebih dari satu jawapan diterima / More than one answer is accepted)</p> <p>1. Guna repellent / krim penghalau nyamuk / <i>Use repellent / mosquito repellent cream</i> 2. Guna semburan aerosol racun serangga / <i>Use insecticide aerosol spray</i> 3. Guna losyen tangan / <i>Use hand losyen</i> 4. Pakai seluar panjang dan baju lengan panjang / <i>Wear long pants and long-sleeved shirts</i> 5. Elak berada di luar rumah pada waktu aedes aktif gigit / <i>Avoid staying outdoors during mosquito active biting time</i> 6. Guna patch nyamuk / <i>Use mosquito patch</i> 7. Pasang jaring penghalang nyamuk di tingkap dan pintu / <i>Use mosquito screens on windows and doors</i> 8. Makan jamu / <i>Eating herbs</i> 9. Tidur dalam kelambu / <i>Sleeping under mosquito net</i> 10. Guna lingkaran nyamuk / <i>Use mosquito coil</i> 11. Lain-lain, nyatakan / <i>Others, Please specify</i></p> <p>(-7) TT (-9) EJ</p>

M8	<p>Adakah anda pernah menggunakan racun pembunuh jentik-jentik? / <i>Do you use larvicide?</i></p> <p>1. Ya / <i>Yes</i> - Ke soalan M9 2. Tidak / <i>No</i> - Ke soalan M8.1</p> <p>(-7) TT (-9) EJ</p>	<p>M8.1</p> <p>Jika tidak, kenapa anda tidak menggunakannya? <i>If not, why don't you use it?</i> Bacakan pilihan jawapan, responden hanya perlu pilih satu sahaja</p> <p>1. Tidak tahu <i>kewujudan</i> racun pembunuh jentik-jentik / <i>Do not know there is larvicide</i> 2. Tidak mempunyai simpanan/ takungan air di rumah / <i>Do not have water storage in the house</i> 3. Tidak tahu cara menggunakan <i>Do not know how to use</i> 4. Bahaya kepada kesihatan / <i>Dangerous to health</i> 5. Tidak tahu di mana hendak dapatkan bahan pembunuh jentik-jentik <i>Do not know where to get the larvicide</i> 6. Sukar didapati / <i>Difficult to find</i> 7. Harga mahal / <i>Expensive</i> 8. Lain-lain, nyatakan / <i>Others, please specify</i></p> <p>.....</p> <p>(-7) TT (-9) EJ Terus ke soalan M13</p>
M9	<p>Kebiasaannya, dimanakah anda mendapatkan bekalan racun pembunuh jentik-jentik tersebut? <i>Where do you usually get your larvicide?</i></p> <p>1. Diberi oleh kakitangan pejabat kesihatan / pihak berkuasa tempatan <i>Given by health department / Local Authority staff</i> 2. Diperolehi secara percuma dari fasiliti kesihatan kerajaan <i>Get it for free from government health facilities</i> 3. Beli dari Pasaraya / <i>Buy from the supermarket</i> 4. Beli dari kedai perkakasan rumah / <i>Buy from the hardware shop</i> 5. Beli dari stesyen minyak / <i>Buy from petrol station</i> 6. Lain-lain, nyatakan / <i>Others, please specify</i></p> <p>(-7) TT (-9) EJ</p>	
M10	<p>Adakah anda membaca arahan penggunaan pada bungkusan racun pembunuh jentik-jentik? <i>Do you read the instruction on the larvicide packaging?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(7) TT (9) EJ</p>	
M11	<p>Adakah anda menggunakan racun pembunuh jentik-jentik tersebut mengikut saranan yang ditetapkan pada label bungkusan? / <i>Do you use the larvicide according to the instruction on the packaging?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(7) TT (9) EJ</p>	

M12	<p>Di manakah anda bubuh/masukkan racun pembunuh jentik-jentik tersebut? <i>Where do you apply the larvicide?</i> (Lebih dari satu jawapan diterima) / (More than one answer is accepted)</p> <ol style="list-style-type: none"> 1. Bekas simpanan air / <i>Water storage container</i> 2. Pasu tumbuhan akuatik / <i>vase/container for aquatic plants</i> 3. Alas pasu bunga / <i>Flower pot liner</i> 4. Bekas bunga segar / <i>vase/container for fresh flowers</i> 5. Lain lain, sila nyatakan / <i>Others, Please specify</i> <p>(-7) TT (-9) EJ</p>	
M13	<p>Pada hari ke berapakah anda ke klinik/hospital apabila demam? / <i>If you have fever, when do you seek treatment from clinic/hospital?</i></p> <ol style="list-style-type: none"> 1. Hari pertama demam / <i>First day of fever</i> 2. Hari kedua demam / <i>Second day of fever</i> 3. Hari ketiga demam / <i>Third day of fever</i> 4. Hari keempat demam / <i>Fourth day of fever</i> 5. Lebih daripada lima hari / <i>More than five days of fever</i> 6. Tidak pergi ke klinik atau hospital <i>Do not go to clinic or hospital</i> <p>(-7) TT (-9) EJ</p>	<p>M13.1</p> <p>Jika anda tidak pergi ke klinik atau hospital apakah yang biasanya anda lakukan? / <i>If you do not seek treatment from clinic/hospital, What do you usually do?</i></p> <ol style="list-style-type: none"> 1. Tidak buat sebarang tindakan <i>No action taken</i> 2. Makan panadol / <i>Take panadol</i> 3. Dapatkan rawatan alternatif / <i>Seek alternative treatment</i> <p>(-7) TT (-9) EJ</p>
M14	<p>Dalam tempoh 12 bulan lepas, pernahkah anda dibekalkan / menerima bahan promosi kesihatan berkaitan demam denggi? / <i>In the past 12 months, have you ever been supplied / received health promotion material related to dengue fever?</i></p> <ol style="list-style-type: none"> 1. Ya / <i>Yes</i> - Ke soalan M14.1 2. Tidak / <i>No</i> <p>(-7) TT (-9) EJ</p>	<p>M14.1</p> <p>Jika Ya, nyatakan bahan promosi tersebut <i>If yes, state promotional materials:</i> (Lebih dari satu jawapan diterima) (More than one answer is accepted)</p> <ol style="list-style-type: none"> 1. Flyers / <i>Flyers</i> 2. Buku kecil / <i>small book</i> 3. Risalah / <i>pamphlet</i> 4. Penanda buku / <i>bookmark</i> 5. Pelekat / <i>Sticker</i> 6. Lain-lain, nyatakan <i>Others, Please specify</i> <p>(-7) TT (-9) EJ</p>

<p>M15</p>	<p>Pada pendapat anda, adakah penyakit demam denggi amat bahaya dan boleh membawa maut kepada diri dan keluarga anda? / <i>In your opinion, is dengue fever very dangerous and can lead to the death of yourself and your family?</i></p> <p>1. Ya / <i>Yes</i> – Ke soalan M15.1 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>	<p>M15.1</p>	<p>Jika ya, apa tindakan anda sekiranya anda mengetahui jiran anda dijangkiti demam denggi? / <i>If yes, what is your action when you know your neighbour has been infected by dengue fever?</i></p> <p>(Jawapan boleh lebih daripada satu) (<i>Answers can be more than one</i>)</p> <p>1. Tidak buat sebarang tindakan <i>No action taken</i></p> <p>2. Laksana pemeriksaan dan pembersihan di seluruh kawasan rumah / <i>Perform search and destroy activities in your house compound</i></p> <p>3. Guna semburan aerosol racun serangga / <i>Use insecticide aerosol spray</i></p> <p>4. Dapatkan rawatan segera jika demam <i>Get immediate treatment if having fever</i></p> <p>(-7) TT (-9) EJ</p>
<p>M16</p>	<p>Bagaimanakah cara kebiasaannya anda membuang sampah? / <i>How do you usually dispose your garbage?</i></p> <p>1. Menggunakan tong sampah yang tertutup. / <i>Using covered garbage can</i></p> <p>2. Membuang sampah di tempat pengumpulan sampah yang disediakan / <i>Dispose the garbage in the allocated area</i></p> <p>3. Menggunakan lubang sampah. / <i>Using the garbage pit.</i></p> <p>4. Buang dalam longkang / parit / sungai atau di tepi jalan. / <i>Dispose in the drain/river or on the roadside.</i></p> <p>5. Lain-lain. Nyatakan / <i>Others. Please specify</i></p> <p>_____</p> <p>(7) TT (9) EJ</p>	<p>M17</p>	<p>Pada pendapat anda, siapakah yang bertanggungjawab terhadap kebersihan diluar rumah anda? / <i>In your opinion, who is responsible for the cleanliness outside your house?</i></p> <p>1. Saya dan keluarga. / <i>Me and my family.</i></p> <p>2. Pihak Berkuasa Tempatan / <i>Local authority.</i></p> <p>3. Pihak Pengurusan Bangunan / <i>Joint Managemant Body</i></p> <p>4. Jabatan Kesihatan / <i>Health Department</i></p> <p>5. Jiran Tetangga / <i>Neighbours.</i></p> <p>6. Lain – lain. Nyatakan / <i>Others. Please specify</i></p> <p>(-7) TT (-9) EJ</p>

M18	<p>Apakah tindakan anda, sekiranya terdapat longgokan sampah yang terbiar di kawasan persekitaran anda? / <i>What is your action if there is abandoned garbage dump in your area?</i></p> <ol style="list-style-type: none"> 1. Membuat aduan kepada pihak berkuasa tempatan / <i>Make a report to the local authorities</i> 2. Menganjurkan gotong – royong / <i>Organize a gotong-royong</i> 3. Bersihkan sendiri. / <i>Clean it myself.</i> 4. Tidak membuat sebarang tindakan / <i>Take no action</i> 5. Lain –lain Nyatakan/ <i>Others Please specify</i> _____ <p>(-7) TT (-9) EJ</p>
M19	<p>Pada pendapat anda, adakah kaitan diantara sampah dan penyakit denggi? <i>In your opinion, is there any association between garbage and dengue?</i></p> <ol style="list-style-type: none"> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> <p>(-7) TT (-9) F.I</p>

**MODUL N : PERUBATAN TRADISIONAL DAN KOMPLEMENTARI (PT&K) /
TRADITIONAL AND COMPLEMENTARY MEDICINE (T&CM)**

PENGGUNAAN PERUBATAN TRADISIONAL DAN KOMPLEMENTARI TRADITIONAL AND COMPLEMENTARY MEDICINE UTILIZATION	
N1001	<p>Pernahkah anda menggunakan perkhidmatan pengamal perubatan tradisional dan komplementari sebelum ini? / <i>Have you ever used any services from a Traditional and Complementary practitioner?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> Ke soalan N1003</p> <p>(-7) TT (-9) EJ</p>
N1002	<p>Adakah anda menggunakan perkhidmatan pengamal perubatan tradisional dan komplementari tersebut dalam tempoh satu tahun yang lepas (12 bulan yang lepas)? / <i>Did you use the services from the traditional and complementary practitioner in the last one year (12 months)?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak. Penggunaan terakhir adalah pada ___ tahun yang lepas. <i>No. The last service was used ___ years back.</i> Ke soalan N1003</p> <p>(-7) TT (-9) EJ</p>
N1003	<p>Pernahkah anda menggunakan perubatan Tradisional dan Komplementari TANPA BERJUMPA pengamal PT&K sebelum ini? / <i>Have you ever use the traditional and complementary medicine WITHOUT seeing a traditional and complementary practitioner?</i></p> <p>1. Ya / <i>Yes</i> Ke soalan N1004 2. Tidak / <i>No</i> Temuduga tamat di sini</p> <p>(-7) TT (-9) EJ</p>
N1004	<p>Adakah anda menggunakan Perubatan Tradisional dan Komplementari TANPA BERJUMPA dengan pengamal perubatan tradisional dan komplementari dalam tempoh satu tahun yang lepas (12 bulan yang lepas)? / <i>Have you used the traditional and complementary medicine WITHOUT seeing a traditional and complementary practitioner in the last one year (12 months)?</i></p> <p>1. Ya / <i>Yes</i> 2. Tidak. Penggunaan terakhir adalah pada ___ tahun yang lepas. <i>No. The last service was used _____ years back.</i></p> <p>(-7) TT (-9) EJ</p>
<p>Jika jawapan 'Tidak/TT/EJ' pada N1002 dan N1004, sila ke Modul P</p>	

MODALITI / MODALITIES	
N2	Apakah jenis perubatan tradisional dan komplementari yang telah anda gunakan dalam masa <u>12bulan yang lepas</u> ? (Boleh jawab lebih daripada satu jika berkenaan). / <i>In the <u>past 12 months</u>, what type of traditional and complementary medicine did you use? (You can choose more than one answer)</i>
Perubatan Tradisional Melayu / Traditional Malay Medicine	
1.	Herba Melayu / <i>Malay herbs</i> <input type="checkbox"/> Ya. Sila jawab Modul A <input type="checkbox"/> Tidak
2.	Urut Melayu / <i>Malay massage</i> <input type="checkbox"/> Ya. Sila jawab Modul B <input type="checkbox"/> Tidak
3.	Bekam Melayu / <i>Malay cupping</i> <input type="checkbox"/> Ya. Sila jawab Modul C <input type="checkbox"/> Tidak
Perubatan Tradisional Cina / Traditional Chinese Medicine	
4.	Herba Cina / <i>Chinese herbs</i> <input type="checkbox"/> Ya. Sila jawab Modul D <input type="checkbox"/> Tidak
5.	Akupunktur dan moksibusi / <i>Acupuncture and moxibustion</i> <input type="checkbox"/> Ya. Sila jawab Modul E <input type="checkbox"/> Tidak
6.	Urut Cina / <i>Tuina</i> <input type="checkbox"/> Ya. Sila jawab Modul F <input type="checkbox"/> Tidak
7.	Bekam Cina / <i>Chinese cupping</i> <input type="checkbox"/> Ya. Sila jawab Modul G <input type="checkbox"/> Tidak
8.	Qi Gong / <i>Qi gong</i> <input type="checkbox"/> Ya. Sila jawab Modul H <input type="checkbox"/> Tidak
Perubatan Tradisional India / Traditional Indian Medicine	
9.	Ayurveda / <i>Ayurveda</i> <input type="checkbox"/> Ya. Sila jawab Modul I <input type="checkbox"/> Tidak
10.	Siddha / <i>Siddha</i> <input type="checkbox"/> Ya. Sila jawab Modul J <input type="checkbox"/> Tidak
11.	Yunani / <i>Unani</i> <input type="checkbox"/> Ya. Sila jawab Modul K <input type="checkbox"/> Tidak
12.	Yoga dan naturopati / <i>Yoga and naturopathy</i> <input type="checkbox"/> Ya. Sila jawab Modul L <input type="checkbox"/> Tidak
13.	Perubatan Homeopati <i>Homeopathy</i> <input type="checkbox"/> Ya. Sila jawab Modul M <input type="checkbox"/> Tidak
14.	Pengubatan Islam <i>Islamic medical practice</i> <input type="checkbox"/> Ya. Sila jawab Modul N <input type="checkbox"/> Tidak

Perubatan Komplementari / <i>Complementary Medicine</i>			
15.	Kiropraktik / <i>Chiropractic</i>	<input type="checkbox"/>	Ya. Sila jawab Modul O <input type="checkbox"/> Tidak
16.	Refleksologi / <i>Reflexology</i>	<input type="checkbox"/>	Ya. Sila jawab Modul P <input type="checkbox"/> Tidak
17.	Osteopati / <i>Osteopathy</i>	<input type="checkbox"/>	Ya. Sila jawab Modul Q <input type="checkbox"/> Tidak
18.	Urutan (Terapeutik / Swedish / Thai/ Bali / Jawa / Shiatsu) <i>Massage (Therapeutic / Swedish / Thai / Balinese / Javanese / Shiatsu)</i>	<input type="checkbox"/>	Ya. Sila jawab Modul R <input type="checkbox"/> Tidak
19.	Reiki / <i>Reiki</i>	<input type="checkbox"/>	Ya. Sila jawab Modul S <input type="checkbox"/> Tidak
20.	Aura metafizik / <i>Aura Metaphysic</i>	<input type="checkbox"/>	Ya. Sila jawab Modul T <input type="checkbox"/> Tidak
21.	Terapi getaran warna <i>Colour vibration therapy</i>	<input type="checkbox"/>	Ya. Sila jawab Modul U <input type="checkbox"/> Tidak
22.	Aromaterapi / <i>Aromatherapy</i>	<input type="checkbox"/>	Ya. Sila jawab Modul V <input type="checkbox"/> Tidak
23.	Terapi nutrisi / <i>Nutritional therapy</i>	<input type="checkbox"/>	Ya. Sila jawab Modul W <input type="checkbox"/> Tidak
24.	Produk supplemen / <i>Supplement</i>	<input type="checkbox"/>	Ya. Sila jawab Modul X <input type="checkbox"/> Tidak
25.	Hypnoterapi / <i>Hypnotherapy</i>	<input type="checkbox"/>	Ya. Sila jawab Modul Y <input type="checkbox"/> Tidak
26.	Psikoterapi / <i>Psychotherapy</i>	<input type="checkbox"/>	Ya. Sila jawab Modul Z <input type="checkbox"/> Tidak
27.	Lain-lain. Sila nyatakan. / <i>Others. Please state.:</i> _____		

MODUL A: PERUBATAN TRADISIONAL MELAYU – HERBA MELAYU <i>TRADITIONAL MALAY MEDICINE – MALAY HERBS</i>	
N2A1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Ajen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2A2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Don't know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2A3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2A4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness <u>and</u> treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2A5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod I / <i>Please refer Code I</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complcmntary treatmct</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod I / <i>Please refer Code I</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complcmntary treatmct</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
<p>5. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complcmntary treatmct</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>		

MODUL B : PERUBATAN TRADISIONAL MELAYU – URUT MELAYU TRADITIONAL MALAY MEDICINE – MALAY MASSAGE	
N2B1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kodai pengamal pcrubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state _____</i>
N2B2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM _____</i> 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2B3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM _____</i></p>
N2B4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the repondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness <u>and</u> treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2B5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	

MODUL C : PERUBATAN TRADISIONAL MELAYU – BEKAM MELAYU TRADITIONAL MALAY MEDICINE – MALAY CUPPING	
N2C1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farnasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2C2	<p>Berapakah <u>jumlah keseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Don't know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma / <i>Free</i>
N2C3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2C4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2C5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	

MODUL D : PERUBATAN TRADISIONAL CINA – HERBA CINA TRADITIONAL CHINESE MEDICINE – CHINESE HERBS	
N2D1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasilitas / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasilitas / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farnasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2D2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma / <i>Free</i>
N2D3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2D4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan dan merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2D5: Apakah jenis penyakit yang dirawat? / *What type of disease was being treated?*

1.

Sila rujuk Kod H / *Please refer Code H*

Rawatan ini dipilih sebagai _____
This treatment is as _____

- 1 Rawatan utama. / *Primary treatment*
- 2 Rawatan sampingan.
Complementary treatment
- 3 Rawatan alternatif. / *Alternative treatment.*

3.

Sila rujuk Kod H / *Please refer Code H*

Rawatan ini dipilih sebagai _____
This treatment is as _____

- 1 Rawatan utama. / *Primary treatment*
- 2 Rawatan sampingan.
Complementary treatment
- 3 Rawatan alternatif. / *Alternative treatment.*

3.

Sila rujuk Kod H / *Please refer Code H*

Rawatan ini dipilih sebagai _____ / *This treatment is as _____*

- 1 Rawatan utama / *Primary treatment*
- 2 Rawatan sampingan.
Complementary treatment
- 3 Rawatan alternatif / *Alternative treatment*

2.

Sila rujuk Kod H / *Please refer Code H*

Rawatan ini dipilih sebagai _____
This treatment is as _____

- 1 Rawatan utama. / *Primary treatment*
- 2 Rawatan sampingan.
Complementary treatment
- 3 Rawatan alternatif. / *Alternative treatment.*

4.

Sila rujuk Kod H / *Please refer Code H*

Rawatan ini dipilih sebagai _____
This treatment is as _____

- 1 Rawatan utama. / *Primary treatment*
- 2 Rawatan sampingan.
Complementary treatment
- 3 Rawatan alternatif. / *Alternative treatment.*

MODUL E : PERUBATAN TRADISIONAL CINA – AKUPUNTUR DAN MOKSIBUSI <i>TRADITIONAL CHINESE MEDICINE – ACUPUNCTURE AND MOXIBUSTION</i>	
N2E1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise or practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Ajen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2E2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Dont know</i> 3. Tidak Ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2F3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2F4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2C5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>		

MODUL F : PERUBATAN TRADISIONAL CINA – URUT CINA <i>TRADITIONAL CHINESE MEDICINE – CHINESES MASSAGE</i>	
N2F1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farnasi / <i>Pharmacy</i> 7. Kiosk / Ajen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2F2	<p>Berapakah <u>Jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah RM_____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2F3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2F4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the repondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness <u>and</u> treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2F5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>		

MODUL G : PERUBATAN TRADISIONAL CINA – BEKAM CINA <i>TRADITIONAL CHINESE MEDICINE – CHINESES CUPPING</i>	
N2G1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2G2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM_____ / <i>Please estimate the amount RM</i>_____ 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2G3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM_____</p> <p><i>Please estimate the amount. RM</i>_____</p>
N2G4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the repondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Plcasc answer qucstion N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness <u>and</u> treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2G5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod II / <i>Please refer Code II</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod II / <i>Please refer Code II</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	

MODUL H : PERUBATAN TRADISIONAL CINA – QI GONG CINA <i>TRADITIONAL CHINESE MEDICINE – QI GONG</i>	
N2I11	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise or practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2H2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Don't know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma / <i>Free</i>
N2H3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2H4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness <u>and</u> treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2H5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>		

MODUL I : PERUBATAN TRADISIONAL INDIA – AYURVEDA <i>TRADITIONAL INDIAN MEDICINE –AYURVEDA</i>	
N211	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. /<i>Others. Please state</i> _____
N212	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Don't know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N213	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N214	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (JIKA responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness <u>and</u> treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N21b	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complimentary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complimentary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complimentary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complimentary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complimentary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>		

MODUL J : PERUBATAN TRADISIONAL INDIA – SIDDHA / <i>TRADITIONAL INDIAN MEDICINE – SIDDHA</i>	
N2J1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari / <i>Traditional and complementary practitioner's premise or practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari / <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Agn jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2J2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma / <i>Free</i>
N2J3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? / <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2J4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) / <i>(If the repondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) / <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat pcnyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) / <i>(Please answer question N2A5)</i>

N2J5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3 <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	

MODUL K : PERUBATAN TRADISIONAL INDIA – YUNANI / <i>TRADITIONAL INDIAN MEDICINE – UNANI</i>	
N2K1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2K2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM _____</i> 2. Tidak tahu / <i>Don't know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2K3	<p>Berapakah jumlah sbcnar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM _____</i></p>
N2K4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the repondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness <u>and</u> treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2K5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	

MODUL L : PERUBATAN TRADISIONAL INDIA – YOGA DAN NATUROPATI TRADITIONAL INDIAN MEDICINE – YOGA DAN NATUROPHATY	
N2L1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Ageri jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2L2	<p>Derapakah jumlah keseluruhan yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma / <i>Free</i>
N2L3	<p>Berapakah jumlah sebenar yang anda sanggup bayar bagi satu sesi? <i>I how much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2L4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the repondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan dan merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2L5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3 <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	

MODUL M : PERUBATAN HOMEOPATI / <i>HOMEOPHATY</i>	
N2M1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Ajen jualan / <i>Kiosk / Sales agent</i> 8. Lain lain. Nyatakan. / <i>Others. Please state</i> _____
N2M2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma / <i>Free</i>
N2M3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i></p>
N2M4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the repondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness <u>and</u> treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2M5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod II / <i>Please refer Code II</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod II / <i>Please refer Code II</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif / <i>Alternative treatment</i></p>	

MODUL N : PENGUBATAN ISLAM / <i>ISLAMIC MEDICINE</i>	
N2N1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari / <i>Traditional and complementary practitioner's premise or practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari / <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2N2	<p>Berapakah jumlah keseluruhan yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Don't know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma / <i>Free</i>
N2N3	<p>Berapakah jumlah sebenar yang anda sanggup bayar bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount RM</i> _____</p>
N2N4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) / <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) / <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan dan merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) / <i>(Please answer question N2A5)</i>

N2N5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod II / <i>Please refer Code II</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	

MODUL O : PERUBATAN KOMPLIMENTARI - KIROPRAKTIK <i>COMPLEMENTARY MEDICINE - CHIROPRACTIC</i>	
N2O1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari / <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari / <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Ajen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state _____</i>
N2O2	<p>Berapakah jumlah keseluruhan yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM _____</i> 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma / <i>Free</i>
N2O3	<p>Berapakah jumlah sebenar yang anda sanggup bayar bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM _____</i></p>
N2O4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) / <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) / <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan dan merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) / <i>(Please answer question N2A5)</i>

N2O5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif / <i>Alternative treatment</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif / <i>Alternative treatment</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif / <i>Alternative treatment.</i></p>
	<p>3 <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif / <i>Alternative treatment.</i></p>	

MODUL P : PERUBATAN KOMPLIMENTARI - REFLEKSOLOGI COMPLEMENTARY MEDICINE - REFLEXOLOGY	
N2P1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Ajen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2P2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2P3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2P4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2P5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama. / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama. / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama. / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama. / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama. / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>		

MODUL Q : PERUBATAN KOMPLIMETARI – OSTEOPATI / <i>COMPLEMENTARY MEDICINE - OSTEOPHATY</i>	
N2Q1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari / <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari / <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Ajen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2Q2	<p>Berapakah jumlah keseluruhan yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? / <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma / <i>Free</i>
N2Q3	<p>Berapakah jumlah sebenar yang anda sanggup bayar bagi satu sesi? / <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____</p> <p><i>Please estimate the amount. RM</i> _____</p>
N2Q4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) / <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) / <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan dan merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) / <i>(Please answer question N2A5)</i>

N2Q5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	

MODUL R : PERUBATAN KOMPLIMETARI – URUTAN (TERAPEUTIK / SWEDISH / THAI / BALI / JAWA

/SHIATSU) / *COMPLEMENTARY MEDICINE – MASSAGE (THERAPEUTIC / SWEDISH / THAI /*

N2R1 Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). /

Where do you normally receive the service from? (Choose only one answer)

1. Fasiliti / pengamal kesihatan kerajaan / *Government health facility / practitioner*
2. Fasiliti / pengamal kesihatan kesihatan swasta / *Private health facility / practitioner*
3. Kedai pengamal perubatan tradisional dan komplementari
Traditional and complementary practitioner's premise of practice
4. Rumah pengamal perubatan tradisional dan komplementari

N2R2 Berapakah jumlah keseluruhan yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? *What was the total amount that you paid for the service in the last 6 months*

1. Sila anggarkan jumlah. RM _____ / *Please estimate the amount RM _____*
2. Tidak tahu / *Dont know*

N2R3 Berapakah jumlah sebenar yang anda sanggup bayar bagi satu sesi?

How much you are willing to pay for one session?

N2R4 Apakah tujuan perkhidmatan tersebut digunakan? / *What is the purpose of using the treatment / medication?*

1. Untuk kesejahteraan kesihatan / *For wellness*
(Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2)
(If the respondent has used other modalities, please return to question N2)

~ *(Please answer question N2A5)* * *

N2R5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>		

MODUL 5 : PERUBATAN KOMPLIMETARI – REIKI / *COMPLEMENTARY MEDICINE – REIKI*

N2S1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farnasi / <i>Pharmacy</i> 7. Kiosk / Ajen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2S2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Don't know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2S3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2S4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2S5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod II / <i>Please refer Code II</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>		

MODUL T : PERUBATAN KOMPLIMETARI – AURA METAFIZIK <i>COMPLEMENTARY MEDICINE – METAPHYSICS AURA</i>	
N2T1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2T2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2T3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2T4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the repondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness <u>and</u> treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2T5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod II / <i>Please refer Code II</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod II / <i>Please refer Code II</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>		

MODUL U : PERUBATAN KOMPLIMENTARI – TERAPI GETARAN WARNA <i>COMPLEMENTARY MEDICINE – COLOUR VIBRATION THERAPY</i>	
N2U1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2U2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak lahu / <i>Don't know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2U3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2U4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (lika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2U5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	

MODUL V : PERUBATAN KOMPLIMENTARI – AROMATERAPI
COMPLEMENTARY MEDICINE – AROMATHERAPY

N2V1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state _____</i>
N2V2	<p>Berapakah jumlah keseluruhan yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM _____</i> 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma / <i>Free</i>
N2V3	<p>Berapakah jumlah sebenar yang anda sanggup bayar bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount RM _____</i></p>
N2V4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan dan merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2V5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	

MODUL W : PERUBATAN KOMPLIMENTARI – TERAPI NUTRISI <i>COMPLEMENTARY MEDICINE – NUTRITION THERAPY</i>	
N2W1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Ajen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2W2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM_____ / <i>Please estimate the amount RM</i>_____ 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2W3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>I how much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM_____</p> <p><i>Please estimate the amount. RM</i>_____</p>
N2W4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2W5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
<p>3. <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>		

MODUL X : PERUBATAN KOMPLIMENTARI – PRODUK SUPLEMEN <i>COMPLEMENTARY MEDICINE – SUPPLEMENT</i>	
N2X1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kcdai pengamal pcrubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal pcrubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. I ain-lain Nyatakan / <i>Others: Please state _____</i>
N2X2	<p>Derapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM_____ / <i>Please estimate the amount RM_____</i> 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2X3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM_____</p> <p><i>Please estimate the amount. RM</i></p>
N2X4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness and treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2X5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama./ <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>		

MODUL Y : PERUBATAN KOMPLIMENTARI – HIPNOTERAPI <i>COMPLEMENTARY MEDICINE – HYPNOTHERAPY</i>	
N2Y1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farnasi / <i>Pharmacy</i> 7. Kiosk / Ajen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state</i> _____
N2Y2	<p>Berapakah <u>jumlahkeseluruhan</u> yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM</i> _____ 2. Tidak tahu / <i>Dont know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma/ <i>Free</i>
N2Y3	<p>Berapakah jumlah sebenar yang anda sanggup <u>bayar</u> bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM</i> _____</p>
N2Y4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the repondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness <u>and</u> treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2Y5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	1. <input type="text"/>	2. <input type="text"/>
	Sila rujuk Kod II / <i>Please refer Code II</i>	Sila rujuk Kod II / <i>Please refer Code II</i>
	Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i>	Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i>
	1 Rawatan utama./ <i>Primary treatment</i>	1 Rawatan utama./ <i>Primary treatment</i>
	2 Rawatan sampingan. <i>Complementary treatment</i>	2 Rawatan sampingan. <i>Complementary treatment</i>
	3 Rawatan alternatif. / <i>Alternative treatment.</i>	3 Rawatan alternatif. / <i>Alternative treatment.</i>
	3. <input type="text"/>	4. <input type="text"/>
	Sila rujuk Kod II / <i>Please refer Code II</i>	Sila rujuk Kod II / <i>Please refer Code II</i>
	Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i>	Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i>
	1 Rawatan utama./ <i>Primary treatment</i>	1 Rawatan utama./ <i>Primary treatment</i>
	2 Rawatan sampingan. <i>Complementary treatment</i>	2 Rawatan sampingan. <i>Complementary treatment</i>
	3 Rawatan alternatif. / <i>Alternative treatment.</i>	3 Rawatan alternatif. / <i>Alternative treatment.</i>
	3. <input type="text"/>	
	Sila rujuk Kod H / <i>Please refer Code H</i>	
	Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i>	
	1 Rawatan utama./ <i>Primary treatment</i>	
	2 Rawatan sampingan. <i>Complementary treatment</i>	
	3 Rawatan alternatif. / <i>Alternative treatment.</i>	

MODUL Z : PERUBATAN KOMPLIMENTARI – PSIKOTERAPI <i>COMPLEMENTARY MEDICINE – PSYCHOTHERAPY</i>	
N2Z1	<p>Pada kebiasaannya, dimanakah anda mendapatkan perkhidmatan tersebut? (Pilih satu jawapan sahaja). / <i>Where do you normally receive the service from? (Choose only one answer)</i></p> <ol style="list-style-type: none"> 1. Fasiliti / pengamal kesihatan kerajaan / <i>Government health facility / practitioner</i> 2. Fasiliti / pengamal kesihatan kesihatan swasta / <i>Private health facility / practitioner</i> 3. Kedai pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's premise of practice</i> 4. Rumah pengamal perubatan tradisional dan komplementari <i>Traditional and complementary practitioner's house</i> 5. Rumah anda sendiri / <i>Your own house</i> 6. Farmasi / <i>Pharmacy</i> 7. Kiosk / Agen jualan / <i>Kiosk / Sales agent</i> 8. Lain-lain. Nyatakan. / <i>Others. Please state _____</i>
N2Z2	<p>Berapakah jumlah keseluruhan yang anda bayar untuk perkhidmatan tersebut dalam tempoh 6 bulan yang lepas? <i>What was the total amount that you paid for the service in the last 6 months</i></p> <ol style="list-style-type: none"> 1. Sila anggarkan jumlah. RM _____ / <i>Please estimate the amount RM _____</i> 2. Tidak tahu / <i>Don't know</i> 3. Tidak ingat / <i>Cannot remember</i> 4. Percuma / <i>Free</i>
N2Z3	<p>Berapakah jumlah sebenar yang anda sanggup bayar bagi satu sesi? <i>How much you are willing to pay for one session?</i></p> <p>Sila anggarkan jumlah. RM _____ <i>Please estimate the amount. RM _____</i></p>
N2Z4	<p>Apakah tujuan perkhidmatan tersebut digunakan? / <i>What is the purpose of using the treatment / medication?</i></p> <ol style="list-style-type: none"> 1. Untuk kesejahteraan kesihatan / <i>For wellness</i> (Jika responden ada menggunakan modaliti lain, sila kembali ke soalan N2) <i>(If the respondent has used other modalities, please return to question N2)</i> 2. Untuk merawat penyakit / <i>For treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i> 3. Untuk kesejahteraan <u>dan</u> merawat penyakit / <i>For wellness <u>and</u> treatment</i> (Sila jawab soalan N2A5) <i>(Please answer question N2A5)</i>

N2Z5	Apakah jenis penyakit yang dirawat? / <i>What type of disease was being treated?</i>	
	<p>1. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>2. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
	<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama. / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>	<p>4. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ <i>This treatment is as _____</i></p> <p>1 Rawatan utama. / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>
<p>3. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sila rujuk Kod H / <i>Please refer Code H</i></p> <p>Rawatan ini dipilih sebagai _____ / <i>This treatment is as _____</i></p> <p>1 Rawatan utama / <i>Primary treatment</i> 2 Rawatan sampingan. <i>Complementary treatment</i> 3 Rawatan alternatif. / <i>Alternative treatment.</i></p>		

MODUL P : KEHILANGAN UPAYA / *DISABILITY*

KRITERIA KELAYAKAN RESPONDEN: BERUSIA 18 TAHUN DAN LEBIH					
Soalan seterusnya merujuk kepada kesukaran yang anda alami semasa melakukan aktiviti-aktiviti tertentu disebabkan oleh MASALAH KESIHATAN . / <i>The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.</i>					
		Tahap Kesukaran / <i>Level of Difficulties</i>			
		Tidak Sukar / <i>Not Difficult</i>	Agak Sukar / <i>Moderately Difficult</i>	Sangat Sukar / <i>Very Difficult</i>	Tiada Derupaya / <i>Unable</i>
1	Adakah anda mengalami kesukaran untuk melihat, walaupun memakai kacamata/kanta lekap? <i>Do you have difficulty in seeing, despite wearing spectacles / contact lenses?</i>	1	2	3	4
2	Adakah anda mendapati sukar untuk mendengar, walaupun menggunakan alat bantu pendengaran? <i>Do have difficulty in listening, despite using hearing aid?</i>	1	2	3	4
3	Adakah anda mendapati sukar untuk berjalan atau naik/turun tangga? <i>Do have difficulty in walking or going up and down stairs?</i>	1	2	3	4
4	Adakah anda mendapati sukar untuk mengingat atau menumpukan perhatian pada aktiviti harian? <i>Do you have any difficulty in remembering or paying attention/ concentrating in your daily activity?'</i>	1	2	3	4
5	Adakah anda mendapati sukar untuk menjaga diri sendiri (seperti membersihkan diri atau memakai pakaian)? <i>Do you have any difficulty in caring for yourself (such as cleaning yourself or wearing clothes)?</i>	1	2	3	4
6	Adakah anda mendapati sukar untuk berkomunikasi (contohnya memahami atau difahami oleh orang lain) disebabkan keadaan kesihatan fizikal, mental atau emosi? <i>Do you have any difficulty in communicating, (such as understanding or being understood by others) due to issues with physical, mental or emotional health?</i>	1	2	3	4

110 Borang Soal Selidik Individu Responden 13 Tahun Dan Ke Atas / *Individual Questionnaire Respondent 13 Years Old and Above*

ID :

NEGERI DP DB BP STRATA TK ISI RUMAH INDIVIDU

MODUL R : PEMERIKSAAN KLINIKAL / *CLINICAL ASSESSMENT*

Keseluruhan Modul ini perlu dijalankan dan diisi oleh Jururawat		
R2 KRITERIA KELAYAKAN: RESPONDEN 13 TAHUN DAN KEATAS <i>ELIGIBILITY CRITERIA: RESPONDENTS AGED 13 YEARS AND ABOVE</i>		
Kriteria pengecualian / <i>Exclusion criteria</i> Adakah penghuni mempunyai "kriteria pengecualian"? <i>Does respondent have "exclusion criteria"?</i>		
R2001	Wanita Mengandung <i>Pregnant women</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i>
R2002	Wanita yang baru melahirkan anak (<60 hari dari tarikh lawatan) <i>Post-natal (less than 60 days at the time of visit)</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i>
R2003	Terlantar - akibat sakit teruk/berpanjangan, kecederaan / kemalangan / <i>Bed ridden - due to chronic / prolonged</i> <i>illness, injury / accident.</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i>
R2004	Mengalami ketidakupayaan fizikal yang menghadkan kebolehan untuk berdiri dengan tegak termasuk yang memakai kerusi roda / <i>Having physical disabilities which</i> <i>can affect the normal standing Including on wheel chair.</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i>
R2005	Cacat anggota badan seperti tiada tangan atau tiada kaki, spondylosis (bengkok tulang belakang) kecuali buta, bisu dan pekak / <i>Body deformities such as no hand</i> <i>and leg, spondylosis except blind, mute and deaf</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i>
Jika 'Ya' kepada salah satu pilihan di atas, terus ke Modul R3		
R2011	Dalam 1 tahun lepas adakah anda pernah menjalani pemeriksaan berat badan dan tinggi atau obesiti? <i>In the past 1 year, have your body weight, height or obesity being measured?</i> 1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	
Keseluruhan Modul ini perlu dijalankan dan diisi oleh Jururawat		

R2021	Tarikh Pengukuran Antropometri / Anthropometric Measurement Date:		
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Hari / Day	Bulan / Month	Tahun / Year
Berat Badan / Body Weight			
R2031	Ukuran 1/ 1st Measurement	<input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> kg
R2032	Ukuran 2/ 2nd Measurement	<input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> kg
	(-6) Tidak berkaitan/ <i>Not applicable</i>		(-9) Enggan diukur/ <i>Refuse to be measured</i>
Tinggi / Height			
R2041	Ukuran 1/ 1st Measurement	<input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> cm
R2042	Ukuran 2/ 2nd Measurement	<input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> cm
	(-6) Tidak berkaitan/ <i>Not applicable</i>		(-9) Enggan diukur/ <i>Refuse to be measured</i>
Setengah depa lengan/ Half-arm span			
R2051	Ukuran 1/ 1st Measurement	<input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> cm
R2052	Ukuran 2/ 2nd Measurement	<input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> cm
	(6) Tidak berkaitan/ <i>Not applicable</i>		(9) Enggan diukur/ <i>Refuse to be measured</i>
Ukur lilit pinggang / Waist circumference			
R2051	Ukuran 1/ 1st Measurement	<input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> cm
R2052	Ukuran 2/ 2nd Measurement	<input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> cm
	(-6) Tidak berkaitan/ <i>Not applicable</i>		(-9) Enggan diukur/ <i>Refuse to be measured</i>
Ukur lilit betis/ Calf circumference			
KRITERIA KELAYAKAN: RESPONDEN BERUSIA 60 TAHUN DAN KEATAS			
ELIGIBILITY CRITERIA: RESPONDENTS AGED 60 YEARS AND ABOVE			
R2051	Ukuran 1/ 1st Measurement	<input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> cm
R2052	Ukuran 2/ 2nd Measurement	<input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> cm
	(-6) Tidak berkaitan/ <i>Not applicable</i>		(-9) Enggan diukur/ <i>Refuse to be measured</i>

ID :

NEGERI DP DB BP STRATA TK ISI RUMAH INDIVIDU

MODUL R3 : PEMERIKSAAN TEKANAN DARAH BLOOD PRESSURE MEASUREMENT

KRITERIA KELAYAKAN RESPONDEN: BERUSIA 18 TAHUN DAN LEBIH			
Bacaan tekanan darah / <i>Blood pressure reading</i>			
R3010	Sistolik / <i>Systolic</i>	1	Bacaan pertama / <i>First reading</i> <input type="text"/> <input type="text"/> <input type="text"/>
R3020	Diastolik / <i>Diastolic</i>	1	Bacaan pertama / <i>First reading</i> <input type="text"/> <input type="text"/> <input type="text"/>
R3030	Sistolik / <i>Systolic</i>	2	Bacaan kedua / <i>Second reading</i> <input type="text"/> <input type="text"/> <input type="text"/>
R3040	Diastolik / <i>Diastolic</i>	2	Bacaan kedua / <i>Second reading</i> <input type="text"/> <input type="text"/> <input type="text"/>
R3050	Sistolik / <i>Systolic</i>	3	Bacaan ketiga / <i>Third reading</i> <input type="text"/> <input type="text"/> <input type="text"/>
R3060	Diastolik / <i>Diastolic</i>	3	Bacaan ketiga / <i>Third reading</i> <input type="text"/> <input type="text"/> <input type="text"/>
(-9) Enggan diperiksa / <i>Refuse to be examined</i>			
** Bagi Modul Berikutnya, jika wanita mengandung hanya perlu lakukan Modul R5 sahaja. Jika tidak mengandung, perlu lakukan Modul R4 & R5.			

MODUL R4 : PEMERIKSAAN BLOKIMIA / BIOCHEMISTRY TEST

KRITERIA KELAYAKAN RESPONDEN : BERUSIA 18 TAHUN DAN LEBIH SERTA TIDAK MENGANDUNG	
R4010	Dalam tempoh 8 jam yang lepas, adakah anda makan dan minum selain dari air kosong? <i>During the past 8 hours have you had anything to eat or drink, other than water?</i>
	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
R4020	Paras glukosa kapilari <i>Capillary blood glucose level</i>
	1 <input type="text"/> <input type="text"/> . <input type="text"/> mmol/L (-9) Enggan diperiksa / <i>Refuse to be examined</i>
R4030	Bacaan paras kolesterol <i>Blood cholesterol level measurement</i>
	1 <input type="text"/> <input type="text"/> . <input type="text"/> mmol/L (-9) Enggan diperiksa / <i>Refuse to be examined</i>

MODUL R5 : ANEMIA; PEMERIKSAAN HEMOGLOBIN / *HAEMOGLOBIN TEST*

KRITERIA KELAYAKAN RESPONDEN : BERUSIA 15 TAHUN DAN LEBIH		
R5010	Bacaan Hemoglobin <i>Haemoglobin readings</i>	1 <input type="text"/> <input type="text"/> . <input type="text"/> g/dl (-9) Enggan diperiksa / <i>Refuse to be examined</i>

**TINJAUAN KEBANGSAAN
KESIHATAN DAN MORBIDITI 2015**
*NATIONAL HEALTH AND
MORBIDITY SURVEY 2015*

**BORANG SOAL SELIDIK INDIVIDU
INDIVIDUAL QUESTIONNAIRE**

**RESPONDEN DI BAWAH 13 TAHUN
RESPONDENT BELOW 13 YEARS OLD**



iku
INSTITUTE FOR PUBLIC HEALTH

UNTUK DIISI OLEH PENEMURAMAH

Negeri : _____

ID :
NEGERI DP DB BP STRATA TK ISI RUMAH

ID Penemuramah : **ID Jururawat :**

Keputusan : 1. Lengkap 2. Tidak Lengkap* 3. Enggan Jawab*
4. lain-lain* * Nyatakan _____

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A2	Sosiodemografi <i>Sociodemography</i>	2
A23	Pembayar Perkhidmatan Kesihatan <i>Payer For Health Services</i>	4
B1	Laporan Penyakit <i>Reported Illness</i>	6
B2	Penggunaan Kemudahan Servis Kesihatan <i>Health Services Utilization</i>	7
B3	Penjagaan Kesihatan Mulut atau Gigi <i>Dental Care</i>	11
B4	Jagaan Kesihatan Pesakit Luar <i>Out-patient Care</i>	15
Modul N	Perubatan Tradisional & Komplementari (PT&K) <i>Traditional & Complementary Medicine (T&CM)</i>	18
Modul R	Pemeriksaan Klinikal (Nutritional Status) <i>Clinical Assessment (Nutritional Status)</i>	72

MODUL A2 : SOSIODEMOGRAFI / <i>SOSIODEMOGRAPHY</i>	
A2: INDIVIDU BERUMUR DI BAWAH 13 TAHUN	
Soalan untuk diisi oleh penemuramah : Bulatkan satu jawapan sahaja	
Siapakah yang telah menjawab borang soal selidik ini?	
3. Proksi (bagi pihak ahli isirumah)	
4. Proksi dengan bantuan penterjemah	
A2100	Nama isi rumah / <i>Name of Household member</i> :
A2101	Apakah nama anda (nama proksi)? / <i>What is your name (proxy's name)?</i> :
A2102	Adakah anda (proksi) ahli isirumah ini? / <i>Are you a member of this household?</i> :
A2103	[PENEMURAMAH: Isikan No. ID Proksi] :
A2104	<p>Apakah hubungan anda dengan ... (nama ketua isirumah)? <i>What is your relationship to ... (name of the head of household)?</i></p> <ol style="list-style-type: none"> 1 Ketua isirumah / <i>Head of Household</i> 2 Suami atau isteri / <i>Spouse</i> 3 Ibubapa / <i>Parents</i> 4 Anak / <i>Child</i> 5 Datuk/ Nenek atau moyang / <i>Grand- or great-grandparents</i> 6 Cucu atau cicit / <i>Grand- or great-grandchild</i> 7 Adik-beradik / <i>Siblings</i> 8 Mertua / <i>Parent-in-law</i> 9 Menantu / <i>Son- or daughter-in-law</i> 10 Ipar Dual / <i>Brother- or sister-in-law</i> 11 Saudara-mara lain / <i>Other relatives</i> 12 Kawan / <i>Friend</i> 13 Pekerja seperti pembantu rumah, tukang kebun, pemandu, dll. / <i>Workers such as live-in housemaid / gardener / driver etc.</i> 14 Lain-lain / <i>Others</i> <p>(-7) TT (-9) EJ</p>
A2110	<p>Bila tarikh lahir anda? <i>When is your birth date?</i></p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y </p> <p>Sekiranya 'TT' tuliskan '01' untuk hari '07' untuk bulan</p>
A2111	<p>Berapa umur... ? <i>How old are... ?</i></p> <p style="text-align: center;"><input type="text"/> <input type="text"/> Tahun genap</p> <p>(-7) TT (-9) EJ</p>

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Borang Soal Selidik Individu Responden Di Bawah 13 Tahun /
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A2112	Apakah nombor kad pengenalan anda? <i>What is your identification number?</i>	No. KP Baru / <i>New IC/Mykid</i> <input type="text"/> No. Pasport / <i>Passport No.</i> <input type="text"/> No. Kad Pengenalan yang lain Tentera-Polis-Sijil Lahir-lain-lain / <i>Army-Police- Birth Cert-Others</i> <input type="text"/> Pastikan nombor pengenalan BETUL
A2120	Apakah bangsa anda? <i>What is your ethnicity?</i>	<input type="checkbox"/> Kod Lain-lain, nyatakan (-7) TT (-9) EJ Rujuk Kod B
A2130	Apakah taraf kewarganegaraan anda? <i>What is your citizenship status?</i>	1. Warganegara Malaysia / <i>Malaysian Citizen</i> 2. Permastautin tetap / <i>Permanent Resident of Malaysia</i> 3. Bukan warganegara Malaysia / <i>Non-Malaysian Citizen</i> (-7) TT (-9) EJ
A2200	Apakah tahap pendidikan tertinggi anda? <i>What is your highest education level?</i>	1. Tidak pernah bersekolah / <i>Never been to school</i> 2. Tidak habis sekolah rendah / <i>Did not complete primary school</i> 3. Tamat darjah 6 / <i>Completed standard 6</i> 10. Lain-Lain / <i>Others</i> 11. Kanak-kanak bawah / tahun / <i>Children < / years old</i> (-7) TT (-9) EJ
A2210	Adakah bekerja? <i>Are working?</i>	1. Ya 2. Tidak (-7) TT (-9) EJ
Berapakah purata pendapatan kasar anda sebulan, dari segi <i>What is your average personal gross monthly income, in terms of</i> Sekiranya TIADA pendapatan tuliskan '0'		
A2220	...pendapatan dari bekerja / gaji / upah / pensen <i>...income from work / salary / pension</i>	RM <input type="text"/> Sebulan <i>Monthly</i> (-7) TT (-9) EJ
A2221	...wang yang diterima daripada ahli isirumah lain <i>...money received from other household members</i>	RM <input type="text"/> Sebulan <i>Monthly</i> (-7) TT (-9) EJ
A2222	...wang dari sumber lain, cth daripada kutipan sewa aset, wang daripada ahli keluarga di luar isi rumah, biasiswa, kebajikan masyarakat, Baitulmal dll <i>...money from other source e.g from rented assets collection, from family member outside the household, scholarship, welfare, Baitulmal etc</i>	RM <input type="text"/> Sebulan <i>Monthly</i> (-7) TT (-9) EJ

A23	PEMBAYAR PERKHIDMATAN KESIHATAN PAYER FOR HEALTH SERVICES	
<p>Saya akan tanya mengenai perlindungan insurans kesihatan. 'Perlindungan insurans kesihatan' bermakna seseorang itu ada insurans yang akan bayar kos jagaan / rawatan kesihatan semasa dia sakit atau cedera.</p> <p><i>I would like to ask about health insurance coverage. 'Covered by health insurance' means that one is enrolled with an insurance organization that pays for health care costs if he or she gets sick or injured.</i></p>		
A2300	Adakah dilindungi oleh surat jaminan kerajaan atau GL untuk rawatan kesihatan? (milik sendiri atau milik ahli keluarga yang lain) <i>Are covered by any government Guarantee Letter (GL) for health care?</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2301	Adakah dilindungi oleh insurans yang dibeli oleh majikan, fasiliti panel atau lain-lain perlindungan kesihatan majikan (tidak termasuk PERKESO)? (milik sendiri atau milik ahli keluarga yang lain) <i>Are covered by any employer-sponsored insurance, panel facilities or other forms of employment coverage (excluding SOCSO)? (your own or family members' coverage)</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2302	Adakah dilindungi oleh insurans kesihatan peribadi dibeli sendiri atau oleh ahli keluarga lain? <i>Are covered by any private personal health insurance plans which you or a family member had purchased?</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
Siapa yang biasanya bayar untuk jagaan/rawatan kesihatan? <i>Who usually pays for your health care?</i>		
A2320	Kerajaan / pencen <i>Government / pensioner</i>	1. Ya / Yes 2. Tidak / No (7) TT (9) EJ
A2321	Insurans kesihatan dibeli majikan <i>Employer - provided health insurance</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2322	Insurans kesihatan peribadi <i>Personal Health Insurans</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2323	Majikan / Klinik Panel (tidak termasuk jika melibatkan potongan gaji penuh) <i>Employer / Panel Clinic (not included if there are complete salary deductions)</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2324	Sendiri / keluarga / ahli isirumah <i>Self / family / household members</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ
A2325	Lain-lain, nyatakan : _____ <i>Others, specify : _____</i>	1. Ya / Yes 2. Tidak / No (-7) TT (-9) EJ

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 Individual Questionnaire Respondent Below 13 Years Old

A2410	<p>Siapa yang biasanya tentukan samada perlu mendapatkan jagaan kesihatan? <i>Who usually decides whether need to seek care from a healthcare provider?</i></p> <p>Hanya satu jawapan dibenarkan</p>	<ol style="list-style-type: none"> 1. Suami atau isteri / <i>Spouse</i> 2. Bapa / <i>Father</i> 3. Ibu / <i>Mother</i> 4. Anak / <i>Child</i> 5. Ahli keluarga yang lebih tua / <i>An elder in the family</i> 6. Sendiri / <i>Self</i> 7. Majikan / <i>Employer</i> 8. Insurans / <i>Insurance</i> 9. Lain-lain / <i>Others</i> <p>(-7) TT (-9) EJ</p>
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B1 LAPORAN PENYAKIT / <i>REPORTED ILLNESS</i>		
<p>Dalam tempoh 2 minggu lepas, dari hingga hari ini, pernahkah anda menghadapi <i>In the last 2 weeks, from till today, did you experience ...</i></p>		
D1301	<p>Baca Kod E / <i>Read Code E</i></p> <p>... masalah kesihatan seperti berikut: <i>... any of the following health problems:</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) F.I</p>
B1302	<p>... masalah mulut atau gigi seperti sakit gigi / ngilu, gusi bengkak atau bernanah, masalah kehilangan gigi, masalah gigi palsu, pecah mulut atau mata ikan, atau sakit rahang? <i>... dental problems such as toothache or sensitive tooth, swollen gums with / without pus discharge, loss of teeth, denture problems, irregular teeth, mouth ulcers, or jaw pain?</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) F.I</p>
<p>Semak jawapan responden bagi B1301 dan B1302 Jika ada satu 'YA / Yes' ... ke B1400 Jika kedua-dua 'Tidak / No'.... ke B2</p>		
<p>Dalam tempoh 2 minggu lepas, bagi masalah di atas, adakah anda <i>In the last 2 weeks, for the above problem(s), did you ...</i></p>		
D1400	<p>.... mengubati sendiri? <i>... self medicate?</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(7) TT (9) EJ</p>
B1401	<p>Tunjuk kod F / <i>Show Code F</i></p> <p>... mendapatkan rawatan atau nasihat daripada mana-mana pengamal kesihatan? <i>... seek treatment or advice from a health care provider?</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) EJ</p>
B1402	<p>... membeli ubat dari farmasi selepas dinasihatkan oleh mana-mana ahli farmasi? <i>... purchase medicine after getting advice from a pharmacist?</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(-7) TT (-9) F.I</p>
B1403	<p>...mendapat nasihat daripada orang lain, selain dari pengamal kesihatan? <i>get advice from others, other than a health care provider?</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i></p> <p>(7) TT (9) EJ</p>
B1404	<p>...membuat sesuatu selain dari di atas? <i>...do anything else?</i></p>	<p>1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> Sila nyatakan / <i>Please specify</i> </p> <p>(-7) TT (-9) EJ</p>

Borang Soal Selidik Individu Responden Di Bawah 13 Tahun /
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B2 : PENGGUNAAN KEMUDAHAN SERVIS KESIHATAN HEALTH SERVICE UTILIZATION			
B2000		RAWATAN PESAKIT DALAM / INPATIENT CARE	
<p>Soalan seterusnya berkenaan pengalaman bermalam untuk rawatan. Bermalam untuk rawatan ialah tinggal di tempat rawatan sekurang-kurangnya satu malam untuk rawatan. Contoh tempat rawatan: hospital, klinik, hospis, rumah bersalin, tempat pengamal tradisional / alternatif (bomoh, sinseh, aryuvedik, akupunktur, dll.).</p> <p><i>The following questions are on your experience of overnight stay for treatment. Overnight stay for treatment is a stay of at least one night at place of treatment, for treatment. Place of treatment: hospitals, clinics, hospices, maternity home, premise of traditional practitioner / alternative healers ('bomoh', 'sinseh', aryuvedic, acupuncturist, etc).</i></p>			
B2100	<p>Dalam masa 12 bulan lepas, dari bulan ... 2014 hingga sekarang, pernahkah anda bermalam untuk rawatan?</p> <p><i>In the last 12 months, from... 2014 till now, have you had overnight stay for treatment?</i></p>	<p>1. Ya / Yes 2. Tidak / No Ke B3</p> <p>(-7) TT (-9) EJ</p>	
B2200	<p>Jika ya, berapa tempat telah anda pergi? (Dalam masa 12 bulan lepas)</p> <p><i>If yes, how many places did you go to? (In the past 12 months)</i></p>	<p><input type="text"/> <input type="text"/> tempat</p> <p>(-7) TT (-9) EJ</p>	
<p>Sekiranya B2200 lebih dari 3 tempat: Isikan hanya 3 tempat TERKINI. Tanya semua soalan berkenaan Tempat 1, diikuti dengan Tempat 2 dan Tempat 3.</p>			
		a. Tempat 1	b. Tempat 2
		c. Tempat 3	
B2301	<p>Apakah nama tempat?</p> <p><i>What is the name of the place?</i></p> <p>Rujuk Kod GIS</p>	<p><input type="text"/></p> <p>(-7) TT (-9) EJ</p> <p>Kod <input type="text"/></p>	<p><input type="text"/></p> <p>(-7) TT (-9) EJ</p> <p>Kod <input type="text"/></p>
B2302	<p>Apakah tempat tersebut milik kerajaan atau swasta</p> <p><i>Is that place owned by government or private</i></p>	<p>1. Kerajaan / Government 2. Swasta / Private</p> <p>(-7) TT (-9) EJ</p>	<p>1. Kerajaan / Government 2. Swasta / Private</p> <p>(-7) TT (-9) EJ</p>
B2303	<p>Berapa kali anda telah dimasukkan ke...?</p> <p><i>How many times were you admitted to ...?</i></p>	<p><input type="text"/> Kali</p> <p>(-7) TT (-9) EJ</p>	<p><input type="text"/> Kali</p> <p>(-7) TT (-9) EJ</p>

B2304	Jumlah keseluruhan hari masuk ke <i>Total days spent in ...</i>	<input type="text"/> Hari (-7) TT (-9) EJ	<input type="text"/> Hari (-7) TT (-9) EJ	<input type="text"/> Hari (-7) TT (-9) EJ
Bacakan pilihan jawapan. Lebih dari satu jawapan diterima				
		a. Tempat 1	b. Tempat 2	c. Tempat 3
B2401	Adakah anda bermalam di ... untuk ... <i>Were you admitted in ... for ...</i> 1. <i>Minor health problem</i> 2. <i>Major health problem</i> 3. <i>Minor surgery</i> 4. <i>Major surgery</i> 5. <i>Dental treatment / problems</i>	1. Masalah kesihatan ringan 2. Masalah kesihatan serius 3. Pembedahan kecil 4. Pembedahan besar 5. Rawatan pergigian (-7) TT (-9) EJ	1. Masalah kesihatan ringan 2. Masalah kesihatan serius 3. Pembedahan kecil 4. Pembedahan besar 5. Rawatan pergigian (-7) TT (-9) EJ	1. Masalah kesihatan ringan 2. Masalah kesihatan serius 3. Pembedahan kecil 4. Pembedahan besar 5. Rawatan pergigian (-7) TT (-9) EJ
Siapa bayar untuk rawatan di ? <i>Who paid for care at ?</i>				
		a. Tempat 1	b. Tempat 2	c. Tempat 3
B2501	... insuran kesihatan peribadi <i>... personal health insurance</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
B2502	... insuran kesihatan oleh majikan <i>... employer-provided health insurance</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
B2503	...majikan/klinik panel (tidak termasuk potongan gaji penuh) <i>... employer/panel clinic (not considered if there is complete salary deductions)</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
B2504	... kerajaan/pencen <i>... government/pensioner</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
B2505	... PERKESO <i>... SOCSO</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
B2506	... sendiri/ keluarga/ ahli isirumah <i>... self / family/ household members</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ

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B2507	... pengecualian bayaran ... <i>exemption of payment</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
B2508	... lain-lain, nyatakan ... <i>others, specify</i>	1. Ya / <i>Yes</i> ----- 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> ----- 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> ----- 2. Tidak / <i>No</i> (-7) TT (-9) EJ
B2509	Berapa telah anda bayar untuk rawatan di ...? (Hanya bayaran dengan wang sendiri / keluarga / ahli isirumah dan tidak termasuk bayaran balik insurans / majikan) <i>How much did you pay for your treatment in ...?</i> (Only payment made by own money / family / household member and does not include reimbursement paid by banks / employer)	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B2510	Selain dari jumlah itu, berapa anda bayar untuk beli ubat / peralatan (implant, kanta mata, dll. kerana dinasihatkan oleh pengamal kesihatan? (ubat/peralatan yang tidak disediakan oleh Tempat 1, 2 atau 3) (Hanya bayaran dengan wang sendiri / keluarga / ahli isirumah dan tidak termasuk bayaran balik insurans / majikan) <i>Other than the above total paid, how much did you spend for other medication / appliances (implants, intra-ocular lenses, etc) upon receiving advised by the health care Provider? (medications/ appliances that is not available in Tempat 1, 2 or 3)</i> (Only payment made by own money/family/ household member and does not include reimbursement paid by banks/employer)	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B2600	Bagaimana anda pergi ke? <i>How did you go to?</i> 1. Own car 2. Own motorcycle 3. Own bicycle 4. Own boat 5. Rented / public vehicle 6. Walk 7. Ambulance 8. Other	1 Kereta sendiri 2 Motosikal sendiri 3 Basikal sendiri 4 Bot sendiri 5 Kenderaan sewa atau awam 6 Jalan kaki 7 Ambulan 8 Lain-lain (-7) TT (-9) EJ	1 Kereta sendiri 2 Motosikal sendiri 3 Basikal sendiri 4 Bot sendiri 5 Kenderaan sewa atau awam 6 Jalan kaki 7 Ambulan 8 Lain-lain (-7) TT (-9) EJ	1 Kereta sendiri 2 Motosikal sendiri 3 Basikal sendiri 4 Bot sendiri 5 Kenderaan sewa atau awam 6 Jalan kaki 7 Ambulan 8 Lain-lain (-7) TT (-9) EJ

Soalan B2531 – B2533:
 - Jika pergi >1 kali untuk satu tempat: catat kos paling tinggi (bukan kos keseluruhan)
 - Jika bayar dengan benda/hadiah: minta nilai anggaran dalam - RM
 - Jika perkhidmatan percuma: tuliskan 0

		a. Tempat 1	b. Tempat 2	c. Tempat 3
B2531	...perjalanan sehalu (termasuk tambang / tol / petrol) ... one-way travel (includes fares / toll / petrol)	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B2532	... penginapan (termasuk untuk orang yang menemani) ... accommodation (includes that of accompanying person)	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B2533	... perbelanjaan lain-lain (termasuk makanan dan parkir), nyatakan: ... other expenses (includes food and parking), specify:	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B2610	Biasanya berapa lama masa perjalanan dari rumah ke ... (sehalu)? <i>How long do you usually take to travel from home to ... (one-way)?</i> Isikan 0 pada ruangan jam sekiranya kurang sejam	<input type="text"/> Jam/ <i>Hour</i> <input type="text"/> Minit/ <i>Minute</i> (-7) TT (-9) EJ	<input type="text"/> Jam/ <i>Hour</i> <input type="text"/> Minit/ <i>Minute</i> (-7) TT (-9) EJ	<input type="text"/> Jam/ <i>Hour</i> <input type="text"/> Minit/ <i>Minute</i> (-7) TT (-9) EJ
B2620	Berapakah jarak dari rumah ke? <i>What is the distance from your home to?</i> Tukarkan kepada kilometer (km) sekiranya jawapan diberi dalam batu (e.g., 1 batu = 1.6 KM)	<input type="text"/> Km (-7) TT (-9) EJ	<input type="text"/> Km (-7) TT (-9) EJ	<input type="text"/> Km (-7) TT (-9) EJ
PERINGATAN: Lengkapkan semua soalan bagi Tempat 2 dan Tempat 3 (jika ada), sebelum pergi ke B3				

B3 : PENJAGAAN KESIHATAN MULUT ATAU GIGI DENTAL CARE

B3000	RAWATAN PERGIGIAN / <i>DENTAL CARE</i>	
<p>Soalan seterusnya berkenaan rawatan pergigian sebagai pesakit luar. Contoh rawatan pergigian: pemeriksaan mulut dan gigi, dan rawatan untuk sakit gigi/ ngilu, gusi bengkak atau bemanah, masalah kehilangan gigi, masalah gigi palsu, masalah gigi tidak teratur, pecah mulut atau mata ikan, atau sakit rahang.</p> <p>Pengamal kesihatan atau tempat/perkhidmatan berkaitan: klinik pergigian, klinik pergigian di hospital, rawatan pergigian di sekolah, jabatan kecemasan, farmasi, kedai gigi, pengamal perubatan tradisional/alternatif seperti bomoh, sinseh, ayurveda, 'faith healer', atau perkhidmatan pergigian bergerak.</p> <p><i>The following questions are about outpatient dental care. Example of dental care: dental checkup, and treatment for toothache or sensitive tooth, swollen gums with/ without pus discharge, loss of teeth, denture problems, irregularly aligned teeth, mouth ulcers, or jaw pain.</i></p> <p>Health care provider or facility: dental clinics, dental clinics in hospitals, school dental care, emergency department, pharmacy, traditional/alternative medicine practitioners such as 'bomoh', 'sinseh', ayurvedic practitioner, faith healers, or mobile dental services</p>		
B3100	<p>Dalam masa 12 bulan lepas, dari bulan ... 2014 hingga sekarang, pernahkah anda mendapatkan pemeriksaan / rawatan pergigian? <i>In the last 12 months, from... 2014 till now, did you receive any dental checkup/care?</i></p> <p>Jika 'YA' terus ke B3200</p>	<p>1. Ya / Yes Ke B3200 2. Tidak / No</p> <p>(-7) TT (-9) EJ</p>
B3100 b	<p>Jika B3100 tidak, adakah anda mendapatkan rawatan di sekolah dalam masa 12 bulan lepas? <i>If B3100 no, do you received dental care in schools in the past 12 months?</i></p> <p>Soalan ini hanya perlu dijawab oleh responden berumur 5-12 tahun sahaja</p>	<p>1. Ya / Yes Ke B3200 2. Tidak / No</p> <p>(-7) TT (-9) EJ</p>
B3101	<p>Jika B3100b tidak, bila kali terakhir anda mendapatkan rawatan pergigian? <i>If B3100b no, when was the last time you received dental care?</i></p> <p>Terus ke B4 selepas soalan ini Tuliskan jawapan pada ruangan bulan/tahun.</p>	<p>..... bulan tahun (sila tulis anggaran bulan & tahun)</p> <p>5. Tidak pernah</p> <p>(-7) TT (-9) EJ</p>
B3200	<p>Jika ya, berapa tempat telah anda pergi? (Dalam masa 12 bulan lepas) <i>If yes, how many places have you been to? (in the past 12 months)</i></p>	<p><input type="text"/> <input type="text"/> Tempat</p> <p>(-7) TT (-9) EJ</p>

Sekiranya B3200 lebih dari 3 tempat: Isikan hanya 3 tempat TERKINI. Tanya semua soalan berkenaan Tempat 1, diikuti dengan Tempat 2 dan Tempat				
		a. Tempat 1	b. Tempat 2	c. Tempat 3
B3301	Apakah nama tempat? <i>What is the name of the place?</i> Rujuk Kod GIS	<input type="text"/> (-7) TT (-9) EJ Kod <input type="text"/>	<input type="text"/> (-7) TT (-9) EJ Kod <input type="text"/>	<input type="text"/> (-7) TT (-9) EJ Kod <input type="text"/>
B3302	Adakah tempat tersebut milik kerajaan atau swasta? <i>Is that place owned by government or private</i>	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> (-7) TT (-9) EJ	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> (-7) TT (-9) EJ	1. Kerajaan / <i>Government</i> 2. Swasta / <i>Private</i> (-7) TT (-9) EJ
B3303	Adakah lawatan anda ke ... berkaitan dengan masalah gigi atau mulut dalam 2 minggu yang lalu? <i>Were your visits to ... related to your dental problem in the last 2 weeks?</i> Rujuk jawapan di B1302	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
B3304	Berapa kali anda ke...? <i>How many times did you visit...?</i>	<input type="text"/> Kali (-7) TT (-9) EJ	<input type="text"/> Kali (-7) TT (-9) EJ	<input type="text"/> Kali (-7) TT (-9) EJ
B3510	Berapa telah anda bayar untuk rawatan pergigian di ...? (Hanya bayaran dengan wang sendiri / keluarga / ahli isirumah dan tidak termasuk bayaran balik insurans / majikan) <i>How much did you pay for your dental treatment in ...?</i> <i>(Only payment made by own money/family/ household member and does not include reimbursement paid by insurance/employer)</i>	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B3511	Selain dari jumlah di atas, berapa anda bayar untuk beli ubat dari tempat lain kerana dinasihatkan oleh pengamal pergigian? (Hanya bayaran dengan wang sendiri / keluarga / ahli isirumah dan tidak termasuk bayaran balik insurans / majikan)	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ

	<i>Other than the above total paid, how much did you spend for medication from outside the clinic as advised by a dental practitioner? (Only payment made by own money/ family/ household member and does not include reimbursement paid by banks/ employer)</i>			
B3600	Bagaimana anda pergi ke? How did you go to? 1. <i>Own car</i> 2. <i>Own motorcycle</i> 3. <i>Own bicycle</i> 4. <i>Own boat</i> 5. <i>Rented/public vehicle</i> 6. <i>Walk</i> 7. <i>Ambulance</i> 8. <i>Other</i> Bacakan pilihan jawapan. Boleh jawab lebih dari satu jawapan	1 Kereta sendiri 2 Motosikal sendiri 3 Basikal sendiri 4 Bot sendiri 5 Kenderaan sewa atau awam 6 Jalan kaki 7 Ambulan 8 Lain-lain (-7) TT (-9) EJ	1 Kereta sendiri 2 Motosikal sendiri 3 Basikal sendiri 4 Bot sendiri 5 Kenderaan sewa atau awam 6 Jalan kaki 7 Ambulan 8 Lain-lain (-7) TT (-9) EJ	1 Kereta sendiri 2 Motosikal sendiri 3 Basikal sendiri 4 Bot sendiri 5 Kenderaan sewa atau awam 6 Jalan kaki 7 Ambulan 8 Lain-lain (-7) TT (-9) EJ
Soalan B3531 – B3533: - Jika pergi >1 kali untuk satu tempat: catat kos paling tinggi (bukan kos keseluruhan) - Jika bayar dengan benda/hadiah: minta nilai anggaran dalam - RM - Jika perkhidmatan percuma: tuliskan 0				
Berapa jumlah anda bayar untuk pergi ke ... (sebutkan nama tempat) bagi ... ? <i>How much did you pay for the trip to ... (mention name of place) for ...?</i>				
		a. Tempat 1	b. Tempat 2	c. Tempat 3
B3531	...perjalanan sehala (termasuk tambang/ tol/ petrol) ... one-way travel (includes fares/ toll/ petrol)	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B3532	... penginapan (termasuk untuk orang yang menemani) ... accommodation (includes that of accompanying person)	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B3533	... perbelanjaan lain-lain (termasuk makanan dan parkir), nyatakan: ... other expenses (includes food and parking), specify:	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ

B3610	<p>Biasanya berapa lama masa perjalanan dari rumah ke ... (sehalu)? <i>How long do you usually take to travel from home to ... (one-way)?</i></p> <p>Isikan 0 Pada ruangan jam sekiranya kurang sejam</p>	<input type="text"/> Jam/ <i>Hour</i> <input type="text"/> Minit/ <i>Minute</i> (-7) TT (-9) EJ	<input type="text"/> Jam/ <i>Hour</i> <input type="text"/> Minit/ <i>Minute</i> (-7) TT (-9) EJ	<input type="text"/> Jam/ <i>Hour</i> <input type="text"/> Minit/ <i>Minute</i> (-7) TT (-9) EJ
B3620	<p>Berapakah jarak dari rumah ke? <i>What is the distance from your home to?</i></p> <p>Tukarkan kepada kilometer (km) sekiranya jawapan diberi dalam batu (e.g., 1 batu = 1.6 KM)</p>	<input type="text"/> Km (-7) TT (-9) EJ	<input type="text"/> Km (-7) TT (-9) EJ	<input type="text"/> Km (-7) TT (-9) EJ
<p>[PERINGATAN: Lengkapkan semua soalan bagi Tempat 2 dan Tempat 3 (jika ada), sebelum pergi ke B4]</p>				

B4 : JAGAAN KESIHATAN PESAKIT LUAR
OUT-PATIENT CARE

B4000		RAWATAN PESAKIT LUAR / <i>OUT-PATIENT CARE</i>		
<p>Soalan seterusnya berkenaan pengalaman rawatan pesakit luar. Rawatan pesakit luar adalah khidmat kesihatan yang tidak memerlukan anda bermalam untuk rawatan.</p> <p>Contoh tempat rawatan: klinik, klinik di hospital, jabatan kecemasan, pusat rawatan harian/ambulatori, farmasi, tempat pengamal tradisional/ alternatif (bomoh, sinseh, ayurveda, 'faith healer' dll) atau lawatan dari pegawai kesihatan, dll. Rawatan tidak termasuk jagaan kesihatan mulut atau gigi.</p> <p><i>The following questions are on your experience of outpatient care. Outpatient care is care that did not involve overnight stay for treatment.</i></p> <p><i>Place of treatment: clinics, clinics in a hospital, emergency department, day care or ambulatory care centers, pharmacy, premise of traditional practitioner/alternative healers ('bomoh', 'sinseh', ayurvedic practitioner, faith healers, etc) atau homevisits by health care professionals, etc.</i> Dental care (oral health care) is not included here.</p>				
B4100	<p>Dalam masa 2 minggu lepas, dari ... hingga hari ini, pernahkah anda mendapatkan jagaan kesihatan pesakit luar? / <i>In the past 2 weeks, from ... till now, did you receive any outpatient care?</i></p> <p>Jika 'TIDAK' terus ke modul seterusnya Untuk soalan B4100 tunjuk Kalendar 2015</p>	<p>1. Ya / Yes ... Ke B4200 2. Tidak / No ... terus ke modul seterusnya</p> <p>(-7) TT (-9) EJ</p>		
B4200	<p>Jika ya, berapa tempat telah anda pergi? (Dalam masa 2 minggu lepas) <i>If yes, how many places did you go to? (In the past 2 weeks)</i></p>	<p><input type="text"/> <input type="text"/> Tempat</p> <p>(-7) TT (-9) EJ</p>		
<p>Sekiranya B4200 lebih dari 3 tempat: Isikan hanya 3 tempat TERKINI Tanya semua soalan berkenaan Tempat 1, diikuti dengan Tempat 2 dan Tempat 3.</p>				
		a. Tempat 1	b. Tempat 2	c. Tempat 3
B4301	<p>Apakah nama tempat? <i>What is the name of the place?</i></p> <p>Rujuk Kod GIS</p>	<p><input type="text"/></p> <p>(-7) TT (-9) EJ</p> <p>Kod <input type="text"/></p>	<p><input type="text"/></p> <p>(-7) TT (-9) EJ</p> <p>Kod <input type="text"/></p>	<p><input type="text"/></p> <p>(-7) TT (-9) EJ</p> <p>Kod <input type="text"/></p>
B4302	<p>Adakah tempat tersebut milik kerajaan atau swasta? <i>Is that place owned by government or private</i></p>	<p>1. Kerajaan / Government 2. Swasta / Private</p> <p>(-7) TT (-9) EJ</p>	<p>1. Kerajaan / Government 2. Swasta / Private</p> <p>(-7) TT (-9) EJ</p>	<p>1. Kerajaan / Government 2. Swasta / Private</p> <p>(-7) TT (-9) EJ</p>

B4303	Adakah lawatan ke ... berkaitan dengan masalah kesihatan yang dihadapi dalam 2 minggu yang lalu? <i>Were these visits to ... related to the health problems faced in the last 2 weeks?</i> Rujuk jawapan di B1301	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i> (-7) TT (-9) EJ
B4304	Berapa kali anda ke...? <i>How many times did you visit...?</i>	<input type="text"/> Kali (-7) TT (-9) EJ	<input type="text"/> Kali (-7) TT (-9) EJ	<input type="text"/> Kali (-7) TT (-9) EJ
B4401	Adakah lawatan ke ... untuk ... <i>Were these visits to ... for ...</i> 1. <i>Minor health problem</i> 2. <i>Major health problem</i> 3. <i>Minor surgery</i> 4. <i>Major surgery</i> 5. <i>Dental treatment / problems</i> Bacakan semua pilihan jawapan Pilih 1 sebab utama	1. Masalah kesihatan ringan 2. Masalah kesihatan serius 3. Pembedahan kecil 4. Pembedahan besar 5. Rawatan pergigian (-7) TT (-9) EJ	1. Masalah kesihatan ringan 2. Masalah kesihatan serius 3. Pembedahan kecil 4. Pembedahan besar 5. Rawatan pergigian (-7) TT (-9) EJ	1. Masalah kesihatan ringan 2. Masalah kesihatan serius 3. Pembedahan kecil 4. Pembedahan besar 5. Rawatan pergigian (-7) TT (-9) EJ
B4510	Untuk kesemua lawatan, berapa jumlah yang dibayar untuk jagaan kesihatan, ubat, ujian dll? (Hanya bayaran dengan wang sendiri / keluarga / ahli isirumah dan tidak termasuk bayaran balik insurans / majikan) <i>For all visits, how much in total did you pay for health care, including consultation, medications, tests etc? (Only payment made by own money / family / household member and does not include reimbursement paid by banks / employer)</i>	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ
B4511	Selain dari jumlah yang anda bayar di atas, berapakah perbelanjaan untuk beli ubat atau peralatan dari tempat lain kerana dinasihatkan oleh pengamal kesihatan? (Hanya bayaran dengan wang sendiri / keluarga / ahli isirumah dan tidak termasuk bayaran balik insurans / majikan) <i>Apart from the total paid above, how much did you spend for medication or appliances from outside facilities upon being advised by a health practitioner? (Only payment made by own money/family/ household member and does not include reimbursement paid by banks/employer)</i>	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ	RM <input type="text"/> (-7) TT (-9) EJ

B4600	<p>Apakah jenis pengangkutan yang anda guna untuk ke? <i>What was your mode of transport when you went to?</i></p> <p>1. Own car 2. Own motorcycle 3. Own bicycle 4. Own boat 5. Rented/public vehicle 6. Walk 7. Ambulance 8. Other</p> <p>Sila bacakan pilihan jawapan. Lebih dari satu jawapan diterima</p>	<p>1 Kereta sendiri 2 Motosikal sendiri 3 Basikal sendiri 4 Bot sendiri 5 Kenderaan sewa atau awam 6 Jalan kaki 7 Ambulan 8 Lain-lain</p> <p>(-7) TT (-9) EJ</p>	<p>1 Kereta sendiri 2 Motosikal sendiri 3 Basikal sendiri 4 Bot sendiri 5 Kenderaan sewa atau awam 6 Jalan kaki 7 Ambulan 8 Lain-lain</p> <p>(-7) TT (-9) EJ</p>	<p>1 Kereta sendiri 2 Motosikal sendiri 3 Basikal sendiri 4 Bot sendiri 5 Kenderaan sewa atau awam 6 Jalan kaki 7 Ambulan 8 Lain-lain</p> <p>(-7) TT (-9) EJ</p>
<p>Soalan B4531 – B4533:</p> <p>- Jika pergi >1 kali untuk satu tempat: catat kos paling tinggi (bukan kos keseluruhan) - Jika bayar dengan benda/hadiah: minta nilai anggaran dalam -RM - Jika perkhidmatan percuma: tuliskan 0</p>				
<p>Berapa jumlah anda bayar untuk pergi ke ... (sebutkan nama tempat) bagi ... ? <i>How much did you pay for the trip to ... (mention name of place) for ...?</i></p>				
		a. Tempat 1	b. Tempat 2	c. Tempat 3
B4531	<p>...pengangkutan dan perjalanan sehalah <i>...one-way transport and travel</i></p>	<p>RM</p> <p><input type="text"/></p> <p>(-7) TT (-9) EJ</p>	<p>RM</p> <p><input type="text"/></p> <p>(-7) TT (-9) EJ</p>	<p>RM</p> <p><input type="text"/></p> <p>(-7) TT (-9) EJ</p>
B4532	<p>... penginapan (termasuk perbelanjaan bagi penjaga) <i>... accommodation (includes expenses borne by caregivers for that visit)</i></p>	<p>RM</p> <p><input type="text"/></p> <p>(-7) TT (-9) EJ</p>	<p>RM</p> <p><input type="text"/></p> <p>(-7) TT (-9) EJ</p>	<p>RM</p> <p><input type="text"/></p> <p>(-7) TT (-9) EJ</p>
B4533	<p>... perbelanjaan lain-lain (termasuk makanan dan parkir), nyatakan: <i>... other expenses (includes food and parking), specify:</i></p>	<p>RM</p> <p><input type="text"/></p> <p>.....</p> <p>(-7) TT (-9) EJ</p>	<p>RM</p> <p><input type="text"/></p> <p>.....</p> <p>(-7) TT (-9) EJ</p>	<p>RM</p> <p><input type="text"/></p> <p>.....</p> <p>(-7) TT (-9) EJ</p>
B4610	<p>Biasanya berapa lama masa perjalanan dari rumah ke ... (sehalah)? <i>How long do you usually take to travel from home to ... (one-way)?</i></p>	<p><input type="text"/> Jam/Hour <input type="text"/> Minit/Minute</p> <p>(-7) TT (-9) EJ</p>	<p><input type="text"/> Jam/Hour <input type="text"/> Minit/Minute</p> <p>(-7) TT (-9) EJ</p>	<p><input type="text"/> Jam/Hour <input type="text"/> Minit/Minute</p> <p>(-7) TT (-9) EJ</p>
B4620	<p>Berapakah jarak dari rumah ke ...? <i>What is the distance from your home to?</i></p>	<p><input type="text"/> Km</p> <p>(-7) TT (-9) EJ</p>	<p><input type="text"/> Km</p> <p>(-7) TT (-9) EJ</p>	<p><input type="text"/> Km</p> <p>(-7) TT (-9) EJ</p>

MODUL R : PEMERIKSAAN KLINIKAL (NUTRITIONAL STATUS) / MODULE R : CLINICAL ASSESSMENT (NUTRITIONAL STATUS)		
Keseluruhan Modul ini perlu dijalankan dan diisi oleh jururawat		
No Soalan <i>Question No</i>	Soalan Tapisan 1 <i>Questions & Filters</i>	Kategori Kod <i>Coding Category</i>
Kriteria pengecualian		
R1001	Terlantar - akibat sakit teruk / berpanjangan / kecederaan / kemalangan <i>Bed Ridden - due to chronic / prolonged illness / injury / accident</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i>
R1002	Cacat anggota badan kecuali buta / bisu dan pekak <i>Body deformities except blind / mute and deaf</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i>
R1003	Mengalami ketidakupayaan fizikal untuk berdiri dengan tegak termasuk yang memakai kerusi roda (untuk yang berusia 2 tahun ke atas) <i>Having physical disabilities which can affect the normal standing including on wheel chair (for respondents 2 years old and above)</i>	1. Ya / <i>Yes</i> 2. Tidak / <i>No</i>
JURURAWAT : Jika 'YA' kepada salah satu pilihan di atas, tamat Modul ini.		
R1011	Tarikh Pengukuran Antropometri / <i>Anthropometric Measurement Date</i> : <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> Hari / <i>Day</i> </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> Bulan / <i>Month</i> </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tahun / <i>Year</i> </div> </div>	
Berat Badan / <i>Body Weight</i>		
R1021	Ukuran 1 / <i>1st Measurement (kg)</i>	<input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> kg
R1022	Ukuran 2 / <i>2nd Measurement (kg)</i>	<input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> kg
(-6) Tidak Berkaitan / <i>Not Applicable</i> (-9) Enggan Ukur / <i>Refuse To Be Measure</i>		

Tinggi / <i>Height</i> Panjang / <i>Length</i>		
R1031	Ukuran 1 / <i>1st Measurement (cm)</i>	<input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> cm
R1032	Ukuran 2 / <i>2nd Measurement (cm)</i>	<input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> cm
(-6) Tidak Berkaitan / <i>Not Applicable</i> (-9) Enggan Ukur / <i>Refuse To Be Measure</i>		
JURURAWAT : Ukuran panjang hanya untuk kanak-kanak di bawah umur 2 tahun		
Ukur Lilit Pinggang / <i>Waist Circumference</i>		
R1041	Ukuran 1 / <i>1st Measurement (cm)</i>	<input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> cm
R1042	Ukuran 2 / <i>2nd Measurement (cm)</i>	<input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> cm
(-6) Tidak Berkaitan / <i>Not Applicable</i> (-9) Enggan Ukur / <i>Refuse To Be Measure</i>		

MODUL J : ALKOHOL / ALCOHOL

BAGI RESPONDEN BERUMUR 13 TAHUN KE ATAS SAHAJA

ARAHAN

1. Kertas soal-selidik ini mengandungi 13 soalan untuk **DIJAWAB DENGAN SENDIRI** responden yang berumur **13 tahun dan ke atas. SEMUA JAWAPAN ADALAH SULIT.**
2. Untuk jawapan yang dipilih, sila tandakan (√) di kotak yang disediakan. Sila pilih **SATU JAWAPAN** sahaja.
3. Bagi sesetengah jawapan yang dipilih, anda mungkin perlu melompat ke soalan yang tertentu.
 - Untuk soalan 2, tamat modul ini jika soalan ini dijawab sebagai "Tidak Pernah".
 - Untuk soalan 3 dan 4, sila teruskan ke soalan 10 jika soalan 3 dijawab sebagai "1 atau 2" dan soalan 4 dijawab sebagai "Tidak Pernah".
 - Untuk soalan 12, tamat modul jika soalan ini dijawab sebagai "Tidak/TT/EJ".
 - Jika tiada arahan khusus bagi sesuatu jawapan yang dipilih, anda dikehendaki menjawab soalan yang seterusnya (mengikut turutan nombor).
4. Jika anda mempunyai kesukaran menjawab, sila dapatkan bantuan daripada pembantu penyelidik yang ada.

INSTRUCTIONS

1. *The following questionnaire has 13 SELF-ADMINISTERED QUESTIONS to be answered by all occupants aged 13 years old and above on his / her own. ALL YOUR ANSWERS ARE CONFIDENTAL.*
2. *For the selected answers, please tick (√) in the provided boxes. Please select only ONE ANSWER.*
3. *For some of the answers chosen, you may have to skip to another question.*
 - *For question 2, end this module if the question is answered as "Never".*
 - *For question 3 and 4, please proceed to question 10 if question 3 is answered as "1 or 2" and question 4 is answered as "Never".*
 - *For question 12, end this module if question 12 is answered as "No" or "Don't know" or "Refuse to answer".*
 - *If there is no instruction for the answer chosen, simply answer the following question (in line with the number sequence).*
4. *If you encounter any problems in answering, kindly seek the assistance of any of the research assistant.*



MODUL J : ALKOHOL / ALCOHOL

ID

Negeri DP DB BP STRATA TK ISI RUMAH INDIVIDU

Sila tandakan (✓) pada kotak yang bersesuaian. Please (✓) in the appropriate box.

<p>1. Apakah jenis minuman beralkohol/arak/minuman keras yang paling kerap anda minum? <i>What type of alcoholic beverages did you most frequently consume?</i></p>	<p>Sila tandakan (✓) sekali sahaja iaitu pada minuman yang paling kerap diminum. <i>Please tick (✓) once only indicating the alcoholic beverages that is often consumed.</i></p> <p><input type="checkbox"/> Shandy <i>Shandy</i></p> <p><input type="checkbox"/> Bir ATAU Lager ATAU Ale ATAU Stout <i>Beer OR Lager OR Ale OR Stout</i></p> <p><input type="checkbox"/> Wain ATAU Cider ATAU Champagne ATAU Peri ATAU Toddy <i>Wine Or Cider OR Champagne OR Peri Or Toddy</i></p> <p><input type="checkbox"/> Tuak ATAU Tuak Kelapa ATAU Bahar ATAU Lhing ATAU Ijok <i>Tuak OR Tuak Kelapa OR Bahar OR Lhing Or Ijok</i></p> <p><input type="checkbox"/> Brandi ATAU Rum ATAU Wiski ATAU Vodka ATAU Gin ATAU Samsu ATAU Sam Cheng <i>Brandy OR Rum OR Whisky OR Vodka OR Gin Or Samsu Or Sam Cheng</i></p> <p><input type="checkbox"/> Montoku ATAU Langkau <i>Montoku OR Langkau</i></p> <p><input type="checkbox"/> Lain-lain <i>Others</i></p>
<p>2. Dalam tempoh 12 bulan yang lepas berapa kerapkah anda minum minuman beralkohol/arak/minuman keras? <i>For the past 12 months how often have you had a drink containing alcohol?</i></p>	<p><input type="checkbox"/> Tidak Pernah <i>Never</i></p> <p><input type="checkbox"/> Sekali sebulan atau kurang <i>Once a month or less</i></p> <p><input type="checkbox"/> 2-4 kali sebulan <i>2 to 4 times a month</i></p> <p><input type="checkbox"/> 2-3 kali seminggu <i>2 to 3 times a week</i></p> <p><input type="checkbox"/> 4 kali atau lebih seminggu <i>4 or more times a week</i></p>
<p>3. Kebiasaannya pada hari yang anda minum, berapa banyakkah anda minum minuman beralkohol/arak/minuman keras ?</p> <p>Jumlah pengambilan minuman beralkohol mestilah mengikut minuman alkohol seperti yang ditunjukkan dalam Kad AA.</p> <p><i>How many alcoholic beverages do you have on a typical day when you are drinking?</i></p> <p><i>The total amount of alcohol consumed should be calculated in terms of standard drink consumed per day as shown in Card AA.</i></p>	<p>Sila rujuk Kad AA / Please refer to Card AA</p> <p><input type="checkbox"/> 1 atau 2 <i>1 or 2</i></p> <p><input type="checkbox"/> 3 atau 4 <i>3 or 4</i></p> <p><input type="checkbox"/> 5 atau 6 <i>5 or 6</i></p> <p><input type="checkbox"/> 7, 8 atau 9 <i>7, 8 or 9</i></p> <p><input type="checkbox"/> 10 atau lebih <i>10 or more</i></p>
<p>4. Berapa kerap anda minum enam atau lebih minuman beralkohol pada satu masa? <i>How often do you have six or more drinks on one occasion?</i></p>	<p><input type="checkbox"/> Tidak Pernah <i>Never</i></p> <p><input type="checkbox"/> Kurang dari sekali sebulan <i>Less than once a month</i></p> <p><input type="checkbox"/> Sekali sebulan <i>Monthly</i></p> <p><input type="checkbox"/> Sekali seminggu <i>Weekly</i></p> <p><input type="checkbox"/> Setiap hari atau hampir setiap hari <i>Daily or almost daily</i></p>
<p>JIKA SOALAN 3 DI JAWAB SEBAGAI "1 ATAU 2" DAN SOALAN 4 DIJAWAB SEBAGAI "TIDAK PERNAH" TERUS KE SOALAN 10 <i>IF ANSWERED "1 OR 2" FOR QUESTION 3 AND "NEVER" TO QUESTIONS 4, PROCEED TO QUESTION 10</i></p>	



MODUL J : ALKOHOL / ALCOHOL

<p>5. Dalam tempoh 12 bulan yang lepas, berapa kerapkah anda tidak boleh berhenti minum apabila anda mula minum minuman berakohol/arak/minuman keras? <i>How often during the last 12 months have you found that you were not able to stop drinking once you had started?</i></p>	<p><input type="checkbox"/> Tidak Pernah <i>Never</i></p> <p><input type="checkbox"/> Kurang dari sekali sebulan <i>Less than once a month</i></p> <p><input type="checkbox"/> Sekali sebulan <i>Monthly</i></p> <p><input type="checkbox"/> Sekali seminggu <i>Weekly</i></p> <p><input type="checkbox"/> Setiap hari atau hampir setiap hari <i>Daily or almost daily</i></p>
<p>6. Dalam tempoh 12 bulan yang lepas, akibat dari minum minuman berakohol/arak/minuman keras berapa kerapkah anda tidak boleh melakukan apa yang biasanya anda lakukan? <i>How often during the last 12 months have you failed to do what was normally expected from you because of drinking?</i></p>	<p><input type="checkbox"/> Tidak Pernah <i>Never</i></p> <p><input type="checkbox"/> Kurang dari sekali sebulan <i>Less than once a month</i></p> <p><input type="checkbox"/> Sekali sebulan <i>Monthly</i></p> <p><input type="checkbox"/> Sekali seminggu <i>Weekly</i></p> <p><input type="checkbox"/> Setiap hari atau hampir setiap hari <i>Daily or almost daily</i></p>
<p>7. Dalam tempoh 12 bulan yang lepas, selepas sesi meminum minuman berakohol/arak/minuman keras idalam jumlah melebihi dari biasa, berapa kerapkah pada pagi esoknya anda perlu meminum minuman berakohol/arak/minuman keras sebelum memulakan hari anda? <i>How often during the last 12 months you needed a first drink in the morning to get yourself going after a heavy drinking session?</i></p>	<p><input type="checkbox"/> Tidak Pernah <i>Never</i></p> <p><input type="checkbox"/> Kurang dari sekali sebulan <i>Less than once a month</i></p> <p><input type="checkbox"/> Sekali sebulan <i>Monthly</i></p> <p><input type="checkbox"/> Sekali seminggu <i>Weekly</i></p> <p><input type="checkbox"/> Setiap hari atau hampir setiap hari <i>Daily or almost daily</i></p>
<p>8. Dalam tempoh 12 bulan yang lepas, berapa kerapkah anda rasa bersalah atau menyesal selepas minum minuman berakohol/arak/minuman keras? <i>How often during the last 12 months have you had a feeling of guilt or remorse after drinking?</i></p>	<p><input type="checkbox"/> Tidak Pernah <i>Never</i></p> <p><input type="checkbox"/> Kurang dari sekali sebulan <i>Less than once a month</i></p> <p><input type="checkbox"/> Sekali sebulan <i>Monthly</i></p> <p><input type="checkbox"/> Sekali seminggu <i>Weekly</i></p> <p><input type="checkbox"/> Setiap hari atau hampir setiap hari <i>Daily or almost daily</i></p>
<p>9. Dalam tempoh 12 bulan yang lepas, berapa kerapkah anda tidak dapat mengingati apakah yang telah berlaku malam sebelumnya disebabkan anda telah mengambil minuman berakohol/arak/minuman keras? <i>How often during the last 12 months have you been unable to remember what happened the night before because you had been drinking?</i></p>	<p><input type="checkbox"/> Tidak Pernah <i>Never</i></p> <p><input type="checkbox"/> Kurang dari sekali sebulan <i>Less than once a month</i></p> <p><input type="checkbox"/> Sekali sebulan <i>Monthly</i></p> <p><input type="checkbox"/> Sekali seminggu <i>Weekly</i></p> <p><input type="checkbox"/> Setiap hari atau hampir setiap hari <i>Daily or almost daily</i></p>



MODUL J : ALKOHOL / ALCOHOL

<p>10. Pernahkah anda atau orang lain tercedera disebabkan anda meminum minuman beralkohol/arak/minuman keras? <i>Have you or someone else been injured as a result of your drinking?</i></p>	<p><input type="checkbox"/> Tidak <i>No</i></p> <p><input type="checkbox"/> Ya, tetapi bukan dalam tempoh setahun yang lepas <i>Yes, but not in the last year</i></p> <p><input type="checkbox"/> Ya, dalam tempoh setahun yang lalu <i>Yes, during the last year</i></p>
<p>11. Pernahkah saudara atau kawan atau doktor atau anggota kesihatan mengambil berat atau mencadangkan supaya anda mengurangkan pengambilan minuman beralkohol/arak/minuman keras? <i>Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</i></p>	<p><input type="checkbox"/> Tidak <i>No</i></p> <p><input type="checkbox"/> Ya, tetapi bukan dalam tempoh setahun yang lepas <i>Yes, but not in the last year</i></p> <p><input type="checkbox"/> Ya, dalam tempoh setahun yang lalu <i>Yes, during the last year</i></p>
<p>12. Adakah anda masih mengambil minuman beralkohol/arak/minuman keras dalam masa 1 bulan yang lalu? <i>Are you still consuming alcoholic beverages in the last one month?</i></p>	<p><input type="checkbox"/> Ya <i>Yes</i></p> <p><input type="checkbox"/> Tidak <i>No</i></p> <p><input type="checkbox"/> Tidak Tahu <i>Don't Know</i></p> <p><input type="checkbox"/> Enggan Jawab <i>Refuse to answer</i></p>
<p>13. Berapa kerap anda minum enam atau lebih minuman beralkohol pada satu masa? <i>How often do you have six or more drinks on one occasion?</i></p>	<p>Sila rujuk Kad AA / <i>Please refer to Card AA</i></p> <p><input type="checkbox"/> Tidak Pernah <i>Never</i></p> <p><input type="checkbox"/> Kurang dari sekali sebulan <i>Less than once a month</i></p> <p><input type="checkbox"/> Sekali sebulan <i>Monthly</i></p> <p><input type="checkbox"/> Sekali seminggu <i>Weekly</i></p> <p><input type="checkbox"/> Setiap hari atau hampir setiap hari <i>Daily or almost daily</i></p>



MODUL J : ALKOHOL / ALCOHOL**KAD AA / CARD AA****Pilihan Jawapan / Choice of Answer**

Gambar rajah 1 menunjukkan ukuran bagi 1 minuman alkohol (1 standard drink). Sila gunakan contoh di bawah bagi menghitung jumlah minuman yang diambil dalam sehari.

Table 1 shows equivalent of 1 standard drink. Please use the examples given in the table below to calculate the total amount of drinks consumed per typical day when you are drinking.

Gambar rajah 1:1 minuman alkohol**Table 1:1 standard drink of alcoholic beverage**

 <p>320 ml (1 tin) bir 320 ml (1 tin) of beer</p> <p>Kandungan alkohol >2% & <10% Alcohol content >2% & <10%</p>	 <p>140 ml wain 140 ml of wine</p> <p>Kandungan alkohol 7% ke 15% Alcohol content 7% to 15%</p>	 <p>150 ml todii / bahar 150 ml of toddy / bahar</p> <p>Kandungan alkohol 7% ke 15% Alcohol content 7% to 15%</p>
 <p>100 ml tuak / lihing 100ml of tuak / lihing</p> <p>Kandungan alkohol 7% ke 15% Alcohol content 7% to 15%</p>	 <p>80 ml montoku 80 ml of montoku</p> <p>Kandungan alkohol >30% Alcohol content > 30%</p>	 <p>30ml langkau/samsu/brandi/wiski 30ml of langkau/samsu/brandy/ whisky</p> <p>Kandungan alkohol >30% Alcohol content > 30%</p>



MODUL J : ALKOHOL / ALCOHOL

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BAGI RESPONDEN BERUMUR 13 TAHUN KE ATAS SAHAJA

指南

1. 此调查问卷含有13道问题，供13岁以上的调查对象自己回答。所有答案都是受到保密的。
2. 对于所选的答案，请在所提供的格子打(√)。请只选1个答案。
3. 您所选的一些答案，可能需要跳到一些特定问题作答。
 - 对于问题2，如果答案是“不曾”，请结束回答此问卷。
 - 而问题3和4，如果问题3的答案是“1或2”以及问题4的答案是“不曾”，请直接到问题10。
 - 如果问题12的答案是“不是/不知道/不愿意回答”，请结束回答此问卷。
 - 如果所选的一些答案没有特别的指示，您必须回答下一道问题（请根据号码的次序）。
4. 如果您有回答的困难，请向助理调查员寻求帮助。

请在适当的格子打(√)	
1. 您经常饮用哪种酒精饮料/ 酒/ 烈性饮料？	<p>请只在您经常饮用的饮料打一次(√)。</p> <input type="checkbox"/> 仙地 <input type="checkbox"/> 啤酒 或 淡味啤酒 或 麦酒 或 黑狗啤 <input type="checkbox"/> 红酒 或 苹果酒 或 香槟 或 梨酒 或 椰花酒 <input type="checkbox"/> 椰酒 或 椰花酒 或 Bahar 或 Lihing 或 Ijok <input type="checkbox"/> 白兰地 或 兰姆酒 或 威士忌 或 伏特加酒 或 杜松子酒 或 米酒 或 Sam Cheng <input type="checkbox"/> Montoku 或 Langkau <input type="checkbox"/> 其它
2. 在过去的12个月里您喝酒精饮料/ 酒/ 烈性饮料的次数有多频繁？	<input type="checkbox"/> 不曾 <input type="checkbox"/> 1个月1次或更少 <input type="checkbox"/> 1个月2-4次 <input type="checkbox"/> 1星期2-3次 <input type="checkbox"/> 1星期4次或更多
3. 您平常喝东西时，会喝多少酒精类饮料 / 酒/ 烈性饮料？ 酒精类饮料的总分量一定要根据AA卡所列出的酒精类饮料。	<p>请参考AA卡</p> <input type="checkbox"/> 1 或 2 <input type="checkbox"/> 3 或 4 <input type="checkbox"/> 5 或 6 <input type="checkbox"/> 7,8 或 9 <input type="checkbox"/> 10 或更多



MODUL J : ALKOHOL / ALCOHOL

4. 您一次喝6杯或更多杯酒精类饮料的情况有多频繁？	<input type="checkbox"/> 不曾 <input type="checkbox"/> 1个月少于1次 <input type="checkbox"/> 1个月1次 <input type="checkbox"/> 1星期1次 <input type="checkbox"/> 每天或差不多每天
如果问题3的答案是“1 或 2”，问题4的答案是“不曾”，请直接到问题10	
5. 在过去的12个月里，您在开始喝酒精类饮料/ 酒/ 烈性饮料后就无法停止饮用的情况有多频繁	<input type="checkbox"/> 不曾 <input type="checkbox"/> 1个月少于1次 <input type="checkbox"/> 1个月1次 <input type="checkbox"/> 1 星期 1 次 <input type="checkbox"/> 每天或差不多每天
6. 在过去的12个月里，您因为喝酒精类饮料/ 酒/ 烈性饮料而无法做您平时会做的事情的情况有多频繁？	<input type="checkbox"/> 不曾 <input type="checkbox"/> 1个月少于1次 <input type="checkbox"/> 1个月1次 <input type="checkbox"/> 1 星期 1 次 <input type="checkbox"/> 每天或差不多每天
7. 在过去的12个月里，在喝了比平时更多的酒精类饮料/ 酒/ 烈性饮料后，第2天的早上您必须在喝了酒精类饮料/ 酒/ 烈性饮料后才能开始新的一天的情况有多频繁？	<input type="checkbox"/> 不曾 <input type="checkbox"/> 1个月少于1次 <input type="checkbox"/> 1个月1次 <input type="checkbox"/> 1 星期 1 次 <input type="checkbox"/> 每天或差不多每天
8. 在过去的12个月里，您在喝了酒精类饮料/ 酒/ 烈性饮料后而有罪恶感或后悔的情况有多频繁	<input type="checkbox"/> 不曾 <input type="checkbox"/> 1个月少于1次 <input type="checkbox"/> 1个月1次 <input type="checkbox"/> 1 星期 1 次 <input type="checkbox"/> 每天或差不多每天
9. 在过去的12个月里，因为喝了酒精类饮料/ 酒/ 烈性饮料，让您无法记得前晚所发生的事情的情况有多频繁	<input type="checkbox"/> 不曾 <input type="checkbox"/> 1个月少于1次 <input type="checkbox"/> 1个月1次 <input type="checkbox"/> 1 星期 1 次 <input type="checkbox"/> 每天或差不多每天
10. 您有否因为喝了酒精类饮料/ 酒/ 烈性饮料而受伤或导致他人受伤？	<input type="checkbox"/> 没有 <input type="checkbox"/> 有，不过不是在过去的1年内 <input type="checkbox"/> 有，在过去的1年内



MODUL J : ALKOHOL / ALCOHOL

11. 是否有亲戚或朋友或医生或医护人员关心或建议您减少饮用酒精类饮料/ 酒/ 烈性饮料？	<input type="checkbox"/> 没有 <input type="checkbox"/> 有，不过不是在过去的1年内 <input type="checkbox"/> 有，在过去的1年内
12. 在过去的1个月您还有饮用酒精类饮料/ 酒/ 烈性饮料吗？	<input type="checkbox"/> 有 <input type="checkbox"/> 没有 <input type="checkbox"/> 不知道 <input type="checkbox"/> 不愿意回答
13. 在过去的1个月，您一次饮用6杯或更多酒精类饮料/ 酒/ 烈性饮料的情况有多频繁？ 所饮用的酒精类饮料的分量必须根据AA卡所列出的种类。	请参考 AA 卡 <input type="checkbox"/> 不曾 <input type="checkbox"/> 1个月少于1次 <input type="checkbox"/> 1个月1次 <input type="checkbox"/> 1星期1次 <input type="checkbox"/> 每天或差不多每天



MODUL J : ALKOHOL / ALCOHOL

答案选项

图片1显示1种酒精类饮料的分量 (1种标准的饮料)。请使用以下的例子作为

测量1天的饮用分量。

图片1：1酒精类饮料

 <p>320 毫升 (1罐) 啤酒 酒精含量>2% 和 <10%</p>	 <p>140毫升红酒 酒精含量7% 至 15%</p>	 <p>150毫升椰花酒/ bahar 酒精含量7% 至 15%</p>
 <p>100毫升椰酒/ li hing 酒精含量7% 至 15%</p>	 <p>80毫升Montoku 酒精含量>30%</p>	 <p>30毫升Langkau/ 米酒/ 白兰地/ 威士忌 酒精含量>30%</p>



MODUL J : ALKOHOL / ALCOHOL

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Negeri DP DB BP STRATA TK ISI RUMAH INDIVIDU

BAGI RESPONDEN BERUMUR 13 TAHUN KE ATAS SAHAJA

கட்டளைகள்

- 13 வயதுக்கு மேற்பட்டோர், சுயமாக பதிலளிக்கக்கூடிய 13 கேள்விகளை இந்த ஆய்வு வினாத்தாள் கொண்டுள்ளது. உங்கள் பதில்கள் இரகசியமாக வைக்கப்பட்டிருக்கும்.
- தேர்ந்தெடுக்கும் பதிலுக்கு நேராக உள்ள பெட்டியில் (✓) அடையாளமிடவும். ஒரே ஒரு பதிலை மட்டும் தேர்ந்தெடுக்கவும்
- தேர்ந்தெடுக்கப்படும் ஒரு சில பதில்களுக்கு, நீங்கள் சில கேள்விகளைக் கடந்து விடையளிக்க வேண்டியிருக்கும்
 - 2-ஆவது கேள்விக்கான பதில் "அறவே இல்லை" என்பதாக இருந்தால் இந்த வினாத்தாளில் உள்ள மற்ற கேள்விகளுக்கு பதிலளிக்க வேண்டியதில்லை
 - கேள்வி 3-க்கான பதில் "1 அல்லது 2" என்பதாக இருந்து, கேள்வி 4-க்கான பதில் 'இதுவரை இல்லை' என்பதாக இருந்தால் நேரடியாக 10 ஆவது கேள்விக்குச் செல்லவும்.
 - கேள்வி எண் 12-க்கான பதில் "இல்லை/ தெரியாது / விடையளிக்க முடியாது" என்றிருந்தால் இந்த அடுத்து வரும் எந்தக் கேள்விக்கும் பதிலளிக்க வேண்டிய அவசியமில்லை.
 - தேர்ந்தெடுக்கப்படும் பதில்களுக்கு சிறப்புக் கட்டளை ஏதும் இல்லாதிருப்பின், தொடர்ந்து வரும் கேள்விக்கு நீங்கள் பதிலளிக்க வேண்டும். (எண் வரிசைப்படி)
- பதிலளிப்பதில் சிரமம் இருந்தால், அருகேயுள்ள ஆய்வு உதவியாளர்களின் உதவியை நாடுங்கள்.

தகுந்த பெட்டிக்குள் (✓) அடையாளமிடவும்.

1. நீங்கள் வழக்கமாக அருந்தும் வெறியம் கலந்த பானம் / மதுபானம் / சாராயம் எது?

வழக்கமாக நீங்கள் அருந்தும் பானத்தை மட்டுமே தேர்ந்தெடுத்து, ஒரே ஒரு முறை (✓) அடையாளமிடவும்.

- ஷேன்டி
- பீர், லாகர், ஏல் அல்லது ஸ்டௌட்
- வைன், சிடர், ஷேம்பேய்ன், பெரி அல்லது கள்
- கள், தென்னங்கள், பஹார், லிஹிங் அல்லது இஜோக்
- பிராந்தி, ரம், விஸ்கி, வோட்கா, ஜின், சம்க அல்லது சம் செங்
- மொந்தொகு அல்லது லங்காவ்
- மற்றவை

2. கடந்த 12 மாதங்களில் வெறியம் கலந்த பானம் / மதுபானம் / சாராயம் எத்தனை முறை அருந்தினீர்கள்?

- அறவே இல்லை
- மாதம் ஒருமுறை அல்லது அதற்கும் குறைவாக
- மாதத்தில் 2-4 முறை
- வாரத்தில் 2-3 முறை
- வாரத்தில் 4 முறை அல்லது அதற்கும் அதிகமாக



MODUL J : ALKOHOL / ALCOHOL

<p>3. வழக்கமாக நீங்கள் மது அருங்கும் நாட்களில் வெறியம் கலந்த பானம் / மதுபானம் / சாராயம் எந்த அளவுக்கு அருந்துவீர்கள்?</p> <p>அல்கொஹொல் பானத்தைக் குடிக்கும் அளவு, AA அட்டையில் குறிப்பிடப்பட்டுள்ள அல்கொஹொல் பானங்களுக்கு ஏற்ப இருக்க வேண்டும்.</p>	<p>AA அட்டையைக் காணவும்</p> <p><input type="checkbox"/> 1 அல்லது 2</p> <p><input type="checkbox"/> 3 அல்லது 4</p> <p><input type="checkbox"/> 5 அல்லது 6</p> <p><input type="checkbox"/> 7,8 அல்லது 9</p> <p><input type="checkbox"/> 10 அல்லது அதற்கும் அதிகமாக</p>
<p>4. ஒரே சமயத்தில் ஆறு அல்லது அதற்கும் அதிகமான வெறியம் கலந்த பானங்களை எத்தனை முறை அருந்தியிருக்கிறீர்கள்?</p>	<p><input type="checkbox"/> அறவே இல்லை</p> <p><input type="checkbox"/> மாதத்தில் 1 முறைக்கும் குறைவாக</p> <p><input type="checkbox"/> மாதத்தில் 1 முறை</p> <p><input type="checkbox"/> வாரத்தில் 1 முறை</p> <p><input type="checkbox"/> ஒவ்வொரு நாளும் அல்லது ஏறக்குறைய ஒவ்வொரு நாளும்</p>
<p>கேள்வி 3-க்கு "1" அல்லது "2" என பதிலளித்து, 4-ஆவது கேள்விக்கு "அறவே இல்லை" என பதில் தந்திருந்தால், நேரடியாக 10 ஆவது கேள்விக்குச் செல்லவும்.</p>	
<p>5. வெறியம் கலந்த பானம் / சாராயம் / மதுபானம் அருந்தத் தொடங்கி அதனை நிறுத்த முடியாமற்போனது கடந்த 12 மாதங்களில் எத்தனை முறை?</p>	<p><input type="checkbox"/> அறவே இல்லை</p> <p><input type="checkbox"/> மாதத்தில் 1 முறைக்கும் குறைவாக</p> <p><input type="checkbox"/> மாதத்தில் 1 முறை</p> <p><input type="checkbox"/> வாரத்தில் 1 முறை</p> <p><input type="checkbox"/> ஒவ்வொரு நாளும் அல்லது ஏறக்குறைய ஒவ்வொரு நாளும்</p>
<p>6. கடந்த 12 மாதங்களில், வெறியம் / சாராயம் / மதுபானம் அருந்தத் தொடங்கியவுடன், எத்தனை முறை நீங்கள் வழக்கமாக செய்யக்கூடிய செயல்களை செய்ய முடியாமற்போயிற்று?</p>	<p><input type="checkbox"/> அறவே இல்லை</p> <p><input type="checkbox"/> மாதத்தில் 1 முறைக்கும் குறைவாக</p> <p><input type="checkbox"/> மாதத்தில் 1 முறை</p> <p><input type="checkbox"/> வாரத்தில் 1 முறை</p> <p><input type="checkbox"/> ஒவ்வொரு நாளும் அல்லது ஏறக்குறைய ஒவ்வொரு நாளும்</p>
<p>7. கடந்த 12 மாதங்களில், முதல் நாளில் அளவுக்கதிகமான வெறியம் கலந்த பானம் / சாராயம் / மதுபானம் அருந்திய பின்னர் மறுநாளைத் தொடங்கும் முன், காலையில் வெறியம் கலந்த பானம் / சாராயம் / மதுபானம் நீங்கள் குடிக்க நேர்ந்தது எத்தனை முறை?</p>	<p><input type="checkbox"/> அறவே இல்லை</p> <p><input type="checkbox"/> மாதத்தில் 1 முறைக்கும் குறைவாக</p> <p><input type="checkbox"/> மாதத்தில் 1 முறை</p> <p><input type="checkbox"/> வாரத்தில் 1 முறை</p> <p><input type="checkbox"/> ஒவ்வொரு நாளும் அல்லது ஏறக்குறைய ஒவ்வொரு நாளும்</p>



MODUL J : ALKOHOL / ALCOHOL

<p>8. வெறியம் கலந்த பானம் / சாராயம் / மதுபானம் அருந்திய பின்னர் அவ்வாறு செய்ததற்காக வருத்தப்பட்டது கடந்த 12 மாதங்களில் எத்தனை முறை?</p>	<input type="checkbox"/> அறவே இல்லை <input type="checkbox"/> மாதத்தில் 1 முறைக்கும் குறைவாக <input type="checkbox"/> மாதத்தில் 1 முறை <input type="checkbox"/> வாரத்தில் 1 முறை <input type="checkbox"/> ஒவ்வொரு நாளும் அல்லது ஏறக்குறைய ஒவ்வொரு நாளும்
<p>9. முந்தின இரவு வெறியம் கலந்த பானம் / சாராயம் / மதுபானம் குடித்த பின்னர் நடந்தது என்ன என்பதை மறந்துபோன சம்பவம் கடந்த 12 மாதங்களில் ஏற்பட்டதுண்டா?</p>	<input type="checkbox"/> அறவே இல்லை <input type="checkbox"/> மாதத்தில் 1 முறைக்கும் குறைவாக <input type="checkbox"/> மாதத்தில் 1 முறை <input type="checkbox"/> வாரத்தில் 1 முறை <input type="checkbox"/> ஒவ்வொரு நாளும் அல்லது ஏறக்குறைய ஒவ்வொரு நாளும்
<p>10. முந்தின இரவு வெறியம் கலந்த பானம் / சாராயம் / மதுபானம் குடித்த பின்னர் நடந்தது என்ன என்பதை மறந்துபோன சம்பவம் கடந்த 12 மாதங்களில் ஏற்பட்டதுண்டா?</p>	<input type="checkbox"/> இல்லை <input type="checkbox"/> ஆம், ஆனால் கடந்த ஓராண்டில் இல்லை <input type="checkbox"/> ஆம், கடந்த ஓராண்டில்
<p>11. வெறியம் கலந்த பானம் / சாராயம் / மதுபானம் அருந்துவதைக் குறைத்துக்கொள்ளுமாறு உங்கள் உறவினர், நண்பர், மருத்துவர் அல்லது சுகாதாரப் பணியாளர் வலியுறுத்தியது அல்லது பரிந்துரைத்தது உண்டா?</p>	<input type="checkbox"/> இல்லை <input type="checkbox"/> ஆம், ஆனால் கடந்த ஓராண்டில் இல்லை <input type="checkbox"/> ஆம், கடந்த ஓராண்டில்
<p>12. வெறியம் கலந்த பானம் / சாராயம் / மதுபானம் கடந்த 1 மாதத்தில் அருந்தியதுண்டா?</p>	<input type="checkbox"/> ஆம் <input type="checkbox"/> இல்லை <input type="checkbox"/> தெரியாது <input type="checkbox"/> விடையளிக்க முடியாது
<p>13. ஒரே சமயத்தில் ஆறு அல்லது அதற்கும் அதிகமான வெறியம் கலந்த பானம் / சாராயம் / மதுபானம் கடந்த ஒரு மாதத்தில் எத்தனை முறை அருந்தினீர்கள்? நீங்கள் அருந்தும் வெறியம் கலந்த பானம் அட்டை AA -யில் குறிப்பிடப்பட்டுள்ள அளவுக்குள் இருப்பது அவசியம்.</p>	<p>AA அட்டையைக் காணவும்</p> <input type="checkbox"/> அறவே இல்லை <input type="checkbox"/> மாதத்தில் 1 முறைக்கும் குறைவாக <input type="checkbox"/> மாதத்தில் 1 முறை <input type="checkbox"/> வாரத்தில் 1 முறை <input type="checkbox"/> ஒவ்வொரு நாளும் அல்லது ஏறக்குறைய ஒவ்வொரு நாளும்



MODUL J : ALKOHOL / ALCOHOL

அட்டை AA

விடைக்கான தேர்வுகள்

படம் 1, ஓர் அல்கொஹொல் பானத்துக்கான (1 standard drink) அளவைக் குறிக்கிறது. நாளொன்றுக்கு குடிக்கப்பட்ட பானங்களின் அளவைக் குறிக்க கீழ்க்கண்ட உதாரணங்களைப் பயன்படுத்தவும்.

படம் 1:1 வெறியம் கலந்த பானங்கள்

 <p>320 ml (1 டீன்) பீர்</p> <p>வெறியத்தின் அளவு >2% & <10%</p>	 <p>140 ml வைன்</p> <p>வெறியத்தின் அளவு >7% முதல் <15%</p>	 <p>150 ml கள் / பஹார்</p> <p>வெறியத்தின் அளவு >7% முதல் <15%</p>
 <p>100 ml பனங்கள் / லிஹிங்</p> <p>வெறியத்தின் அளவு 7% முதல் 15%</p>	 <p>80 ml மொந்தொகு</p> <p>வெறியத்தின் அளவு >30%</p>	 <p>30 ml லங்காவ்/சம்க/பிராந்தி/ விஸ்கி</p> <p>வெறியத்தின் அளவு >30%</p>



MODUL 5 : KESIHATAN MENTAL DEWASA / ADULT MENTAL HEALTH**BAGI RESPONDEN BERUMUR 16 TAHUN KE ATAS SAHAJA****General Health Questionnaire (GHQ-12)****PLEASE READ THIS CAREFULLY:*****BACA DENGAN CERMAT:***

We would like to know if you have had any medical complaints, and how your health has been in general, **OVER THE PAST FEW WEEKS**. Please answer ALL and select the responses which you think most nearly applies to you.

Kami ingin mengetahui sekiranya anda ada mengalami masalah kesihatan atau bagaimanakah keadaan kesihatan anda secara amnya.

REMEMBER that we want to know about present and recent complaints, not those you had in the past. It is important that you try to answer **ALL** of the questions.

PERINGATAN Kami ingin mengetahui keadaan masalah kesihatan anda yang terkini, bukan yang pernah anda alami dahulu. Adalah PENTING untuk anda menjawab semua soalan yang diberikan.

Thank you very much for your cooperation.

Terima kasih atas kerjasama yang diberikan.

Please tick (✓) in the provided boxes. Please select only **ONE ANSWER**.

*Sila tandakan (✓) di kotak yang disediakan. Sila pilih **SATU JAWAPAN** sahaja.*



ID

Negeri DP DB BP STRATA TK ISIRUMAH INDIVIDU

GENERAL HEALTH QUESTIONNAIRE

GHQ-12

SILA BACA DENGAN CERMAT:

Pihak kami ingin mengetahui samada anda mempunyai sebarang masalah perubatan, and bagaimana kesihatan anda secara umum, sejak beberapa minggu kebelakangan ini (kurang dari sebulan). Sila jawab semua soalan dan pilih jawapan yang paling hampir dengan keadaan anda sekarang.

SILA AMBIL PERHATIAN yang kami ingin mengetahui masalah terkini, dan bukannya masalah di masa lalu. Adalah sangat penting untuk anda menjawab SEMUA soalan di bawah.

Sila tandakan . Terima kasih.

PERNAHKAH BARU-BARU INI ANDA:

- 1 Boleh menumpukan perhatian kepada apa sahaja yang dibuat? Lebih baik dari biasa Sama seperti biasa Kurang dari biasa Sangat kurang dari biasa
- 2 Kekurangan tidur kerana risau? Tidak sama sekali Tidak lebih dari biasa Agak lebih dari biasa Sangat lebih dari biasa
- 3 Rasa yang anda memainkan peranan yang berguna dalam banyak perkara? Lebih dari biasa Sama seperti biasa Kurang dari biasa Sangat kurang dari biasa
- 4 Merasa mampu membuat keputusan tentang sesuatu? Lebih dari biasa Sama seperti biasa Kurang dari biasa Sangat kurang mampu
- 5 Sentiasa merasa tertekan/tegang? Tidak sama sekali Tidak lebih dari biasa Agak lebih dari biasa Sangat lebih dari biasa
- 6 Rasa yang tidak dapat mengatasi kesukaran/masalah anda? Tidak sama sekali Tidak lebih dari biasa Agak lebih dari biasa Sangat lebih dari biasa
- 7 Dapat menikmati kegiatan harian anda? Lebih dari biasa Sama seperti biasa Kurang dari biasa Sangat kurang dari biasa

- 8 Dapat mengatasi masalah-masalah anda? Lebih dari biasa Sama seperti biasa Kurang dari biasa Sangat kurang dari biasa
- 9 Merasa tidak gembira dan sedih? Tidak sama sekali Tidak lebih dari biasa Agak lebih dari biasa Sangat lebih dari biasa
- 10 Telah hilang kepercayaan pada diri anda sendiri? Tidak sama sekali Tidak lebih dari biasa Agak lebih dari biasa Sangat lebih dari biasa
- 11 Memikirkan diri anda seorang yang tidak berguna? Tidak sama sekali Tidak lebih dari biasa Agak lebih dari biasa Sangat lebih dari biasa
- 12 Rasa cukup gembira dalam segala hal yang difikirkan? Lebih baik dari biasa Sama seperti biasa Kurang dari biasa Sangat kurang dari biasa

Terima kasih atas kerjasama anda

ID

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Negeri DP DB BP STRATA TK ISRUMAH INDIVIDU

GENERAL HEALTH QUESTIONNAIRE

GHQ 12

Please read this carefully:

We should like to know if you have had any medical complaints, and how your health has been in general, *over the past few weeks*. Please answer ALL the questions simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past. It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

HAVE YOU RECENTLY:

- | | | | | | | | | | |
|----|---|--------------------------|--------------------|--------------------------|---------------------|--------------------------|------------------------|--------------------------|----------------------|
| 1 | - been able to concentrate on whatever you're doing? | <input type="checkbox"/> | Better than usual | <input type="checkbox"/> | Same as usual | <input type="checkbox"/> | Less than usual | <input type="checkbox"/> | Much less than usual |
| 2 | - lost much sleep over worry? | <input type="checkbox"/> | Not at all | <input type="checkbox"/> | No more than usual | <input type="checkbox"/> | Rather more than usual | <input type="checkbox"/> | Much more than usual |
| 3 | - felt that you are playing a useful part in things? | <input type="checkbox"/> | More so than usual | <input type="checkbox"/> | Same as usual | <input type="checkbox"/> | Less useful than usual | <input type="checkbox"/> | Much less useful |
| 4 | - felt capable of making decisions about things? | <input type="checkbox"/> | More so than usual | <input type="checkbox"/> | Same as usual | <input type="checkbox"/> | Less so than usual | <input type="checkbox"/> | Much less capable |
| 5 | - felt constantly under strain? | <input type="checkbox"/> | Not at all | <input type="checkbox"/> | No more than usual | <input type="checkbox"/> | Rather more than usual | <input type="checkbox"/> | Much more than usual |
| 6 | - felt you couldn't overcome your difficulties? | <input type="checkbox"/> | Not at all | <input type="checkbox"/> | No more than usual | <input type="checkbox"/> | Rather more than usual | <input type="checkbox"/> | Much more than usual |
| 7 | - been able to enjoy your normal day-to-day activities? | <input type="checkbox"/> | More so than usual | <input type="checkbox"/> | Same as usual | <input type="checkbox"/> | Less so than usual | <input type="checkbox"/> | Much less than usual |
| 8 | - been able to face up to your problems? | <input type="checkbox"/> | More so than usual | <input type="checkbox"/> | Same as usual | <input type="checkbox"/> | Less able than usual | <input type="checkbox"/> | Much less able |
| 9 | - been feeling unhappy and depressed? | <input type="checkbox"/> | Not at all | <input type="checkbox"/> | No more than usual | <input type="checkbox"/> | Rather more than usual | <input type="checkbox"/> | Much more than usual |
| 10 | - been losing confidence in yourself? | <input type="checkbox"/> | Not at all | <input type="checkbox"/> | No more than usual | <input type="checkbox"/> | Rather more than usual | <input type="checkbox"/> | Much more than usual |
| 11 | - been thinking of yourself as a worthless person? | <input type="checkbox"/> | Not at all | <input type="checkbox"/> | No more than usual | <input type="checkbox"/> | Rather more than usual | <input type="checkbox"/> | Much more than usual |
| 12 | - been feeling reasonably happy, all things considered? | <input type="checkbox"/> | More so than usual | <input type="checkbox"/> | About same as usual | <input type="checkbox"/> | Less so than usual | <input type="checkbox"/> | Much less than usual |

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MODUL T : KESIHATAN MENTAL KANAK-KANAK / CHILDREN'S MENTAL HEALTH

ID

Negeri DP DB BP STRATA TK ISI RUMAH INDIVIDU

வினாத்தாள்: நல்ல, தீய பண்புகள்

ஒவ்வொரு கேள்விக்கும் 'உண்மை இல்லை', 'ஓரளவுக்கு உண்மை' அல்லது 'முழு உண்மை' என்னும் விடைகளில் ஏதாவதொன்றைத் தேர்வு செய்து அதற்கான பெட்டகத்தில் குறியிடவும். விடை சரியானதுதானா என்னும் ஐயம் எழுந்தாலும், கேள்வி அறிவுபூர்வமாக இல்லையே எனத் தோன்றினாலும் பரவாயில்லை! கடந்த ஆறு மாதங்களில் உங்கள் பிள்ளையின் நல்ல, தீய பண்புகளின் அடிப்படையில் பதிலளிக்கவும்.

பிள்ளை பெயர்

பிறந்த தேதி

தேதி மாதம் ஆண்டு

பாலினம்

ஆண் பெண்

	உண்மைஇல்லை	ஓரளவுக்குஉண்மை	முழு உண்மை
பிறர் உணர்வுகளை மதித்து நடக்கும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
அமைதியாக இருக்க முடியாது, சதா ஏதாவது செய்துகொண்டே இருக்கும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
தலைவலி, வயிற்றுவலி, உடம்பு சரியில்லை என அடிக்கடி கூறும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
பொருட்களை (உணவு, பொம்மை பென்சில் போன்றவற்றை) மற்ற பிள்ளைகளுடன் மனமுவந்து பகிர்ந்துகொள்ளும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
அடிக்கடி சினமூறும் அல்லது கோபதாபத்தை வெளிப்படுத்தும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ஒரு வகையில் ஏகாந்தவாதி, தனித்து விளையாடப் பிடிக்கும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
பொதுவாகப் பிறருக்குக் கீழ்ப்படிந்திருப்பேன், பெரியவர்கள் சொன்னபடி நடப்பேன்.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
பெரும்பாலும் கவலை தோய்ந்த முகத்தோற்றத்துடன் காணப்படும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
யாருக்காவது காயம், உடல்நலம் சரியில்லை அல்லது நோய் என்றால் உதவி செய்யும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
இதனால் கூடமா ஒரு நிலையில் இருக்கமுடியாது	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
குறைந்த பட்சம் ஒரு நெருங்கிய நண்பராவது உண்டு	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
பிற பிள்ளைகளோடு சண்டையிடும் அல்லது அவர்களைத் துன்புறுத்தும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
பெரும்பாலும் கவலை, மனச்சோர்வு கொண்டிருக்கும் அல்லது கண்ணீர் வடிக்கும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
மற்ற பிள்ளைகளுக்கு இதன் மீது பிரியம்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
கவனம் எளிதில் சிதறிவிடும், மனதை ஒருமுகப்படுத்துவதில் சிரமம்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
புதிய இடம் போனால் அல்லது புதியவர்களைச் சந்தித்தால் ஒரு வித பயம், எளிதில் தன்மம்பிக்கை இழந்துவிடும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



MODUL T : KESIHATAN MENTAL KANAK-KANAK / CHILDREN'S MENTAL HEALTH

	உண்மைஇ ல்லை	ஓரளவுக்குஉ- ண்மை	முழு உண்மை
தன்னை விட வயது குறைந்த பிள்ளைகளிடம் பரிவு காட்டும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
அடிக்கடி பொய் சொல்லி ஏமாற்றும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
பெரும்பாலும் பிற பிள்ளைகளின் துன்புறுத்தலுக்கு ஆளாகும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
தானே வலியச் சென்று பிறருக்கு (பெற்றோர், ஆசிரியர், பிற குழந்தைகள் போன்றோருக்கு) உதவி புரியும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
சிந்தித்த பின்னரே செயல்படும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
வீட்டில், பள்ளிக்கூடத்தில் பிற இடங்களில் திருடும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
பிள்ளைகளைக் காட்டிலும் பெரியவர்களிடம் நன்றாக நடந்துகொள்ளும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
பயந்த சபாவம் கொண்டது	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ஒரு வேலையை முடித்துவிட்டுத்தான் மறுவேலை பார்க்கும், கவனம் சிதறாமல் வேலை பார்க்கும்	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



MODUL U : LITERASI KESIHATAN / HEALTH LITERACY**BAGI RESPONDEN BERUMUR 18 TAHUN KE ATAS SAHAJA****ARAHAN KEPADA PENEMUDUGA:
INSTRUCTION FOR INTERVIEWER:**

- a. Sila ISI "Masa Mula" dan "Masa Tamat" dalam ruangan yang disediakan.
Please FILL UP "TIME BEGIN" and "TIME END".
- b. Sila set masa maksimum selama 3 minit. Sesi perlu DITAMATKAN apabila tempoh 3 minit dicapai tanpa perlu menghabiskan keenam-enam soalan.
Please set maximum time of 3 minutes for this session. The session MUST END when maximum 3 minutes reached regardless how many question(s) were asked and answered.
- c. Sila tandakan (✓) di kotak yang disediakan dalam Ruang Untuk Kegunaan Penemuduga bagi merekod.
Please tick (✓) in the provided box under column Interviewer Use Only to record.
 - i. Kebolehan calon membaca dalam pelbagai bahasa.
Respondent ability to read in various language.
 - ii. *Bahasa yang digunakan oleh calon ketika menjawab soalan.
**Language being use by respondent to read and answer the question(s).*

**Direkod setelah masa 3 minit tamat dan calon menyerahkan borang soal selidik.
Recorded after 3 minutes reached and respondent submitted the questionnaire booklet.
- d. Sila GUGURKAN calon yang TIDAK BOLEH MEMBACA dan/atau MENJAWAB dalam Bahasa Malaysia / Bahasa Inggeris daripada sesi temu bual ini selepas maklumat "Kebolehan membaca dalam bahasa:" direkodkan.
Please EXCLUDE those who are ILLITERATE and UNABLE TO READ or ANSWER in Malay / English language from this interview session after information on his/her "Ability to read in:" being recorded.

**ARAHAN KEPADA CALON:
INSTRUCTION FOR RESPONDENT:**

- a. Calon diberi masa selama 3 minit untuk menjawab soalan-soalan berikut.
You are given 3 minutes to answers the questions(s) given.
- b. Sila BACA soalan dengan teliti sebelum menjawab.
Please READ the question(s) carefully before answer.
- c. Sila rujuk KAD PAPARAN MAKLUMAT PEMAKANAN yang mengandungi maklumat nutrisi makanan dalam 1 bekas ais krim berjenama Love bagi membantu anda mencari jawapan yang tepat.
Please refer to NUTRITION LABEL SHOWCARD on a container of a pint of ice cream brand Love's given as a guide to answer the question(s).
- d. Sila ISI jawapan dalam ruangan yang disediakan. Hanya SATU (1) jawapan diperlukan bagi setiap soalan.
Please WRITE the answer. Only ONE (1) answer is needed for each question.
- e. Calon dikehendaki BERHENTI menjawab apabila diarah berbuat demikian.
Please STOP writing when you are requested to do so.



MODUL U : LITERASI KESIHATAN / HEALTH LITERACY

ID

Negeri DP DB BP STRATA TK ISI RUMAH INDIVIDU

RUANGAN UNTUK KEGUNAAN PENEMUDUGA / INTERVIEWER USE ONLY

Kebolehan membaca dalam bahasa:

Ability to read in:

- Bahasa Malaysia / Malay Tamil / Tamil
- Bahasa Inggeris / English Mandarin/Kantonis / Mandarin/Cantonese
- Tidak boleh membaca (Buta huruf) / Unable to read (Illiterate)

Bahasa yang digunakan untuk menjawab soalan New est Vital Sign

Language being use to read and answer the question(s):

- Bahasa Malaysia / Malay Bahasa Inggeris / English

MASA MULA / TIME BEGIN :

Jam / Hour Mint / Minute

MASA TAMAT / TIME END :

Jam / Hour Mint / Minute

RUANGAN UNTUK KEGUNAAN CALON / FOR RESPONDENCE USE ONLY

1 Jika anda makan 1 bekas aiskrim ini, berapa nilai kalori yang dimakan?

How many calories will you eat if you eat the whole container?

Jawapan / Answer : kal / cal

2 Jika anda dibenarkan makan 60g karbohidrat sahaja, berapa banyak aiskrim yang boleh dimakan?

If you are advised to eat no more than 60 grams of carbohydrate for dessert, what is the maximum amount of ice cream you could have?

Jawapan / Answer : g

3 Doktor nasihatkan anda kurangkan pengambilan lemak tepu. Andaikan, setiap hari anda makan pelbagai makanan termasuk 1 hidangan aiskrim. Kesemuanya mengandungi lemak tepu yang berjumlah 42g. Jika hari ini anda tidak makan aiskrim, berapa jumlah lemak tepu yang anda ambil?

Imagine that your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42g of saturated fat each day, some of which comes from one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be eating each day?

Jawapan / Answer : g

4 Andaikan anda ambil 2,500 kilo kalori sehari. Jika anda makan 1 hidangan aiskrim, berapa peratus jumlah kalori aiskrim yang diambil?

If you usually eat 2500 calories each day, what percentage of your daily calorie (kcal) intake will you get if you eat one serving of ice cream?

Jawapan / Answer : %

5 Jika anda ada alahan terhadap sarung tangan getah, penisilin, kacang dan sengatan lebah, bolehkah anda makan aiskrim ini?

Imagine that you are allergic to the following substances: latex gloves, penicillin, peanuts and bee stings. Is it safe for you to eat this ice cream?



A Jika Boleh. Kenapa? (Nyatakan) / If Yes. Why? (Please state the reason)

Atau / Or

B Jika Tidak Boleh. Kenapa? (Nyatakan) / If No. Why not? (Please state the reason)



MODUL U : LITERASI KESIHATAN / HEALTH LITERACY

AISKRIM  (LÖVÊ)  ICECREAMMAKLUMAT PEMAKANAN *Nutrition Label*Saiz hidangan *Serving size* : ½ cawan ½ cupJumlah hidangan dalam satu (1) bekas *Serving per container* : 4 4

Purata Komposisi <i>Average composition</i>	Amaun dalam setiap hidangan <i>Amount per serving</i>
Kalori <i>Calories</i>	250 kkal
Kalori dari Lemak <i>Fat Cal</i>	120 kkal

Purata Komposisi <i>Average composition</i>	Amaun dalam setiap hidangan <i>(½ cawan) Serving per container (1/2 cup)</i>	% Saranan Nutrien Harian (RNI) % <i>Reference Nutrient Intake (RNI)</i>
Lemak <i>Fat</i>	13g	20%
• Lemak tepu <i>Saturated Fat</i>	9g	40%
Kolesterol <i>Coolestrol</i>	28mg	12%
Sodium <i>Sodium</i>	55mg	2%
Karbohidrat <i>Carbohydrate</i>	30g	12%
• Serat <i>Dietary Fiber</i>	2g	
• Gula <i>Sugar</i>	23g	
Protein <i>Protein</i>	4g	8%

GUNA SEBELUM *Used Before* 20/11/2017

RAMUAN: Susu Skim, Gula, Pepejal Susu, Kuning Telur, Minyak Kacang. Mengandungi bahan perisa (Vanila) yang dibenarkan. *Ingredients: Skim Milk, Sugar, Milkfat, Egg Yolks, Peanut Oil. Contain of permissible flavour (Vanilla).*



* Saranan pengambilan nutrient harian (RNI) berdasarkan diet 2000 kalori. Saranan pengambilan nutrient harian mungkin tinggi atau rendah bergantung kepada keperluan kalori anda. *Reference Nutrient Intake (RNI) are based on 2000 calorie diet. Your daily values may be higher or lower depending on your calorie needs*



Dikilangkan di Malaysia Untuk: *Manufactured in Malaysia for:*
ABC Sdn. Bhd. [45666-I], Jalan XYZ, Menara QQ2, Damansara, 478100 Petaling Jaya





INSTITUT KESIHATAN UMUM
KEMENTERIAN KESIHATAN MALAYSIA



BUKU KOD

.....

CODE BOOK

TINJAUAN KEBANGSAAN KESIHATAN DAN MORBIDITI 2015
NATIONAL HEALTH AND MORBIDITY SURVEY 2015

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BUKU KOD I *CODE BOOK* 1

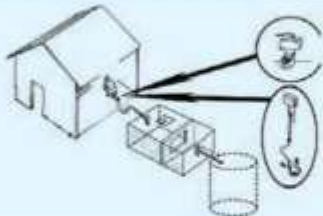
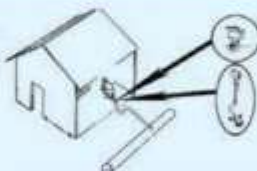
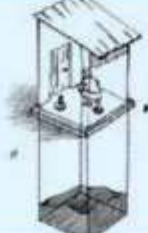
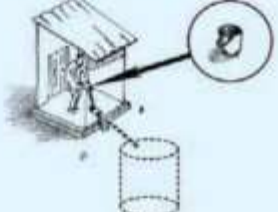




KOD A / CODE A**Hubungan dengan Ketua Isirumah/ *Relationship to Head of Household***

Kod/Code	Pilihan Jawapan/<i>Choice of Answer</i>
01	Ketua Isirumah/ <i>Head of Household</i>
02	Suami atau Isteri/ <i>Spouse</i>
03	Ibubapa/ <i>Parents</i>
04	Anak/ <i>Child</i>
05	Datuk atau nenek atau moyang/ <i>Grand- or great grandparents</i>
06	Cucu atau cicit / <i>Grand- or great grand child</i>
07	Adik-beradik/ <i>Siblings</i>
08	Mertua/ <i>Parent in law</i>
09	Menantu/ <i>Son- or Daughter in law</i>
10	Ipar Duai/ <i>Brother or sister in law</i>
11	Saudara-mara lain/ <i>Other Relatives</i>
12	Kawan/ <i>Friend</i>
13	Pekerja seperti pembantu rumah, tukang kebun, pemandu dll./ <i>Workers such as live-in housemaid, gardener, driver etc.</i>
14	Lain-lain/ <i>Others</i>

KOD B / CODE B**Bangsa/ Ethnicity**

Kod/Code	Pilihan Jawapan/Choice of Answer
01	Melayu/ <i>Malay</i>
02	Cina/ <i>Chinese</i>
03	India/ <i>Indian</i>
04	Serani
05	Iban
06	Kadazan
07	Dusun
08	Bidayuh
09	Melanau
10	Bumiputera Sabah (lain)/ <i>Other Bumiputera of Sabah</i>
11	Bumiputera Sarawak (lain)/ <i>Other Bumiputera of Sarawak</i>
12	Melayu Brunei/ <i>Brunei Malay</i>
13	Orang Asli Semenanjung/ <i>Aborigines</i>
14	Bangsa lain Asia/ <i>Other Asian</i>
15	Bangsa Eropah/ <i>European</i>
16	Bangsa Amerika (Utara/Selatan)/ <i>American (North/South)</i>
17	Bangsa Afrika/ <i>African</i>
18	Bangsa Australasia (Australia/ New Zealand)/ <i>Australasian (Australia/ New Zealand)</i>
19	Lain-lain nyatak...../ <i>Others, specify.....</i>

KOD C / CODE C**Jenis tandas/Types of toilet**

<p>1. Tandas pam yang disambung ke system kumbahan pusat/ <i>Flush toilet connected to the main sewerage system</i></p>	
	<p>2. Tandas dipam ke tangki septic/ <i>Flush toilet with septic tank</i></p>
<p>3. Tandas curah/ <i>Pour flush toilet</i></p>	
	<p>4. Tandas lubang tertutup/ <i>Covered bore hole</i></p>
<p>5. Tandas lubang tidak tertutup/ <i>Uncovered bore hole toilet</i></p>	
	<p>6. Tandas angkut/ tong/ <i>Bucket toilet (where fresh excreta are manually removed)</i></p>
<p>7. Tandas gantung terus ke sungai/ laut/ <i>Hanging latrine</i></p>	
	<p>8. Tiada kemudahan/ <i>No facilities at all</i></p>

4

BUKU KOD I *CODE BOOK*

KOD D / CODE D**Fasiliti Kesihatan Traditional / *Traditional Health Facility***

Kod/Code	Pilihan Jawapan/Choice of Answer
01	Hemeopati/ <i>Homeopathy</i>
02	Sinseh/ <i>Chinese herbalist</i>
03	Perubatan herba melayu/ <i>Malay herbal medicine</i>
04	Ayurveda
05	Tempat urut/ <i>Massage</i>
06	Tempat rawatan kiropraktik/ <i>Chiropractic treatment centre</i>
07	Bomoh/ <i>Spiritual healer</i>
08	Tempat bekam/ <i>Cupping centre</i>
09	Tempat rawatan refleksologi/ <i>Reflexology treatment centre</i>
10	Tempat rawatan resdung/ <i>Sinusitis treatment centre</i>
11	Tempat hipnoterapi/ <i>Hypnotherapy centre</i>
12	Tempat rawatan akupunktur/ <i>Acupuncture treatment centre</i>

KOD E / CODE E**Masalah Kesihatan/ Health Problem**

Kod/Code	Pilihan Jawapan/Choice of Answer
01	Demam/ <i>Fever</i>
02	Sakit tekak/ <i>Sore Throat</i>
03	Sukar untuk menelan/ <i>Difficulty in swallowing</i>
04	Selesema/ hidung tersumbat/ <i>Running nose/blocked nose</i>
05	Batuk (berkahak atau tanpa kahak)/ <i>Cough (with or without phlegm)</i>
06	Nafas berbunyi/ <i>Wheezing</i>
07	Sakit telinga/ telinga bermanah/ <i>Earache/ puss from ear(s)</i>
08	Sakit mata/radang mata/ <i>Conjunctivitis</i>
09	Sakit perut/ <i>Stomach ache</i>
10	Masalah tidak hadam/ <i>Indigestion</i>
11	Cirit birit/ <i>Diarrhoea</i>
12	Masalah kulit/ <i>Skin problem</i>
13	Sakit belakang/ <i>Backache</i>
14	Bengkak buku lali/ <i>Swollen ankle</i>
15	Kecelaruan/ <i>Confusion</i>
16	Alahan/ <i>Allergies</i>
17	Lain-lain masalah/ <i>Others</i>

KOD F / CODE F**Pengamal Kesihatan/ Healthcare Provider**

Kod/Code	Pilihan Jawapan/Choice of Answer
01	Doktor (termasuk pakar)/ <i>Medical doctor (including specialists)</i>
02	Doktor gigi/ <i>Dentist or dental surgeon</i>
03	Ahli farmasi/ <i>Pharmacist or pharmaceutical chemist</i>
04	Jururawat terlatih/ Jururawat pergigian/ <i>Registered nurse professional/Dental nurse</i>
05	Penolong pegawai perubatan/ <i>Assistant medical officer</i>
06	Bidan terlatih/ <i>Certified midwife</i>
07	Optometrist atau optician (tukang cermin mata)/ <i>Optometrist or optician</i>
08	Ahli jurupulih anggota (termasuk chiropractor atau pakar podiatri)/ <i>Physiotherapist or occupational therapist, including chiropractor and podiatrist</i>
09	Pegawai zat makanan atau dietetic/ <i>Nutritionist or dietician</i>
10	Pembantu farmasi/ <i>Pharmaceutical assistant or technician</i>
11	Jururawat masyarakat/ <i>Community nurse</i>
12	Penolong Jururawat (assistant nurse)/ <i>Nursing associate or auxiliary</i>
13	Bidan kampung/ Wakil kesihatan kampung/ <i>Midwife associate or auxiliary or traditional birth attendant</i>
14	Pengamal kesihatan tradisional/komplementari (Bomoh, Tukung urut, Dukun, Sinseh, homeopati, ayurvedik, "Faith healer" dll) / <i>Traditional/complementary medicine practitioner (Bomoh, Tukung urut, Dukun, Sinseh, homeopati, ayurvedik, Faith healer etc.)</i>

KALENDAR 2015 / CALENDAR 2015

Januari						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Februari						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Mac						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
31					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

June						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

8 BUKU KOD I *CODE BOOK*

KOD G / CODE G**Sebab UTAMA Tidak Mendapatkan Rawatan/ MAIN reason for not seeking advice or treatment**

Kod/Code	Pilihan Jawapan/Choice of Answer
01	Sedang dalam rawatan / <i>Already on treatment</i>
02	Merasakan sakit tidak teruk/serius / <i>perceived the illness is not severe/serious</i>
03	Takut kesan negatif akibat rawatan / <i>fear of negative effects of treatment</i>
04	Takut kepada pengamal kesihatan / <i>fear of healthcare provider</i>
05	Takut kepada peralatan atau rawatan / <i>fear of instrument or treatment</i>
06	Kesibukan di tempat kerja / <i>busy at work place</i>
07	Tiada pelepasan dari majikan / <i>unable to take leave from employer</i>
08	Sibuk menguruskan kerja rumah / <i>busy with household chores / home / child</i>
09	Malu berjumpa pengamal perubatan / <i>shy to see healthcare provider</i>
10	Jantina pengamal kesihatan / <i>gender preference (healthcare provider)</i>
11	Malu penyakit saya ini diketahui orang / <i>stigma</i>
12	Tidak mampu bayar untuk rawatan / <i>cannot afford to pay for the treatment</i>
13	Tiada pengangkutan / <i>no transport</i>
14	Tidak mampu bayar untuk pengangkutan / <i>cannot afford to pay for the transport</i>
15	Ubat-ubat dan peralatan di tempat jagaan kesihatan tidak mencukupi / <i>insufficient drugs or equipment at the healthcare facilities</i>
16	Pengamal kesihatan kurang mahir / <i>incompetent healthcare provider</i>
17	Pernah mendapat layanan buruk sebelum ini / <i>had bad service experience before</i>
18	Dinasihatkan supaya tidak pergi / <i>was advised not to go</i>
19	Akan pergi kemudian / <i>will go later</i>
20	Masalah kesihatan akan sembuh sendiri / <i>health problem will resolve by itself</i>
21	Mungkin hilang pendapatan / <i>might lose earning</i>
22	Tidak dapat menerima kenyataan / <i>cannot accept reality</i>
23	Masa tempat dibuka tidak sesuai / <i>operating hours of facility not suitable</i>
24	Tempat jauh / <i>Place is far</i>
25	Tidak perlukan rawatan / <i>Treatment is not required</i>
26	Tidak ada orang untuk membawa pergi / <i>no one to accompany</i>
27	Bukan kecemasan / <i>It is not an emergency</i>

KOD H / CODE H**Senarai Penyakit/ Disease List**

SISTEM KARDIOVASKULAR/ CARDIOVASCULAR SYSTEM	
001	Tekanan darah tinggi / <i>high blood pressure</i>
002	Tekanan darah rendah / <i>low blood pressure</i>
003	Sakit dada / <i>chest pain</i>
004	Sakit jantung / <i>heart disease</i>
005	Lemah jantung / <i>heart failure</i>
006	Hiperkolesterolemia / <i>hypercholesterolemia</i>

SISTEM PERNAFASAN/ RESPIRATORY SYSTEM	
007	Batuk / <i>cough</i>
008	Selesema / <i>runny nose</i>
009	Sakit tekak / <i>sore throat</i>
010	Resdung / <i>sinusitis</i>
011	Jangkitan paru-paru / <i>pneumonia</i>
012	Batuk kering / <i>Tuberculosis</i>
013	Asma, lelah / <i>asthma</i>
014	Paru-paru berair / <i>pleural effusion</i>

SISTEM PENCERNAAN/ DIGESTIVE SYSTEM	
015	Loya, muntah / <i>nausea, vomiting</i>
016	Gastrik / <i>gastritis</i>
017	Cirit-birit / <i>diarrhoea</i>
018	Sembelit / <i>constipation</i>
019	Sakit perut / <i>abdominal pain</i>
020	Radang appendiks / <i>Appendicitis</i>
021	Angin, kembung perut / <i>bloatedness</i>
022	Kecacingan / <i>worm infestation</i>

023	Buasir / <i>pile, haemorrhoid</i>
024	Ulser perut/ <i>gastric ulcer</i>

SISTEM PERKUMUHAN / EXCRETORY SYSTEM	
025	Batu karang / <i>kidney stone</i>
026	Kencing tak lawas / <i>urinary frequency</i>
027	Kencing berdarah / <i>haematuria</i>
028	Jangkitan saluran kencing / <i>urinary tract infection</i>
029	Masalah prostat / <i>prostate problem</i>
030	Masalah buah pinggang / <i>kidney disease</i>

SISTEM ENDOKRIN/ ENDOCRINE SYSTEM	
031	Kencing manis / <i>diabetes mellitus</i>
032	Penyakit thyroid / <i>thyroid disease</i>

SISTEM PEMBIAKAN/ REPRODUCTIVE SYSTEM	
033	Kemandulan / <i>infertility</i>
034	Perancang keluarga / <i>family planning</i>
035	Senggugut / <i>dysmenorrhea</i>
036	Pendarahan haid berlebihan/ <i>menorrhagia</i>
037	Fibroid/ <i>fibroid</i>
038	Keguguran / <i>miscarriage</i>
039	Mengandung / <i>pregnancy</i>
040	Penjagaan selepas bersalin/ <i>post-natal care</i>
041	Masalah penyakit kelamin / <i>sexual transmitted disease</i>

042	Angin pasang / <i>hernia</i>
043	Menopause / <i>menopause</i>
044	Haid tidak teratur / <i>irregular peroid cycle</i>
045	Tiada haid/ <i>amenorrhea</i>

067	Kemurungan / <i>Depression</i>
068	Gila / <i>Skizophrenia</i>
069	Ketegangan / <i>Stress</i>
070	Nyanyuk / <i>dementia</i>
071	Meroyan / <i>post-partum blues</i>

SISTEM MUSKULOSKELETAL / MUSCULOSKELETAL SYSTEM

046	Patah / <i>fracture</i>
047	Seliuh / <i>sprain</i>
048	Sakit sendi & otot / <i>joint pain & muscle ache</i>
049	Gout / <i>gouty arthritis</i>
050	Bengkak / <i>swelling</i>
051	Sakit belakang / <i>back pain</i>
052	Sakit belikat / <i>back pain</i>
053	Kekejangan / <i>stiffness</i>
054	Tulang reput / <i>osteoporosis</i>
055	Radang sendi / <i>arthritis</i>
056	Sakit badan, lenguh-lenguh / <i>myalgia</i>
057	Lemah anggota, badan / <i>body weakness</i>
058	Skiatika / <i>Sciatica</i>
059	Spondilosis servikal / <i>Cervical spondylosis</i>

MASALAH ANGGOTA KEPALA & LEHER / HEAD & NECK PROBLEM

072	Sakit mata / <i>eye sore</i>
073	Bengkak mata / <i>eye swelling</i>
074	Rabun/ kabur mata / <i>blurred vision</i>
075	Katarak / <i>cataract</i>
076	Ulser mulut / <i>mouth ulcer</i>
077	Masalah gigi , gusi / <i>dental problem</i>
077	Radang tonsil / <i>tonsilitis</i>
078	Hidung berdarah / <i>epistaxis</i>

MASALAH KULIT / SKIN PROBLEM

079	Kudis buta / <i>scabies</i>
080	Jerawat / <i>acne</i>
081	Panau / <i>pityriasis versicolor</i>
082	Ekzema / <i>eczema</i>
083	Psoriasis / <i>psoriasis</i>
084	Vitiligo / <i>vitiligo</i>
085	Selulitis / <i>cellulitis</i>
086	Luka kecederaan / <i>wound</i>
087	Luka terbakar / <i>burn</i>
088	Ruam / <i>rashes</i>
089	Kurap / <i>Tinea infection</i>
090	Gegata / <i>urticaria</i>
091	Bisul / <i>boils</i>
092	Parut / <i>scar</i>
093	Kusta / <i>leprosy</i>







SISTEM SARAF/ NERVOUS SYSTEM

060	Lumpuh , angin ahmar / <i>stroke</i>
061	Penyakit Parkinson / <i>Parkinson disease</i>
062	Sakit kepala / <i>headache</i>
063	Migrain / <i>migraine</i>
064	Sawan / <i>epilepsy</i>
065	Susah tidur / <i>insomnia</i>
066	Penyakit Cemas / <i>Anxiety Disorder</i>

094	Botak / <i>bald, alopecia</i>
095	Kelelumur / <i>dandruff</i>
096	Kutu / <i>lice</i>
097	Awet muda (ketegangan, pemutihan & melicinkan kulit) / <i>stay young, ageless</i>

LAIN-LAIN / OTHERS	
098	Kanser / <i>cancer</i>
099	HIV / <i>AIDS</i>
100	Radang hati / <i>hepatitis</i>
101	Penyakit autoimmune (SLE/RA) / <i>autoimmune diseases</i>
102	Kegemukan / <i>obesity</i>
103	Ketagihan (rokok, alkohol, dadah) / <i>substance abuse (smoking, alcohol, drug)</i>
104	Gangguan spiritual (sihir, santau, gangguan mahluk halus) / <i>Spiritual disturbance</i>
105	Meningkatkan stamina / tenaga / <i>energy booster</i>
106	Pelangsingan badan / <i>body slimming</i>
107	Masalah pendarahan / <i>Bleeding tendency</i>
108	Demam denggi / <i>dengue fever</i>
109	Demam campak / <i>measles</i>
110	Malaria / <i>malaria</i>
111	Kuning / <i>Jaundis</i>
112	Kayap / <i>herpes Zoster</i>
113	Kesegaran & Kesejahteraan / <i>wellness</i>
114	Demam (selain demam denggi & campak) / <i>fever (other than dengue fever &measles)</i>
115	Lain-lain / <i>others</i>

Contoh Satu Hidangan Buah-buahan dan Sayur-sayuran

Jenis Makanan	1 Hidangan	Contoh
A. BUAH-BUAHAN		
Epal, pisang, limau manis, mangga, pir cina	1 biji sederhana	
Betik, tembikai, honeydew, nenas	1 potong/ 1 cawan	
Rambutan, anggur, jambu air, duku, dokong	8 biji sederhana	
Pisang Emas	2 biji	
Buah nangka	3 ulas sederhana/ 4 ulas kecil	
Durian	3 ulas	

Kismis	1 sudu besar	
B. SAYUR-SAYURAN		
SAYURAN HIJAU MENTAH/ ULAM-ULAMAN Contoh: ulam-ulaman (daun ceylom, pegaga, raja, tomato, jering, jantung pisang, tomato, kacang botor)	= 1 cawan ulam- ulaman/ sayur mentah	
SAYUR-SAYURAN LAIN, MASAK ATAU CINCANG Contoh: bayam, kobis, brokoli, sawi	= ½ cawan sayur berdaun hijau dengan batang yang boleh dimakan seperti bayam, kangkung yang dimasak ATAU = ½ cawan sayur buah yang dimasak (terung, lobak merah, labu dan tomato)	 Atau 1 senduk Atau 3 sudu makan  

Contoh Satu Gelas Air Kosong

Jenis	1 Gelas	Contoh
Gelas minuman	1gelas – 250ml	

Appendix 10:**Summary of Publicity Activities and Samples of Publicity Materials**

NO.	DATE/ TIME PERIOD	ACTIVITY DESCRIPTION
1	December 2014- March 2015	Distribution of pamphlets to every selected living quarter during house identification and tagging process by the scouts nationwide.
2	December 2014- March 2015	Distribution and placing of posters at health facilities and prominent public places at selected EBs nationwide.
3	December 2014- March 2015	Distribution and placing of banners, buntings, posters at IPH, NIH Secretariat and Ministry of Health, Putrajaya
4	December 2014- March 2015	Distribution of car stickers for all MOH vehicles used by data collection teams nationwide.
5	December 2014- March 2015	Virtual Banner on website of IPH, MOH, State Health Departments and other main government agencies.
6	December 2014- March 2015	Mailing of personal letters together with pamphlets and respondent information sheets to selected living quarters nationwide.
7	27 February 2015	Launching ceremony of NHMS 2015, followed by a press conference with Dr. Haji Tahir Bin Aris at Bukit Merah Laketown Resort, Perak.
8	February 2015	Radio Interview with Dr. Muhammad Fadhli Bin Mohd Yusoff at Nasional FM and Perak FM
9	February 2015	Telephone Interview with Dr. Muhammad Fadhli for Television Program Slot of "Selamat Pagi Malaysia" on RTM 1.
10	10 March 2015	Launching ceremony of NHMS 2015, followed by a press conference with Dr. Haji Tahir Bin Aris at Regency Rajah Court, Kuching, Sarawak.
11	April 2015	Radio Interview with Dr. Muhammad Fadhli Bin Mohd Yusoff at Salam FM and Kelantan FM
12	16 April 2015	Radio Interview by Dr. Abdul Aiman Bin Abd Ghani at TraXX FM RTM
13	22 April 2015 23 April 2015	Radio Interview by Pn.Leni Tupang at Siaran Radio Sabah
14	March-May 2015	News ticker or "crawler" on RTM 1

Samples of Publicity Materials



Car Sticker (In)



Car Sticker (Out)



Bunting

എന്തുകൊണ്ട്

- രോഗരഹിതമായ ജീവനുള്ള കിരണങ്ങൾക്ക് കൂടുതൽ പ്രാധാന്യം നൽകുന്ന അന്വേഷണ പ്രവർത്തനം ആരംഭിക്കുന്നതിനായി. ഇതരങ്ങൾ എതിർക്കുന്ന കാര്യങ്ങൾ തീർപ്പാക്കി നൽകുന്ന പദ്ധതികൾ. കൂടുതൽ കാര്യങ്ങൾ അന്വേഷണ പ്രവർത്തനം ആരംഭിക്കുന്നതിനായി.

എങ്ങനെ പങ്കെടുക്കാം?

- മരണങ്ങൾ നേരിടുന്നവർക്ക് പങ്കെടുക്കുന്നതിനായി ക്ഷണിക്കുന്നു.
- കഠിനമായ രോഗങ്ങൾക്ക് പങ്കെടുക്കുന്നതിനായി ക്ഷണിക്കുന്നു.

എങ്ങനെ പങ്കെടുക്കാം

- രോഗങ്ങൾ കാര്യങ്ങൾ അന്വേഷിക്കുന്നതിനായി ക്ഷണിക്കുന്നു.
- കഠിനമായ രോഗങ്ങൾക്ക് പങ്കെടുക്കുന്നതിനായി ക്ഷണിക്കുന്നു.
- കൂടുതൽ കാര്യങ്ങൾ അന്വേഷിക്കുന്നതിനായി ക്ഷണിക്കുന്നു.
- കൂടുതൽ കാര്യങ്ങൾ അന്വേഷിക്കുന്നതിനായി ക്ഷണിക്കുന്നു.

എങ്ങനെ പങ്കെടുക്കാം

- കഠിനമായ രോഗങ്ങൾക്ക് പങ്കെടുക്കുന്നതിനായി ക്ഷണിക്കുന്നു.

“Kerjasama Anda Amat Dihargai”
“Your Co-operation is Appreciated”
感谢您的合作
 “தங்கவாசில் ஒத்துழைப்பைப் பெரிதும் மதிக்கிறோம்”

TINJAUAN KEBANGSAAN KESIHATAN DAN MORBIDITI 2015
National Health and Morbidity Survey 2015

Untuk keterangan lanjut, sila hubungi:
 Institut Kesihatan Umum
 Kementerian Kesihatan Malaysia
 Jalan Bangsar, 50500 Kuala Lumpur
 Tel: 03-22679565 (Bilik Operasi NHMS)
 Email: ofmsa.iku@kemkes.gov.my
www.iku.gov.my

Flyer (Front)

PENGENALAN

- Bertujuan mendapatkan maklumat terkini status kesihatan dan faktor risiko bagi penyakit tidak berjangkit yang berdasarkan bukti (evidence-based) dalam perancangan dan pembangunan kesihatan di Malaysia.

PENDUDUK TERLIBAT

- 10,000 kediaman terpilih secara rawak di seluruh Malaysia.
- 40,000 orang penduduk/responden akan terlibat.

AKTIVITI TINJAUAN

- Temuramah dan pengisian Borang Soal Selidik oleh pembantu penyelidik KKM.
- Pengisian Borang Soal Selidik yang diisi sendiri oleh responden.
- Pemeriksaan klinikal.
 - Pengukuran berat dan tinggi
 - Pengukuran tekanan darah, paras gula dan kolesterol

TEMPOH TINJAUAN

- Proses pengumpulan data dijadualkan dari Mac – Jun 2015.

INTRODUCTION

- Results of the survey will give evidence-based information to the Ministry of Health on health status and risk factors for non-communicable diseases for future health planning and development in Malaysia.

POPULATION INVOLVED

- 10,000 randomly selected living quarters nation wide.
- 40,000 respondents will be involved.

SURVEY ACTIVITIES

- Interviews and filling of the questionnaire by MCH's research assistants.
- Filling of the questionnaire by the respondents (self-administered).
- Clinical examination:
 - Weight and height measurements
 - Measurement of blood pressure, glucose and cholesterol levels

SURVEY PERIOD

- Data collection process will be conducted from Mar – Jun 2015.

序言

- 国家健康与疾病率调查结果将提供数据于我国的卫生部以规划国家未来的健康计划。

参与居民

- 全马各地有一万家庭户已被抽选为访问门户。
- 一共四万名居民将会被选选。

调查活动

- 由卫生部的研究团队进行问卷调查。
- 受访者填写问卷。
- 临床检查如下:
 - 测量身高与体重
 - 测量血压、血糖和胆固醇水平。

调查期限

- 我们将会于2015年3月至6月期间到访问被选中的门户。

Flyer (Back)



Banner

Appendix 11:

Consent Form/Assent Form

RISALAH MAKLUMAT (7-17 TAHUN)

Tajuk : Tinjauan Kebangsaan Kesihatan dan Morbiditi 2015
Nama Penyelidik Utama : Dr Muhammad Fadhli Mohd Yusoff,

Apa itu kajian tinjauan ?

- Kajian tinjauan adalah satu cara untuk mendapatkan maklumat baru tentang sesuatu. Anda boleh menolak dari menyertai kajian penyelidikan ini jika anda tidak mahu.

Apakah tujuan tinjauan ini dilakukan?

- Tujuan tinjauan ini dijalankan adalah untuk memperolehi maklumat berkaitan dengan status kesihatan masyarakat di Malaysia. Maklumat yang diperolehi ini akan dikaji dan dinilai bagi meningkatkan lagi taraf perkhidmatan kesihatan di negara ini.

Apakah yang perlu saya lalui/lakukan sekiranya bersetuju untuk menyertai tinjauan ini?

- Memberi respon terhadap soalan-soalan kaji selidik yang perlu dijawab oleh anda atau Ibu Bapa/penjaga bagi pihak anda.
- Pemeriksaan kesihatan seperti tinggi, panjang (untuk kanak-kanak bawah 2 tahun) dan berat badan,

Apakah kesan sampingan yang berkemungkinan?

- Tiada

Apakah manfaatnya saya menyertai tinjauan ini?

- Tinjauan ini tidak mempunyai sebarang manfaat kesihatan apabila anda menyertai tinjauan ini. Walaubagaimanapun, segala maklumat yang diperolehi daripada tinjauan ini akan dapat membantu dalam meningkatkan lagi taraf perkhidmatan kesihatan di negara ini

Adakah ibu bapa saya tahu tentang tinjauan ini?

- Tinjauan ini telah diterangkan kepada ibubapa anda dan mereka memberi izin untuk kami meminta anda menyertai kajian ini. Anda boleh berbincang dengan mereka terlebih dahulu sebelum membuat keputusan.

Siapa yang akan melihat maklumat saya dalam tinjauan ini?

- Segala maklumat anda yang diperolehi dalam tinjauan ini akan disimpan dan dikendalikan secara sulit. Tiada sesiapa yang akan tahu kecuali penyelidik. Penyelidik tidak akan memberitahu kawan-kawan anda atau sesiapa sahaja.

Adakah saya perlu menyertai tinjauan ini?

- Anda tidak perlu menyertai kajian ini jika anda tidak mahu. Tiada sesiapa yang akan kecewa atau memarahi anda. Hanya perlu memberitahu kami jika anda tidak mahu menyertai kajian ini. Anda juga boleh mengambil masa untuk berfikir untuk menyertai tinjauan ini.

Siapakah yang perlu saya hubungi sekiranya saya mempunyai sebarang pertanyaan?

- Anda boleh bertanyakan sebarang soalan mengenai kajian ini. Jika ada sebarang soalan kelak atau soalan yang tidak boleh difikirkan sekarang, anda atau ibubapa anda boleh menghubungi ketua penyelidik, Dr Muhammad Fadhli Mohd Yusoff, Institut Kesihatan Umum, di alamat Jalan Bangsar, Kuala Lumpur di talian 03-22979400 atau mana-mana pegawai di bilik operasi di alamat yang sama atau menghubungi di talian 03-22979595.

Lain lain maklumat

- Jika anda mahu menyertai tinjauan ini, sila isi borang persetujuan. Jika anda berubah fikiran, anda boleh menarik diri pada bila-bila masa. Anda hanya perlu memberitahu penyelidik.

BORANG PERSETUJUAN RESPONDEN (7-17 TAHUN)

Tajuk kajian : Tinjauan Kebangsaan Kesihatan dan Morbiditi 2015

Dengan menandatangani di bawah, saya mengesahkan bahawa:

	Sila tandakan \checkmark di dalam kotak
1. Saya telah diberi maklumat tentang tinjauan ini dan faham segala maklumat yang diberikan.	<input type="checkbox"/>
2. Saya ada masa yang cukup untuk mempertimbangkan penyertaan saya dalam tinjauan ini. Ssemua perkara yang saya tidak faham telah dijawab.	<input type="checkbox"/>
3. Saya menyertai tinjauan secara sukarela dan boleh menarik diri pada bila-bila masa.	<input type="checkbox"/>
4. Saya mesti mengikut arahan yang berkaitan dengan penyertaan saya dalam tinjauan ini.	<input type="checkbox"/>
5. Saya faham segala maklumat peribadi dan data tinjauan ini akan dirahsiakan.	<input type="checkbox"/>
6. Saya atau ibubapa saya akan menerima satu salinan maklumat tinjauan dan borang persetujuan termaklum ini.	<input type="checkbox"/>

Subjek :

Tandatangan/ Cop Ibu Jari kiri :..... Nombor K/P atau No Surat

Beranak:.....

Nama: Tarikh:.....

Penyelidik yang mengendalikan proses menandatangani borang keizinan:

Tandatangan :..... Nombor K/P:.....

Nama: Tarikh:.....

Saksi (IBUBAPA / PENJAGA):

Tandatangan : Nombor K/P:.....

Nama : Tarikh :.....

INFORMATION SHEET (7-17 YEARS OLD)

Title : National Health and Morbidity Survey 2015

Principal Investigator : Dr Muhammad Fadhli Mohd Yusoff

What is a research survey?

- A survey is a way to find out new information about something. You do not need to participate in this survey if you don't want to.

What is the purpose of the survey?

- The purpose of this survey is to obtain the information on the health of Malaysian people. This information will be reviewed and evaluated in order to improve the health services in our country.

What will happen to you if you join the survey?

- Respond to the survey questions that have to be answered by you or your parents/ guardian on your behalf.
- Anthropometry examination, which consist of measurement of height or length (under 2 years old) and weight.

What are the potential risks and side effects of being in this survey?

- None

What are the benefits of being in this survey?

- There will be no immediate health benefits if you take part in this survey. However, the information obtained from this survey may be helpful in order to improve the health services in our country.

Do my parents know about this survey?

- This survey was explained to your parents and they give consent if you want to be in it. You can talk this over with them before you decide to join

Who will see the information collected about you?

- The information collected about you during this study will be kept safely locked up. Nobody will know it except the people doing the survey. The researchers will not tell your friends or anyone else.

Do you have to be in the survey?

- You do not have to be in the survey if you don't want to. No one will be upset or mad. If you don't want to be in this survey, you just have to tell us. It's up to you. You can also take more time to think about being in the study.

What if you have any questions?

- You can ask any questions that you may have about the survey. If you have a question later that you didn't think of now, either you can call or have your parents contact Principal Investigator, Dr Muhammad Fadhli Mohd Yusof, at the Institute for Public Health, Jalan Bangsar, Kuala Lumpur at telephone number 03-22979400 or any officers at our operational room at the same address, or by telephone number at 03-2297595.

Other information about the survey

- If you decide to be in the survey, please fill the assent form. You can change your mind and stop being part of it at any time. All you have to do is tell the person in charge.

ASSENT FORM (7-17 YEARS OLD)

Title of survey: National Health and Morbidity Survey 2015

By signing below, I certify that:

	Please tick each box
1. I have been given information about the survey and I understand the information provided in this brochure.	<input type="checkbox"/>
2. I have had sufficient time to consider my participation in this survey and was given the opportunity to ask questions that I am not understand.	<input type="checkbox"/>
3. My participation is voluntary and may withdraw from this survey at any time.	<input type="checkbox"/>
4. I must follow the researchers instructions associated with my participation in this survey.	<input type="checkbox"/>
5. I understand that all personal information and data will be ensured confidential.	<input type="checkbox"/>
6. I or my parent will receive a copy of the subject information and assent form.	<input type="checkbox"/>

Subject:

Signature/ Left thumb print :..... I/C no or Birth Certificate

no.....

Name:..... Date:.....

Researcher who conduct the process of signing the assent form:

Signature:..... I/C no:.....

Name:..... Date:.....

Witness (PARENT/ GUARDIAN):

Signature:..... I/C no:.....

Name:..... Date:.....

RISALAH MAKLUMAT**1. Tajuk:**

Tinjauan Kebangsaan Kesihatan dan Morbiditi 2015

2. Nama Penyelidik Utama dan Institusi:

Dr Muhammad Fadhli Mohd Yusoff, Institut Kesihatan Umum, Jalan Bangsar, Kuala Lumpur.

3. Nama Penaja:

Institut Kesihatan Umum, Kementerian Kesihatan Malaysia

4. Pengenalan:

Kementerian Kesihatan Malaysia sedang menjalankan Tinjauan Kebangsaan Kesihatan dan Morbiditi 2015 pada tahun ini. Maklumat di bawah akan menjelaskan hal-hal berkenaan tinjauan tersebut dengan lebih mendalam.

Adalah penting untuk anda memahami mengapa tinjauan ini dilakukan dan apa yang perlu anda lakukan. Sila ambil masa yang secukupnya untuk membaca dengan teliti penerangan yang diberi sebelum anda bersetuju untuk menyertai tinjauan ini. Jika ada mempunyai sebarang kemusykilan ataupun memerlukan maklumat lanjut, anda boleh bertanya dengan mana-mana ahli kumpulan tinjauan ini.

Setelah anda memahami maklumat tinjauan ini dan berhasrat untuk mengambil bahagian, anda perlu menandatangani Borang Persetujuan Responden yang disertakan pada muka surat terakhir risalah ini. Penyertaan anda dalam tinjauan ini adalah secara sukarela dan anda boleh menarik diri pada bila-bila masa. Tuan/Puan boleh tidak menjawab mana-mana soalan atau menarik diri dari pemeriksaan yang disebutkan sekiranya tidak mahu. Keengganan anda untuk mengambil bahagian, atau penarikan diri anda tidak akan menjejaskan sebarang manfaat perubatan atau kesihatan yang sememangnya hak anda. Anda boleh menarik diri sekiranya enggan mengambil bahagian.

Tinjauan ini ditaja sepenuhnya oleh Kementerian Kesihatan Malaysia dan telah mendapat kelulusan Jawatankuasa Etika dan Penyelidikan Perubatan, Kementerian Kesihatan Malaysia.

5. Apakah tujuan tinjauan ini dilakukan?

Tujuan tinjauan ini dijalankan adalah untuk memperolehi maklumat berkaitan dengan status kesihatan masyarakat di Malaysia. Maklumat yang diperolehi ini akan dikaji dan dinilai bagi meningkatkan lagi taraf perkhidmatan kesihatan di Negara ini. Tinjauan ini akan berlangsung kira-kira 3 bulan dan seramai 40,000 responden akan terlibat di dalam tinjauan ini.

6. Apakah yang perlu saya lalui/lakukan sekiranya bersetuju untuk menyertai tinjauan ini?

Tinjauan ini akan meliputi:

- Sesi temuramah setiap ahli isirumah oleh ahli pengumpulan data. Soalan yang akan ditanya adalah berkaitan dengan isu-isu kesihatan yang spesifik.
- Memberi respon terhadap soalan-soalan kaji selidik yang perlu dijawab sendiri untuk diri sendiri dan juga pihak kanak-kanak di bawah jagaan saya.
- Pemeriksaan kesihatan seperti pemeriksaan tekanan darah (untuk 18 tahun ke atas), tinggi, berat badan, panjang (untuk kanak-kanak bawah 2 tahun) serta ukur lilit pinggang dan betis.
- Pengambilan sampel darah dengan persetujuan responden secara mencucuk jari atau 'finger prick' untuk memeriksa kandungan gula, paras kolesterol dan paras haemoglobin (darah merah) bagi mereka yang berumur 18 tahun ke atas.

7. Apakah tanggungjawab saya sewaktu menyertai tinjauan ini?

Adalah penting untuk anda menjawab kesemua soalan yang ditanya oleh ahli penyelidik dengan lengkap. Menyertai tinjauan ini tidak memerlukan anda mengeluarkan sebarang perbelanjaan.

8. Apakah risiko dan kesan-kesan sampingan menyertai tinjauan ini?

Pengambilan sampel darah boleh menyebabkan ketidakselesaan tetapi tidak semua orang mengalaminya. Anda mungkin berasa sakit atau mungkin mendapat lebam di jari di tempat jarum dicucuk. Puasa sebelum pengambilan darah boleh menyebabkan pening, sakit kepala atau perut rasa tidak selesa. Jika anda merasakan anda tidak sihat, anda perlu memberitahu pasukan perubatan dengan segera.

9. Apakah manfaatnya saya menyertai tinjauan ini?

Anda tidak mempunyai sebarang manfaat kesihatan apabila menyertai tinjauan ini. Walaubagaimanapun, segala maklumat yang diperolehi daripada tinjauan ini akan dapat membantu dalam meningkatkan lagi taraf perkhidmatan kesihatan di negara ini.

10. Adakah maklumat perubatan saya akan dirahsiakan?

Segala maklumat anda yang diperolehi dalam tinjauan ini akan disimpan dan dikendalikan secara sulit, bersesuaian dengan peraturan-peraturan dan/ atau undang-undang yang berkenaan. Sekiranya hasil tinjauan ini diterbitkan atau dibentangkan kepada orang ramai, identiti anda tidak akan didedahkan tanpa kebenaran anda terlebih dahulu.

11. Siapakah yang perlu saya hubungi sekiranya saya mempunyai sebarang pertanyaan?

Sekiranya anda mempunyai sebarang soalan mengenai tinjauan ini atau memerlukan keterangan lanjut, Tuan/ Puan boleh hubungi ketua penyelidik, Dr Muhammad Fadhli Mohd Yusoff, Institut Kesihatan Umum, di alamat Jalan Bangsar, Kuala Lumpur di talian 03-22979400 atau mana-mana pegawai di bilik operasi di alamat yang sama atau menghubungi di talian 03-22979595.

Jika anda mempunyai sebarang pertanyaan berkaitan dengan hak-hak anda sebagai responden dalam tinjauan ini, sila hubungi Setiausaha, Jawatankuasa Etika & Penyelidikan Perubatan (MREC), Kementerian Kesihatan Malaysia di talian 03-22874032

BORANG PERSETUJUAN RESPONDEN

Tajuk kajian : Tinjauan Kebangsaan Kesihatan dan Morbiditi 2015

Dengan menandatangani di bawah, saya mengesahkan bahawa:

	Sila tandakan \surd di dalam kotak
1. Saya telah diberi maklumat tentang tinjauan di atas secara lisan dan bertulis dan saya telah membaca dan memahami segala maklumat yang diberikan di dalam risalah ini.	<input type="checkbox"/>
2. Saya mempunyai masa yang secukupnya untuk mempertimbangkan penyertaan saya dalam tinjauan ini dan telah diberi peluang untuk bertanyakan soalan dan semua soalan saya telah dijawab dengan memuaskan.	<input type="checkbox"/>
3. Saya faham bahawa penyertaan saya adalah secara sukarela dan boleh menarik diri daripada tinjauan ini pada bila-bila masa tanpa memberi sebarang sebab.	<input type="checkbox"/>
4. Saya memahami risiko dan manfaat dari tinjauan ini dan saya memberi keizinan secara sukarela untuk mengambil bahagian dalam tinjauan. Saya faham bahawa saya mesti mengikuti arahan yang berkaitan dengan penyertaan saya dalam tinjauan ini.	<input type="checkbox"/>
5. Saya faham bahawa penyelidik dan pihak yang berkenaan mempunyai akses kepada maklumat yang saya berikan dalam melaksanakan tinjauan ini. Semua maklumat peribadi saya akan disimpan dan dikendalikan secara sulit.	<input type="checkbox"/>
6. Saya akan menerima satu salinan maklumat tinjauan/borang persetujuan termaklum ini yang telah ditandatangani dan bertarikh.	<input type="checkbox"/>

Subjek :

Tandatangan/ Cop Ibu Jari kiri :

Nombor K/P:.....

Nama:

Tarikh:.....

Penyelidik yang mengendalikan proses menandatangani borang keizinan:

Tandatangan :

Nombor K/P:.....

Nama:

Tarikh:.....

Saksi tidak berpihak/adil : (Diperlukan ; jika subjek adalah buta huruf dan kandungan risalah maklumat pesakit disampaikan secara lisan kepada subjek).

Tandatangan :

Nombor K/P:.....

Nama :

Tarikh :

INFORMATION SHEET**1. Title:**

National Health and Morbidity Survey 2015

2. Name of principal investigator and institution:

Dr Muhammad Fadhli Mohd Yusoff, Institute for Public Health, Jalan Bangsar, Kuala Lumpur.

3. Name of sponsor:

Ministry of Health

4. Introduction:

Ministry of Health is conducting the National Health and Morbidity Survey 2015 this year. This brochure will explain the details of this survey.

It is important for you to understand why the survey is being done and what it will involve. Please take your time to read through and consider this information carefully before you decide if you are willing to participate. If you have any questions or need more information, you can ask any team members of this survey

Once you understand the survey information and you wish to participate, you must sign a consent form which is included on the last page of this information sheet. Your participation is voluntary and you may withdraw at any time. You have option not to answer any of the questions or withdraw from the examination if you choose to do so. Your refusal to participate or withdrawal will not affect any medical or health benefit that is certainly your right.

This survey is fully sponsored by Ministry of Health and has been approved by the Medical Research and Ethics Committee, Ministry of Health Malaysia.

5. What is the purpose of the survey?

The purpose of this study is to obtain the information on the health of Malaysian people. This information will be reviewed and evaluated in order to improve the health service in our country. This survey will last for 3 months and about 40,000 respondents will be involved in this survey.

6. What will happen if I decide to take part?

This survey will include:

- a) Interviewing all household members by the relevant team members on specific health issues.
- b) Getting responses from the household members (18 years and above) for the self-administered questionnaires for their own questionnaire and on behalf of children under their care.
- c) Clinical examination, which consist of measurement of blood pressure (18 years and above), height, weight, length (under 2 years old), waist and calf circumferences.
- d) Blood sampling (with consent from respondents) via finger prick test to check level of cholesterol, glucose and haemoglobin for those who are 18 years and above.

7. What are my responsibilities when taking part in this survey?

It is important that you answer all the questions asked by the surveyors as complete as possible. Participation in this survey will not incur any cost to you.

8. What are the potential risks and side effects of being in this survey?

Blood taking can cause discomfort but not everyone experienced it. You may feel pain or might get a bruise on the finger where the needle is pricked. Fasting before blood taking can cause dizziness, headaches or stomach discomfort. If you feel unwell, you should tell the medical team immediately.

9. What are the benefits of being in this survey?

There will be no immediate health benefits if you take part in this survey. However, the information obtained from this survey may be helpful in order to improve the health service in our country.

10. Will my medical information be kept private?

All your information obtained in this survey will be kept and handled in a confidential manner, in accordance with applicable laws and/or regulations. When publishing or presenting the survey results, your identity will not be revealed without your consent.

11. Who should I call if I have questions?

If you have any enquiries about this survey or if you want further information about the survey, you can contact Principal Investigator, Dr Muhammad Fadhli Mohd Yusof, at the Institute for Public Health, Jalan Bangsar, Kuala Lumpur at telephone number 03-22979400 or any officers at our operational room at the same address, or by telephone number at 03-2297595.

If you have any questions regarding your rights as a patient in this survey please contact: Secretary of the Ethics and Medical Survey, Ministry of Health Malaysia, by telephone 03-22874032.

INFORMED CONSENT FORM

Title of survey: National Health and Morbidity Survey 2015

By signing below, I certify that:

	Please tick each box
1. I have been given information about the survey on oral and written, and I have read and understand the information provided in this brochure.	<input type="checkbox"/>
2. I have had sufficient time to consider my participation in this survey and was given the opportunity to ask questions and all my questions have been answered satisfactorily.	<input type="checkbox"/>
3. I understand that my participation is voluntary and may withdraw from this survey at any time without giving any reason.	<input type="checkbox"/>
4. I understand the possible risks and benefit of this survey and I freely give my informed consent to participate. I understand that I must follow the reserchers' instructions associated with my participation in this survey.	<input type="checkbox"/>
5. I understand that the researchers and the relevant authorities have direct access to my data in conducting the survey. All personal information and data will be ensured confidential.	<input type="checkbox"/>
6. I will receive a copy of the subject information/informed consent form that was signed and dated.	<input type="checkbox"/>

Subject:

Signature/ Left thumb print :..... I/C no.:.....
Name:..... Date:.....

Researcher who conduct the process of signing the consent form:

Signature:..... I/C no.:.....
Name:..... Date:.....

Witness impartial/fair: (Required, if the subject is illiterate and content of patient information leaflets delivered orally to subjects)

Signature:..... I/C no.:.....
Name:..... Date:.....

RISALAH MAKLUMAT IBU BAPA/ PENJAGA**1. Tajuk:**

Tinjauan Kebangsaan Kesihatan dan Morbiditi 2015

2. Nama Penyelidik Utama dan Institusi:

Dr Muhammad Fadhli Mohd Yusoff, Institut Kesihatan Umum, Jalan Bangsar, Kuala Lumpur.

3. Nama Penaja:

Kementerian Kesihatan Malaysia

4. Pengenalan:

Kementerian Kesihatan Malaysia sedang menjalankan Tinjauan Kebangsaan Kesihatan dan Morbiditi 2015 pada tahun ini. Maklumat di bawah akan menjelaskan hal-hal berkenaan tinjauan tersebut untuk anda membenarkan anak anda menyertai tinjauan ini.

Adalah penting untuk anda memahami mengapa tinjauan ini dilakukan dan apa yang perlu anak anda lakukan. Sila ambil masa yang secukupnya untuk membaca dengan teliti penerangan yang diberi sebelum anda memberi persetujuan untuk anak anda menyertai tinjauan ini. Jika ada mempunyai sebarang kemusykilan ataupun memerlukan maklumat lanjut, anda boleh bertanya dengan mana-mana ahli kumpulan tinjauan ini.

Setelah anda memahami maklumat tinjauan ini dan memberi keizinan untuk anak anda mengambil bahagian, anda perlu menandatangani Borang Persetujuan Ibu Bapa/ penjaga yang disertakan pada muka surat terakhir risalah ini. Penyertaan anak anda dalam tinjauan ini adalah secara sukarela dan anak anda boleh menarik diri pada bila-bila masa. Anak anda boleh tidak menjawab mana-mana soalan atau menarik diri dari pemeriksaan yang disebutkan sekiranya tidak mahu. Keengganan anak anda untuk mengambil bahagian atau menarik diri tidak akan menjejaskan sebarang manfaat perubatan atau kesihatan yang sememangnya hak anak anda.

Tinjauan ini ditaja sepenuhnya oleh Kementerian Kesihatan Malaysia dan telah mendapat kelulusan Jawatankuasa Etika dan Penyelidikan Perubatan, Kementerian Kesihatan Malaysia.

5. Apakah tujuan tinjauan ini dilakukan?

Tujuan tinjauan ini dijalankan adalah untuk memperolehi maklumat berkaitan dengan status kesihatan masyarakat di Malaysia. Maklumat yang diperolehi ini akan dikaji dan dinilai bagi meningkatkan lagi taraf perkhidmatan kesihatan di Negara ini. Tinjauan ini akan berlangsung kira-kira 3 bulan dan seramai 40,000 responden akan terlibat di dalam tinjauan ini.

6. Apakah yang perlu anak saya lalui/lakukan sekiranya bersetuju untuk menyertai tinjauan ini?

Tinjauan ini akan meliputi:

- e) Sesi temuramah setiap ahli isirumah oleh ahli pengumpulan data. Soalan yang akan ditanya adalah berkaitan dengan isu-isu kesihatan yang spesifik.
- f) Memberi respon terhadap soalan-soalan kaji selidik yang perlu dijawab oleh Ibu Bapa/ penjaga bagi pihak kanak-kanak di bawah jagaan.
- g) Pemeriksaan antropometri seperti tinggi, panjang (untuk kanak-kanak bawah 2 tahun) dan berat badan.

7. Apakah tanggungjawab anak saya sewaktu menyertai tinjauan ini?

Adalah penting untuk anak anda menjawab kesemua soalan yang ditanya oleh ahli penyelidik dengan lengkap. Menyertai tinjauan ini tidak memerlukan anda mengeluarkan sebarang perbelanjaan.

8. Apakah risiko dan kesan-kesan sampingan menyertai tinjauan ini?

Tiada risiko terhadap anak anda sekiranya menyertai tinjauan ini.

9. Apakah manfaatnya anak saya menyertai tinjauan ini?

Tinjauan ini tidak mempunyai sebarang manfaat kesihatan apabila anak anda menyertai tinjauan ini. Walaubagaimanapun, segala maklumat yang diperolehi daripada tinjauan ini akan dapat membantu dalam meningkatkan lagi taraf perkhidmatan kesihatan di negara ini.

10. Adakah maklumat perubatan anak saya akan dirahsiakan?

Segala maklumat anak anda yang diperolehi dalam tinjauan ini akan disimpan dan dikendalikan secara sulit, bersesuaian dengan peraturan-peraturan dan/ atau undang-undang yang berkenaan. Sekiranya hasil tinjauan ini diterbitkan atau dibentangkan kepada orang ramai, identiti anak anda tidak akan didedahkan tanpa kebenaran anda terlebih dahulu.

11. Siapakah yang perlu saya hubungi sekiranya saya mempunyai sebarang pertanyaan?

Sekiranya anda mempunyai sebarang soalan mengenai tinjauan ini atau memerlukan keterangan lanjut, Tuan/ Puan boleh hubungi ketua penyelidik, Dr Muhammad Fadhli Mohd Yusoff, Institut Kesihatan Umum, di alamat Jalan Bangsar, Kuala Lumpur di talian 03-22979400 atau mana-mana pegawai di bilik operasi di alamat yang sama atau menghubungi di talian 03-22979595.

Jika anda mempunyai sebarang pertanyaan berkaitan dengan hak-hak anak anda sebagai responden dalam tinjauan ini, sila hubungi Setiausaha, Jawatankuasa Etika & Penyelidikan Perubatan (MREC), Kementerian Kesihatan Malaysia di talian 03-22874032

BORANG PERSETUJUAN IBU BAPA/ PENJAGA

Tajuk kajian : Tinjauan Kebangsaan Kesihatan dan Morbiditi 2015

Dengan menandatangani di bawah, saya mengesahkan bahawa:

	Sila tandakan \checkmark di dalam kotak
7. Saya telah diberi maklumat tentang tinjauan di atas secara lisan dan bertulis dan saya telah membaca dan memahami segala maklumat yang diberikan di dalam risalah ini.	<input type="checkbox"/>
8. Saya mempunyai masa yang secukupnya untuk mempertimbangkan penyertaan anak saya dalam tinjauan ini dan telah diberi peluang untuk bertanyakan soalan dan semua soalan saya telah dijawab dengan memuaskan.	<input type="checkbox"/>
9. Saya faham bahawa penyertaan anak saya adalah secara sukarela dan boleh menarik diri daripada tinjauan ini pada bila-bila masa tanpa memberi sebarang sebab.	<input type="checkbox"/>
10. Saya memahami risiko dan manfaat dari tinjauan ini dan saya memberi keizinan secara sukarela untuk anak saya mengambil bahagian dalam tinjauan. Saya faham bahawa anak saya mesti mengikuti arahan yang berkaitan dengan penyertaannya dalam tinjauan ini.	<input type="checkbox"/>
11. Saya faham bahawa penyelidik dan pihak yang berkenaan mempunyai akses kepada maklumat yang anak saya berikan dalam melaksanakan tinjauan ini. Semua maklumat peribadi anak saya akan disimpan dan dikendalikan secara sulit.	<input type="checkbox"/>
12. Saya akan menerima satu salinan maklumat tinjauan/borang persetujuan ibu bapa/ penjaga termaklum ini yang telah ditandatangani dan bertarikh.	<input type="checkbox"/>

Ibu bapa/ Penjaga :

Tandatangan/ Cop Ibu Jari kiri :.....

Nombor K/P:.....

Nama:

Tarikh:.....

Penyelidik yang mengendalikan proses menandatangani borang keizinan:

Tandatangan :.....

Nombor K/P:.....

Nama:

Tarikh:.....

Saksi tidak berpihak/adil : (Diperlukan ; jika responden adalah buta huruf dan kandungan risalah maklumat disampaikan secara lisan kepada responden)

Tandatangan :

Nombor K/P:.....

Nama :

Tarikh :.....

PARENT/ GUARDIAN INFORMATION SHEET**1. Title:**

National Health and Morbidity Survey 2015

2. Name of investigator and institution:

Dr Muhammad Fadhli Mohd Yusoff, Institute for Public Health, Jalan Bangsar, Kuala Lumpur.

3. Name of sponsor:

Ministry of Health

4. Introduction:

Institute of Public Health is conducting the National Health and Morbidity Survey 2015 this year. This brochure is to enquire your willingness to allow your child to participate in this survey.

It is important that you understand why the survey is being done and what your child will involve. Please take your time to read through and consider this information carefully before you give consent for your child to participate in this survey. If you have any questions or need more information, you can ask any member of this survey.

Once you understand the survey information and you allow your child to participate, you must sign a Consent Form for Parents / Guardians which included on the last page of this information sheet. Your child participation in this survey is voluntary and your child may withdraw at any time. Your child has option not to answer any questions or withdraw from examination if he/she chose to do so. Your child refusal to participate or withdrawal will not affect any medical or health benefit that is certainly your child right.

This survey was sponsored by the Ministry of Health Malaysia and approved by the Medical Research and Ethics Committee, Ministry of Health Malaysia.

5. What is the purpose of the survey?

The purpose of this survey is to obtain the information on the health of Malaysian people. This information will be reviewed and evaluated in order to improve the health service in our country. This survey will last for 3 months and about 40,000 respondents will be involved in this survey.

6. What will happen if your child decides to take part?

This survey will include:

- e) Interviewing all household members by the relevant team members on specific health issues.
- f) Getting responses for the self- administered questionnaires on behalf of children under your care.
- g) Anthropometry examination, which consist of measurement height, length (under 2 years old) and weight.

7. What are your child responsibilities when taking part in this survey?

It is important that your child answer all the questions asked by the researchers to be honest and complete. This survey will not incur any cost to you.

8. What are the potential risks and side effects of being in this survey?

None

9. What are the benefits of being in this survey?

This survey does not have any health benefits when your child agreed to join this survey. However, the information obtained from this survey will help to improve the quality of health services in this country.

10. Will my child medical information be kept private?

All your child information obtained in this study will be kept and handled in a confidential manner, in accordance with applicable laws and/or regulations. When publishing or presenting the study results, your child identity will not be revealed without your consent.

12. Who should I call if I have questions?

If you have any enquiries about this survey or if you want further information about the survey, you can contact Principal Investigator, Dr Muhammad Fadhli Mohd Yusoff, at the Institute for Public Health, Jalan Bangsar, Kuala Lumpur at telephone number 03-22979400 or any officers at our operational room at the same address, or by telephone number at 03-2297595.

If you have any questions regarding your child rights as a respondent in this survey please contact: Secretary of the Medical Research and Ethics Committee, Ministry of Health Malaysia, by telephone 03-22874032.

CONSENT FORM PARENT/ GUARDIAN

Title of research: National Health and Morbidity Survey 2015

By signing below, I certify that:

	Please tick and initial each box
1. I have been given information about the research on oral and written, and I have read and understand the information provided in this brochure.	<input type="checkbox"/>
2. I have had sufficient time to consider my child participation in this research and was given the opportunity to ask questions and all my questions have been answered satisfactorily.	<input type="checkbox"/>
3. I understand that my child participation is voluntary and may withdraw from this study at anytime without giving any reason.	<input type="checkbox"/>
4. I understand the possible risks and benefit from this research and I give my consent to allow my child to participate in this study participate under condition stated. I understand that my child must follow the researchers' instructions associated with my child participation in this research.	<input type="checkbox"/>
5. I understand that the researchers and the relevant authorities have direct access to my data in conducting the survey. All personal information and data will be ensured confidential.	<input type="checkbox"/>
6. I will receive a copy of the parent/ guardian information/informed consent form that was signed and dated to be brought back home.	<input type="checkbox"/>

Parent/ Guardian:

Signature:.....

I/C no.:.....

Name:.....

Date:.....

Researcher who conduct the process of signing the consent form:

Signature:.....

I/C no.:.....

Name:.....

Date:.....

Witness impartial/ fair: (Required, if the subject is illiterate and content of patient information leaflets delivered orally to subjects)

Signature:.....

I/C no.:.....

Name:.....

Date:.....



Institute for Public Health | Ministry of Health Malaysia
The National Health and Morbidity Survey 2015

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