

National Population Health Survey 2025

(Household Interview)



MINISTRY OF HEALTH
SINGAPORE

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NATIONAL POPULATION HEALTH SURVEY 2025

(Household Interview)

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For enquiries

You can email us at: hpb_nphs@hpb.gov.sg

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Foreword

As we advance into 2026, Singapore's healthcare landscape continues to evolve with our commitment to build a healthier nation. Following the successful launch of Healthier SG in 2023, we have witnessed encouraging progress in our population's health journey, with residents increasingly embracing preventive care and taking greater ownership of their wellbeing alongside their trusted family doctors.

Findings from the National Population Health Survey 2025 reflect sustained improvements in preventive health outcomes. Engagement in physical activity, as well as screening participation for chronic diseases and cancers showed progress compared to the previous year, continuing the recovery from the earlier COVID-19-associated dip. Key risk behaviours remained largely stable, with binge drinking showing little change over time and daily smoking prevalence maintaining its longer-term downward trend. The prevalence of poor mental health has remained stable and most residents remain willing to seek help from healthcare professionals and/or informal networks if they were constantly unable to cope with stress. Generally, these findings are an encouraging indication of the effectiveness of our ongoing health promotion initiatives.

I extend my heartfelt gratitude to all survey participants whose time and experiences made this assessment possible. I also thank the dedicated teams from the Ministry of Health, Health Promotion Board, and our survey partners who have worked tirelessly to ensure the survey's success. These insights will continue to guide our policy development and programme implementation as we strive to enhance the health and wellbeing of all Singapore residents.

PROFESSOR KENNETH MAK

Director-General of Health

July 2026

Executive Summary

The National Population Health Survey (NPHS) is a cross-sectional population health survey, conducted annually by the Ministry of Health and Health Promotion Board, to track the risk factors and health, as well as lifestyle practices of Singapore residents.

The NPHS monitors lifestyle risk factors such as smoking, alcohol consumption and lack of participation in physical activity; as well as health seeking behaviour such as the uptake of health screening. The survey findings will be used by the Ministry of Health and Health Promotion Board to track progress towards national health objectives and for planning and evaluation of health policies, programmes, and healthcare services.

The NPHS consists of two components¹: (i) Household Interview and (ii) Health Examination. This report presents the survey findings from the Household Interview of Singapore residents aged 18 to 74 years. The Health Examination, which comprises mainly measured indicators such as obesity and chronic disease prevalence, is conducted on a two-year survey cycle to ensure that there is enough data for a detailed analysis². The findings from the Health Examination (NPHS 2025 – 2026) will be reported in the NPHS 2026 Report.

Trend analysis for behavioural factors (e.g., alcohol consumption, cigarette smoking, screening) is presented starting from 2019 (where available) to the most recent year (2025). These trends capture health behaviour and practices among Singapore residents over a period that included the COVID-19 pandemic³. From NPHS 2025, indicators on self-reported influenza and pneumococcal vaccination, and self-reported diseases⁴ (diabetes mellitus, hypertension, high blood cholesterol) will no longer be reported. Information on influenza and pneumococcal vaccination is available in the annual *Communicable Diseases Surveillance in Singapore* report.

¹ More details on the survey design, method and fieldwork are in “Chapter 9: Survey Methodology”.

² Data collection for the “Health Examination” component requires a longer time duration for completion. This is because it requires respondents to attend a health examination/screening at designated locations and hence there are relatively fewer respondents as compared to the “Household Interview” component.

³ NPHS 2020 was affected by COVID-19 as data were collected for only three-quarter of the survey year (July 2019 to March 2020) and fieldwork from April to June 2020 was cancelled due to the Circuit Breaker from 7 April to 1 June 2020 (inclusive). NPHS 2021 to NPHS 2024 was generally carried out from July of the preceding year to June of the reporting year, unless stated otherwise.

⁴ Self-reported disease indicators under-estimate the true prevalence in the population, because of undetected or undiagnosed disease. Changes over time may also reflect changes in screening behaviour (and detection of disease) over time, besides underlying disease trends. Measured disease prevalence via the Health Examination results are a more reliable estimate, and will be published in the NPHS 2026 report.

Alcohol consumption

- In 2025, 2.3% of Singapore residents aged 18 to 74 years consumed alcohol regularly, with 3.5% of males and 1.0% of females being regular drinkers.
- Regular alcohol consumption was most common among males in the 60 to 74 years age group (6.2%).
- The prevalence of regular drinking remained stable between 2019 and 2025.
- The crude prevalence of binge drinking was 10.4% in 2025, and it was more common among males (14.4%) than females (6.6%).
- The highest proportion of binge drinkers were males aged 30 to 39 years at 20.7% and females aged 18 to 29 years at 11.2%.
- The overall prevalence of binge drinking remained stable between 2019 and 2025.

Cigarette Smoking

- The crude prevalence of daily smoking has remained stable at 8.8% in 2025, against the backdrop of a long-term declining trend.
- The crude prevalence of daily smoking was higher among males (15.6%) than females (2.3%).
- Daily smoking was most prevalent in adults aged 50 to 59 years (10.8%) and least prevalent among younger adults aged 18 to 29 years (4.7%) in 2025.
- Male daily smokers smoked an average of 12 cigarettes a day while female daily smokers smoked an average of 8 cigarettes a day.
- About half (48.8%) of the daily smokers in 2025 had the intention to quit smoking. However, only 18.3% of daily smokers planned to quit within the next 12 months.
- The crude and age-standardised prevalence of daily smoking decreased significantly between 2019 and 2025 (crude: 10.6% in 2019, 8.8% in 2025; age-standardised: 10.6% in 2019, 8.7% in 2025).

Physical Activity

- The proportion of residents with sufficient total physical activity increased significantly from 84.7% in 2024 to 87.3% in 2025 after several years of declining participation from 2020 to 2022, likely due to COVID-19.
- In 2025, males (88.2%) and females (86.5%) had similar proportions meeting the recommended sufficient total physical activity level.
- The prevalence of sufficient total physical activity was the highest among young adults (aged 18 to 29) at 92.9%, and the lowest among older adults (aged 60 to 74) at 83.5%.
- The largest contributor to total physical activity was commuting (55.0%), followed by leisure-time physical activity (25.9%) and work-related physical activity (19.0%).
- More than one in three (37.6%) Singapore residents aged 18 to 74 years reported having sufficient muscle-strengthening activities in 2025, with the highest proportion being young adults aged 18 to 29 years (45.9%).
- There was a higher proportion of males (42.2%) with sufficient muscle-strengthening activities compared with females (33.3%).
- Prevalence of sufficient total physical activity remained similar between 2019 (crude and age-standardised: 84.6%) and 2025 (crude: 87.3%; age-standardised: 87.5%). A significant decline was observed from 2019 to 2022 (crude: 74.9%; age-standardised: 75.0%) during the pandemic period, but it rebounded to pre-pandemic levels by 2024 (crude: 84.7%; age-standardised: 84.9%).

Chronic Disease Screening

- The crude proportion of Singapore residents aged 40 to 74 years without previously diagnosed chronic diseases (i.e., diabetes mellitus, high blood pressure, and hyperlipidaemia (high blood cholesterol) – “DHL”) who were screened for all three conditions within the recommended screening frequencies (i.e. chronic disease screening participation rate) increased significantly from 66.4% in 2024 to 71.5% in 2025. Chronic disease screening participation rate declined during the COVID-19 period from 2019 (crude: 66.3%, age-standardised: 68.2%) to 2021 (crude: 59.2%, age-standardised: 59.4%) but has since recovered and exceeded pre-COVID-19 levels in 2025 (crude: 71.5%, age-standardised: 71.8%).
- Similarly, between 2024 and 2025, significant increases were observed in crude screening participation rates for each chronic disease (diabetes: 79.3% in 2024 to

82.5% in 2025, hypertension: 85.7% in 2024 to 88.5% in 2025 and hyperlipidaemia: 76.8% in 2024 to 81.1% in 2025). Crude screening participation rates for diabetes, hypertension and hyperlipidaemia fluctuated between 2019 and 2025 with an initial decline during the COVID-19 period, followed by a return to levels comparable to pre-pandemic in 2025 (diabetes: 81.0% in 2019, 82.5% in 2025; hypertension: 86.0% in 2019, 88.5% in 2025, hyperlipidaemia: 77.9% in 2019, 81.1% in 2025).

Cancer Screening

- Between 2024 and 2025, the crude screening participation rate for breast cancer (35.2% in 2024; 40.8% in 2025) increased, while the crude screening participation rate for cervical cancer (44.9% in 2024; 47.1% in 2025) and colorectal cancer (44.9% in 2024; 46.9% in 2025) remained stable.
- Between 2019 and 2025, cancer screening participation rates declined during the COVID-19 pandemic, reaching a low in 2021 but rebounded to pre-pandemic or higher levels by 2025 (breast cancer: 38.7% in 2019, 31.1% in 2021, 40.8% in 2025; cervical cancer: 48.2% in 2019, 41.0% in 2021, 47.1% in 2025; colorectal cancer: 42.0% in 2019, 36.6% in 2021, 46.9% in 2025).

Mental Health

- The crude prevalence of poor mental health, as measured by the 12-item General Health Questionnaire (GHQ-12), among Singapore residents aged 18 to 74 years was 15.9% in 2025.
- More females (16.8%) reported poor mental health compared to males (14.9%).
- In 2025, prevalence of poor mental health was the highest among younger adults aged 18 to 29 years (25.8%) and decreased with age, from 18.2% among those aged 30 to 39 years to 9.4% among those aged 60 to 74 years.
- Though the prevalence of poor mental health increased between 2020 and 2025, the upward trend was not significant (crude: 13.4% in 2020, 15.9% in 2025; age-standardised: 13.3% in 2020, 16.2% in 2025).
- 87.5% of Singapore residents aged 18 to 74 years were willing to seek help when unable to cope with stress. Residents were more likely to seek help from informal support networks (80.9%) than from healthcare professionals (53.6%).

- Females were more willing to seek help from healthcare professionals and informal support networks compared to males (females: 54.9% and 84.5% respectively; males: 52.3% and 77.0% respectively).
- Among the age groups, Singapore residents in the oldest age band (60 to 74 years) (45.5%) were least willing to seek help from healthcare professionals while those aged 40 to 49 years (60.1%) were the most willing to do so.
- Willingness to seek help from informal support networks decreased with age, it was highest among younger adults aged 18 to 29 years (86.9%) to the lowest among older adults aged 60 to 74 years (72.2%).
- Between 2019 and 2025, willingness to seek help either from healthcare professionals and/or informal support networks when unable to cope with stress increased (crude proportion: 82.3% in 2019 to 87.5% in 2025; age-standardised proportion: 82.1% in 2019 to 87.8% in 2025). Similar increases were observed for different sources of support over the same period: willingness to seek help from healthcare professionals (crude: 47.8% to 53.6%; age-standardised: 47.8% to 53.8%) and from informal support networks (crude: 74.5% to 80.9%; age-standardised: 74.4% to 81.2%). However, none of these increases were statistically significant.

Chapter 1

Alcohol Consumption

Key Points

- In 2025, 2.3% of Singapore residents aged 18 to 74 years consumed alcohol regularly, with 3.5% of the males and 1.0% of the females being regular drinkers.
- Regular alcohol consumption was most common among males in the 60 to 74 years age group (6.2%).
- The crude prevalence of binge drinking was 10.4%, and it was more common among males (14.4%) than females (6.6%).
- The highest proportion of binge drinkers were among males aged 30 to 39 years old at 20.7% and among females aged 18 to 29 years at 11.2%.
- The proportion of binge drinkers was higher among individuals with post-secondary education (12.1%) compared to those with primary (4.9%) and secondary education (7.8%).
- The prevalence of regular alcohol consumption and binge drinking remained stable between 2019 and 2025.

Introduction

Alcohol consumption is a risk factor for many diseases, such as liver and pancreatic disease, neuropsychiatric diseases, cardiovascular diseases and certain cancers. While some studies have shown that light alcohol intake may provide health benefits (Stockwell, et al., 2024), a recent meta-analysis reported that low levels of alcohol consumption was not associated with protection against all-cause mortality (Zhao et al., 2023). Meta-analysis shows a near linear association between alcohol intake and risk of hypertension (Cecchini et al., 2024). In addition to chronic disease risks, alcohol consumption can also affect social behaviours and cause immediate harm (e.g., road traffic accidents, physical assault) to both drinkers and the people around them. Due to the short- and long-term effects of alcohol consumption, there is risk associated with alcohol consumption at any amount, so avoidance or reduction in alcohol intake should be encouraged (Anderson et al., 2023). According to the World Health Organisation, there is no safe amount of alcohol consumption that does not affect health. The risk to the drinker's health starts from the first drop of any alcoholic beverage and the more you drink, the more harmful it is.

Definition

Alcohol consumption was classified according to the frequency of alcohol intake in Table 1.1.

Table 1.1: Classification of alcohol consumption

Classification	Frequency of alcohol consumption
Regular drinker	> 4 days a week
Frequent drinker	1 – 4 days a week
Occasional drinker	≤ 3 days a month

Binge drinking was defined as consumption of at least five alcoholic drinks⁵ for males or at least four alcoholic drinks for females in any single drinking session during the past month preceding the survey.

Methodology

An interviewer-administered questionnaire was used. Respondents were shown a card with pictures of servings of alcoholic drinks ([Diagram 1](#)) and asked questions on alcohol consumption within the past 12 months at the time of the survey.

Diagram 1: Alcohol Card

Servings of the alcoholic drinks



⁵ 1 alcoholic drink refers to 1 glass (~100 mls) of wine or 1 measure (~30 mls) of spirits. 1 can/ mug/ small bottle (330ml) of beer represents 1.5 servings of alcoholic drink.

Alcohol Consumption

The survey found that in 2025, 2.3% of Singapore residents aged 18 to 74 years consumed alcohol regularly, 7.6% frequently, 37.6% occasionally, while 52.5% were non-drinkers (Table 1.2).

Table 1.2: Alcohol consumption (%) among Singapore residents aged 18 to 74 years by sex, 2025

Alcohol Consumption	Total	Males	Females
Non-drinker	52.5	44.7	59.8
Occasional drinker	37.6	41.3	34.1
Frequent drinker	7.6	10.4	5.0
Regular drinker	2.3	3.5	1.0

Note: Data might not sum to 100% due to rounding.

Prevalence of Regular Alcohol Consumption

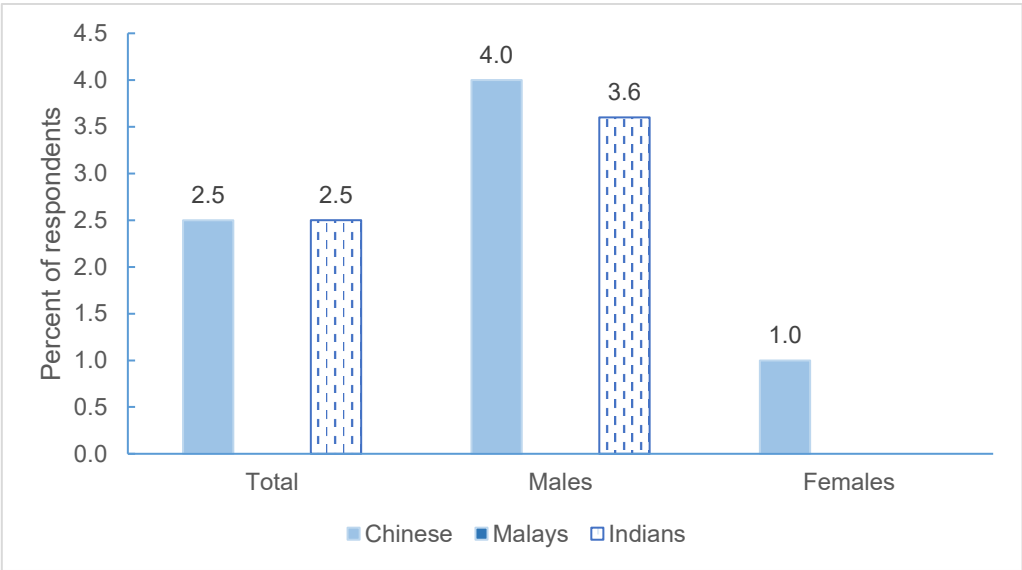
In 2025, among Singapore residents aged 18 to 74 years, 3.5% of the males and 1.0% of the females consumed alcohol regularly (Table 1.3). Regular alcohol consumption was most common among males in the 60 to 74 years age group (6.2%). Among the ethnic groups, Chinese and Indians had the same proportion of regular drinkers at 2.5% (Graph 1.1). A slightly higher proportion of residents with primary education (3.0%) were regular drinkers, compared to those with secondary education (2.2%) and post-secondary education (2.2%) (Table 1.4).

Table 1.3: Age-specific prevalence (%) of regular alcohol consumption among Singapore residents aged 18 to 74 years by sex, 2025

Age (years)	Total	Males	Females
18-29	s	s	s
30-39	2.3	2.4	2.2
40-49	2.8	4.0	1.7
50-59	2.0	3.5	s
60-74	3.2	6.2	s
18-74	2.3	3.5	1.0

s: Data have been suppressed due to small counts or high sampling variability.

Graph 1.1: Crude prevalence (%) of regular alcohol consumption among Singapore residents aged 18 to 74 years by sex and ethnicity, 2025



Note: Data for Malay males and females, and Indian females have been suppressed due to small counts or high sampling variability.

Trends in Regular Alcohol Consumption

The crude and age-standardised prevalence of regular alcohol consumption remained stable between 2019 and 2025. Residents aged between 30 to 49 years old and those with post-secondary education showed increases in their regular alcohol consumption over this period though the increases were not significant (Table 1.4).

Table 1.4: Prevalence (%) of regular alcohol consumption among Singapore residents aged 18 to 74 years by age, sex, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	2.1 (1.6, 2.6)	2.2 (1.7, 2.6)	2.8 (2.1, 3.4)	2.5 (2.1, 2.9)	2.1 (1.7, 2.4)	2.2 (1.8, 2.6)	2.3 (1.9, 2.7)
ASR	2.1	2.2	2.8	2.5	2.1	2.2	2.2
18-29	s	s	s	s	s	s	s
30-39	1.1 (0.5, 1.8)	1.8 (0.9, 2.8)	1.7 (1.0, 2.5)	1.9 (1.2, 2.7)	1.5 (0.8, 2.2)	1.2 (0.7, 1.8)	2.3 (1.4, 3.1)
40-49	2.1 (1.0, 3.1)	2.0 (1.2, 2.8)	2.7 (1.6, 3.9)	3.5 (2.5, 4.5)	2.8 (1.8, 3.8)	2.0 (1.3, 2.7)	2.8 (1.8, 3.9)
50-59	2.4 (1.3, 3.4)	3.4 (2.2, 4.6)	3.9 (2.7, 5.1)	3.2 (2.0, 4.4)	3.3 (2.1, 4.4)	2.6 (1.7, 3.4)	2.0 (1.3, 2.7)
60-74	4.3 (2.7, 5.9)	3.0 (2.1, 3.8)	3.2 (2.3, 4.1)	3.3 (2.3, 4.3)	2.4 (1.6, 3.3)	3.7 (2.7, 4.7)	3.2 (2.2, 4.3)
Males	3.6 (2.6, 4.5)	3.4 (2.7, 4.1)	4.6 (3.3, 5.8)	4.0 (3.3, 4.7)	3.2 (2.5, 3.8)	3.6 (3.0, 4.3)	3.5 (2.8, 4.3)
Females	0.7 (0.3, 1.0)	1.0 (0.6, 1.4)	1.1 (0.7, 1.4)	1.1 (0.7, 1.5)	1.0 (0.6, 1.4)	0.8 (0.5, 1.2)	1.0 (0.7, 1.4)
Primary	3.3 (1.9, 4.6)	3.2 (1.9, 4.4)	2.9 (1.8, 4.0)	3.8 (2.4, 5.3)	3.4 (2.1, 4.7)	2.5 (1.3, 3.7)	3.0 (1.7, 4.3)
Secondary	2.3 (1.4, 3.1)	1.9 (1.3, 2.5)	2.5 (1.8, 3.3)	2.7 (1.9, 3.4)	2.2 (1.5, 2.9)	3.1 (2.2, 3.9)	2.2 (1.6, 2.9)
Post-secondary	1.7 (1.1, 2.3)	2.1 (1.5, 2.6)	2.9 (1.9, 3.8)	2.2 (1.7, 2.7)	1.8 (1.3, 2.3)	1.8 (1.4, 2.3)	2.2 (1.7, 2.7)
Chinese	2.2 (1.6, 2.8)	2.4 (1.9, 2.9)	3.2 (2.3, 4.0)	2.9 (2.4, 3.4)	2.2 (1.8, 2.7)	2.3 (1.8, 2.7)	2.5 (2.0, 3.0)
Malays	s	s	s	s	s	s	s
Indians	s	s	2.3 (1.2, 3.3)	s	2.1 (0.9, 3.2)	3.1 (1.6, 4.6)	2.5 (1.3, 3.8)

Notes: (1) Figures in () refer to the 95% confidence intervals.
(2) s: Data have been suppressed due to small counts or high sampling variability.
(3) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.
(4) Analysis based on highest education attained served as a proxy to socio-economic factors.
Primary education: No formal qualification/ Primary/ PSLE.
Secondary education: Secondary/ GCE 'O'/ 'N' level.
Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.

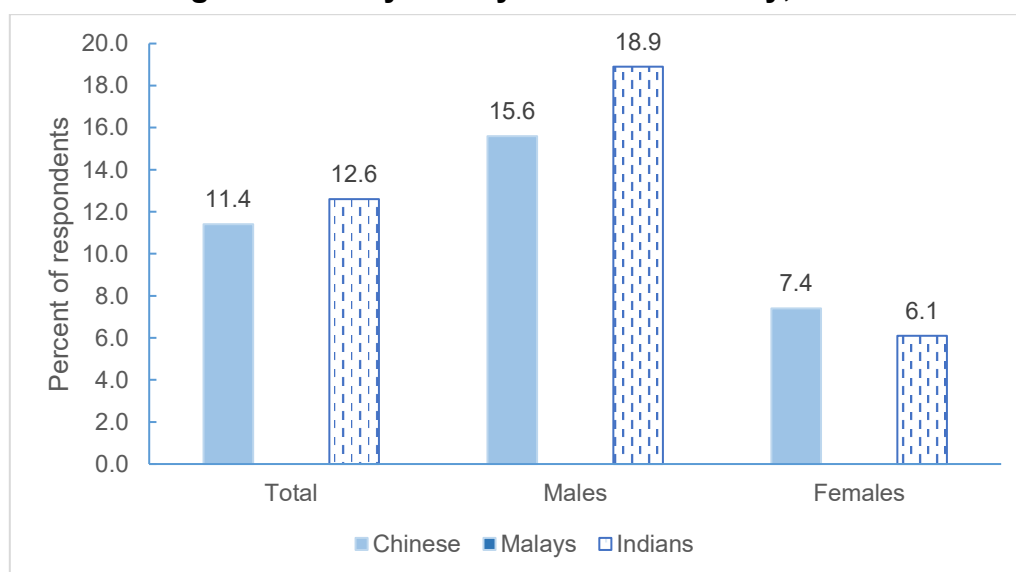
Prevalence of Binge Drinking

In 2025, among Singapore residents aged 18 to 74 years, the crude prevalence of binge drinking was 10.4% (Table 1.5). Binge drinking was more prevalent among males (14.4%) than females (6.6%). The highest proportion of binge drinkers were among males aged 30 to 39 years old at 20.7% and among females aged 18 to 29 years at 11.2%. Among the ethnic groups, the prevalence of binge drinking was higher among Indians (12.6%) and Chinese (11.4%) (Graph 1.2). The proportion of binge drinkers was higher among those with post-secondary education (12.1%), compared to those with lower education levels (primary and secondary education at 4.9% and 7.8%, respectively) (Table 1.6).

Table 1.5: Age-specific prevalence (%) of binge drinking among Singapore residents aged 18 to 74 years by sex, 2025

Age (years)	Total	Males	Females
18-29	14.9	18.5	11.2
30-39	15.3	20.7	10.3
40-49	11.4	14.9	8.2
50-59	7.8	12.1	3.7
60-74	4.3	7.5	1.2
18-74	10.4	14.4	6.6

Graph 1.2: Crude prevalence (%) of binge drinking among Singapore residents aged 18 to 74 years by sex and ethnicity, 2025



Note: Data for Malay males and females have been suppressed due to small counts or high sampling variability.

Trends in Binge Drinking

Between 2019 and 2025, the prevalence of binge drinking remained stable at overall level and across most subgroups except for a significant increase among those aged 40 to 49 years old.

Table 1.6: Prevalence (%) of binge drinking among Singapore residents aged 18 to 74 years by age, sex, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	10.2 (9.1, 11.3)	10.5 (9.5, 11.5)	9.6 (8.6, 10.6)	9.4 (8.6, 10.2)	10.3 (9.5, 11.2)	9.9 (9.1, 10.7)	10.4 (9.5, 11.3)
ASR	10.2	10.5	9.7	9.4	10.4	10.1	10.6
18-29	16.6 (13.5, 19.7)	17.1 (13.8, 20.3)	15.6 (12.0, 19.3)	10.5 (8.5, 12.5)	14.4 (11.8, 16.9)	15.9 (13.2, 18.6)	14.9 (12.2, 17.6)
30-39	13.8 (10.9, 16.6)	14.5 (12.0, 17.0)	12.8 (10.7, 14.9)	12.6 (10.7, 14.5)	14.3 (12.2, 16.4)	12.1 (10.3, 14.0)	15.3 (13.0, 17.5)
40-49	8.8 (6.8, 10.7)	9.6 (7.7, 11.6)	9.7 (7.9, 11.5)	11.2 (9.4, 13.0)	11.6 (9.8, 13.5)	10.3 (8.7, 11.9)	11.4 ^d (9.4, 13.3)
50-59	6.9 (5.0, 8.8)	6.8 (5.1, 8.5)	6.4 (4.9, 7.8)	9.0 (7.1, 10.9)	8.2 (6.5, 10.0)	7.3 (5.7, 8.9)	7.8 (6.1, 9.4)
60-74	5.0 (3.4, 6.6)	4.9 (3.5, 6.2)	4.3 (3.2, 5.3)	4.5 (3.4, 5.6)	4.3 (3.2, 5.4)	5.1 (3.9, 6.4)	4.3 (3.1, 5.4)
Males	14.9 (13.1, 16.6)	14.6 (13.0, 16.3)	13.8 (12.1, 15.5)	13.1 (11.9, 14.4)	13.7 (12.3, 15.0)	14.1 (12.8, 15.5)	14.4 (12.9, 15.8)
Females	5.7 (4.6, 6.8)	6.5 (5.3, 7.7)	5.6 (4.5, 6.7)	5.7 (4.9, 6.6)	7.1 (6.1, 8.2)	5.8 (4.9, 6.7)	6.6 (5.6, 7.6)
Primary	5.4 (3.6, 7.2)	4.4 (2.9, 5.9)	4.8 (3.2, 6.3)	6.6 (4.7, 8.5)	5.2 (3.6, 6.8)	4.0 (2.5, 5.5)	4.9 (3.0, 6.8)
Secondary	7.3 (5.9, 8.7)	7.5 (6.0, 8.9)	6.6 (5.4, 7.8)	6.6 (5.3, 8.0)	6.7 (5.4, 8.1)	7.5 (6.2, 8.7)	7.8 (6.4, 9.1)
Post-secondary	12.5 (10.9, 14.2)	13.0 (11.5, 14.5)	11.7 (10.2, 13.1)	11.0 (9.9, 12.0)	12.6 (11.4, 13.7)	11.6 (10.5, 12.7)	12.1 (10.9, 13.3)
Chinese	11.5 (10.1, 12.8)	11.6 (10.3, 12.8)	10.2 (9.0, 11.4)	10.1 (9.2, 11.1)	11.0 (10.0, 12.0)	10.5 (9.6, 11.5)	11.4 (10.3, 12.4)
Malays	2.3 (1.0, 3.6)	1.7 (0.7, 2.7)	2.1 (1.0, 3.2)	1.9 (0.8, 3.0)	3.0 (1.5, 4.6)	3.2 (2.0, 4.4)	s
Indians	10.5 (7.8, 13.1)	11.4 (7.9, 14.8)	10.6 (6.3, 14.8)	9.2 (6.8, 11.7)	13.0 (9.8, 16.2)	11.1 (8.5, 13.8)	12.6 (9.5, 15.6)

- Notes: (1) Figures in () refer to the 95% confidence intervals.
(2) s: Data have been suppressed due to small counts or high sampling variability.
(3) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.
(4) Analysis based on highest education attained served as a proxy to socio-economic factors.
Primary education: No formal qualification/ Primary/ PSLE.
Secondary education: Secondary/ GCE 'O'/'N' level.
Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.
(5) ^d Indicate statistically significant linear upward trend between 2019 and 2025 with p-value <0.05.

Chapter 2

Cigarette Smoking

Key Points

- In 2025, 8.8% of Singapore residents aged 18 to 74 years smoked cigarettes daily.
- More males (15.6%) smoked daily than females (2.3%).
- Daily smoking was most prevalent in adults aged 50 to 59 years (10.8%) and least prevalent among younger adults aged 18 to 29 years (4.7%).
- Male daily smokers smoked an average of 12 cigarettes a day while female daily smokers smoked an average of 8 cigarettes a day.
- About half (48.8%) of the daily smokers had intention to quit smoking. However, only 18.3% of them planned to quit smoking within the next 12 months.
- The overall crude and age-standardised prevalence of daily smoking declined significantly between 2019 and 2025.

Introduction

Tobacco use is a major source of preventable morbidity and mortality. Cigarette smoking is the most common form of tobacco use. Smoking increases the risk of all-cause mortality, respiratory diseases, cardiovascular diseases and certain cancers (Hwang et al., 2024). In addition to these disease risks that affect smokers, smoking also affects others who are exposed to second-hand smoke. Meta-analyses and reviews have established that quitting smoking can ameliorate some of the increased health risks, such as for lung cancer (Lai et al., 2024), with earlier cessation associated with longer gains in life years (Le et al., 2024).

Definition

Smoking status was classified according to the frequency of cigarette smoking as shown in Table 2.1, which followed the American College of Cardiology 2018 classification criteria (Barua et al., 2018).

Table 2.1: Classification of smoking status

Classification	Frequency of cigarette smoking
Daily smoker	Smokes cigarettes at least once a day (including people who smoke every day but have to stop temporarily because of religious fasting or medical reasons)
Non-daily smoker	Smokes cigarettes but not every day
Ex-smoker	Formerly a daily smoker, but currently does not smoke at all
Non-smoker	Never smoked before or smoked too little in the past to be regarded as an ex-smoker

Methodology

An interviewer-administered questionnaire was used. The questionnaire was based on WHO's recommended core questions for assessing smoking status (*WHO, 1998*).

Smoking Status

The survey showed that among Singapore residents aged 18 to 74 years, 8.8% were daily smokers, 3.2% were non-daily smokers, 8.4% were ex-smokers and 79.6% were non-smokers in 2025 (Table 2.2).

Table 2.2: Smoking status (%) of Singapore residents aged 18 to 74 years by sex, 2025

Smoking Status	Total	Males	Females
Daily smoker	8.8	15.6	2.3
Non-daily smoker	3.2	5.0	1.5
Ex-smoker	8.4	13.5	3.6
Non-Smoker	79.6	65.9	92.6

Prevalence of Daily Smoking

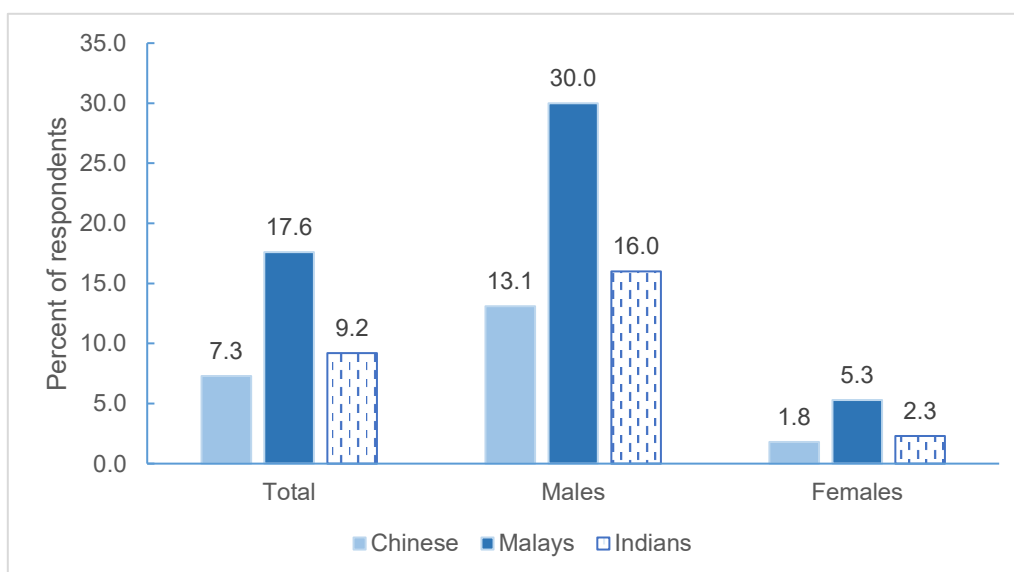
In 2025, the prevalence of daily smoking among Singapore residents aged 18 to 74 years was 15.6% among males and 2.3% among females (Table 2.3). Daily smoking was most prevalent in the 50 to 59 years age group for males (18.7%) and females (3.3%). Daily smoking prevalence was higher among Malays (17.6%) than Indians (9.2%) and Chinese (7.3%) (Graph 2.1). The prevalence of daily smoking among residents with primary education (16.6%) was almost three times as high as residents with post-secondary education (5.9%) (Table 2.4).

Table 2.3: Age-specific prevalence (%) of daily smoking among Singapore residents aged 18 to 74 years by sex, 2025

Age (years)	Total	Males	Females
18-29	4.7	7.9	s
30-39	8.7	14.9	3.0
40-49	10.3	18.3	3.1
50-59	10.8	18.7	3.3
60-74	9.0	17.5	0.9
18-74	8.8	15.6	2.3

s: Data have been suppressed due to small counts or high sampling variability.

Graph 2.1: Crude prevalence (%) of daily smoking among Singapore residents aged 18 to 74 years by sex and ethnicity, 2025



Age of Initiation and Onset of Daily Smoking Among Daily Smokers

Among Singapore residents who are daily smokers, the mean age of initiation, or the age at which they first tried smoking, was 18 years old. The mean age at which they established their habit of daily smoking was 20 years old. Among the younger daily smokers aged 18 to 24 years, the mean age of initiation and age at which they established their daily smoking habit was 17 and 18 years old respectively.

Smoking Intensity of Daily Smokers

The mean number of cigarettes smoked per day among the daily smokers was 11 cigarettes. Male daily smokers on average smoked more cigarettes per day (12 cigarettes) than female daily smokers (8 cigarettes). Daily smokers in the 60 to 74 years age group on average smoked the highest number of cigarettes per day (14 cigarettes), compared to the other age groups.

Quit Intention of Daily Smokers

About half (48.8%) of the daily smokers had the intention to quit smoking. However, only over one in six (18.3%) daily smokers planned to quit within the next 12 months. Around one in three (32.9%) daily smokers did not plan to quit smoking but planned to cut down on the number of cigarettes smoked. Over one in six (18.3%) daily smokers did not plan to quit smoking nor reduce the number of cigarettes smoked. Almost one in two (45.3%) daily smokers reported that they had abstained from smoking for a period of at least 24 hours in the past 12 months, and on average, these smokers had tried quitting smoking five times during the past 12 months preceding the survey.

Trends in Daily Smoking

Between 2019 and 2025, the overall crude and age-standardised prevalence of daily smoking decreased significantly. There was a significant decrease in daily smoking prevalence in adults aged 18 to 29 years and those aged 50 to 59 years, among males and females, among Chinese and Malays, and those with secondary education (Table 2.4).

Table 2.4: Prevalence (%) of daily smoking among Singapore residents aged 18 to 74 years by age, sex, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	10.6 (9.5, 11.7)	10.1 (9.2, 11.0)	10.4 (9.6, 11.2)	9.2 (8.5, 10.0)	8.8 (8.0, 9.6)	8.4 (7.8, 9.1)	8.8 ^e (8.1, 9.5)
ASR	10.6	10.2	10.4	9.3	8.9	8.4	8.7 ^e
18-29	8.4 (6.5, 10.2)	8.8 (6.8, 10.8)	8.3 (6.2, 10.4)	5.1 (3.8, 6.5)	5.0 (2.7, 7.2)	4.7 (3.4, 6.1)	4.7 ^e (3.3, 6.1)
30-39	11.4 (9.3, 13.5)	9.9 (7.9, 11.8)	12.8 (10.9, 14.7)	8.7 (7.1, 10.4) ^a	8.5 (6.7, 10.3)	8.5 (7.0, 10.0)	8.7 (7.1, 10.2)
40-49	10.6 (8.7, 12.5)	10.6 (8.5, 12.7)	11.6 (9.5, 13.7)	11.6 (9.9, 13.3)	10.5 (8.7, 12.2)	9.7 (8.2, 11.1)	10.3 (8.6, 12.0)
50-59	12.6 (10.0, 15.2)	13.4 (10.8, 16.0)	11.3 (9.4, 13.3)	11.4 (9.5, 13.3)	11.5 (9.6, 13.4)	10.5 (8.9, 12.2)	10.8 ^e (9.0, 12.6)
60-74	10.2 (8.0, 12.4)	8.0 (6.5, 9.5)	8.3 (6.9, 9.6)	9.4 (7.9, 10.8)	8.7 (7.2, 10.2)	8.5 (7.2, 9.7)	9.0 (7.7, 10.4)
Males	18.4 (16.3, 20.5)	17.0 (15.4, 18.6)	17.8 (16.3, 19.3)	16.0 (14.7, 17.3)	15.7 (14.2, 17.2)	14.9 (13.7, 16.1)	15.6 ^e (14.2, 16.9)
Females	3.2 (2.4, 3.9)	3.4 (2.5, 4.3)	3.3 (2.6, 4.0)	2.7 (2.2, 3.3)	2.3 (1.8, 2.8)	2.1 (1.7, 2.6)	2.3 ^e (1.8, 2.8)
Primary	18.3 (15.2, 21.4)	16.5 (13.7, 19.3)	16.5 (13.5, 19.5)	17.5 (14.7, 20.3)	17.6 (14.8, 20.5)	17.9 (15.2, 20.7)	16.6 (13.8, 19.4)
Secondary	16.7 (14.3, 19.0)	16.4 (14.2, 18.6)	15.5 (13.6, 17.3)	14.6 (12.9, 16.4)	14.6 (12.5, 16.8)	13.3 (11.7, 14.8)	13.8 ^e (12.1, 15.6)
Post-secondary	6.1 (5.1, 7.1)	6.0 (5.0, 6.9)	7.2 (6.3, 8.1)	5.7 (5.0, 6.4)	5.2 (4.4, 5.9)	5.2 (4.5, 5.9)	5.9 (5.2, 6.6)
Chinese	8.6 (7.5, 9.7)	8.6 (7.7, 9.5)	8.6 (7.8, 9.5)	7.9 (7.2, 8.7)	7.6 (6.8, 8.4)	7.2 (6.6, 7.9)	7.3 ^e (6.5, 8.0)
Malays	23.0 (19.4, 26.6)	21.1 (17.3, 24.9)	22.4 (19.1, 25.8)	19.5 (16.6, 22.3)	16.0 (13.3, 18.7)	16.0 (13.5, 18.5)	17.6 ^e (14.8, 20.4)
Indians	10.9 (8.0, 13.8)	8.9 (6.0, 11.9)	9.2 (6.8, 11.7)	5.9 (4.2, 7.6)	9.8 (5.3, 14.3)	8.4 (6.2, 10.7)	9.2 (6.9, 11.5)

- Notes: (1) Figures in () refer to the 95% confidence intervals. ^a Indicates that the results for any two consecutive survey years are significantly different statistically at 5% significance level as the confidence intervals for these two survey years did not overlap (e.g. NPHS 2024 and NPHS 2025).
- (2) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.
- (3) Analysis based on highest education attained served as a proxy to socio-economic factors.
Primary education: No formal qualification/ Primary/ PSLE.
Secondary education: Secondary/ GCE 'O'/'N' level.
Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.
- (4) ^e Indicate statistically significant linear downward trend between 2019 and 2025 with p-value <0.05

Chapter 3

Physical Activity

Key Points

- In 2025, 87.3% of Singapore residents had sufficient total physical activity based on all domains of physical activity (including work-related, transportation-related and leisure-time physical activity).
- Males (88.2%) and females (86.5%) had similar proportions meeting the recommended sufficient total physical activity level.
- The prevalence of sufficient total physical activity was highest among young adults (aged 18 to 29) at 92.9%, and lowest among older adults (aged 60 to 74) at 83.5%.
- The largest contributor to total physical activity per week was commuting (55.0%), followed by leisure-time physical activity (25.9%) and work-related physical activity (19.0%).
- More than one in three (37.6%) Singapore residents aged 18 to 74 years reported having sufficient muscle-strengthening activities in 2025.
- This was more common among younger adults aged 18 to 29 years (45.9%) compared to those aged 30 to 74 years (35.8%).
- There was a higher proportion of males (42.2%) with sufficient muscle-strengthening activities compared with females (33.3%).

Introduction

Physical activity is essential for maintaining good health across all age groups. For adults, it reduces the risk of premature death as well as the risk of developing cardiovascular diseases, hypertension and diabetes mellitus. In addition, physical activity can improve mental and cognitive health, sleep and prevent unhealthy weight gain, as well as preserve functional capacity and allow older adults to live longer independently (*Centers for Disease Control and Prevention, 2025*). Adults who participate in physical activity have better functional capacity and mobility to live longer independently (*US Department of Health and Human Services 2018; WHO 2020; WHO 2010*). For older adults aged 65 years and above, those who remain physically active are less likely to experience falls and falls-related injuries (*Colón-Emeri et al., 2024*).

Methodology

An interviewer-administered questionnaire was used. Respondents were asked about the frequency, duration, and intensity of physical activity in the domain of work, transportation and leisure⁶ using the Global Physical Activity Questionnaire (GPAQ) Analysis Guide developed by WHO in 2014. From NPHS 2019 to 2025, the assessment of physical activity took into account physical activity done either in one single session or accumulated in bouts of at least 10 minutes throughout the day (WHO 2014 guidelines).

In 2020, WHO published new guidelines on physical activity, removing the criterion that physical activity must be accumulated in bouts of at least 10 minutes based on emerging evidence that any duration of physical activity is associated with better health outcomes (*WHO 2020*). Reflecting this change from NPHS 2024 onwards, respondents can report their accumulated physical activity regardless of duration. However, to maintain comparability of data with earlier years, only physical activity participation lasting at least 10 minutes (WHO 2014 guidelines) are included in the NPHS 2024 and 2025 figures included in this chapter.

Total Physical Activity

WHO guidelines recognise that participation in physical activity can be achieved across three domains: work-related activity (paid or unpaid work including household chores), transportation-related activity (e.g. walking or cycling while travelling to and from places) and leisure-time physical activity; and recommend that adults should do at least 150 minutes of moderate-intensity physical activity or at least 75 minutes of vigorous-intensity physical activity or an equivalent combination of moderate- and vigorous-intensity physical activity per week (*WHO 2020; WHO 2010*). This recommendation is equivalent to achieving a minimum of at least 600 MET⁷ minutes per week (i.e., having sufficient total physical activity).

Prevalence of Sufficient Total Physical Activity

⁶ Starting from NPHS 2022, the National Population Health Survey no longer reports the participation on leisure-time physical activity separately as an indicator. For information regarding sports and exercise participation among Singapore residents, please refer to the National Sport Participation Survey (NSPS).

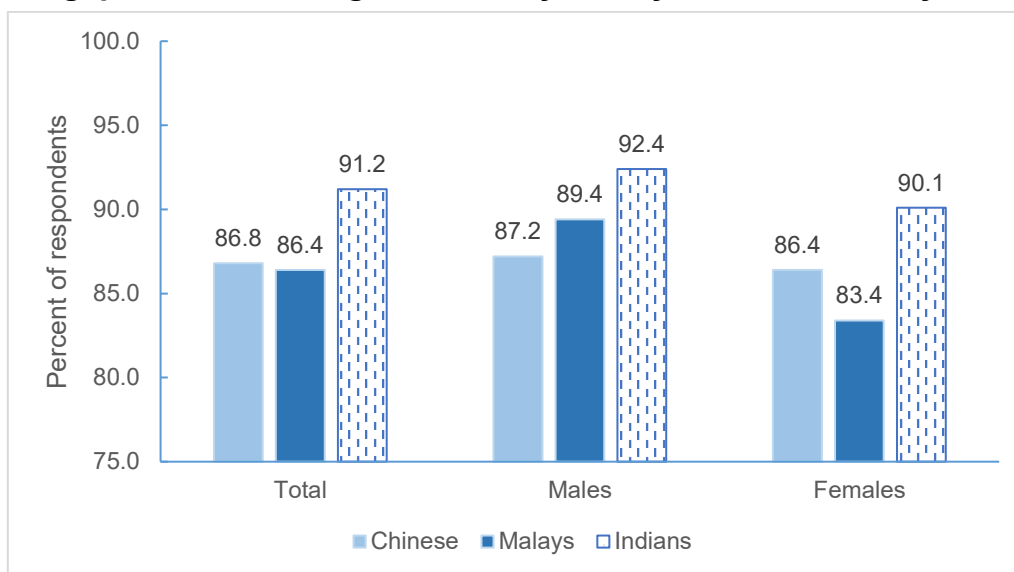
⁷ MET (Metabolic Equivalents) is the ratio of a person's working metabolic rate relative to the resting metabolic rate. 1MET is defined as the energy cost of sitting quietly and is equivalent to a caloric consumption of 1kcal/kg/hour.

In 2025, 87.3% of Singapore residents aged 18 to 74 years met the sufficient total physical activity recommendation of 600 MET minutes per week or more (Table 3.1). Males (88.2%) and females (86.5%) had similar proportions meeting this guideline. Physical activity participation was observed to decrease with age - young adults aged 18 to 29 years (92.9%) had the highest proportion with sufficient total physical activity while older adults aged 60 to 74 years had the lowest proportion at 83.5%. A higher proportion of Indians (91.2%) had sufficient total physical activity than the Chinese (86.8%) and Malays (86.4%) (Graph 3.1). Residents with post-secondary education (88.7%) had higher sufficient total physical activity compared with residents with secondary (85.6%) or primary (81.3%) education (Table 3.2). The largest contributor to total physical activity per week was commuting (55.0%), followed by leisure-time physical activity (25.9%) and work-related physical activity (19.0%).

Table 3.1: Age-specific prevalence (%) of sufficient total physical activity among Singapore residents aged 18 to 74 years by sex, 2025

Age (years)	Total	Males	Females
18-29	92.9	94.6	91.1
30-39	88.1	89.0	87.2
40-49	86.6	87.6	85.6
50-59	86.9	88.2	85.7
60-74	83.5	82.9	84.0
18-74	87.3	88.2	86.5

Graph 3.1: Crude prevalence (%) of sufficient total physical activity among Singapore residents aged 18 to 74 years by sex and ethnicity, 2025



Trends in Sufficient Total Physical Activity

The sufficient total physical activity levels remained similar between 2019 and 2025. A significant decline was observed from 2019 to 2022, likely attributed to the COVID-19 pandemic, but it rebounded back to pre-pandemic levels by 2024. Comparing between 2024 and 2025, the proportion of residents with sufficient total physical activity increased significantly from 84.7% to 87.3%. The significant increase between 2024 and 2025 was observed among residents aged 50 to 59 years, among males, and residents with secondary education.

Table 3.2: Prevalence (%) of sufficient total physical activity among Singapore residents aged 18 to 74 years by age, sex, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	84.6 (83.2, 85.9)	80.6 (79.4, 81.8) ^a	76.0 (74.8, 77.2) ^a	74.9 (73.8, 76.1)	78.5 (77.3, 79.6) ^a	84.7 (83.8, 85.6) ^a	87.3 (86.5, 88.2) ^a
ASR	84.6	80.5	76.1	75.0	78.5	84.9	87.5
18-29	88.2 (85.4, 91.0)	86.4 (84.0, 88.8)	81.9 (79.1, 84.7)	80.2 (77.5, 82.8)	85.5 (82.7, 88.3)	89.7 (87.5, 91.9)	92.9 (91.0, 94.7)
30-39	82.7 (79.8, 85.5)	81.4 (78.6, 84.1)	76.6 (73.8, 79.3)	75.5 (73.0, 77.9)	79.0 (76.5, 81.4)	88.2 (86.3, 90.0) ^a	88.1 (86.2, 89.9)
40-49	86.1 (83.7, 88.5)	79.5 (76.9, 82.2) ^a	74.9 (72.1, 77.7)	75.7 (73.4, 78.1)	77.4 (75.0, 79.8)	84.8 (82.8, 86.7) ^a	86.6 (84.5, 88.6)
50-59	83.2 (80.1, 86.3)	81.3 (78.7, 83.9)	78.0 (75.3, 80.6)	74.3 (71.6, 77.0)	77.0 (74.4, 79.7)	81.7 (79.4, 84.1)	86.9 (84.8, 89.0) ^a
60-74	82.7 (80.0, 85.3)	74.7 (71.9, 77.5) ^a	69.6 (67.0, 72.2)	69.9 (67.5, 72.2)	74.2 (71.9, 76.5)	80.3 (78.4, 82.2) ^a	83.5 (81.7, 85.3)
Males	85.6 (83.9, 87.3)	80.4 (78.6, 82.2) ^a	78.1 (76.4, 79.7)	76.7 (75.2, 78.3)	80.0 (78.5, 81.6) ^a	85.4 (84.1, 86.7) ^a	88.2 (87.0, 89.4) ^a
Females	83.6 (81.8, 85.5)	80.7 (79.1, 82.3)	74.1 (72.3, 75.9) ^a	73.2 (71.6, 74.8)	76.9 (75.3, 78.6) ^a	84.0 (82.7, 85.3) ^a	86.5 (85.3, 87.8)
Primary	79.0 (74.9, 83.1)	75.1 (71.8, 78.3)	67.6 (63.8, 71.3) ^a	63.1 (59.6, 66.6)	68.9 (65.4, 72.5)	79.3 (76.3, 82.3) ^a	81.3 (78.4, 84.2)
Secondary	84.2 (81.9, 86.5)	78.5 (76.2, 80.9) ^a	74.5 (72.1, 76.8)	74.1 (72.0, 76.3)	76.3 ^c (74.0, 78.5)	81.6 (79.7, 83.5) ^a	85.6 (83.8, 87.4) ^a
Post-secondary	86.0 (84.3, 87.6)	82.5 (81.0, 84.1) ^a	78.1 (76.5, 79.7) ^a	77.3 (75.9, 78.6)	80.8 (79.4, 82.2) ^a	86.6 (85.5, 87.8) ^a	88.7 (87.7, 89.8)
Chinese	83.6 (81.9, 85.2)	79.7 (78.2, 81.1) ^a	74.9 (73.4, 76.4) ^a	73.1 (71.8, 74.4)	77.2 (75.8, 78.5) ^a	84.7 (83.7, 85.8) ^a	86.8 (85.7, 87.8)
Malays	84.8 (81.5, 88.1)	80.5 (77.1, 83.9)	76.2 (73.0, 79.4)	79.4 (76.6, 82.2)	80.1 (77.2, 83.0)	83.8 (81.2, 86.4)	86.4 (83.9, 88.8)
Indians	91.1 (88.7, 93.4) ^a	86.5 (83.4, 89.6)	82.4 (78.9, 85.9)	80.9 (77.6, 84.1)	84.1 (80.6, 87.6)	86.5 (83.8, 89.2)	91.2 (89.0, 93.5)

Notes: (1) Figures in () refer to the 95% confidence intervals. ^a Indicates that the results for any two consecutive survey years are significantly different statistically at 5% significance level as the confidence intervals for these two survey years did not overlap (e.g. NPHS 2024 and NPHS 2025).

(2) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.

(3) Analysis based on highest education attained served as a proxy to socio-economic factors.
Primary education: No formal qualification/ Primary/ PSLE.
Secondary education: Secondary/ GCE 'O'/'N' level.
Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.

Muscle-Strengthening Activity

WHO recommends that adults should also do muscle-strengthening activities involving the major muscle groups at least two days or more in a week. Muscle-strengthening activity refers to an activity or exercise that increases skeletal muscle strength, power, endurance and mass (e.g., strength training, resistance training or muscular strength and endurance exercises) and may involve the use of weight machines, exercise bands, hand-held weights or own body weight (e.g., push-ups or sit-ups) (*WHO 2020; Bennie et al. 2019*). The major muscle groups to work on include the legs, back, abdomen, chest, shoulders and arms (*WHO 2020*). It has been shown that muscle-strengthening exercises increase skeletal muscle strength and mass, bone density, ability to perform activities of daily living, improve cardiometabolic health and reduce symptoms of anxiety and depression (*Bennie et al. 2019*).

Methodology

Information on muscle-strengthening activities were collected since 2020 using an interviewer-administered questionnaire. Respondents were asked about the number of days in a typical week that they do physical activities or exercises to strengthen their muscles. Respondents must complete at least one set of exercises involving eight to 12 repetitions to be counted as having done one day of muscle-strengthening activities. Respondents were classified as having sufficient muscle-strengthening activities if the frequency of muscle-strengthening activities are at least two days per week.

Prevalence of Sufficient Muscle-Strengthening Activities

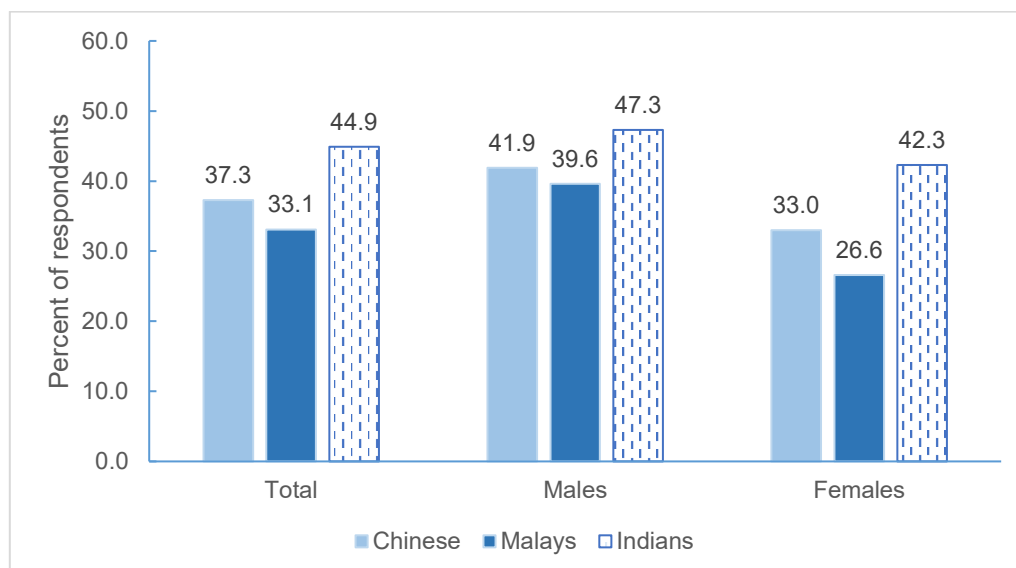
More than one in three (37.6%) Singapore residents aged 18 to 74 years reported having sufficient muscle-strengthening activities in 2025 (Table 3.3). This was more common among younger adults aged 18 to 29 years (45.9%) while the proportion dropped to around one-third for the older age groups. Males (42.2%) had higher proportion with sufficient muscle-strengthening activities compared with females (33.3%). This gender difference was largest among those aged 18 to 29 years, where males had nearly 1.5 times the participation of females, but this difference narrowed for older age groups.

Table 3.3: Age-specific prevalence (%) of sufficient muscle-strengthening activities among Singapore residents aged 18 to 74 years by sex, 2025

Age (years)	Total	Males	Females
18-29	45.9	56.8	34.8
30-39	33.0	40.7	26.1
40-49	35.6	37.4	33.9
50-59	37.7	39.0	36.5
60-74	36.8	38.2	35.4
18-74	37.6	42.2	33.3

Among the ethnic groups, Indians had the highest proportion with sufficient muscle-strengthening activities (44.9%) and for both sexes (males 47.3%, females 42.3%) (Graph 3.2). Participation among Chinese (37.3%) and Malay (33.1%) residents was lower and similar. Among the subgroups, Malay (26.6%) females had the lowest participation in sufficient muscle-strengthening activities. A higher proportion of residents with post-secondary education (41.1%) met the muscle-strengthening recommendation compared with residents with secondary (33.5%) or primary (22.3%) education (Table 3.4).

Graph 3.2: Crude prevalence (%) of sufficient muscle-strengthening activities among Singapore residents aged 18 to 74 years by sex and ethnicity, 2025



Trends in Sufficient Muscle-Strengthening Activities

The proportion of Singapore residents aged 18 to 74 years with sufficient muscle-strengthening activities remained stable between 2020 (33.8%) to 2025 (37.6%) (Table 3.4).

Table 3.4: Prevalence (%) of sufficient muscles-strengthening activities among Singapore residents aged 18 to 74 years by age, sex, education and ethnicity, 2020 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2020	2021	2022	2023	2024	2025
Total	33.8 (32.3, 35.3)	35.5 (34.0, 37.0)	34.5 (33.3, 35.8)	33.7 (32.4, 35.1)	35.7 (34.4, 36.9)	37.6 (36.3, 39.0)
ASR	33.8	35.6	34.6	33.8	35.7	37.8
18-29	44.1 (40.2, 48.0)	46.4 (42.4, 50.5)	45.8 (42.4, 49.3)	42.4 (38.4, 46.3)	45.2 (41.7, 48.8)	45.9 (42.1, 49.6)
30-39	30.9 (27.4, 34.4)	37.0 (33.8, 40.2)	33.9 (31.0, 36.7)	34.1 (31.1, 37.2)	32.5 (29.8, 35.3)	33.0 (30.2, 35.9)
40-49	33.5 (30.1, 36.8)	30.8 (27.8, 33.9)	33.5 (30.9, 36.1)	31.7 (29.0, 34.4)	33.6 (31.0, 36.3)	35.6 (32.6, 38.6)
50-59	35.5 (32.0, 39.0)	32.3 (29.0, 35.6)	31.6 (28.7, 34.5)	31.3 (28.4, 34.2)	31.2 (28.3, 34.0)	37.7 (34.6, 40.8) ^a
60-74	25.5 (22.7, 28.3)	31.3 (28.8, 33.9) ^a	28.8 (26.4, 31.3)	30.0 (27.4, 32.5)	36.1 (33.8, 38.5) ^a	36.8 ^d (34.3, 39.3)
Males	40.1 (37.8, 42.4)	40.0 (37.9, 42.1)	40.2 (38.3, 42.0)	40.4 (38.4, 42.5)	41.0 (39.1, 42.8)	42.2 ^d (40.2, 44.2)
Females	27.8 (25.8, 29.8)	31.2 (29.1, 33.2)	29.1 (27.4, 30.9)	27.3 (25.6, 29.1)	30.6 (28.9, 32.2)	33.3 (31.5, 35.1)
Primary	19.6 (16.4, 22.8)	21.0 (17.6, 24.3)	21.7 (18.6, 24.7)	19.3 (16.3, 22.3)	20.8 (17.9, 23.8)	22.3 (19.2, 25.4)
Secondary	27.4 (24.8, 30.0)	30.5 (28.0, 33.1)	29.2 (26.8, 31.6)	28.4 (25.9, 30.9)	31.8 (29.6, 34.1)	33.5 (31.1, 36.0)
Post-secondary	39.4 (37.3, 41.5)	40.1 (38.1, 42.0)	38.9 (37.2, 40.6)	38.0 (36.3, 39.8)	39.2 (37.5, 40.8)	41.1 (39.3, 42.9)
Chinese	32.7 (31.0, 34.5)	34.5 (32.8, 36.2)	33.3 (31.8, 34.8)	32.1 (30.6, 33.6)	34.9 (33.5, 36.4)	37.3 (35.7, 38.9)
Malays	32.7 (28.5, 36.9)	33.7 (29.8, 37.7)	33.9 (30.5, 37.4)	34.1 (30.3, 37.8)	31.0 (27.6, 34.3)	33.1 (29.5, 36.6)
Indians	41.6 (36.1, 47.1)	41.7 (36.8, 46.5)	44.8 (40.7, 49.0)	41.8 (36.7, 46.9)	47.1 (42.9, 51.3)	44.9 (40.5, 49.2)

- Notes: (1) Figures in () refer to the 95% confidence intervals. ^a Indicates that the results for any two consecutive survey years are significantly different statistically from the previous survey year at 5% significance level as the confidence intervals for these two survey years did not overlap (e.g. NPHS 2024 and NPHS 2025).
- (2) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.
- (3) Analysis based on highest education attained served as a proxy to socio-economic factors.
Primary education: No formal qualification/ Primary/ PSLE.
Secondary education: Secondary/ GCE 'O'/'N' level.
Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.
- (4) Data for NPHS 2023 have been revised due to a coding error.
- (5) ^d Indicate statistically significant linear upward trend between 2019 and 2025 with p-value <0.05.

Chapter 4

Chronic Disease Screening

Key Points

- In 2025, among Singapore residents aged 40 to 74 years with no previous diagnosis of diabetes, high blood pressure, or hyperlipidaemia (high blood cholesterol) (“DHL”), (i.e. not told by a doctor that they have these diseases), slightly more than 7 in 10 (71.5%) were screened for all three health conditions according to the recommended screening frequency.
- Among Singapore residents aged 40 to 74 years without known diabetes, 82.5% were screened for diabetes within the past three years.
- Among Singapore residents aged 40 to 74 years without known high blood pressure, 88.5% were screened for high blood pressure in the past two years.
- Among Singapore residents aged 40 to 74 years without known high blood cholesterol, 81.1% were screened within the past three years.
- Chronic disease screening participation rates declined during the COVID-19 pandemic (2020–2021) but have recovered and now exceed pre-pandemic levels.

Introduction

Chronic disease screening is an effective preventive strategy in the population. It is important to go for appropriate and regular health screening as it helps to detect risk factors or diseases early when there are no symptoms. Early detection of diabetes mellitus, high blood pressure and high blood cholesterol, coupled with timely initiation of treatment, results in better disease control, fewer complications, reduced risk of heart attacks and stroke, and better overall health outcomes.

Methodology

An interviewer-administered questionnaire was used. Respondents were asked whether they were ever told by a western-trained doctor that they had diabetes, high blood pressure or high blood cholesterol. Respondents who reported that they were not told by a doctor that they have diabetes or high blood cholesterol were asked about their most recent blood tests. Those who were not told by a doctor that they had high blood pressure were asked about the last time they had checked their blood pressure. Respondents were also asked about the place where they last had their screening for these chronic diseases.

During the data collection period, the Screening Test Review Committee's recommendations⁸ were for Singapore residents aged 40 years and above to go for diabetes and hyperlipidaemia screening once every three years and Singapore residents aged 18 years and above to go for hypertension screening once every two years.

Uptake of Health Screening

Uptake of health screening for chronic diseases was relatively high among Singapore residents aged 40 to 74 years who were not previously diagnosed with any chronic diseases (diabetes, high blood pressure and high blood cholesterol – DHL). In 2025, 71.5% of these residents reported being screened for all three health conditions (DHL) according to the recommended screening frequencies, a significant increase from the 66.4% in 2024 (Table 4.1). The majority of individuals with no known DHL who went for screening were screened at private GP clinics (43.0%), followed by polyclinics (17.0%), and specialist outpatient clinics in public hospitals (11.7%).

The uptake of chronic disease screening was found to be higher among older adults aged 60 to 69 years, with nearly three-quarters of them (74.3%) having screened for all three health conditions (DHL) according to the recommendation. Among the ethnic groups, Indians (78.7%) had a higher screening participation rate for all three chronic diseases, followed by Chinese (71.7%) and Malays (60.9%). Singapore residents with post-secondary education (76.2%) were more likely to have gone for chronic disease screening compared to those with lower education levels (primary education: 60.9%, secondary education: 62.2%).

Looking at individual chronic diseases alone (regardless of co-morbidity with the other two chronic diseases), the crude screening participation rate for diabetes, hypertension and high blood cholesterol screening increased significantly from 2024 to 2025. 82.5% of adults aged 40 to 74 years without known diabetes were screened for diabetes within the past three years compared to 79.3% in 2024, 88.5% of those without known high blood pressure were screened for high blood pressure within the past two years compared to 85.7% in 2024, and 81.1% of those with no previous diagnosis of high blood cholesterol

⁸ The Screening Test Review Committee's recommendations have been updated as of February 2026. For the latest information, please refer to <https://www.moh.gov.sg/others/resources-and-statistics/strc-2026-volume-1/>

were screened for high blood cholesterol within the past three years compared to 76.8% in 2024 (Tables 4.3 to 4.5).

Trends in Health Screening

Looking at trend data over the period 2019 to 2025, the chronic disease screening participation rate declined during COVID-19 period from 2019 to 2021 but has since recovered and exceeded pre-COVID-19 levels in 2025. For the individual chronic diseases, the crude screening participation rates for all three chronic diseases fluctuated between 2019 and 2025 with an initial decline during the COVID-19 period, followed by a return to levels comparable to the pre-pandemic in 2025.

Table 4.1: Health screening uptake (%) among Singapore residents who did not have any of the corresponding self-reported chronic diseases aged 40 to 74 years by socio-demographic characteristics, 2025

Characteristic	Screened for all 3 diseases within the recommended intervals	Diabetes screening at least once in the past 3 years	Hypertension screening at least once in the past 2 years	High blood cholesterol screening at least once in the past 3 years
Total	71.5	82.5	88.5	81.1
<i>Age (years)</i>				
40-49	71.1	79.7	87.3	79.2
50-59	70.2	80.4	88.7	80.0
60-69	74.3	87.0	89.9	84.4
70-74	72.1	88.5	89.6	86.5
<i>Sex</i>				
Males	72.3	83.1	87.8	80.7
Females	70.8	82.0	89.1	81.5
<i>Highest Education Attained</i>				
Primary	60.9	76.5	84.4	74.2
Secondary	62.2	80.4	84.5	75.9
Post-secondary	76.2	84.7	90.8	84.5
<i>Ethnic group</i>				
Chinese	71.7	82.8	88.5	81.1
Malays	60.9	73.5	85.0	73.1
Indians	78.7	89.8	92.4	87.6

Note: Analysis based on highest education attained served as a proxy to socio-economic factors.

Primary education: No formal qualification/ Primary/ PSLE.

Secondary education: Secondary/ GCE 'O' / 'N' level.

Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.

Table 4.2: Chronic disease screening participation (%) among Singapore residents who did not have any of the self-reported chronic diseases aged 40 to 74 years by age, sex, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	66.3 (63.7, 68.9)	63.0 (60.4, 65.6)	59.2 (56.7, 61.8)	60.3 (58.1, 62.4)	62.6 (60.5, 64.8)	66.4 (64.5, 68.3)	71.5 (69.5, 73.5) ^a
ASR	68.2	63.3	59.4	60.8	62.6	66.5	71.8
40-49	62.6 (58.6, 66.6)	62.5 (58.5, 66.6)	60.8 (56.8, 64.7)	59.5 (56.4, 62.6)	62.8 (59.5, 66.1)	67.5 (64.6, 70.3)	71.1 (68.0, 74.2)
50-59	66.2 (61.5, 70.9)	63.1 (58.6, 67.6)	55.3 (50.5, 60.1)	58.3 (54.3, 62.4)	63.3 (59.4, 67.2)	63.9 (60.1, 67.8)	70.2 (66.4, 74.0)
60-69	72.1 (67.3, 77.0)	62.9 (57.2, 68.5)	58.6 (53.5, 63.6)	64.6 (59.5, 69.7)	60.2 (55.0, 65.5)	65.1 (60.9, 69.3)	74.3 (70.5, 78.1) ^a
70-74	79.0 (71.6, 86.3)	66.7 (54.3, 79.0)	72.6 (64.8, 80.4)	63.2 (53.8, 72.6)	66.0 (57.7, 74.3)	76.9 (70.8, 83.0)	72.1 (64.9, 79.2)
Males	67.5 (63.5, 71.5)	63.9 (60.2, 67.7)	61.3 (57.9, 64.6)	59.2 (56.0, 62.5)	61.9 (58.6, 65.1)	66.2 (63.3, 69.1)	72.3 (69.4, 75.3) ^a
Females	65.2 (61.7, 68.8)	62.2 (58.7, 65.8)	57.5 (53.7, 61.3)	61.1 (58.2, 64.0)	63.3 (60.3, 66.2)	66.5 (63.9, 69.2)	70.8 (68.1, 73.5)
Primary	57.2 (50.7, 63.8)	50.4 (44.3, 56.6)	56.4 (49.9, 62.9)	54.6 (48.7, 60.6)	51.6 (45.1, 58.1)	55.6 (49.6, 61.6)	60.9 (54.0, 67.8)
Secondary	61.1 (56.7, 65.6)	55.9 (51.2, 60.7)	50.1 (45.2, 54.9)	54.1 (49.9, 58.3)	55.6 (51.4, 59.8)	55.8 (52.0, 59.5)	62.2 (58.1, 66.3)
Post-secondary	71.4 (67.8, 75.1)	69.8 (66.3, 73.3)	64.1 (60.8, 67.4)	64.1 (61.3, 66.9)	67.6 (64.9, 70.4)	72.7 (70.3, 75.1)	76.2 (73.8, 78.7)
Chinese	64.9 (61.8, 67.9)	63.5 (60.6, 66.5)	59.7 (56.7, 62.7)	58.7 (56.2, 61.2)	61.4 (58.9, 63.9)	66.1 (63.9, 68.3)	71.7 (69.4, 74.0) ^a
Malays	64.4 (56.4, 72.3)	48.4 (39.7, 57.0)	48.3 (40.5, 56.0)	59.0 (52.5, 65.5)	52.6 (45.5, 59.7)	54.6 (48.3, 60.9)	60.9 (54.0, 67.8)
Indians	78.7 (71.7, 85.7)	75.4 (68.3, 82.5)	65.7 (58.7, 72.7)	71.9 (66.0, 77.8)	78.4 (72.9, 83.9)	79.6 (74.4, 84.9)	78.7 (72.6, 84.8)

Table 4.3: Diabetes screening participation (%) among Singapore residents who did not have self-reported diabetes aged 40 to 74 years by age, sex, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	81.0 (79.3, 82.8)	78.5 (76.8, 80.3)	76.6 (74.9, 78.2)	77.4 (75.9, 78.8)	76.7 (75.2, 78.2)	79.3 (77.9, 80.6)	82.5 (81.2, 83.8) ^a
ASR	81.5	78.8	76.7	77.6	77.0	79.4	82.7
40-49	75.4 (72.0, 78.8)	75.2 (72.0, 78.5)	74.2 (71.4, 77.0)	74.1 (71.7, 76.5)	72.8 (70.2, 75.4)	77.7 (75.4, 79.9)	79.7 (77.2, 82.1)
50-59	81.4 (78.3, 84.5)	79.0 (75.9, 82.1)	73.8 (70.5, 77.1)	75.3 (72.4, 78.1)	75.9 (73.1, 78.6)	76.2 (73.4, 79.0)	80.4 (77.7, 83.0)
60-69	85.7 (83.1, 88.3)	79.8 (76.4, 83.2)	79.2 (76.3, 82.1)	81.8 (79.0, 84.6)	79.8 (77.0, 82.7)	81.7 (79.3, 84.1)	87.0 (84.9, 89.0) ^a
70-74	91.2 (87.9, 94.5)	87.8 (83.1, 92.6)	90.0 (87.1, 93.0)	85.8 (82.1, 89.5)	86.4 (83.1, 89.7)	89.9 (87.1, 92.6)	88.5 (85.1, 91.8)
Males	82.6 (80.2, 84.9)	80.8 (78.4, 83.1)	78.6 (76.5, 80.7)	78.0 (75.9, 80.1)	77.2 (75.0, 79.3)	80.2 (78.3, 82.2)	83.1 (81.2, 85.0)
Females	79.7 (77.1, 82.3)	76.4 (73.8, 79.1)	74.7 (72.2, 77.1)	76.8 (74.8, 78.9)	76.3 (74.2, 78.3)	78.4 (76.5, 80.3)	82.0 (80.2, 83.9)
Primary	77.8 (74.4, 81.2)	73.8 (69.8, 77.8)	75.2 (71.3, 79.0)	76.3 (72.7, 79.9)	71.4 (67.3, 75.6)	75.5 (71.9, 79.1)	76.5 (72.8, 80.2)
Secondary	79.7 (77.1, 82.3)	74.6 (71.2, 78.0)	72.7 (69.5, 75.9)	74.3 (71.6, 77.0)	73.7 (71.0, 76.5)	75.2 (72.8, 77.7)	80.4 (77.9, 82.9) ^a
Post-secondary	83.0 (80.4, 85.7)	82.2 (79.8, 84.7)	79.2 (77.1, 81.3)	79.3 (77.3, 81.3)	79.5 (77.6, 81.4)	82.2 (80.4, 84.0)	84.7 (83.0, 86.4)
Chinese	80.5 (78.5, 82.5)	78.9 (76.9, 80.8)	76.6 (74.7, 78.5)	76.8 (75.1, 78.5)	76.5 (74.8, 78.2)	78.7 (77.2, 80.3)	82.8 (81.3, 84.3) ^a
Malays	77.7 (71.9, 83.4)	69.8 (63.2, 76.4)	69.1 (63.8, 74.3)	72.8 (67.8, 77.7)	71.1 (66.4, 75.9)	74.5 (70.1, 79.0)	73.5 (68.6, 78.4)
Indians	89.3 (84.8, 93.8)	88.0 (83.0, 93.0)	85.1 (81.0, 89.2)	86.0 (82.3, 89.7)	83.0 (78.8, 87.2)	89.4 (86.0, 92.8)	89.8 (86.0, 93.7)

Table 4.4: Hypertension screening participation (%) among Singapore residents who did not have self-reported hypertension aged 40 to 74 years by age, sex, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	86.0 (84.4, 87.6)	83.3 (81.4, 85.1)	82.4 (80.7, 84.1)	80.7 (79.2, 82.2)	82.7 (81.2, 84.2)	85.7 (84.4, 86.9) ^a	88.5 (87.3, 89.7) ^a
ASR	86.6	83.6	82.6	81.1	82.9	85.8	88.6
40-49	84.6 (81.6, 87.6)	82.7 (79.6, 85.8)	81.9 (79.2, 84.6)	78.5 (76.0, 80.9)	82.3 (79.9, 84.7)	84.6 (82.6, 86.6)	87.3 (85.1, 89.5)
50-59	85.7 (82.9, 88.5)	83.0 (79.8, 86.1)	79.7 (76.3, 83.1)	79.9 (77.0, 82.8)	82.4 (79.7, 85.0)	85.2 (82.7, 87.6)	88.7 (86.5, 90.9)
60-69	88.1 (85.2, 91.1)	84.8 (81.4, 88.3)	85.3 (82.5, 88.2)	85.0 (82.2, 87.8)	82.8 (79.4, 86.2)	86.6 (84.3, 88.9)	89.9 (87.8, 91.9)
70-74	90.8 (86.3, 95.2)	83.6 (75.0, 92.1)	89.7 (85.6, 93.8)	83.2 (77.4, 89.0)	86.8 (81.8, 91.8)	90.6 (87.4, 93.7)	89.6 (85.6, 93.6)
Males	85.5 (83.1, 88.0)	83.2 (80.6, 85.8)	81.8 (79.4, 84.2)	81.0 (78.8, 83.2)	81.7 (79.4, 83.9)	85.2 (83.4, 87.0)	87.8 (86.0, 89.7)
Females	86.5 (84.3, 88.6)	83.4 (80.8, 86.0)	82.9 (80.5, 85.3)	80.4 (78.3, 82.5)	83.6 (81.6, 85.7)	86.1 (84.4, 87.8)	89.1 (87.5, 90.7)
Primary	78.4 (74.2, 82.6)	78.4 (74.2, 82.6)	80.4 (76.3, 84.6)	78.7 (74.8, 82.6)	77.9 (73.3, 82.6)	80.3 (76.4, 84.2)	84.4 (80.8, 87.9)
Secondary	85.4 (82.9, 87.8)	79.2 (75.6, 82.8) ^a	81.7 (78.4, 85.1)	79.9 (76.9, 82.8)	80.8 (77.9, 83.6)	82.1 (79.7, 84.6)	84.5 (82.0, 87.1)
Post-secondary	88.7 (86.5, 91.0)	86.8 (84.3, 89.2)	83.2 (81.0, 85.3)	81.6 (79.6, 83.6)	84.6 (82.7, 86.5)	88.4 (86.9, 89.9) ^a	90.8 (89.3, 92.3)
Chinese	85.8 (84.0, 87.7)	83.1 (81.0, 85.2)	81.6 (79.6, 83.6)	79.1 (77.3, 80.9)	81.2 (79.4, 83.0)	85.3 (83.9, 86.8) ^a	88.5 (87.0, 89.9) ^a
Malays	81.4 (76.0, 86.8)	74.7 (67.3, 82.0)	83.8 (79.5, 88.0)	83.1 (78.6, 87.6)	80.8 (76.2, 85.4)	83.1 (78.9, 87.3)	85.0 (80.8, 89.1)
Indians	92.5 (88.5, 96.5)	92.4 (89.0, 95.9)	87.2 (82.9, 91.5)	88.9 (85.4, 92.3)	94.0 (91.5, 96.5)	90.3 (87.0, 93.5)	92.4 (89.3, 95.6)

Table 4.5: Hyperlipidaemia screening participation (%) among Singapore residents who did not have self-reported hyperlipidaemia aged 40 to 74 years by age, sex, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	77.9 (76.0, 79.9)	76.5 (74.5, 78.6)	72.5 (70.5, 74.5)	75.0 (73.3, 76.7)	74.7 (73.0, 76.4)	76.8 (75.3, 78.4)	81.1 (79.6, 82.7) ^a
ASR	78.9	77.0	72.8	75.6	75.2	77.2	81.6
40-49	73.3 (69.7, 76.8)	74.5 (71.1, 78.0)	71.6 (68.3, 74.8)	71.8 (69.2, 74.5)	72.4 (69.6, 75.2)	76.4 (74.0, 78.8)	79.2 (76.6, 81.8)
50-59	76.9 (73.3, 80.5)	75.3 (71.7, 79.0)	68.7 (64.7, 72.7)	74.4 (71.2, 77.5)	74.4 (71.3, 77.4)	73.3 (70.2, 76.5)	80.0 (77.2, 82.9) ^a
60-69	84.0 (80.9, 87.1)	79.0 (75.2, 82.8)	74.4 (70.6, 78.1)	78.6 (75.1, 82.2)	76.8 (73.1, 80.5)	79.4 (76.4, 82.4)	84.4 (81.7, 87.1)
70-74	89.8 (85.2, 94.4)	85.7 (79.3, 92.1)	88.2 (84.2, 92.2)	84.3 (79.2, 89.4)	83.1 (77.8, 88.4)	86.7 (82.8, 90.6)	86.5 (82.1, 90.8)
Males	79.0 (76.0, 82.0)	77.5 (74.7, 80.3)	74.2 (71.7, 76.7)	75.3 (72.8, 77.7)	74.9 (72.3, 77.4)	76.5 (74.2, 78.8)	80.7 (78.5, 83.0)
Females	77.0 (74.5, 79.6)	75.7 (72.8, 78.6)	71.0 (67.9, 74.0)	74.7 (72.4, 77.0)	74.6 (72.2, 76.9)	77.1 (74.9, 79.2)	81.5 (79.5, 83.5) ^a
Primary	74.2 (69.4, 79.0)	68.1 (63.1, 73.1)	75.7 (71.4, 80.0)	70.6 (66.1, 75.1)	68.8 (63.7, 74.0)	71.6 (67.1, 76.2)	74.2 (69.7, 78.6)
Secondary	75.1 (71.9, 78.4)	72.3 (68.5, 76.1)	64.0 (60.0, 68.1) ^a	70.7 (67.6, 73.9)	70.5 (67.3, 73.7)	70.5 (67.5, 73.5)	75.9 (72.8, 79.0)
Post-secondary	80.9 (77.9, 83.9)	81.3 (78.7, 84.0)	76.0 (73.5, 78.5) ^a	78.2 (76.0, 80.4)	78.0 (75.8, 80.2)	80.8 (78.8, 82.8)	84.5 (82.6, 86.3)
Chinese	77.9 (75.6, 80.2)	77.3 (75.1, 79.5)	72.9 (70.6, 75.2)	74.1 (72.1, 76.0)	74.3 (72.3, 76.4)	76.3 (74.5, 78.1)	81.1 (79.4, 82.9) ^a
Malays	75.1 (68.9, 81.4)	63.0 (55.5, 70.6)	62.2 (55.3, 69.0)	71.1 (65.9, 76.3)	68.3 (62.8, 73.7)	70.3 (65.2, 75.4)	73.1 (67.7, 78.4)
Indians	83.6 (77.7, 89.4)	84.8 (79.4, 90.2)	79.8 (74.9, 84.7)	85.9 (82.1, 89.7)	83.9 (79.7, 88.2)	87.6 (83.7, 91.4)	87.6 (83.4, 91.7)

Notes applicable to Table 4.2 to 4.5:

- (1) Figures in () refer to the 95% confidence intervals. ^a Indicates that the results for any two consecutive survey years are significantly different statistically at 5% significance level as the confidence intervals for these two survey years did not overlap (e.g. NPHS 2024 and NPHS 2025).
- (2) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.
- (3) Analysis based on highest education attained served as a proxy to socio-economic factors.
 Primary education: No formal qualification/ Primary/ PSLE.
 Secondary education: Secondary/ GCE 'O' / 'N' level.
 Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.

Chapter 5

Breast Cancer Screening

Key Points

- In 2025, more than 9 in 10 (96.5%) Singapore female residents aged 50 to 69 years were aware of mammography.
- Around two-fifths (40.8%) of Singapore female aged 50 to 69 years reported that they had gone for mammography in the last two years.
- The top three reasons cited by Singapore women in the 50 to 69 years age group who had never undergone mammography were:
 1. “Not necessary as I am healthy” (44.5%);
 2. “Painful test” (16.9%); and
 3. “Never thought about it” (10.4%).

Introduction

Breast cancer remained the most common cancer among Singapore women in the past 55 years (*NRDO 2025*). For the latest five-year period from 2019-2023, it accounted for 29.9% cancer diagnoses in females, and the age-standardised incidence rate of breast cancer was 78.7 per 100,000 women. It was the leading cause of cancer death among females in 2019-2023, accounting for 17.9% of cancer deaths among females.

A number of risk factors, including age, family history of breast cancer, smoking, high-fat diet and obesity, have been linked with the development of breast cancer. The earlier breast cancer is diagnosed, the better the chances of successful treatment. As early breast cancer typically develops without any symptoms, screening is important. Mammography for women over 50 years old is widely accepted as appropriate and beneficial. During the data collection period, the Screening Test Review Committee’s recommendation⁹ was for women aged 50 to 69 years to undergo mammography screening once every two years.

⁹ The Screening Test Review Committee’s recommendations have been updated as of February 2026. For the latest information, please refer to <https://www.moh.gov.sg/others/resources-and-statistics/strc-2026-volume-1/>

Methodology

An interviewer-administered questionnaire was used. Female respondents were asked about their uptake of mammography and where they went for their mammograms.

Knowledge and Uptake of Mammography

96.5% of Singapore women aged 50 to 69 years were aware of mammography (Table 5.1). The proportion of women who were aware of mammography was similar among never married women (97.4%) and ever-married women (96.3%).

Around two-fifths (40.8%) of Singapore female aged 50 to 69 years reported that they had gone for a mammography within the last two years, in accordance with the recommended frequency for mammography (Table 5.1). Ever-married women (41.7%) were more likely to have a mammography within the last two years than never married women (34.6%). A higher proportion of Chinese (42.9%) and Indian (38.7%) women had undergone mammography compared to their Malay counterparts (27.6%) (Table 5.2). Women with post-secondary education (49.6%) were more likely to go for screening than women with secondary education (35.8%) or primary education (28.0%). Close to half (46.5%) of the women had their mammogram taken in the polyclinics, followed by public hospitals (18.6%), private hospitals (13.0%) and private X-ray centres (13.2%).

Table 5.1: Knowledge and uptake of mammography (%) among Singapore female residents aged 50 to 69 years by marital status, 2025

Marital status	Knowledge of mammography	Had mammography within the last 2 years
Total	96.5	40.8
Never married	97.4	34.6
Ever-married	96.3	41.7

Reasons For Not Doing A Mammography

Of those Singapore women aged 50 to 69 years who had never undergone mammography, the commonly cited reasons in 2025 were:

1. “Not necessary as I am healthy” (44.5%);
2. “Painful test” (16.9%);

3. “Never thought about it” (10.4%);
4. “No time due to work/family commitment” (6.1%); and
5. “Afraid of knowing the results” (5.2%).

Trends in Breast Cancer Screening

Between 2019 and 2025, there were no significant trends in the overall screening participation and across subgroups (Table 5.2). Screening participation fell during the COVID-19 period but has since returned to and exceeded pre-pandemic levels.

Table 5.2: Breast cancer screening participation (%) among Singapore female residents aged 50 to 69 years by age, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	38.7 (34.8, 42.6)	37.9 (34.7, 41.2)	31.1 (28.0, 34.1) ^a	37.6 (34.5, 40.6) ^a	34.7 (31.7, 37.8)	35.2 (32.4, 38.0)	40.8 (37.8, 43.8)
ASR	39.0	37.9	31.5	37.7	34.7	35.2	41.0
50-59	40.2 (34.7, 45.7)	40.9 (36.1, 45.8)	31.6 (27.3, 36.0) ^a	41.1 (36.6, 45.5) ^a	38.4 (34.1, 42.8)	38.9 (34.6, 43.1)	42.9 (38.5, 47.2)
60-69	36.9 (31.4, 42.4)	34.3 (29.7, 38.8)	30.4 (26.1, 34.8)	33.6 (29.3, 37.8)	30.6 (26.5, 34.7)	31.0 (27.5, 34.6)	38.6 (34.5, 42.7)
Primary	28.4 (22.2, 34.6)	22.6 (17.3, 27.8)	24.6 (18.3, 31.0)	27.7 (22.0, 33.4)	20.8 (15.4, 26.2)	19.3 (14.8, 23.8)	28.0 (22.2, 33.9)
Secondary	37.0 (32.3, 41.7)	32.9 (28.0, 37.9)	26.0 (21.6, 30.4)	34.5 (29.5, 39.4)	31.5 (27.0, 36.0)	31.3 (27.2, 35.3)	35.8 (31.5, 40.1)
Post-secondary	49.6 (41.2, 58.0)	54.3 (48.0, 60.6)	42.4 (37.0, 47.9) ^a	46.5 (41.3, 51.7)	44.6 (39.3, 49.9)	45.4 (40.5, 50.3)	49.6 (44.6, 54.6)
Chinese	40.1 (35.7, 44.6)	41.3 (37.6, 45.0)	31.7 (28.2, 35.2) ^a	39.5 (35.9, 43.0) ^a	36.6 (33.0, 40.1)	37.9 (34.7, 41.2)	42.9 (39.5, 46.4)
Malays	28.9 (20.5, 37.3) ^a	17.6 (10.7, 24.4)	18.7 (11.7, 25.8)	21.5 (14.7, 28.3)	16.9 (11.0, 22.8)	18.4 (12.4, 24.5)	27.6 (19.6, 35.7)
Indians	41.0 (28.5, 53.5)	43.2 (31.3, 55.1)	37.7 (27.0, 48.4)	43.9 (32.9, 54.9)	40.4 (28.2, 52.5)	30.2 (21.5, 39.0)	38.7 (28.2, 49.3)

- Notes: (1) Figures in () refer to the 95% confidence intervals. ^a Indicates that the results for any two consecutive survey years are significantly different statistically at 5% significance level as the confidence intervals for these two survey years did not overlap (e.g. NPHS 2024 and NPHS 2025).
- (2) s: Data have been suppressed due to small counts or high sampling variability.
- (3) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.
- (4) Analysis based on highest education attained served as a proxy to socio-economic factors.
 Primary education: No formal qualification/ Primary/ PSLE.
 Secondary education: Secondary/ GCE 'O'/'N' level.
 Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.

Chapter 6

Cervical Cancer Screening

Key Points

- In 2025, awareness was higher for Pap test (89.9%) compared with HPV test (63.0%) among Singapore female residents aged 25 to 74 years.
- About half (47.1%) of the Singapore female residents aged 25 to 74 years reported that they had gone for cervical cancer screening (had done Pap test in the past three years or HPV test in the past five years).
- Women aged 40 to 49 years (60.2%) were most likely to have undergone cervical cancer screening at the recommended frequency.
- The top three reasons cited by Singapore female residents aged 25 to 74 years who were never screened for cervical cancer were:
 1. “Not necessary as I am healthy” (33.7%);
 2. “Not sexually active” (14.6%); and
 3. “Never heard about it” (9.7%).

Introduction

Cervical cancer was the 10th most common cancer among women in Singapore for the latest five-year period from 2019-2023, accounting for 2.5% of cancer diagnoses in females (*NRDO 2025*). During this period, the age-standardised incidence rate of cervical cancer was 6.9 per 100,000 women and it accounted for 2.5% of all cancer deaths among females.

Major risk factors for cervical cancer include having sexual intercourse at an early age, having multiple sexual partners, and infection with Human Papillomavirus (HPV) (the cause of genital warts). Long term consumption of combined oral contraceptive pills and cigarette smoking are also risk factors (American Cancer Society, 2025).

The Screening Test Review Committee’s recommendation is that women aged 25 to 29 years undergo a Pap test every three years while women aged 30 years and above undergo HPV DNA testing every five years.

Methodology

An interviewer-administered questionnaire was used. Female respondents were asked about their cervical cancer screening history as well as where they took the test; and which test (Pap test/ HPV test) was taken.

Knowledge and Uptake of Cervical Cancer Screening

Among Singapore female residents aged 25 to 74 years, awareness was higher for Pap test (89.9%) compared to HPV test (63.0%) (Table 6.1). Among the ever-married women, the awareness of Pap test (91.9%) was higher compared with never married women (82.3%). In contrast, awareness of HPV test was higher among never married women (66.9%) than ever-married women (61.9%).

Close to half (47.1%) of women aged 25 to 74 years had undergone cervical cancer screening (had done a Pap test in the past three years or HPV test in the past five years) (Table 6.1) in 2025. A higher proportion of ever-married women (54.5%) was screened for cervical cancer compared with never married women (20.3%). Chinese (49.2%) and Indian (43.9%) women were more likely to have undergone cervical cancer screening than Malay (33.2%) women (Table 6.2). Women aged 40 to 49 years (61.5%) had higher screening participation rates compared to other age groups. Screening participation rates were also higher among women with post-secondary education (52.0%) compared to those with secondary (41.0%) or primary education (28.0%). Private GP clinics (25.7%) was the most common setting for screening, followed by specialist outpatient clinics in the public hospitals (23.8%), polyclinics (19.3%) or specialist outpatient clinics in the private hospitals (15.5%).

Table 6.1: Knowledge and uptake of cervical cancer screening (%) among Singapore female residents aged 25 to 74 years by marital status, 2025

Marital status	Knowledge of Pap test	Knowledge of HPV test	Had cervical cancer screening
Total	89.9	63.0	47.1
Never married	82.3	66.9	20.3
Ever-married	91.9	61.9	54.5

Reasons For Not Doing Cervical Cancer Screening

Singapore female residents aged 25 to 74 years who never had cervical cancer screening cited the following reasons for not doing the test(s):

1. “Not necessary as I am healthy” (33.7%);
2. “Not sexually active” (14.6%);
3. “Never heard about it” (9.7%);
4. “No time due to work/family commitment” (9.4%); and
5. “Not important” (7.2%).

Trends in Cervical Cancer Screening

Between 2019 and 2025, there were no significant trends in the overall screening participation and across subgroups (Table 6.2). Similar to breast cancer screening, screening participation declined during the COVID-19 period but has since returned to levels comparable to the pre-pandemic.

Table 6.2: Cervical cancer screening participation (%) among Singapore female residents aged 25 to 74 years by age, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	48.2 (45.8, 50.7)	45.4 (43.1, 47.6)	41.0 (38.7, 43.3)	43.1 (41.2, 45.1)	45.4 (43.3, 47.4)	44.9 (43.0, 46.8)	47.1 (45.1, 49.0)
ASR	47.8	44.7	41.1	42.9	44.9	44.6	46.8
25-29	21.0 (15.1, 26.9)	18.8 (12.8, 24.7)	21.4 (15.2, 27.5)	17.6 (12.5, 22.6)	20.3 (13.4, 27.3)	22.7 (16.7, 28.6)	23.7 (17.3, 30.2)
30-39	55.9 (51.0, 60.7)	52.2 (47.6, 56.9)	43.6 (39.1, 48.2)	47.1 (43.1, 51.1)	54.6 (50.3, 59.0)	49.2 (45.1, 53.2)	50.8 (46.7, 54.9)
40-49	58.8 (54.1, 63.5)	57.6 (52.8, 62.4)	56.1 (50.8, 61.5)	58.2 (54.3, 62.0)	57.8 (53.8, 61.9)	60.2 (56.4, 63.9)	61.5 (57.3, 65.7)
50-59	56.5 (51.5, 61.5)	52.8 (47.7, 57.9)	44.9 (40.0, 49.8)	49.3 (44.7, 53.9)	50.5 (45.9, 55.0)	48.8 (44.4, 53.2)	52.5 (48.1, 57.0)
60-69	37.0 (31.2, 42.8)	33.9 (29.2, 38.6)	32.5 (27.9, 37.0)	34.6 (30.3, 38.9)	34.3 (29.7, 38.9)	34.5 (30.7, 38.2)	39.7 (35.4, 44.0)
70-74	25.1 (17.8, 32.4)	20.6 (14.0, 27.3)	20.9 (12.8, 29.1)	15.4 (10.1, 20.6)	17.0 (11.2, 22.8)	25.3 (19.7, 30.9)	19.1 (13.5, 24.6)
Primary	28.9 (23.7, 34.1)	28.3 (23.4, 33.2)	29.4 (23.5, 35.4)	23.9 (19.4, 28.5)	26.7 (21.5, 31.8)	22.5 (18.3, 26.7)	28.0 (23.1, 32.9)
Secondary	49.8 (45.8, 53.9)	40.5 (36.3, 44.6) ^a	35.2 (31.2, 39.2)	37.4 (33.6, 41.2)	34.5 (30.7, 38.3)	38.0 (34.7, 41.3)	41.0 (37.5, 44.5)
Post-secondary	52.8 (49.3, 56.4)	51.7 (48.6, 54.8)	45.9 (42.8, 49.0)	49.0 (46.4, 51.6)	52.7 (50.0, 55.3)	51.3 (48.8, 53.7)	52.0 (49.4, 54.7)
Chinese	49.9 (46.8, 52.9)	47.2 (44.6, 49.8)	42.2 (39.5, 44.9)	45.3 (43.0, 47.6)	46.9 (44.5, 49.3)	47.2 (45.0, 49.3)	49.2 (46.8, 51.5)
Malays	34.8 (28.8, 40.8)	29.8 (23.5, 36.0)	29.2 (23.0, 35.5)	30.3 (25.5, 35.1)	31.4 (26.5, 36.4)	32.9 (28.0, 37.7)	33.2 (28.0, 38.4)
Indians	46.1 (39.4, 52.8)	46.3 (38.8, 53.7)	44.4 (38.1, 50.8)	38.6 (32.4, 44.8)	46.2 (38.2, 54.3)	41.6 (35.7, 47.4)	43.9 (37.2, 50.6)

Notes: (1) Figures in () refer to the 95% confidence intervals. ^a Indicates that the results for any two consecutive survey years are significantly different statistically at 5% significance level as the confidence intervals for these two survey years did not overlap (e.g. NPHS 2024 and NPHS 2025).

(2) s: Data have been suppressed due to small counts or high sampling variability.

(3) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.

(4) Analysis based on highest education attained served as a proxy to socio-economic factors.
Primary education: No formal qualification/ Primary/ PSLE.
Secondary education: Secondary/ GCE 'O'/'N' level.
Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.

Chapter 7

Colorectal Cancer Screening

Key Points

- In 2025, around 8 in 10 (79.2%) Singapore residents aged 50 to 74 years were aware of the Faecal Immunochemical Test (FIT).
- 46.9% of Singapore residents aged 50 to 74 years had undergone either FIT or colonoscopy within the recommended screening frequency.
- 29.1% of Singapore residents aged 50 to 74 years had undergone a FIT at least once in the past year while 28.9% had undergone colonoscopy in the past 10 years.
- The crude colorectal cancer screening participation rate (either FIT or colonoscopy) was higher among males (48.7%) than females (45.2%).
- The top three reasons cited by residents aged 50 to 74 years who had never done a FIT were:
 1. “Not necessary as I am healthy” (45.1%);
 2. “Not suggested by doctors” (14.2%); and
 3. “Never heard about it” (14.1%).

Introduction

Colorectal cancer was the second most common cancer among Singapore men and women for the latest five-year period (2019-2023), accounting for 15.8% of cancer diagnoses in males and 12.6% of cancer diagnoses in females (*NRDO 2025*). During this period, the age-standardised incidence rate of colorectal cancer was 37.3 per 100,000 men and 26.6 per 100,000 women respectively. Colorectal cancer accounted for 14.8% of cancer deaths in males and 15.9% of cancer deaths in females.

Factors associated with higher risk of colorectal cancer include specific hereditary conditions, older age, inflammatory bowel diseases, regular high saturated fat/low fibre diet, excessive alcohol intake and sedentary lifestyle (*Centers for Disease Control and Prevention, 2024*).

Faecal Immunochemical Test (FIT) and colonoscopy can detect colorectal cancer at an early stage. The Screening Test Review Committee recommends annual screening for colorectal cancer using FIT, or screening with colonoscopy every 5-10 years, for people aged 50 years and older who are at average risk for colorectal cancer.

Methodology

An interviewer administered questionnaire was used. Respondents were asked whether they had ever done a FIT or colonoscopy, and where they took the FIT.

Knowledge and uptake of FIT screening

Based on the survey, 79.2% of Singapore residents aged 50 to 74 years were aware of FIT. 29.1% of Singapore residents aged 50 to 74 years reported having undergone FIT screening in the last one year, with uptake higher among males (30.8%) than females (27.6%) (Table 7.1). Chinese (30.9%) were more likely to undergo FIT compared to Indians (23.8%) and Malays (19.7%). A higher proportion of residents with post-secondary education (35.7%) took the FIT in the last one year compared to residents with secondary (23.8%) or primary (23.1%) education. FIT screening most commonly took place in private GP clinics (34.0%), followed by polyclinics (18.5%) and specialist outpatient clinics in the public hospitals (13.1%). One in seven (15.3%) residents tested using self-collected FIT kits from pharmacies, clinics, or Singapore Cancer Society.

Reasons For Not Doing FIT

Residents aged 50 to 74 years who had never done a FIT cited the following reasons for not doing the test:

1. "Not necessary as I am healthy" (45.1%);
2. "Not suggested by doctors" (14.2%);
3. "Never heard about it" (14.1%);
4. "Never thought about it" (9.9%); and
5. "Adverse to collecting stool" (5.7%).

Uptake of Colonoscopy screening

28.9% of Singapore residents aged 50 to 74 years reported having done a colonoscopy in the last 10 years (Table 7.1). Similar to the uptake of FIT, the uptake of colonoscopy was higher among males (30.2%) than females (27.7%). Chinese (31.6%) were more likely to have undergone a colonoscopy compared to Indians (25.0%) and Malays (10.8%). More than one-third (35.5%) of residents with post-secondary education had a colonoscopy in the last 10 years compared to residents with secondary (24.7%) or primary (20.7%) education.

Table 7.1: Uptake of FIT or colonoscopy (%) among Singapore residents aged 50 to 74 years by socio-demographic characteristics, 2025

Characteristic	Aware of blood stool test	Had a FIT in last 1 year	Had a colonoscopy in last 10 years
Total	79.2	29.1	28.9
Age (years)			
50-59	79.0	29.6	24.8
60-69	80.3	30.5	33.8
70-74	76.2	23.9	27.8
Sex			
Males	75.0	30.8	30.2
Females	83.2	27.6	27.7
Highest education attained			
Primary	61.2	23.1	20.7
Secondary	76.1	23.8	24.7
Post-secondary	88.6	35.7	35.5
Ethnic group			
Chinese	81.4	30.9	31.6
Malays	64.1	19.7	10.8
Indians	77.3	23.8	25.0

Note: Analysis based on highest education attained served as a proxy to socio-economic factors.
 Primary education: No formal qualification/ Primary/ PSLE.
 Secondary education: Secondary/ GCE 'O'/'N' level.
 Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.

Colorectal Cancer Screening

Any resident who took a FIT in the last one year or had undergone a colonoscopy in the last 10 years was considered as having been screened for colorectal cancer. In 2025, 46.9% of Singapore residents aged 50 to 74 years met this guideline (Table 7.2). Screening was lower among females (45.2%) than males (48.7%); and lowest among Malays (26.2%) compared to Chinese (50.2%) and Indians (41.8%). Screening uptake increased with education level, with more than half (55.7%) of residents with post-secondary education screened, compared to around two-fifths (40.6%) with secondary education and over one-third (37.3%) with primary education.

Trends in Colorectal Cancer Screening

Between 2019 and 2025, the upward trends for overall screening participation and among subgroups were not significant. Colorectal screening participation fell during the COVID-19 period but has since recovered, surpassing pre-pandemic levels.

Table 7.2: Colorectal cancer screening participation (%) among Singapore residents aged 50 to 74 years by age, sex, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	42.0 (39.1, 44.8) ^a	41.1 (38.9, 43.3)	36.6 (34.4, 38.8) ^a	38.1 (36.2, 40.1)	41.7 (39.7, 43.7)	44.9 (43.0, 46.8)	46.9 (44.9, 48.8)
ASR	42.0	41.2	36.5	38.0	41.7	44.9	46.7
50-59	39.7 (35.9, 43.5)	39.8 (36.4, 43.2)	33.9 (30.3, 37.4)	36.2 (33.1, 39.2)	41.5 (38.4, 44.6)	39.8 (36.8, 42.8)	44.7 (41.5, 47.9)
60-69	44.3 (39.8, 48.7)	43.6 (40.0, 47.2)	38.8 (35.7, 41.9)	39.7 (36.6, 42.8)	42.2 (39.1, 45.4)	49.7 (46.9, 52.5) ^a	50.4 (47.4, 53.4)
70-74	43.7 (37.0, 50.3)	38.3 (32.7, 43.9)	39.5 (34.2, 44.7)	39.9 (35.3, 44.5)	40.5 (35.6, 45.5)	47.7 (43.3, 52.0)	43.5 (39.0, 48.1)
Males	45.4 (41.5, 49.2) ^a	44.6 (41.2, 47.9)	39.1 (36.0, 42.2)	40.0 (37.2, 42.8)	43.8 (40.9, 46.7)	47.0 (44.2, 49.8)	48.7 (45.8, 51.6)
Females	38.7 (35.5, 41.9) ^a	37.7 (34.6, 40.8)	34.2 (31.1, 37.3)	36.3 (33.6, 39.0)	39.6 (36.8, 42.4)	42.9 (40.4, 45.5)	45.2 (42.5, 47.9)
Primary	31.9 (28.1, 35.7)	27.9 (24.2, 31.6)	24.0 (20.5, 27.4)	27.4 (24.0, 30.8)	26.0 (22.5, 29.6)	33.7 (30.1, 37.3) ^a	37.3 (33.5, 41.1)
Secondary	38.9 (34.9, 42.9)	35.8 (32.3, 39.2)	34.9 (31.3, 38.5)	34.3 (31.2, 37.4)	37.9 (34.8, 41.1)	40.7 (37.8, 43.5)	40.6 (37.6, 43.6)
Post-secondary	53.5 (48.4, 58.6)	54.9 (50.8, 59.0)	46.7 (42.9, 50.4) ^a	48.0 (44.5, 51.4)	52.9 (49.5, 56.2)	53.3 (50.1, 56.5)	55.7 (52.5, 58.8)
Chinese	43.6 (40.4, 46.8) ^a	44.7 (42.2, 47.3)	38.6 (36.1, 41.1) ^a	41.7 (39.4, 43.9)	44.6 (42.3, 46.9)	48.5 (46.4, 50.7)	50.2 (47.9, 52.4)
Malays	31.9 (24.7, 39.2)	17.5 (12.8, 22.1) ^a	25.5 (19.3, 31.8)	19.0 (14.6, 23.5)	23.7 (18.8, 28.6)	26.5 (21.7, 31.2)	26.2 (20.9, 31.4)
Indians	37.5 (29.3, 45.7)	40.3 (32.4, 48.1)	29.6 (23.2, 36.0)	28.5 (22.4, 34.7)	35.0 (27.8, 42.3)	40.9 (34.4, 47.4)	41.8 (35.1, 48.6)

- Notes: (1) Figures in () refer to the 95% confidence intervals. ^a Indicates that the results for any two consecutive survey years are significantly different statistically at 5% significance level as the confidence intervals for these two survey years did not overlap (e.g. NPHS 2024 and NPHS 2025).
- (2) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.
- (3) Analysis based on highest education attained served as a proxy to socio-economic factors.
Primary education: No formal qualification/ Primary/ PSLE.
Secondary education: Secondary/ GCE 'O' / 'N' level.
Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.

Chapter 8

Mental Health

Key Points

- In 2025, the crude prevalence of poor mental health, as measured by the 12-item General Health Questionnaire (GHQ-12), among Singapore residents aged 18 to 74 years was 15.9%.
- More females (16.8%) reported poor mental health compared to males (14.9%).
- The prevalence of poor mental health was the highest among younger adults aged 18 to 29 years (25.8%) and decreased with age, from 18.2% among those aged 30 to 39 years to 9.4% among those aged 60 to 74 years.
- 87.5% of the Singapore residents aged 18 to 74 years were willing to seek help when unable to cope with stress. Residents were more likely to seek help from informal support networks (80.9%) than from healthcare professionals (53.6%).
- Females were more willing to seek help from healthcare professionals and informal support networks compared to males (females: 54.9% and 84.5% respectively; males: 52.3% and 77.0% respectively).
- Among the age groups, Singapore residents in the oldest age band (60 to 74 years) (45.5%) were least willing to seek help from healthcare professionals while those aged 40 to 49 years (60.1%) were the most willing to do so.
- The willingness to seek help from informal support networks decreased with age, it was the highest among younger adults aged 18 to 29 years (86.9%) and lowest among older adults aged 60 to 74 years (72.2%).

Introduction

The WHO defines mental health as more than the absence of mental disorders. It is also a state of well-being in which the individual realises his or her own abilities, is able to cope with the normal stresses of life, work productively and fruitfully, and contribute to his or her community (*WHO 2020*). A person's mental health may be affected by multiple interrelated social, psychological, physical and biological factors (*Kirkbride et al., 2024*).

Methodology

The 12-item General Health Questionnaire (GHQ-12) was administered by interviewers to measure mental health. Cut-off for poor mental health (having a score of 3 or more) was based on an earlier internal validation study conducted in 2003. GHQ-12 data have been collected annually since NPHS 2023.

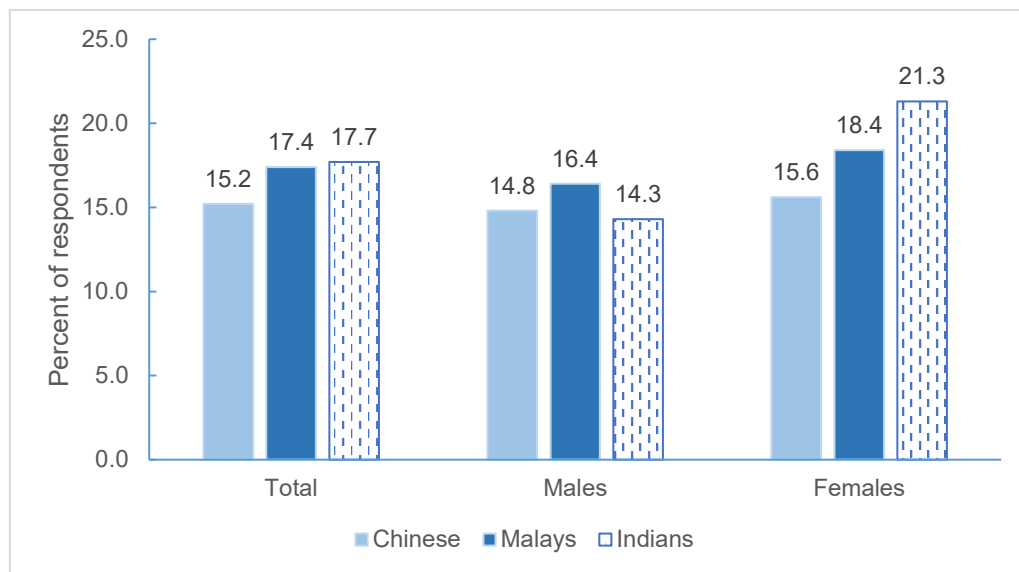
Prevalence of Poor Mental Health

The crude prevalence of poor mental health, as measured by GHQ-12, among Singapore residents aged 18 to 74 years was 15.9% in 2025, with slightly higher proportion among females (16.8%) than males (14.9%) (Table 8.1). The prevalence of poor mental health was highest in younger adults aged 18 to 29 years (25.8%) and decreased with age from 18.2% among those aged 30 to 39 years to 9.4% among those aged 60 to 74 years. Young females aged 18 to 29 years (29.7%) had the highest prevalence of poor mental health. Among the ethnic groups, Indians (17.7%) and Malays (17.4%) had slightly higher prevalences of poor mental health than Chinese (15.2%) (Graph 8.1). Residents with post-secondary education (16.6%) had the highest prevalence of poor mental health compared to residents with secondary (15.3%) and primary (12.1%) education (Table 8.2).

Table 8.1: Age-specific prevalence (%) of poor mental health among Singapore residents aged 18 to 74 years by sex, 2025

Age (years)	Total	Males	Females
18-29	25.8	22.0	29.7
30-39	18.2	17.9	18.4
40-49	14.7	13.7	15.6
50-59	13.3	13.6	13.1
60-74	9.4	9.0	9.9
18-74	15.9	14.9	16.8

Graph 8.1: Crude prevalence (%) of poor mental health among Singapore residents aged 18 to 74 years by sex and ethnicity, 2025



Trends in Prevalence of Poor Mental Health

The crude and age-standardised prevalence of poor mental health among Singapore residents aged 18 to 74 years increased between 2020 and 2025, though the upward trend was not statistically significant (Table 8.2).

Table 8.2: Prevalence (%) of poor mental health among Singapore residents aged 18 to 74 years by age, sex, education, and ethnicity, 2020 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS
	2020	2022	2023	2024	2025
Total	13.4 (12.4, 14.5)	17.0 (15.9, 18.0) ^a	15.0 (13.9, 16.0)	15.4 (14.5, 16.4)	15.9 (14.9, 16.9)
ASR	13.3	17.0	15.0	15.6	16.2
18-29	21.5 (18.4, 24.6)	25.3 (22.4, 28.2)	26.0 (22.6, 29.4)	25.5 (22.4, 28.5)	25.8 (22.6, 29.0)
30-39	12.6 (10.5, 14.8)	19.4 (17.0, 21.8) ^a	17.2 (14.9, 19.6)	17.8 (15.7, 20.0)	18.2 (15.8, 20.6)
40-49	12.4 (10.2, 14.6)	15.7 (13.7, 17.7)	13.4 (11.4, 15.4)	14.2 (12.4, 16.1)	14.7 (12.4, 17.0)
50-59	11.4 (9.2, 13.7)	15.0 (12.8, 17.2)	11.2 (9.3, 13.1)	12.5 (10.5, 14.5)	13.3 (11.1, 15.6)
60-74	9.4 (7.8, 11.1)	10.5 (8.7, 12.2)	8.2 (6.9, 9.5)	9.1 (7.8, 10.3)	9.4 (8.0, 10.9)
Males	12.0 (10.5, 13.5)	15.2 (13.8, 16.6) ^a	12.2 (10.9, 13.5) ^a	13.5 (12.3, 14.8)	14.9 (13.5, 16.4)
Females	14.8 (13.3, 16.2)	18.6 (17.2, 20.1) ^a	17.6 (16.1, 19.1)	17.3 (15.9, 18.7)	16.8 (15.4, 18.3)
Primary	12.6 (10.0, 15.1)	12.2 (9.8, 14.6)	9.5 (7.4, 11.6)	11.4 (9.0, 13.8)	12.1 (9.6, 14.6)
Secondary	15.4 (13.4, 17.5)	15.7 (13.7, 17.6)	13.4 (11.5, 15.3)	13.6 (12.0, 15.2)	15.3 (13.5, 17.2)
Post-secondary	12.7 (11.3, 14.1)	18.2 (16.9, 19.6) ^a	16.4 (15.1, 17.8)	16.7 (15.5, 17.9)	16.6 (15.2, 17.9)
Chinese	12.6 (11.4, 13.8)	16.4 (15.3, 17.6) ^a	14.7 (13.5, 15.8)	15.1 (14.0, 16.2)	15.2 (14.0, 16.4)
Malays	16.3 (13.2, 19.5)	19.5 (16.6, 22.3)	16.1 (13.2, 19.0)	17.7 (14.8, 20.5)	17.4 (14.5, 20.3)
Indians	15.9 (12.2, 19.6)	15.7 (12.6, 18.8)	16.1 (12.7, 19.5)	18.0 (14.8, 21.2)	17.7 (14.4, 21.1)

Notes: (1) Figures in () refer to the 95% confidence intervals. ^a Indicates that the results for any two consecutive survey years are significantly different statistically at 5% significance level as the confidence intervals for these two survey years did not overlap (e.g. NPHS 2024 and NPHS 2025).

(2) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.

(3) Analysis based on highest education attained served as a proxy to socio-economic factors.
Primary education: No formal qualification/ Primary/ PSLE.
Secondary education: Secondary/ GCE 'O' / 'N' level.
Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.

Definition of Help-seeking Attitudes

Through the interviewer-administered questionnaire, respondents were asked on their willingness to seek help from healthcare professionals and/or informal support networks if they were constantly unable to cope with stress. Healthcare professionals include counsellors, doctors, psychologists or psychiatrists. Informal support networks refer to friends, family, relatives, colleagues, religious leaders and teachers in school.

Help-seeking Attitudes

In 2025, Singapore residents aged 18 to 74 years (87.5%) were willing to seek help when unable to cope with stress, whether from healthcare professionals and/or informal support networks. They were more willing to turn to informal support networks (80.9%) than to healthcare professionals (53.6%) (Tables 8.3 to 8.5). Females (90.4%) were more likely than males (84.6%) to seek help, and adults aged 60 to 74 years were the least willing to seek help from either channel (79.0%). In contrast, those aged 30 to 39 years were the most willing from either channel (91.7%), while those aged 40 to 49 years were the most willing to consult healthcare professionals (60.1%). Those with higher levels of educational attainment were more willing to seek help from either channel. Willingness to seek help was highest among those with post-secondary education for either channel (91.5%), and the lowest among those with primary education (74.5%).

Trends in Help-seeking Attitudes

Between 2019 and 2025, willingness to seek help from healthcare professionals and/or informal support networks increased for both the crude (82.3% to 87.5%) and age-standardised proportion (82.1% to 87.8%), although the increase was not statistically significant (Table 8.3). In the same period, willingness to seek help rose from 47.8% to 53.6% for healthcare professionals while willingness to seek help from informal support networks rose from 74.5% to 80.9% (Table 8.4 and Table 8.5); neither increase was statistically significant.

However, significant increases in willingness to seek help from informal support networks and/or healthcare professionals were observed between 2019 and 2025 among residents aged 40 to 49 years (84.3% to 91.5%) and 60 to 74 years (70.3% to 79.0%), those with primary school education (63.7% to 74.5%), and Malay (85.9% to 88.8%) and Indian

residents (78.0% to 91.5%). During the same period, willingness to seek help from informal support networks also showed significant increases among residents with primary school education (56.4% to 70.0%) and Indian residents (68.8% to 83.8%).

Table 8.3: Proportion of Singapore residents aged 18 to 74 years who were willing to seek help from healthcare professionals and/or informal support networks by age, sex, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	82.3 (81.0, 83.5)	86.3 (85.3, 87.3) ^a	80.8 (79.7, 82.0) ^a	86.7 (85.8, 87.6) ^a	86.8 (85.9, 87.7)	89.5 (88.8, 90.2) ^a	87.5 (86.7, 88.4)
ASR	82.1	86.2	80.9	86.8	86.9	89.8	87.8
18-29	91.8 (89.5, 94.0)	92.7 (90.9, 94.6)	91.9 (89.8, 94.1)	92.9 (91.1, 94.7)	92.2 (90.4, 94.1)	94.6 (93.1, 96.0)	91.3 (89.2, 93.5)
30-39	89.5 (87.4, 91.6)	93.1 (91.5, 94.7)	88.6 (86.5, 90.7) ^a	92.3 (90.7, 93.9)	92.2 (90.7, 93.7)	93.1 (91.8, 94.4)	91.7 (90.0, 93.5)
40-49	84.3 (81.7, 86.9)	88.8 (86.9, 90.8)	85.9 (83.7, 88.1)	87.4 (85.4, 89.3)	90.3 (88.7, 91.9)	90.7 (89.2, 92.2)	91.5 ^d (89.9, 93.0)
50-59	76.0 (72.6, 79.4)	84.9 (82.6, 87.2) ^a	73.8 (70.7, 77.0) ^a	84.9 (82.8, 87.1) ^a	85.1 (82.9, 87.3)	88.4 (86.6, 90.1)	86.3 (84.2, 88.3)
60-74	70.3 (67.2, 73.4)	73.1 (70.4, 75.9)	65.8 (63.2, 68.4) ^a	77.5 (75.4, 79.6) ^a	76.1 (73.8, 78.3)	82.6 (80.9, 84.3) ^a	79.0 ^d (77.0, 81.0)
Males	77.6 (75.6, 79.6)	83.0 (81.4, 84.6) ^a	77.1 (75.4, 78.8) ^a	83.8 (82.4, 85.2) ^a	84.6 (83.3, 86.0)	86.8 (85.7, 88.0)	84.6 (83.2, 86.0)
Females	86.8 (85.3, 88.2)	89.4 (88.2, 90.6)	84.4 (82.9, 85.9)	89.5 (88.4, 90.6) ^a	88.9 (87.7, 90.0)	92.1 (91.3, 93.0) ^a	90.4 (89.4, 91.4)
Primary	63.7 (59.5, 67.8)	67.9 (64.4, 71.4)	59.1 (55.3, 62.9) ^a	69.8 (66.5, 73.1) ^a	69.9 (66.4, 73.5)	74.7 (71.6, 77.8)	74.5 ^d (71.3, 77.7)
Secondary	81.0 (78.9, 83.0)	81.3 (79.2, 83.5)	72.2 (69.5, 74.8) ^a	82.8 (80.9, 84.7) ^a	81.4 (79.4, 83.4)	84.9 (83.3, 86.5)	81.2 (79.2, 83.1) ^a
Post-secondary	86.9 (85.3, 88.5)	92.0 (91.0, 93.1) ^a	88.2 (87.0, 89.4) ^a	91.1 (90.2, 92.1) ^a	91.5 (90.6, 92.5)	93.4 (92.6, 94.1) ^a	91.5 (90.6, 92.5)
Chinese	82.1 (80.6, 83.5)	86.8 (85.7, 87.9) ^a	79.9 (78.5, 81.3) ^a	86.3 (85.3, 87.4) ^a	86.1 (85.1, 87.2)	89.1 (88.3, 90.0) ^a	86.8 (85.7, 87.8) ^a
Malays	85.9 (83.1, 88.7)	85.0 (82.0, 87.9)	83.2 (80.2, 86.1)	87.4 (85.2, 89.7)	88.1 (85.8, 90.4)	90.6 (88.7, 92.5)	88.8 ^d (86.6, 91.0)
Indians	78.0 (73.5, 82.5)	83.6 (80.1, 87.2)	82.8 (79.2, 86.4)	87.7 (85.0, 90.3)	88.9 (86.4, 91.5)	89.5 (87.0, 91.9)	91.5 ^d (89.4, 93.6)

- Notes: (1) Figures in () refer to the 95% confidence intervals. ^a Indicates that the results for any two consecutive survey years are significantly different statistically at 5% significance level as the confidence intervals for these two survey years did not overlap (e.g. NPHS 2024 and NPHS 2025).
- (2) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.
- (3) Analysis based on highest education attained served as a proxy to socio-economic factors.
Primary education: No formal qualification/ Primary/ PSLE.
Secondary education: Secondary/ GCE 'O' / 'N' level.
Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.
- (4) ^d Indicate statistically significant linear upward trend between 2019 and 2025 with p-value <0.05.

Table 8.4: Proportion of Singapore residents aged 18 to 74 years who were willing to seek help from healthcare professionals by age, sex, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	47.8 (46.0, 49.6)	60.4 (58.9, 61.8) ^a	58.3 (56.8, 59.8)	56.6 (55.3, 57.9)	62.8 (61.5, 64.2) ^a	64.0 (62.8, 65.2)	53.6 (52.3, 55.0) ^a
ASR	47.8	60.4	58.3	56.8	63.0	64.2	53.8
18-29	54.6 (50.3, 58.8)	63.3 (59.6, 67.0) ^a	62.2 (58.4, 66.0)	60.1 (56.7, 63.4)	64.5 (60.8, 68.3)	66.5 (63.2, 69.8)	54.0 (50.3, 57.8) ^a
30-39	53.5 (49.6, 57.4)	69.4 (66.3, 72.5) ^a	67.7 (64.8, 70.6)	62.0 (59.2, 64.9)	71.9 (69.2, 74.6) ^a	70.9 (68.4, 73.4)	59.6 (52.6, 61.1) ^a
40-49	47.0 (43.2, 50.8)	63.8 (60.6, 67.0) ^a	65.4 (62.2, 68.5)	59.2 (56.5, 61.9) ^a	67.4 (64.8, 70.1) ^a	67.4 (64.9, 69.9)	60.1 (57.1, 63.1) ^a
50-59	42.9 (38.9, 46.8)	58.9 (55.5, 62.2) ^a	51.9 (48.5, 55.4) ^a	55.2 (52.1, 58.3)	61.0 (58.0, 64.0)	62.6 (59.7, 65.5)	50.7 (47.5, 53.9) ^a
60-74	41.2 (37.6, 44.8)	47.8 (44.7, 50.9)	45.8 (43.1, 48.5)	48.1 (45.5, 50.8)	51.2 (48.5, 53.9)	54.7 (52.3, 57.0)	45.5 (42.9, 48.0) ^a
Males	45.4 (43.1, 47.7)	59.0 (56.8, 61.2) ^a	56.8 (54.7, 58.8)	56.3 (54.4, 58.1)	62.3 (60.3, 64.3) ^a	62.8 (61.0, 64.6)	52.3 (50.3, 54.3) ^a
Females	50.1 (47.7, 52.4)	61.6 (59.6, 63.7) ^a	59.8 (57.7, 61.9)	57.0 (55.2, 58.8)	63.3 (61.5, 65.2) ^a	65.1 (63.4, 66.7)	54.9 (53.0, 56.8) ^a
Primary	29.6 (25.8, 33.5)	34.1 (30.5, 37.8)	34.9 (31.0, 38.7)	33.7 (30.3, 37.1)	37.4 (33.6, 41.1)	38.9 (35.3, 42.5)	31.8 (28.3, 35.3)
Secondary	44.0 (41.3, 46.6)	52.5 (49.7, 55.3) ^a	45.8 (43.0, 48.6) ^a	48.0 (45.4, 50.6)	52.9 (50.2, 55.6)	53.5 (51.1, 55.8)	43.0 (40.5, 45.5) ^a
Post-secondary	53.5 (51.1, 55.8)	68.9 (67.0, 70.8) ^a	67.6 (65.8, 69.3)	64.0 (62.4, 65.6) ^a	70.7 (69.0, 72.3) ^a	71.5 (70.1, 73.0)	60.3 (58.6, 62.0) ^a
Chinese	48.2 (46.2, 50.2)	61.5 (59.8, 63.2) ^a	58.6 (56.9, 60.3)	56.4 (54.9, 57.9)	62.4 (60.9, 64.0) ^a	64.3 (62.9, 65.6)	54.0 (52.4, 55.6) ^a
Malays	48.5 (44.6, 52.4)	54.0 (49.6, 58.3)	55.2 (51.2, 59.3)	53.7 (50.1, 57.3)	61.0 (57.2, 64.8)	61.1 (57.7, 64.6)	48.3 (44.5, 52.0) ^a
Indians	44.4 (39.2, 49.7)	59.3 (54.2, 64.3) ^a	57.1 (52.3, 61.9)	60.1 (56.1, 64.2)	65.6 (60.9, 70.3)	63.7 (59.8, 67.7)	56.9 (52.6, 61.1)

- Notes: (1) Figures in () refer to the 95% confidence intervals. ^a Indicates that the results for any two consecutive survey years are significantly different statistically at 5% significance level as the confidence intervals for these two survey years did not overlap (e.g. NPHS 2024 and NPHS 2025).
- (2) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.
- (3) Analysis based on highest education attained served as a proxy to socio-economic factors.
Primary education: No formal qualification/ Primary/ PSLE.
Secondary education: Secondary/ GCE 'O' / 'N' level.
Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.

Table 8.5: Proportion of Singapore residents aged 18 to 74 years who were willing to seek help from informal support networks by age, sex, education, and ethnicity, 2019 to 2025

	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS	NPHS
	2019	2020	2021	2022	2023	2024	2025
Total	74.5 (73.0, 76.0)	79.2 (78.0, 80.4) ^a	69.1 (67.7, 70.6) ^a	79.7 (78.6, 80.7) ^a	78.4 (77.3, 79.5)	81.8 (80.8, 82.7) ^a	80.9 (79.8, 81.9)
ASR	74.4	79.1	69.2	79.8	78.6	82.1	81.2
18-29	86.0 (83.1, 88.9)	88.1 (85.9, 90.4)	84.3 (81.2, 87.4)	88.1 (86.0, 90.3)	85.4 (82.9, 87.9)	88.7 (86.5, 90.8)	86.9 (84.4, 89.5)
30-39	82.8 (80.3, 85.4)	86.3 (84.0, 88.6)	78.6 (75.8, 81.4) ^a	85.5 (83.4, 87.7) ^a	85.4 (83.4, 87.5)	85.4 (83.5, 87.3)	84.5 (82.3, 86.8)
40-49	76.1 (72.9, 79.3)	81.7 (79.3, 84.1)	73.7 (70.0, 77.4) ^a	80.8 (78.6, 83.0) ^a	82.5 (80.4, 84.6)	82.3 (80.3, 84.3)	83.6 (81.4, 85.9)
50-59	69.0 (65.2, 72.8)	78.4 (75.7, 81.0) ^a	61.0 (57.6, 64.4) ^a	77.3 (74.8, 79.9) ^a	75.5 (72.8, 78.2)	81.2 (79.0, 83.4) ^a	79.2 (76.7, 81.7)
60-74	59.3 (55.9, 62.6)	63.1 (60.2, 66.1)	50.3 (47.6, 53.0) ^a	68.4 (66.1, 70.8) ^a	65.6 (63.0, 68.1)	73.4 (71.4, 75.5) ^a	72.2 (70.0, 74.4)
Males	69.3 (67.1, 71.5)	75.1 (73.3, 77.0) ^a	64.3 (62.3, 66.3) ^a	75.7 (74.2, 77.3) ^a	75.1 (73.4, 76.7)	78.6 (77.1, 80.0) ^a	77.0 (75.4, 78.7)
Females	79.5 (77.7, 81.4)	83.1 (81.6, 84.6) ^a	73.7 (71.6, 75.8) ^a	83.5 (82.1, 84.8) ^a	81.6 (80.1, 83.0)	84.9 (83.7, 86.1) ^a	84.5 (83.2, 85.8)
Primary	56.4 (52.2, 60.7)	61.2 (57.6, 64.9)	49.8 (45.9, 53.7) ^a	64.8 (61.3, 68.2) ^a	64.0 (60.3, 67.7)	68.0 (64.7, 71.4)	70.0 ^d (66.7, 73.4)
Secondary	73.1 (70.6, 75.6)	74.3 (72.0, 76.7)	60.3 (57.5, 63.1) ^a	74.6 (72.4, 76.8) ^a	71.7 (69.3, 74.0)	77.6 (75.7, 79.4) ^a	75.6 (73.5, 77.8)
Post-secondary	79.1 (77.1, 81.2)	84.8 (83.4, 86.2) ^a	76.2 (74.3, 78.0) ^a	84.3 (83.0, 85.5) ^a	83.3 (82.0, 84.6)	85.3 (84.2, 86.4)	84.1 (82.8, 85.4)
Chinese	74.4 (72.7, 76.1)	79.9 (78.5, 81.2) ^a	67.9 (66.2, 69.6) ^a	79.2 (78.0, 80.4) ^a	77.9 (76.6, 79.2)	81.3 (80.2, 82.4) ^a	79.9 (78.6, 81.1)
Malays	78.3 (74.8, 81.8)	79.2 (75.9, 82.5)	72.2 (68.4, 76.0)	81.8 (79.1, 84.4) ^a	80.2 (77.2, 83.2)	84.4 (81.9, 86.9)	84.0 (81.4, 86.6)
Indians	68.8 (63.5, 74.0)	74.0 (69.7, 78.2)	72.9 (68.9, 77.0)	79.8 (76.5, 83.0)	78.5 (74.8, 82.2)	80.7 (77.5, 83.9)	83.8 ^d (80.7, 86.9)

- Notes: (1) Figures in () refer to the 95% confidence intervals. ^a Indicates that the results for any two consecutive survey years are significantly different statistically at 5% significance level as the confidence intervals for these two survey years did not overlap (e.g. NPHS 2024 and NPHS 2025).
- (2) ASR: Age-standardised rate. The reference population used is Singapore Census 2020 resident population.
- (3) Analysis based on highest education attained served as a proxy to socio-economic factors.
Primary education: No formal qualification/ Primary/ PSLE.
Secondary education: Secondary/ GCE 'O' / 'N' level.
Post-secondary education: GCE 'A' Level/ Polytechnic & other diploma/ Degree & professional qualification.
- (4) ^d Indicate statistically significant linear upward trend between 2019 and 2025 with p-value <0.05.

Chapter 9

Survey Methodology

Study Design and Objectives

The NPHS is a cross-sectional population health survey series jointly managed by the Ministry of Health and Health Promotion Board to track the health and risk factors of Singapore residents. The main objectives of the survey are to monitor the health of Singapore residents and track progress towards national objectives in the areas of:

- (i) risk factors such as alcohol consumption, cigarette smoking and physical inactivity;
- (ii) diseases such as diabetes mellitus, hypertension and hyperlipidaemia; and
- (iii) preventive health behaviours such as chronic disease screening; cervical, breast and colorectal cancer screening.

The survey results were presented for the 18 to 74 years age group for most chapters except for those on chronic disease and cancer screening. For these chapters, the analyses were confined to relevant age groups recommended for screening. Data for the “Others” ethnic group were included in the compilation of the survey results shown under “Total” but suppressed in ethnic-specific data of all statistical tables due to small counts or high sampling variability.

Ethics Approval

The NPHS methodology, protocol and procedures were approved by National Healthcare Group (NHG) Domain Specific Review Board (Domain F).

Sample Design

A representative sample of residential addresses was obtained from the Singapore Department of Statistics, which maintains a sampling frame of residential addresses for the selection of samples for household surveys. The sample selection was based on a two-stage design where the primary sampling units comprised of geographical areas and the secondary sampling units were the residential dwelling units.

The NPHS design comprised two components – (1) Household Interview (HI) and (2) Health Examination (HE). In the first component, a household member aged 18 to 79 years old (also known as “reference person”) was identified using KISH tables within each selected address to participate in the household for a face-to-face questionnaire interview (i.e. NPHS HI). Only Singapore citizens and permanent residents were recruited for the survey. All reference persons who completed NPHS HI would be invited to undergo a health examination (i.e. NPHS HE) at a designated clinic. Physical measurements e.g. height, weight, hip and waist circumference, blood pressure levels and bio-specimens such as blood and urine samples of survey respondents were collected. The blood and urine samples were sent to a medical laboratory to test for blood sugar, cholesterol, proteins in urine and other conditions. A full report on the respondent’s health status was mailed to him/ her six to eight weeks after the completion of the health examination. As the health examination was conducted for the purposes of population health surveillance and did not include medical follow up (i.e., not for health screening), respondents were informed that they should consult their own family doctor if they wished to find out more about the report.

Questionnaire

An electronic structured questionnaire administered on a tablet was used in the survey to collect information on the demographic, socio-economic, lifestyle practices relating to the major non-communicable diseases and risk factors, health conditions, knowledge, attitude and uptake on health screening as well as the help-seeking attitudes of the respondents. The questionnaire was adopted from that of the National Population Health Survey 2017 and National Health Surveillance Survey 2013; and included elements of the instruments used in the WHO STEP-wise approach to Surveillance of Non-Communicable Diseases (STEPS) Instrument for Non-Communicable Disease Risk Factors and WHO’s Global Physical Activity Questionnaire (GPAQ).

Invitation Letter and Publicity

An invitation letter, in four official languages, was mailed to the selected household addresses one week prior to visitation by the assigned interviewers. The invitation letter provided information on the survey purpose, what the survey comprised and expected survey duration. It also informed that an interviewer from a research company

commissioned by the Ministry of Health and Health Promotion Board would be visiting the household to enumerate, select and interview an eligible household member to take part in the survey, and assured the household on the confidentiality of all collected information. A dedicated NPHS webpage was set-up to provide detailed information on the conduct of the NPHS.

Training

All survey interviewers were given an overview of the survey background and briefed extensively on the fieldwork procedures such as procurement of appointments, enumeration of household members, selection of eligible household members using KISH tables and consent taking for survey participation. They were given training slides on survey protocols and questionnaire administration as well as training in administering the electronic questionnaire on a tablet. Fieldworkers carrying out the health examination were given training on consent taking and the standard operation procedures for the conduct of health examination. These trainings helped to ensure compliance to standards and protocols of the survey, and consistency in data collection for the household interview and health examination.

Household Interview Fieldwork

The survey fieldwork was conducted between 17 August 2024 and 13 July 2025. Survey interviewers from the appointed research company (*National University of Singapore (IPS-Social Lab)*), commissioned by the Ministry of Health and Health Promotion Board visited all the selected household addresses. The interviewers made a minimum of five visit attempts, at different times of the day and on different days of a week to establish contact with the reference person or household member to conduct the survey or obtain a survey appointment if the reference person was unavailable at the point of visit. Informed written consent was obtained from the reference person before the interviewer administered the questionnaire face-to-face. A token of appreciation was given to the reference person who completed the survey interview. All reference persons who completed the household interview were invited to go for a health examination and given a letter of invitation by the interviewer.

Health Examination Fieldwork

The health examination fieldwork for NPHS 2025 was carried out between 31 August 2024 and 8 September 2025 by a healthcare service provider (*Healthway Medical Group*) appointed by the Ministry of Health and Health Promotion Board. Appointment setting officers from the service provider provided a reminder call to reference persons two to three days prior to their appointments and managed any requests for changes to the appointments. At the appointed clinic, informed written consent was obtained by a fieldworker before the conduct of the health examination, and a token of appreciation was given to the reference person after the completion of the health examination.

Data Quality Control

Informed consent forms validation

All the informed consent forms from the household interview and health examination were checked for completeness and accuracy of information captured. This included checks for missing information, consistency of information and any data-entry errors in the datasets.

Interview validation

Data quality control was conducted by a separate team of staff who were not involved in the survey interview fieldwork. For each interviewer, 40% of their survey interviews were randomly selected and subjected to quality control checks via telephone validation or audio audit. At least 30% of all quality control checks were conducted through telephone validation where respondents were asked to verify their residential address and responses to nine specific fields with the respondents concerned. The remaining 10% of the checks were audio audits where a quality control staff listened to segments of the interview and checked if the interviewer complied with the stipulated survey protocols in administering the questions.

Data verification and consistency check

The electronic survey questionnaire had built-in features that prompt data entry for fields that required a response or prompt data re-entry if data entered was outside the logical or valid field range. Built-in checks for relational fields were also incorporated to ensure

that responses for those fields across different sections of the questionnaire were consistent. The built-in features and checks ensured that missing values, data-entry errors and inconsistent responses were eradicated or kept to the minimum where possible. The database on the questionnaire records with the complete survey responses was subjected to a series of computer-programmed checks for missing values, valid field range and cross-field relational consistency. Missing values were obtained from respondents and data anomalies were clarified through direct verification with the respondents whenever necessary.

The database on the physical measurements and laboratory results was also checked for missing values, valid field range and cross-field relational consistency. Missing values and data anomalies were clarified with fieldworkers and corrected where possible.

Data Confidentiality

Throughout all stages of the survey, strict confidentiality on individual respondent information was maintained. All information, including audio recordings, questionnaire answers, health examination records collected for this survey, would be kept strictly confidential, and stored in a secure, password-protected environment. Any reporting of findings would be done on a grouped basis such that no individual survey respondents can be identified. The identity of the respondents would remain confidential in publications (e.g. in national reports).

Age-Standardisation

Age-standardisation of prevalence rates takes into account the changing age distribution of the population over the years and allows for more meaningful trend comparison, especially with an ageing population. Age-standardisation of prevalence was calculated by the direct method, using the 2020 Census Singapore resident population as the standard (reference) population.

Response Rate

From a sample of 11,118 eligible households, 8,119 reference persons aged 18 to 79 years participated in the household interview, forming a response rate of 73.0% in NPHS 2025. 6,154 reference persons (75.8% of all reference persons) initially agreed to participate in the follow-on health examination. However, only 4,992 (81.1%) of those who agreed eventually attended the health examination.

Comparison of Demographic Profile between Survey Respondents and Resident Population

The demographic profiles of survey respondents from household interview were shown in Table 9.1. The survey sample was weighted to the age, ethnic group and sex distribution of the 2024 Singapore resident population to yield a similar population structure as the resident population. This was to ensure that the survey results apply to the general population.

Sample Weights

The sample weights for household interview were the composite of sample weights for the households and the selected household members. For each household, the sample weight (W_{HH}) comprised weight for non-response and unequal probability of selection stratified by planning regions and housing type and benchmarked to the total number of resident households. For each household member, the sample weight (W_{HH_Mem}) comprised weight for unequal probability of selection and weight for post-stratification stratified by age, sex and ethnic groups. The overall sample weight for household interview was the product of W_{HH} and W_{HH_Mem} .

Table 9.1: Percentage distribution (%) of the survey sample (unweighted) for household interview and 2024 Singapore resident population by demographic characteristics

	Household Interview Survey Sample (Unweighted)	Singapore Resident 2024
Total	100.0	100.0
18-29	11.7	17.4
30-39	17.7	19.1
40-49	18.9	18.4
50-59	17.5	18.1
60-69	19.5	16.9
70-79	14.8	10.2
Males	45.8	48.6
Females	54.2	51.4
Chinese	75.7	74.9
Malays	11.7	12.8
Indians	9.3	8.8
Others	3.4	3.4

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Annex A

Survey Questionnaire

NATIONAL POPULATION HEALTH SURVEY 2024/25

QUESTIONNAIRE A [FOR PERSONS AGED 18 YEARS & ABOVE]

全国人口健康调查 2024/25 问卷 A [供 18 岁或以上的人]

Serialhi								
Date of Interview	D	D	M	M	Y	Y	Y	Y

Interviewer's Full Name		KISH Table Used	
Household Information Number of eligible PERSONS (Singapore citizens/PRs aged <u>18 to 79 years</u>) in household: _____ 住户中合格的人士（ <u>18 至 79 岁以下</u> 的新加坡公民/永久居民）人数 Number of eligible SENIORS (Singapore citizens/PRs aged <u>65 years & above</u>) in household: _____ 住户中合格的乐龄人士（ <u>65 岁或以上</u> 的新加坡公民/永久居民）人数			

1. REGISTRATION

Interviewer: I would like to inform that your individual information collected for the survey will be kept strictly confidential. Any reporting would be done on a collective basis such that no participants in the survey will be identifiable.

我想告诉您，本调查所收集的个人信息会严格保密。所有调查都会基于整体数据，因此不会泄漏您的任何个人信息。

1000. Year of birth:

Y	Y	Y	Y
---	---	---	---

出生年份

Age:

--	--	--

年龄

1001. Record sex of participant [SA]

请注明受访者的性别

1	Male	男性
2	Female	女性
[Go to Q1002]		

1002. Ethnic group (as listed in NRIC) **[SA]**

种族（以身份证（NRIC）为准）

READ ONLY IF NECESSARY		
1	Chinese	华族
2	Malay	马来族
3	Indian	印度族
DO NOT READ		
4	Others, please specify: 其它，请注明：_____	
777	Refused	拒绝回答
[Go to Q1003]		

1003. Are you a Singapore Citizen? **[SA]**

您是新加坡公民吗？

READ			
1	Yes, I am a Singapore Citizen	是，我是新加坡公民	[Go to Q1004]
2	No, I am a Permanent Resident	否，我是永久居民	
DO NOT READ			
777	Refused	拒绝回答	

1004. May I know your height in metres, centimetres, or feet and inches? **[SA]**

请问您的身高是多少公尺、公分或英尺英寸？

	Height in cm, OR (nearest whole number)	公分， 或 (最近的整数)
	Height in metres, OR (nearest two decimal places)	公尺， 或 (最接近的两位小数)
	Feet (nearest whole number) AND	英尺 (最近的整数) 与
	Inches (nearest whole number)	英寸 (最近的整数)
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q1005]		

1005. May I know your weight in kilograms or pounds? **[SA]**

请问您的体重是多少公斤或磅？

	Weight in kg, OR (nearest one decimal place)	公斤， 或 (最接近的一位小数)
	Weight in lbs (nearest whole number)	磅 (最近的整数)
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
END OF SECTION 1. GO TO SECTION 2.		

2. DEMOGRAPHICS

2000. What is your current marital status? [SA]

请问您目前的婚姻状况是？

USE SHOWCARD		
1	Never married	从未结婚
2	Married	已婚
3	Divorced	离婚
4	Separated	分居
5	Widowed	丧偶
DO NOT READ		
777	Refused	拒绝回答
[Go to Q2001]		

2001. Do you have any children, including adopted and step-children? Please do not include foster children. [SA]

请问您是否有孩子, 这包括领养的孩子、继子和继女? 请不要包括寄养的儿童。

USE SHOWCARD			
1	Yes	有	[Go to Q2002]
2	No	没有	[Go to Q2003]
DO NOT READ			
777	Refused	拒绝回答	

2002. Are any of your children within the following age range, including adopted and step-children? Please do not include foster children. [SA]

您是否有属于以下年龄段的孩子, 这包括领养的孩子、继子和继女? 请不要包括寄养的儿童。

USE SHOWCARD AND READ			
d) Aged 0 to 3 years old 0 岁至 3 岁	1) Yes 是	2) No 否	777) Refused 拒绝回答
e) Aged above 3 to below 7 years old 3 岁以上至 7 岁以下	1) Yes 是	2) No 否	777) Refused 拒绝回答
f) Aged 7 to below 13 years 7 岁至 13 岁以下	1) Yes 是	2) No 否	777) Refused 拒绝回答
g) Aged 13 years to below 18 years 13 岁至 18 岁以下	1) Yes 是	2) No 否	777) Refused 拒绝回答
h) Aged 18 years and above 18 岁以上	1) Yes 是	2) No 否	777) Refused 拒绝回答
[Go to Q2003]			

2003. What is the highest level of education* that you have attained? [SA]

请问您的最高教育程度*是什么？

USE SHOWCARD AND DO NOT READ		
1	No formal education / Primary	未接受正规教育/小学
2	PSLE or equivalent	小六离校毕业证书或同等学历
3	Secondary	中学
4	'O' / 'N' level or NTC3 cert or its equivalent	'O' / 'N' 水准或全国技工证书第 3 级 (NTC 3) 或同等学历
5	'A' level / International Baccalaureate (IB)/ NTC 1-2 or Cert in office/ business skills or its equivalent, WSQ certificates	'A' 水准或/国际高中文凭 (IB)/ 全国技工证书第 1-2 级 (NTC 1-2) 或办公室/商业技能证书或同等学历, WSQ 证书
6	Polytechnic Diploma	理工学院文凭
7	Other diploma & professional qualification	其它文凭或专职业资格证书
8	University and above	大学及以上学历
9	Others, please specify: 其它, 请注明: _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q2004]		

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

最高教育程度指的是一个人通过在教育机构学习、函授或自修并获得证书的最高教育水平或学位。

2004. Which of the following best describes your main work status* over the last 12 months? [SA]

下列哪项最符合您在过去 12 个月内的主要工作情况*？

USE SHOWCARD & READ ONLY IF NECESSARY			
1	Working	工作	[Go to Q2005a]
2	Full-time Student	全职学生	[Go to Q2006]
3	Serving National Service	在服兵役/国民服役	
4	Homemaker or housewife	家庭主妇/夫	
5	Retired	退休	[Go to Q2005a]
6	Unemployed	无工作	
DO NOT READ			
777	Refused	拒绝回答	[Go to Q2006]
888	Don't know / Not sure	不知道 / 不肯定	

* Refers to what you spent most of the usual working hours on during the last 12 months.

主要工作情况指的是在过去 12 个月内的平常工作时间，您大部分的时间所做的事。

2005a. Which industry do you work in, or used to work in? [SA]

您目前或以前从事哪一个行业的工作？

<write response 写回应>

2005b. What is or was your occupation? [SA]

您目前或以前的职业是什么？

<write response 写回应>

DO NOT READ (for internal coding only)		
1	Community, Social and Personal Services (e.g. education, nursing, arts, entertainment, public administration, defence, ...)	社区，社会及个人服务业（如教育，护理，艺术，娱乐，公共行政，国防，等等）
2	Manufacturing	制造业
3	Business Services (e.g. real estate, legal, accounting, architectural, R&D, travel, employment, ...)	商业服务业（如房地产，法律，会计，建筑设计，科研开发，旅游，雇员介绍，等等）
4	Wholesale and Retail Trade	批发及零售业
5	Financial and Insurance Activities	金融保险业
6	Information and Communications (e.g. publishing, media, telecommunications, information technology, ...)	资讯通信业（如出版，媒体，电信，资讯科技 等等）
7	Others (e.g. transport, hotels, restaurants, construction)	其它（如交通，酒店，餐馆，建筑业，等等）
8	Have never worked	从来没有 工作过
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q2006]		

2006. Over the last 12 months, what is the average earnings (S\$) of your household in one month, before any deductions? Please include all sources of income such as bonuses, rental and investment income, and other sources such as pension and contributions from relatives and friends who are not staying in the same household. **[SA]**

在过去 12 个月内，您全家每月的平均总收入，在任何扣除前，大概是多少新币？请包括红利、租金和投资所得到的收入，也包括退休金和非同住在一起的家人或朋友所给的现金零用钱/资助。

USE SHOWCARD		
1	Below 2,000 per month	每月收入低于 2,000
2	2,000 – 3,999 per month	每月收入在 2,000 – 3,999 之间
3	4,000 – 5,999 per month	每月收入在 4,000 – 5,999 之间
4	6,000 – 9,999 per month	每月收入在 6,000 – 9,999 之间
5	10,000 – 14,999 per month	每月收入在 10,000 – 14,999 之间
6	15,000 & above per month	每月收入 15,000 及以上
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
END OF SECTION 2. GO TO SECTION 3.		

3. PHYSICAL ACTIVITY

Interviewer: The next questions are about the time you spend doing work. Think of work as the things that you **have to do** such as paid or unpaid work, household chores or looking for a job. Activities at work, focus on occupational physical activity. For homemakers, this refers to household chores. For unemployed, this refers to looking for a job. For students, this refers to classes (including Physical Education if relevant).

接着我要询问您关于工作中的体力活动。工作是指您**不得不**做的事情，如有偿或无偿工作、家务活以及找工作。工作中的活动，主要是指与职业相关的体力活动。对于家庭主妇来说，这指的是家务劳动。对于无业人士来说，这指的是找工作。对于学生来说，这指的是上课（包括相关的体育课）。

In answering the next few questions, 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

在以下的问题，“剧烈活动”是指需要大量体力并引起呼吸心跳显著增加的活动，“中等强度活动”是指需引起呼吸心跳轻度增加的活动。

Activity at work（在工作中的活动）

3000. In a typical week, on how many days do you do *vigorous-intensity* activities as part of your work?

[SA]

您在工作中通常每周有多少天会做**剧烈**活动？

USE SHOWCARD FOR EXAMPLES			
	Days a week	每周几天	[If 0 day, go to Q3001. Else go to Q3000a]
DO NOT READ			
777	Refused	拒绝回答	[Go to Q3001]
888	Don't know / Not sure	不知道 / 不肯定	

3000a. On a typical day on which you do *vigorous-intensity* activities, how much time do you spend doing such activities at work? **[SA]**

在您有做**剧烈**活动的平常一天里，您通常会花多长时间做此类活动？

	Hours	小时
	Minutes	分钟
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q3001]		

3001. In a typical week, on how many days do you do *moderate-intensity* activities as part of your work? **[SA]**

您在工作中通常每周有多少天会做中等强度活动？

USE SHOWCARD FOR EXAMPLES			
	Days a week	每周几天	[If 0 day, go to Q3002. Else go to Q3001a]
DO NOT READ			
777	Refused	拒绝回答	[Go to Q3002]
888	Don't know / Not sure	不知道 / 不肯定	

- 3001a. On a typical day on which you do *moderate-intensity* activities, how much time do you spend doing such activities at work? **[SA]**

在您有做中等强度活动的平常一天里，您通常会花多长时间做此类活动？

	Hours	小时
	Minutes	分钟
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q3002]		

Interviewer: The next questions **exclude** the physical activities at work that you have previously mentioned. Now, I would like to ask you about the usual way you travel to and from places. For example, going to work, shopping, market, or church, temple or mosque or going out for lunch.
 以下的问题**不包括**上述工作时的体力活动。现在我要询问您通常的交通方式。例如，上班、购物、去市场、教堂、寺庙或清真寺，或出门用午餐。

Travel to and from places（出行时）

3002. In a typical week, on how many days do you walk or cycle (pedal cycle) to get to and from places? **[SA]**

您出行时，通常每周有多少天步行或骑脚踏车？

	Days a week	每周几天	[If 0 day, go to Q3003. Else go to Q3002a]
DO NOT READ			
777	Refused	拒绝回答	[Go to Q3003]
888	Don't know / Not sure	不知道 / 不肯定	

- 3002a. On a typical day when you walk or cycle (pedal cycle), how much time do you spend walking or cycling? **[SA]**

在您在步行或骑脚踏车的一天里，您通常会花多长时间做此类活动？

	Hours	小时
	Minutes	分钟
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q3003]		

Recreational activities (娱乐性体力活动)

3003. The next questions exclude the work and transport activities that you have mentioned. In a typical week, on how many days do you do *vigorous-intensity* sports, fitness, recreational or leisure activities? **[SA]**

以下问题不包括上述的工作和出行时的体力活动。您通常每周有多少天会做剧烈运动、健身或娱乐性体力活动？

USE SHOWCARD FOR EXAMPLES			
	Days a week	每周几天	[If 0 day, go to Q3004. Else go to Q3003a]
DO NOT READ			
777	Refused	拒绝回答	[Go to Q3004]
888	Don't know / Not sure	不知道 / 不肯定	

- 3003a. On a typical day, how much time do you spend doing *vigorous-intensity* sports, fitness, recreational or leisure activities? **[SA]**

在您在做剧烈运动、健身或娱乐性体力活动的平常一天里，您通常会花多长时间做此类活动？

	Hours	小时
	Minutes	分钟
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q3004]		

3004. In a typical week, on how many days do you do *moderate-intensity* sports, fitness, recreational or leisure activities? **[SA]**

您通常每周有多少天会做中等强度运动、健身或娱乐性体力活动？

USE SHOWCARD FOR EXAMPLES			
	Days a week	每周几天	[If 0 day, go to Q3006. Else go to Q3004a]
DO NOT READ			
777	Refused	拒绝回答	[Go to Q3006]
888	Don't know / Not sure	不知道 / 不肯定	

- 3004a. On a typical day, how much time do you spend doing *moderate-intensity* sports, fitness, recreational or leisure activities? **[SA]**
 在您有做 *中等强度* 运动、健身或娱乐性体力活动的平常一天里，您通常会花多长时间做此类活动？

	Hours	小时
	Minutes	分钟
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q3006]		

3006. In a typical week, on how many days do you do physical activities or exercises to **strengthen your muscles**? Examples of these activities include tai-chi, qi-gong, yoga, sit-ups, push-ups, the use of weight machines, free weights, or elastic bands. Do **not** include aerobic activities like walking, running, or cycling. **[SA]**

您通常每周有多少天会为了**增强肌肉**而做运动或体育锻炼？这些运动包括太极、气功、瑜伽、仰卧起坐或伏地挺身，以及那些使用举重器械、自由力量训练设备或弹力带的运动。请勿包括有氧运动，如健步行走、跑步或骑脚踏车。

Interviewer note: Record number of days per month if frequency is less than once a week. Respondents should complete at least 1 set of strength exercises to register as 1 day.

USE SHOWCARD FOR EXAMPLES & DEFINITION OF 1 SET OF EXERCISE		
	Days per week OR	每周几天 或
	Days per month	每月几天
DO NOT READ		
666	Never do such activity or exercise	没有做这些运动或体育锻炼
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q3005]		

Interviewer: The next question is about sitting or reclining at work, at home, getting to and from places, or with friends, including time spent sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television but **DO NOT** include time spent sleeping.
 以下的问题是關於工作中、在家里、出行或與朋友相處時的坐卧情况，包括坐在桌前、與朋友坐在一起，乘坐汽车、巴士、地铁，阅读、打牌或看电视的时间，但不**包括**睡眠时间。

3005. On a typical day, how much time do you usually spend sitting or reclining? **[SA]**
 您通常每天花多长时间坐着或靠着？

	Hours	小时
	Minutes	分钟
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
END OF SECTION 3. GO TO SECTION 4		

4. TOBACCO USE

Interviewer: The next questions are on cigarette smoking.

现在，我要问一些有关吸烟的问题。

4000. Have you ever smoked cigarettes? **[SA]**

您曾吸过烟吗？

READ			
1	Yes	有	[Go to Q4001] [Go to Q4016 Other Tobacco Products]
2	No	没有	
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

4001. How old were you when you first tried or experimented with smoking cigarettes? **[SA]**

您第一次尝试吸烟时是几岁？

	Age	几岁	
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	
[Go to Q4002]			

4002. Have you ever smoked at least 100 cigarettes, or about 5 packs in your **whole life**? **[SA]**

您一生中曾经吸过的烟总数是否有至少 100 支（约 5 包）？

READ			
1	Yes	有	[Go to Q4003] [Go to Q4016 Other Tobacco Products]
2	No	没有	
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

4003. Have you ever smoked cigarettes daily? **[SA]**

您曾经每天吸烟吗？

READ			
1	Yes	有	[Go to Q4004]
2	No	没有	
DO NOT READ			[Go to Q4005]
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

4004. At what age did you start smoking cigarettes daily? [SA]
您从几岁开始每天吸烟的？

	Age	几岁
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4005]		

4005. How often do you smoke cigarettes now, is it....? [SA]
您目前吸烟的频率，是…？

READ			
1	Daily*	每天*	[Go to Q4006a]
2	Occasionally	偶尔	
3	Have stopped smoking completely	已经彻底戒烟	[Go to Q4030]
DO NOT READ			
777	Refused	拒绝回答	[Go to Q4016 Other Tobacco Products]
888	Don't know / Not sure	不知道 / 不肯定	

** Interviewer Note: Please include respondents who have stop smoking daily temporarily because of religious fasting or medical reasons.
请包括受访者因宗教禁食或医疗因素而暂时停止每天吸烟。*

[If Q4005 = “Daily” or “Occasionally”, ask the following question]

- 4006a. Can you show me the pack of cigarettes that you are currently smoking so that we can write down the flavour of cigarette? [SA]

您是否能让我看您所吸的烟的包装以便我记下其烟的口味？

Interviewer Note: If respondent does not have a pack or refused to show pack of cigarettes, please ask for the flavour. If there are more than 1 flavour smoked, record the flavour that was most often smoked.

DO NOT READ [Record flavour as shown for 4006a]		
1	Regular	
2	Menthol	
3	Mint	
4	Clove/ Kretek	
5	Others, please specify: 其它，请注明： _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[If Q4005 = “1 Daily”, go to Q4007. If Q4005 = “2 Occasionally”, go to Q4023]		

[If Q4005 = “1 Daily”, go to Q4007. If Q4005 = “2 Occasionally”, go to Q4023. Else, go to Q4016 Other Tobacco Products]

4007. [Daily Smoker] On average, how many cigarettes do you smoke per day? **[SA]**

您平均每天吸多少支烟？

	Cigarettes daily	一天几支烟
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4008]		

4008. [Daily Smoker] Do you have any intention to quit smoking? **[SA]**

您是否有戒烟的打算？

READ AND USE SHOWCARD		
1	Yes, I plan to quit smoking within the next month	有, 我打算在下个月内戒烟
2	Yes, I plan to quit smoking within the next 6 months	有, 我打算在未来 6 个月内戒烟
3	Yes, I plan to quit smoking within the next 12 months	有, 我打算在未来 12 个月内戒烟
4	Yes, I plan to quit smoking within the next 5 years	有, 我打算在未来 5 年内戒烟
5	Yes, I plan to quit smoking sometime in the future	有, 我打算在未来的某个时候戒烟
6	No, I do not plan to quit smoking completely, but plan to cut down on the number of cigarettes smoked	我没有打算完全戒烟, 但有打算减少吸烟
7	No, I do not plan to quit smoking or cut down on the number of cigarettes smoked	我没有打算戒烟或减少吸烟
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4009]		

4009. [Daily Smoker] In the last 12 months, have you tried to stop smoking for at least 24 hours? **[SA]**

在过去 12 个月内, 您是否有尝试连续至少 24 小时不吸烟？

READ			
1	Yes	有	[Go to Q4010]
2	No	没有	
DO NOT READ			[Go to Q4028]
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

4010. **[Daily Smoker]** How many times did you try to quit smoking during the last 12 months? **[SA]**
在过去 12 个月内，您曾经几次尝试戒烟？

	Number of times in last 12 months	在过去12个月内有几次
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4028]		

4028. **[Daily Smoker]** In the last 12 months, have you been advised by a western-trained doctor to quit smoking? **[SA]**
在过去 12 个月内，西医是否有建议您戒烟？

READ		
1	Yes	有
2	No	没有
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4016 Other Tobacco Products]		

[If Q4005 = "2 Occasionally", go to Q4023. Else, go to Q4016 Other Tobacco Products]

4023. **[Occasional Smoker]** On average, how many cigarettes do you smoke? You can tell me the number of cigarettes per week or per month. **[SA]**
您平均吸多少支烟？您的回答可以是以每周或每月几支烟。

	Cigarettes per week, OR	每周几支香烟， 或
	Cigarettes per month	每月几支香烟
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4016 Other Tobacco Products]		

[If Q4005 = “3 Have stopped smoking completely”, go to Q4030. Else, go to Q4016 Other Tobacco Products]

4030. **[Ex-Smoker]** Has it been at least 30 days since you stop smoking completely? **[SA]**

您是否已经有至少 30 天完全没有吸烟？

Interviewer note: Respondent must stop smoking for a duration of at least the last 30 days.

READ		
1	Yes	有
2	No	没有
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[If Q4005 =3 and Q4003=1, go to Q4011. If Q4005 = 3 and Q4003=2, 777 or 888, go to Q4015.]		

4011. **[Ex-daily Smoker]** How long has it been since you last smoked daily? **[SA]**

您已经有多久停止每日吸烟的习惯？

	Number of years, OR	几年, 或
	Number of months, OR	几个月, 或
	Number of days	几天
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4012]		

4012. **[Ex-daily Smoker]** How long did you smoke daily before you gave up smoking? **[SA]**?

在戒烟之前, 您曾经有多久每天吸烟？

	Number of years, OR	几年, 或
	Number of months, OR	几个月, 或
	Number of days	几天
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4015]		

4015. **[Ex-smoker]** How many times did you try to quit smoking before you succeeded? **[SA]**

在戒烟成功前, 您曾经尝试戒烟过几次？

	Number of times	几次
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4013]		

4013. **[Ex-smoker]** What was the main reason which made you stop smoking completely? **[SA]**
您彻底戒烟的主要原因是什么？

DO NOT READ		
1	Experienced the ill effects of smoking	身受吸烟之害
2	Pressure to stop from the environment (e.g. smoking bans)	迫于环境（例如 禁烟令 ）的压力而戒烟
3	Concerned about the health of those around me (through passive smoking)	担心周围人群的健康（通过 二手烟 ）
4	Concerned about the harmful effects of smoking	关注吸烟的 害处
5	Pressure/ advice to stop from family/ friends/ colleagues	出于 家庭/朋友/同事 的压力/建议而戒烟
6	Cigarettes have become too expensive	香烟价格太贵
7	Social stigma associated with smoking	吸烟不光彩
8	Advised to stop smoking by my doctor	医生建议我戒烟
9	Others, please specify: 其它，请注明：_____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4014]		

4014. **[Ex-smoker]** How did you quit smoking? **[MA]**
请问您是怎样戒烟的？

DO NOT READ		
1	Abstained from smoking on own accord	自我克制主动戒烟
2	Attended smoking cessation programme/counselling in public/private hospitals	参加公立/私人医院的戒烟计划/辅导
3	Attended smoking cessation programme/counselling in public (including polyclinics) /private GP clinics	参加公立（包括综合诊疗所）/私人诊所的戒烟计划/辅导
4	Attended smoking cessation programme/counselling in the workplace	参加工作场所的戒烟计划/辅导
5	Attended smoking cessation programme/counselling through a retail pharmacy	通过零售药店参加戒烟计划/辅导
6	Through talking to a quit advisor at Quitline	通过与戒烟热线的戒烟顾问沟通
11	Through participating in I Quit programme (constitutes SMS and Quitline as an option for smokers)	通过参加全国戒烟运动“I Quit”
7	By nicotine replacement therapy (e.g. nicotine patch, inhaler)	通过尼古丁替代治疗（例如尼古丁贴片、尼古丁吸入剂）
8	By herbal remedy	通过草药疗法
9	Used medication (e.g. Bupropion/ Zyban, Varenicline/Champix)	药物治疗（例如耐烟盼牌的安非他酮、戒必适牌的伐尼克兰）
10	Others, please specify: 其它，请注明：_____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4016]		

4016. **[Ask All]** Other than cigarettes, which of the following tobacco and nicotine products do you use in the last 30 days? **[SA]**

除了香烟，您在过去 30 天内吸的是以下哪种烟草和尼古丁产品？

USE SHOWCARD					
List of other tobacco products 其它烟草产品的列表	1) Yes, Daily 是, 每天	2) Yes, Occasionally 是, 偶尔	3) No 否	777) Refused 拒绝回答	888) Don't know / Not sure 不知道 / 不肯定
4016a. Cigar 雪茄	☐	☐	☐	☐	☐
4016b. Cigarillos 迷你雪茄	☐	☐	☐	☐	☐
4016c. E-cigarette / E-vaporiser / Vape 电子烟	☐	☐	☐	☐	☐
4016d. Heated Tobacco 加热烟草	☐	☐	☐	☐	☐
4016e. Beedis 比迪烟	☐	☐	☐	☐	☐
4016f. Roll your own tobacco / Ang Hoon (loose tobacco) 卷烟	☐	☐	☐	☐	☐
4016g. Pipe Tobacco 烟丝	☐	☐	☐	☐	☐
4016i. Nicotine Pouch 尼古丁袋	☐	☐	☐	☐	☐
4016h. Others 其它 [Go to Q4016h(i) for “1” or “2”]	☐	☐	☐	☐	☐
[If Q4016a to Q4016h=1 or 2, go to Q4020. If Q4016a to Q4016h=3, 777 or 888, go to Q4101]					

4016h(i) **[If respondent selected “1” or “2” for Q4016h, please specify below]:**

其它（请注明）：

[If Q4000 = “1 Yes” or Q4016a to Q4016h = “1 Yes, Daily” or “2 Yes, Occasionally”]

4020. **[Ask All Smokers]** When you first started smoking, which of the following tobacco and nicotine products did you use? **[SA]**

在您刚开始吸烟时，您吸的是以下哪种烟草和尼古丁产品？

USE SHOWCARD		
1	Cigarettes	香烟
2	Cigar	雪茄
3	Cigarillo	迷你雪茄
4	E-cigarette / E-vaporiser / Vape	电子香烟
5	Heated Tobacco	加热烟草
6	Beedis	比迪烟
7	Roll your own tobacco / Ang Hoon (loose tobacco)	卷烟
8	Pipe Tobacco	烟丝
10	Nicotine Pouch	尼古丁袋
9	Others, please specify: 其它，请注明：_____	
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4021]		

4021. **[Ask All Smokers]** What was the flavour of (tobacco product mentioned in 4020) that you smoked when you first started smoking? **[SA]**

在您刚开始吸烟时，您吸的_____是什么口味？

USE SHOWCARD		
1	Regular	普通味
2	Menthol	薄荷醇味
3	Mint	薄荷味
4	Clove/ Kretek	丁香味
5	Others, please specify: 其它，请注明：_____	
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4101]		

[FOR ALL]

Interviewer: Next, I would like to ask you some questions on e-cigarettes or vapes.

E-cigarettes, or vapes, are electronic devices that usually contain a nicotine-based liquid that is vaporised and inhaled.

They are also known as vape-pens, e-vaporisers, hookah-pens, electronic hookahs (e-hookahs), electronic cigars (e-cigars) or electronic pipes (e-pipes). Some look like cigarettes and others look like pens or small pipes. These are battery-powered devices that produce vapor instead of smoke.

接下来，我要问您一些关于电子烟的问题。

电子烟 是一种电子设备，通常含有可蒸发和吸入的尼古丁液体。

它们也被称为 vape-pen、hookah-pen、电子水烟（e-hookahs）、电子雪茄（e-cigars）或电子烟斗（e-pipes）。有些看起来像香烟，有些看起来像钢笔或小烟斗。这些是电池供电的设备，产生蒸汽而不是烟雾。

4101. Have you ever tried or experimented with e-cigarettes/ vapes? **[SA]**

您曾经使用或尝试过电子烟吗？

READ			
1	Yes	有	[Go to Q4102]
2	No	没有	[Go to Q4107]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

4102. How old were you when you first tried or experimented with e-cigarettes/ vapes? **[SA]**

您第一次使用或尝试电子烟是几岁？

	Age	几岁
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4103]		

4103. During the last 30 days, on how many days did you use e-cigarettes/ vapes? **[SA]**

在过去 30 天内，您有多少天使用电子烟？

	Number of days in the last 30 days [Indicate "0" if did not vape in the last 30 days]	在过去 30 天内的天数 如果过去 30 天内没有吸过电子烟，请注明 "0"
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4112 if Q4103 = 0, Else go to Q4104]		

4112. Have you stopped vaping completely? **[SA]**

您是否彻底戒掉电子烟？

READ		
1	Yes	是
2	No	不是
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4104]		

4104. What are your reasons for using e-cigarettes/ vapes? **[MA]**

您为什么会使用电子烟？

DO NOT READ (May choose more than one answer)	
1	Out of curiosity
2	E-cigarettes/ vapes help me project a cool /mature /attractive image
3	Peer influence / to be socially accepted
4	Helps me relax/ relieve stress/ cope with problem(s)
5	E-cigarettes/ vapes are better for the environment compared to regular cigarettes
6	E-cigarettes/ vapes help me save money compared to regular cigarettes
7	E-cigarettes/ vapes help me to quit cigarette smoking
8	Feel/ think that it is alright to vape as family members are also doing it
9	Feel/ think that it is alright to vape as friends are also doing it
10	Easy for me to purchase/ obtain it
11	Easy for me to hide/ much less detectable
12	E-cigarettes/ vapes smell/ taste good
13	E-cigarettes/ vapes come in many flavours
14	Get a high or buzz from nicotine
15	Seen people on TV, online and in movies using e-cigarettes/ vapes
16	Use e-cigarettes/ vapes to do tricks
17	Others, please specify: _____
777	Refused
888	Don't know / Not sure
[Go to Q4105]	

4105. Where do you obtain e-cigarettes/ vapes? **[MA]**

您从哪里取得电子烟?

DO NOT READ (May choose more than one answer)	
1	Family members (e.g. parents, spouse/ partner, siblings)
2	Relatives
3	Friends
4	Colleagues
5	Schoolmates
6	Online platform (e.g., Online retail websites, Facebook, Telegram)
7	Retail store in Singapore
8	Street peddler in Singapore
9	Bought it overseas
10	Others, please specify: _____
777	Refused
888	Don't know / Not sure
[Go to Q4107]	

4107. Does anyone (e.g family members, friends, colleagues) in your life whom that you spend the most time with on a regular basis uses e-cigarettes/ vapes? **[MA]**

您生活中与您相处最多和经常来往的人（例如家人、朋友、同事）有谁在使用电子烟?

DO NOT READ (May choose more than one answer)	
1	Parent
2	Spouse/ Partner
3	Sibling
4	Friend
5	Colleague
6	Schoolmate
7	Child
8	Others, please specify: _____
666	No one in my life uses e-cigarettes/ vapes
777	Refused
888	Don't know / Not sure
[Go to Q4108]	

4108. Of the five closest friends that you spend the most time with on a regular basis, how many of them use vapes? **[SA]**
 在您经常相处最多的五个最亲密的朋友中，有多少人使用电子烟？

READ		
1	One	一
2	Two	二
3	Three	三
4	Four	四
5	Five	五
6	None	无
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4111 if Q4101 = 1, Go to Section 6 if Q4101 = 2]		

[If Q4103 ≥ 1 – vape at least one day in last 30 days OR (Q4103 = 0 AND Q4112 = 2, 777, 888)]

4111. Do you have any intention to quit e-cigarettes / vapes use? **[SA]**
 您是否有戒电子烟的打算？

READ AND USE SHOWCARD		
1	Yes, I plan to quit e-cigarettes / vapes use within the next month	有, 我打算在下个月内戒电子烟
2	Yes, I plan to quit e-cigarettes / vapes use within the next 6 months	有, 我打算在未来 6 个月内戒电子烟
3	Yes, I plan to quit e-cigarettes / vapes use within the next 12 months	有, 我打算在未来 12 个月内戒电子烟
4	Yes, I plan to quit e-cigarettes / vapes use within the next 5 years	有, 我打算在未来 5 年内戒电子烟
5	Yes, I plan to quit e-cigarettes / vapes use sometime in the future	有, 我打算在未来的某个时候戒电子烟
6	No, I do not plan to quit e-cigarettes / vapes use completely, but plan to cut down on the number of times I use e-cigarettes / vapes	我没有打算完全戒电子烟, 但有打算减少用电子烟
7	No, I do not plan to quit e-cigarettes / vapes use	我没有打算戒电子烟或减少吸电子烟
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[END OF SECTION 4. GO TO SECTION 6.]		

[If Q4103 = 0 – vape 0 day in last 30 days & Q4112 = 1]

4113. [Ex-vaper] What was the main reason which made you stop vaping completely? [SA]

您彻底戒电子烟的主要原因是什么？

DO NOT READ		
1	Experienced the ill effects of vaping (e.g. shortness of breath)	经历过吸电子烟的不良影响（例如呼吸急促）
2	Pressure to stop from the environment (e.g. unable to buy vapes, strict enforcement, caught by enforcement officers)	来自环境的压力（例如无法购买电子烟，执法严格，被执法人员捉获）
3	Concerned about the health of those around me (through secondhand aerosol)	关心周围人的健康（来至吸进二手电子烟）
4	Concerned about the harmful effects of vaping	担心电子烟的有害影响
5	Pressure/ advice to stop from family/ friends/ colleagues	来至于 家庭/朋友/同事 的压力/劝告而戒烟
6	Social stigma associated with vaping	社会对吸电子烟的 负面看法
7	Advised to stop vaping by my doctor	被医生劝告停止使用电子烟
8	Did not find it enjoyable or interesting	觉得无乐或无趣
9	Others, please specify: 其它，请注明：_____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q4114]		

4114. [Ex-vaper] How did you quit vaping? [MA]

请问您是怎样戒电子烟的？

DO NOT READ		
1	Abstained from vaping on own accord	自我主动戒电子烟
2	Attended cessation programme/counselling in public/private hospitals	参加公立/私人医院的戒烟计划/辅导
3	Attended cessation programme/counselling in public (including polyclinics) /private GP clinics	参加公立（包括综合诊疗所）/私人诊所的戒烟计划/辅导
4	Attended cessation programme/counselling in the workplace	参加工作场所的戒烟计划/辅导
5	Attended cessation programme/counselling through a retail pharmacy	通过零售药店参加戒烟计划/辅导
6	Through talking to a quit advisor at Quitline	通过与戒烟热线的戒烟顾问沟通
7	Through participating in I Quit programme (constitutes SMS and Quitline as an option)	通过参加全国戒烟运动“I Quit”
8	By nicotine replacement therapy (e.g. nicotine patch, inhaler)	通过尼古丁替代治疗（例如尼古丁贴片、尼古丁吸入剂）
9	By herbal remedy	通过草药疗法
10	Others, please specify: 其它，请注明：_____	
777	Refused	
888	Don't know / Not sure	不知道 / 不肯定
[END OF SECTION 4. GO TO SECTION 6]		

6. ALCOHOL CONSUMPTION

Interviewer: Now I am going to ask you some questions about alcohol consumption.
现在，我要问您一些关于饮酒的问题。

6000. In the past 12 months, how frequent did you have at least one drink? **[SA]**
在过去 12 个月内，您喝至少一杯酒的频率是多少？

READ AND USE SHOWCARD			
1	5 or more days a week	每周 5 天或更多	[Go to Q6003]
2	1-4 days per week	每周 1 至 4 天	
3	1-3 days a month	每月 1 至 3 天	
4	Less than once a month	每月少于一天	
5	Did not drink alcohol in the past 12 months	在过去 12 个月内没有喝酒	[Go to Section 7]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

6003. On the days that you drank alcohol, about how many drinks did you usually have? **[SA]**
每当喝酒时，您通常会在一天内喝几杯含有酒精的饮料？

USE SHOWCARD & EXPLAIN WHAT CONSTITUTES 1 DRINK		
	Number of drinks per day	一天内几杯饮料
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q6002]		

6002. How many times during the past month did you have X **[X = 5 for men, X = 4 for women]** or more drinks in any one drinking session? Please include all types of alcoholic drinks. **[SA]**
在过去一个月内，您曾经有多少次在一次饮酒过程中喝了 X **[男性 X = 5，女性 X = 4]** 杯或更多？请包括所有类型的酒精饮品。

USE SHOWCARD & EXPLAIN WHAT CONSTITUTES 1 DRINK			
	Times in the past month	过去一个月内有几次	END OF SECTION 6. GO TO SECTION 7.
DO NOT READ			
666	Did not drink X [X = 5 for men, X = 4 for women] or more drinks in any one drinking session	没有在一次饮酒过程中喝超过 X [男性 X = 5, 女性 X = 4] 杯	
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

7. DIABETES

Interviewer: Now, I would like to ask you some questions about diabetes. Diabetes occurs when there is excess sugar in the blood. Oral medications and insulin injections may be required if a person with diabetes is unable to adequately control his blood sugar levels despite lifestyle changes.

现在，我要问您一些关于糖尿病的问题。血糖过高会导致糖尿病。若糖尿病患者在改变生活方式之后仍然无法控制血糖，那他/她就或许需要以服用口服降糖药或胰岛素注射来控制病情。

7000. Can you tell me who in your immediate family* has diabetes, excluding diabetes that happens only during pregnancy? **[MA]**

您的直系家庭*中谁患有糖尿病？这不包括只在怀孕期间患上的糖尿病。

Interviewer note: Diabetes that happens only during pregnancy refers to diabetes that develops during pregnancy and usually stops at the end of pregnancy (also known as gestational diabetes).

READ (May choose more than one answer)		
1	Parents	父母
2	Siblings	兄弟姐妹
3	Children	儿女
4	No one in my family has diabetes	没有家人患有糖尿病
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q7001]		

* Exclude spouse and non-blood relatives

不包括配偶及无血缘关系的亲戚

7001. Have you ever been told by a western-trained doctor that you have diabetes? **[SA]**

西医是否曾经告诉过您，您患有糖尿病？

[If 'Yes' and respondent is female, ask "Was this only when you were pregnant?"]

READ			
1	Yes	是	[Go to Q7001a]
2	Yes, but only during pregnancy	是，不过仅在怀孕时	[Go to Q7004]
3	No	否	
4	No, pre-diabetes or borderline diabetes	否，糖尿病前期或临界性糖尿病	[Go to Q7002]
DO NOT READ			
777	Refused	拒绝回答	[Go to Q7004]
888	Don't know / Not sure	不知道 / 不肯定	

7001a. Does your doctor currently give you treatment for your diabetes such as tablets or injections? **[SA]**

医生目前是否有给您治疗糖尿病的药物或注射？

READ			
1	Yes	有	[Go to Q7001b]
2	No	没有	[Go to 7002]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

7001b. What type of medication are you on? **[SA]**

您正在使用哪种治疗方式？

READ		
1	Insulin injections	胰岛素注射
2	Oral medications for diabetes	口服降糖药
3	Both insulin injections & oral medications for diabetes	同时使用胰岛素注射和口服降糖药
4	Others, please specify: 其它，请注明：_____	
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to 7002]		

7002. How many times in the past 12 months have you seen a doctor for your **X** [X=pre-diabetes when Q7001=4, X=diabetes when Q7001=1]? **[SA]**

在过去 12 个月内，您曾经有几次因为 **X** [X=糖尿病前期 when Q7001=4, X=糖尿病 when Q7001=1] 而看医生？

	Number of times in the past 12 months	在过去 12 个月内有几次
DO NOT READ		
666	Did not see a doctor for X [X=pre-diabetes when Q7001=4, X=diabetes when Q7001=1]	没有因为 X [X=糖尿病前期 when Q7001=4, X=糖尿病 when Q7001=1] 而看医生
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to 7003]		

7003. Where do you seek treatment for your **X** [X=pre-diabetes when Q7001=4, X=diabetes when Q7001=1) most of the time? **[SA]**

您大多数是去哪里治疗您的 X [X=糖尿病前期 when Q7001=4, X=糖尿病 when Q7001=1] ?

Interviewer note: “If respondent answers “see a Private GP or Polyclinic doctor”, probe to check if they are seeing the GP or Polyclinic doctor that they are enrolled in under Healthier SG. If yes, choose Option 6 or 7 accordingly. If no, choose Option 1 or 2.”

DO NOT READ		
1	Private GP clinic	全科医生诊所
6	Private GP clinic (Healthier SG)	健康 SG 注册的全科医生诊所
2	Polyclinic	综合诊疗所
7	Polyclinic (Healthier SG)	综合诊疗所(健康 SG 注册)
3	Specialist outpatient clinic (public hospital)	专科门诊诊所 (公共医院)
4	Specialist outpatient clinic (private hospital)	专科门诊诊所 (私人医院)
5	Others, please specify: 其它, 请注明: _____	
666	None, do not seek treatment for X [X=pre-diabetes when Q7001=4, X=diabetes when Q7001=1]	否, 没有为 X [X=糖尿病前期 when Q7001=4, 糖尿病 when Q7001=1] 寻求治疗
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[If Q7001=1, go to Q7015, Else go to Q7004]		

7015. In the past 12 months, do you feel that different members of your care team (e.g. doctors, nurses, allied health professionals, family members/ friends) provide you similar and consistent information to manage your diabetes? **[SA]**

在过去 12 个月内, 您是否觉得您的护理团队的不同成员(例如医生、护士、综合医疗保健人员、家庭成员/朋友)为您提供了相似和一致的信息来控制您的糖尿病?

READ AND USE SHOWCARD				
1 Strongly Agree 强烈同意	2 Agree 同意	3 Neither Agree Nor Disagree 不同意也不反对	4 Disagree 不同意	5 Strongly Disagree 强烈不同意
[Go to Section 8]				

[If Q7001 = “2 Yes, but only during pregnancy”, “3 No”, “4 No, pre-diabetes or borderline diabetes”, “777 Refused” or “888 Don’t know / Not sure”]

7004. Blood tests can be used to check for diabetes. When was the last time you had a blood test to check for diabetes? Please exclude checks done by yourself. **[SA]**

血糖检验是一种测试糖尿病的方法。您最后一次进行血糖测试是什么时候？请不要包括自己做的检查。

Interviewer note: Blood tests can be a fasting plasma glucose test (FPG), random plasma glucose test, oral glucose tolerance test (OGTT) or HbA1c test.

READ ONLY IF NECESSARY			
1	1 year ago or less	过去 1 年或少于 1 年	[Go to Q7005]
2	More than 1 year to 2 years	超过 1 年但在 2 年以内	
3	More than 2 years to 3 years	超过 2 年但在 3 年以内	
4	More than 3 years to 5 years	超过 3 年但在 5 年以内	
5	More than 5 years ago	超过 5 年前	
6	Never been checked	从未检查过	[Go to Section 8]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

7005. Where did you go for your last blood test to check for diabetes? **[SA]**

您的最后一次血糖测试是在哪里进行的？

Interviewer note: If respondent answers “Private GP or Polyclinic”, probe to check if they are participating in the Screen for Life or Healthier SG programme and code accordingly. In Screen For Life programme, the respondents pay \$0, \$2 or \$5 for the test. Use the showcards for SFL letter and e-notification; and Healthier SG pamphlet to aid respondent’s recall.

DO NOT READ		
1	Private GP clinic (Healthier SG / Screen for Life)	全科医生诊所（健康 SG / “定期体检，益您一生”）
2	Private GP clinic	全科医生诊所
3	Polyclinic	综合诊疗所
11	Polyclinic (Healthier SG)	综合诊疗所(健康 SG 注册)
4	Specialist outpatient clinic (public hospital)	专科门诊诊所（公共医院）
5	Specialist outpatient clinic (private hospital)	专科门诊诊所（私人医院）
6	Workplace	工作场所
7	Community venue	社区场所
8	Overseas clinic/ hospital	国外的诊所或医院
9	Army camp	军队兵营
10	Others, please specify: 其它，请注明：_____	
777	Refused	拒绝回答
888	Don’t know / Not sure	不知道 / 不肯定
[END OF SECTION 7. GO TO SECTION 8.]		

8. HYPERTENSION

Interviewer: Next, I would like to ask you some questions about hypertension, also commonly known as high blood pressure.

接下来，我要问您一些关于高血压的问题。

8000. Can you tell me who in your immediate family* has high blood pressure, excluding high blood pressure that only happens during pregnancy? **[MA]**

您的直系家庭*中谁患有高血压？这不包括只在怀孕期间患上的高血压。

Interviewer note: High blood pressure that happens only during pregnancy refers to high blood pressure that develops during pregnancy and usually stops at the end of pregnancy.

READ (May choose more than one answer)		
1	Parents	父母
2	Siblings	兄弟姐妹
3	Children	儿女
4	No one in my family has high blood pressure	没有家人患有高血压
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q8001]		

* Exclude spouse and non-blood relatives

不包括配偶及无血缘关系的亲戚

8001. Have you ever been told by a western-trained doctor that you have high blood pressure? **[SA]**

西医是否曾经告诉过您，您患有高血压？

[If 'Yes' and respondent is female, ask "Was this only when you were pregnant?"]

READ			
1	Yes	是	[Go to Q8002]
2	Yes, but only during pregnancy	是，不过仅在怀孕时	[Go to Q8005]
3	No	否	
4	No, borderline hypertension	否，临界性高血压	
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

Interviewer Note: A person with blood pressure $\geq 140/90\text{mmHg}$ is defined to have high blood pressure or hypertension.

高血压指血压高于 140/90mmHg.

8002. Does your doctor currently give you medicine (e.g. tablets) for your high blood pressure? **[SA]**
医生目前是否有给您治疗高血压的药物？

READ		
1	Yes	有
2	No	没有
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q8003]		

8003. How many times in the past 12 months have you seen a doctor for your high blood pressure? **[SA]**

在过去 12 个月内，您为了治疗高血压看过几次医生？

	Number of times in the past 12 months	在过去12个月内有几次
DO NOT READ		
666	Did not see a doctor for high blood pressure	没有因为高血压看医生
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q8004]		

8004. Where do you seek treatment for your high blood pressure most of the time? **[SA]**

您大多数是去哪里治疗您的高血压？

Interviewer note: "If respondent mentions "see a Private GP or Polyclinic doctor", probe to check if they are seeing the GP or Polyclinic doctor that they are enrolled in under Healthier SG. If yes, choose Option 6 or 7 accordingly. If no, choose Option 1 or 2."

DO NOT READ		
1	Private GP clinic	全科医生诊所
6	Private GP clinic (Healthier SG)	健康 SG 注册的全科医生诊所
2	Polyclinic	综合诊疗所
7	Polyclinic (Healthier SG)	综合诊疗所(健康 SG 注册)
3	Specialist outpatient clinic (public hospital)	专科门诊诊所（公共医院）
4	Specialist outpatient clinic (private hospital)	专科门诊诊所（私人医院）
5	Others, please specify: 其它，请注明：_____	
666	None, do not seek treatment for high blood pressure	否，没有为高血压寻求治疗
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Section 9]		

[If Q8001 = “2 Yes, but only during pregnancy”, “3 No”, “4 No, borderline hypertension”, “777 Refused” or “888 Don’t know / Not sure”]

8005. When was the last time you had your blood pressure checked? Please exclude checks by yourself.

[SA]

您最后一次检查血压是什么时候？请不要包括自己做的检查。

READ ONLY IF NECESSARY			
1	1 year ago or less	过去 1 年或少于 1 年	[Go to Q8006]
2	More than 1 year to 2 years	超过 1 年但在 2 年以内	
3	More than 2 years to 3 years	超过 2 年但在 3 年以内	
4	More than 3 years to 5 years	超过 3 年但在 5 年以内	
5	More than 5 years ago	超过 5 年前	
6	Never been checked	从未检查过	[Go to Section 9]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

8006. Where did you go for your last blood pressure check-up? [SA]

您最后一次检查血压是在哪里进行的？

Interviewer note: If respondent answers “Private GP or Polyclinic”, probe to check if they are participating in the Screen for Life or Healthier SG programme and code accordingly. In Screen For Life programme, the respondents pay \$0, \$2 or \$5 for the test. Use the showcards for SFL letter and e-notification; and Healthier SG pamphlet to aid respondent’s recall.

DO NOT READ		
1	Private GP clinic (Healthier SG / Screen for Life)	全科医生诊所（健康 SG / “定期体检，益您一生”）
2	Private GP clinic	全科医生诊所
3	Polyclinic	综合诊疗所
11	Polyclinic (Healthier SG)	综合诊疗所(健康 SG 注册)
4	Specialist outpatient clinic (public hospital)	专科门诊诊所（公共医院）
5	Specialist outpatient clinic (private hospital)	专科门诊诊所（私人医院）
6	Workplace	工作场所
7	Community venue	社区场所
8	Overseas clinic/ hospital	国外的诊所或医院
9	Army camp	军队兵营
10	Others, please specify: 其它，请注明：_____	
777	Refused	拒绝回答
888	Don’t know / Not sure	不知道 / 不肯定
[END OF SECTION 8. GO TO SECTION 9.]		

9. HIGH BLOOD CHOLESTEROL

9008. Can you tell me who in your immediate family* has high blood cholesterol? **[MA]**
您的直系家庭*中谁患有高胆固醇?

READ (May choose more than one answer)		
1	Parents	父母
2	Siblings	兄弟姐妹
3	Children	儿女
4	No one in my family has high blood cholesterol	没有家人患有高胆固醇
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q9000]		

* Exclude spouse and non-blood relatives

不包括配偶及无血缘关系的亲戚

9000. Have you ever been told by a western-trained doctor that you have high blood cholesterol? **[SA]**
西医是否曾经告诉过您，您患有高胆固醇?

READ			
1	Yes	是	[Go to Q9001]
2	No	否	[Go to Q9004]
3	No, borderline high blood cholesterol	否，临界性高胆固醇	
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

9001. How many times in the past 12 months have you seen a doctor for your high blood cholesterol? **[SA]**

在过去 12 个月内，您为了治疗高胆固醇看过几次医生？

	Number of times in the past 12 months	在过去12个月内有几次
DO NOT READ		
666	Did not see a doctor for high blood cholesterol	没有因为高胆固醇看医生
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q9002]		

9002. Does your doctor currently give you medicine (e.g. tablets) for your high blood cholesterol? **[SA]**
医生目前是否有给您治疗高胆固醇的药物?

READ		
1	Yes	有
2	No	没有
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q9003]		

9003. Where do you seek treatment for your high blood cholesterol most of the time? **[SA]**
您大多数是去哪里治疗您的高胆固醇?

Interviewer note: "If respondent mentions "see a Private GP or Polyclinic doctor", probe to check if they are seeing the GP or Polyclinic doctor that they are enrolled in under Healthier SG. If yes, choose Option 6 or 7 accordingly. If no, choose Option 1 or 2."

DO NOT READ		
1	Private GP clinic	全科医生诊所
6	Private GP clinic (Healthier SG)	健康 SG 注册的全科医生诊所
2	Polyclinic	综合诊疗所
7	Polyclinic (Healthier SG)	综合诊疗所 (健康 SG 注册)
3	Specialist outpatient clinic (public hospital)	专科门诊诊所 (公共医院)
4	Specialist outpatient clinic (private hospital)	专科门诊诊所 (私人医院)
5	Others, please specify: 其它, 请注明: _____	
666	None, do not seek treatment for high blood cholesterol	否, 没有为高胆固醇寻求治疗
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Section 10]		

[If Q9000 = “2 No”, “3 No, borderline high blood cholesterol”, “777 Refused” or “888 Don’t know / Not sure”]

9004. When was the last time you had your blood cholesterol checked? [SA]

您最后一次检查胆固醇是什么时候？

Interviewer note: Blood tests can be fasting or non-fasting

Inter-viewer or Note-Taker Exchanges can be Reading or Non-Reading

READ ONLY IF NECESSARY			
1	1 year ago or less	过去 1 年或少于 1 年	[Go to Q9005]
2	More than 1 year to 2 years	超过 1 年但在 2 年以内	
3	More than 2 years to 3 years	超过 2 年但在 3 年以内	
4	More than 3 years to 5 years	超过 3 年但在 5 年以内	
5	More than 5 years ago	超过 5 年前	
6	Never been checked	从未检查过	[Go to Section 10]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

9005. Where did you go for your last blood test to check for cholesterol? [SA]

您最后一次检查胆固醇是在哪里进行的？

Interviewer note: If respondent answers “Private GP or Polyclinic”, probe to check if they are participating in the Screen for Life or Healthier SG programme and code accordingly. In Screen for Life programme, the respondents pay \$0, \$2 or \$5 for the test. Use the showcard for SFL letter and e-notification; and Healthier SG pamphlet to aid respondent’s recall.

DO NOT READ		
1	Private GP clinic (Healthier SG / Screen for Life)	全科医生诊所（健康 SG / “定期体检，益您一生”）
2	Private GP clinic	全科医生诊所
3	Polyclinic	综合诊疗所
11	Polyclinic (Healthier SG)	综合诊疗所(健康 SG 注册)
4	Specialist outpatient clinic (public hospital)	专科门诊诊所（公共医院）
5	Specialist outpatient clinic (private hospital)	专科门诊诊所（私人医院）
6	Workplace	工作场所
7	Community venue	社区场所
8	Overseas clinic/ hospital	国外的诊所或医院
9	Army camp	军队兵营
10	Others, please specify: 其它，请注明：_____	
777	Refused	拒绝回答
888	Don’t know / Not sure	不知道 / 不肯定
END OF SECTION 9. GO TO SECTION 10.		

10. HEALTH CONDITIONS

ASTHMA 哮喘

10000. Have you ever been told by a western-trained doctor that you have asthma? [SA]
 西医是否曾经告诉过您，您患有哮喘病？

READ			
1	Yes	有	[Go to Q10001]
2	No	没有	[Go to Section 11]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

IF YES:

10001. How old were you when you were first told you had asthma? [SA]
 您是在几岁时被西医诊断患有哮喘病？

	Age	几岁	
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	
[Go to Q10002]			

10002. Do you still have asthma? [SA]
 您还有哮喘病吗？

READ			
1	Yes	有	[Go to Q10037]
2	No	没有	[Go to Q10010]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

10037. Where do you seek treatment for your asthma most of the time? [SA]
 大多数时候，您是去哪里治疗您的哮喘病？

Interviewer note: "If respondent mentions "see a Private GP or Polyclinic doctor", probe to check if they are seeing the GP or Polyclinic doctor that they are enrolled in under Healthier SG. If yes, choose Option 6 or 7 accordingly. If no, choose Option 1 or 2."

DO NOT READ			
1	Private GP clinic	全科医生诊所	[Go to Q10038]
7	Private GP clinic (Healthier SG)	健康 SG 注册的全科医生诊所	
3	Polyclinic	综合诊疗所	

8	Polyclinic (Healthier SG)	综合诊疗所(健康 SG 注册)	
4	Specialist outpatient clinic (public hospital)	专科门诊诊所 (公共医院)	
5	Specialist outpatient clinic (private hospital)	专科门诊诊所 (私人医院)	
6	Others, please specify: 其它, 请注明: _____		
777	None, do not seek treatment for asthma	否, 没有为哮喘病寻求治疗	[Go to Q10039]
888	Refused	拒绝回答	
999	Don't know / Not sure	不知道 / 不肯定	

10038. How often do you visit a doctor for your asthma? **[SA]**

您多久看一次哮喘病医生?

READ ONLY IF NECESSARY		
1	Once every 6 months	每 6 个月一次
2	Once a year	一年一次
3	Once every 2 years	每两年一次
4	Only when I feel unwell	只有当我感觉不舒服时
5	Others, please specify: 其它, 请注明: _____	
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q10039]		

10039. When was the last time you visited a doctor for asthma? **[SA]**

您最后一次看哮喘病医生是什么时候?

READ ONLY IF NECESSARY			
1	Less than 6 months	过去 6 个月内	[Go to Q10003]
2	6 to 12 months ago	6 到 12 个月内	
3	More than a year, but less than 2 years ago	超过 1 年, 但少过 2 年内	[Go to Q10010]
4	2 years or more, but less than 5 years ago	2 年以上, 但少过 5 年内	
5	At least 5 years ago	至少 5 年以前	
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

10003. During the last 12 months, have you had an episode of asthma or an asthma attack?
[SA]

在过去 12 个月里内，您的哮喘病是否有发作？

READ			
1	Yes	有	[Go to Q10004]
2	No	没有	[Go to Q10010]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

10004. Do you feel that the episode of asthma or asthma attack was caused by or made worse by work?
[SA]

您觉得哮喘病的发作是否由工作引起或因工作而加重了？

READ			
1	Yes	是	[Go to Q10005]
2	No	否	[Go to Q10006]
3	Not applicable	不适用	
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

10005. In the past 12 months, how many days were you on medical leave or not able to go to work because of asthma? [SA]

在过去 12 个月内，您有几天因为哮喘病而拿病假或无法上班？

	Number of days in the past 12 months	在过去 12 个月内有几天
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q10006]		

10006. During the last 12 months, how many times did you have to visit A&E or a doctor's clinic for urgent treatment of asthma? [SA]

在过去 12 个月内，您有几次得去急诊室或医生诊所接受哮喘紧急治疗？

	Number of times in the past 12 months	在过去 12 个月内有几次	[If 0 time, go to Q10008. Else go to Q10007]
DO NOT READ			
777	Refused	拒绝回答	[Go to Q10008]
888	Don't know / Not sure	不知道 / 不肯定	

10007. During the last 12 months, how many times were you hospitalized for treatment of asthma? **[SA]**
 在过去 12 个月内，您有几次为治疗哮喘而入院就医？

	Number of times in the past 12 months	在过去 12 个月内有几次
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q10008]		

10008. Over the past 30 days, on average, how many times **per week** did you need to use your inhaler medication for quick relief of asthma symptoms? **[SA]**
 在过去 30 天内，您平均每周需要使用几次吸入性药物来迅速减轻哮喘症状？

	Times per week in the past 30 days	在过去 30 天内每周几次
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q10009]		

10009. During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep at night? **[SA]**
 在过去 30 天内，您有几天因哮喘症状而晚上难以保持睡眠？

	Number of days in the past 30 days	在过去 30 天内有几天
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q10010]		

10010. Are you taking a long term preventive medication for asthma everyday? **[SA]**
 您是否每天服用长期预防哮喘病的药物？

READ		
1	Yes	是
2	No	否
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
END OF SECTION 10. GO TO SECTION 11.		

11. HEALTH SCREENING PROGRAMMES

IF respondent is male & below 50 years of age, go to Q11023.

IF respondent is male & aged 50 and above, go to Q11016.

IF respondent is female & below 50 years of age, go to Q11000.

IF respondent is female & aged 50 and above, go to Q11001.

11000. [For women below 50 years of age] To your knowledge, are you pregnant now? [SA]

据您所知，您目前是否怀孕？

READ		
1	Yes	是
2	No	否
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11001]		

11001. [For all women only] Do you know what the following tests are? [SA]

您是否知道以下的检查是什么？

READ				
	1) Yes 是	2) No 否	777) Refused 拒绝回答	888) Don't know / Not sure 不知道 / 不肯定
11001a. Pap test 子宫颈抹片检查	☐	☐	☐	☐
11001b. Human Papillomavirus (HPV) test 人乳头瘤病毒 检查 (HPV)	☐	☐	☐	☐
[Go to Q11005]				

11005. [For all women only] Both Pap and HPV tests are to scrape cells from the mouth of the womb to check for cervical cancer. Can you tell me how often should women of your age go for cervical cancer screening? [SA]

子宫颈抹片与人乳头瘤病毒（HPV）检查是对子宫颈口所刮取的细胞进行检测，以检查是否患有子宫颈癌。您认为与您同龄的女性应该多久一次进行子宫口细胞的检查？

Once every _____ year(s)	每几年一次
DO NOT READ	
777	Refused 拒绝回答
888	Don't know / Not sure 不知道 / 不肯定
[Go to Q11030]	

11030. **[For all women only]** Can you tell me which test should women of your age go for cervical cancer screening? **[MA]**

您认为与您同龄的女性应该进行哪一种子宫颈癌检查?

USE SHOWCARD		
1	Pap test	子宫颈抹片检查
2	Human Papillomavirus (HPV) test	人乳头瘤病毒检查 (HPV)
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11002]		

11002. **[For all women only]** When was the last time you had a test to scrape cells from the mouth of the womb to check for cervical cancer? These tests are also known as Pap test or HPV test. **[SA]**

您最后一次接受子宫口细胞检查子宫颈癌时，是多久以前的事？这些检查也称为子宫颈抹片检查人或乳头瘤病毒检查(HPV)。

READ ONLY IF NECESSARY			
1	1 year ago or less	过去 1 年或少于 1 年	[Go to Q11003]
2	More than 1 year to 2 years	超过 1 年但在 2 年以内	
3	More than 2 years to 3 years	超过 2 年但在 3 年以内	
4	More than 3 years to 4 years	超过 3 年但在 4 年以内	
5	More than 4 years to 5 years	超过 4 年但在 5 年以内	
6	More than 5 years ago	超过 5 年前	
7	Never been checked	从未检查过	[Go to Q11006]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

11003. **[For all women only]** Where did you go for your last test to check for cervical cancer?
[SA]

您最后一次在哪里进行宫颈癌检查？

Interviewer note: If respondent answers "Private GP or Polyclinic", probe to check if they are participating in the Screen for Life or Healthier SG programme and code accordingly. In Screen For Life programme, the respondents pay \$0, \$2 or \$5 for the test. Use the showcards for SFL letter and e-notification; and Healthier SG pamphlet to aid respondent's recall.

DO NOT READ		
1	Private GP clinic (Healthier SG / Screen for Life)	全科医生诊所（健康 SG / “定期体检，益您一生”）
2	Private GP clinic	全科医生诊所
3	Polyclinic	综合诊疗所
11	Polyclinic (Healthier SG)	综合诊疗所（健康 SG 注册）
4	Specialist outpatient clinic (public hospital)	专科门诊诊所（公共医院）
5	Specialist outpatient clinic (private hospital)	专科门诊诊所（私人医院）
10	Specialist outpatient clinic (not in hospital)	专科门诊诊所（不在医院经营）
6	Workplace	工作场所
7	Community venue	社区场所
8	Overseas clinic/ hospital	国外的诊所或医院
9	Others, please specify: 其它，请注明：_____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11004]		

11004. **[For all women only]** Why did you go for your last cervical cancer screening? **[MA]**
您最后一次进行宫颈癌检查的原因是什么？

DO NOT READ		
1	Know the importance of screening	了解检查的重要性
2	Have current / previous gynaecological problem	当时/以前有妇科问题
3	Advised by doctors / nurses	医生/护士建议
4	My family members / friends / colleagues encouraged me	家庭成员/朋友/同事的鼓励
5	Read/ heard about it / saw an advertisement about Pap test / Human Papillomavirus (HPV) test	读到/听到这项检查/看到宫颈抹片/人乳头瘤病毒(HPV)检查的广告
6	Received a letter, reminder / prompt on Healthhub or SMS invitation to encourage me to go for screening offered under Screen for Life	收到保健资讯网 (Health Hub) 上的信件、提醒/提示或短信邀请, 鼓励我参加“定期体检, 益您一生”提供的筛查
7	Ad-hoc health screening	临时健康检查
8	Routine check-up	定期体检
9	Company / application health screening (e.g. pre-employment or permanent residency/ application)	公司/申请健康检查 (例如入职前或永久居留申请)
11	A family member had cervical cancer	家庭成员患有宫颈癌
12	A friend/ colleague had cervical cancer	朋友/同事患有宫颈癌
13	Recommended free screening as a Healthier SG enrollee	健康 SG 推荐/提供的免费检查
10	Others, please specify: 其它, 请注明: _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11025]		

11025. **[For all women only]** Which of the following test have you taken for your last check for cervical cancer? **[SA]**

您在最后一次检查宫颈癌时接受了以下哪一种子宫口细胞检查？

USE SHOWCARD		
1	Pap test	宫颈抹片检查
2	Human Papillomavirus (HPV) test	人乳头瘤病毒检查 (HPV)
3	Pap test and Human Papillomavirus (HPV) test on the same visit	在同一次进行宫颈抹片检查和人乳头瘤病毒检查 (HPV)
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11031 if (Q11002 = “4” to “6” and Q11025=“1”) or (Q11002 = “6” and Q11025=“2” or “3”)] [Else, go to Q11009 if <u>aged 40 and above.</u>]		

[For Pap test : If Q11002 = “4” to “6” and Q11025=“1”] or

[For HPV test: If Q11002 = “6” and Q11025=“2” or “3”]

11031. **[For all women only]** Your last check for cervical cancer was more than 3 (Pap test) or 5 years (HPV test) ago, what are your reasons for not doing another check for cervical cancer since your last (*Pap test or HPV test mentioned in 11025*)? **[MA]**

自从您在三或五年前最后一次接受宫颈癌检查后，至今一直没再进行该项检查的原因是什么？

DO NOT READ (May choose more than one answer)		
1	Not necessary as I know my previous result	因为我知道上次的结果，所以没必要再做
2	Too old	年纪太大
3	Cost of the test is too expensive	检查费用太高
4	Inconvenient (e.g. clinic/hospital too far away, wait at clinic/hospital too long, English signs at clinic/hospital too confusing)	不方便（例如诊所/医院太远，在诊所/医院等待的时间太长，诊所/医院的英文标示难以理解）
5	Not important	不重要
6	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)	由于工作/家庭责任，没时间（例如需要请假、和家庭成员另有安排）
7	Afraid of possible side effects	害怕可能有副作用
8	Painful test	检查太痛苦
9	Cannot do anything if cervical cancer is detected	即使检查出宫颈癌，也无能为力
11	Cost of additional check-ups after the last screening are too expensive	上次检查后所做的额外检查费用太高了
10	Others, please specify: 其它，请注明： _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[IF female respondent is <u>aged below 40</u>, go to Q11023] [IF female respondent is <u>aged 40 and above</u>, go to Q11009]		

[If Q11002 = “7 Never been checked”, “777 Refused” or “888 Don’t know / Not sure”]

11006. **[For all women only]** What are your reasons for not doing a cervical cancer screening? **[MA]**

您从未进行子宫颈癌检查的原因有哪些？

DO NOT READ (May choose more than one answer)		
1	Not necessary as I am healthy	因为我很健康，所以不需要
2	Never heard about it	从未听说过
3	Too old	年纪太大
4	Not at risk	没有危险
5	Cost of the test is too expensive	检查费用太高
6	Afraid of knowing the results	害怕知道检查结果
7	Inconvenient (e.g. clinic/hospital too far away, wait at clinic/hospital too long, English signs at clinic/hospital too confusing)	不方便（例如诊所/医院太远，在诊所/医院等待的时间太长，诊所/医院的英文标示难以理解）
8	Not important	不重要
9	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)	由于工作/家庭责任，没时间（例如需要请假、和家庭成员另有安排）
10	Cannot afford cost of treatment if cervical cancer is detected	治疗费用太高
11	Afraid of possible side effects	害怕可能有副作用
12	Too young	年纪太小
13	Painful test	检查太痛苦
14	Embarrassing (e.g. need to undress for the procedure, operator may not be female)	尴尬（例如需要脱衣服检查，检查人员可能不是女性）
15	Not sexually active	性行为不活跃
16	I have been vaccinated against HPV	我已接种 HPV 疫苗
17	Others, please specify: 其它，请注明： _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[If female respondent is <u>aged below 40</u>, go to Q11023]		
[If female respondent is <u>aged 40 and above</u>, go to Q11009]		

11009. **[For all women aged 40 years and older]** Do you know what is a mammogram? **[SA]**

您是否知道什么是乳房 X 光检查？

READ		
1	Yes	是
2	No	否
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11014]		

11014. **A mammogram is an x-ray of each breast to look out for breast cancer.** Can you tell me how often should women of your age go for mammogram? **[SA]**

乳房 X 光检查是一种利用 X 光检查乳癌的方法。您认为与您同龄的女性应该多久一次进行乳房 X 光的检查？

Once every _____ year(s)		每几年一次
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11010]		

11010. **[Only for Women aged 40 years and older]** A mammogram is an x-ray of each breast to look out for breast cancer. When was the last time you had a mammogram? **[SA]**

乳房 X 光检查是一种利用 X 光检查乳癌的方法。您最后一次接受乳房 X 光检查是多久以前的事？

READ ONLY IF NECESSARY			
1	1 year ago or less	过去 1 年或少于 1 年	[Go to Q11011]
2	More than 1 year to 2 years	超过 1 年但在 2 年以内	
3	More than 2 years to 3 years	超过 2 年但在 3 年以内	
4	More than 3 years to 4 years	超过 3 年但在 4 年以内	
5	More than 4 years to 5 years	超过 4 年但在 5 年以内	
6	More than 5 years ago	超过 5 年前	
7	Never been checked	从未检查过	[Go to Q11015]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

11011. **Why did you go for your last mammogram?** **[MA]**

您上次进行乳房 X 光检查的原因是什么？

DO NOT READ		
1	Know the importance of screening	了解检查的重要性
2	Have current / previous breast-related problem	当时/以前有涉及乳房的问题
3	Advised by doctors / nurses	医生/护士建议
4	My family members / friends / colleagues encouraged me	家庭成员/朋友/同事的鼓励
5	Read/ heard about it / saw an advertisement about mammogram	读到/听到这项检查/看到乳房 X 光检查的广告
6	Received a letter, reminder / prompt on Healthhub or SMS invitation to encourage me to go for screening offered under Screen for Life	收到保健资讯网 (Health Hub) 上的信件、提醒/提示或短信邀请, 鼓励我参加“定期体检, 益您一生”提供的筛查
7	Ad-hoc health screening	临时健康检查

8	Routine check-up	定期体检
10	A family member had breast cancer	家庭成员患有子乳癌
11	A friend/ colleague had breast cancer	朋友/同事子患有子乳癌
12	Recommended free screening as a Healthier SG enrollee	健康 SG 推荐/提供的免费检查
9	Others, please specify: 其它, 请注明: _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11012 if Q11010 = "3" to "6"] [Go to Q11013 if Q11010 = "1" to "2"]		

[[If Q11010 = "3" to "6"]

11012. Your last mammogram was more than 2 years ago, what are your reasons for not doing another mammogram since your last mammogram? **[MA]**

自从您在两年前最后一次接受乳房 X 光检查后, 至今一直没再进行该项检查的原因是什么?

DO NOT READ (May choose more than one answer)		
1	Not necessary as I know my previous result	因为我知道上次的结果, 所以没必要再做
2	Too old	年纪太大
3	Cost of the test is too expensive	检查费用太高
4	Inconvenient (e.g. clinic/hospital too far away, wait at clinic/hospital too long, English signs at clinic/hospital too confusing)	不方便 (例如诊所/医院太远, 在诊所/医院等待的时间太长, 诊所/医院的英文标示难以理解)
5	Not important	不重要
6	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)	由于工作/家庭责任, 没时间 (例如需要请假、和家庭成员另有安排)
7	Afraid of possible side effects	害怕可能有副作用
8	Painful test	检查太痛苦
9	Cannot do anything if breast cancer is detected	即使检查出乳房癌, 也无能为力
11	Cost of additional check-ups after the last screening are too expensive	上次检查后所做的额外检查费用太高了
10	Others, please specify: 其它, 请注明: _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11013]		

11013. **[Only for Women aged 40 years and older]** Where did you go for your last mammogram? **[SA]**

您最后一次的乳房 X 光检查是在哪里进行的?

DO NOT READ		
1	Polyclinic	综合诊疗所
10	Polyclinic (Healthier SG)	综合诊疗所 (健康 SG 注册)
2	Public hospital	公共医院
3	Private hospital	私人医院
4	Private X-ray centre	私人 X 光检查中心
5	Mammobus	乳房 X 光检查流动巴士
6	Workplace	工作场所
7	Community venue	社区场所
8	Overseas clinic/ hospital	国外的诊所或医院
9	Others, please specify: 其它, 请注明: _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11032 if <u>aged 50 and above</u>. Go to Q11023 if <u>aged below 50</u>]		

[If Q11010 = “7 Never been checked”, “777 Refused” or “888 Don’t know / Not sure”]

11015. What are your reasons for not doing a mammogram? **[MA]**

您从未进行乳房 X 光检查的原因有哪些？

DO NOT READ (May choose more than one answer)		
1	Not necessary as I am healthy	因为我很健康，所以不需要
2	Never heard about mammograms	从未听说过乳房 X 光检查
3	Too old	年纪太大
4	Not at risk	没有危险
5	Cost of the test is too expensive	检查费用太高
6	Afraid of knowing the results	害怕知道检查结果
7	Inconvenient (e.g. clinic/hospital too far away, wait at clinic/hospital too long, English signs at clinic/hospital too confusing)	不方便（例如诊所/医院太远，在诊所/医院等待的时间太长，诊所/医院的英文标示难以理解）
8	Not important	不重要
9	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)	由于工作/家庭责任，没时间（例如需要请假、和家庭成员另有安排）
10	Cannot afford cost of treatment if breast cancer is detected	治疗费用太高
11	Afraid of possible side effects	害怕可能有副作用
12	Too young	年纪太小
13	Painful test	检查太痛苦
14	Embarrassing (e.g. need to undress for the procedure, operator may not be female)	尴尬（例如需要脱衣服检查，检查人员可能不是女性）
15	Not suggested by doctors	医生没有建议
16	Never thought about it	从未想到过
17	Others, please specify: 其它，请注明： _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11032 if aged 50 and above. Go to Q11023 if <u>aged below 50</u>]		

[For Male & Female respondents aged 50 years and above only]

11032. Do you know what is a blood stool test? **[SA]**

您是否知道什么是便血检查？

READ		
1	Yes	是
2	No	否
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11033]		

11033. **A blood stool test is a test to determine whether the stool contains hidden / traces of blood, which can be caused by conditions such as piles or colorectal cancer.** Can you tell me how often should a person of your age go for a blood stool test? **[SA]**

便血检查能检测粪便中是否含有隐藏/痕迹的血液，这可能是由于痔疮或者结直肠癌等病症引起的。您认为与您同龄的人们应该多久一次进行便血的检查？

Once every _____ year(s)		每几年一次
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11016]		

[For Male & Female respondents aged 50 years and above only]

11016. A blood stool test is a test to determine whether the stool contains hidden / traces of blood, which can be caused by conditions such as piles or colorectal cancer. When was the last time you had a blood stool test? **[SA]**

便血检查能检测粪便中是否含有隐藏/痕迹的血液，这可能是由于痔疮或者结直肠癌等病症引起的。您最后一次进行便血检查是多久以前的事？

Interviewer note: A blood stool test can be also known as a faecal occult blood test (FOBT) or faecal immunochemical blood test (FIT).

READ ONLY IF NECESSARY			
1	1 year ago or less	过去 1 年或少于 1 年	[Go to Q11017]
2	More than 1 year to 2 years	超过 1 年但在 2 年以内	
3	More than 2 years to 3 years	超过 2 年但在 3 年以内	
4	More than 3 years to 5 years	超过 3 年但在 5 年以内	
5	More than 5 years ago	超过 5 年前	
6	Never been checked	从未检查过	
DO NOT READ			[Go to Q11019]
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

11017. Why did you go for your last blood stool test? [MA]

您上次进行便血检查的原因是什么？

DO NOT READ		
1	Know the importance of screening	了解检查的重要性
2	Show symptom of stool containing blood	出现大便带血的状况
3	Advised by doctors / nurses	医生/护士建议
4	My family members / friends / colleagues encouraged me	家庭成员/朋友/同事的鼓励
5	Read/ heard about it / saw an advertisement about blood stool test	读到/听到这项检查/看到便血检查的广告
6	Received a letter, reminder / prompt on Healthhub or SMS invitation to encourage me to go for screening offered under Screen for Life	收到保健资讯网 (Health Hub) 上的信件、提醒/提示或短信邀请, 鼓励我参加“定期体检, 益您一生”提供的筛查
7	Ad-hoc health screening	临时健康检查
8	Routine check-up	定期体检
9	Company / application health screening (e.g. pre-employment or permanent residency/ application)	公司/申请健康检查 (例如入职前或永久居留申请)
11	A family member had colorectal cancer	家庭成员患有结直肠癌
12	A friend/ colleague had colorectal cancer	朋友/同事患有结直肠癌
13	Recommended free screening as a Healthier SG enrollee	健康 SG 推荐/提供我免费的检查
10	Others, please specify: 其它, 请注明: _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11018 if Q11016 = “1”. Go to Q11034 if Q11016 = “2” to “5”]		

[If Q11016 = “2” to “5”]

11034. Your last blood stool test was more than a year ago, what are your reasons for not doing another blood stool test since your last blood stool test? [MA]

自从您在一年前最后一次接受便血光检查后, 至今一直没再进行该项检查的原因是什么?

DO NOT READ (May choose more than one answer)		
1	Not necessary as I know my previous result	因为我知道上次的结果, 所以没必要再做
2	Too old	年纪太大
3	Cost of the test is too expensive	检查费用太高
4	Inconvenient (e.g. clinic/hospital too far away, wait at clinic/hospital too long, English signs at clinic/hospital too confusing)	不方便 (例如诊所/医院太远, 在诊所/医院等待的时间太长, 诊所/医院的英文标示难以理解)
5	Not important	不重要

6	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)	由于工作/家庭责任，没时间（例如需要请假、和家庭成员另有安排）
7	Afraid of possible side effects	害怕可能有副作用
8	Have gone for colonoscopy after the last blood stool test	上次便血检查后去做了结肠内窥镜检查
9	Cannot do anything if colorectal cancer is detected	即使检查出结直肠癌，也无能为力
11	Cost of additional check-ups after the last screening are too expensive	上次检查后所做的额外检查费用太高了
10	Others, please specify: 其它，请注明：_____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11018]		

[For Male & Female respondents aged 50 years and above only]

11018. Where did you go for your last blood stool test? [SA]

您最后一次的便血检查是在哪里进行的？

Interviewer note: If respondent answers "Private GP or Polyclinic", probe to check if they are participating in the Screen for Life or Healthier SG programme and code accordingly. In Screen For Life programme, the respondents pay \$0, \$2 or \$5 for the test. Use the showcards for SFL letter and e-notification; and Healthier SG pamphlet to aid respondent's recall.

DO NOT READ		
1	Private GP clinic (Healthier SG / Screen for Life)	全科医生诊所（健康 SG / “定期体检，益您一生”）
2	Private GP clinic	全科医生诊所
3	Polyclinic	综合诊疗所
11	Polyclinic (Healthier SG)	综合诊疗所(健康 SG 注册)
4	Specialist outpatient clinic (public hospital)	专科门诊诊所（公共医院）
5	Specialist outpatient clinic (private hospital)	专科门诊诊所（私人医院）
6	Workplace	工作场所
7	Community venue	社区场所
8	Overseas clinic/ hospital	国外的诊所或医院
10	Collection of Faecal Immunochemical Test (FIT) kit (e.g. from pharmacies such as Watson, Guardian, Eu Yan Seng, Unity Family Medicine Clinic, Singapore Cancer Society)	粪便免疫化学测验器（例如屈臣氏（Watson's），佳宁药房（Guardian），余仁生，仁益家庭医药诊所，新加坡癌症协会）
9	Others, please specify: 其它，请注明：_____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11020]		

If Q11016 = “6 Never been checked”, “777 Refused” or “888 Don’t know / Not sure”]

11019. What are your reasons for not doing a blood stool test? [MA]

您从未进行便血检查的原因有哪些？

DO NOT READ (May choose more than one answer)		
1	Not necessary as I am healthy	因为我很健康，所以不需要
2	Never heard about it	从未听说过
3	Too old	年纪太大
4	Not at risk	没有危险
5	Cost of the test is too expensive	检查费用太高
6	Afraid of knowing the results	害怕知道检查结果
7	Inconvenient (e.g. clinic/hospital too far away, wait at clinic/hospital too long, English signs at clinic/hospital too confusing)	不方便（例如诊所/医院太远，在诊所/医院等待的时间太长，诊所/医院的英文标示难以理解）
8	Not important	不重要
9	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)	由于工作/家庭责任，没时间（例如需要请假、和家庭成员另有安排）
10	Cannot afford cost of treatment if colorectal cancer is detected	治疗费用太高
11	Not suggested by doctors	医生没有建议
12	Never thought about it	从未想到过
13	Adverse to collecting stool	对于粪便收集感到反感
14	Others, please specify: 其它，请注明： _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11020]		

[For Male & Female respondents aged 50 years and above only]

11020. Colonoscopy is a procedure where a flexible tube is inserted through the rectum and into the large intestines. A small camera allows the doctor to examine the intestinal wall for abnormalities such as cancer. When was the last time you had a colonoscopy? **[SA]**

结肠内窥镜检查是一种将软管插入直肠然后进入大肠的检查方法。软管前端会有一个小型摄像头，让医生可以检查肠壁是否有异常，例如癌症。您最后一次接受结肠内窥镜检查是多久以前的事？

Interviewer note: Before taking a colonoscopy, patients are required to drink a cleansing liquid and be on a clear liquid diet at least one day before the test so that a clear view of their bowel can be taken.

can be taken:

READ ONLY IF NECESSARY			
1	1 year ago or less	过去 1 年或少于 1 年	[Go to Q11021]
2	More than 1 year to 2 years	超过 1 年但在 2 年以内	
3	More than 2 years to 3 years	超过 2 年但在 3 年以内	
4	More than 3 years to 5 years	超过 3 年但在 5 年以内	
5	More than 5 years to 10 years	超过 5 年但在 10 年以内	
6	More than 10 years ago	超过 10 年前	
7	Never been checked	从未检查过	[Go to Q11022 if male aged 50 and above. Go to Q11023 if male below 50 or female]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

11021. Why did you go for colonoscopy tests? **[MA]**

您去进行结肠内窥镜检查的原因是什么？

DO NOT READ		
1	Routine check-up	定期体检
2	I have symptoms (e.g. bleeding, change in bowel habits, pain, low blood count)	我有出现症状（例如粪便出血、排便习惯改变、排便疼痛、血球计数低）
3	I have abnormal results from the blood stool test	我的便血检查结果异常
5	I have previous diagnosis of polyps	我以前诊断出有息肉
6	I have a family history of colorectal cancer	我有结直肠癌的家族史
4	Others, please specify 其它，请注明：_____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11022 if male aged 50 and above]		
[Go to Q11023 if female]		

[Only for Male respondents aged 50 years and above]

11022. A prostate specific antigen (PSA) test is a blood test for prostate cancer. When was the last time you had your PSA blood test? **[SA]**

前列腺特异性抗原检测是前列腺癌的血液测试。您最后一次进行前列腺特异性抗原检测是多久以前的事？

READ ONLY IF NECESSARY		
1	1 year ago or less	过去 1 年或少于 1 年
2	More than 1 year to 2 years	超过 1 年但在 2 年以内
3	More than 2 years to 5 years	超过 2 年但在 5 年以内
4	More than 5 years ago	超过 5 年前
5	Never been checked	从未检查过
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q11203]		

[For all Male & Female respondents]

11023. **[Core]** In the past 12 months, have you had an injection to protect you from getting flu? This injection is also known as influenza vaccination. **[SA]**

在过去 12 个月内, 您有没有接受流行性感冒的免疫注射? 这也被称为接种流感疫苗注射。

READ			
1	Yes	有	[Go to Q11024]
2	No	没有	
DO NOT READ			[Go to Q11028]
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

[If Q11023 = “No”, “Refused” or “Don’t know / Not sure”]

11028. What are the reasons for not having the flu vaccination? [MA]

您没有接种流感疫苗的原因是什么？

DO NOT READ (May choose more than one answer)	
3	Don’t know if I need the flu vaccination
4	Do not know enough about the flu vaccine
5	Concerned about the side effects of the vaccination (e.g. fever, body ache, pain and redness at injection site)
7	Concerned about the cost of the vaccination
8	Forgot to go to the doctor’s clinic to get the flu vaccination
9	Difficult to make an appointment with my doctor (e.g. inconvenient opening hours, clinic is always busy)
10	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)
11	Troublesome to get flu vaccination frequently/annually because the vaccine provides protection from flu for only one season
12	Not in a high-risk group for flu (e.g. age below 65 years and do not have chronic illnesses of lung or heart, diabetes, or have weakened immune system, etc.)
13	My doctor did not recommend the vaccine to me
14	Do not think flu vaccine is necessary as I am healthy/ I do not get the flu
15	Do not think flu vaccine is necessary because I use masks and/or take other precautions (e.g. wash hands regularly)
16	Do not think it’s necessary because I had the flu vaccination before/ in the past <i>Interviewer note: last vaccination must be more than 12 months ago</i>
17	Cannot have the flu vaccination because of severe, life-threatening allergies to the vaccine or any of its ingredient, or have had a severe allergic reaction to flu vaccine in the past.
18	Believe in letting my body build immunity naturally
19	Do not believe flu vaccines will work
20	Do not like needles / injections
21	Had flu previously and should be protected from getting the flu again
22	Others, please specify:
777	Refused
888	Don’t know / Not sure
[Go to Q11024]	

11024. **[Core]** Have you ever had pneumococcal vaccination before? This vaccine protects against a bacterial infection that causes pneumonia, blood infection and inflammation of the brain (meningitis). **[SA]**

您是否曾有接种肺炎球菌疫苗？这种疫苗可预防能引起肺炎、血液感染和脑炎（脑膜炎）的细菌感染。

READ			
1	Yes	有	[Go to Section 24 if <u>aged 40 and above</u> . [Go to Section 12 if <u>aged below 40 years old</u>]
2	No	没有	
DO NOT READ			[Go to Q11029]
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

[If Q11024 = “No”, “Refused” or “Don’t know / Not sure”]

11029. What are the reasons for not having the pneumococcal vaccination? **[MA]**

您没有接种肺炎链球菌疫苗的原因是什么？

DO NOT READ (May choose more than one answer)	
3	Don't know if I need pneumococcal vaccination
16	Do not know enough about the pneumococcal vaccination
4	Concerned about the side effects of the vaccination (e.g. fever, body ache, pain and redness at injection site)
5	Concerned about the cost of the vaccination
6	Forgot to go the doctor's clinic to get the pneumococcal vaccination
7	Difficult to make an appointment with my doctor (e.g. inconvenient opening hours, clinic is always busy)
8	No time due to work/ family commitment (e.g. need to take leave, make alternative arrangement with family members)
9	Not in a high-risk group for pneumococcal infection (e.g. age below 65 years and do not have chronic illnesses of lung, heart, kidney, or liver disease, diabetes, or have weakened immune system, etc.)
10	My doctor did not recommend the vaccine to me
11	Cannot have the pneumococcal vaccination because of severe, life-threatening allergies to the vaccine or any of its ingredient.
12	Do not think pneumococcal vaccination is necessary as I am healthy/ unlikely to get the infection
13	Believe in letting my body build immunity naturally
14	Do not believe pneumococcal vaccines will work
15	Do not like needles / injections
17	Had pneumococcal infection previously and should be protected from getting the infection again
18	Others, please specify:
777	Refused
888	Don't know / Not sure
END OF SECTION 11. [Go to Section 24 if <u>aged 40 and above</u> . Go to Section 12 if <u>aged below 40 years old</u>]	

24. Healthier SG (FOR RESPONDENT AGED 40 YEARS AND ABOVE)

Interviewer: Next, I would like to ask you some questions related to Healthier SG. Healthier SG is a new programme to support residents in taking concrete steps to lead a healthier life, detect health issues early, and manage existing conditions with a family doctor who knows you well. Under this programme, you will choose a Healthier SG-registered family doctor and develop a health plan with him to take care of your health needs, which may include community activities and programmes to help you stay active and healthy.

接下来我想问你一些关于健康 SG 的问题。健康 SG 是一项新计划，旨在支持居民采取具体措施过上更健康的生活，及早发现健康问题，并与熟悉您的家庭医生一起管理现有状况。根据此计划，您将选择一位在健康 SG 注册的家庭医生，并与他一起制定健康计划来满足您的健康需求，其中可能包括帮助您保持活跃和健康的社区活动和计划。

24001. Have you signed up with a regular Healthier SG-registered GP or polyclinic? You can sign up for Healthier SG via your HealthHub mobile application or physically. **[SA]**

您是否注册了健康SG 常规全科医生或综合诊所？您可以通过 保健资讯网 (Health Hub) 移动应用程序或登门注册。

USE SHOWCARD			
1	Yes, with a Healthier-SG registered GP clinic	是，在健康 SG 注册的全科医生诊所	[Go to Q24003]
2	Yes, with a Polyclinic	是，在综合诊所	
3	No	否	[Go to Q24002]
DO NOT READ			
777	Refused	拒绝回答	[Go to Section 12]
888	Don't know / Not sure	不知道 / 不肯定	

24002. What are the reasons for not signing up for Healthier SG? **[MA]**

您是什么原因没有注册 健康SG？

DO NOT READ (May choose more than one answer)	
1	Never heard of Healthier SG
2	Have not received SMS invitation to sign up with a Healthier SG clinic
3	Do not know enough about the Healthier SG
4	Don't know how to sign up for Healthier SG
5	Don't know which are the Healthier SG-registered clinics
6	Never thought about it
7	Not interested in the Healthier SG benefits
8	Not necessary as I am healthy/ I don't have any chronic conditions
9	Not necessary as I can manage my own health
10	Not recommended by my GP/ polyclinic doctor
11	My existing/ preferred GP did not participate in Healthier SG
12	Consult my employer's/company's panel of doctors for my health problems/needs

13	Consult the panel of doctors under my healthcare plans/insurance for my health problems/needs
14	Consult doctors/specialists in public hospitals (including Specialist Outpatient Clinics (SOCs)) for my health problems/needs
15	Consult doctors/specialists in private hospitals for my health problems/needs
16	Others, please specify: 其它, 请注明: _____
777	Refused
888	Don't know / Not sure
END OF SECTION 24. GO TO SECTION 12.	

24003. Have you attended the face-to-face onboarding health consultation with your family doctor? During this consultation, your doctor will discuss your health and develop a health plan to take care of your health needs. **[SA]**

您是否参加过您家庭医生的面对面健康咨询指南？在这次咨询期间，您的医生将讨论您的健康状况并制定健康计划来满足您的健康需求。

READ			
1	Yes	是	[Go to Q24004]
2	No	否	[Go to Q24005]
DO NOT READ			
777	Refused	拒绝回答	[Go to Section 12]
888	Don't know / Not sure	不知道 / 不肯定	

24004. What lifestyle changes or health advices did you doctor recommend you to make? **[MA]**

您的医生建议您改变哪些生活方式或提出哪些健康建议？

DO NOT READ (May choose more than one answer)	
1	Manage / Lose weight
2	Do more exercise
3	Cutting down/ stop smoking
4	Reduce alcohol intake
5	Reduce intake of sugar, white rice, white bread
6	Reduce fat intake
7	Reduce salt intake
8	Increase intake of wholemeal bread, brown rice, vegetables and high fibre food
9	Go for regular health screenings for chronic diseases
10	Go for regular health screenings for cancers
11	Take appropriate vaccinations e.g. influenza
12	Others, please specify: 其它, 请注明: _____
666	Did not recommend any lifestyle changes or health advices
777	Refused
888	Don't know / Not sure
END OF SECTION 24. GO TO SECTION 12.	

24005. What are the reasons for not attending the face-to-face onboarding health consultation with your family doctor? **[MA]**

您没有参加您家庭医生的面对面健康咨询指南的原因是什么？

DO NOT READ (May choose more than one answer)	
1	Don't know that I need to attend an onboarding health consultation
2	Don't know why I need to attend an onboarding health consultation
3	Don't know how to schedule the onboarding health consultation
4	Not necessary as I am healthy / I don't have any chronic conditions
5	Not necessary as I can manage my own health
6	Already scheduled my onboarding health consultation appointment and waiting to attend
7	The incentive for attending the onboarding health consultation (3,000 Healthpoints worth \$20) is not attractive
8	Inconvenient to attend the onboarding health consultation
9	Others, please specify: 其它，请注明： _____
777	Refused
888	Don't know / Not sure
END OF SECTION 24. GO TO SECTION 12.	

12. PRIMARY CARE

[If Q24001 = “1 Yes, with a Healthier-SG registered GP clinic” or “2 Yes, with a Polyclinic”]

12006. Before you signed up for Healthier SG, did you have a regular* family doctor (i.e. a General Practitioner (GP) or Polyclinic) whom you consulted when you had common illnesses such as diarrhoea or headache? [SA]

在您参加健康 SG 之前，当您患上腹泻或头痛等普通疾病的时候，您是否会去看固定*的家庭医生，或者前往同一间综合诊疗所看病？

[If Q24001 = “3 No”, “777 Refused” or “888 Don’t know/ Not sure”] or [If aged below 40 years old]

12006. Do you have a regular* family doctor (i.e. a General Practitioner (GP) or Polyclinic) whom you consult when you have common illnesses such as diarrhoea or headache? [SA]

您在患上腹泻或头痛等普通疾病的时候，您是否会去看固定*的家庭医生，或者前往同一间综合诊疗所看病？

READ ONLY IF NECESSARY			
1	Yes, I have a regular family doctor in a private General Practitioner (GP) clinic whom I consult on common illnesses	有，我有固定的家庭医生看病	[Go to Q12007]
2	Yes, I visit the same Polyclinic to consult a doctor on common illnesses	有，我会探访同一所综合诊疗所看病	
3	No, I do not have a regular family doctor whom I consult on common illnesses	没有，我在患上普通疾病的时候我没有固定家庭医生	[Go to Q12008]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

* A regular family doctor is defined as a primary care physician who you turn to frequently or habitually for healthcare advice/consultation.

12007. What are the reasons you choose him/ her as your regular family doctor or visit the same polyclinic for your common illnesses? [MA]

您选择他/她作为您固定的家庭医生或者前往同一间综合诊疗所看病的原因是什么？

Interviewer note: If respondent answers “convenient location”, probe if it is convenient to home or workplace.

READ ONLY IF NECESSARY		
1	Professionally competent doctor / good doctor	医生的专业水平/医术高
2	Cheaper charges	医疗费用比较便宜
3	Convenient location, nearer to my home	地点方便，靠近住家
4	Convenient location, nearer to my workplace	地点方便，靠近工作地点
5	Have been seeing this doctor since young / for many years	从小就看这位医生/看这位医生很多年了
7	Part of company’s panel of doctors	是公司指定的医生团队

6	Others, please specify: 其它, 请注明: _____	
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q12008]		

12008. Do you have a regular* family doctor (i.e. a General Practitioner (GP) or Polyclinic) whom you will consult on your chronic conditions^ (e.g diabetes, hypertension, high blood cholesterol, asthma)?

[SA]

您在患上慢性疾病（例如：糖尿病、高血压、高胆固醇、哮喘）的时候，您是否会去看固定*的家庭医生，或者前往同一间综合诊疗所看病？

READ ONLY IF NECESSARY			
1	Yes, I have a regular family doctor in a private General Practitioner (GP) clinic whom I consult on my chronic conditions	有，我有固定的家庭医生看病	[Go to Q12009]
2	Yes, I visit the same Polyclinic to consult a doctor on my chronic conditions	有，我会探访同一所综合诊疗所看病	
3	No, I do not have a regular family doctor whom I consult on my chronic conditions	没有，我在患上慢性疾病的时候没有固定家庭医生去看病	[Go to Q12002]
4	I do not have any chronic conditions	我没有任何慢性疾病	[Go to Q12003]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

* A regular family doctor is defined as a primary care physician who you turn to frequently or habitually for healthcare advice/consultation.

^ Chronic conditions refer to long-term medical conditions that require regular management (e.g. diabetes, hypertension, high blood cholesterol, asthma)

12009. What are the reasons you choose him/ her as your regular family doctor or visit the same polyclinic for your chronic conditions? **[MA]**

您选择他/她作为您固定的家庭医生或者前往同一间综合诊疗所看病的原因是什么？

Interviewer note: If respondent answers "convenient", probe if it is convenient to home or workplace.

READ ONLY IF NECESSARY		
1	Professionally competent doctor / good doctor	医生的专业水平/医术高
2	Cheaper charges	医疗费用比较便宜
3	Convenient location, nearer to my home	地点方便，靠近住家
4	Convenient location, nearer to my workplace	地点方便，靠近工作地点
5	Have been seeing this doctor since young / for many years	从小就看这位医生/看这位医生很多年了
7	Part of company's panel of doctors	是公司指定的医生团队
6	Others, please specify: 其它, 请注明: _____	

DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q12003]		

[If Q12006="3 No, I do not have a regular family doctor whom I consult on common illnesses" or Q12008="3 No, I do not have a regular family doctor whom I consult on my chronic conditions"]

12002. What are the reasons that you do not have a regular family doctor? [MA]

您没有固定的家庭医生或综合诊所的原因有哪些？

READ ONLY IF NECESSARY		
1	I visit different clinics depending on convenience – whichever clinic near wherever I am	我会为了方便而选择探访不同的诊所 – 哪家诊所靠近就去哪家
3	I visit different clinics because I compare the cost of visiting the different clinics	我探访不同的诊所是为了比较医疗费用
4	I don't see the value / need to have a regular family doctor	我不认为有需要看固定的家庭医生
5	Others, please specify: 其它，请注明：_____	
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to 12003]		

12003. What would you do when you have a mild illness such as diarrhoea or mild headache? [SA]

如果您患有腹泻或头痛这类轻微疾病时，您会怎么办？

DO NOT READ		
1	See a private GP	看家庭医生
2	See a polyclinic doctor	看综合诊所医生
3	Self-medicate	自行服药
4	Use complementary medicine (e.g. traditional medicine)	使用传统与辅助医疗
5	Rest at home	在家休息
6	Others, please specify: 其它，请注明：_____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q12004]		

12004. What would you do if you need urgent medical attention after office hours e.g. a sudden spike of high fever? [SA]

如果在办公时间后您急需医疗护理（例如突发高烧），您会怎么办？

DO NOT READ		
6	Go to a GP clinic which operate after-office hours	去夜间开放的全科医生诊所
7	Go to a 24 hour GP clinic	去 24 小时全科医生诊所
2	Go direct to a 24-hour clinic at a private hospital	直接去私人医院的 24 小时门诊
3	Go direct to a public hospital A&E	直接去公共医院的急诊室
4	Go direct to a private hospital A&E	直接去私人医院的急诊室
5	Self-medicate	自行服药
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q12005]		

12005. What would you do if you think you may have a non-urgent but potentially serious medical problem e.g. you think you have some symptoms of cancer or diabetes? [SA]

如果您认为自己可能患有严重（非紧急）疾病，例如您认为自己有癌症的一些症状或糖尿病，您会怎么办？

Interviewer note: If respondent mentions "see a GP/ Polyclinic doctor", probe to check if they are seeing the GP or Polyclinic doctor that they are enrolled in under Healthier SG. If yes, choose Option 8 or 9 accordingly. If no, choose Option 3 or 4.

DO NOT READ		
1	Make a private walk-in appointment with a public hospital Specialist Outpatient Clinic (SOC)	在公共医院的专科门诊非预约看病
2	See a private hospital specialist	找私人医院专科医生看病
3	See a GP / Family doctor	找家庭医生看病
8	See a GP that I am enrolled in under Healthier SG	找健康 SG 注册的全科医生看病
4	See a polyclinic doctor	找综合诊所医生看病
9	See a polyclinic doctor that I am enrolled in under Healthier SG	找健康 SG 注册的综合诊所医生看病
5	Go direct to a public hospital A&E	直接去公共医院的急诊室
6	Go direct to a private hospital A&E	直接去私人医院的急诊室
7	Self-medicate	自行服药
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
END OF SECTION 12. GO TO SECTION 13.		

13. HEALTH STATE DESCRIPTIONS

Interviewer: Next, I would like to ask you some questions about your sleeping habits.
接下来我想问关于您的睡眠习惯。

13006. How many hours do you usually sleep per day on weekdays? [SA]

您通常在周日有几个小时的睡眠？

Interviewer note: Please exclude nap time and record number of hours of sleep to the nearest 0.5 hours e.g. 8 hours 30 minutes per weekday is 8.5 hours per weekday.

	Hours per day on weekdays	每个周日几小时
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q13007]		

13007. How many hours do you usually sleep per day on weekends? [SA]

您通常在周末有几个小时的睡眠？

Interviewer note: Please exclude nap time and record number of hours of sleep to the nearest 0.5 hours e.g. 8 hours 30 minutes per weekend is 8.5 hours per weekend.

	Hours per day on weekends	每个周末几小时
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q13004]		

Interviewer: Now, I would ask about your health in general over the last 6 weeks. For each question, tell me which answer you think best applies to you in the last 6 weeks. Remember that I want to know about present and recent complaints, not those you had in the past. All answers will be treated as confidential.

我要问您在过去 6 周内的整体健康状况。请您在每一题选择最能够代表您在过去 6 周内的状况。请记住，我想知道您目前以及最近的心理诉状，不包括您以前的诉状。所有答案将完全保密。

13004. Have you recently (in the past 6 weeks) ...? [SA]

您最近（过去 6 周内）是否…？

READ AND USE SHOWCARD				
	1)	2)	3)	4)
13004a. Been able to concentrate on whatever you are doing? 能够集中精神做事？	☐ Better than usual 优于往常	☐ Same as usual 与往常一样	☐ Less than usual 比往常稍差	☐ Much less than usual 比往常差很多
13004b. Lost much sleep over worry? 因担忧而严重失眠？	☐ Not at all 根本不	☐ No more than usual 与往常一样	☐ Rather more than usual 比往常稍差	☐ Much more than usual 比往常差很多

READ AND USE SHOWCARD				
	1)	2)	3)	4)
13004c. Felt that you are playing a useful part in things? 感觉自己在某些事情中发挥作用?	☐ More than usual 优于往常	☐ Same as usual 与往常一样	☐ Less useful than usual 比往常稍差	☐ Much less useful 比往常差很多
13004d. Felt capable of making decisions about things? 感觉有能力做决定?	☐ More so than usual 优于往常	☐ Same as usual 与往常一样	☐ Less so than usual 比往常稍差	☐ Much less capable 比往常差很多
13004e. Felt constantly under strain? 经常感觉紧张?	☐ Not at all 根本不	☐ No more than usual 与往常一样	☐ Rather more than usual 比往常稍差	☐ Much more than usual 比往常差很多
13004f. Felt you couldn't overcome your difficulties? 感觉自己不能克服困难?	☐ Not at all 根本不	☐ No more than usual 与往常一样	☐ Rather more than usual 比往常稍差	☐ Much more than usual 比往常差很多
13004g. Been able to enjoy your normal day-to-day activities? 能够享受正常的日常活动?	☐ More so than usual 优于往常	☐ Same as usual 与往常一样	☐ Less so than usual 比往常稍差	☐ Much less than usual 比往常差很多
13004h. Been able to face up to your problems? 能够面对自己的问题?	☐ More so than usual 优于往常	☐ Same as usual 与往常一样	☐ Less able than usual 比往常稍差	☐ Much less able 比往常差很多
13004i. Been feeling unhappy and depressed? 一直感觉不开心和抑郁?	☐ Not at all 根本不	☐ No more than usual 与往常一样	☐ Rather more than usual 比往常稍差	☐ Much more than usual 比往常差很多
13004j. Been losing confidence in yourself? 一直没有自信?	☐ Not at all 根本不	☐ No more than usual 与往常一样	☐ Rather more than usual 比往常稍差	☐ Much more than usual 比往常差很多
13004k. Been thinking of yourself as a worthless person? 一直认为自己没有价值?	☐ Not at all 根本不	☐ No more than usual 与往常一样	☐ Rather more than usual 比往常稍差	☐ Much more than usual 比往常差很多
13004l. Been feeling reasonably happy, all things considered? 整体上一直感觉比较开心?	☐ More so than usual 优于往常	☐ Same as usual 与往常一样	☐ Less so than usual 比往常稍差	☐ Much less than usual 比往常差很多
[Go to Q13000]				

13000. Thinking about the last two weeks, how would you rate your level of stress on a scale of 1 to 5? Examples of stress include financial, work and emotional stress. **[SA]**

回想起前两周，您会如何衡量您的压力水平（以 1 为最少压力至 5 为最多压力）？

（例如经济压力，工作压力以及情绪上的压力）

USE SHOWCARD		
1	One, little stress	一（最少压力）
2	Two	二
3	Three, moderate stress	三（适度的压力）
4	Four	四
5	Five, very stressed	五（最多压力）
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q13001]		

13001. When you experienced stressful situations over the past 2 weeks, how often were you able to cope with the stress? **[SA]**

回想起前两周，当您感到压力时，您是否能在大多数的情况下应付所面对的压力？

READ		
1	Most or all of the time	大多数的情况下都能应付
2	Could not cope most of the time	大多数的情况下都不能应付
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q13002]		

13002. If you feel like you are constantly unable to cope with stress, would you be willing to seek help from a...? **[SA]**

若您觉得经常无法应付/面对压力时，您是否愿意向以下人士求助？

READ			
	1) Yes 是	2) No 否	777) Refused 拒绝回答
a. Healthcare professional, for example a counsellor, doctor, psychologist or psychiatrist? 医疗专业人士例如辅导员、医生、心理学家、精神科医生？	☐	☐	☐
b. Friend, family, relative, colleague, religious leader or teacher in school? 朋友、家人、亲戚、同事、宗教领袖、学校的老师？	☐	☐	☐
[Go to Q13017]			

13017. **Mental wellbeing relates to our thoughts, feelings and our ability to cope with day-to-day life so that we can achieve our goals and contribute to the community.** In the last 2 weeks, did you do anything to improve your mental wellbeing? **[SA]**

心理健康与我们的思想、感情和处理日常生活的能力息息相关，由此我们才可以实现我们的目标，为社区做出贡献。在过去两周内，您有做什么来改善您的心理健康吗？

READ			
1	Yes	是	[Go to Q13018]
2	No	否	[Go to Q13010]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

13018. In the last 2 weeks, did you do any of the following activities to improve your mental wellbeing? **[MA]**

在过去两周内，您是否做过以下任何一种活动来改善您的心理健康？

USE SHOWCARD		
1	Exercise regularly (e.g. 150 minutes per week)	定期运动(例如：每周 150 分钟)
2	Have a balanced diet (e.g. fill half your plate with fruits and vegetables, a quarter plate with wholegrains and a quarter plate with protein)	均衡的饮食(例如：盘子里的一半填满水果和蔬菜，四分之一是全谷物，剩下的四分之一则是蛋白质)
3	Have enough sleep (e.g. 7 to 9 hours daily for an adult)	充足的睡眠(如：成年人每天 7 - 9 小时)
4	Manage your time	管理您的时间
5	Think positively	乐观积极的思想
6	Be flexible and open to new possibilities	保持灵活性，对新的可能性持开放态度
7	Talk to professionals (e.g. counsellors, psychologists, doctors)	与专业人士交谈(例如：辅导员、心理学家、医生)
8	Talk to support groups (e.g. peer support networks, parent support groups)	与支援团体交谈(例如：同侪支援网络、家长支持小组)
9	Talk to your friends and family when you are experiencing difficulties	当您遇到困难时，和您的朋友和家人谈谈
10	Do more of what makes you happy	做更多令您快乐的事
11	Make time to spend with friends and family	花时间和家人朋友在一起
12	Relaxation exercises (e.g. deep breathing)	放松练习(例如：深呼吸)
13	Others, please specify: 其它，请注明： _____	
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q13010]		

Interviewer: Next, I would like to ask how you have been feeling, thinking and behaving over the last 2 weeks.

For each sentence, tell me which number on the scale ranging from 1: Strongly Disagree to 9: Strongly Agree best corresponds to how well each sentence describes you over the last 2 weeks.

接下来，我想问关于您在前两周内的心情、思想及行为。请仔细阅读以下句子。

请您在每个句子旁的比例表（从 1：强烈不同意至 9：强烈同意）选择最代表您在前两周内的心情、思想及行为。

READ AND USE SHOWCARD								
1 Strongly Disagree 强烈不同意	2	3	4 Mildly Disagree 稍微不同意	5 Neither Agree Nor Disagree 不同意也不反对	6 Mildly Agree 稍微同意	7	8	9 Strongly Agree 强烈同意
								Score [1 to 9]
13101a.	I am optimistic about the future. 我对未来感到乐观。							
13101b.	I am spiritual. 我的心灵感到满足。							
13101c.	I am able to accept myself. 我能够接受自己。							
13101d.	I am able to accept reality. 我能够接受现实。							
13101e.	I am able to cope with life's challenges. 我能够应付生活的挑战。							
13101f.	I am calm. 我感到镇定。							
13101g.	I am not depressed. 我不会感到忧郁。							
13101h.	I am able to make friends. 我能够交朋友。							
13101i.	I have the strong support of my family and friends. 我有朋友与家人的支持及鼓励。							
13101j.	I seek for self-development/growth/cultivation. 我寻求自我提升/成长/修炼。							
13101k.	I am able to offer help to others. 我能够帮助其他人。							
13101l.	I am appreciative of life. 我对生活具有欣赏力。							
13101m.	I appreciate my own self-worth. 我赏识我的自我价值。							
13101n.	I am happy. 我感到开心。							
13101o.	I am able to think clearly. 我能够清楚地思考。							
13101p.	I am able to make good decisions. 我能够做好的决定。							
END OF SECTION 13. GO TO SECTION 14.								

14. DENTAL HEALTH

Interviewer: Now, I would like to ask you some questions about your dental health.
现在，我想问您关于口腔健康的问题。

14000. How often do you visit a dentist? **[SA]**

您多久看一次牙医？

READ ONLY IF NECESSARY			
1	Once every 6 months	每 6 个月一次	[Go to Q14001]
2	Once a year	一年一次	
3	Once every 2 years	每两年一次	
4	Only if there is pain or when I have a dental problem	只有在有牙疼或有口腔问题的时候	
5	Others, please specify: 其它，请注明：_____		
DO NOT READ			
666	Have never been to a dentist	从未看过牙医	[Go to Q14004]
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

14001. When was the last time you visited a dentist? **[SA]**

您最后一次看牙医是什么时候？

READ ONLY IF NECESSARY			
1	Less than 6 months ago	过去 6 个月内	[Go to Q14002]
2	6-12 months ago	6 到 12 个月内	
3	More than a year, but less than 2 years ago	超过 1 年，但少过 2 年内	
4	2 years or more, but less than 5 years ago	2 年以上，但少过 5 年内	
5	At least 5 years ago	至少 5 年以前	
DO NOT READ			
777	Refused	拒绝回答	[Go to Q14004]
888	Don't know / Not sure	不知道 / 不肯定	

14002. What was the reason for your most recent visit to a dentist? [SA]

您上一次探访牙医是什么原因？

USE SHOWCARD		
1	I was experiencing dental problems (e.g. toothache, swollen or bleeding gums)	我当时患有口腔问题（譬如：牙疼、牙龈肿胀或流血）
2	For treatment/ follow-up treatment (e.g. dentures, root canal treatment, teeth whitening)	为了牙科治疗（譬如：做假牙、根管治疗、美白牙齿）
3	I thought it was time for a check-up	我认为是进行检查的时候
4	The dentist reminded me it was time for a check-up	牙医提醒我是检查的时候
5	Others, please specify: 其它，请注明：_____	
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q14003 if 14001 = "1" or "2"] [Go to Q14004 if 14001 not = "1" or "2"]		

[If Q14001 = "1" or "2"]

14003. Where did you go for your dental visit in the past 12 months and how many times did you visit? [MA]

您在过去 12 个月内到什么地方进行牙科治疗，探访次数是多少？

USE SHOWCARD				
	Location 地点	Number of times visited in the past 12 months 过去 12 个月内探访 次数	777) Refused 拒绝回答	888) Don't know / Not sure 不知道 / 不肯定
a.	Polyclinic dental clinic 综合诊疗所牙科诊所			
b.	National Dental Centre (NDC) / National University Centre for Oral Health (NUCOH) (including NUH dental centre and NUS dental training centre) 全国牙科中心/国大口腔卫生中心 (包括国大医院牙科中心和牙科 训练中心)			
c.	Public hospital dental clinic (including - Changi General Hospital (CGH) - Ng Teng Fong General Hospital (NTFGH) - Khoo Teck Puat Hospital (KTPH) - KK Women's and Children Hospital (KKH) - Sengkang General Hospital (SKH) - Tan Tock Seng Hospital (TTSH))			

	公立医院牙科诊所（包括 • 樟宜综合医院 (CGH) • 黄廷芳综合医院 (NTFGH) • 邱德拔医院 (KTPH) • 竹脚妇幼医院 (KKH) • 盛港综合医院 (SKH) • 陈笃生医院 (TTSH)			
d.	Private dental clinic (including dental clinic in private hospitals) 私人牙科诊所（包括私人医院的牙科诊所）			
e.	Others, please specify: 其它，请注明：			
[Go to Section 15]				

[If Q14001 NOT = “1” or “2”]

14004. What were the reason(s) for not visiting a dentist in the past 12 months? **[MA]**

您在过去 12 个月内没有探访牙医的原因是？

DO NOT READ		
1	No time	没有时间
2	Too expensive	牙科服务费用太昂贵
3	No one to accompany/ take me to a dentist	没人陪伴/带我看牙医
4	Do not see the need to see a dentist	没有必要看牙医
5	Afraid of pain/ visiting a dentist	怕痛/ 怕看牙医
6	Long waiting time for a dental appointment*	牙科预约等候时间太长*
7	Have to travel too far to a dental clinic	牙医诊所太远
8	Difficult to get to a dental clinic	不方便探访牙科诊所
9	Others, please specify: 其它，请注明： _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
END OF SECTION 14. GO TO SECTION 15.		

* *Waiting time for a dental appointment refers to the duration between the date the patient makes a dental appointment, and the date he/she is seen by the dentist (NOT the waiting time at the dental clinic on the day of appointment itself).*

牙科预约等候时间指的是患者预约的日期和探访牙医的日期之间的等候时间（而不是患者在牙医诊所等候看牙医的时间。）

15. ADDITIONAL DIABETES QUESTIONS

15001. To your knowledge, what are some ways to prevent diabetes? [MA]

据您所知，有哪些方法可以预防糖尿病呢？

<write response 写回应>

DO NOT READ (for internal coding only)		
1	Exercise regularly	经常运动
2	Exercise for at least 150 minutes per week	每周运动至少 150 分钟
3	Go for regular health screening	定期体检
4	Go for blood sugar / blood glucose screening / testing	检查血糖/血糖检验/测试
5	Eat a balanced diet	注意饮食平衡
6	Eat more fruits and/or vegetables	多吃水果和/或蔬菜
7	Eat wholegrains / brown rice	吃全谷物/糙米
8	Eat less sweetened food	少吃甜食
9	Eat less carbohydrate rich food (e.g. rice/ bread/ noodle)	少吃碳水化合物（比如米饭/面包/面条）
10	Eat lower calorie meals / foods	吃低卡路里的食物
11	Limit processed foods	减少工业加工的食品
12	Have “siu dai” / lower sugar beverage	喝少糖的饮品
13	Do not smoke / quit smoking	不吸烟/戒烟
14	Control your blood pressure	控制血压
15	Manage / Lose weight	控制体重/减肥
16	Manage stress	调节压力
17	Others, please specify: 其它，请注明： _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q15004]		

15004. Diabetes can lead to some health conditions. What are some of these conditions? **[MA]**
 糖尿病能够引起一些其它病症。下面哪些病症可能由糖尿病引发呢？

READ (May choose more than one answer)		
1	Kidney Disease	肾病
2	Stroke	中风
3	Heart Disease / Heart Attack	心脏病/心脏病发作
4	Foot Amputation	截肢
5	Blindness	眼盲
6	Cancer	癌症
7	Others, please specify: 其它，请注明： _____	
DO NOT READ		
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[END OF SECTION 15. GO TO SECTION 16]		

16. BREASTFEEDING (FOR WOMEN WITH CHILDREN AGED 3 YEARS AND BELOW)

16005. How old is your youngest child? **[SA]**

您最年幼的孩子有多大了？

Interviewer note: If respondent mentions in years AND months, for example 2 year and 4 months, record as 28 months.

DO NOT READ		
	Days, OR	天, 或
	Months, OR	月, 或
	Years	年
777	Refused	拒绝回答
[Go to Q16006]		

16006. Which hospital was your youngest child born in? **[SA]**

您最年幼的孩子在哪家医院出生？

DO NOT READ	
1	Singapore General Hospital (SGH)
2	Kandang Kerbau Hospital (KKH)
3	National University Hospital (NUH)
4	Raffles Hospital
5	Gleneagles Hospital
6	Mt Elizabeth (Orchard)
7	Mt Elizabeth (Novena)
8	Parkway East Hospital
9	Mt Alvernia
10	Thomson Medical Centre
11	Others, please specify: _____
777	Refused
[Go to Q16000]	

16000. Have you ever breastfed your youngest child? **[SA]**

您是否有母乳喂养您最年幼的孩子？

READ			
1	Yes	有	[Go to Q16007]
2	No	没有	[Go to Q16002]
DO NOT READ			
777	Refused	拒绝回答	[Go to Q16002]
888	Don't know / Not sure	不知道 / 不肯定	

16007. Did you start breastfeeding your youngest child since the day he/she was born? **[SA]**
您在您最年幼的孩子出生时是否进行母乳喂养？

READ			
1	Yes	有	[Go to Q16008]
2	No	没有	[Go to Q16002]
DO NOT READ			
777	Refused	拒绝回答	[Go to Q16008]
888	Don't know / Not sure	不知道 / 不肯定	

16008. How long did you breastfeed your youngest child? **[SA]**
您给您最年幼的孩子母乳喂养了多长时间？

	Days, OR	天, 或
	Months, OR	月, 或
	Years	年
DO NOT READ		
777	Refused	
888	Don't know / Not sure	
[Go to Q16009]		

16009. Did you exclusively breastfeed your youngest child when he/she was born (i.e. only breastmilk without introducing water or any infant formula milk)? **[SA]**
您在您最年幼的孩子出生时是否进行纯母乳喂养（只提供母乳，没有添加任何配方奶粉）？
Interviewer note: Exclusive breastfeeding includes expressed breastmilk, which is breastmilk that has been pumped and stored, instead of feeding the baby directly from breast.

READ			
1	Yes	有	[Go to Q16004]
2	No	没有	[Go to Q16002]
DO NOT READ			
777	Refused	拒绝回答	[Go to Q16004]
888	Don't know / Not sure	不知道 / 不肯定	

16004. How long did you feed your youngest child **only** breast milk (without water or infant formula milk)? **[SA]**
您给最年幼的孩子只喂养食母乳的时期有多久（不喂水或配方牛奶）？

	Days, OR	天, 或
	Months, OR	月, 或
	Years	年
DO NOT READ		
777	Refused	
888	Don't know / Not sure	
[Go to Q16002]		

16002. How old was your youngest child when he/she was first fed infant formula milk or dairy/non-dairy milk products? **[SA]**

请问您最年幼的孩子第一次喝配方奶粉时是几岁？

Interviewer note: Dairy products refer to powdered milk, UHT milk, fresh milk. Non-dairy milk products refer to soy milk, almond milk, oat milk.

	Days, OR	天, 或
	Months, OR	月, 或
	Years	年
DO NOT READ		
666	Have not started on infant formula milk or dairy/non-dairy milk products	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q16003]		

16003. How old was your youngest child when he/she was first fed baby foods such as purees, rice cereals and solid food? **[SA]**

请问您最年幼的孩子第一次吃婴儿食品时（例如泥状食物、米谷物及固体食物）是几岁？

READ ONLY IF NECESSARY		
1	0 to below 4 months old	4 个月以下
2	4 to below 6 months old	4 到 6 个月以下
3	6 to below 9 months old	6 到 9 个月以下
4	9 months old and above	9 个月及以上
DO NOT READ		
666	Have not started on baby foods	未开始吃婴儿食品
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
END OF SECTION 16. GO TO SECTION 17.		

17. TRADITIONAL CHINESE MEDICINE (TCM)

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

我要问一些有关您去找中医师看病的情况。TCM 执业医师可以是中医师，中医 sinseh，草药师，正骨师或针灸师。

17000. When was your last visit to a TCM practitioner for a medical condition? **[SA]**

您最近一次看中医是什么时候？

READ ONLY IF NECESSARY			
1	Less than 6 months ago	过去 6 个月内	[Go to Q17001]
2	6 months to less than 1 year	6 个月至少过 1 年内	
3	1 year to less than 2 years	1 至少过 2 年内	
4	2 years to less than 5 years	2 至少过 5 年内	
5	At least 5 years ago	至少 5 年以前	
6	Never visit a TCM practitioner before	从未看过中医师	[Go to Section 22]
DO NOT READ			
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

17001. What were the medical conditions you sought treatment for from a TCM practitioner? **[MA]**

您找中医师治疗哪方面的健康问题？

DO NOT READ		
1	Acute minor illnesses like flu / cough / cold	伤风感冒/咳嗽/感冒等急性轻微疾病
2	Acute major illnesses like pneumonia / heart attack	肺炎/心脏病等急性重大疾病
3	Acute minor injuries like sprains / strains	扭伤/拉伤等急性轻微外伤
4	Acute major injuries like fractures / dislocation	骨折/脱臼等急性重大外伤
5	Cancer	癌症
6	Chronic aches and pain like headache / backache / rheumatism	头痛/背痛/风湿病等慢性疼痛
7	Chronic conditions like diabetes / hypertension / high blood cholesterol / asthma	糖尿病/高血压/ 高血脂/哮喘缓解期 (非急性哮喘)
8	Gastro-intestinal problems like poor appetite / indigestion / constipation / diarrhoea	胃肠道问题, 如食欲不振/消化不良/便秘/腹泻
9	General well-being	整体调理
10	Gynaecological / Obstetric conditions e.g. infertility / menstrual problem	妇科/产科, 如不孕不育/月经问题
11	Mental health e.g. sleep disorders / depression/ anxiety	心理健康如睡眠问题/忧郁症/焦虑
12	Rehabilitative treatments e.g. post-stroke/ facial paralysis	康复治疗如中风/面瘫
13	Others, please specify: 其它, 请注明: _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q17002]		

17002. What were the medical conditions you sought treatment for from **both** a TCM practitioner and a Western-trained doctor? **[MA]**

您找中医师及西医治疗哪方面的健康问题？

DO NOT READ			
1	Acute minor illnesses like flu / cough / cold	伤风感冒/咳嗽/感冒等急性轻微疾病	[Go to Q17003]
2	Acute major illnesses like pneumonia / heart attack	肺炎/心脏病等急性重大疾病	
3	Acute minor injuries like sprains / strains	扭伤/拉伤等急性轻微外伤	
4	Acute major injuries like fractures / dislocation	骨折/脱臼等急性重大外伤	
5	Cancer	癌症	

6	Chronic aches and pain like headache / backache / rheumatism	头痛/背痛/风湿病等慢性疼痛	
7	Chronic conditions like diabetes / hypertension / high blood cholesterol / asthma	糖尿病/高血压/ 高血脂/哮喘缓解期（非急性哮喘）	
8	Gastro-intestinal problems like poor appetite / indigestion / constipation / diarrhoea	胃肠道问题，如食欲不振/消化不良/便秘/腹泻	
9	General well-being	整体调理	
10	Gynaecological / Obstetric conditions e.g. infertility / menstrual problem	妇科/产科，如不孕不育/月经问题	
11	Mental health e.g. sleep disorders / depression/ anxiety	心理健康如睡眠问题/忧郁症/焦虑	
12	Rehabilitative treatments e.g. post-stroke/ facial paralysis	康复治疗如中风/面瘫	
13	Others, please specify: 其它，请注明：_____		[Go to Q17004]
14	None	无	
777	Refused	拒绝回答	
888	Don't know / Not sure	不知道 / 不肯定	

17003. What were the reasons you consulted both a Western-trained doctor and a TCM practitioner for the medical condition(s) indicated in Q17002? **[MA]**

什么原因使您找西医及中医师治疗 Q17002 所列的健康问题？

DO NOT READ		
1	Get a medical certificate (MC) from my Western-trained doctor as MC from my TCM practitioner is not recognised by my company	我的工作单位不承认我的中医师所开的病假单，所以得找西医发病假单
2	Seek TCM consultation as I have not recovered after western medicine treatment	西医治疗后还没康复，所以找中医治疗
3	Seek western medicine consultation as I have not recovered after TCM treatment	中医治疗后还没康复，所以找西医治疗
4	Believe concurrent treatment will lead to faster / better outcome	我相信同时接受中西医治疗可得到更快、更好的效果
5	First treatment by Western-trained doctor is expensive and would like to seek TCM consultation as it is cheaper	西医的第一次治疗诊费昂贵，找中医治疗比较便宜
6	First treatment by TCM practitioner is expensive and would like to seek Western medicine treatment as it is cheaper	中医的第一次诊费价格昂贵，找西医看诊比较便宜
7	Others, please specify: 其它，请注明：_____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q17004]		

17004. Does the TCM practitioner usually prescribe/ perform the following during your consultation?
 在您接受诊治期间，中医师是否通常为您开以下的药方/进行下述治疗？

USE SHOWCARD					
	Treatment 治疗	1) Yes 是	2) No 否	777) Refused 拒绝回答	888) Don't know / Not sure 不知道 / 不肯定
a.	Herbal medicine (raw herbs) [SA] 草药（原草药）	☐	☐	☐	☐
b.	Herbal medicine (processed in powder, tablet or liquid form) [SA] 草药（已提炼成药粉、药丸或药水）	☐	☐	☐	☐
c.	Needle acupuncture [SA] 针灸	☐	☐	☐	☐
d.	Cupping [SA] 拔罐	☐	☐	☐	☐
e.	TCM tuina / massage [SA] 推拿/按摩	☐	☐	☐	☐
f.	Bone setting/ manipulations [SA] 正骨	☐	☐	☐	☐
g.	Others 其它 [Go to Q17004g(i) for "1"]	☐	☐	☐	☐
[Go to Q17005]					

- 17004g(i) [If respondent selected "1" for Q17004g, please specify below]:
 其它（请注明）：

17005. Where do you usually go to consult a TCM practitioner? [SA]

您通常到哪里看中医师？

USE SHOWCARD		
1	Charitable clinics such as Thong Chai, Chung Hwa or Public Free Clinic	慈善诊所例如同济医院 (Thong Chai)、中华医院 (Chung Hwa) 或大众医院
2	Private TCM clinics e.g. in HDB estates (including those found in Chinese medical halls), shopping malls and specialist medical centres	私立中医诊所如在 HDB 组屋区的中医诊所 (包括中药店内的诊所)、购物商场、专科医疗中心的中医诊所
3	Co-located private TCM clinics located in hospitals and nursing homes e.g. - Beijing Tongren Tang in Institute of Mental Health (IMH) - Eu Yan Sang TCM Clinic in Khoo Teck Puat Hospital (KTPH) - Raffles Chinese Medicine Clinic in Raffles Hospital (RH) - Thomson Chinese Medicine Clinic in Thomson Medical Centre (TMC) - Thye Hua Kwan TCM Medical Centre in Ang Mo Kio-Thye Hua Kwan Hospital (AMK-THK) - Kwong Wai Shiu TCM Centre in Kwong Wai Shiu Hospital (KWSH)	设在医院内或疗养院的私立中医诊所如： - 新加坡心理卫生医院内的北京同仁堂中医诊所 - 邱德拔医院内的余仁生中医诊所 - 莱佛士医院内的莱佛士中医诊所 - 康生医院里的康生中医诊所 - 宏茂桥太和观医院的宏茂桥太和观中医诊所 - 广惠肇留医院的广惠肇中医诊所
4	In-house pain management/acupuncture services in public hospitals e.g. - Ang Mo Kio-Thye Hua Kwan Hospital (AMK-THK) - Alexandra Hospital (AH) - National University Hospital (NUH) - Singapore General Hospital (SGH) - Tan Tock Seng Hospital (TTSH) - Khoo Teck Puat Hospital (KTPH) - Institute of Mental Health (IMH) under the National Addictions Management Services (NAMS)	公共医院内的疼痛管理/针灸诊所如： - 宏茂桥太和观医院 - 亚历山大医院 - 国立大学医院 - 新加坡中央医院 - 陈笃生医院 - 邱德拔医院 - 新加坡心理卫生医院内的国立成瘾治疗服务中心
5	In-house acupuncture services in nursing homes e.g. - Econ Medicare Centre - Society for the Aged Sick - Moral Home - Man Fut Tong Nursing Home - Kwong Wai Shiu Hospital - Bright Hill Evergreen Home	疗养院内提供的针灸服务如： - 宜康医疗保健中心 - 安老协会 - 德教济疗养院 - 万佛堂疗养院 - 广惠肇留医院 - 光明山修身院
6	Others, please specify: 其它，请注明： _____	
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q17006]		

17006. What are the reasons you seek TCM treatment?

您寻找中医治疗的原因是什么？

USE SHOWCARD					
		1) Yes 是	2) No 否	777) Refused 拒绝回答	888) Don't know / Not sure 不知道 / 不肯定
a.	TCM is effective for the condition I am suffering from [SA] 中医能有效治疗我的病				
b.	TCM is holistic and takes care of the whole body [SA] 中医重视整体治疗				
c.	TCM products has less side effects than Western medicine [SA] 中医药物比西药副作用少				
d.	I have tried Western medicine but it does not work [SA] 我曾接受西医诊疗，但是没有效果				
e.	I have been seeing a TCM practitioner since I was young [SA] 我从小就一直找中医师看病				
f.	It is cheaper to see a TCM practitioner than a Western doctor [SA] 找中医师看病要比找西医便宜				
g.	Others 其它 [Go to Q17006g(i) for "1"]				
END OF SECTION 17. GO TO SECTION 22.					

17006g(i) [If respondent selected "1" for Q17006g, please specify below]:

其它（请注明）：

22. HYGIENE PRACTICES AND USE OF ANTIBIOTICS

22000. I am now going to read out some practices that will prevent the spread of infectious diseases like common cold or influenza that are caused by viruses. For the prevention of infectious diseases, do you usually ...? [MA]

我现在将读出一些防止由病毒所引起的传染病，例如预防普通感冒或流感传播的措施。为了预防传染病，您通常是否会 ...?

USE SHOWCARD (You may choose more than one answer)		
1	wash your hands regularly with soap and water or use a hand sanitiser	定期用肥皂和水洗手或使用消毒洗手液
2	cover your nose and mouth when coughing or sneezing	在咳嗽或打喷嚏时掩住鼻子和嘴巴
3	stay at home if you feel unwell	在感到不适的时候待在家里
4	use a surgical mask when you are unwell <i>Interviewer note: Exclude reusable mask</i>	在身体不适的时候使用手术型口罩
5	go see a doctor if you feel unwell	在感到不适的时候去看医生
6	go for yearly flu vaccination <i>Interviewer note: Flu vaccination refers to an injection to protect you from getting the flu</i>	接受年度流感疫苗接种
7	Others, please specify: 其它，请注明: _____	
DO NOT READ		
666	No, I do not have these habits	不，我没有这些习惯
777	Refused	拒绝回答
888	Don't know / Not sure	不知道 / 不肯定
[Go to Q22001]		

22001. I am now going to read out some statements on the use of antibiotics. Do you agree that...? [SA]

我现在将读出几个有关服用抗生素的句子，请告诉我您觉得每一项的答案是对或错。

USE SHOWCARD				
Statement	1) Yes 对	2) No 错	DO NOT READ	
			777) Refused 拒绝回答	888) Don't know / Not sure 不知道 / 不肯定
(a) It is not appropriate to use antibiotics for viruses such as flu 对流感等病毒而服用抗生素是不合适当的				
(b) Antibiotics will lose its effectiveness in the long term if one takes antibiotics for viruses such as flu, does not complete the full course of antibiotics or take leftover antibiotics 如果因为流感等病毒而服用抗生素，或者未完成整个抗生素疗程，或者服用剩余的抗生素，长期以来，抗生素将失去效力				
(c) You should ask the doctor for antibiotics if not prescribed 如果医生未开抗生素处方，您应该向医生要求抗生素				
(d) You will recover faster when you take antibiotics for your respiratory viral infections like the flu 如果服用抗生素治疗呼吸道病毒感染如流感等，您将会更快复原				
END OF SECTION 22.				

RECORD MAIN LANGUAGE OF INTERVIEW

1	English
2	Mandarin
3	Malay

21. APPOINTMENTS

[If respondent is not the Reference Person, GO TO Q21001]

[If respondent is the Reference Person but answered “Yes” to Q11000, GO TO Q21001]

We have come to the last part of the interview. I would like to ask if you wish to participate in a health examination study. Here is a brochure on the study.

我们已来到了采访的最后一部分。我想问您是否愿意参与后续健康检查。这是一份有关这项健康检查的小册。

<Provide respondent with a copy of the health examination invitation letter>

The results from the health examination will allow MOH and HPB to plan and improve health-care services and health promotion programmes in Singapore. The study will take about 60 minutes and will involve measurements such as height and weight, waist and hip circumference and blood pressure. We will also need to obtain urine and blood samples from you. You will be given a token of appreciation for your participation in the health examination.

健康检查的结果能让新加坡卫生部与保健促进局策划和改善新加坡的保健服务和全民健康计划。这项健康检查需约 60 分钟左右的时间完成。健康检查包括为您测量您的身高、体重、腰围、臀围、血压及抽取血液样本和收集尿液样本。以表谢意，您将会获得答谢小礼。

21000a. Do you wish to participate in a follow-up health examination? [SA]

您想参与跟进健康检查吗？

READ		
☐ 1	Yes, proceed to book HE appointment date	[Go to Q21000b]
☐ 3	Yes, but cannot decide which date to book for HE appointment	[Go to Q21000e]
☐ 2	No, please specify reason: _____	[Go to Q21001]

[If respondent selected “2” for Q21000a, please specify the reason for not participating and what would motivate him / her to go]:

21000b. I would like to arrange an appointment with you for this health examination. This examination will take place at least 14 days from today. May I know which date and time would you be available?

我想要和您预约时间进行这项健康检查。这项检查将会安排在至少 14 天后。您可以让我知道您哪一天，什么时间能做这项检查？

[ENTER APPOINTMENT DATE]

[填写检验的日期]

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

[Date should be on either a Wednesday, Friday or Saturday.]

[选择的日期应该在某个星期三，星期五或星期六]

21000e. **[For interviewer use only]** Any remarks for the Health Examination appointment?
这项健康检查可有任何应注意事项?

< If Q21000a is "3" or Q21000c is "4", please indicate clearly for SAC personnel to contact respondent directly again. >

21001. May I have your contact number please? You may be contacted by my research company to provide feedback on this interview session. You may also be contacted through this number for the appointments you have made earlier.

请留下您的联络号码。我的研究公司可能会与您联系，以提供有关此次访问的反馈。通过这联络号码，我们会与您联系有关之前您所预约的健康检查的详情。

Contact number (please enter up to 2 numbers) of respondent:

N	N	N	N	N	N	N	N
---	---	---	---	---	---	---	---

(Telephone number: fixed 8-digits only)

N	N	N	N	N	N	N	N
---	---	---	---	---	---	---	---

(Alternate telephone number: fixed 8-digits only)

END OF SURVEY 调查结束

THANK RESPONDENT FOR PARTICIPATING IN THE SURVEY AND GIVE THE APPROPRIATE APPRECIATION TOKEN.

请向受访者致谢，并给予答谢奖励。

Annex B

Project Team

Survey Planning, Preparation, Fieldwork & Survey Report	Survey Report (Writers)
<u>MOH</u> Dr Derrick Heng Dr Ruth Lim Lau Zheng Yi Teo Wei Ting Irene Soh Li Na Ang <u>HPB</u> Dr Annie Ling Jill Wong Dr Karen Cheong Dr Foo Ling Li Angela Koh	<u>MOH</u> Irene Soh (Editor) Li Na Ang <u>HPB</u> Angela Koh Daxaniie Selvaraj Wang Nan Xin