

BASIC HEALTH SURVEY



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Basic Health Survey

Your participation is voluntary. The information gathered will be used to develop and monitor activities to create a healthy workforce in your company/ organisation. All replies will only be used in a collective manner and treated with **confidentiality**. No individual results will be released by the project team.

Please do NOT put any personal identifiers onto these pages!

A. PERSONAL PARTICULARS

Q1.	Ethnic group (Please tick ONE) <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian Others (Specify): _____	Q2.	Age (at last birthday) _____ years old
Q3.	Gender (Please tick ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female	Q4.	Height and Weight Height: _____ cm Weight: _____ kg
Q5a.	Occupation: (categories depending on company)		
Q5b.	Number of years/months in current company: _____		

B. SHIFT WORK

Skip Questions 6 and 7 if you have NO night shift

Q6. If your present work pattern involves nights (e.g. rotating shifts with nights or permanent nights), on average how many nights do you work per month? If your present work pattern does not involve nights please indicate "0"

_____ nights

Q7. How many years have you been on Shift Work? _____ years

C. WORK ABILITY INDEX

Current work ability compared with the lifetime best

Q8. Assume that your work ability at its best has a value of 10 points. How many points would you give your current work ability? (0 means that you cannot currently work at all) Please circle only ONE NUMBER

Completely unable to work	1	2	3	4	5	6	7	8	9	10	Full work ability at present
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Work ability in relation to the demands of the job

How do you rate your current work ability with respect to:

(Please circle only ONE NUMBER)	Very Poor	Rather Poor	Moderate	Rather Good	Very Good
Q9. Physical Demands of your work	1	2	3	4	5
Q10. Mental Demands of your work	1	2	3	4	5

Estimated work impairment due to diseases

Q11. Is your illness or injury a hindrance to your current job? **Circle more than one alternative if needed.**

In my opinion, I am entirely unable to work	Because of my disease, I feel I am able to do only part-time work	I must often slow down my work pace or change my work methods	I must sometimes slow down my work pace or change my work methods	I am able to do my job, but it causes some symptoms	There is no hindrance/I have no diseases
1	2	3	4	5	6

Sick leave during the past year (12 months)

Q12. How many whole days have you been off work because of a health problem (disease or health care or for examination) during the past year (12 months)?

Q13. If you have entered a day in Q12, please circle the medical conditions that resulted you taking days off work over the past year?

1. Coughs and cold	2. Skin problems	3. Body aches and pain	4. Diarrhea and/or vomiting
5. Eye problems	6. Injuries	7. Others (please state _____)	

Own prognosis of work ability two years from now

Q14. Do you believe that – from the standpoint of your health – you will be able to do your current job two years from now? **(Please circle only ONE NUMBER)**

1. unlikely
2. no certain
3. relatively certain

Mental resources

(Please circle only ONE NUMBER)	never	rather seldom	sometimes	rather often	often
Q15. Have you recently been able to enjoy your regular daily activities?	0	1	2	3	4
Q16. Have you recently been active and alert?	0	1	2	3	4

	never	rather seldom	sometimes	rather often	continuously
Q17. Have you recently felt yourself to be full of hope for the future?	0	1	2	3	4

Q18. Current Health Conditions

Chronic health conditions are generally progressive. These may include the following:

Please circle all the conditions you have.

- a. High blood sugar/ diabetes mellitus
- b. High blood pressure
- c. High cholesterol
- d. Heart condition
- e. Lung condition such as asthma
- f. Musculoskeletal condition such as knee pain and back pain
- g. Skin condition such as eczema
- h. Digestive disorders such as gastric ulcer
- i. Others such as blood disorders, thyroid condition, kidney condition, mental health disorders or tumours

Q19. Total Number of chronic diseases or conditions you have **including** the ones you circled:

D. WORK INTERFERENCES DUE TO BODY PAIN

Q20. If you had any bodily pain over the **past 4 weeks**,

- I. Please rate the extent of interferences with work in the corresponding body part using the table below.
- II. And, if you feel that it is due to or made worse by work?

0	1	2	3	4	5
There is no pain	The pain does not interfere with my work at all	The pain interferes with my work occasionally but not daily	The pain interferes with my work almost daily	The pain interferes with my work daily but I can still function effectively	The pain interferes with my work daily and I cannot function effectively

Body Part	I) Interference with work due to pain <u>in the past 4 weeks</u> (Please CIRCLE the severity with the corresponding number as above)						II) Pain is due to work or made worse by work (Please circle either one) Skip this question if you have no pain
	0	1	2	3	4	5	(Yes) (No)
Neck	0	1	2	3	4	5	(Yes) (No)
Shoulders/ Upper arms	0	1	2	3	4	5	(Yes) (No)
Elbows/ forearm	0	1	2	3	4	5	(Yes) (No)
Wrists/ hands	0	1	2	3	4	5	(Yes) (No)
Upper back	0	1	2	3	4	5	(Yes) (No)
Lower back	0	1	2	3	4	5	(Yes) (No)
Thighs/ hips	0	1	2	3	4	5	(Yes) (No)
Knees/ lower legs	0	1	2	3	4	5	(Yes) (No)
Ankles/ feet	0	1	2	3	4	5	(Yes) (No)

E. LIFESTYLE AND NUTRITION

Q21. Cigarettes: Do you smoke? (Yes) (No)

Q22. Alcohol:

Note: "1 drink" is 1 can of beer OR 1 glass of wine OR 1 shot of distilled spirits

Do you drink more than 14 drinks a week **(for Men)** (Yes) (No), OR

Do you drink more than 7 drinks a week **(for Ladies)** (Yes) (No)

Q23. How often do you drink **sweet** drinks (e.g. soft drinks, fruit drinks, packet drinks, cordials, yoghurt-based drinks and culture milk drinks, etc)? **(Please choose only one option)**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Daily. How many servings a day? _____

Weekly. How many servings a week? _____

Monthly but not every week

Less than one serving a month (e.g., once every two months, almost never)

Q24. Excluding juices, how many servings of fruit do you usually eat? **(Please choose only one option)**

Examples of one serving of fruit



10 grapes



1 medium banana



2 kiwi fruit



1 wedge papaya



1 small apple

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

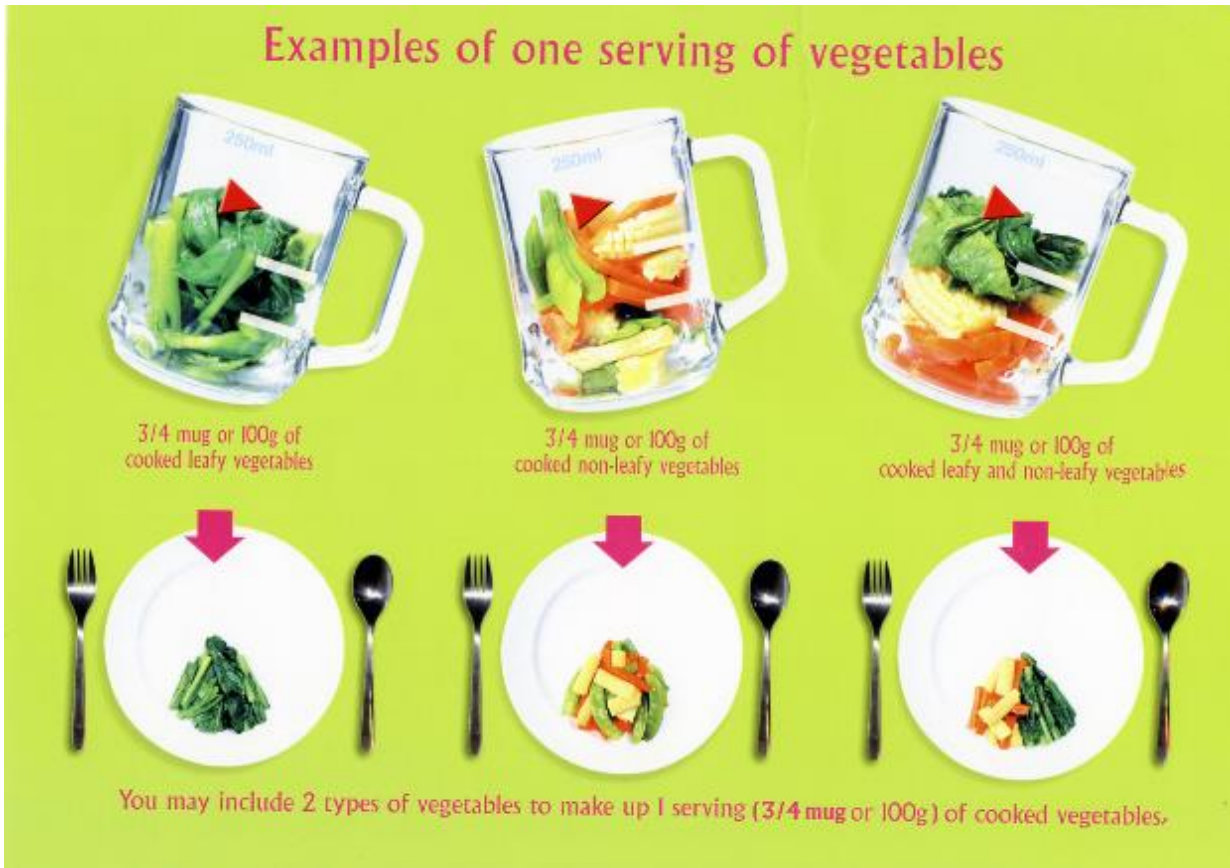
Daily. How many servings a day? _____

Weekly. How many servings a week? _____

Monthly but not every week

Less than one serving a month (e.g., once every two months, almost never)

Q25. How many servings of vegetables do you usually eat? (**Please choose only one option**)



Daily. How many servings a day? _____

Weekly. How many servings a week? _____

Monthly but not every week

Less than one serving a month (e.g., once every two months, almost never)

Eating Options at Work

Q26. Can you get healthy foods and drinks such as low sugared beverages, fruits and vegetables at your workplace? (Yes) (No)

Q27. If you answer 'yes' to Q26, how often do you purchase healthy foods and drinks at your workplace? (Rarely) (Several times a week) (Almost daily)

Q28. What improvements do you like to see with regards to the healthy food and drink options in the canteen, cafeteria or vending machines at your workplace?

Q29 Recreational Activities

Q29.1 Do you do any vigorous -intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football,] for at least 10 minutes continuously?	Yes, no Please SKIP to Q29.4 if you circle NO
Q29.2 In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	_____ Days
Q29.3 How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	_____ Hours and _____ minutes
Q29.4 Do you do any moderate -intensity sports, fitness or recreational (leisure) activities that causes a small increase in breathing or heart rate such as brisk walking, (cycling, swimming, and volleyball) for at least 10 minutes continuously?	Yes, no Please SKIP to Q30 if you circle NO
Q29.5 In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	_____ Days
Q29.6 How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	_____ Hours and _____ minutes

F. Health Screening:

Q30. When was the last time you had a basic health screening (e.g., tests for high blood pressure, diabetes, high blood cholesterol and obesity)? **(Please TICK ONE)**

- Less than 2 years ago
- More than 2 years ago
- Never had any health screening

Q31. If you never had any health screening, why did you not go? **(Please TICK all applicable options)**

- I did not know about it
- The location was inconvenient
- The timing was inconvenient
- I was afraid the screening will take a long time to complete
- I am not interested in health screenings
- I have already completed another health screening lately
- Others (Please specify) _____

G. STRESSQ32. On a scale of 1 to 5, **Circle the number**

	Not stressed	A little stressed	Moderately Stressed	Highly stressed	Very highly stressed
Q32.1 Current level of stress in general	1	2	3	4	5
Q32.2 Mental stress you experience at work.	1	2	3	4	5

Please only circle ONE box for each question.

	Never/Almost Never	Seldom	Sometimes	Often
Q33. I have unrealistic time pressures	1	2	3	4
Q34. Staff are consulted about change at work	1	2	3	4
Q35. I have some say over the way I work	1	2	3	4
Q36. I am clear about what my duties and responsibilities are	1	2	3	4
Q37. I receive the respect I deserve from my colleagues at work	1	2	3	4
Q38. Staff are exposed to interpersonal conflict at work	1	2	3	4
Q39. My direct supervisor encourages me at work	1	2	3	4

H. WORK ENVIRONMENT

Q40. To what extent do you agree or disagree with each statement?

[On a scale of 1 to 5, where 1 means strongly disagree and 5 means strongly agree.] Please circle the number that best describes your views.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a.	I am proud to say that I work for this company/ organisation.	1	2	3	4	5
b.	My workload is a cause of concern to me.	1	2	3	4	5
c.	I can easily balance the demands of work and home life.	1	2	3	4	5
d.	I feel safe working in my workplace.	1	2	3	4	5
e.	My organisation/ company encourages me to report or provide feedback on unsafe working conditions.	1	2	3	4	5
f.	The management takes corrective actions when unsafe working conditions are reported.	1	2	3	4	5
g.	Overall, I am satisfied with the current working environment in my organisation/ company.	1	2	3	4	5

THANK YOU FOR YOUR TIME.