

Basic Health Survey 基本健康问卷

Thank you for participating in this survey. Your responses will be used in a collective manner for planning health programmes or activities.

感谢您填写这份问卷。您的答案将帮助我们策划健康活动。

A. PERSONAL PARTICULARS 个人资料

| | | | |
|------|---|-----|---|
| Q1. | Ethnic group 种族 <input type="checkbox"/> 1. Chinese 华族 <input type="checkbox"/> 2. Malay 马来族 <input type="checkbox"/> 3. Indian 印度族 <input type="checkbox"/> 4. Others 其他种族 (Please specify 请列): _____ | Q2. | Year of Birth 出生年份 _____ YYYY 年份 |
| Q3. | Gender 性别 <input type="checkbox"/> 1. Male 男性 <input type="checkbox"/> 2. Female 女性 | Q4. | Height and Weight 身高和体重 Height 身高: _____ cm 公分 Weight 体重: _____ kg 公斤 |
| Q5a. | Nationality 国籍: <input type="checkbox"/> 1. Singaporean 新加坡公民 <input type="checkbox"/> 2. Permanent resident 新加坡永久居民 <input type="checkbox"/> 3. Others 其他国籍 (Please specify 请列): _____ | | |
| Q5b. | Occupation 职业 _____ | | |
| Q5c. | Number of years in current company 在目前的公司工作了几年? _____ year(s) 年 | | |

B. SHIFT WORK 轮班

If your present work pattern does not involve nights, please indicate "0" for both Q6 and Q7. 如果您无需做晚班, 请在 Q6 和 Q7 的空格里填写 "0"。

Q6. If your present work schedule involves nights (e.g. rotating shifts with nights or permanent nights), on average, how many nights do you work per month?

如果您的工作时间有晚班, 平均一个月内, 您许要做几次晚班呢?

_____ night(s) 晚

Q7. How many years have you been on Shift Work? 您做了几年晚班呢? _____ year(s) 年

C. WORK ABILITY 工作能力

Q8. On a scale of 1 to 10, assume that your work ability at its best has a value of 10 points, how would you rate your current work ability? (Please circle **○ ONE** number)

假设您的最佳工作能力有 10 分, 您给您目前的工作能力打几分? (请圈一个数字)

| | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|--|
| Completely unable to work 完全无法工作 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Full work ability at present 完全能工作 |
|--|---|---|---|---|---|---|---|---|---|----|--|

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

请以以下要求评估您目前的工作能力:

| (Please circle ○ ONE number) (请圈一个数字) | Very Poor 很差 | Rather Poor 比较差 | Moderate 中等 | Rather Good 相当不错 | Very Good 很好 |
|---|-----------------|--------------------|----------------|---------------------|-----------------|
| Q9. Physical demands of your work 对于您工作的体能要求 | 1 | 2 | 3 | 4 | 5 |
| Q10. Mental demands of your work 对于您工作的精神需求 | 1 | 2 | 3 | 4 | 5 |

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

您的病情会影响您目前的工作吗? 如果需要, 您可圈多于一种

| 1 | 2 | 3 | 4 | 5 | 6 |
|--|---|---|---|--|--|
| In my opinion, I am entirely unable to work 在我看来, 我完全无法工作 | Because of my disease, I feel I am able to do only part-time work 因为我的病情, 我觉得我能够做的只有兼职工作 | I must often slow down my work pace or change my work methods 我经常放慢我的工作节奏或更改我的工作方式 | I must sometimes slow down my work pace or change my work methods 我有时必须放慢我的工作节奏或更改我的工作方式 | I am able to do my job, but it causes some symptoms 我能够做我的工作, 但它会导致一些症状 | There is no hindrance/I have no diseases 没有阻碍/ 我没有病 |

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

过去的一年, 有几天您曾经因为健康问题而停止工作/请病假?

_____ day(s) 天

Q13. If you fill in any number of days to Q12 (that is more than 0), please tick the medical condition(s) that resulted in you taking day(s) off work over the past year? If not applicable, please tick "8. Not applicable 不相关".

如果您在以上问题 12 中回答任何数次（超于零），是因为以下哪些病症？如果您没因健康问题请病假，请勾选 "8. Not applicable 不相关"。

- 1. Coughs and cold 咳嗽和感冒
- 2. Skin problems 皮肤问题
- 3. Body aches and pain 肌肉酸痛
- 4. Diarrhea and/or vomiting 腹泻和/或呕吐
- 5. Eye problems 眼疾
- 6. Injuries 伤痛/跌伤 (please specify 请注明: _____)
- 7. Others 其他 (please state 请注明: _____)
- 8. Not applicable 不相关

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

从您健康的角度来看,您相信在这两年后,您能够做您目前的工作吗? (请选一个)

- 1. No 不能/ Unlikely 不太可能
- 2. Not certain 不一定
- 3. Yes 能/ Likely 应该能

(Please circle O ONE NUMBER) (请圈一个数字)

| | Never 绝不 | Seldom 很少 | Sometimes 有时 | Often 经常 | Almost all the time 多数时候 |
|--|-------------|--------------|-----------------|-------------|--------------------------------|
| Q15. Have you recently been able to enjoy your regular daily activities? 您最近是否能够享受您的日常活动? | 0 | 1 | 2 | 3 | 4 |
| Q16. Have you recently been active and alert? 您最近一直活跃和精神吗? | 0 | 1 | 2 | 3 | 4 |

(Please circle ONE NUMBER) (请圈一个数字)

| | Never 绝不 | Seldom 很少 | Sometimes 有时 | Often 经常 | Almost all the time 多数时候 |
|--|-------------|--------------|-----------------|-------------|-----------------------------|
| Q17. Have you recently felt yourself to be full of hope for the future? 您最近有觉得自己有一个充满希望的未来吗？ | 0 | 1 | 2 | 3 | 4 |

Q18. Chronic health conditions are generally progressive. These may include the following:

Please tick all the condition(s) you have, that have been told to you by a western trained doctor. 请选出西医告诉过您有的慢性疾病。**If not applicable, please tick “10. No chronic health conditions at all 没有任何慢性疾病”**

如果没有慢性疾病，请勾选 “10. No chronic health conditions at all 没有任何慢性疾病”。

- 1. High blood sugar/ Diabetes mellitus 高血糖/糖尿病
- 2. High blood pressure 高血压
- 3. High cholesterol 高胆固醇
- 4. Heart condition 心脏问题
- 5. Lung condition such as asthma 肺部疾病，比如哮喘
- 6. Musculoskeletal condition such as knee pain and back pain 肌肉骨骼问题，比如膝关节疼痛和背部疼痛
- 7. Skin condition such as eczema 皮肤问题，比如湿疹
- 8. Digestive disorders such as gastric ulcer 消化功能失调，比如胃溃疡
- 9. Others such as blood disorders, thyroid condition, kidney condition, mental health disorders or tumours 其他疾病，比如血液病，甲状腺病，肾病，心理健康失调或肿瘤
- 10. No chronic health conditions at all 没有任何慢性疾病

C1. If you said yes to high blood sugar or high blood pressure or high cholesterol, are you currently seeing a doctor to manage your condition?

如果您有高血糖 / 糖尿病 / 高血压 / 高胆固醇，您现在有看医生来控制病症吗？

- 1. Yes 有
- 2. No 没有

Q19. Total number of chronic diseases or conditions you have including the ones you ticked. Please indicate ‘0’ if you have none.

慢性疾病的总数(包括您所圈的)

D. BODY PAIN 身体疼痛

Q20. If you had any bodily pain over the **past 4 weeks**, 如果您在过去四个星期内有任何身体疼痛

- I. Please rate the extent of interference with work for the corresponding body part using the table below. 请使用以下的标准做相对的回应
- II. And, if you feel that it is due to or made worse by work? 如果您觉得这是由工作引起或因工作而恶化?

| 0 | 1 | 2 | 3 | 4 | 5 |
|---------------------------|--|---|---|--|--|
| There was no pain 没有疼痛 | The pain does not interfere with my work at all 疼痛不影响我的工作 | The pain interferes with my work occasionally but not daily 疼痛偶尔干扰我的工作 | The pain interferes with my work almost daily 疼痛几乎每天干扰我的工作 | The pain interferes with my work daily but I can still function effectively 疼痛干扰我的日常工作, 但我仍然可以有效地工作 | The pain interferes with my work daily and I cannot function effectively 疼痛干扰我的日常工作, 我不能有效地工作 |

| Body Part 受影响的身体部位 | I) Interference with work due to pain in the past 4 weeks 在过去四个星期里, 您的身体疼痛在多少程度上影响了您的日常工作 (Please CIRCLE the severity with the corresponding number as above) 请从以上描述圈一个适当的编号 | | | | | | II) Pain is due to work or made worse by work 疼痛是因工作而引起, 或因工作而恶化 (Please circle one) 请圈一个 | |
|--------------------------------|--|---|---|---|---|---|---|--------|
| Neck 脖子/头颈 | 0 | 1 | 2 | 3 | 4 | 5 | (Yes 是) | (No 否) |
| Shoulders/ Upper arms 肩膀/上臂 | 0 | 1 | 2 | 3 | 4 | 5 | (Yes 是) | (No 否) |
| Elbows/ forearm 手肘/前臂 | 0 | 1 | 2 | 3 | 4 | 5 | (Yes 是) | (No 否) |
| Wrists/ hands 手腕/手部 | 0 | 1 | 2 | 3 | 4 | 5 | (Yes 是) | (No 否) |
| Upper back 上背部 | 0 | 1 | 2 | 3 | 4 | 5 | (Yes 是) | (No 否) |
| Lower back 下背部 | 0 | 1 | 2 | 3 | 4 | 5 | (Yes 是) | (No 否) |
| Thighs/ hips 大腿/臀部 | 0 | 1 | 2 | 3 | 4 | 5 | (Yes 是) | (No 否) |
| Knees/ lower legs 膝盖/小腿 | 0 | 1 | 2 | 3 | 4 | 5 | (Yes 是) | (No 否) |
| Ankles/ feet 脚踝/足部 | 0 | 1 | 2 | 3 | 4 | 5 | (Yes 是) | (No 否) |

E. LIFESTYLE AND NUTRITION 生活方式和饮食

Q21. Do you smoke cigarettes? 您有抽烟吗?

Yes 有 No 没有

Q22. Alcohol 喝酒: Note: "1 drink" is 1 can of beer OR 1 glass of wine OR 1 shot of distilled spirits
1 杯等于 1 罐啤酒或 1 杯葡萄酒或 1 份烈酒

Q22a. Males: Do you drink more than 14 drinks a week? 男性: 您一个星期内喝超过 14 杯酒吗?

Yes 有 No 没有

Q22b. Females: Do you drink more than 7 drinks a week? 女性: 您一个星期内喝超过 7 杯酒吗?

Yes 有 No 没有

E1. On average, how many hours of sleep do you get in a 24-hour period?

您平均在二十四小时里有多少个小时的睡眠?

_____ hours 小时

Q23. How often do you take **sweet** drinks (e.g. soft drinks, fruit drinks/juice, packet drinks, cordials, yoghurt-based drinks and cultured milk drinks, etc)? (Please choose only one option) 您多经常喝甜饮料 (如汽水, 果汁饮料, 包装饮料, 酸奶饮料和乳酸饮料等) (请选一个选项)

1. Daily. How many servings a day? 每天。一天几份? _____

2. Weekly. How many servings a week? 每周。每周几份? _____

3. Monthly. How many servings a month? 每个月, 每月几份? _____

4. Less than one serving a month (e.g., once every two months, almost never) 一个月少过一份

E2. When you drink sweetened drinks, how often do you choose a lower sugar option? For example: ordering less sugar at the drinks stall, instant coffee with less sugar, reduced sugar soy milk. 你喝含糖的甜饮料时, 您会选少糖吗? (例如: 少糖的咖啡或茶, 少糖的豆花水)

1. Always 每次都选择少糖

2. Mostly 时常会选择少糖

3. Half of the time 一半的时间会选择少糖

4. Sometimes 偶尔会选择少糖

5. Never/ Almost rarely 完全没有/几乎没有选择少糖

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

不包括果汁, 您平时吃几份水果? (请选一个选项)



1. Daily. How many servings a day? 每天。一天几份? _____

2. Weekly. How many servings a week? 每周。每周几份? _____


3. Monthly How many servings a month? 每个月。每月几份? _____

4. Less than one serving a month (e.g., once every two months, almost never) 一个月少过一份


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

您平时吃几份蔬菜?(请选一个选项)


一份蔬菜的例子 Example of one serving of vegetables




3/4 杯或100克煮熟的叶菜
3/4 mug or 100g of cooked leafy vegetables





3/4 杯或100克煮熟的非叶蔬菜
3/4 mug or 100g of cooked non-leafy vegetables



3/4 杯或100克煮熟的叶类和非叶类蔬菜
3/4 mug or 100g of cooked leafy & non-leafy vegetables







你可以用2种蔬菜来组成1份3/4杯或100克煮熟的蔬菜
You may include 2 types of vegetables make up of 1 serving of 3/4 mug or 100g of cooked vegetables.

- 1. Daily. How many servings a day? 每天。一天几份? _____
- 2. Weekly. How many servings a week? 每周。每周几份? _____
- 3. Monthly. How many servings a month? 每个月。每月几份? _____
- 4. Less than one serving a month (e.g., once every two months, almost never) 一个月少过一份

E3. How many servings of wholegrains do you usually eat? (**Please choose only one option**)

您平时吃几份全谷物?

Example of 1 serving of whole-grains 以下是 1 份全谷物的分量的例子

| | | | | | |
|---|---|---|--|---|---|
|  |  |  |  |  |  |
| 1/2 bowl brown rice | 2 slices wholemeal bread | 1/2 bowl brown rice beehoon or whole-wheat spaghetti | 2 chapatis | 2/3 bowl uncooked oats (50g) | 4 whole-wheat biscuits |
| 半碗糙米/紅米饭 | 两片全麦面包 | 半碗糙米米粉或全麦意大利面 | 两片印度薄饼 Chapati | 三分之二碗未煮过燕麦 | 四片全麦饼干 |

- 1. Daily. How many servings a day? 每天。一天几份? _____
- 2. Weekly. How many servings a week? 每周。每周几份? _____
- 3. Monthly but not every week 每个月，少于每周
- 4. Less than one serving a month (e.g., once every two months, almost never) 一个月少过一份

Food & Drink options at work 工作场所饮食选择

Q26. Can you get healthy food and drinks such as lower-sugar beverages, fruits and vegetables at / near your workplace? 在您的工作场所或附近，您能购买健康的食物和饮料，如低糖饮料，水果和蔬菜吗？

- 1. Yes 能
- 2. No 不能

Q27. If you answer 'yes' to Q26, how often do you purchase healthy food and drinks?

如果您在以上问题 26 选择“能”，您多经常购买健康食品和饮料？

- 1. Rarely 很少
- 2. Several times a week 一个星期几次
- 3. Almost daily 几乎每天

Q28 Physical Activities outside work 体力活动

| | |
|--|--|
| <p>a. Did you do any physical activity (e.g. jogging, swimming, cycling, brisk walking, taichi and dancing) in the past 7 days?</p> <p>在过去的 7 天内，您有做过任何形式的体力活动（如慢跑，游泳，骑脚踏车，快步走，太极，跳舞等）吗？</p> | <p><input type="checkbox"/> Yes 有 <input type="checkbox"/> No 没有</p> |
| <p>b. If you did any physical activity in the past 7 days, how long was your physical activity <u>in total</u>?</p> <p>若您在过去的 7 天有过任何形式的体力活动，您总共花了多久的时间？</p> | <p>_____ minutes 分钟 [for the past 7 days 过去 7 天内]</p> |

F. Health Screening 健康检查

Q29. When was the last time you had a basic health screening (e.g. tests for high blood pressure, diabetes, high blood cholesterol and obesity)? 您上一次进行的基本身体健康检查是在什么时候？（例如高血压，糖尿病，高胆固醇和身高体重的检查？）

- 1. Less than 3 years ago 不到三年前
- 2. More than 3 years ago 超过三年前
- 3. Never had any health screening 从来不曾做过任何健康检查

Q30. If you never had any health screening, why did you not go? (Please TICK all applicable options)
如果不曾做过任何健康检查，您为什么没去做？（请勾选所有适当的选项）

- 1. I did not know about it 我不知道应该做哪些健康检查
- 2. The location was inconvenient 地点不方便
- 3. The timing was inconvenient 时间不恰当
- 4. I was afraid the screening will take a long time to complete 我担心需要很长的时间才能完成
- 5. I am not interested in health screenings 我对健康检查不感兴趣
- 6. I have already completed another health screening lately 我最近已经完成了一个健康检查
- 7. Others (Please specify) 其他（请列）：_____

G. STRESS 压力

Q31. Circle the most appropriate number 您如何评估您当前所承受的压力？请圈一个

(从 1 到 5 个等级， 1 表示没有压力， 5 表示非常大的压力， 请圈出您当前和在工作承受的压力程度。)

| | 1 Not stressed 没有压力 | 2 A little stressed 轻微的压力 | 3 Moderately Stressed 中等压力 | 4 Highly stressed 压力很大 | 5 Very highly stressed 压力非常大 |
|---|----------------------------------|--|---|-------------------------------------|---|
| Current level of stress in general 当前承受的压力程度 | 1 | 2 | 3 | 4 | 5 |
| Mental stress you experience at work 工作承受的压力程度 | 1 | 2 | 3 | 4 | 5 |

Q32. Please only circle ONE box for each question. 请圈一个

| | Never/ Almost Never 决不 | Seldom 很少 | Sometimes 有时 | Often 经常 |
|---|------------------------------|--------------|-----------------|-------------|
| a. I have unrealistic time pressures 我有不切实际的时间压力 | 1 | 2 | 3 | 4 |
| b. Staff are consulted about change at work 工作的变化有咨询职员的意见 | 1 | 2 | 3 | 4 |
| c. I have some say over the way I work 我对自己的工作有一定的控制 | 1 | 2 | 3 | 4 |
| d. I am clear about what my duties and responsibilities are 我很清楚我的义务和责任 | 1 | 2 | 3 | 4 |
| e. I receive the respect I deserve from my colleagues at work 我与我的同事有彼此的尊重 | 1 | 2 | 3 | 4 |
| f. Staff are exposed to interpersonal conflict at work 员工在工作方面遇到人际冲突 | 1 | 2 | 3 | 4 |
| g. My direct supervisor encourages me at work 我的上司在工作上会鼓励我 | 1 | 2 | 3 | 4 |

H. WORK ENVIRONMENT 工作环境

Q33. To what extent do you agree or disagree with each statement?

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

以下的问题是有关您对您的工作环境的看法。

[1 表示“完全不同意”,5 表示“完全同意”]

请圈出最能代表您的看法的数字。

| | Strongly disagree 完全不同意 | Disagree 不同意 | Neutral 中立 | Agree 同意 | Strongly agree 完全同意 |
|---|-----------------------------------|------------------------|----------------------|--------------------|-------------------------------|
| a. I am proud to say that I work for this company/ organisation. 我可以很自豪地说我在这一家公司工作。 | 1 | 2 | 3 | 4 | 5 |
| b. My workload is a cause of concern to me. 我目前的工作量对我造成困扰。 | 1 | 2 | 3 | 4 | 5 |
| c. I can easily balance the demands of work and home life. 我可以轻易地平衡工作和家庭生活的需要。 | 1 | 2 | 3 | 4 | 5 |
| d. I feel safe working in my workplace. 在我的工作场所里工作,我觉得安全。 | 1 | 2 | 3 | 4 | 5 |
| e. My organisation/ company encourages me to report or provide feedback on unsafe working conditions. 我的公司鼓励我举报不安全的工作状况。 | 1 | 2 | 3 | 4 | 5 |
| f. The management takes corrective actions when unsafe working conditions are reported. 当我举报不安全的工作状况时,公司管理层会采取必要的纠正措施。 | 1 | 2 | 3 | 4 | 5 |
| g. Overall, I am satisfied with the current working environment in my organization / company. 我对目前公司的工作环境感到满意。 | 1 | 2 | 3 | 4 | 5 |

THANK YOU FOR YOUR PARTICIPATION.

感谢您的参与!