MOH/S/IKU/272.26(TR) - e

MINISTRY OF HEALTH MALAYSIA
INSTITUTE FOR PUBLIC HEALTH

Technical Report

NATIONAL HEALTH AND
MORBIDITY SURVEY (NHMS) 2025

OLDER PERSONS HEALTH

VOLUME I
METHODOLOGY AND GENERAL FINDINGS

NHMS 2025

TECHNICAL REPORT

NATIONAL HEALTH AND MORBIDITY SURVEY (NHMS) 2025

OLDER PERSONS HEALTH

VOLUME ONE:

METHODOLOGY AND GENERAL FINDINGS

NATIONAL HEALTH AND MORBIDITY SURVEY 2025

OLDER PERSONS HEALTH (NMRR ID-24-01679-LO7 (IIR))

VOLUME I
METHODOLOGY AND GENERAL FINDINGS

Key persons
Dr. Chan Yee Mang, Mr. Muhammad Hanafi Bakri, Dr. Kishwen Kanna Yoga Ratnam, Dr. Siti Hafizah Zulkiply, Ms. Wan Sarifah Ainin Wan Jusoh, Dr. Khaw Wan Fei, Ms. Norhafizah Shahril, Ms. Norlaila Hamid, Dr. Chan Ying Ying, Dr. Yap Jun Fai, Dr. Heng Pei Pei, Ms. Eida Nurhadzira Muhammad, Dr. Nurfatehar Ramly, Ms. Murnizar Mokhtar, Dr. Norizzati Amsah, Dr. Muhamad Khairul Nazrin Khalil

Editors
Dr. Atiyyah Hishamuddin, Dr. Heng Pei Pei, Dr. Khaw Wan-Fei, Dr. Kimberly Wong Yuin Y'ng, Dr. Noor Aliza Lodz, Dr. Wan Nur Syamimi Wan Mohamad Darani, Dr. Yap Jun Fai

Reviewers
Dr. Noor Ani Ahmad, Dr. Awatef Amer Nordin, Dr. Heng Pei Pei, Dr. Khaw Wan-Fei, Dr. Kimberly Wong Yuin Y'ng, Dr. Noor Aliza Lodz, Dr. Wan Kim Sui, Dr. Wan Nur Syamimi Wan Mohamad Darani, Dr. Yap Jun Fai

Research assistants
Ms. Ailen Alesha binti Hashim Abdullah, Mr. Mohammad Faiz Akmal bin Mohd Bahawi, Mr. Muhamad Hidayat bin Mokhtar, Mr. Muhammad Safuan bin Suhaimi, Ms. Norhaslida binti Razali, Ms. Nur Ainna binti Azmi, Ms. Nur Rabia'tula Adawiyah binti Rahim, Ms. Nur Syafiqah binti Abdullah, Ms. Nurul Amalina binti Yusof, Ms. Siti Nur Sharmiela binti Ayob, Ms. Wan Nur Zahirah binti Che Omar

This report comprises of two volumes, as follows:
i. Volume I: Methodology and General Findings
ii. Volume II: Older Persons Health Findings

©2026, Institute for Public Health, National Institutes of Health, Ministry of Health Malaysia. Kuala Lumpur.

Perpustakaan Negara Malaysia Cataloguing-in-Publication Data

National Health and Morbidity Survey 2025 (NMRR ID-24-01679-LO7 (IIR))
Older Persons Health

ISBN: 978-629-7768-49-6
MOH: MOH/S/IKU/272.26(TR) - e

Suggested citation:
Institute for Public Health (IKU). National Health and Morbidity Survey (NHMS) 2025: Older Persons Health. Vol I: Methodology and General Findings: Technical Report; 2026.

Produced and distributed by:
The National Health and Morbidity Survey 2025: Older Persons Health
Institute for Public Health,
National Institutes of Health,
Ministry of Health,
Block B5 & B6, Kompleks NIH,
No 1, Jalan Setia Murni U13/52,
Seksyen U13, Bandar Setia Alam,
40170 Shah Alam,
Selangor Darul Ehsan.
Tel: +603-33628787

Any enquiries or comments on this report should be directed to: Principal Investigator of NHMS 2025
Institute for Public Health,
National Institutes of Health,
Ministry of Health,
Block B5 & B6, Kompleks NIH,
No 1, Jalan Setia Murni U13/52,
Seksyen U13, Bandar Setia Alam,
40170 Shah Alam.
Selangor Darul Ehsan
Tel: +603-33628787

Published by the Institute for Public Health, National Institutes of Health (NIH), Ministry of Health, Malaysia

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

MESSAGE FROM THE DIRECTOR GENERAL OF HEALTH MALAYSIA

The National Health and Morbidity Survey (NHMS) 2025 is a vital national initiative that provides critical evidence to support the strengthening of healthcare policies and services for older persons in Malaysia. As the country progresses towards becoming an aged nation by 2036, understanding the health profile and needs of older persons is increasingly important to ensure responsive, equitable, and sustainable healthcare delivery.

The data generated through NHMS 2025 will support the implementation and monitoring of important national frameworks, including the *Pelan Tindakan Perkhidmatan Kesihatan Warga Emas 2023–2030* and the *Pelan Tindakan Dementia 2023–2030*. Furthermore, the findings will contribute towards monitoring key indicators related to Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

Addressing the needs of an ageing population requires strong collaboration across sectors. In addition to healthcare services, social and family support systems, particularly the role of informal caregivers, remain crucial in maintaining the well-being and quality of life of older persons. A coordinated multisectoral approach involving healthcare providers, communities, policymakers, families, and other stakeholders will therefore remain essential moving forward.

I would like to convey my sincere appreciation to all parties involved in the successful conduct of NHMS 2025, including the survey teams, State Health Departments, academic collaborators, partner agencies, and respondents. Their dedication and commitment have contributed greatly towards generating robust national evidence for policy and action. It is my sincere hope that the findings of NHMS 2025 will continue to guide evidence-based decision-making and strengthen Malaysia's efforts in ensuring healthy, active, and dignified ageing for all.

Thank you.

DATUK DR. MAHATHAR BIN ABD WAHAB
Director General of Health Malaysia
Chairman of NHMS Steering Committee
Ministry of Health Malaysia

MESSAGE FROM THE DEPUTY DIRECTOR GENERAL OF HEALTH MALAYSIA (RESEARCH & TECHNICAL SUPPORT)

The National Health and Morbidity Survey (NHMS) 2025 continues Malaysia's long-standing commitment to generating high-quality national health evidence to support research, policy development, and healthcare planning. As Malaysia moves towards becoming an aged nation by 2036, the focus of NHMS 2025 on older persons provides timely insights into one of the country's most significant demographic transitions.

Conducted by the Institute for Public Health, NHMS has remained a cornerstone of population-based health research since 1986. Over the years, the survey has evolved into an important platform for monitoring health trends, identifying emerging public health challenges, and guiding strategic national responses. NHMS 2025 provides comprehensive data on the health status, functional ability, mental health, caregiving needs, and social support systems of older persons in Malaysia. These findings are essential for understanding the multidimensional aspects of ageing and for supporting evidence-based interventions that promote healthy ageing and improve quality of life.

The evidence generated through this survey will contribute significantly towards strengthening national policies and programmes for older persons. The successful implementation of NHMS 2025 also reflects the importance of collaborative research and multisectoral engagement involving the Institute for Public Health, State Health Departments, academic institutions, technical experts, and various stakeholders.

It is my hope that the findings from NHMS 2025 will continue to strengthen Malaysia's public health evidence ecosystem and guide the development of effective, inclusive, and sustainable interventions for older persons in the years ahead.

Thank you.

DATUK DR. NOR FARIZA BINTI NGAH
Deputy Director General (Research & Technical Support)
Ministry of Health Malaysia

MESSAGE FROM THE DIRECTOR OF INSTITUTE FOR PUBLIC HEALTH

On behalf of the Institute for Public Health, I would like to express my sincere appreciation to everyone who contributed to the successful implementation of the National Health and Morbidity Survey (NHMS) 2025.

Since its establishment in 1986, the NHMS has remained one of Malaysia's most important public health research initiatives, generating comprehensive and reliable national data to support evidence-based policymaking and programme planning.

The successful conduct of this nationwide survey reflects the strong collaboration and commitment of many parties. I would like to extend my heartfelt thanks to the State Health Departments, healthcare personnel, academic institutions, technical experts, partner agencies, and survey teams for their dedication and professionalism throughout the planning and implementation process.

I would also like to convey my deepest gratitude to all respondents who generously shared their time, experiences, and valuable information. Their participation has enabled a better understanding of the health, well-being, functional status, social support, and caregiving needs of older persons in Malaysia.

The findings from NHMS 2025 will provide crucial evidence to strengthen healthcare services, community support systems, and long-term care initiatives, while supporting national action plans and international commitments related to healthy ageing.

As we move forward, continued collaboration among all stakeholders remains essential to ensure that older persons in Malaysia are supported to age healthily, actively, and with dignity. It is my sincere hope that the evidence generated from NHMS 2025 will guide impactful policies and programmes that contribute to a more inclusive and caring society.

Thank you to everyone who has made NHMS 2025 a success.

DR. NOOR ANI AHMAD
Director of Institute for Public Health (IKU)
Ministry of Health Malaysia

ACKNOWLEDGEMENT

The authors acknowledge with appreciation the Director-General of Health Malaysia for granting permission to publish this report and for his continued support and guidance throughout the implementation of the survey.

The authors further extend their sincere gratitude to the Deputy Director-General (Research and Technical Support) and the Director of the Institute for Public Health for their consistent support, confidence, and technical guidance throughout all phases of the survey, which led to its successful completion. The National Health and Morbidity Survey 2025 was funded by the Ministry of Health Research Grant. The authors also extend their appreciation to the Advisory Panel and Steering Committee, comprising executives and subject matter experts from within and outside the Ministry of Health, for their invaluable technical input and oversight.

The authors would also like to acknowledge all State Health Directors and State Liaison Officers for their key role in coordinating and mobilising resources during the data collection phase. Appreciation is likewise extended to all personnel involved in the execution of the survey, including field supervisors, data collectors, and drivers, whose commitment was essential to its successful implementation.

Finally, the authors sincerely thank all respondents for their time and cooperation in providing the information required for this survey. It is anticipated that the findings will inform programme planning and policy development to strengthen healthcare management and related services for the ageing population in Malaysia.

TABLE OF CONTENTS

List of Tables

List of Figures

List of Appendices

EXECUTIVE SUMMARY

The National Health and Morbidity Survey (NHMS) is a nationwide population-based survey that provides essential information on Malaysia's disease burden, health status and healthcare needs. The year 2025 marks a focused NHMS cycle dedicated to older persons' health, reflecting Malaysia's demographic transition towards an ageing population. This survey provides comprehensive data on the health status, functional ability, cognitive health, chronic diseases, and caregiving needs of older persons aged 60 years and above. The findings will enable the Ministry of Health (MOH) to review existing policies, strengthen healthcare strategies, and plan appropriate services to meet the needs of this growing population group. The findings from NHMS 2025 will play a crucial role in informing national policies, strategies, and programmes to promote healthy ageing, including the *Pelan Tindakan Perkhidmatan Kesihatan Warga Emas 2023–2030* and the *Pelan Tindakan Dementia 2023–2030*. Additionally, the findings contribute to monitoring national and international indicators, including the Sustainable Development Goals (SDGs), Universal Health Coverage (UHC), and national healthy ageing agendas.

A nationally representative sample of older persons was selected using a stratified random sampling design involving enumeration blocks (EBs) and living quarters (LQ) across all states and Federal Territories in Malaysia. Data collection was conducted through face-to-face interviews using structured questionnaires, complemented by validated assessment tools. A total of 7,029 LQs were eligible across 165 EBs randomly selected by the Department of Statistics Malaysia (DOSM) from all states, and federal territories in Malaysia. Of the 7,029 eligible LQs, 5,686 were successfully interviewed, yielding an LQ response rate of 80.9%. Of the total of 5,686 LQs, 8,399 respondents were eligible for interviews. A total of 7,528 respondents were successfully interviewed, giving an individual response rate of 89.6%. The overall response rate for this community-based survey is therefore 72.5%.

The findings highlight a substantial burden of non-communicable diseases (NCDs), functional decline, cognitive impairment, and social vulnerability. Notably, only 14.7% of older persons in Malaysia are classified as "ageing well," underscoring the urgent need for comprehensive, multisectoral interventions. In terms of cognitive and mental health, a significant proportion of older persons screened positive for probable cognitive impairment (49.7%). The prevalence of probable dementia has also risen to 9.8% from 8.5% in 2018. Meanwhile, 8.0% of older persons experience clinically significant depression, and 2.2% show signs of probable major depression, although rural populations continue to be disproportionately affected.

With regard to physical function and mobility, 45.3% of older Malaysians are affected by sarcopenia, while 10.7% are classified as frail and an additional 60.0% as pre-frail, indicating a high level of vulnerability to adverse health outcomes. Although functional limitations have improved since 2018, 27.3% of older persons still require assistance with instrumental activities of daily living (IADL), and 10.0% experience limitations in basic activities of daily living (ADL). Falls remain a significant concern, with 14.3% reporting at least one fall in the past 12 months.

The burden of NCDs remains critically high, with 76.2% of older persons having raised total cholesterol, 73.1% having raised blood pressure, and 39.1% having raised blood glucose. A substantial proportion of these conditions remain undiagnosed, reflecting a "silent burden" of 20.9% for hypercholesterolaemia, 15.5% for hypertension, and 6.8% for diabetes. Lifestyle behaviours further contribute to health risks, with 30.6% of older persons being physically inactive, 12.8% engaging in high levels of sedentary behaviour (≥8 hours/day), and 39.6% reporting insufficient sleep of less than seven hours per day.

Social well-being and caregiving also present important challenges, as 33.1% of older persons report poor social support, an increase from 30.8% in 2018, accompanied by a high mean quality-of-life score of 46.33. Among primary informal caregivers, 32.2% report experiencing caregiver burden. In addition, sensory health issues remain relevant, with functional vision limitations affecting 4.1% and functional hearing disability affecting 3.3% of older persons.

The evidence generated from this survey will assist policymakers and stakeholders in evaluating current programmes, strengthening health systems, and developing evidence-based policies for healthy ageing. A multisectoral approach involving healthcare, social services, communities, and families is essential to ensure that older persons in Malaysia can age with dignity, independence, and an optimal quality of life. In addition, empowering older persons and their families through health education, early screening, and community support will be crucial to addressing the challenges associated with population ageing.

The findings of NHMS 2025 provide a vital reference for planning future healthcare services, resource allocation, and long-term care strategies, ensuring Malaysia is well prepared to meet the needs of its ageing population.

LIST OF ABBREVIATIONS

ADL	:	Activities of Daily Living
AWGS	:	Asian Working Group for Sarcopenia
CASP-19	:	Control, Autonomy, Self-realization and Pleasure, 19 items questionnaire
CI	:	Confidence Interval
DSSI	:	Duku Social Support Index
GDS	:	Geriatric Depression Scale
GPAQ	:	Global Physical Activity Questionnaire
IADL	:	Instrumental Activities of Daily Living
IDEA	:	Identification and Intervention for Dementia in Elderly Africans
NGO	:	Non-Government Organization
NHMS	:	National Health and Morbidity Survey
QoL	:	Quality of Life
VCAT	:	Visual Cognitive Assessment Test
WG-ES	:	Washington Group Extended Set on Functioning
WHO	:	World Health Organization
ZBI	:	Zarit Burden Interview

Introduction

INTRODUCTION

1.1 BACKGROUND

Population ageing is a significant global demographic shift with far-reaching social, economic, and health implications[1-2]. The United Nations and Malaysia define older persons as individuals aged 60 years and above. Global demographics are changing rapidly: by the mid-2030s, the number of people aged 80 years and above is projected to exceed the number of infants under one year old. Furthermore, by the late 2070s, the population aged 65 years and older is expected to exceed the global population under 18 years, reaching approximately 2.2 billion[3]. This rapid demographic transformation is evident across Asia, including Malaysia[4].

Ageing is progressing much more rapidly in developing countries, where the number of older persons is projected to increase by more than 200% between 2015 and 2050, compared to 70% in developed nations. Unlike countries such as France, which took more than a century to double its proportion of older persons from 7% to 14%, many developing countries are expected to undergo this demographic transition within just two decades[5-6].

Malaysia is experiencing a rapid demographic shift towards an ageing society. The proportion of older persons is projected to more than double, from 9.7% in 2022 to 23.1% by 2050. The country is set to move from 7% to 14% older persons within just 23 years (2020–2042)[7], a significantly faster transition than in many developed nations. The population aged 60 and above, recorded at 3.23 million (10%) in 2018, is expected to rise to 4.75 million (13%) by 2025, effectively doubling between 2010 and 2025. Malaysia is anticipated to become an aged nation by 2030, when its older population reaches 15%.

Although population ageing brings benefits such as accumulated experience and wisdom, it also presents substantial health, economic, and social challenges. These include a rising burden of NCD and geriatric conditions, increased demand for complex and costly long-term care, a shrinking labour force contributing to economic productivity and tax revenue, and greater risks of social isolation among older persons[8-11].

In response, Malaysia has introduced a range of policies to prepare for its ageing population. These include the National Policy for the Elderly and the National Action Plan for Older Persons (PTWEN), the National Health Policy for Older Persons (2008), and a revised PTWEN in 2023 focusing on strengthened care and welfare. The government is also developing a National Ageing Blueprint and Action Plan to support a healthy, productive, and inclusive ageing nation. These initiatives align with the United Nations Decade of Healthy Ageing (2021–2030), which emphasises the importance of investing in data and research to promote healthy ageing throughout the life course.

The National Health and Morbidity Survey (NHMS) was initially implemented in 2018 to address health concerns specific to older persons. Given the projected increase in the ageing population, a follow-up NHMS iteration in 2025 is imperative to better understand the experiences, needs, physical and mental health, social support, and quality of life of older persons in Malaysia.

1.2 SURVEY OBJECTIVE

General Objective

To provide evidence-based data on the health status profile of the older persons in Malaysia for the review of national health priorities and programmes.

Specific Objectives

i. To determine the prevalence among older persons of:
   a. cognitive impairment
   b. dementia
   c. depressive symptoms
   d. functional limitations (IADL dan ADL)
   e. falls and injuries
   f. visual and hearing limitations
   g. physical inactivity
   h. non-communicable diseases (diabetes mellitus, hypertension and hypercholesterolaemia)
   i. social support
   j. quality of life (QoL)
   k. sarcopenia
   l. frailty
   m. ageing well
ii. To determine the percentage of primary informal caregivers of dependent older persons experiencing caregiver burden*.

*Adults ≥ 18 years old

REFERENCES

1. Ismail Z, Ahmad WIW, Hamjah SH, Astina IK. The impact of population ageing: A review. Iranian journal of public health. 2021;50(12):2451.
2. Thanh Trong N, Thi Dong N, Thi Ly P. Population aging and economic growth: evidence from ASEAN countries. Cogent Business & Management. 2024;11(1):2298055.
3. Economic Do. World Population Prospects 2024: Summary of Results: Stylus Publishing, LLC; 2024.
4. Nations U. World Population Ageing 2019 (ST/ESA/SER.A/444). . Department of Economic and Social Affairs, Population Division; 2020.
5. Shetty P. Grey matter: ageing in developing countries. The Lancet. 2012;379(9823):1285-7.
6. Suzman R, Beard J. Global health and ageing. Bethesda, MD: US Department of Health and Human Services. World Health Organization. 2011.
7. Hamid TATA. Population Ageing in Malaysia: A mosaic of Issues, challenges and prospects: Penerbit UPM; 2015.
8. Hambleton IR, Caixeta R, Jeyaseelan SM, Luciani S, Hennis AJ. The rising burden of non-communicable diseases in the Americas and the impact of population aging: a secondary analysis of available data. The Lancet Regional Health–Americas. 2023;21.
9. Li L, Du T, Hu Y. The effect of population aging on healthcare expenditure from a healthcare demand perspective among different age groups: Evidence from Beijing City in the People's Republic of China. Risk Management and Healthcare Policy. 2020:1403-12.
10. Maresova P, Javanmardi E, Barakovic S, Barakovic Husic J, Tomsone S, Krejcar O, et al. Consequences of chronic diseases and other limitations associated with old age–a scoping review. BMC public health. 2019;19(1):1431.
11. Miller KE, Green CM, Fassinger A, Wolff JL. Long-term care services and supports needed for successful aging-in-place: A critical review. Annual review of public health.

Methodology

METHODOLOGY

2.1 TARGET POPULATION

Geographically, this survey covered older persons from both urban and rural areas in all states and Federal Territories in Malaysia. The target population included non-institutionalised adults aged 60 years and above who had resided in Malaysia for at least two weeks prior to data collection as well as their primary informal caregivers aged 18 years and above. Institutional populations, such as those residing in nursing homes, hotels, hostels, and hospitals, were excluded from the survey.

2.2 SAMPLING FRAME

The sampling frame for this survey was based on the Malaysian Population and Housing Census 2020. Based on the frame, Malaysia was divided into Enumeration Blocks (EBs), which are arbitrarily defined geographically contiguous areas with identified boundaries. Each EB contained between 80 to 120 Living Quarters (LQs), with an average population of 500 to 600 people of all ages. The sampling frame was provided by the Department of Statistics Malaysia (DOSM).

2.3 SAMPLE SIZE DETERMINATION

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

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

The sample size calculation was based on criteria as below:

1. Expected prevalence of diseases or health related problems among older persons aged 60 years and above (based on NHMS 2018)
2. Margin of error (e) (between 0.01 to 0.05)
3. Type 1 error (5%) or Confidence Interval of 95%

To ensure adequate sample size, few adjustments were made:

1. Adjusted n (srs) for the total number of the target population (N), based on the estimated 2022 population

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

2. Adjusted for the design effect (deff) of 2 (based on previous survey: NHMS 2018)

$$n\ (complex) = n * deff$$

3. Adjusted the n (complex) taking into account expected non-response rates of 35% for rural respondents and 45% for urban respondents

$$n\ (adj) = n\ (complex) / (expected\ response\ rate)$$

4. The final sample size was the sum of the adjusted urban and rural samples

$$n\ (final) = n\ urban\ (adj) + n\ rural\ (adj)$$

2.4 SAMPLING DESIGN

The NHMS 2025 was a cross-sectional survey with a complex survey study design. For this survey, stratified random cluster sampling was used. The two strata were the primary stratum, comprising the states and Federal Territories of Malaysia, and the secondary stratum, consisting of urban and rural localities within the primary stratum.

According to the National Household Survey Malaysia 2022, the average number of older persons per household was approximately 0.3. To achieve the minimum required population sample size of 5,000, 16,500 LQs were required, and the minimum number of EBs to be sampled was 165, assuming an average of 100 LQs per EB.

In terms of sampling design, the primary sampling unit (PSU) consisted of randomly selected EBs by DOSM. A total of 102 EBs in urban areas and 63 EBs in rural areas were randomly selected by DOSM for the purposes of this survey. All eligible LQs within the selected EBs were included. The allocation of samples to the states and strata was proportional to population size.

2.5 ETHICAL APPROVAL AND CONSENT FORMS

2.5.1 Data confidentiality, data handling and publication policy

Consent forms were treated as strictly confidential and stored in secure filing cabinets in accordance with the Ministry of Health data storage regulations. All datasets were stored electronically with password protection, assigned a unique anonymous identifier, and kept in accordance with the Data Protection Act. Access to the datasets was restricted to the research team members. All data analyses were conducted using only anonymised datasets.

2.5.2 Ethical considerations

The information sheet and consent form were made available for every respondent **(Appendix 8)**. For respondents with disabilities, a signed consent form was obtained from the guardian with a witness present. For illiterate respondents, a thumbprint impression was taken with a literate person as the witness. Respondents identified with any medical problems were referred to the nearest government health clinic with a referral letter for further management. The survey received ethical approval from the Medical Research and Ethics Committee of the Ministry of Health. The survey has been registered in the National Medical Research Registry under the identification number NMRR-24-01679-LO7 (IIR).

2.6 FIELD PREPARATION AND LOGISTIC SUPPORT

2.6.1 Logistic support

A staff member from the Family Health Division in each state (e.g. the State Family Health Officer, Medical Officer, or Matron) was appointed as the liaison officer. Their responsibility was to promote the survey by conducting briefing sessions for all relevant officers at the state health department and district health offices. The objective of these sessions was to secure full support from all state and district health officers before and during the survey period. This support included providing translators and nurses to assist with data collection as needed, and resolving any other issues that arose during the data collection period.

2.6.2 The survey team for field implementation

A total of 43 field data collection teams were deployed throughout Malaysia, with the number of teams allocated to each state proportionate to the respective sample size and operational requirements. Each state had teams based on the sample size **(Figure 2.1)**.

Each team comprised a Research Assistant Q41 serving as the Team Leader, two Research Assistants Q19 - one as the interviewer and the other as the driver - and one staff nurse from the respective state. To ensure an efficient data collection process, each state field supervisor from the Institute for Public Health oversaw two to three teams.

Field preparation was carried out by the state field supervisor prior to the data collection period. This included identifying lodging sites for the team, transportation arrangements, data-collection routes, and starting points based on selected LQs across the various EBs. Central field supervisors were appointed for each zone and stationed at the Operations Room to support the state field supervisors.

To ensure a good response rate and survey completeness, the teams had to make additional visits to the selected addresses as needed. For non-response classification, at least three visits at different times of the day were attempted before the selected address was classified as a non-response.

During the data collection period, any respondents identified with medical problems were referred to the nearest government health clinic for further management.

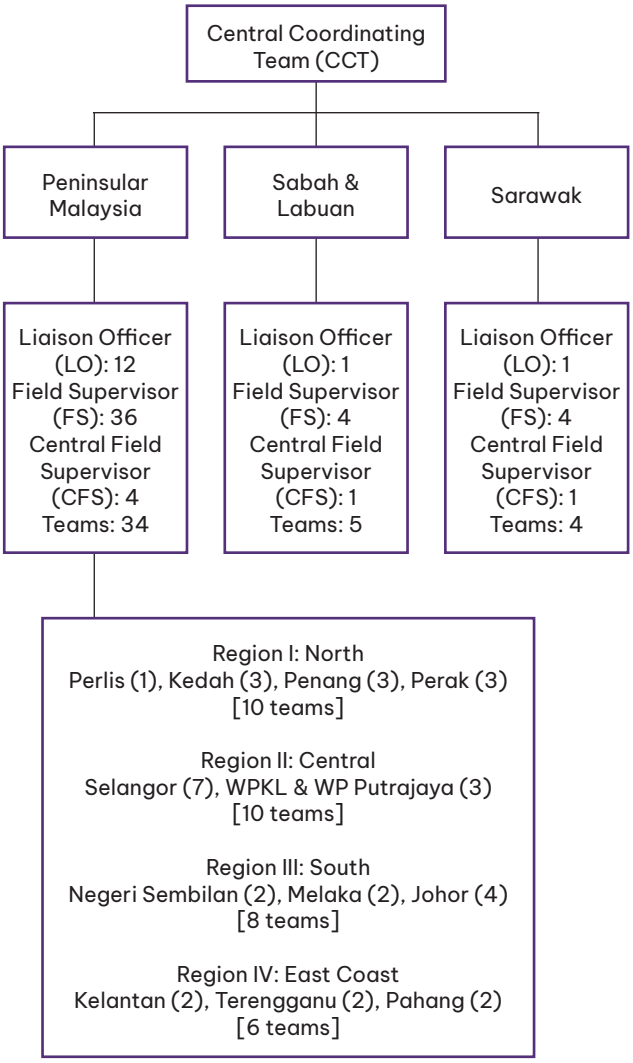


Figure 2.1: Field Implementation of NHMS 2025: Health Survey for Older Persons

2.6.3 Training

Prior to data collection, a comprehensive training course was conducted for all data collectors, including FSs. The training was delivered in two phases: from 15th to 21st July 2025 for Borneo Malaysia (Sarawak, Sabah and Labuan), followed by 23rd to 29th July 2025 for Peninsular Malaysia. The training aimed to familiarise the data collection teams with the study questionnaire, enhance interpersonal and communication skills, emphasise the importance of teamwork and cooperation, and train interviewers in reading EB maps. The programme included detailed briefings on questionnaire content, classroom-based mock interviews, and supervised individual interview practice sessions. Interviewers were also trained in the use of equipment for anthropometric measurements, handgrip strength assessment, the sit-to-stand test assessment, and were briefed on the referral criteria for respondents with identified health or social issues. A pilot data-collection exercise was conducted in a nearby community at the conclusion of the training.

2.6.4 Questionnaires and Other Survey Materials

The survey questionnaire was designed to align with the objectives of the survey, and with policy-directed priorities set by stakeholders (policymakers, programme managers, and clinicians).

The questionnaire was designed to be administered through face-to-face interviews by trained personnel who visited respondents in their homes, as well as through a self-administered questionnaire (SAQ) **(Appendix 9)**. The survey utilised internationally recognised and locally validated instruments, including validated Malay versions where applicable. Detailed descriptions of the validity, reliability, psychometric properties, and operational criteria of each instrument are provided in the respective module chapters.

Table 2.1: Modules, Instruments/Questionnaires, Methods and Target Age Groups of NHMS 2025

No	Modules	Instrument / Questionnaires	Methods	Target Age Groups
1	Household	-	Face-to-face	All
2	Sociodemography	-		All
3	Living Arrangements and Environment	NHMS 2018		≥ 60 years
4	Cognitive Impairment Screening	VCAT-S		
5	Dementia Screening	IDEA		
6	Geriatric Depression	GDS		
7	Activities of Daily Living (ADL)	Modified Barthel Index of ADL		
8	Instrumental Activities of Daily Living (IADL)	Lawton and Brody Instrumental		
9	Informal Caregiver Burden	ZBI	Self-administered questionnaire	≥ 18 years
10	Falls and Injuries	NHMS 2011	Face-to-face	≥ 60 years
11	Visual and Hearing Impairments	WG-ES		
12	Physical Activity	GPAQ		
13	Diabetes, Hypertension, Hypercholesterolaemia	WHO STEPS		
14	Social Support	DSSI		
15	Quality Of Life	CASP-19		
16	Sarcopenia	AWGS		
17	Frailty	Frailty Index	Frailty Index	
18	Ageing Well	Ageing well indicators	Ageing well indicators	

Capillary blood glucose was measured using the Accu-Chek® portable blood testing system. Blood pressure was measured using the Omron Digital Automatic Blood Pressure Monitor, Model HEM-907. The study protocol required three blood pressure measurements at 3-minute intervals for each respondent. A diagnosis of hypertension was made if the average of the second and third readings was ≥ 140 mmHg for SBP and/or ≥ 90 mmHg for DBP. Total cholesterol was measured from finger-prick capillary blood using the CardioChek® PA analyser.

Following AWGS 2019, sarcopenia is defined as low skeletal muscle mass in combination with either low muscle strength or low physical performance.

- **Skeletal Muscle Index (SMI)**: SMI is skeletal muscle mass adjusted for height squared (kg/m²), derived from BIA measurements. AWGS 2019 cut-off points used in this survey were: Male: <7.0 kg/m² and Female: <5.7 kg/m²
- **Handgrip Strength**: An indicator of overall muscle strength measured using a handheld dynamometer while the respondent stood with the dominant arm extended at 90° from the body. The average of two readings was used. Low handgrip strength was defined as: Male: <28 kg and Female: <18 kg
- **Physical Performance**: Functional lower-limb performance measured via the 30-Second Chair Stand Test. Low performance corresponds to the ability equivalent to ≥12 seconds required to complete five chair stands.

A frailty index (FI) was constructed based on the deficit accumulation model, adhering to the established standard procedures. Using the National Health and Morbidity Survey (NHMS) for older persons dataset, an initial list of potential health deficits was screened. Health deficits were selected for inclusion based on the following criteria: i) association with health status, ii) increasing prevalence with age, iii) absence of early-life saturation, iv) having a prevalence of at least 1% and no more than 80 % in the study population, and v) less than 5% missing values at the variable level. These health deficits spanned several key domains, including cognitive impairment (one

health deficit), dementia (one health deficit), overall depression (one health deficit), chronic diseases (hypertension, diabetes, and hypercholesterolaemia) (three health deficits), activities of daily living (ten health deficits), instrumental activities of daily living (eight health deficits), vision or hearing impairment (seven health deficits), verified heart attack, verified heart failure, and verified stroke and sarcopenia (four health deficits).

The ageing well construct in this survey was operationalised across five dimensions, each measured with validated instruments or clinical assessments:

- **Social Function:** Assessed using the Duke Social Support Index (DSSI).
- **Cognitive Function:** Measured using the Visual Cognitive Assessment Test (VCAT-S).
- **Psychological Function:** Assessed using the Geriatric Depression Scale – 14 items (GDS-14).
- **Physical Function:** Assessed using the Barthel Index for Activities of Daily Living (ADL) and the Lawton Scale for Instrumental Activities of Daily Living (IADL).
- **Optimal Health:** Assessed using a combination of self-reported non-communicable disease (NCD) status, blood pressure measurements, and capillary blood glucose tests (fasting or random).

2.7 PUBLICITY

A publicity campaign plays a crucial role in improving the response rate of a national-level community survey. The primary objective of the campaign was to raise public awareness of the upcoming survey activities and to encourage maximum participation from households across the 16,500 LQs nationwide. Both printed and electronic media were used, with additional emphasis placed on publicity during the listing activities.

A dedicated publicity team was established to manage and coordinate all publicity-related activities. This team was tasked with developing templates and preparing content for a wide range of materials, including pamphlets, posters, buntings, banners, car stickers, participant information sheets, media and press releases, news tickers and question-and-answer segments for radio and television interviews. All materials were produced in line with guidance from the Principal Investigator and were subject to approval by the NHMS Central Coordinating Committee (CCT).

To ensure effective communication across Malaysia's diverse population, most printed materials, such as pamphlets and respondent information sheets, were produced in the major languages. The publicity team worked closely with the Corporate Communication Unit of the Ministry of Health (MOH), particularly in coordinating publicity across mass media platforms, including television and radio.

At the state level, implementation was strongly supported by State Health Departments through State Liaison Officers and listing teams. These teams facilitated the distribution of pamphlets to all selected LQs and the display of posters at health facilities and other prominent public locations, subject to permission. Additionally, State Liaison Officers or FSs in each state were responsible for organising local media interviews and initiating supplementary publicity activities as necessary. An overview of the publicity activities and examples of the materials produced are provided in **Appendices 12 and 13**.

2.8 FIELD DATA COLLECTION PHASE

2.8.1 Data Collection

Data collection commenced on 22nd July 2025 in Borneo, Malaysia, and on 30th July 2025 in Peninsular Malaysia. Data collection concluded on 13th September 2025 in Borneo, Malaysia, and 21st September 2025 in Peninsular Malaysia. An appointment with the eligible household was made by the team leader prior to the actual visit. If any eligible household members were unavailable during the first visit, the team conducted a follow-up visit to ensure comprehensive coverage of all eligible household members. At least three visits were attempted before the household was classified as unsuccessful.

Unsuccessful household surveys may be due to LQs that refused to participate, LQs that were locked, or other factors, such as a hostile or dangerous environment. Unsuccessful surveys at the individual level could be due to individuals not being at home during scheduled visits, refusing to participate, or experiencing language barriers. **Figure 2.2** illustrates the NHMS 2025 data collection flowchart.

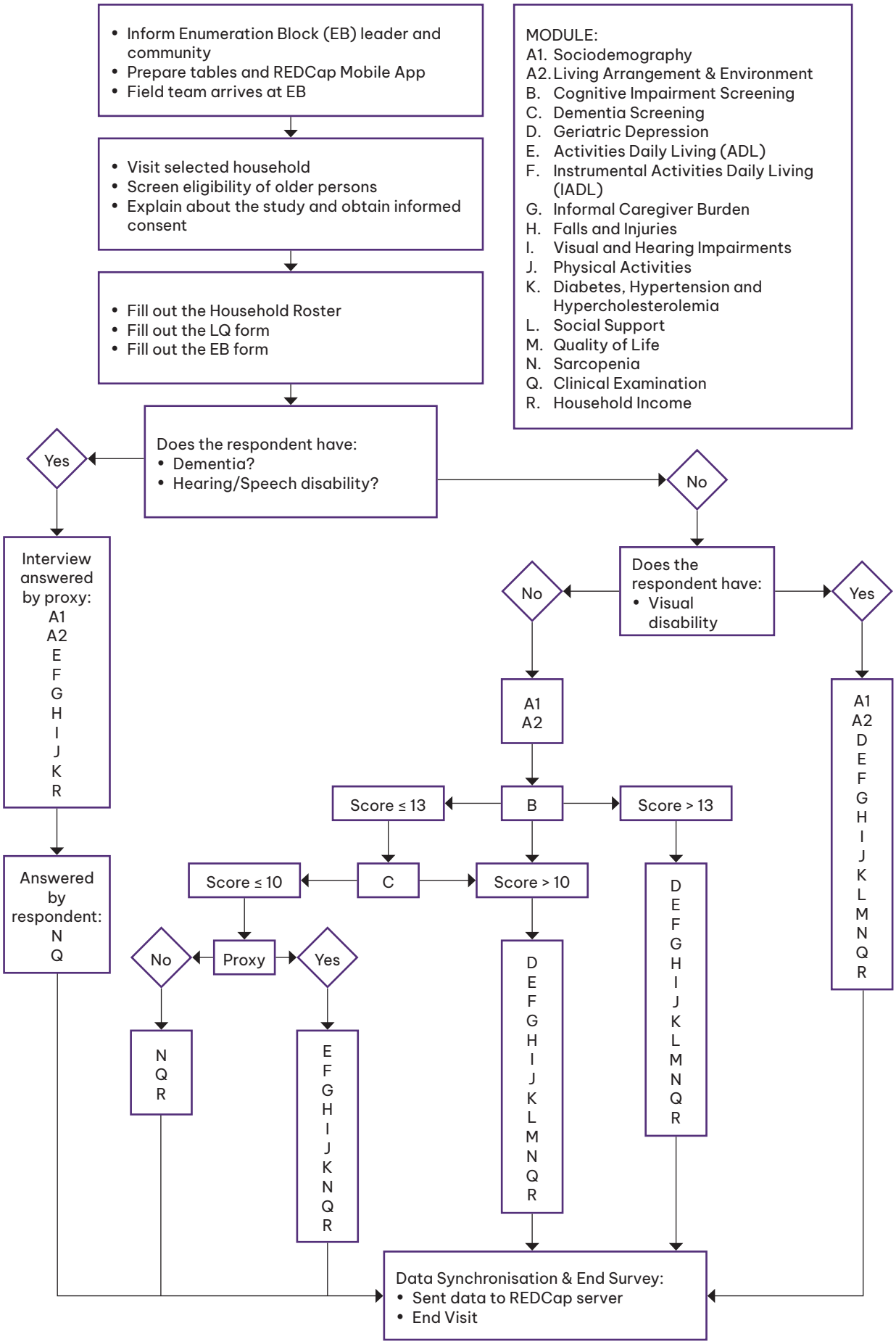
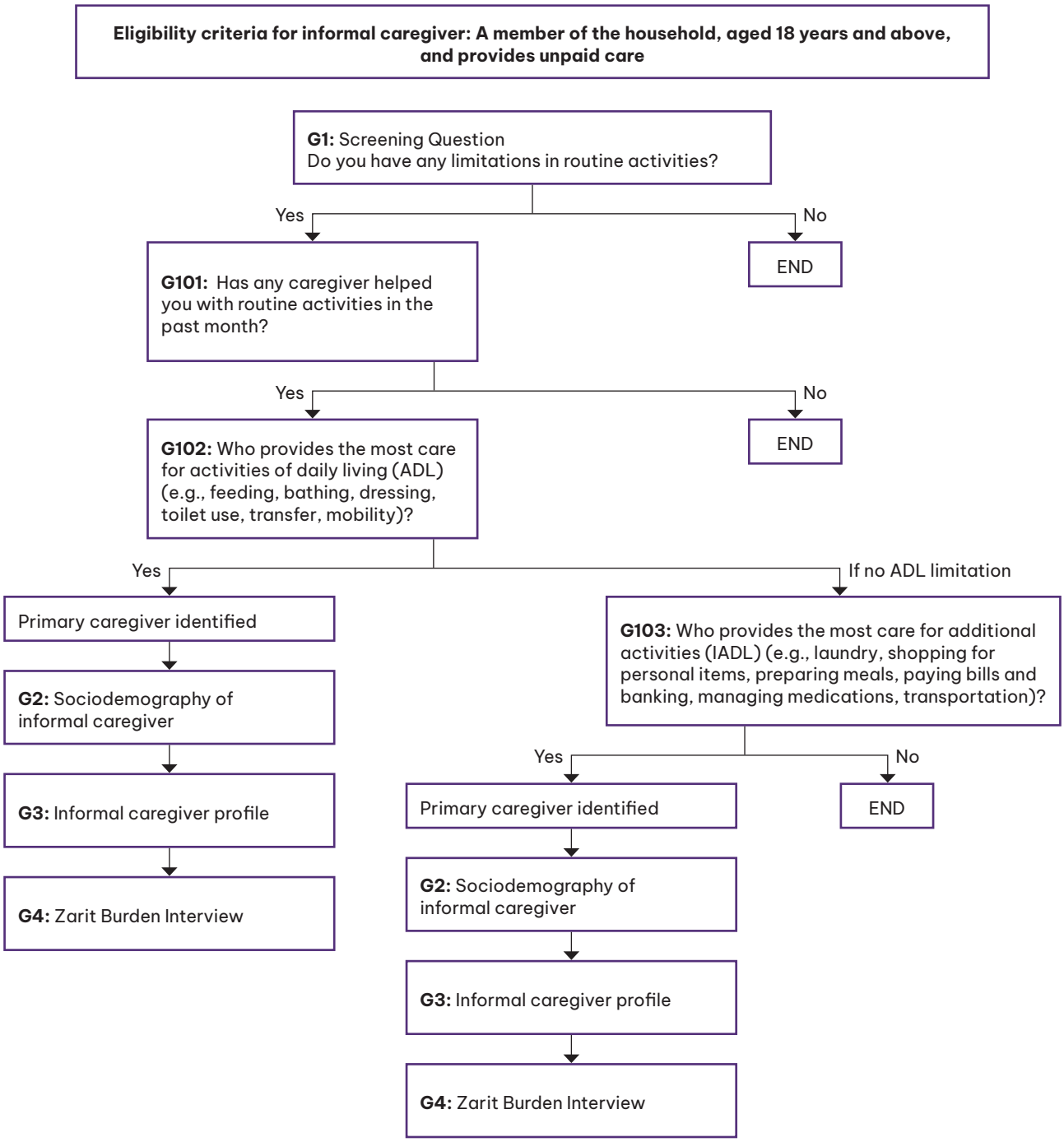


Figure 2.2: Data Collection Flowchart of NHMS 2025

2.8.2 Primary Informal Caregiver

Older persons with at least one limitation in Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL) were asked to identify their primary informal caregiver. The primary informal caregiver was defined as an adult aged 18 years or older who lived in the same household as the older person and provided the most care or assistance in the past month. These caregivers provided unpaid support with ADLs, including bathing, dressing, and toileting or with IADLs such as using transport, shopping, preparing meals, or managing medications. Identified caregivers were invited to participate in the caregiver assessment. Written informed consent was obtained from all participating caregivers. The flowchart for primary informal caregiver identification in NHMS 2025 is shown in **Figure 2.3**.



Footnote:
*"Provide the most care" refers to taking primary responsibility and **spending the most time** assisting with caregiving activities.*
*"Provide unpaid care" refers to helping someone **without getting paid**.*

Figure 2.3: Flowchart of Primary Informal Caregiver Identification in NHMS 2025

2.9 DATA MANAGEMENT

2.9.1 Data Processing and Quality Control

Data processing activities were centralised at the Institute for Public Health, covering the full workflow from the receipt of field data to the handover of clean datasets to the designated key persons and the data analysis team. Data were collected in the field using mobile tablet devices and transferred to a central server.

Face-to-face interviews were conducted by trained data-collection teams using mobile tablets with a structured questionnaire developed on the Research Electronic Data Capture (REDCap) platform. Multiple levels of data quality control were implemented. The first level of review was conducted by team leaders at the field level, followed by a second-level review by field supervisors. Upon confirmation by the FSs, the data were submitted to the central server. Completed questionnaire modules were uploaded to the REDCap web application whenever internet connectivity was available.

Subsequently, data received on the server were downloaded weekly by the data management team. Further quality control checks were performed, with particular attention to respondent identification, outlier detection, and the identification of inconsistent or erroneous entries. Any data queries were communicated back to the field teams for verification and correction. After completion of all quality control and data cleaning procedures, the finalised datasets were transferred to the data analysis team for analysis.

2.9.2 Data Analysis

Data were cleaned and analysed in accordance with the survey's objectives, working definitions, and the dummy tables prepared by each module's research group. Complex sample analysis, taking into account sample weights, was conducted at a 95% confidence level. Data were analysed using Statistical Package for the Social Sciences (SPSS) Version 31.0. All analyses were conducted at the national, urban and rural levels. Results were tabulated as prevalence with 95% confidence intervals, unweighted counts, and estimated population figures. The output was compiled and printed in a technical report.

2.9.3 Sample Weights

Weighted analyses were conducted to produce nationally representative estimates of disease prevalence among older persons in Malaysia. A weight factor was applied to each individual to account for varying probabilities of selection (design weights), non-response rates, and post-stratification factors, based on the Malaysian population projection by the Department of Statistics Malaysia (DOSM) for 2024. The weight (W) used for estimation was calculated as follows:

$$W = DW \times NRW \times PS$$

Where;

DW = design weight, defined as the inverse probability of selecting Enumeration Blocks (EBs) by stratum (urban/rural) within each state;

NRW = non-response weight, defined as the inverse of the multiplied Living Quarters (LQs) response rate and individual response rate;

PS = post-stratification adjustment factor, calculated by state, urban/rural locality, age group, sex and ethnicity.

General Findings

GENERAL FINDINGS

3.1 SAMPLE COVERAGE

Of the 7,029 eligible LQs, 5,686 were successfully interviewed, yielding an LQ response rate of 80.9%. Of the total of 5,686 LQs, 8,399 respondents were eligible for interviews. A total of 7,528 respondents were successfully interviewed, giving an individual response rate of 89.6%. The overall response rate for this community-based survey was therefore 72.5% **(Table 3.1)**.

Table 3.1: Response Rate at Living Quarters and Individual Level by State, NHMS 2025

State	LQ			Individual			Total Response Rate (%)
	Eligible	Interviewed	Response Rate (%)	Eligible	Interviewed	Response Rate (%)	
Johor	949	913	96.2	1,280	1,180	92.2	88.7
Kedah	392	306	78.1	508	416	81.9	63.9
Kelantan	405	343	84.7	449	442	98.4	83.4
Melaka	240	220	91.7	307	267	87.0	79.7
Negeri Sembilan	283	258	91.2	344	302	87.8	80.0
Pahang	359	308	85.8	457	431	94.3	80.9
P. Pinang	308	234	76.0	378	327	86.5	65.7
Perak	607	418	68.9	678	596	87.9	60.5
Perlis	194	183	94.3	261	261	100.0	94.3
Selangor	1,177	788	67.0	1,269	1,029	81.1	54.3
Terengganu	309	287	92.9	368	359	97.6	90.6
Sabah	761	655	86.1	925	846	91.5	78.7
WP Labuan	66	51	77.3	90	77	85.6	66.1
Sarawak	608	540	88.8	807	760	94.2	83.6
W.P Kuala Lumpur	302	156	51.7	234	199	85.0	43.9
W.P Putrajaya	69	26	37.7	44	36	81.8	30.8
Malaysia	**7,029**	**5,686**	**80.9**	**8,399**	**7,528**	**89.6**	**72.5**

3.2 SOCIODEMOGRAPHIC CHARACTERISTICS OF OLDER PERSONS AGED 60 YEARS AND ABOVE

There were 7,528 older persons interviewed in this study (either in person or by proxy), comprising a stratified urban–rural sample, with 54.1% residing in urban areas and 45.9% in rural areas. By sex, 56.6% of participants were female and 43.4% were male. For age distribution, 54.0% were aged 60-69 years, 34.5% were aged 70-79 years, and 11.5% were aged 80 years and above. In terms of ethnicity, the predominant race was Malay (39.5%), followed by Chinese (37.0%), Bumiputera Sabah (8.4%), Bumiputera Sarawak (7.1%), Indian (6.0%), other Bumiputera or Others (2.0%) **(Table 3.2)**.

A total of 58.9% of older persons were married or living with a partner, while another 41.1% were never married, separated, divorced, or widowed. In terms of education level, 35.9% of older persons had secondary education as their highest level, followed by 25.9% with primary education and 13.1% with tertiary education. It is worth noting that quite a high percentage of this subgroup population (25.1%) had no formal education. We also examined occupational status, with 34.6% of older persons still working or receiving a pension. This group included 3.4% working in the private sector, 16.7% self-employed, and 14.5% retirees with a pension. In contrast, 65.4% of the older persons were not working, comprising 11.8% who had retired without a pension or were private retirees, 17.1% who were homemakers and 36.5% who were unpaid workers or unemployed **(Table 3.2)**.

Regarding household income categories, the majority of older persons (76.3%) were in the lower-income group (B40), followed by 17.0% in the middle-income group (M40), and only 6.7% in the highest-income group (T20). In terms of household income quintiles, 19.0% of households were classified in Quintile 1 (< RM1,000), and another 19.0% were in Quintile 2 (RM1,000–1,999.99). Quintile 3 (RM2,000–3,199.99) accounted for 21.4% of households, while 20.2% were in Quintile 4 (RM3,200–5,999.99). The remaining 20.4% belonged to Quintile 5, with household incomes of RM6,000 and above **(Table 3.2)**.

3.3 SOCIODEMOGRAPHIC CHARACTERISTICS OF PRIMARY INFORMAL CAREGIVERS

A total of 952 primary informal caregivers aged 18 years or older in Malaysia were included in this study. In terms of location, 45.6% were from urban areas, and 54.4% were from rural areas. Overall, 38.6% were males and 61.4% were females. For the age group, 7.8% were aged 18–29 years, 20.0% were aged 30–39 years, 20.6% were aged 40–49 years, 18.3% were aged 50–59 years, 20.8% were aged 60–69 years, and 12.5% were aged 70 years and above. In terms of ethnicity, the predominant group was Malay (44.7%), followed by Chinese (27.7%), Bumiputera Sabah (8.8%), Bumiputera Sarawak (8.4%), Indian (7.0%), and other ethnicities (3.4%) **(Table 3.3)**.

For marital status, 34.7% of caregivers were never married, separated, divorced, or widowed, while 65.3% were married or living with a partner. Regarding educational level, 7.9% had never attended school or had not completed primary education; 13.4% had completed primary education; 53.2% had completed secondary education; and 25.5% had completed tertiary education. Information on occupational status showed that 31.1% were still working or retirees with pension, while 68.9% were not working (retiree with no pension/homemaker/unpaid worker). By household income category, 72.0% were in the lowest group (B40), 21.6% in the middle-income group (M40), and 6.4% in the highest-income group (T20). For household income quintile, 9.5% were in Quintile 1 (<1000.00), 17.0% in Quintile 2 (1000.00–1999.99), 24.6% in Quintile 3 (2000.00–3199.99), 26.0% in Quintile 4 (3200.00–5999.99), and 22.9% in Quintile 5 (6000.00 and above) **(Table 3.3)**.

For the relationship between caregiver and the older person, most were a son/daughter (52.6%), followed by a spouse (26.9%), a son-in-law/daughter-in-law (10.1%), a grandchild (4.3%), other relationship (3.8%), and a sibling (2.3%). “Other relationship” referred to other relatives, non-relatives, and multiple relationships **(Table 3.3)**.

3.4 LIVING ARRANGEMENTS OF OLDER PERSONS IN MALAYSIA

The prevalence of older persons living alone was 18.8%, higher in rural areas (20.0%) than in urban areas (18.4%). Our data revealed that more females were living alone; 23.1% compared to males; 14.3%. Older persons had a living-alone prevalence of 17.5% in the 60-69 age group, rising to 20.3% among those aged 70–79 years, and further increasing to 22.7% in adults aged 80 years and older **(Table 3.4)**.

In terms of ethnicity, Bumiputera Sabah had the highest prevalence of living alone, at 27.3%, compared with other ethnicities. By education level, the highest

percentage of living alone was among those who never attended school or did not complete primary education, at 22.4%, followed by primary education, 21.8%, secondary education, 18.3% and lastly tertiary education, 12.5% **(Table 3.4)**.

The prevalence of living alone among those still working or retirees with pension was 17.3%, compared to older persons who were not working, most of whom were retirees without pensions, homemakers or unpaid workers, at 19.9%. In the household income categories, older persons in the lowest group (B40) show the highest prevalence of living alone at 24.8%, while the prevalence drops to 4.3% in the middle-income group (M40) and further to 2.9% in the highest-income category (T20). A similar pattern is observed across household income quintiles, with prevalence declining from 52.3% in the lowest quintile to 2.6% in the highest. Overall, a clear socioeconomic gradient was observed across household income groups **(Table 3.4)**.

3.3 CONCLUSION

Overall, the results show that older persons in this survey are predominantly female, from lower-income households, and no longer economically active. Informal caregiving is mainly provided by female family members, particularly adult children and spouses. Living alone affects approximately one in five older persons, and it is more common among women, the oldest age groups, and individuals with lower education and income. A consistent socioeconomic gradient indicates that older persons from disadvantaged socioeconomic backgrounds are more vulnerable to living alone, with implications on risk of social isolation, poor health outcomes, and need for caregiving and support.

Appendices

Appendix 1: Table of Findings

Table 3.2: Distribution of sample by sociodemographic profile of older persons 60 years and above in Malaysia (n=7,528)

Sociodemographic Characteristic	Count	Percentage (%)
Location		
Urban	4,071	54.1
Rural	3,457	45.9
Sex		
Male	3,264	43.4
Female	4,264	56.6
Age group		
60 - 69	4,066	54.0
70 - 79	2,597	34.5
80 and above	865	11.5
Ethnicity		
Malay	2,976	39.5
Chinese	2,783	37.0
Indian	452	6.0
Bumiputera Sabah	631	8.4
Bumiputera Sarawak	535	7.1
Other Bumiputera / Others	151	2.0
Marital status		
Never married/ Separated / Divorced / Widowed	3,090	41.1
Married / Living with partner	4,437	58.9
Education level		
Never attended school / Did not complete Primary education	1,890	25.1
Primary education	1,947	25.9
Secondary education	2,700	35.9
Tertiary education	981	13.1
Occupation		
Still working / retiree with pension	2,600	34.6
Private	253	3.4
Self employed	1,256	16.7
Retiree with pension	1,091	14.5
Not working (retiree without pension/ homemaker/ unpaid worker)	4,922	65.4

Sociodemographic Characteristic	Count	Percentage (%)
Retire with no pension/ private retiree	889	11.8
Homemaker	1,284	17.1
Unpaid worker / unemployed	2,749	36.5
Household income category		
Bottom 40%	5,740	76.3
Middle 40%	1,280	17.0
Top 20%	506	6.7
Household income quintile		
Quintile 1 (<RM1,000)	1,431	19.0
Quintile 2 (RM1,000-1,999)	1,429	19.0
Quintile 3 (RM2,000-3,199)	1,610	21.4
Quintile 4 (RM3,200-5,999)	1,518	20.2
Quintile 5 (RM6000 and above)	1,538	20.4

Table 3.3: Characteristics of primary informal caregivers aged 18 years and above in Malaysia by sociodemographic characteristics (n=952)

Sociodemographic Characteristic	Count	Percentage (%)
Location		
Urban	434	45.6
Rural	518	54.4
Sex		
Male	367	38.6
Female	585	61.4
Age group		
18-29	74	7.8
30-39	191	20.0
40-49	196	20.6
50-59	174	18.3
60-69	198	20.8
70-and above	119	12.5
Ethnicity		
Malay	425	44.7
Chinese	264	27.7
Indian	67	7.0
Bumiputera Sabah	84	8.8
Bumiputera Sarawak	80	8.4
Other Bumiputera / Others	32	3.4
Marital status		
Never married/ Separated / Divorced / Widowed	330	34.7
Married / Living with partner	620	65.3
Education level		
Never attended school / Did not complete primary education	75	7.9
Primary education	128	13.4
Secondary education	506	53.2
Tertiary education	243	25.5
Occupation		
Still working / retiree with pension	295	31.1
Not working (retiree without pension/ homemaker/ unpaid worker)	655	68.9

Sociodemographic Characteristic	Count	Percentage (%)
Household income category		
Bottom 40%	685	72.0
Middle 40%	206	21.6
Top 20%	61	6.4
Household income quintile		
Quintile 1 (<RM1,000)	90	9.5
Quintile 2 (RM1,000-1,999)	162	17.0
Quintile 3 (RM2,000-3,199)	234	24.6
Quintile 4 (RM3,200-5,999)	248	26.0
Quintile 5 (RM6,000 and above)	218	22.9
Relationship with older person		
Spouse	256	26.9
Son/ daughter	501	52.6
Son-in-law/ daughter-in-law	96	10.1
Sibling	22	2.3
Grandchild	41	4.3
Others*	36	3.8

*Other relatives, non-relatives and multiple relationships.

Table 3.4: Characteristics of older persons living alone in Malaysia by sociodemographic characteristics (n=1,580)

Sociodemographic Characteristic	Count	Estimated Population	Prevalence (%)	95% Confidence Interval	
				Lower	Upper
MALAYSIA	**1,580**	**775,000**	**18.8**	**16.36**	**21.61**
Location					
Urban	838	555,500	18.4	15.28	22.04
Rural	742	219,500	20.0	16.93	23.49
Sex					
Male	542	281,400	14.3	12.08	16.77
Female	1,038	493,600	23.1	19.50	27.07
Age group					
60 - 69	789	430,500	17.5	14.60	20.87
70 - 79	595	257,800	20.3	17.38	23.5
80 and above	196	86,700	22.7	17.00	29.53
Ethnicity					
Malay	600	379,100	18.5	14.95	22.66
Chinese	621	246,600	19.4	16.55	22.6
Indian	91	43,700	15.7	11.18	21.54
Bumiputera Sabah	167	47,400	27.3	17.83	39.36
Bumiputera Sarawak	72	21,200	12.7	9.65	16.44
Other Bumiputera / Others	29	-	-	-	-
Education level					
Never attended school / Did not complete primary education	426	181,500	22.4	17.01	28.89
Primary education	470	192,900	21.8	19.02	24.75
Secondary education	532	301,600	18.3	15.57	21.33
Tertiary education	149	95,000	12.5	9.53	16.32
Occupation					
Still working / retiree with pension	499	281,000	17.3	14.22	20.79
Not working (retiree without pension/ homemaker/ unpaid worker)	1,079	493,700	19.9	17.18	22.94
Household income category					
Bottom 40%	1,516	729,900	24.8	22.01	27.83
Middle 40%	50	34,300	4.3	2.86	6.52
Top 20%	14	-	-	-	-

Sociodemographic Characteristic	Count	Estimated Population	Prevalence (%)	95% Confidence Interval	
				Lower	Upper
Household income quintile					
Quintile 1 (<RM1,000)	747	321,600	52.3	46.55	57.94
Quintile 2 (RM1,000-1,999)	432	213,400	31.0	25.95	36.48
Quintile 3 (RM2,000-3,199)	242	129,000	15.8	13.11	18.85
Quintile 4 (RM3,200-5,999)	119	82,100	9.4	7.43	11.82
Quintile 5 (RM6,000 and above)	40	28,900	2.6	1.60	4.15

Appendix 2: Members of Steering Committee, NHMS 2025

1. Director General of Health
2. Deputy Director General of Health (Medical)
3. Deputy Director General of Health (Public Health)
4. Deputy Director General of Health (Research and Technical Support)
5. Deputy Director General of Health (Oral Health)
6. Deputy Director General of Health (Pharmaceutical Services)
7. Deputy Director of Health (Food Safety and Quality Division)
8. Director, Family Health Development Division
9. Director, Public Health Development Division
10. Director, Disease Control Division
11. Director, Nutrition Division
12. Director, Health Education Division
13. Director, Medical Development Division
14. Director, Allied Health Sciences Division
15. Director, National Centre of Excellence for Mental Health (NCEMH)
16. Head of Geriatric Service
17. Head of Paediatric Services
18. Head of Obstetrics and Gynaecology Service
19. Manager, National Institutes of Health (NIH)
20. Director, Institute for Public Health
21. Director, Federal State of Kuala Lumpur and Putrajaya Health Department
22. Deputy Director, Public Health Development Division
23. Head of Geriatric Health Section, Family Health Development Division
24. Head of Maternal Health Section, Family Health Development Division
25. Head of Infant and Child Health Section, Family Health Development Division
26. Dean, Faculty of Medicine, University of Malaya
27. Dean, Faculty of Medicine, National University of Malaysia

Appendix 3: Members of the Project Working Committee, NHMS 2025

1. **Advisor**
   Dr. Noor Ani binti Ahmad

2. **Advisor for Method and Data Analysis**
   Dr. Muhammad Fadhli bin Mohd Yusoff

3. **Principal Investigator**
   Dr. Chan Yee Mang

4. **Project Manager**
   Dr. Chan Ying Ying

5. **Data Manager and Field Data Collection Operations Lead**
   Mr. Mohamad Aznuddin bin Abd Razak

6. **REDCap System Manager and Pilot Study**
   Dr. Muhamad Khairul Nazrin bin Khalil

7. **Field Monitoring Board Manager**
   Dr. Siti Hafizah binti Zulkiply

8. **Publicity Manager**
   Mr. Mohd Amierul Fikri bin Mahmud

9. **Mapping and Inlist**
   Ms. Norhafizah binti Sahril

10. **Project Management Team**
    Dr. Shubash Shander A/L Ganapathy (Head)
    Ms. Nur Faraeein binti Zainal Abidin
    Ms. Nurul Haniyah binti Roslan
    Ms. Nik Nor Natasha binti Nasaruddin

11. **Finance**
    Ms. Anis Syahidah binti Sakdan

12. **GIS Mapping**
    Mr. Mohd Hazrin bin Hasim @ Hashim

13. **Publicity and Media Team**
    Dr. Muhammad Azri Adam bin Adnan
    Ms. Noor Syaqilah binti Shawaluddin

14. **Direct Purchases, Quotations, and Procurement Team**
    Ms. Norliza binti Shamsuddin
    Ms. Nor'Ain binti Ab Wahab
    Ms. Norlaila binti Hamid
    Mrs.Wan Sarifah Ainin binti Wan Jusoh

15. **Rental Vehicle & Logistics Management Team**
    Mr. Muhammad Hanafi bin Bakri
    Mr. Muhammad Taufiq bin Mohd Subri
    Mr. Muhammad Khairani Izwan bin Mohd Ruslan

16. **ICT Assets and Equipment**
    Mr. Muhammad Ammar bin Mazlan

17. **Central Field Supervisor: Southern Zone**
    Dr. Wan Kim Sui
    Dr. Kishwen Kanna Yoga Ratnam

18. **Central Field Supervisor: Northern Zone**
    Ms. Nurul Huda binti Ibrahim
    Ms. Norzawati binti Yoep

19. **Central Field Supervisor: Eastern Zone**
    Dr. S Maria binti Awaluddin
    Ms. Ruhaya binti Salleh

20. **Central Field Supervisor: Central Zone**
    Dr. Noor Aliza binti Lodz
    Mr. Mohd. Hazrin bin Hasim @ Hashim

21. **Central Field Supervisor: Sabah and WP Labuan**
    Dr. Ahmad Ali bin Hj Zainuddin
    Dr. Shubash Shander a/l Ganapathy

22. **Central Field Supervisor: Sarawak**
    Dr. Chong Zhuo Lin
    Mr. Mohd Hatta bin Abdul Mutalip

Appendix 4: Research Team Members, NHMS 2025

ADVISORS
Dr. Noor Ani binti Ahmad

PRINCIPAL INVESTIGATOR
Dr. Chan Yee Mang

OLDER PERSONS HEALTH

Module A: Sociodemography & Living Arrangements
Dr. Chan Yee Mang **(Key Person)**
Mr. Mohamad Aznuddin bin Abd Razak

Module B: Cognitive Impairment Screening
Mr. Muhammad Hanafi bin Bakri **(Key Person)**
Mr. Mohd Ruhaizie bin Riyadzi
Dr. Shubash Shander A/L Ganapathy
Ms. Nurul Haniyah binti Rosslan
Mr. Mohd Firdaus bin Razali
Prof. Dr. Tan Maw Pin
Prof. Datin Dr. Sherina binti Mohd Sidik
Dr. Noraliza binti Noordin Merican
Dr. Suhaila Mohamad binti Zahir

Module C: Dementia Screening
Mr. Muhammad Hanafi bin Bakri **(Key Person)**
Dr. Shubash Shander A/L Ganapathy
Mr. Mohd Hazrin bin Hasim@Hashim
Mr. Khairul Hasnan bin Amali
Mr. Mohd Amiru Hariz bin Aminuddin
Mr. Khairulaizat bin Mahdin
Prof. Dr. Tan Maw Pin
Prof. Datin Dr. Sherina binti Mohd Sidik
Dr. Noraliza binti Noordin Merican
Dr. Suhaila binti Mohamad Zahir

Module D: Depressive Symptoms
Dr. Wan Nur Syamimi binti Wan Mohamad Darani **(Key Person)**
Dr. Kishwen Kanna Yoga Ratnam
Dr. Fazila Haryati binti Ahmad
Ms. Lalitha A/P Palaniveloo
Ms. Ruhaya binti Salleh
Dr. Nurashikin binti Ibrahim
Dr. Suhaila binti Mohammad Zahir
Dr. Noraliza binti Noordin Merican

Module E: Activities of Daily Living (ADLs)
Dr. Siti Hafizah binti Zulkiply **(Key Person)**
Dr. Chan Yee Mang
Mr. Azli bin Baharudin @ Shaharuddin
Dr. Noraliza binti Nordin Merican
Dr. Sheleaswani binti Inche Zainal Abidin
Prof. Dr. Tan Maw Pin

Module F: Instrumental Activities of Daily Living (IADLs)
Ms. Wan Sarifah Ainin binti Wan Jusoh **(Key Person)**
Ms. Norhafizah binti Sahril
Dr. Chan Yee Mang
Dr Maznieda binti Mahjom
Dr. Noraliza binti Nordin Merican
Dr. Sheleaswani binti Inche Zainal Abidin
Prof. Dr. Tan Maw Pin

Module G: Informal Caregiver Burden
Dr. Khaw Wan-Fei **(Key Person)**
Dr. Tham Sin Wan
Ms. Nazirah binti Alias
Ms. Nur Faraeein binti Zainal Abidin
Dr. Sheleaswani binti Inche Zainal Abidin
Dr. Duratul 'Ain binti Hussin
Dr. Shim Vun Kong

Module H: Falls And Injuries
Ms. Norhafizah binti Sahril **(Key Person)**
Ms. Norzawati binti Yeop
Ms. Nor Azian binti Mohd Zaki
Ms. Syafinaz binti Mohd Sallehuddin
Dr. Sheleaswani binti Inche Zainal Abidin

Module I: Self-Reported Vision and Hearing Disabilities
Ms. Norlaila binti Hamid **(Key Person)**
Dr. S Maria binti Awaluddin
Dr. Muhammad Azri Adam bin Adnan
Mr. Tuan Mohd Amin bin Tuan Lah
Dr. Nor Bizura binti Abdul Hamid
Dr. Noraliza binti Nordin Merican

Module J: Physical Activity
Dr. Chan Ying Ying **(Key Person)**
Ms. Hamizatul binti Akmal (data analyst)
Mr. Lim Kuang Kuay
Ms. Norliza binti Shamsuddin
Ms. Nor'Ain binti Ab Wahab
Dr. Vanitha A/P Subramaniam
Dr. Mohd Azahadi bin Omar

Module K: Diabetes, Hypertension, Hypercholesterolemia
Dr. Yap Jun Fai **(Key Person)**
Dr. Muhammad Fadhli bin Mohd Yusoff
Dr. Mohd Azmi bin Suliman
Dr. Tania Gayle Robert Lourdes
Ms. Hasimah binti Ismail
Dr. Noraryana binti Hassan
Dr. Feisul Idzwan bin Mustapha
Dr. Norlen binti Mohamed
Dr. Aizuniza binti Abdullah
Dr. Rima Marhayu binti Abdul Rashid

Module L: Social Support
Ms. Eida Nurhadzira binti Muhammad **(Key Person)**
Mr. Mohd Amierul bin Fikri Mahmud
Mr. Muhamad Isa bin Abdul Aziz
Mr. Muhammad Faiz bin Mohd Hisham
Ms. Noor Syaqilah binti Shawaluddin
Dr. Noraliza binti Nordin Merican

Module M: Quality Of Life
Dr. Nurfatehar binti Ramly **(Key Person)**
Mr. Mohd Hatta bin Abdul Mutalip
Mr. Faizul Akmal bin Abdul Rahim
Ms. Kimberly Wong Yuin Y'ng
Ms. Sulhariza binti Husni Zain
Dr. Noraliza binti Noordin Merican
Prof. Dr. Tan Maw Pin

Module N: Sarcopenia
Ms. Murnizar Mokhtar **(Key Person)**
Ms. Nurul Huda Ibrahim
Dr. Ahmad Ali Hj Zainuddin
Ms. Nurzaime Zulaily
Ms. Nurissa Amira Mohd Ajman
Ms. Nurul Najiha Mohammad Nor
Prof. Dr. Suzana binti Shahar
Ms. Harizah binti Mohd Yaacob

Module O: Frailty
Dr. Norizzati binti Amsah **(Key Person)**
Mr. Mohamad Aznuddin bin Abd Razak
Dr. Nur Hamizah binti Nasaruddin
Dr. Chong Zhuo Lin
Dr. Noraliza binti Noordin Merican
YAM Dato' Dr. Tunku Muzafar Shah bin Tunku Jaafar
Prof. Dr. Shahrul Bahyah binti Kamaruzzaman
Prof. Dr. Noran Naqiah binti Mohd Hairi

Module P: Ageing Well
Dr. Muhamad Khairul bin Nazrin Khalil **(Key Person)**
Mr. Mohd Ruhaizie bin Riyadzi
Dr. Noor Aliza binti Lodz
Ms. Noor ul-Aziha binti Muhammad
Ms. Filza Noor binti Asari
Dr. Noraliza binti Noordin Merican
YAM Dato' Dr. Tunku Muzafar Shah bin Tunku Jaafar
Prof. Madya Dr. Aniza binti Abd Aziz

Appendix 5: List of Liaison Officers, NHMS 2025

1. **Datin Seri Dr. Norzakiah binti Mohd Tahir**
   Senior Assistant Director
   Family Health Unit
   Public Health Division
   Melaka State Health Department

2. **Dr. Anees binti Abdul Hamid**
   Senior Principal Assistant Director (Primary Health Care)
   Primary Health Care Unit
   Public Health Division
   Kelantan State Health Department

3. **Dr. Suhaila binti Abdul Shukor**
   Senior Principal Assistant Director (Primary Health Care)
   Primary Health Care Unit
   Public Health Division
   Johor State Health Department

4. **Dr. Fadzilah binti Ishak**
   Senior Principal Assistant Director
   Family Health Unit
   Public Health Division
   Negeri Sembilan State Health Department

5. **Dr. Nurul Nadiah binti Kamarudin**
   Senior Principal Assistant Director
   Family Health Development Branch
   Public Health Division
   W.P Kuala Lumpur & Putrajaya Health Department

6. **Dr. Siti Hasnah binti Nasarudin**
   Senior Assistant Director
   Family Health Development Branch (PRIMER)
   Public Health Division
   Pulau Pinang State Health Department

7. **Dr. Nor Azilla binti Che Ani**
   Senior Assistant Director
   Public Health Development
   Public Health Division
   Kedah State Health Department

8. **Dr. Nur Akmal binti Ismail**
   Senior Principal Assistant Director I (Family)
   Family Health Development Sector
   Public Health Division
   Terengganu State Health Department

9. **Dr. Ruhana binti Sk Abdul Razak**
   Senior Assistant Director
   Public Health Development Unit
   Public Health Division
   Perlis State Health Department

10. **Dr. Anis Syafiqah binti Alias**
    Medical Officer
    Family Health Development Branch
    Public Health Division
    Perak State Health Department

11. **Dr. Nurul Syaireen binti A Rashid**
    Medical Officer
    Family Health Development Unit (MCH)
    Public Health Division
    Pahang State Health Department

12. **Dr. Natalie Paul Bernard**
    Medical Officer
    Public Health Division
    W.P Labuan State Health Department

13. **Dr. Mohd Shafie bin Hassan Nashit**
    Medical Officer
    Public Health Division
    Sabah State Health Department

14. **Ms. Noorji binti Abdull Rahman**
    Health Nurse Supervisor
    Primary Health Unit
    Public Health Division
    Sarawak State Health Department

15. **Ms. Hartati binti Mat Nupih**
    Head Nurse
    Family Health Unit
    Public Health Division
    Selangor State Health Department

Appendix 6: Research Assistant in Central Team

1. Ms. Ailen Alesha binti Hashim Abdullah
2. Mr. Mohammad Faiz Akmal bin Mohd Bahawi
3. Mr. Muhammad Hidayat bin Mokhtar
4. Mr. Muhammad Safuan bin Suhaimi
5. Ms. Norhaslida binti Razali
6. Ms. Nur Ainna binti Azmi
7. Ms. Nur Rabia'tula Dawiyah binti Rahim
8. Ms. Nur Syafiqah binti Abdullah
9. Ms. Nurul Amalina binti Yusof
10. Ms. Siti Nur Sharmiela binti Ayob
11. Ms. Wan Nur Zahirah binti Che Omar

Appendix 7: State Data Collection Teams, NHMS 2025

KELANTAN

Field Supervisors
1. Ms. Norliza binti Shamsuddin
2. Ms. Wan Sarifah Ainin binti Wan Jusoh

Nurses
1. Ms. Nur Hawilin binti Abdul Aziz
2. Ms. Nor Azira binti Mamat
3. Ms. Nuraida binti Muhammad
4. Ms. Siti Hafizah binti Mat Saaud

Research Assistants
1. Mr. Muhamad Sahasrizan bin Samat
2. Ms. Wan Nurfatin Alia binti Che Omar
3. Ms. Nor Hazlin binti Abd. Ghani
4. Mr. Muhammad Ariff bin Luxman
5. Ms. Nur Aqilah binti Mohammad Asri
6. Mr. Muhammad Hafizun bin Ahmad Mushtafa

TERENGGANU

Field Supervisors
1. Ms. Nor'Ain binti Ab Wahab
2. Mr. Tuan Mohd Amin bin Tuan Lah

Nurses
1. Ms. Nur Zariza binti Abdul Aziz
2. Ms. Hamzatul Nadiah binti Juhari

Research Assistants
1. Ms. Nor Afina Adlina binti Mohd Zulkifli
2. Ms. Nur Atirah binti Zull
3. Mr. Mohamad Zamri bin Ab Wahab
4. Ms. Dayang Syafiqah Sallehan binti Wahab
5. Ms. Nor Sahirah binti Mohd Yusof
6. Mr. Nik Wan bin Hashim

PAHANG

Field Supervisors
1. Dr. Fazila Haryati binti Ahmad
2. Ms. Nor Azian binti Mohd Zaki

Nurses
1. Ms. Nurul Nabila binti Mohamed Razal
2. Ms. Zamzaitun binti Zali
3. Ms. Sandra Santti binti Hasan Basri
4. Ms. Tuan Nor Baizura binti Tuan Yusoff

Research Assistants
1. Ms. Siti Noorul Nadhirah binti Zamrus
2. Ms. Nur Adnie Sofia binti Mohd Yaman
3. Mr. Muhammad Faiq bin Mohd Faruz
4. Ms. Nur Faqihah Hanim binti Muhamed Sanari
5. Ms. Nur Erika Liana binti Asarau Azizi
6. Mr. Muhammad Syadza bin Ruslan

MELAKA

Field Supervisors
1. Mr. Muhammad Hanafi bin Bakri
2. Ms. Murnizar binti Mokhtar

Nurses
1. Ms. Normalia binti Majid
2. Ms. Azura binti Idris

Research Assistants
1. Mr. Mohamad Faisa bin Mohd Saari
2. Ms. Nurul Wahidah binti Zaizi
3. Mr. Muhamad Ihsan bin Mohd Salleh
4. Ms. Nur Farhana binti Harun Norashid
5. Mr. Nurlis bin Yunarlis
6. Ms. Nurul Syakinah binti Zaizi

NEGERI SEMBILAN

Field Supervisors
1. Mr. Chong Chean Tat
2. Ms. Noor Ul-Aziha binti Muhammad

Nurses
1. Ms. Norshahidah binti Daud
2. Ms. Hidayah Nurul 'Ain binti Hidayat
3. Mr. Logeswaran A/L Muthuraman
4. Mr. Muhamad Al-Hafiz bin Mazlan

Research Assistants
1. Ms. Amirah binti Ali
2. Ms. Muna Nabila binti Mohd Khabis @ Mohd Hapis
3. Mr. Mr. Mohammad Hafizuddin bin Md Yusri
4. Mr. Muhammad Nur Izzan bin Abd Malek
5. Ms. Nor Sarimah binti Mohd Khabis @ Mohd Hapis
6. Mr. Ishahrulnizam bin Ishahak

JOHOR

Field Supervisors
1. Mr. Muhammad Faiz bin Mohd Hisham
2. Mr. Faizul Akmal bin Abdul Rahim
3. Dr. Thamil Arasu Saminathan
4. Ms. Nurul Haniyah binti Rosslan
5. Ms. Noor Ul-Aziha binti Muhammad

Nurses
1. Ms. Roazean binti Omar
2. Ms. Nursyazwana binti Abu Bakar
3. Ms. Norermawati binti Zolkepli
4. Ms. Wan Nurul Asmida binti Wan Zakari

Research Assistants
1. Ms. Nur Ikhwana Afiqah binti Kassim
2. Ms. Aina Athirah binti Mohammad Nizal
3. Mr. Muhamad Faizul bin Farizal
4. Ms. Nuraina Syafiqah binti Muhammad Nasri
5. Ms. Nur Adlyn Nazurah binti Rasyid
6. Mr. Muhamad Farhan bin Labdularasid
7. Ms. Nur Aina binti Adlan Mustafa
8. Ms. Intan Zulaika binti Abdul Wahid
9. Mr. Muammar Hasif bin Shamsuddin
10. Ms. Nuramirah binti Burham
11. Ms. Nur Yusra Aishah binti Rasyid
12. Mr. Mohd Yusry bin Mahdi

KEDAH

Field Supervisors
1. Ms. Sulhariza binti Husni Zain
2. Ms. Norlaila binti Hamid

Nurses
1. Ms. Turgah A/P Muniandy
2. Ms. Rozihana binti Ahmad Radzi
3. Ms. Zaida binti Yaakob
4. Ms. Noraishikin binti Muhammad
5. Ms. Aishah binti Alias
6. Ms. Norsyaida binti Lateh

Research Assistants
1. Ms. Yasyifa binti Yazid
2. Ms. Nurul Syuhada binti Samsuddin
3. Mr. Muhammad Al-Hafiz bin Khairul Nazlee
4. Ms. Nur Anis Najiehah binti Md Sarif
5. Ms. Iffah Fatnin binti Mustapha
6. Mr. Muhammad Zaid bin Zulkhalil

PERLIS

Field Supervisors
1. Mr. Mohd Amierul Fikri bin Mahmud
2. Ms. Nurzaime binti Zulaily

Nurses
1. Ms. Noor Azlinawati binti A Aziz
2. Ms. Rozilaida binti Ramlan

Research Assistants
1. Ms. Siti Aisyah binti Ibrahim
2. Ms. Norhayati binti Kamarudin
3. Ms. Mohammad Amiruddin bin Mohammad
4. Ms. Nur Aishah Solihah binti Mohmad Nezan
5. Ms. Noor Asmin binti Ali
6. Mr. Muhammad Haniff bin Samsuddin

PERAK

Field Supervisors
1. Dr. Halizah binti Mat Rifin
2. Ms. Filza Noor binti Asari
3. Dr. Nurfatehar binti Ramly
4. Mr. Muhamad Isa bin Abdul Aziz

Nurses
1. Ms. Noorhayati binti Mat Dam
2. Ms. Quek Siew Kim
3. Ms. Norfarhana binti Mohd Saleh
4. Ms. Teh Khairiah binti Kusni

Research Assistants
1. Mr. Syed Muhammad Fahim bin Mohd Sirajudeen
2. Mr. Muhammad Faiz bin Mohd Mohlim
3. Ms. Siti Nur Balqis binti Firdaus
4. Ms. Nurulaniza binti Abd Ghafar
5. Mr. Muhd Zuhri Kamil bin Mohd Sapii
6. Mr. Che Wan Muhammad Aziemuddin bin C.W. Kamal
7. Ms. Nurul Fatin Nadirah binti Mohammad Shahril
8. Mr. Muhammad Idzfan bin Hashim
9. Mr. Mohamad Nasrul Fadzley bin Jamaluddin
10. Ms. Haryantie binti Mustafa
11. Ms. Salsabeela binti Mohd Ariff
12. Mr. Mohammad Nazrin bin Nazmuding

PULAU PINANG

Field Supervisors
1. Dr. Khaw Wan-Fei
2. Dr. Yap Jun Fai

Nurses

1. Ms. Sujaleiny A/P Sinnasamy
2. Ms. Shafika Beevi binti Sharifudeen
3. Ms. Hasmiah binti Mat Khatif
4. Ms. Noorsuhana binti Zainudin

Research Assistants

1. Ms. Wong Chai Wen
2. Mr. Choong Yee Heng
3. Mr. Muhammad Khairul Izwan bin Ramli
4. Mr. Mahmud Izuddin Khan bin Akbar Khan
5. Ms. Iffah Nadhirah binti Zubir
6. Mr. Anas Putera bin Mohamad Asri

SELANGOR

Field Supervisors

1. Ms. Norhafizah binti Sahril
2. Dr. Tham Sin Wan
3. Ms. Nazirah binti Alias
4. Ms. Noor Syaqilah binti Shawaluddin
5. Dr. Heng Pei Pei
6. Dr. Norizzati binti Amsah
7. Dr. Muhamad Khairul Nazrin Khalil

Nurses

1. Ms. Fatin Syapikah binti Che Salleh
2. Ms. Nurul Nadieya binti Abdul Hamid
3. Ms. Norfaizura binti Omar
4. Ms. Nur Aminah binti Mohammad Latif
5. Ms. Nor Zatul Akmar binti Yaacob
6. Ms. Noraziela binti Zainal
7. Ms. Siti Nuralia binti Mohd Salleh

Research Assistants

1. Ms. Siti Zubaidah binti Jaapar
2. Mr. Mohd Taufik bin Mokhtar
3. Mr. Muhammad Nur Irfan bin Kamal
4. Mr. Wan Muhammad Asyraf bin Wan Ramlan
5. Ms. Nurirdina Batrisyia binti Nakifla
6. Mr. Ihsan bin Hashim
7. Ms. Liaw Jian Xin
8. Ms. Nur Shariza binti Ahmad Mahadi Lourdsamy
9. Mr. Mior Muhammad Zakwanziman bin Mior Ali
10. Ms. Puteri Iylia Asilah binti Shahril
11. Ms. Maisyarah binti Mohd Ali
12. Mr. Badrul Shah bin Hairuddin
13. Ms. Nurul Izzati binti Mohd Suffian
14. Ms. Erniey Nizatiey binti Shaiful Amin
15. Mr. Ibrahim bin Ahmad Mahadi Lourdsamy
16. Ms. Nursyamila binti Shamsuddin
17. Ms. Nurul Asyikin binti Mohd Azman
18. Mr. Muhammad Faizzudin bin Abd Jalal

WP KUALA LUMPUR / PUTRAJAYA

Field Supervisors

1. Ms. Eida Nurhadzira binti Muhammad
2. Dr. Tania Gayle A/P Robert Lourdes
3. Ms. Syafinaz binti Mohd Sallehuddin
4. Ms. Kimberly Wong Yuin Y'ng

Nurses

1. Ms. Sufiah binti Mahmud
2. Ms. S Norbaizura binti T Chik
3. Ms. Nur Islam Shashikala binti Abdullah Muniandy

Research Assistants

1. Ms. Putri Sabrina binti Mohamed Yusoff
2. Mr. Ahmad Haziq bin Mohd Zulasri
3. Mr. Ahmad Zulfadhli bin Mohd Zulkifli
4. Ms. Aina Shafiqah binti Zarismail
5. Ms. Wan Nur Syuhada binti Wan Ismahardi
6. Mr. Mohd Zulfikri bin Azizul Rahman
7. Mr. Muhammad Efandi bin Miswan
8. Ms. Kavtha A/P Nadarajah
9. Mr. Muhammad Asyraf bin Pakharuddin
10. Ms. Nur Adila binti Zainal Abidin
11. Ms. Nurhafizatul Akmar binti Rozali
12. Mr. Ong Kah Suen

SARAWAK

Field Supervisors

1. Mr. Mohd Ruhaizie bin Riyadzi
2. Mr. Azli bin Baharudin @ Shaharudin
3. Mr. Khairulaizat bin Mahdin
4. Mr. Mohd Amiru Hariz bin Aminuddin

Nurses

1. Ms. Normi binti Sebli
2. Ms. Monica Anak Sultan
3. Ms. Nor Azalina binti Bujang
4. Ms. Noor Aishah binti Peli
5. Ms. Vicky Purdy Anak Umau

Research Assistants

1. Mr. Fabian Anak Mathew
2. Ms. Daliana Anak Reson
3. Mr. Aiman Farhan bin Ismail
4. Ms. Amira Natasha binti Mohamed Mubasheer
5. Ms. Happilyn Anak Libin
6. Mr. Roderic Richaelta bin Patrick Tunis
7. Ms. Fatimahuzzahara binti Abdullah Sidek
8. Ms. Nur Iffah Naziatul Azureen binti Sabayan
9. Mr. Khairil Aqmal Petra bin Osman @ Yahya
10. Ms. Ivy Kueh Hon Ai
11. Ms. Mashitah binti Spie'e
12. Mr. Sulaiman bin Mansor Joing

SABAH / WP LABUAN

Field Supervisors

1. Ms. Nur Faraeein binti Zainal Abidin
2. Dr. Mohd Azmi bin Suliman
3. Ms. Joan Sonny Limbowoi
4. Mohd Firdaus bin Razali

Nurses

1. Ms. Zalinah Lakim
2. Ms. Dayang Marlyana binti Mohd Aris
3. Ms. Masneh Simin
4. Ms. Nurfaizah Khairiah binti Ali
5. Ms. Ester binti Julius
6. Ms. Fatimahtul Zurah binti Othman

Research Assistants

1. Ms. Nur Milen binti Jauhal
2. Ms. Noraishah binti Saleng
3. Mr. Mohd Danial Haqim bin Hussin
4. Ms. Nurul Cinderella binti Boleh
5. Ms. Nur Elliah Sahira binti Aziz
6. Mr. Mohd Jazlan Harith bin Abdul Razak
7. Ms. Ceristella Ramlee
8. Ms. Fyrah James
9. Mr. Mohd Zamzuri bin Muhammad Izzudin
10. Mr. Teh Su Khua
11. Mr. Jeldy bin Galoh
12. Mr. Mohd Iskandar Shah bin Maitin
13. Ms. Norjianah binti Aim
14. Ms. Nurazani binti Nurdin
15. Mr. Niveno Eldo Sonny Mat

MOBILE TEAM

Nurses

1. Ms. Siti Norsazana binti Shabudin (Kedah)
2. Ms. Maria binti Rosli (Perlis)

Research Assistants

1. Ms. Nur Nabilla Amica Anak Quat
2. Mr. Shah Hairil Izman bin Dave
3. Mr. Muhammad Alif bin Ab Manaf
4. Ms. Nurul Izzatul Aina binti Marzukhi @ Marzuki
5. Ms. Cassandra Jection
6. Ms. Noor Azni binti Adzmain

APPENDIX 8: RESPONDENT INFORMATION SHEETS AND CONSENTS FORMS, NHMS 2025

PARTICIPANT INFORMATION SHEET (60 YEARS AND ABOVE)

1. **Title of survey:**
National Health and Morbidity Survey (NHMS) 2025: Older Persons Health

2. **Name of Investigator and institution:**
Principal Investigator: Dr. Chan Yee Mang, Institute for Public Health, National Institutes of Health, Ministry of Health Malaysia

3. **Name of sponsor:**
Ministry of Health, Malaysia

4. **Introduction:**
The Ministry of Health is conducting a National Health and Morbidity Survey (NHMS) 2025 focusing on health for older persons. This leaflet will explain the details of this survey. It is important for you to understand why the survey is being done and what will be involved. Please take your time to read through and consider this information carefully before you decide if you are willing to participate. If you have any questions or need more information, you can ask any team member of this survey. Once you understand the survey information and you wish to participate, you must sign a Consent Form which is included on the last page of this information sheet. Your participation is voluntary and you may withdraw at any time. You may opt to not answer any of the questions or withdraw if you choose to do so. Your refusal to participate or withdrawal will not affect your existing rights to any medical or health care. In the event that termination of the overall survey is required, the existing data captured will be analyzed, and the results will be published. This survey is fully sponsored by the Ministry of Health Malaysia and has been approved by the Medical Research and Ethics Committee, Ministry of Health Malaysia.

5. **What is the purpose of the survey?**
The purpose of this survey is to obtain information on the health status of older persons 60 and above. The collected information will be reviewed and evaluated in order to improve the health services of older persons in our country. The survey will be conducted from July 2025 to September 2025 and around 5,000 participants will be involved in this nationwide survey.

6. **What will happen if I decide to take part?**
You will need to sign the Consent Form. Before collecting data, you will be explained in detail on the data collection procedure. The whole session will take around 50-60 minutes. This survey will include:

   a) Face-to-face interview:
      - To give feedback / respond during the face-to-face interview session.
      - Interview session is estimated to take around 30 – 35 minutes.

   b) Physical examination:
      - Blood pressure will be measured by trained nurses.
      - Physical examination is estimated to take around 5 minutes.

   c) Clinical examination:
      - Skeletal muscles mass will be measured using Bioelectrical Impedance Analysis.
      - Hand grip strength will be measured by using Digital Hand Dynamometer.
      - Sit to stand test.
      - Clinical examination is estimated to take around 15 - 20 minutes.

   d) Finger prick test:
      - Finger prick test will be conducted by trained nurses to check the level of your fasting sugar and cholesterol. You are required to fast for at least 8 hours. The amount of blood needed for these purposes is less than one-tenth of a teaspoon. Test strips and lancets will only be used once. When the blood collection procedure is complete, pressure will be applied to the site to stop the bleeding using a clean cotton ball.
      - Finger prick test is estimated to take around 5 minutes.

7. **What are my responsibilities when taking part in this survey?**
It is important that you follow the instruction which has been given by the survey team. Participant is also reminded to answer the questions honestly and completely. Participants need to fast for at least 8 hours before blood taking procedure. You can continue your regular medications with plain water. Any doubt or enquiries can be addressed to the Principal Investigator or survey team in each site. Participation in this survey will not incur any cost to you.

8. What are the potential risks and side effects of being in this survey?
A trained nurse or trained research assistants will conduct physical examination, clinical examination and finger pricked tests. There will be slight discomfort at the pricking site, rarely bruising and swelling of the pricking site. If you have bleeding or clotting disorders or on aspirin, warfarin and other blood-thinning medicine, please tell the trained nurse before finger prick test. All information and answers we receive from you are treated CONFIDENTIAL. The information will be kept safe and will not be shared with others including your family members or friends. We will ensure your privacy and confidentiality. Your honesty in answering all these questions is greatly appreciated. If participants face any problems relating to this survey during the data collection period, participants are advised to report it to the data collectors.

9. What are the benefits of being in this survey?
Participation in this survey provides you with clinical information such as blood pressure, fasting glucose and cholesterol level. In addition, the information obtained from this survey will help the policy making and planning towards improving health services and health program for older persons in the country.

10. Who is funding this survey?
This survey is funded by research grant from the Ministry of Health Malaysia. We appreciate your time spent on this survey. There is no monetary incentive for participating in this survey but a token of appreciation will be given to all participant who takes part in this survey.

11. Will my survey information be kept private?
All your information obtained in this survey will be kept and handled in a confidential manner, in accordance with applicable laws and/or regulations. Your identity as a participant in the survey is strictly confidential. All information available in the survey records will always be kept confidential and used only for research purposes. When publishing or presenting the survey results, your identity will not be revealed without your expressed consent. Individuals involved in this survey and in your medical care, qualified monitors and auditors, the sponsor or its affiliates and governmental or regulatory authorities may inspect and copy your survey information, where appropriate and necessary. Only you and the survey team involved will gain all the result and it will be distributed in a confidential manner.

12. Who should I call if I have questions?
If you have any enquiries about or further information about this survey, please contact Principal Investigator, Dr. Chan Yee Mang, from Institute for Public Health, National Institutes of Health, Ministry of Health Malaysia, No 1, Jalan Setia Murni U13/52, Seksyen U13 Bandar Setia Alam, 40170, Shah Alam, Selangor at 03-33628787/8771. You may also visit our website at iku.nih.gov.my to view updates on this research project.

If you have any questions regarding your rights as a participant in this survey, please contact:

Medical Research & Ethics Committee,
Ministry of Health Malaysia,
Kompleks Institut Kesihatan Negara (NIH),
No 1, Jalan Setia Murni U13/52, Seksyen U13 Setia Alam, 40170, Shah Alam,
No. Tel: 03-33628399/8398

CONSENT FORM (60 YEARS OLD AND ABOVE) **(PARTICIPANT'S COPY)**

Title : National Health and Morbidity Survey (NHMS) 2025: Older Persons Health
Principle Investigator : Dr. Chan Yee Mang, Institute for Public Health, Ministry of Health Malaysia

Mark (✓) in the box.
By signing below, I certify that:

	I have been given information about the survey both verbally and in print, and I have read and understand all the information provided in this brochure.
	I have had sufficient time to consider my application in this survey and was given the opportunity to ask questions and all my questions have been answered satisfactorily.
	I understand that my participation is voluntary and I may withdraw from this survey at any time without giving any reason.
	I understand that this survey involves very sensitive issues and the possible risks and benefit of this survey. I freely give my informed consent to participate. I understand that I must follow the researchers' instructions associated with my participation in this survey.
	I understand that the researchers and the relevant authorities have direct access to my data in conducting the survey. All personal information and data will be ensured confidential.
	I will receive a copy of the subject information / informed consent form that was signed and dated.

Participant:
Name :
I/C No. :
Signature/Left thumb print: Date :

Researcher coordinating the process of signing the consent form:
Name :
I/C No. :
Signature: Date :

Witness impartial / fair: (Required, if subject is illiterate and content of patient information sheet is delivered orally to subject) :
Name :
I/C No. :
Signature: Date :

CONSENT FORM (60 YEARS OLD AND ABOVE) **(RESEARCHER'S COPY)**

Title : National Health and Morbidity Survey (NHMS) 2025: Older Persons Health
Principle Investigator : Dr. Chan Yee Mang, Institute for Public Health, Ministry of Health Malaysia

Mark (✓) in the box.
By signing below, I certify that:

	I have been given information about the survey both verbally and in print, and I have read and understand all the information provided in this brochure.
	I have had sufficient time to consider my application in this survey and was given the opportunity to ask questions and all my questions have been answered satisfactorily.
	I understand that my participation is voluntary and I may withdraw from this survey at any time without giving any reason.
	I understand that this survey involves very sensitive issues and the possible risks and benefit of this survey. I freely give my informed consent to participate. I understand that I must follow the researchers' instructions associated with my participation in this survey.
	I understand that the researchers and the relevant authorities have direct access to my data in conducting the survey. All personal information and data will be ensured confidential.
	I will receive a copy of the subject information / informed consent form that was signed and dated.

Participant:
Name :
I/C No. :
Signature/Left thumb print: Date :

Researcher coordinating the process of signing the consent form:
Name :
I/C No. :
Signature: Date :

Witness impartial / fair: (Required, if subject is illiterate and content of patient information sheet is delivered orally to subject) :
Name :
I/C No. :
Signature: Date :

RISALAH MAKLUMAT (60 TAHUN DAN KE ATAS)

1. Tajuk:
Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2025: Kesihatan Warga Emas

2. Nama Penyelidik Utama dan Institusi:
Dr. Chan Yee Mang, Institut Kesihatan Umum, Institut Kesihatan Negara, Kementerian Kesihatan Malaysia

3. Nama Penaja:
Kementerian Kesihatan Malaysia

4. Pengenalan:
Kementerian Kesihatan Malaysia sedang menjalankan Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2025: Kesihatan Warga Emas dengan memberi tumpuan kepada kesihatan warga emas. Risalah ini akan menerangkan perincian tinjauan ini. Adalah penting untuk anda memahami tujuan tinjauan ini dijalankan dan apa yang akan berlaku. Sila ambil masa yang secukupnya untuk membaca dengan teliti penerangan yang diberi sebelum anda bersetuju untuk menyertai tinjauan ini. Jika anda mempunyai sebarang kemusykilan ataupun memerlukan maklumat lanjut, anda boleh bertanya dengan mana-mana ahli kumpulan tinjauan ini. Setelah anda memahami maklumat tinjauan ini dan ingin mengambil bahagian, anda perlu menandatangani Borang Persetujuan Responden yang disertakan pada muka surat terakhir risalah ini. Penyertaan anda dalam tinjauan ini adalah secara sukarela dan anda boleh menarik diri pada bila-bila masa. Anda boleh memilih untuk tidak menjawab mana-mana soalan atau menarik diri dari sebarang pemeriksaan sekiranya tidak setuju. Keengganan anda untuk mengambil bahagian, atau penarikan diri anda tidak akan menjejaskan sebarang manfaat perubatan atau kesihatan yang disediakan. Sekiranya tinjauan ini perlu diberhentikan atas sebab yang tidak dapat dielakkan, data sedia ada yang telah dikumpulkan akan dianalisis dan hasilnya akan diterbitkan. Tinjauan ini ditaja sepenuhnya oleh Kementerian Kesihatan Malaysia dan telah mendapat kelulusan Jawatankuasa Etika dan Penyelidikan Perubatan, Kementerian Kesihatan Malaysia.

5. Apakah tujuan tinjauan ini dilakukan?
Tujuan tinjauan ini dijalankan adalah untuk memperolehi maklumat berkaitan dengan status kesihatan warga emas di Malaysia. Maklumat yang diperolehi dapat meningkatkan lagi taraf perkhidmatan kesihatan yang sedia ada untuk warga emas. Tinjauan akan dijalankan dari Julai 2025 hingga September 2025 dan kira-kira 5,000 responden akan terlibat dalam tinjauan kebangsaan ini.

6. Apakah yang perlu saya lakukan sekiranya saya bersetuju untuk menyertai tinjauan ini?
Anda perlu menandatangani Borang Persetujuan Responden. Anda juga akan dijelaskan secara terperinci mengenai prosedur yang perlu dipatuhi sebelum pengumpulan data. Keseluruhan sesi dianggarkan akan mengambil masa selama 50-60 minit. Tinjauan ini akan meliputi:

a) Temuramah secara bersemuka:
- Memberi maklum balas untuk modul mengenai isu kesihatan warga emas semasa sesi temuramah bersemuka.
- Sesi temuramah dianggarkan akan mengambil masa selama 30 - 35 minit.

b) Pemeriksaan fizikal:
- Tekanan darah akan diukur oleh jururawat yang terlatih.
- Sesi pemeriksaan fizikal dianggarkan akan mengambil masa selama 5 minit.

c) Pemeriksaan klinikal:
- Jisim otot rangka akan diukur menggunakan Analisis Impedans Badan.
- Daya pegangan tangan akan diukur dengan menggunakan Dinamometer Tangan Digital.
- Ujian duduk berdiri.
- Sesi pemeriksaan klinikal dianggarkan akan mengambil masa selama 15 - 20 minit.

d) Ujian cucuk jari:
- Ujian cucuk jari akan dijalankan oleh jururawat yang terlatih untuk memeriksa tahap gula darah puasa dan kolesterol anda. Anda dikehendaki berpuasa sekurang-kurangnya 8 jam. Jumlah darah yang diperlukan untuk tujuan ini adalah kurang dari satu per sepuluh sudu kecil. Alat ujian dan lancet hanya akan digunakan sekali. Apabila prosedur pengumpulan darah selesai, tekanan akan digunakan pada tapak untuk menghentikan pendarahan dengan menggunakan bola kapas yang bersih.
- Sesi ujian cucuk jari dianggarkan akan mengambil masa selama 5 minit.

7. Apakah tanggungjawab saya sewaktu menyertai tinjauan ini?
Adalah penting untuk anda mengikuti arahan yang telah diberikan oleh pasukan tinjauan. Anda juga diingatkan untuk menjawab kesemua soalan yang ditanya oleh pasukan tinjauan dengan jujur dan lengkap. Responden perlu berpuasa sekurang-kurangnya 8 jam sebelum prosedur pengambilan darah. Anda boleh meneruskan pengambilan ubat anda seperti biasa dengan air kosong. Sebarang keraguan atau pertanyaan boleh diajukan kepada Penyelidik Utama atau pasukan tinjauan di lapangan. Tiada sebarang perbelanjaan perlu dikeluarkan untuk menyertai tinjauan ini.

8. Apakah risiko dan kesan-kesan sampingan menyertai tinjauan ini?
Jururawat atau pembantu penyelidik akan menjalankan pemeriksaan fizikal, pemeriksaan klinikal dan ujian cucuk jari. Sedikit ketidakselesaan mungkin dirasai di tempat cucukan. Dalam kes yang jarang, lebam dan bengkak mungkin berlaku di tempat cucukan. Jika anda mengalami gangguan pendarahan atau pembekuan atau menggunakan aspirin, warfarin dan ubat penipisan darah yang lain, sila beritahu jururawat sebelum ujian cucuk jari. Maklumat akan disimpan dengan selamat dan tidak akan dikongsi dengan orang lain termasuk ahli keluarga atau rakan anda. Kami akan memastikan privasi dan kerahsiaan anda. Kejujuran anda dalam menjawab semua soalan ini amat dihargai. Sekiranya anda menghadapi sebarang masalah yang berkaitan dengan tinjauan ini dalam tempoh pengumpulan data, anda disarankan untuk melaporkannya kepada pasukan pengumpul data.

9. Apakah manfaatnya saya menyertai tinjauan ini?
Penyertaan dalam tinjauan ini memberi anda maklumat klinikal seperti tekanan darah, paras glukosa dan paras kolesterol. Di samping itu, maklumat yang diperolehi daripada tinjauan ini akan membantu Kementerian Kesihatan Malaysia dalam meningkatkan kualiti perkhidmatan kesihatan dan program kesihatan bagi golongan warga emas di negara ini.

10. Siapakah yang menyokong perbelanjaan untuk tinjauan ini?
Tinjauan ini dibiayai oleh geran penyelidikan dari Kementerian Kesihatan Malaysia. Kami menghargai masa yang anda luangkan dalam tinjauan ini. Tidak ada insentif kewangan bagi penglibatan dalam tinjauan ini tetapi token akan diberikan kepada setiap responden yang mengambil bahagian dalam tinjauan ini sebagai tanda penghargaan.

11. Adakah maklumat perubatan saya akan dirahsiakan?
Semua maklumat anda yang diperolehi dalam tinjauan ini akan disimpan dan dikendalikan secara sulit, bersesuaian dengan peraturan-peraturan dan/atau undang-undang yang berkenaan. Sekiranya hasil tinjauan ini diterbitkan atau dibentangkan kepada orang awam, identiti anda tidak akan didedahkan tanpa kebenaran anda terlebih dahulu.

12. Siapakah yang perlu saya hubungi sekiranya saya mempunyai sebarang pertanyaan?
Sekiranya anda mempunyai sebarang soalan mengenai tinjauan ini atau memerlukan keterangan lanjut, Tuan/Puan boleh hubungi Penyelidik Utama, Dr. Chan Yee Mang, Institut Kesihatan Umum, Institut Kesihatan Negara, Kementerian Kesihatan Malaysia di alamat Blok B5 & B6, No.1, Jalan Setia Murni U13/52, Seksyen U13, Setia Alam, 40170 Shah Alam, Selangor di talian 03-33628787/8771. Perkembangan tentang penyelidikan ini juga boleh didapati daripada laman sesawang rasmi Institut Kesihatan Umum iku.nih.gov.my.

Jika anda mempunyai sebarang pertanyaan berkaitan dengan hak-hak anda sebagai responden dalam tinjauan ini, sila hubungi:

Jawatankuasa Etika & Penyelidikan Perubatan,
Bahagian Dasar & Perancangan Penyelidikan,
Kementerian Kesihatan Malaysia,
Kompleks Institut Kesihatan Negara (NIH),
No 1, Jalan Setia Murni U13/52, Seksyen U13 Setia Alam, 40170, Shah Alam,
No. Tel: 03-33628399/8398

BORANG PERSETUJUAN RESPONDEN (60 TAHUN DAN KE ATAS) **(SALINAN RESPONDEN)**

Tajuk : Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2025: Kesihatan Warga Emas
Penyelidik Utama : Dr. Chan Yee Mang, Institut Kesihatan Umum, Kementerian Kesihatan Malaysia

Sila tandakan (✓) di dalam kotak.
Dengan menandatangani borang ini, saya mengesahkan bahawa:

	Saya telah diberi maklumat tentang tinjauan di atas secara lisan dan bertulis dan saya telah membaca dan memahami segala maklumat yang diberikan di dalam risalah ini.
	Saya mempunyai masa yang secukupnya untuk mempertimbangkan penyertaan saya dalam tinjauan ini dan telah diberi peluang untuk bertanyakan soalan dan semua soalan saya telah dijawab dengan memuaskan.
	Saya faham bahawa penyertaan saya adalah secara sukarela dan saya boleh menarik diri daripada tinjauan ini pada bila-bila masa tanpa memberi sebarang sebab.
	Saya faham bahawa tinjauan ini melibatkan isu sensitif serta kemungkinan risiko dan faedah tinjauan ini. Saya dengan bebas memberikan persetujuan saya untuk mengambil bahagian. Saya faham bahawa saya mesti mengikuti arahan yang berkaitan dengan penyertaan saya dalam tinjauan ini.
	Saya faham bahawa penyelidik dan pihak berkuasa yang berkaitan mempunyai akses terus ke data saya untuk memastikan tinjauan ini dijalankan dengan betul, dan data dicatat dengan betul. Semua maklumat dan data peribadi akan dipastikan sulit.
	Saya akan menerima satu salinan maklumat tinjauan/borang persetujuan responden ini yang telah ditandatangani dan bertarikh.

Responden: Nama :
No. K/P :
Tandatangan/Cap Ibu Jari Kiri: Tarikh :

Penyelidik yang mengendalikan proses menandatangani borang keizinan:
Nama :
No. K/P :
Tandatangan: Tarikh :

Saksi tidak berpihak/adil:
(Diperlukan; jika responden adalah buta huruf dan kandungan risalah maklumat disampaikan secara lisan kepada responden:
Nama :
No. K/P :
Tandatangan: Tarikh :

BORANG PERSETUJUAN RESPONDEN (60 TAHUN DAN KE ATAS) **(SALINAN PENYELIDIK)**

Tajuk : Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2025: Kesihatan Warga Emas
Penyelidik Utama : Dr. Chan Yee Mang, Institut Kesihatan Umum, Kementerian Kesihatan Malaysia

Sila tandakan (✓) di dalam kotak.
Dengan menandatangani borang ini, saya mengesahkan bahawa:

	Saya telah diberi maklumat tentang tinjauan di atas secara lisan dan bertulis dan saya telah membaca dan memahami segala maklumat yang diberikan di dalam risalah ini.
	Saya mempunyai masa yang secukupnya untuk mempertimbangkan penyertaan saya dalam tinjauan ini dan telah diberi peluang untuk bertanyakan soalan dan semua soalan saya telah dijawab dengan memuaskan.
	Saya faham bahawa penyertaan saya adalah secara sukarela dan saya boleh menarik diri daripada tinjauan ini pada bila-bila masa tanpa memberi sebarang sebab.
	Saya faham bahawa tinjauan ini melibatkan isu sensitif serta kemungkinan risiko dan faedah tinjauan ini. Saya dengan bebas memberikan persetujuan saya untuk mengambil bahagian. Saya faham bahawa saya mesti mengikuti arahan yang berkaitan dengan penyertaan saya dalam tinjauan ini.
	Saya faham bahawa penyelidik dan pihak berkuasa yang berkaitan mempunyai akses terus ke data saya untuk memastikan tinjauan ini dijalankan dengan betul, dan data dicatat dengan betul. Semua maklumat dan data peribadi akan dipastikan sulit.
	Saya akan menerima satu salinan maklumat tinjauan/borang persetujuan responden ini yang telah ditandatangani dan bertarikh.

Responden: Nama :
No. K/P :
Tandatangan/Cap Ibu Jari Kiri: Tarikh :

Penyelidik yang mengendalikan proses menandatangani borang keizinan:
Nama :
No. K/P :
Tandatangan: Tarikh :

Saksi tidak berpihak/adil:
(Diperlukan; jika responden adalah buta huruf dan kandungan risalah maklumat disampaikan secara lisan kepada responden:
Nama :
No. K/P :
Tandatangan: Tarikh :

PARTICIPANT INFORMATION SHEET (18 YEARS AND ABOVE)

1. Title of survey:
National Health and Morbidity Survey (NHMS) 2025: Older Persons Health

2. Name of Investigator and institution:
Principal Investigator: Dr. Chan Yee Mang, Institute for Public Health, National Institutes of Health, Ministry of Health Malaysia

3. Name of sponsor:
Ministry of Health, Malaysia

4. Introduction:
The Ministry of Health is conducting a National Health and Morbidity Survey (NHMS) 2025 focusing on health for older persons. This leaflet will explain the details of this survey. It is important for you to understand why the survey is being done and what will be involved. Please take your time to read through and consider this information carefully before you decide if you are willing to participate. If you have any questions or need more information, you can ask any team member of this survey. Once you understand the survey information and you wish to participate, you must sign a Consent Form which is included on the last page of this information sheet. Your participation is voluntary and you may withdraw at any time. You may opt to not answer any of the questions or withdraw if you choose to do so. Your refusal to participate or withdrawal will not affect your existing rights to any medical or health care. In the event that should require termination of the overall survey, the existing data captured will be analyzed and the result will be published. This survey is fully sponsored by the Ministry of Health Malaysia and has been approved by the Medical Research and Ethics Committee, Ministry of Health Malaysia.

5. What is the purpose of the survey?
The purpose of this survey is to obtain information on the health status of older persons 60 and above. You are invited to participate in this survey because you are informal caregiver of an older persons. The collected information will be reviewed and evaluated in order to improve the health services of older persons in our country. The survey will be conducted from July 2025 to September 2025 and around 320 informal caregivers of older persons will be involved in this nationwide survey.

6. What will happen if I decide to take part?
You will need to sign the Consent Form. Before collecting data, you will be explained in detail on the data collection procedure. This survey will include:

a) Self-administered questionnaire (SAQ):
- The SAQ questionnaire will ask about sensitive information that is related to caregiver burden.
- The session is estimated to take around 10 – 15 minutes.

7. What are my responsibilities when taking part in this survey?
It is important that every participant to follow the instruction which has been given by the survey team. Participant is also reminded to answer the questions honestly and completely. Any doubt or enquiries can be addressed to the Principal Investigator or survey team in each site. Participation in this survey will not incur any cost to you.

8. What are the potential risks and side effects of being in this survey?
There is no risk if you participate in this survey. All information and answers we receive from you are treated CONFIDENTIAL. The information will be kept safe and will not be shared with others including your family members or friends. We will ensure your privacy and confidentiality. Your honesty in answering all these questions is greatly appreciated. If participants face any problems relating to this survey during the data collection period, participants are advised to report it to the data collectors.

9. What are the benefits of being in this survey?
There will be no immediate health benefits if you take part in this survey. However, the information obtained from this survey will help the policy making and planning towards improving health services and health program for older persons and the caregivers in the country.

10. Who is funding this survey?
This survey is funded by research grant from the Ministry of Health Malaysia. We appreciate your time spent on this survey. There is no monetary incentive for participating in this survey but a token of appreciation will be given to all participant who takes part in this survey.

11. Will my survey information be kept private?

All your information obtained in this survey will be kept and handled in a confidential manner, in accordance with applicable laws and/or regulations. Your identity as a participant in the survey is strictly confidential. All information available in the survey records will always be kept confidential and used only for research purposes. When publishing or presenting the survey results, your identity will not be revealed without your expressed consent. Individuals involved in this survey and in your medical care, qualified monitors and auditors, the sponsor or its affiliates and governmental or regulatory authorities may inspect and copy your survey information, where appropriate and necessary. Only you and the survey team involved will gain all the result and it will be distributed in a confidential manner.

12. Who should I call if I have questions?

If you have any enquiries about or further information about this survey, please contact Principal Investigator, Dr. Chan Yee Mang, from Institute for Public Health, National Institutes of Health, Ministry of Health Malaysia, No 1, Jalan Setia Murni U13/52, Seksyen U13 Bandar Setia Alam, 40170, Shah Alam, Selangor at 03-33628787/8771. You may also visit our website at iku.nih.gov.my to view updates on this research project.

If you have any questions regarding your rights as a participant in this survey, please contact:

Medical Research & Ethics Committee,
Ministry of Health Malaysia,
Kompleks Institut Kesihatan Negara (NIH),
No 1, Jalan Setia Murni U13/52, Seksyen U13 Setia Alam, 40170, Shah Alam,
No. Tel: 03-33628399/8398

CONSENT FORM (18 YEARS OLD AND ABOVE) **(PARTICIPANT'S COPY)**

Title : National Health and Morbidity Survey (NHMS) 2025: Older Persons Health
Principle Investigator : Dr. Chan Yee Mang, Institute for Public Health, Ministry of Health Malaysia

Mark (✓) in the box.
By signing below, I certify that:

	I have been given information about the survey both verbally and in print, and I have read and understand all the information provided in this brochure.
	I have had sufficient time to consider my application in this survey and was given the opportunity to ask questions and all my questions have been answered satisfactorily.
	I understand that my participation is voluntary and I may withdraw from this survey at any time without giving any reason.
	I understand that this survey involves very sensitive issues and the possible risks and benefit of this survey. I freely give my informed consent to participate. I understand that I must follow the researchers' instructions associated with my participation in this survey.
	I understand that the researchers and the relevant authorities have direct access to my data in conducting the survey. All personal information and data will be ensured confidential.
	I will receive a copy of the subject information / informed consent form that was signed and dated.

Participant: Name :
I/C No. :
Signature/Left thumb print: Date :

Researcher coordinating the process of signing the consent form:
Name :
I/C No. :
Signature: Date :

Witness impartial / fair: (Required, if subject is illiterate and content of patient information sheet is delivered orally to subject) :
Name :
I/C No. :
Signature: Date :

CONSENT FORM (18 YEARS OLD AND ABOVE) **(RESEARCHER'S COPY)**

Title : National Health and Morbidity Survey (NHMS) 2025: Older Persons Health
Principle Investigator : Dr. Chan Yee Mang, Institute for Public Health, Ministry of Health Malaysia

Mark (✓) in the box.
By signing below, I certify that:

	I have been given information about the survey both verbally and in print, and I have read and understand all the information provided in this brochure.
	I have had sufficient time to consider my application in this survey and was given the opportunity to ask questions and all my questions have been answered satisfactorily.
	I understand that my participation is voluntary and I may withdraw from this survey at any time without giving any reason.
	I understand that this survey involves very sensitive issues and the possible risks and benefit of this survey. I freely give my informed consent to participate. I understand that I must follow the researchers' instructions associated with my participation in this survey.
	I understand that the researchers and the relevant authorities have direct access to my data in conducting the survey. All personal information and data will be ensured confidential.
	I will receive a copy of the subject information / informed consent form that was signed and dated.

Participant: Name :
I/C No. :
Signature/Left thumb print: Date :

Researcher coordinating the process of signing the consent form:
Name :
I/C No. :
Signature: Date :

Witness impartial / fair: (Required, if subject is illiterate and content of patient information sheet is delivered orally to subject) :
Name :
I/C No. :
Signature: Date :

RISALAH MAKLUMAT (18 TAHUN DAN KE ATAS)

1. Tajuk:
Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2025: Kesihatan Warga Emas

2. Nama Penyelidik Utama dan Institusi:
Dr. Chan Yee Mang, Institut Kesihatan Umum, Institut Kesihatan Negara, Kementerian Kesihatan Malaysia

3. Nama Penaja:
Kementerian Kesihatan Malaysia

4. Pengenalan:
Kementerian Kesihatan Malaysia sedang menjalankan Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2025: Kesihatan Warga Emas dengan memberi tumpuan kepada kesihatan warga emas. Risalah ini akan menerangkan perincian tinjauan ini. Adalah penting untuk anda memahami tujuan tinjauan ini dilakukan dan apa yang akan terlibat. Sila ambil masa yang secukupnya untuk membaca dengan teliti penerangan yang diberi sebelum anda bersetuju untuk menyertai tinjauan ini. Jika anda mempunyai sebarang kemusykilan ataupun memerlukan maklumat lanjut, anda boleh bertanya dengan mana-mana pasukan kumpulan tinjauan ini. Setelah anda memahami maklumat tinjauan ini dan ingin mengambil bahagian, anda perlu menandatangani Borang Persetujuan Responden yang disertakan pada muka surat terakhir risalah ini. Penyertaan anda dalam tinjauan ini adalah secara sukarela dan anda boleh menarik diri pada bila-bila masa. Anda boleh memilih untuk tidak menjawab mana-mana soalan atau menarik diri dari pemeriksaan yang disebutkan sekiranya tidak setuju. Keengganan anda untuk mengambil bahagian, atau penarikan diri anda tidak akan menjejaskan sebarang manfaat perubatan atau kesihatan yang disediakan. Sekiranya tinjauan ini perlu diberhentikan atas sebab yang tidak dapat dielakkan, data sedia ada yang telah dikumpulkan akan dianalisis dan hasilnya akan diterbitkan. Tinjauan ini ditaja sepenuhnya oleh Kementerian Kesihatan Malaysia dan telah mendapat kelulusan Jawatankuasa Etika dan Penyelidikan Perubatan, Kementerian Kesihatan Malaysia.

5. Apakah tujuan tinjauan ini dilakukan?
Tujuan tinjauan ini dijalankan adalah untuk memperolehi maklumat berkaitan dengan status kesihatan warga emas di Malaysia. Anda dijemput untuk mengambil bahagian dalam kajian ini kerana anda adalah penjaga tidak formal warga emas. Maklumat yang diperolehi dapat meningkatkan lagi taraf perkhidmatan kesihatan untuk warga emas yang sedia ada. Tinjauan akan dijalankan dari Julai 2025 hingga September 2025 dan kira-kira 320 penjaga tidak formal warga emas akan terlibat dalam tinjauan kebangsaan ini.

6. Apakah yang perlu saya lakukan sekiranya saya bersetuju untuk menyertai tinjauan ini?
Anda perlu menandatangani Borang Persetujuan Responden. Anda juga akan dijelaskan secara terperinci mengenai prosedur yang perlu dipatuhi sebelum pengumpulan data. Tinjauan ini akan meliputi:

a) Soal selidik kendiri (SAQ)
- Soalan SAQ akan menanyakan maklumat sensitif yang berkaitan dengan bebanan penjaga.
- Sesi temuramah dianggarkan akan mengambil masa selama 10 - 15 minit.

7. Apakah tanggungjawab saya sewaktu menyertai tinjauan ini?
Adalah penting untuk anda mengikuti arahan yang telah diberikan oleh pasukan tinjauan. Anda juga diingatkan untuk menjawab kesemua soalan yang ditanya oleh pasukan tinjauan dengan jujur dan lengkap. Sebarang keraguan atau pertanyaan boleh diajukan kepada Penyelidik Utama atau pasukan tinjauan di lapangan. Tiada sebarang perbelanjaan perlu dikeluarkan untuk menyertai tinjauan ini.

8. Apakah risiko dan kesan-kesan sampingan menyertai tinjauan ini?
Tiada apa-apa risiko jika anda menyertai sesi temuramah dalam tinjauan ini. Semua maklumat dan jawapan yang diterima daripada anda adalah SULIT. Maklumat akan disimpan dengan selamat dan tidak akan dikongsi dengan orang lain termasuk ahli keluarga atau rakan anda. Kami akan memastikan privasi dan kerahsiaan anda. Kejujuran anda dalam menjawab semua soalan ini amat dihargai. Sekiranya anda menghadapi sebarang masalah yang berkaitan dengan tinjauan ini dalam tempoh pengumpulan data, anda disarankan untuk melaporkannya kepada pengumpul data.

9. Apakah manfaatnya saya menyertai tinjauan ini?
Tiada faedah kesihatan jika anda mengambil bahagian dalam tinjauan ini. Walau bagaimanapun, maklumat yang diperolehi daripada tinjauan ini akan membantu Kementerian Kesihatan Malaysia dalam meningkatkan kualiti perkhidmatan kesihatan dan program kesihatan bagi golongan warga emas dan penjaga tidak formal warga emas di negara ini.

10. Siapakah yang menyokong perbelanjaan untuk tinjauan ini?
Tinjauan ini dibiayai oleh geran penyelidikan dari Kementerian Kesihatan Malaysia. Kami menghargai masa yang anda luangkan dalam tinjauan ini. Tidak ada insentif kewangan bagi penglibatan dalam tinjauan ini tetapi token akan diberikan kepada setiap peserta yang mengambil bahagian dalam tinjauan ini sebagai tanda penghargaan.

11. Adakah maklumat perubatan saya akan dirahsiakan?
Semua maklumat anda yang diperolehi dalam tinjauan ini akan disimpan dan dikendalikan secara sulit, bersesuaian dengan peraturan-peraturan dan/atau undang-undang yang berkenaan. Sekiranya hasil tinjauan ini diterbitkan atau dibentangkan kepada orang awam, identiti anda tidak akan didedahkan tanpa kebenaran anda terlebih dahulu.

12. Siapakah yang perlu saya hubungi sekiranya saya mempunyai sebarang pertanyaan?
Sekiranya anda mempunyai sebarang soalan mengenai tinjauan ini atau memerlukan keterangan lanjut, tuan/puan boleh hubungi Penyelidik Utama, Dr. Chan Yee Mang, Institut Kesihatan Umum, Institut Kesihatan Negara, Kementerian Kesihatan Malaysia di alamat Blok B5 & B6, No.1, Jalan Setia Murni U13/52, Seksyen U13, Setia Alam, 40170 Shah Alam, Selangor di talian 03-33628787/8771. Perkembangan tentang penyelidikan ini juga boleh didapati daripada laman sesawang rasmi Institut Kesihatan Umum iku.nih.gov.my.

Jika anda mempunyai sebarang pertanyaan berkaitan dengan hak-hak anda sebagai responden dalam tinjauan ini, sila hubungi:

Jawatankuasa Etika & Penyelidikan Perubatan,
Bahagian Dasar & Perancangan Penyelidikan,
Kementerian Kesihatan Malaysia,
Kompleks Institut Kesihatan Negara (NIH),
No 1, Jalan Setia Murni U13/52, Seksyen U13 Setia Alam, 40170, Shah Alam,
No. Tel: 03-33628399/8398

BORANG PERSETUJUAN RESPONDEN (18 TAHUN DAN KE ATAS) **(SALINAN RESPONDEN)**

Tajuk : Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2025: Kesihatan Warga Emas
Penyelidik Utama : Dr. Chan Yee Mang, Institut Kesihatan Umum, Kementerian Kesihatan Malaysia

Sila tandakan (✓) di dalam kotak.
Dengan menandatangani borang ini, saya mengesahkan bahawa:

	Saya telah diberi maklumat tentang tinjauan di atas secara lisan dan bertulis dan saya telah membaca dan memahami segala maklumat yang diberikan di dalam risalah ini.
	Saya mempunyai masa yang secukupnya untuk mempertimbangkan penyertaan saya dalam tinjauan ini dan telah diberi peluang untuk bertanyakan soalan dan semua soalan saya telah dijawab dengan memuaskan.
	Saya faham bahawa penyertaan saya adalah secara sukarela dan saya boleh menarik diri daripada tinjauan ini pada bila-bila masa tanpa memberi sebarang sebab.
	Saya faham bahawa tinjauan ini melibatkan isu sensitif serta kemungkinan risiko dan faedah tinjauan ini. Saya dengan bebas memberikan persetujuan saya untuk mengambil bahagian. Saya faham bahawa saya mesti mengikuti arahan yang berkaitan dengan penyertaan saya dalam tinjauan ini.
	Saya faham bahawa penyelidik dan pihak berkuasa yang berkaitan mempunyai akses terus ke data saya untuk memastikan tinjauan ini dijalankan dengan betul, dan data dicatat dengan betul. Semua maklumat dan data peribadi akan dipastikan sulit.
	Saya akan menerima satu salinan maklumat tinjauan/borang persetujuan responden ini yang telah ditandatangani dan bertarikh.

Responden: Nama :
No. K/P :
Tandatangan/Cap Ibu Jari Kiri: Tarikh :

Penyelidik yang mengendalikan proses menandatangani borang keizinan:
Nama :
No. K/P :
Tandatangan: Tarikh :

Saksi tidak berpihak/adil:
(Diperlukan; jika responden adalah buta huruf dan kandungan risalah maklumat disampaikan secara lisan kepada responden:
Nama :
No. K/P :
Tandatangan: Tarikh :

BORANG PERSETUJUAN RESPONDEN (18 TAHUN DAN KE ATAS) **(SALINAN PENYELIDIK)**

Tajuk : Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2025: Kesihatan Warga Emas
Penyelidik Utama : Dr. Chan Yee Mang, Institut Kesihatan Umum, Kementerian Kesihatan Malaysia

Sila tandakan (✓) di dalam kotak.
Dengan menandatangani borang ini, saya mengesahkan bahawa:

	Saya telah diberi maklumat tentang tinjauan di atas secara lisan dan bertulis dan saya telah membaca dan memahami segala maklumat yang diberikan di dalam risalah ini.
	Saya mempunyai masa yang secukupnya untuk mempertimbangkan penyertaan saya dalam tinjauan ini dan telah diberi peluang untuk bertanyakan soalan dan semua soalan saya telah dijawab dengan memuaskan.
	Saya faham bahawa penyertaan saya adalah secara sukarela dan saya boleh menarik diri daripada tinjauan ini pada bila-bila masa tanpa memberi sebarang sebab.
	Saya faham bahawa tinjauan ini melibatkan isu sensitif serta kemungkinan risiko dan faedah tinjauan ini. Saya dengan bebas memberikan persetujuan saya untuk mengambil bahagian. Saya faham bahawa saya mesti mengikuti arahan yang berkaitan dengan penyertaan saya dalam tinjauan ini.
	Saya faham bahawa penyelidik dan pihak berkuasa yang berkaitan mempunyai akses terus ke data saya untuk memastikan tinjauan ini dijalankan dengan betul, dan data dicatat dengan betul. Semua maklumat dan data peribadi akan dipastikan sulit.
	Saya akan menerima satu salinan maklumat tinjauan/borang persetujuan responden ini yang telah ditandatangani dan bertarikh.

Responden: Nama :
No. K/P :
Tandatangan/Cap Ibu Jari Kiri: Tarikh :

Penyelidik yang mengendalikan proses menandatangani borang keizinan:
Nama :
No. K/P :
Tandatangan: Tarikh :

Saksi tidak berpihak/adil:
(Diperlukan; jika responden adalah buta huruf dan kandungan risalah maklumat disampaikan secara lisan kepada responden:
Nama :
No. K/P :
Tandatangan: Tarikh :

Appendix 9: Questionnaire, NHMS 2025

TINJAUAN KEBANGSAAN KESIHATAN DAN MORBIDITI 2025
NATIONAL HEALTH AND MORBIDITY SURVEY 2025

KESIHATAN WARGA EMAS
OLDER PERSONS HEALTH

BUKU SOAL SELIDIK
QUESTIONNAIRE BOOK

INSTITUT KESIHATAN UMUM
INSTITUTE FOR PUBLIC HEALTH

KEMENTERIAN KESIHATAN MALAYSIA
MINISTRY OF HEALTH MALAYSIA

ISI KANDUNGAN *TABLE OF CONTENTS*

(UNTUK DIISI OLEH PENEMU RAMAH)	
Arahan: Perlu diisi oleh penemu ramah sebelum memulakan sesi soal selidik	
Negeri (2 Dlgit) DP (2 Dlgit) DB (3 Dlgit) BP (3 Dlgit) ST (1 Dlgit) UB (3 Dlgit) TK (3 Dlgit) IR (2 Dlgit) IDV (2 Dlgit)	
NAMA PENEMU RAMAH	
KOORDINAT LOKASI GEOGRAFI	Latitud ☐☐☐ . ☐☐☐☐☐☐ Longitud ☐☐☐ . ☐☐☐☐☐☐
TARIKH TEMU RAMAH	☐☐ Hari ☐☐ Bulan ☐☐☐☐ Tahun
MASA TEMU RAMAH	☐☐ Jam ☐☐ Minit
STATUS TEMPAT KEDIAMAN	☐ Berjaya ☐ Gagal Jika tempat kediaman gagal, nyatakan sebab gagal ☐ Tempat Kediaman (TK) Enggan ☐ Tempat Kediaman (TK) Berkunci ☐ Masalah Bahasa tanpa proksi ☐ Masalah Kesihatan tanpa proksi
STATUS TEMU RAMAH INDIVIDU	Adakah responden berjaya ditemu ramah? ☐ Ya ☐ Tidak Jika responden tidak berjaya ditemu ramah, apakah sebabnya? ☐ Enggan ☐ Tiada di rumah sepanjang pengumpulan data dijalankan ☐ Masalah Bahasa tanpa proksi ☐ Masalah Kesihatan tanpa proksi ☐ Lain-lain, sila nyatakan: ……

ID (IDV)	***Status Pekerjaan** ***Work Status***	***Jenis Pekerjaan** ***Type of work***	**Sumber Pendapatan *Source of Income***			
			Upah, Gaji atau Pencen (RM)	Daripada ahli isi rumah yang sama (RM)	Lain-lain (RM) (Bagi pendapatan one-off, sila bahagikan kepada 12 bulan)	Jumlah (RM)

Status Pekerjaan *Work Status

1. Bekerja dengan bayaran *Work with pay*
2. Bekerja tanpa bayaran *Work without pay*
3. Tidak bekerja *Unemployed*

Jenis Pekerjaan *Type of work

1. Majikan *Employer*
2. Pekerja Kerajaan *Government employee*
3. Pekerja separa Kerajaan *Semi-government employee*
4. Pekerja swasta *Private employee*
5. Bekerja sendiri *Self-employed*
6. Pekerja tanpa gaji *Unpaid worker*
7. Pekerja keluarga tanpa gaji *Unpaid family worker*

MODUL A1: SOSIODEMOGRAFI RESPONDEN
SOCIODEMOGRAPHY OF RESPONDENT

Soalan untuk diisi oleh penemu ramah: Pilih **SATU** jawapan sahaja.
*Questions to be filled by interviewer: Choose **ONE** answer only.*

A101	Siapakah yang telah menjawab borang soal selidik ini? *Who answered this questionnaire?*	1. Responden sendiri *Respondent ownself* 2. Responden dibantu oleh penterjemah (boleh jadi sesiapa sahaja) *Respondent with the help of a translator (can be anyone)* 3. Proksi (bagi pihak Responden) *Proxy (on behalf of the Respondent)* 4. Proksi dengan bantuan penterjemah *Proxy (with the help of a translator)*
A102	Jantina *Sex*	1. Lelaki *Male* 2. Perempuan *Female* (-7) TT (-9) EJ
A103	Apakah hubungan anda dengan…? (Nama ketua isi rumah?) *What is your relationship to…? (Name of head of household)?*	1. Ketua isi rumah *Head of Household* 2. Suami atau isteri *Spouse* 3. Ibubapa *Parent* 4. Anak *Child* 5. Datuk / nenek atau moyang *Grand- or greatgrandparent* 6. Adik-beradik *Siblings* 7. Mentua *Parent-in-law* 8. Menantu *Son- or Daughter in-law* 9. Ipar-Duai *Brother- or Sister-in-law* 10. Saudara-mara lain *Other relatives* 11. Kawan *Friend* 12. Pekerja (pembantu rumah, tukang kebun, pemandu, lain-lain) *Workers (live-in housemaid, gardener, driver, others)* 13. Lain-lain *Others* Sila nyatakan: *Please specify*:..... (-7) TT (-9) EJ
A104	Bilakah tarikh lahir anda? *When is your birth date?*	☐☐ ☐☐ ☐☐☐☐ **D D M M Y Y Y Y**

[PENEMU RAMAH: Sekiranya 'TT' tuliskan '01' untuk hari, '07' untuk bulan, '2035' untuk tahun]
[INTERVIEWER: If 'TT', fill '01' for days, '07' for months, '2035' for years]

A105	Berapakah umur anda? (Tahun genap) *How old are you? (Even year)*	☐☐☐ Tahun genap *Even year* (-7) TT (-9) EJ
A106	Apakah **bangsa** anda? *What is your **ethnicity**?* **Sila tunjuk Buku Kod** ***Please show Codebook***	1. Melayu *Malay* 2. Cina *Chinese* 3. India *Indian* *4.* Orang Asli Semenanjung *Aborigines* 5. Bumiputera Sabah, *Bumiputera of Sabah,* a. Sila nyatakan kod *Please specify code*: …… 6. Bumiputera Sarawak, *Bumiputera of Sarawak,* a. Sila nyatakan kod *Please specify code:* …… 7. Lain-lain *Others* Sila nyatakan: *Please specify*: ..... (-7) TT (-9) EJ

A107	Apakah **taraf kewarganegaraan** anda? *What is your **citizenship status**?*	1. Warganegara Malaysia *Malaysian Citizen* 2. Pemastautin tetap *Permanent Resident of Malaysia* 3. Bukan warganegara Malaysia *Non-Malaysian Citizen* (-7) TT (-9) EJ
A108	Apakah **taraf perkahwinan** anda? *What is your **marital status**?*	1. Tidak pernah berkahwin *Never married* 2. Berkahwin *Married* 3. Berpisah *Separated* 4. Janda / Duda *Divorcee* 5. Balu (Kematian pasangan) *Widowed* 6. Tinggal bersama pasangan *Living with partner* (-7) TT (-9) EJ
A109	Apakah tahap pendidikan **tertinggi** anda? *What is your **highest** education level?*	1. Tidak pernah bersekolah *Never attended school* 2. Tidak habis sekolah rendah *Did not complete primary school* 3. Tamat darjah 6 *Completed standard 6* 4. Tamat tingkatan 3 *Completed form 3* 5. Tamat tingkatan 5 *Completed form 5* 6. Tamat tingkatan 6 / sijil / diploma *Completed form 6 / certificate / diploma* 7. Tamat pengajian peringkat sarjana muda *Completed Bachelor's degree* 8. Tamat pengajian peringkat sarjana *Completed Master's degree* 9. Tamat pengajian peringkat kedoktoran (PhD) *Completed Doctoral qualification (PhD)* 10. Lain-Lain *Others* Sila nyatakan: *Please specify:* ..... (-7) TT (-9) EJ
A110	Adakah anda sekarang……? *Are you currently……?* **Pilih satu jawapan UTAMA sahaja** ***Choose only one MAIN answer***	1. Pekerja kerajaan *Civil Servant* 2. Bekerja dengan badan berkanun *Semi government employee* 3. Pekerja swasta *Private sector employee* 4. Bekerja sendiri *Self-employed* 5. Pekerja tidak dibayar upah *Unpaid worker* 6. Pesara kerajaan (berpencen) *Government retiree (includes pensioner)* 7. Pesara kerajaan (tanpa pencen) *Government retiree (non-pensionable)* 8. Pesara swasta *Private retiree* 9. Suri rumah *Homemaker* 10. Tidak bekerja *Unemployed* (-7) TT (-9) EJ

MODUL A2: SUSUNAN KEDIAMAN & PERSEKITARAN
LIVING ARRANGEMENT & ENVIRONMENT

A201	Jenis tempat tinggal. *Type of house.* **Pemerhatian oleh penemu ramah** ***To be observed by interviewer***	1. Rumah pangsa / pangsapuri / kondominium / rumah bandar *Flat / apartment / condominium / townhouse* **...Sila ke A202 & A203** 2. Rumah sesebuah (banglo / rumah kampung) *Detached house (bungalow / traditional house)* Teres / deret atau berangkai / semi-D *Terrace / link house / semi-D* 3. Rumah panjang *Longhouse* Lain-lain, nyatakan *Others, specify*: ..... **Sila ke A204**
A202	Tingkat berapakah rumah yang anda tinggal? *Which floor / level do you live on?*	Tingkat *Floor / level* ☐☐
A203	Adakah rumah pangsa / flat / apartment ini mempunyai kemudahan **lif**? *Are **lift** facilities available and provided in the flat / apartment?*	1. Ya *Yes* 2. Tidak *No*
A204	Siapakah yang tinggal bersama anda? *Who are you living with?* **Boleh pilih lebih dari satu jawapan** ***May choose more than one answer***	1. Tinggal seorang *Living alone* 2. Pasangan (suami / isteri) *Spouse* 3. Anak (termasuk anak tiri & angkat) *Children (including step & adopted children)* 4. Menantu (termasuk menantu tiri & angkat) *Son & daughter in-law* 5. Cucu (termasuk cucu tiri & angkat) *Grandchildren* 6. Ibu bapa (termasuk ibu bapa tiri & angkat) *Parent* 7. Adik beradik (termasuk adik beradik tiri & angkat) *Brother or sister* 8. Saudara mara lain *Other relatives* 9. Pembantu rumah *Maid / domestic helper* 10. Penyewa bilik (bukan ahli keluarga) *Tenant* 11. Kawan *Friend* 12. Lain-lain *Others* (-7) TT (-9) EJ
A205	Siapakah pemilik rumah ini? *Who is the house owner?* **Boleh pilih lebih dari satu jawapan** ***May choose more than one answer***	1. Sendiri *Own* 2. Pasangan (suami / isteri) *Spouse* 3. Anak *Children* 4. Menantu (termasuk menantu tiri & angkat) *Son & daughter in-law* 5. Cucu *Grandchildren* 6. Adik beradik (termasuk adik beradik tiri & angkat) *Brother or sister* 7. Saudara mara lain *Other Relative* 8. Kawan *Friend* 9. Sewa *Rental house* 10. Lain-lain *Others* Sila nyatakan: *Please specify*: ..... (-7) TT (-9) EJ

A206	Adakah anda berkongsi bilik tidur dengan orang lain selain daripada pasangan anda? *Are you sharing your bedroom with anyone else, other than your spouse?*	1. Ya *Yes* 2. Tidak *No* (-7) TT (-9) EJ
A207	Jenis dan kedudukan tandas / bilik air. *Types and location of toilet/ bathroom.* **Sila tunjuk Buku Kod** ***Please show Codebook***	Dalam rumah *Inside house* / Luar rumah *Outside house* Tandas cangkung *Squatting toilet* ☐ ☐ Tandas duduk *Sitting toilet* ☐ ☐ **Boleh pilih lebih dari satu jawapan** ***May choose more than one answer***
A208	Adakah tandas / bilik air anda dilengkapi dengan ciriciri keselamatan berikut? *Is your toilet / bathroom equipped with these safety features?* **Sila tunjuk Buku Kod** ***Please show Codebook***	1. Pemegang tandas *Grab Bar* 2. Pelapik lantai anti licin *Non-slip mat* 3. Tiada ciri keselamatan *None* **Boleh pilih lebih dari satu jawapan** ***May choose more than one answer***

MODUL B: SARINGAN KOGNITIF
COGNITIVE IMPAIRMENT SCREENING

UJIAN PENILAIAN KOGNITIF VISUAL (VCAT-S) ***VISUAL COGNITIVE ASSESSMENT TEST (VCAT-S)***

Kemerosotan kognitif seperti masalah ingatan adalah salah satu masalah yang dihadapi dengan peningkatan usia. Jika dikenal pasti di peringkat awal, rawatan tertentu dapat diberikan untuk mengawalnya. Soalan-soalan berikut adalah untuk menilai tahap kognitif anda. Soalan ini ditanya kepada penduduk Malaysia yang berusia 60 tahun ke atas yang terpilih secara rawak bagi mendapatkan tahap kemerosotan kognitif. Sila beri perhatian terhadap soalan di bawah ini dan pastikan responden menjawab dengan jelas.

Cognitive Impairment such as memory problems is one of the issues faced with ageing. If identified at an early stage, certain treatments can be administered to manage it. The following questions are to assess your cognitive level. This question is asked to Malaysian residents aged 60 and above who are randomly selected to assess the level of cognitive impairment. Please pay attention to the question below and ensure that the respondents answer clearly.

Kod *Code*	Perkara *Items*	Skor *Score*

PERSEDIAAN SOALAN B05 (MEMORI) / ***PREPARATION FOR QUESTION B05 (MEMORY)***

Arahan kepada penemu ramah:
Sila sediakan **Buku Kod** dan tunjukkan Gambar Modul B: Saringan Kemerosotan Kognitif Minta responden menamakan objek yang telah ditunjukkan.
Ulang aktiviti di atas sebanyak dua kali.
Anda dikehendaki membetulkan responden jika nama objek yang diberikan adalah salah. Sila rujuk jawapan soalan B05 dalam **Buku Kod**.
Minta responden untuk mengingati nama semua objek yang telah ditunjukkan.
Anda akan meminta responden menyebut semula nama semua objek pada soalan B05.
Tiada markah yang akan diberikan bagi soalan ini.

Instructions to the interviewer:
*Please prepare the **Codebook** and show the Image of Module B: Cognitive Impairment Screening. Ask the respondents to name the object that has been shown.*
Repeat the above activity two times.
*You are required to correct the respondent if the given object name is incorrect. Please refer to the answer to question B05 in the **Codebook**.*
Ask the respondents to remember the names of all the objects that have been shown.
You will ask the respondents to repeat the names of all the objects in question B05.
No marks will be awarded for this question.

Sila namakan objek-objek berikut. *Ulang sebanyak dua kali. Saya ingin anda mengingati EMPAT objek berikut kerana saya akan bertanya kepada anda mengenai objek-objek tersebut sebentar lagi (20 saat).

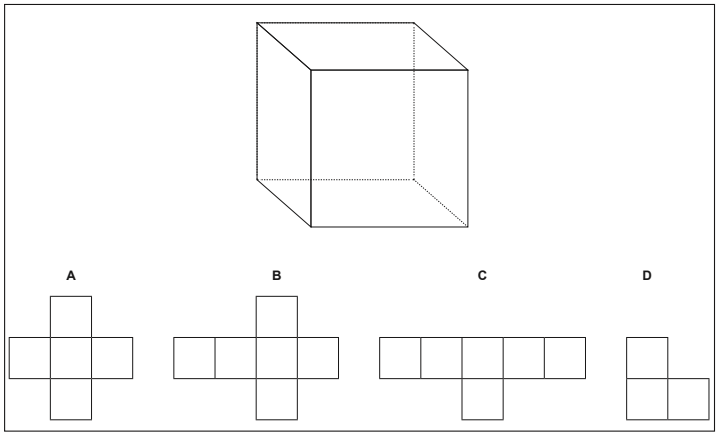
(Objek-objek bermaksud benda-benda atau barang-barang)

*Please name the objects. * Repeat this twice. I'd like you to remember these FOUR objects, I will ask you about them later (20s).*

(Object means things or items)

Sila rujuk Buku Kod ***Please refer to Codebook***

Jawapan:
1. **Burger**
2. **Bangku**
3. **Penyapu**
4. **Teko**

B01	**VISUOSPATIAL**	
	Arahan kepada penemu ramah: Sila berikan Borang Helaian Jawapan Modul B: Saringan Kemerosotan Kognitif kepada responden. Sila bacakan soalan B01 kepada responden dan minta responden tandakan jawapan yang telah dipilih pada borang helaian jawapan tersebut. Satu (1) markah akan diberikan jika jawapan adalah betul. Teruskan ke soalan B02. ***Instructions to the interviewer:*** *Please provide the Module B Answer Sheet: Cognitive impairment screening to the respondents.* *Please read question B01 to the respondent and ask the respondent to mark the chosen answer on the answer sheet.* *If the respondent does not understand, please assist the respondent.* *One (1) mark will be awarded if the answer is correct.* *Continue to question B02*	
	Yang mana satu pilihan anda (A, B, C atau D), **apabila dilipat, akan merupakan gambar di bawah**? Sila bulatkan satu pilihan (Cuba bayangkan / fikirkan pilihan jawapan yang mana bila dilipat akan menjadi sebuah kotak / *cube* di atas) *Which of the following option (A, B, C or D), when folded up will result in the figure below? Please circle one option.* *(Try to imagine / think about which answer choice, when folded, will become a box / cube as shown above.)*  **Sila jawab di borang helaian jawapan** ***Please answer on the answer sheet*** **Jawapan: B**	**Markah** ***Score*** **:___/ *1***
B02	**PERHATIAN & MEMORI KERJA / *ATTENTION & WORKING MEMORY***	
	Arahan kepada penemu ramah: Sila bacakan soalan B02 kepada responden dan minta responden pangkah (X) ♤ dan ▽ dalam gambar rajah yang ditunjukkan dalam masa satu (1) minit pada borang helaian jawapan tersebut. Jika responden memangkah kesemua bentuk dalam gambar rajah dengan betul, berikan tiga (3) markah.	

Jika responden tidak memangkah satu (1) hingga dua (2) bentuk dalam gambar rajah, berikan satu (1) markah. Jika responden tidak memangkah tiga (3) atau lebih bentuk dalam gambar rajah, tiada markah diberikan.
Sila teruskan ke soalan B03

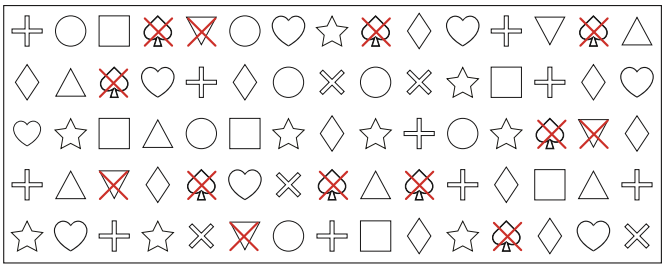
Instructions to the interviewer:

Please read question B02 to the respondent and ask the respondent to mark (X) in the diagram shown within one (1) minute on the answer sheet.
If the respondent correctly marks all the shapes in the diagram, give three (3) marks.
If the respondent does not mark one (1) to two (2) shapes in the diagram, give one (1) mark.
If the respondent does not mark three (3) or more shapes in the diagram, no mark will be awarded. Please proceed to question B03.

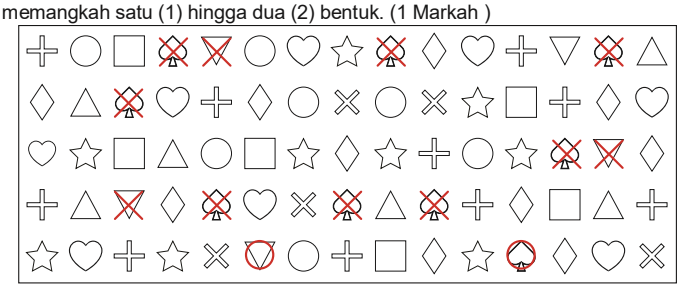
Sila pangkah objek berbentuk berikut ♤ & ▽. Anda mempunyai 1 minit.
Cancel the following shapes: ♤ & ▽. You have 1 minute.

Markah
Score
:___/ *3*

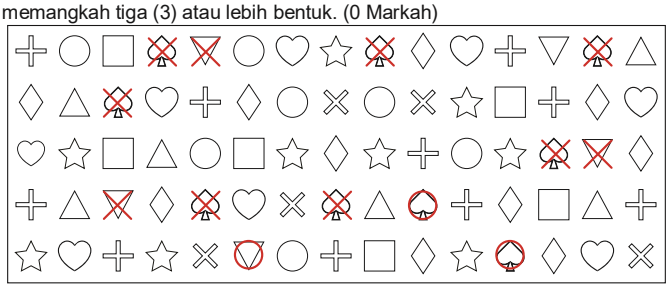
1) Memangkah kesemua bentuk. (3 Markah)



2) Tidak memangkah satu (1) hingga dua (2) bentuk. (1 Markah)

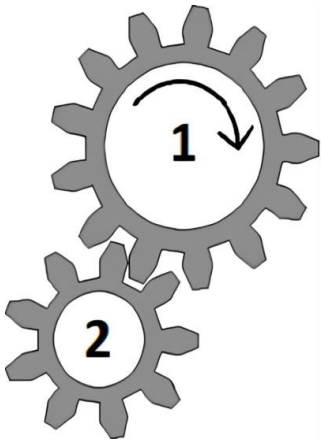


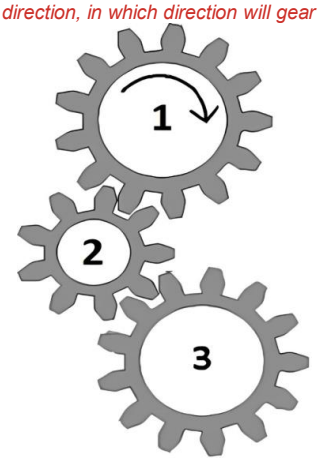
3) Tidak memangkah tiga (3) atau lebih bentuk. (0 Markah)



Sila jawab di borang helaian jawapan
Please answer on the answer sheet

B03	**KELANCARAN SEMANTIK / *SEMANTIC FLUENCY***	
	Arahan kepada penemu ramah: Anda akan minta responden untuk menamakan **11 atau lebih** nama sayur-sayuran yang mereka tahu dalam masa **satu (1) minit**. Sila tetapkan masa selama satu (1) minit. Sila pastikan anda menulis atau mengira jumlah sayur-sayuran yang telah dijawab dengan betul pada borang helaian jawapan. Jika responden menjawab 11 atau lebih nama sayur-sayuran, berikan dua (2) markah. Jika responden menjawab 8 hingga 10 nama sayur-sayuran, berikan satu (1) markah. Jika responden menjawab kurang dari 8 nama sayur-sayuran, tiada markah akan diberikan. Sila teruskan ke soalan B04 ***Instructions to the interviewer:*** *You will ask the respondents to name **11 or more** types of vegetables they know within **one (1) minute**.* *Please set the time for one (1) minute.* *Please ensure to count the number of vegetables that have been answered correctly.* *If the respondent answers with 11 or more vegetable names, give two (2) marks.* *If the respondent answers with 8 to 10 names of vegetables, give one (1) mark.* *If the respondent answers with less than 8 names of vegetables, no marks will be awarded. Please proceed to question B04.*	
	Sila namakan seberapa banyak sayur-sayuran yang anda boleh. (1 minit) *Please name as many vegetables as you can. (1 minute)* Sayur-sayuran *Vegetables* | Jumlah *Total* **Sila jawab di borang helaian jawapan.** ***Please answer on the answer sheet.***	**Markah** ***Score*** **:___/ *2***

B04	**FUNGSI EKSEKUTIF / *EXECUTIVE FUNCTION*:**	
	Arahan kepada penemu ramah: Sila bacakan soalan B04 kepada responden dan minta mereka melukis arah pergerakan gear pada borang helaian jawapan yang disediakan. Jika responden menjawab kedua-dua jawapan dengan betul, berikan tiga (3) markah. Jika salah hanya satu jawapan betul, berikan satu (1) markah. Jika kedua-dua jawapan salah, tiada markah akan diberikan. Sila teruskan ke soalan B05. ***Instructions to the interviewer:*** *Please read question B04 to the respondents and ask them to draw the direction of the gear movement on the provided answer sheet.* *If the respondent answers both questions correctly, give three (3) marks.* *If only one answer is correct, give one (1) mark.* *If both answers are wrong, no marks will be given.* *Please proceed to question B05.*	
	Gears Jika Gear 1 bertukar ke arah yang dinyatakan, sila **lukiskan anak panah ke arah mana** akan Gear 2 bertukar seterusnya. (**Lukiskan anak panah ke arah mana** bermaksud responden haruslah melukis arah putaran gear 2 jika gear 1 berputar ke arah yang ditunjukkan) *If gear 1 is turning in the indicated direction, **please draw the arrow** in which gear 2 will turn.* *(**Draw an arrow indicating the direction** in which Gear 2 should rotate if Gear 1 rotates in the direction shown.)*  **Sila jawab di borang helaian salinan soalan.** ***Please answer on the question copy sheet.*** **Jawapan: Gear 2 bergerak ke arah kiri / lawan arah jam**	**Markah** ***Score*** **:___/ *3***

	Jika Gear 1 bertukar ke arah yang dinyatakan, ke arah manakah akan Gear 3 bertukar seterusnya? *If gear 1 turns in the indicated direction, in which direction will gear 3 turn?*  **Sila jawab di borang helaian jawapan.** ***Please answer on the answer sheet.*** **Jawapan: Gear 3 bergerak ke arah kanan / arah jam**	
B05	**INGATAN TERTANGGUH: OBJEK /** ***DELAYED MEMORY: OBJECT***	
	Arahan kepada penemu ramah: Sila bacakan soalan B05 kepada responden dan minta mereka mengingati semula **empat (4)** nama objek yang telah ditunjukkan pada awal soalan. Jika responden menghadapi kesukaran mengingat keempat-empat objek dalam lebih daripada sepuluh (10) saat, sila tunjukkan **kad petunjuk** yang terdapat dalam **Buku Kod** kepada responden. Jika responden menjawab dengan betul tanpa menggunakan kad petunjuk, dua (2) markah akan diberikan bagi setiap objek yang betul. Jika responden menjawab dengan betul menggunakan **kad petunjuk**, satu (1) markah akan diberikan bagi setiap objek yang betul. Jika responden tidak dapat mengenal pasti keempat-empat objek walaupun menggunakan kad petunjuk, tiada markah akan diberikan. ***Instructions to the interviewer:*** *Please read question B05 to the respondent and ask them to recall the **four (4)** object names that were shown at the beginning of the question.* *If the respondent has difficulty remembering all four objects for more than ten (10) seconds, please show the **hint card** found in the **Codebook** to the respondent.* *If the respondent answers correctly without using the hint card, two (2) marks will be awarded for each correct object.* *If the respondent answers correctly using **the hint card**, one (1) mark will be awarded for each correct object.* *If the respondent cannot identify all four objects even with the hint cards, no mark will be awarded.*	

Saya telah tunjukkan empat objek kepada anda awal tadi. Bolehkah anda ingat semula kesemua empat objek tersebut?
I showed you four objects earlier. Can you recall what four objects are?

	Burger	Bangku	Penyapu	Teko	Skor *Score*
Tanpa petunjuk *Uncued (2 points)*					
Dengan petunjuk *Cued (1 point)*					

Sila jawab di borang helaian jawapan.
Please answer on the answer sheet.

Markah *Score* :___/ 8

Skor 13 dan ke bawah: Mengalami Kemerosotan Kognitif *Score 13 and below: Experience Cognitive Impairment*

Jumlah Markah *Total Score* :____/17

MODUL C: SARINGAN DEMENSIA
DEMENTIA SCREENING

IDEA INSTRUMEN UNTUK UJIAN PENYARINGAN
IDEA STUDY SCREENING INSTRUMENT

Terima kasih kerana anda telah menjawab soalan-soalan saya tadi. Soalan-soalan berikut adalah untuk menilai tahap kognitif anda dengan lebih lanjut. Soalan ini juga ditanya kepada setiap orang yang terpilih secara rawak bagi mendapatkan tahap kesihatan penduduk Malaysia yang berumur 60 tahun ke atas. Saya harap anda dapat memberi perhatian terhadap soalan saya dan menjawab dengan jelas.
Thank you for having answered my questions. The following questions are to further evaluate your cognitive level. This question was also asked to every person who was randomly selected to get the health status of Malaysians older persons aged 60 years and above. I hope you can take note of my questions and answer them clearly.

Persiapan untuk senarai sepuluh perkataan (soalan C05)
Preparation for ten-word list item (question C05)

Saya akan bacakan senarai beberapa perkataan. Sila dengar dengan penuh perhatian dan setelah selesai, saya akan arahkan anda untuk mengulanginya semula (perkataan dibaca dengan perlahan).
I am going to read out a list of words. Please listen carefully and I will ask you to repeat them back to me once I have finished (read out the words slowly).

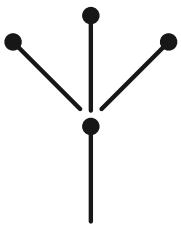
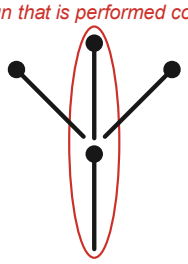
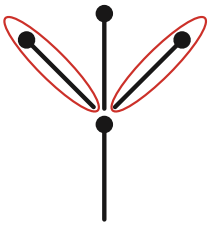
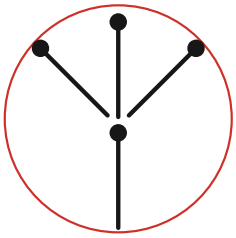
Percubaan pertama: Sekarang beritahu saya semua perkataan yang anda ingat. (Tandakan '√' pada kotak perkataan diingati).
First attempt: *Now tell me all the words you can remember (Tick '√' on the grid the words remembered).*

Percubaan kedua: Sekarang saya bacakannya sekali lagi, dengar dengan penuh perhatian dan saya akan minta anda untuk mengulanginya sebanyak mana yang anda boleh. Sekarang beritahu saya semua perkataan yang anda ingat. (Tandakan '√' pada kotak perkataan diingati).
Second attempt: *Now I will read out the words again, listen carefully and I will ask you to repeat as many as you can. Now tell me all the words you can remember (Tick '√' on the grid the words remembered).*

Percubaan ketiga: Sekarang saya bacakannya sekali lagi, dengar dengan penuh perhatian dan saya akan minta anda untuk mengulanginya sebanyak mana yang anda boleh. Sekarang beritahu saya semua perkataan yang anda ingat. (Tandakan '√' pada kotak perkataan diingati).
Third attempt: *Now I will read out the words one last time, listen carefully and I will ask you to repeat as many as you can.*
Now tell me all the words you can remember (Tick '√' on the grid the words remembered).

	Percubaan pertama ***First attempt***	**Percubaan kedua** ***Second attempt***	**Percubaan ketiga** ***Third attempt***
Mentega (majerin) *Butter*			
Lengan *Arm*			
Surat *Letter*			
Permaisuri (ratu) *Queen*			
Tiket *Ticket*			
Rumput *Grass*			
Sudut *Corner*			
Batu *Stone*			
Buku *Book*			
Kayu *Stick*			

IDEA INSTRUMEN SOALAN UJIAN PENYARINGAN *IDEA STUDY SCREENING INSTRUMENT QUESTIONS*			
C01	Saya akan beritahu anda sesuatu, dan saya ingin anda menerangkannya. Apakah itu **JAMBATAN**? (Jawapan yang betul: sesuatu yang digunakan untuk menyeberangi sungai atau jalan). *I will tell you the name of something and I want you to describe what it is. What is a **BRIDGE**? (Correct answer: something that goes across a river, canyon or road).*	**0** jika salah *If incorrect* **2** jika betul *If correct*	**Markah** ***Score*** **: __/2**
C02	Saya mahu anda namakan seberapa banyak **HAIWAN YANG BERBEZA** yang anda boleh dalam **satu minit.** *I want you to name as many **DIFFERENT ANIMALS** as you can in **one minute.***	Bilangan haiwan yang dinamakan: *Number of animals named:* **0** untuk 0-3 haiwan yang dinamakan *for 0-3 animals named* **1** untuk 4-7 haiwan yang dinamakan *for 4-7 animals named* **2** untuk 8 atau lebih haiwan yang dinamakan *for 8 or more animals named*	**Markah** ***Score*** **: __/2**
C03	Siapakah **PERDANA MENTERI MALAYSIA** sekarang? *Who is the current **PRIME MINISTER OF MALAYSIA**?*	**0** jika salah *If incorrect* **1** jika betul *If correct*	**Markah** ***Score*** **: __/1**
C04	Hari ini **HARI** apa? *What **DAY** of the week is it?*	**0** jika salah *If incorrect* **2** jika betul *If correct*	**Markah** ***Score*** **: __/2**
C05	Boleh anda beritahu saya **SEPULUH PERKATAAN** yang kita pelajari pada awal tadi? Cuba untuk ingat sebanyak mana yang anda boleh. *Can you tell me the **TEN WORDS** we learned earlier?* *Try to remember as many as you can.*	**0** untuk 0 perkataan *for no words* **1** untuk 1 perkataan *for 1 word* **2** untuk 2 perkataan *for 2 words* **3** untuk 3 perkataan *for 3 words* **4** untuk 4 perkataan *for 4 words* **5** untuk 5 perkataan atau lebih *for 5 or more words*	**Markah** ***Score*** **: __/5**

C06	Bolehkah anda membuat reka bentuk yang ditunjukkan di bawah dengan menggunakan empat batang mancis? Saya hanya akan tunjukkan sekali dan selepas itu anda dikehendaki membuatnya sama seperti yang saya tunjukkan. (Penemuramah hendaklah terlebih dahulu membina satu contoh reka bentuk menggunakan mancis, mengikut gambar rujukan dibawah. Pastikan semua kepala mancis dihala ke arah yang sama. Tunjukkan reka bentuk ini kepada responden untuk beberapa saat. Setelah itu, kutip semula semua mancis dan letakkan di hadapan responden dalam susunan rawak. Minta responden membina semula reka bentuk tersebut tanpa melihat contoh asal. Jangan benarkan responden merujuk semula kepada reka bentuk contoh semasa proses ini dijalankan.) *Can you make the design shown below using these four matchsticks? I will show you once and then you have to copy exactly.* *(The interviewer must first create a design example using matches, according to the reference image below.) Make sure all the match heads are facing the same direction. Show this design to the respondents for a few seconds. After that, collect all the matches again and place them in front of the respondent in a random order. Ask the respondent to reconstruct the design without looking at the original example. Do not allow the respondents to refer back to the original design during this process.)* 	Arahan: satu markah untuk setiap bahagian reka bentuk yang dibuat dengan betul. *Instruction: Score 1 for each part of the design that is performed correctly.*  **0** jika salah *If incorrect* **1** dua mancis di Tengah dihalakan ke arah yang sama *middle two matchsticks pointing same way*  **0** jika salah *If incorrect* **1** dua kepala mancis di luar dihalakan pada sudut *outside two matchsticks pointing at an angle*  **0** jika salah *If incorrect* **1** mancis disusun dengan betul*matchstick is orientated correctly*	**Markah** ***Score*** ***: ____/3***
Skor 10 dan kurang: Responden berisiko mengalami Demensia ***Score 10 and below: Respondent is at risk of Dementia*** ***Sila rujuk ke Klinik Kesihatan berdekatan Please refer to the nearest health clinic.***			**Jumlah Markah** ***Total Score*** ***: ___/15***

MODUL D: SARINGAN KEMURUNGAN GERIATRIK
GERIATRIC DEPRESSIVE SYMPTOMS SCREENING

SKALA KEMURUNGAN GERIATRIK
GERIATRIC DEPRESSION SCALE-14 (GDS-14)

Soalan seterusnya merujuk kepada kesihatan mental anda **dalam seminggu yang lepas**. lanya agak sensitif tetapi adalah standard dan terpaksa saya tanya anda.
*The following questions refer to your mental health **in the past one week**. They may be rather sensitive in nature but they are standard and I have to ask you these.*

Kod *Code*	Perkara *Items*	Jawapan *Answer*	
D01	Adakah anda pada asasnya berpuas hati dengan kehidupan anda? *Are you basically satisfied with your life?*	Ya *Yes*	Tidak *No*
D02	Adakah anda telah meninggalkan banyak kegiatan dan minat anda? *Have you dropped many of your activities and interests?*	Ya *Yes*	Tidak *No*
D03	Adakah anda berasa hidup anda kekosongan? *Do you feel that your life is empty?*	Ya *Yes*	Tidak *No*
D04	Adakah anda sering bosan? *Do you often get bored?*	Ya *Yes*	Tidak *No*
D05	Adakah anda bersemangat dalam kebanyakan masa? *Are you in good spirits most of the time?*	Ya *Yes*	Tidak *No*
D06	Adakah anda bimbang sesuatu yang buruk akan terjadi pada anda? *Are you afraid that something bad is going to happen to you?*	Ya *Yes*	Tidak *No*
D07	Adakah anda berasa gembira dalam kebanyakan masa? *Do you feel happy most of the time?*	Ya *Yes*	Tidak *No*
D08	Adakah anda sering berasa tidak terdaya? *Do you often feel helpless?*	Ya *Yes*	Tidak *No*
D09	Adakah anda berasa bahawa anda mempunyai lebih banyak masalah daya ingatan daripada orang lain? *Do you feel that you have more problems with memory than most people?*	Ya *Yes*	Tidak *No*
D10	Adakah anda fikir alangkah baiknya untuk hidup sekarang? *Do you think it is wonderful to be alive now?*	Ya *Yes*	Tidak *No*
D11	Adakah anda berasa keadaan anda sekarang kurang berguna? *Do you feel worthless the way you are now?*	Ya *Yes*	Tidak *No*
D12	Adakah anda berasa penuh bertenaga? *Do you feel full of energy?*	Ya *Yes*	Tidak *No*
D13	Adakah anda berasa keadaan anda tidak ada harapan? *Do you feel that your situation is hopeless?*	Ya *Yes*	Tidak *No*
D14	Adakah anda fikir bahawa kebanyakan orang adalah lebih baik daripada anda? *Do you think that most people are better off than you are?*	Ya *Yes*	Tidak *No*
Jumlah Markah *Total Score*		**/ 14**	

MODUL E: AKTIVITI KEHIDUPAN SEHARIAN
ACTIVITIES OF DAILY LIVING (ADL)

Jika responden mengalami kemerosotan kognitif teruk, berisiko demensia, atau pekak atau bisu, proksi dibenarkan untuk menjawab modul ini.
If the respondent has severe cognitive impairment, is at risk of dementia, or is deaf or mute, proxy is allowed to answer this module.

AKTIVITI KEHIDUPAN SEHARIAN MODIFIED BARTHEL INDEX
MODIFIED BARTHEL INDEX OF ACTIVITIES OF DAILY LIVING

Soalan seterusnya berkenaan status kefungsian anda untuk **melakukan aktiviti kehidupan seharian**. Sila **pilih kenyataan yang paling berkaitan** dengan anda bagi setiap aktiviti kehidupan harian seperti makan, mandi, berhias, memakai pakaian, penggunaan tandas, beralih tempat, pergerakan, dan menaiki tangga.
*The following questions ask about your functional status in **performing activities of daily living**. Please **select the option most relevant to you** when performing daily living activities such as feeding, bathing, grooming, dressing, toilet use, transfer, mobility, and climbing stairs.*

E01	Membuang air besar *Bowels*	1. Tidak terkawal (atau perlu diberikan enema) *Incontinent (or need to be given enema)* 2. Kadang-kadang tidak sengaja (sekali dalam seminggu) *Occasional accident (once per week)* 3. Terkawal *Continent*
E02	Membuang air kecil *Bladder*	1. Tidak terkawal (atau perlukan tiub dan tidak boleh melakukan sendiri) *Incontinent (or catheterize and unable to manage)* 2. Kadang-kadang tidak sengaja (sekali dalam 24 jam) *Occasional accident (once per 24 hours)* 3. Terkawal (sepanjang 7 hari) *Continent (for over 7 days)*
E03	Penjagaan diri *Grooming*	1. Memerlukan pertolongan *Needs help with personal care* 2. Sendiri (muka / rambut / gigi / bercukur - keperluan dibekalkan) *Independent (face / hair / teeth / shaving - implements provided)*
E04	Penggunaan tandas *Toilet use*	1. Bergantung kepada orang lain *Dependant* 2. Memerlukan pertolongan, tetapi boleh melakukan sesetengah perkara sendiri *Needs some help, but can do something alone* 3. Sendiri (masuk dan keluar, mengelap, membersihkan diri) *Independant (on and off, dressing, wiping)*
E05	Makan *Feeding*	1. Tidak boleh *Unable* 2. Memerlukan pertolongan untuk memotong, menyapu mentega dll, atau memerlukan pengubahsuaian diet *Needs help cutting, spreading butter, etc* 3. Sendiri (makanan dibekalkan) *Independent (food provided within reach)*
E06	Beralih tempat *Transfer*	1. Tidak boleh, tidak stabil semasa duduk *Unable, no sitting balance* 2. Memerlukan pertolongan besar (satu atau dua orang, fizikal) boleh duduk *Major help (1-2 people, physical), able to sit* 3. Pertolongan sedikit (secara lisan atau fizikal) *Minor help (verbal or physical)* 4. Sendiri *Independent*
E07	Pergerakan *Mobility*	1. Tidak boleh *Immobile* 2. Sendiri berkerusi roda, termasuk selekoh *Wheelchair independent, including corners, etc.* 3. Berjalan dengan pertolongan satu orang (lisan atau fizikal) *Walks with help of one person (verbal or physical)* 4. Sendiri (tetapi mungkin menggunakan bantuan seperti tongkat) *Independent (but may use aid e.g., stick)*

E08	Memakai pakaian *Dressing*	1. Bergantung kepada orang lain *Dependent* 2. Memerlukan pertolongan tetapi boleh melakukan separuh tanpa bantuan *Needs help, but can do about half unaided* 3. Sendiri (termasuk membutang, menzip, dll) *Independent (inlcuding buttons, zips, laces, etc)*
E09	Menaiki tangga *Climbing stairs*	1. Tidak boleh *Unable* 2. Memerlukan pertolongan (lisan, fizikal atau alat bantuan mengangkat) *Needs help (verbal, physical, carrying aid)* 3. Sendiri naik dan turun *Independent up and down*
E10	Mandi *Bathing*	1. Bergantung kepada orang lain *Dependent* 2. Sendiri (atau di bawah pancuran air) *Independent (or in shower)*

MODUL F: SKALA AKTIVITI KEHIDUPAN HARIAN BERINSTRUMENTAL
INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (IADL)

Jika responden mengalami kemerosotan kognitif teruk, berisiko demensia, atau pekak atau bisu, proksi dibenarkan untuk menjawab modul ini.
If the respondent has severe cognitive impairment, is at risk of dementia, or is deaf or mute, proxy is allowed to answer this module.

Soalan seterusnya berkenaan status kefungsian anda untuk **melakukan aktiviti kehidupan harian berinstrumental**. Sila **pilih kenyataan yang paling berkaitan** dengan anda bagi setiap aktiviti kehidupan harian berinstrumental seperti boleh menggunakan telefon, membeli, penyediaan makanan, kaedah kenderaan atau pengangkutan yang digunakan, tanggungjawab terhadap ubat-ubatan sendiri, dan pengendalian perbelanjaan.
*The following questions ask about your functional status in **performing instrumental activities of daily living**. Please **choose the option most relevant to you** in performing instrumental activities of daily living such as the ability to use the telephone, shopping, food preparation, mode of transportation, responsibilities for your own medications, and ability to handle finances.*

Penemu ramah: Sila bacakan semua pilihan jawapan kepada responden.
Interviewer: Please read out all response categories to the respondent.

F01	Kebolehan menggunakan telefon *Ability to use telephone*	1. Boleh mencari dan mendail nombor serta bercakap dengan sendiri *Operates telephone on own initiative; looks up and dials numbers, etc* 2. Mendail beberapa nombor yang diketahui sahaja *Dials a few well-known numbers* 3. Menjawab panggilan telefon tetapi tidak mendail *Answers telephone but does not dial* 4. Tidak menggunakan telefon langsung *Does not use telephone at all*
F02	Kebolehan membeli-belah *Shopping*	1. Menguruskan pembelian barang-barang keperluan kesemuanya secara sendiri *Takes care of all shopping needs independently* 2. Hanya menguruskan pembelian barang yang sedikit *Shops independently for small purchases* 3. Perlu ditemani oleh seseorang setiap kali untuk membeli barang-barang *Needs to be accompanied on any shopping trip* 4. Tidak mampu untuk pergi membeli barang-barang *Completely unable to shop*
F03	Kebolehan menyediakan makanan *Food preparation*	1. Merancang, menyediakan dan menghidang makanan tanpa bantuan sesiapa *Plans, prepares and serves adequate meals independently* 2. Menyediakan makanan mencukupi dengan bahan-bahan yang sedia ada *Prepares adequate meals if supplied with ingredients* 3. Memanaskan, menghidang dan menyediakan makanan atau menyediakan makanan tetapi tidak mengekalkan diet yang sepatutnya (makanan ringkas) *Heats, serves and prepares meals or prepares meals but does not maintain adequate diet (simple diet)* 4. Makanan perlu disediakan dan dihidangkan oleh orang lain *Needs to have meals prepared and served*
F04	Kerja rumahtangga *Housekeeping*	1. Melakukan kerja rumah secara sendiri dan hanya meminta bantuan untuk kerja berat sahaja *Maintains house alone or with occasional assistance (e.g. "heavy work domestic help")* 2. Melakukan tugas harian yang ringan seperti membasuh pinggan dan mengemaskan tempat tidur *Performs light daily tasks such as dish-washing, bed making* 3. Melakukan tugas harian yang ringan tetapi tidak dapat mengekalkan kebersihan rumah pada tahap memuaskan *Performs light daily tasks but cannot maintain acceptable level of cleanliness* 4. Memerlukan bantuan untuk semua tugas penyelenggaraan seperti menukar mentol lampu, menukar paip air *Needs help with all home maintenance tasks eg. changing light bulb, changing water pipe* 5. Langsung tidak melakukan kerja-kerja rumah *Does not participate in any housekeeping tasks*

F05	Membasuh pakaian *Laundry*	1. Membasuh pakaian kotor kesemuanya tanpa bantuan sesiapa *Does personal laundry completely* 2. Membasuh pakaian yang kecil sahaja seperti membilas stokin, membasuh pakaian dalam dll *Launders small items; rinses stockings, etc.* 3. Memerlukan bantuan orang lain untuk membasuh pakaian kotor *All laundry must be done by others*
F06	Cara penggunaan pengangkutan *Mode of transportation*	1. Menggunakan pengangkutan awam atau memandu sendiri tanpa bantuan untuk ke sesuatu tempat *Travels independently on public transportation or drives own car* 2. Mengatur sendiri perjalanan menggunakan teksi tetapi tidak menggunakan pengangkutan awam yang lain *Arranges own travel via taxi, but does not otherwise use public transportation* 3. Menggunakan pengangkutan awam tetapi memerlukan seseorang untuk menemani *Travels on public transportation when accompanied by another.* 4. Hanya menggunakan teksi atau kereta dengan ditemani oleh seseorang *Travel limited to taxi or automobile with assistance of another.* 5. Tidak pergi ke mana-mana langsung *Does not travel at all*
F07	Tanggungjawab dalam menguruskan pengambilan ubatan *Responsibility for own medications*	1. Bertanggungjawab dalam mengambil ubat dari segi dos serta masa yang betul tanpa bantuan *Is responsible for taking medication in correct dosages at correct time* 2. Mengambil ubat hanya jika ubat itu disediakan dalam dos yang berasingan *Takes responsibility if medication is prepared in advance in separate dosage* 3. Tidak berkebolehan mengambil ubat dengan sendirinya. Memerlukan seseorang membantu dalam penyediaan dan pemberian ubat *Is not capable of dispensing own medication. Needs someone to help prepare and dispense medication*
F08	Tanggungjawab dalam menguruskan kewangan sendiri *Ability to handle finances*	1. Berkebolehan menguruskan kewangan sendiri (bayar bil di bank, menulis cek, membayar sewa rumah dan membuat bajet) tanpa bantuan sesiapa *Manages financial matters independently (budgets, writes checks, pays rent, pays bills at bank,), collects and keeps track of income* 2. Boleh melakukan pembelian seharian, tetapi memerlukan seseorang untuk membantu dalam pembayaran bil di bank dan pembelian yang banyak *Manages day-to-day purchases, but needs help with banking, major purchases* 3. Tidak mampu untuk menguruskan kewangan sendiri. Perlukan bantuan seseorang *Incapable of handling money*

MODUL G: BEBAN PENJAGA TIDAK FORMAL
INFORMAL CAREGIVER BURDEN

SEKSYEN G1: SOALAN SARINGAN
SECTION G1: SCREENING QUESTIONS

Kriteria Kelayakan: Warga Emas Yang Tidak Dapat Melakukan Aktiviti Rutin (Salah Satu ADL Atau IADL) Secara Sendiri
Eligibility Criteria: Older Persons Who Are Unable to Perform Routine Activities (Either ADL or IADL) Independently

Jika responden mengalami kemerosotan kognitif teruk, berisiko demensia, atau pekak atau bisu, proksi dibenarkan untuk menjawab Seksyen G1 ini.
If the respondent has severe cognitive impairment, is at risk of dementia, or is deaf or mute, proxy is allowed to answer Section G1.

G101	Adakah terdapat penjaga yang telah membantu anda melakukan aktiviti rutin **dalam masa sebulan yang lepas**? **Arahan kepada penemu ramah:** *Penjaga mestilah memenuhi kriteria berikut sebagai penjaga tidak formal:* 1. Ahli isi rumah 2. Berumur 18 tahun dan ke atas 3. Memberikan penjagaan tanpa bayaran *Has any caregiver helped you with routine activities **in the last month**?* ***Instructions for interviewer:** The caregiver must meet the following criteria as an informal caregiver:* *1. A member of the household* *2. Aged 18 years and above* *3. Provides unpaid care*	1. Ya *Yes* **...Sila ke G102** 2. Tidak *No* **...Tamat, ke Modul seterusnya**

Arahan kepada penemu ramah / *Instructions for interviewer:*

Untuk **soalan G102 dan G103**,
1. "Siapakah" merujuk kepada **penjaga UTAMA tidak formal**.
2. "Memberikan penjagaan paling banyak" merujuk kepada individu yang **mengambil tanggungjawab utama** dan **meluangkan masa paling banyak** untuk membantu dalam aktiviti penjagaan.

*For **questions G102 and G103**,*
*1. "Who" refers to the **PRIMARY informal caregiver**.*
*2. "Provides the most care" refers to the individual who **takes on the primary responsibility** and **spends the most time** assisting with caregiving activities.*

G102	Siapakah yang memberikan **PENJAGAAN PALING BANYAK** untuk **aktiviti kehidupan seharian** (contohnya, memberi makan, mandi, memakai pakaian, menggunakan tandas, beralih tempat, dan pergerakan) *Who provides **THE MOST CARE** for **activities of daily living** (e.g., feeding, bathing, dressing, toilet use, transfer, mobility)?*	1. Sila nyatakan hanya **satu nama**: *Please specify only **one name**:* ID *ID* : ☐☐ ☐☐ **IR** **IV** Tiada *None* **...Sila ke G103**

	(Isi nama penuh penjaga tidak formal sama seperti yang diisi dalam jadual isi rumah)	
G103	Siapakah yang memberikan **PENJAGAAN PALING BANYAK** untuk **aktiviti kehidupan harian berinstrumental** (contohnya, membasuh pakaian, membeli barangan keperluan atau peribadi, menyediakan makanan, membuat pembayaran atau urusan bank, menguruskan ubatan, dan pengangkutan) *Who provides **THE MOST CARE** for **instrumental activities of daily living** (e.g., laundry, shopping for groceries or personal items, preparing meals, handling bills and banking, managing medications, transportation)?* (Isi nama penuh penjaga tidak formal sama seperti yang diisi dalam jadual isi rumah)	2. Sila nyatakan hanya **satu nama**: *Please specify only **one name***: ID *ID* : ☐☐ ☐☐ **IR** **IV** 3. Tiada *None* **…Tamat, ke Modul seterusnya**

SEKSYEN G2: SOSIODEMOGRAFI PENJAGA TIDAK FORMAL
SECTION G2: SOCIODEMOGRAPHY OF INFORMAL CAREGIVER

Kriteria Kelayakan: Penjaga Tidak Formal yang Merupakan Ahli Isi Rumah, Berumur 18 Tahun dan Ke Atas, Serta Memberi Penjagaan Tanpa Bayaran
Eligibility Criteria: Informal Caregiver Who is a Member of the Household, Aged 18 Years and Above, and Provides Unpaid Care

G201	Jantina *Sex*	1. Lelaki *Male* 2. Perempuan *Female* (-7) TT (-9) EJ
G202	Bilakah tarikh lahir anda? *When is your birth date?*	☐☐ ☐☐ ☐☐☐☐ **D D M M Y Y Y Y**
G203	Berapakah umur anda? (Tahun Genap) *How old are you? (Even year)*	☐☐ Tahun genap *Even year* (-7) TT (-9) EJ
G204	Apakah **bangsa** anda? *What is your **ethnicity**?*	1. Melayu *Malay* 2. Cina *Chinese* 3. India *Indian* *4.* Orang Asli Semenanjung *Aborigines* 5. Bumiputera Sabah, *Bumiputera of Sabah,* b. Sila nyatakan kod *Please specify code*: …… 6. Bumiputera Sarawak, *Bumiputera of Sarawak,* b. Sila nyatakan kod *Please specify code:* …… 7. Lain-lain *Others* Sila nyatakan: *Please specify*: …… (-7) TT (-9) EJ

G205	Apakah **taraf kewarganegaraan** anda? *What is your **citizenship status**?*	1. Warganegara Malaysia *Malaysian Citizen* 2. Pemastautin tetap *Permanent Resident of Malaysia* 3. Bukan warganegara Malaysia *Non-Malaysian Citizen* (-7) TT (-9) EJ
G206	Apakah **taraf perkahwinan** anda? *What is your **marital status**?*	1. Tidak pernah berkahwin *Never married* 2. Berkahwin *Married* 3. Berpisah *Separated* 4. Janda / Duda *Divorcee* 5. Balu (Kematian pasangan) *Widowed* 6. Tinggal bersama pasangan *Living with partner* (-7) TT (-9) EJ
G207	Apakah tahap pendidikan **tertinggi** anda? *What is your **highest** education level?*	1. Tidak pernah bersekolah *Never attended school* 2. Tidak habis sekolah rendah *Did not complete primary school* 3. Tamat darjah 6 *Completed standard 6* 4. Tamat tingkatan 3 *Completed form 3* 5. Tamat tingkatan 5 *Completed form 5* 6. Tamat tingkatan 6 / sijil / diploma *Completed form 6 / certificate/ diploma* 7. Tamat pengajian peringkat sarjana muda *Completed Bachelor's degree* 8. Tamat pengajian peringkat sarjana *Completed Master's degree* 9. Tamat pengajian peringkat kedoktoran (PhD) *Completed Doctoral qualification (PhD)* 10. Lain-Lain *Others* Sila nyatakan: *Please specify:* ..... (-7) TT (-9) EJ
G208	Adakah anda bekerja? *Are you working?*	1. Ya *Yes* **…Sila ke G210a** 2. Tidak *No* **…Sila ke G210b** (-7) TT (-9) EJ **Sila ke G209a jika TT / EJ**
G209a	Adakah anda bekerja dalam tempoh **1 bulan yang lepas,** daripada … 2025, hingga hari ini? *Were you working in the **last 1 month**, from … 2025, till today?*	1. Ya, dengan bayaran *Yes, with payment* **…Sila ke G210c** 2. Ya, tanpa bayaran *Yes, without payment* **…Sila ke G210c** 3. Tidak *No* **…Sila ke G210b** (-7) TT (-9) EJ **Sila ke G209b jika TT/ EJ**

G209b	Jika tidak, kenapa? *If not, why?* Pilih satu jawapan **UTAMA** sahaja. *Choose only **one MAIN** answer.*	1. Masalah Kesihatan / kurang upaya *Health problems/ disabled* 2. Menjaga pesakit / orang kurang upaya/ orang tua *Care for the sick/ disabled/ elderly* 3. Menjaga rumah / anak-anak, cucu, ahli keluarga lain *Care for house / children, grandchildren, other family members* 4. Sedang mencari kerja *Job-seeking* 5. Mempunyai pekerjaan tapi tidak bekerja *Have a job, but not working* 6. Menganggur *Unemployed* 7. Pelajar *Student* 8. Pesara *Pensioner* 9. Tua *Old age* 10. Kanak-kanak tidak bersekolah *Child not at school* 11. Lain-lain *Others* Sila nyatakan: *Please specify:* ..... (-7) TT (-9) EJ **Sila ke G209c selepas soalan ini**
G209c	Adakah anda sekarang…..? *Are you currently…..?*	1. Kerja kerajaan *Civil servant* 2. Bekerja dengan badan berkanun *Semi government employee* 3. Pekerja swasta *Private sector employee* 4. Bekerja sendiri *Self-employed* 5. Pekerja tidak dibayar upah *Unpaid worker* 6. Pesara kerajaan (berpencen) *Government retiree (Includes pensioner)* 7. Pesara kerajaan (tanpa pencen) *Government retiree (non-pensionable)* 8. Pesara swasta *Private retiree* 9. Surirumah *Homemaker* 10. Tidak bekerja *Unemployed* (-7) TT (-9) EJ **Sila ke G301 selepas soalan ini**
	SEKSYEN G3: PROFIL PENJAGA TIDAK FORMAL ***SECTION G3: INFORMAL CAREGIVER PROFILE***	
G301	Berapa orang warga emas yang anda jaga dalam isi rumah ini? *How many older persons are you taking care of in this household?*	☐☐ orang *person(s)*
G301a	Siapakah warga emas yang anda jaga? *Who is the older person you are taking care of?* (Isi nama penuh warga emas sama seperti yang diisi dalam jadual isi rumah)	Nama *Name*: ID *ID* : ☐☐ ☐☐ **IR** **IV**

G301b	**Apakah hubungan anda dengan .....(G301a)? *What is your relationship to ..... (G301a)?***	**1.** Suami atau isteri / *pasangan* *Husband or wife / Spouse* 2. Anak *Child* 3. Cucu atau cicit *Grandchild or great-grandchild* 4. Adik-beradik *Siblings* 5. Ibubapa *Parent* 6. Mentua *Parent-in-law* 7. Menantu *Son- or daughter-in-law* 8. Ipar-duai *Brother- or sister-in-law* 9. Saudara-mara lain *Other relatives* 10. Kawan *Friend* 11. Lain-lain *Others*
G302	Apakah bantuan yang anda berikan kepada warga emas tersebut? *What types of assistance do you provide to the older persons?*	
G302a	Aktiviti kehidupan seharian (contohnya, makan, mandi, memakai pakaian, menggunakan tandas, beralih tempat, dan pergerakan) *Activities of daily living (e.g., feeding, bathing, dressing, toilet use, transfer, and mobility)* **Sila tunjuk Buku Kod** ***Please show Codebook***	1. Ya *Yes* 2. Tidak *No*
G302b	Aktiviti penjagaan kesihatan (contohnya, bawa berjumpa doktor, mengurus ubatan) *Healthcare activities (e.g. bring to physician visits and managing medications)* **Sila tunjuk Buku Kod** ***Please show Codebook***	1. Ya *Yes* 2. Tidak *No*
G302c	Aktiviti-aktiviti lain (contohnya, membasuh pakaian, membeli barangan keperluan atau barangan peribadi, menyediakan makanan, membuat pembayaran atau urusan bank, dan pengangkutan) *Other activities (e.g., laundry, shopping for groceries or personal items, preparing meals, handling bills and banking, transportation)* **Sila tunjuk Buku Kod** ***Please show Codebook***	1. Ya *Yes* 2. Tidak *No*

SEKSYEN G4: SOAL SELIDIK BEBANAN YANG DIRASAI OLEH PENJAGA
SECTION G4: ZARIT BURDEN INTERVIEW

Negeri (2 Dlgit)	DP (2 Dlgit)	DB (3 Dlgit)	BP (3 Dlgit)	ST (1 Dlgit)	UB (3 Dlgit)	TK (3 Dlgit)	IR (2 Dlgit)	IDV (2 Dlgit)

ARAHAN *INSTRUCTIONS*

1. Kertas soal selidik ini mengandungi **22 soalan** yang diisi sendiri oleh **penjaga tidak formal**. SEMUA JAWAPAN ADALAH SULIT.
   *This questionnaire contains **22 self-administered questions** to be answered by **informal caregivers**. ALL ANSWERS ARE CONFIDENTIAL.*
2. Sila BULATKAN jawapan yang dipilih.
   Please CIRCLE your selected answers.

Berikut adalah beberapa soalan yang merujuk kepada perasaan yang kadangkala dialami oleh seseorang yang perlu menjaga orang lain. Bagi setiap soalan, nyatakan berapa kerap anda mengalami perasaan sedemikian; **tidak pernah, jarang-jarang, kadangkala, agak kerap** atau **hampir sepanjang masa**. Tiada jawapan betul atau salah.
Nota: "**Ahli keluarga**" dalam soalan-soalan berikut merujuk kepada **warga emas yang anda jaga**.

*The following is a list of statements, which reflect how people sometimes feel when taking care of another person. After each statement, indicate how often you feel that way; **never, rarely, sometimes, quite frequently,** or **nearly always**.*
There are no right or wrong answers.
Note:** "**Relative**" in the following statements refers to **the older person you are taking care of.

G401	Adakah anda merasakan bahawa ahli keluarga anda itu meminta lebih banyak pertolongan daripada yang dia sebenarnya perlukan? *Do you feel that your relative asks for more help than he/she needs?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G402	Adakah anda merasakan bahawa anda tidak mempunyai masa yang cukup untuk diri sendiri disebabkan masa yang anda luangkan untuk ahli keluarga anda itu? *Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G403	Adakah anda berasa tertekan akibat bebanan menjaga ahli keluarga itu di samping perlu menjalankan tanggungjawab lain terhadap keluarga atau kerja? *Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*

G404	Adakah anda berasa malu dengan kelakuan ahli keluarga anda itu? *Do you feel embarrassed over your relative's behaviour?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G405	Adakah anda berasa marah apabila anda berada dekat dengan ahli keluarga anda itu? *Do you feel angry when you are around your relative?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G406	Adakah anda merasakan bahawa pada masa ini, perangai ahli keluarga anda itu mengganggu hubungan anda dengan ahli keluarga yang lain atau rakan-rakan melalui cara yang negatif? *Do you feel that your relative currently affects your relationship with other family members or friends in a negative way?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G407	Adakah anda berasa bimbang dengan perkembangan masa hadapan ahli keluarga anda itu? *(Perkembangan masa hadapan merujuk kepada masa depan warga emas yang anda jaga)* *Are you afraid what the future holds for your relative?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G408	Adakah anda merasakan seolah-olah ahli keluarga anda itu bergantung kepada anda? *Do you feel your relative is dependent upon you?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G409	Adakah anda merasakan fikiran anda tegang (stres) semasa berada dekat dengan ahli keluarga anda itu? *Do you feel stressed when you are around your relative?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G410	Adakah anda merasakan bahawa kesihatan anda telah terjejas kerana anda perlu menjaga ahli keluarga anda itu? *Do you feel your health has suffered because of your involvement with your relative?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*

G411	Adakah anda merasakan bahawa anda tidak mempunyai masa untuk kehidupan peribadi anda disebabkan ahli keluarga anda itu? *Do you feel that you don't have as much privacy as you would like, because of your relative?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G412	Adakah anda merasakan bahawa kehidupan sosial anda telah terjejas kerana anda perlu menjaga ahli keluarga anda itu? *Do you feel that your social life has suffered because you are caring for your relative?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G413	Adakah anda berasa tidak selesa untuk menjemput rakanrakan ke rumah disebabkan ahli keluarga anda itu? *Do you feel uncomfortable about having friends over, because of your relative?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G414	Adakah anda merasakan bahawa ahli keluarga anda itu mengharapkan anda untuk menjaganya, seolah-olah tiada orang lain yang boleh diharapkan? *Do you feel that your relative seems to expect you to take care of him/her, as if you were the only one, he/she could depend on?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G415	Adakah anda merasakan bahawa kewangan anda tidak mencukupi untuk menampung keperluan penjagaan ahli keluarga anda itu, ditambah pula dengan perbelanjaan anda yang lain? *Do you feel that you don't have enough money to care for your relative, in addition to the rest of your expenses?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G416	Adakah anda merasakan bahawa anda tidak akan berupaya lagi untuk menjaga ahli keluarga anda dalam masa terdekat? *Do you feel that you will be unable to take care of your relative much longer?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G417	Adakah anda merasakan bahawa anda tidak lagi bebas mengawal kehidupan anda sejak ahli keluarga anda itu jatuh sakit? (*Tidak lagi bebas mengawal kehidupan merujuk kepada tidak dapat mengawal kehidupan anda)* *Do you feel you have lost control of your life since your relative's illness?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*

G418	Adakah anda berharap anda boleh melepaskan penjagaan ahli keluarga anda itu ke tangan orang lain dengan begitu sahaja? *Do you wish you could just leave the care of your relative to someone else?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G419	Adakah anda berasa tidak pasti mengenai cara menguruskan penjagaan harian untuk ahli keluarga anda itu? *Do you feel uncertain about what to do about your relative?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G420	Adakah anda merasakan bahawa anda seharusnya berusaha lebih banyak untuk menjaga ahli keluarga anda itu? *Do you feel you should be doing more for your relative?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G421	Adakah anda merasakan bahawa anda berupaya menjaga ahli keluarga anda itu dengan lebih baik? *Do you feel you could do a better job in caring for your relative?*	1. Tidak Pernah *Never* 2. Jarang-jarang *Rarely* 3. Kadangkala *Sometimes* 4. Agak Kerap *Quite Frequently* 5. Hampir Sepanjang Masa *Nearly Always*
G422	Secara keseluruhannya, setakat manakah anda berasa dibebani dengan penjagaan ahli keluarga anda itu? *(Berasa dibebani merujuk kepada merasa terbeban dengan penjagaan warga emas)* *Overall, how burdened do you feel in caring for your relative?*	1. Tiada langsung *Not at all* 2. Sedikit *A little* 3. Sederhana *Moderately* 4. Agak banyak *Quite a bit* 5. Amat banyak *Extremely*

MODUL H: JATUH DAN KECEDERAAN
FALLS AND INJURIES

Jika responden mengalami kemerosotan kognitif teruk, berisiko demensia, atau pekak atau bisu, proksi dibenarkan untuk menjawab modul ini.
If the respondent has severe cognitive impairment, is at risk of dementia, or is deaf or mute, proxy is allowed to answer this module.

Sekarang saya akan bertanya beberapa soalan berkaitan dengan jatuh dan kecederaan **dalam masa 12 bulan yang lepas**. Sila nyatakan jawapan anda.
*Now I will ask a few questions regarding falls and injuries **in the past 12 months**. Please state your answer.*

H01	Dalam **12 bulan yang lepas**, pernahkah anda terjatuh? *In the **last 12 months**, have you had a fall?*	Ya *Yes* 1. Tidak *No* **...Sila ke H07** (-7) TT (-9) EJ **Sila ke H07 jika TT / EJ**
H02	Berapa kalikah anda terjatuh (termasuk kali terakhir anda terjatuh)? *How many times did you fall (including last fall)?*	☐☐ kali *times* (-7) TT (-9) EJ
H03	Adakah anda mengalami sebarang kecederaan setelah anda jatuh? *Did you suffer any injury when you fell?*	1. Ya *Yes* 2. Tidak *No* **...Sila ke H06** (-7) TT (-9) EJ **Sila ke H06 jika TT / EJ**
H04	Jika ya, apakah jenis **kecederaan paling teruk** yang anda alami disebabkan jatuh? *What type of injury did you experience because of the fall **(most severe injury)?***	1. Kecederaan ringan (lebam, bengkak, luka….) *Minor injury (bruise, swelling, cut or other open wounds….)* 2. Kecederaan teruk (terseliuh, patah, sakit belakang, pendarahan otak.…) *Severe injury (sprain, fracture, back pain, bleeding in the brain….)* (-7) TT (-9) EJ
H05	Adakah anda mendapatkan rawatan perubatan bagi **kecederaan paling teruk** yang anda alami disebabkan jatuh? *Did you seek medical attention for the **most severe injury** experienced because of the fall?*	1. Pesakit luar *Outpatient* 2. Masuk wad *Hospitalised* 3. Rawat sendiri *Self-treated* (-7) TT (-9) EJ
H06	Di manakah kejadian jatuh kali terakhir berlaku? *Where did the last fall occur?*	1. Di dalam rumah *Indoors* 2. Di halaman rumah *Outside the house (within house compound)* 3. Di luar rumah *Outdoors* 4. Di dalam bilik air / tandas *In the bathroom / toilet* (-7) TT (-9) EJ

H07	Adakah anda masih memandu / menunggang kenderaan? *Are you still driving / riding?* *Memandu/ menunggang kenderaan merujuk kepada kenderaan darat dan bermotor sahaja. ** Driving/riding a vehicle refers exclusively to land-based and motorized vehicles*	1. Ya *Yes* 2. Tidak *No* 3. Tidak pernah memandu / menunggang *Never drive / ride* (-7) TT (-9) EJ **Sila ke H08 jika Ya** **Tamat Modul jika jawapan Tidak/ Tidak pernah memandu / menunggang**
H08	Pernahkah anda terlibat dalam kemalangan jalan raya (sebagai pemandu / penunggang sahaja) **dalam tempoh 12 bulan yang lepas**? *Have you ever been involved in a road accident (as a driver / rider only) **in the past 12 months**?* Kemalangan jalan raya merujuk kepada kemalangan kecil atau kemalangan serius di mana-mana jalan awam dalam tempoh 12 bulan yang lepas yang melibatkan diri responden sebagai pemandu atau penunggang sahaja. *Road accidents refer to minor or serious accidents on any public road within the past 12 months involving the respondent themselves as a driver or rider only.*	1. Ya *Yes* 2. Tidak *No* 3. Tidak pasti *Not sure*

MODUL I: KEMEROSOTAN FUNGSI PENGLIHATAN DAN PENDENGARAN *VISUAL AND HEARING IMPAIRMENT*

SEKSYEN I1: KEMEROSOTAN FUNGSI PENGLIHATAN / *VISUAL IMPAIRMENT*

Jika responden mengalami kemerosotan kognitif teruk, berisiko demensia, atau pekak atau bisu, proksi dibenarkan untuk menjawab Seksyen I1.
If the respondent has severe cognitive impairment, is at risk of dementia, or is deaf or mute, proxy is allowed to answer Section I1.

Penemu ramah, bacakan: "Sekarang saya akan bertanya beberapa soalan berkenaan dengan keupayaan anda untuk melihat, dan bagaimanakah perasaan anda. [Walaupun sebahagian daripada soalan-soalan ini kelihatan sama dengan yang telah anda jawab, adalah penting untuk kami bertanya semua soalan.]"
Interviewer, read: "Now I am going to ask you some questions about your ability to see, and how you have been feeling. [Although some of these questions may seem similar to ones you have already answered, it is important that we ask them all.]"

I101	Adakah anda / beliau menggunakan cermin mata / kanta lekap? *Do you / Does he / she wear glasses / contact lenses?*	1. Ya *Yes* 2. Tidak *No* (-7) TT (-9) EJ
I102	Adakah anda / beliau mempunyai masalah untuk melihat (walaupun dengan menggunakan cermin mata / kanta lekap)? Adakah anda akan mengatakan… *Do you / Does he / she have difficulty seeing, (even when wearing your / his / her glasses / contact lenses)? Would you say…* **Bacakan pilihan jawapan** ***Read response categories***	1. Tiada masalah *No difficulty* 2. Sedikit masalah *Some difficulty* 3. Sangat bermasalah *A lot of difficulty* 4. Tidak dapat melihat langsung *Cannot see at all* (-7) TT (-9) EJ
I103	Adakah anda / beliau mempunyai masalah untuk melihat wajah seseorang dengan jelas pada jarak 6 meter atau 20 kaki (walaupun dengan menggunakan cermin mata / kanta lekap)? Adakah anda akan mengatakan… *Do you / Does he / she have difficulty clearly seeing someone's face at a distance of 6 meters or 20 feet (even when wearing your / his / her glasses / contact lenses)? Would you say…* **Bacakan pilihan jawapan** ***Read response categories***	1. Tiada masalah *No difficulty* 2. Sedikit masalah *Some difficulty* 3. Sangat bermasalah *A lot of difficulty* 4. Tidak dapat melihat langsung *Cannot see at all* (-7) TT (-9) EJ
I104	Adakah anda / beliau mempunyai masalah untuk melihat gambar pada duit syiling (walaupun dengan menggunakan cermin mata / kanta lekap)? Adakah anda akan mengatakan… *Do you / Does he / she have difficulty clearly seeing the picture on a coin (even when wearing your / his / her glasses / contact lenses)? Would you say…* **Bacakan pilihan jawapan** ***Read response categories***	1. Tiada masalah *No difficulty* 2. Sedikit masalah *Some difficulty* 3. Sangat bermasalah *A lot of difficulty* 4. Tidak dapat melihat langsung *Cannot see at all* (-7) TT (-9) EJ

SEKSYEN I2: KEMEROSOTAN FUNGSI PENDENGARAN / *HEARING IMPAIRMENT*		
Jika responden mengalami kemerosotan kognitif teruk, berisiko demensia, atau pekak atau bisu, proksi dibenarkan untuk menjawab Seksyen I2. ***If the respondent has severe cognitive impairment, is at risk of dementia, or is deaf or mute, proxy is allowed to answer Section I2.***		
Penemu ramah, bacakan: "Sekarang saya akan bertanya beberapa soalan tambahan berkenaan dengan keupayaan anda untuk mendengar, dan bagaimanakah perasaan anda. [Walaupun sebahagian daripada soalan-soalan ini kelihatan sama dengan yang telah anda jawab, adalah penting untuk kami bertanya semua soalan.]" *Interviewer, read: "Now I am going to ask you some questions about your ability to do hear, and how you have been feeling. [Although some of these questions may seem similar to ones you have already answered, it is important that we ask them all.]"*		
I201	Adakah anda / beliau menggunakan alat bantu pendengaran? *Do you / Does he / she use a hearing aid?*	1. Ya *Yes* 2. Tidak *No* **...Sila ke I204** (-7) TT (-9) EJ **Sila ke I204 jika TT / EJ**
I202	Jika **YA**, di manakah anda mendapat alat bantu pendengaran? *If **YES**, from where did you get the hearing aid?*	1. Hospital Kerajaan *Government Hospital* 2. Hospital Swasta *Private Hospital* 3. Pusat / Kedai Alat Bantu Pendengaran *Hearing Aid Center* 4. Lain-lain Others (-7) TT (-9) EJ
I203	Berapa kerap anda / beliau menggunakan alat bantu pendengaran? Adakah anda akan mengatakan… *How often do you / does he / she use your / his / her hearing aid(s)? Would you say…* **Bacakan pilihan jawapan** ***Read response categories***	1. Sepanjang masa *All of the time* 2. Kadang-kadang *Some of the time* 3. Jarang-jarang *Rarely* 4. Tidak pernah *Never* (-7) TT (-9) EJ
I204	Adakah anda / beliau mempunyai masalah untuk mendengar (walaupun dengan memakai alat bantu pendengaran)? Adakah anda akan mengatakan… *Do you / Does he / she have difficulty hearing, (even when using a hearing aid(s))? Would you say…* **Bacakan pilihan jawapan** ***Read response categories***	1. Tiada masalah *No difficulty* 2. Sedikit masalah *Some difficulty* 3. Sangat bermasalah *A lot of difficulty* 4. Tidak dapat mendengar langsung *Cannot hear at all* (-7) TT (-9) EJ
I205	Adakah anda / beliau mempunyai masalah untuk mendengar perbualan dengan seseorang di dalam bilik / tempat yang **senyap** (walaupun dengan menggunakan alat bantu pendengaran)? Adakah anda akan mengatakan… *Do you / does he / she have difficulty hearing what is said in a conversation with one other person in a **quiet** room / place [even when using your / his / her hearing aid(s)]? Would you say…* **Bacakan pilihan jawapan** ***Read response categories***	1. Tiada masalah *No difficulty* 2. Sedikit masalah *Some difficulty* 3. Sangat bermasalah *A lot of difficulty* 4. Tidak dapat mendengar langsung *Cannot hear at all* (-7) TT (-9) EJ

I206	Adakah anda / beliau mempunyai masalah untuk mendengar perbualan dengan seseorang di dalam bilik / tempat yang **bising** (walaupun dengan memakai alat bantu pendengaran)? Adakah anda akan mengatakan… *Do you / does he / she have difficulty hearing what is said in a conversation with one other person in a **noisier** room / place [even when using your / his / her hearing aid(s)]? Would you say…* **Bacakan pilihan jawapan** ***Read response categories***	1. Tiada masalah *No difficulty* 2. Sedikit masalah *Some difficulty* 3. Sangat bermasalah *A lot of difficulty* 4. Tidak dapat mendengar langsung *Cannot hear at all* (-7) TT (-9) EJ

MODUL J: AKTIVITI FIZIKAL
PHYSICAL ACTIVITY

Jika responden mengalami kemerosotan kognitif teruk, berisiko demensia, atau pekak atau bisu, proksi dibenarkan untuk menjawab modul ini.
If the respondent has severe cognitive impairment, is at risk of dementia, or is deaf or mute, proxy is allowed to answer this module.

Seterusnya, saya akan menyoal anda berkenaan dengan tempoh masa yang anda luangkan untuk melakukan pelbagai kegiatan aktiviti fizikal yang berbeza **dalam satu minggu yang biasa**. Sila jawab soalan-soalan ini walaupun anda menganggap diri anda tidak aktif.
*Next, I am going to ask you about the time you spend doing different types of physical activity **in a typical week**. Please answer these questions even if you do not consider yourself to be a physically active person.*

AKTIVITI FIZIKAL BERKAITAN PEKERJAAN
WORK-RELATED PHYSICAL ACTIVITY

Fikirkan dahulu tentang masa yang anda gunakan untuk bekerja / aktiviti harian. Anggapkan pekerjaan / aktiviti harian sebagai perkara yang anda perlu lakukan untuk kehidupan seperti kerja yang berbayar atau tidak berbayar, belajar / berlatih, kerja di rumah, menuai hasil tanaman, memancing atau memburu untuk makanan, mencari pekerjaan, dan sebagainya. Ketika menjawab soalan-soalan berikut, 'aktiviti berat' ialah aktiviti-aktiviti yang memerlukan keupayaan fizikal yang tinggi dan mengakibatkan peningkatan kadar pernafasan ataupun denyutan jantung yang banyak; 'aktiviti sederhana' ialah aktiviti-aktiviti yang memerlukan keupayaan fizikal yang sederhana dan mengakibatkan peningkatan kadar pernafasan ataupun denyutan jantung yang sedikit.
First, think about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study / training, household chores, harvesting food / crops, fishing or hunting for food, seeking employment, etc. In answering the following 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.

J01 Adakah pekerjaan / aktiviti harian anda melibatkan aktiviti **kerja berat** yang mengakibatkan peningkatan yang banyak dalam kadar pernafasan ataupun denyutan jantung seperti berlari, membawa atau mengangkat barang yang berat, menggali, menuai, berkebun atau melakukan kerja pembinaan sekurang-kurangnya 10 minit secara berterusan? [MASUKKAN CONTOH - **Sila lihat Buku Kod J1**]
*Does your work involve **vigorous-intensity** activity that causes large increases in breathing or heart rate such as running, carrying or lifting heavy loads, digging, planting and harvesting food/crops, or construction work for at least 10 minutes continuously? [INSERT EXAMPLES - **Please see Code Book J1**]*

1. Ya *Yes*
2. Tidak *No* **…Sila ke J02**

(-7) TT (-9) EJ

J01a **Biasanya dalam seminggu**, berapa harikah anda melakukan **kerja-kerja berat** dalam pekerjaan / aktiviti harian anda?
***In a typical week**, how many days do you do **vigorous-intensity** activities as part of your work?*

[ ] Jumlah hari *Number of days*
(-7) TT (-9) EJ

J01b **Pada hari biasa** yang anda lakukan **kerja berat**, berapa lamakah anda melakukannya?
*How much time do you spend doing **vigorousintensity** activities at work **on a typical day**?*

[ ] Jam *Hour*
[ ] Minit *Minutes*

J02	Adakah pekerjaan / aktiviti harian anda melibatkan aktiviti **kerja sederhana** yang mengakibatkan peningkatan yang sedikit dalam kadar pernafasan ataupun denyutan jantung seperti berjalan pantas, membawa barang yang ringan, memancing, membuat kerja rumah, mencuci kereta atau mengecat rumah sekurang-kurangnya 10 minit secara berterusan? [MASUKKAN CONTOH - **Sila lihat Buku Kod J2**] *Does your work involve **moderate-intensity** activity that causes small increases in breathing or heart rate such as brisk walking, carrying light loads, fishing, doing household chores, washing car or painting house for at least 10 minutes continuously? [INSERT EXAMPLES - **Please see Code Book J2**]* 1. Ya *Yes* 2. Tidak *No* **...Sila ke J03** (-7) TT (-9) EJ		
J02a	**Biasanya dalam seminggu**, berapa harikah anda melakukan **kerja-kerja sederhana** dalam pekerjaan / aktiviti harian anda? ***In a typical week**, how many days do you do **moderate-intensity** activities as part of your work?* ☐ Jumlah hari *Number of days* (-7) TT (-9) EJ	**J02b**	**Pada hari biasa** yang anda lakukan **kerja sederhana**, berapa lamakah anda melakukannya? *How much time do you spend doing **moderateintensity** activities at work **on a typical day**?* ☐ Jam *Hour* ☐ Minit *Minutes*
AKTIVITI FIZIKAL BERKAITAN PERJALANAN ***TRAVEL-RELATED PHYSICAL ACTIVITY***			
Soalan-soalan seterusnya **TIDAK** termasuk aktiviti fizikal semasa bekerja yang telah anda nyatakan. Sekarang, saya ingin bertanya mengenai kaedah yang biasa anda gunakan untuk bergerak dari satu tempat ke tempat yang lain (seperti ke tempat kerja, pasar, membeli-belah, masjid, dan sebagainya). *The following questions **EXCLUDE** the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places (for example, to work, to the market, for shopping, to a place of worship and others).*			
J03	Adakah anda berjalan atau berbasikal secara berterusan sekurang-kurangnya 10 minit untuk menuju ke, dan dari sesuatu tempat? *Do you walk or cycle for at least 10 minutes continuously to get to and from places?* 1. Ya *Yes* 2. Tidak *No* **...Sila ke J04** (-7) TT (-9) EJ		
J03a	**Biasanya dalam seminggu**, berapa harikah anda berjalan atau berbasikal secara berterusan sekurang-kurangnya 10 minit untuk menuju ke, dan dari sesuatu tempat? ***In a typical week**, how many days do you walk or cycle for at least 10 minutes continuously to get to and from places?* ☐ Jumlah hari *Number of days* (-7) TT (-9) EJ	**J03b**	**Biasanya dalam sehari**, berapa lamakah anda berjalan atau berbasikal untuk bergerak dari satu tempat ke tempat yang lain? *How much time do you spend walking or cycling for travel **on a typical day**?* ☐ Jam *Hour* ☐ Minit *Minutes*

AKTIVITI FIZIKAL PADA WAKTU LAPANG
RECREATIONAL (LEISURE) ACTIVITIES

Soalan-soalan seterusnya **TIDAK** termasuk aktiviti fizikal semasa bekerja dan semasa perjalanan yang telah anda nyatakan. Sekarang, saya ingin bertanya tentang aktiviti yang anda lakukan untuk rekreasi, kecergasan, dan sukan.
*The next questions **EXCLUDE** the work and transport activities that you have already mentioned. Now I would like to ask you about recreational (leisure) activities, fitness and sports.*

J04 Pada masa lapang, adakah anda melakukan aktiviti sukan, kecergasan atau riadah yang lasak yang mengakibatkan peningkatan yang banyak dalam kadar pernafasan ataupun denyutan jantung, seperti berlari, joging, aerobik atau bermain bola sepak, sekurang-kurangnya 10 minit secara berterusan? **[Sila lihat Buku Kod J3]**
*During your leisure time, do you do any vigorous-intensity sports, fitness or recreational activities that cause large increases in breathing or heart rate such as running, jogging, aerobic or football for at least 10 minutes continuously? **[Please see Code Book J3]***

1. Ya *Yes*
2. Tidak *No* **...Sila ke J05**

(-7) TT (-9) EJ

J04a **Biasanya dalam seminggu** pada waktu lapang, berapa harikah anda melakukan aktiviti sukan, kecergasan atau riadah yang lasak?
***In a typical week**, how many days do you do vigorous-intensity sports, fitness or recreational activities during your leisure time?*

[ ] Jumlah hari *Number of days*
(-7) TT (-9) EJ

J04b **Biasanya dalam sehari** pada waktu lapang,berapa lamakah anda melakukan aktiviti sukan, kecergasan atau riadah yang lasak? *How much time do you spend doing vigorous-intensity sports, fitness or recreational activities **on a typical day**?*

[ ] Jam *Hour*
[ ] Minit *Minutes*

J05 Pada masa lapang, adakah anda melakukan aktiviti sukan, kecergasan atau riadah yang sederhana yang mengakibatkan peningkatan yang sedikit dalam kadar pernafasan ataupun denyutan jantung, seperti berjalan pantas, berbasikal, berenang, menanam pokok bunga atau bermain bola tampar, sekurang-kurangnya 10 minit secara berterusan? **[Sila lihat Buku Kod J4]**
*During your leisure time, do you do any moderate-intensity sports, fitness or recreational activities that cause small increases in breathing or heart rate such as brisk walking, cycling, swimming, planting trees/flowers or playing volleyball for at least 10 minutes continuously? **[Please see Code Book J4]***

1. Ya *Yes*
2. Tidak *No* **...Sila ke J06**

(-7) TT (-9) EJ

J05a **Biasanya dalam seminggu** pada waktu lapang, berapa harikah anda melakukan aktiviti-aktiviti sukan, kecergasan atau riadah yang sederhana? ***In a typical week**, how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?*

[ ] Jumlah hari *Number of days*
(-7) TT (-9) EJ

J05b **Biasanya dalam sehari** pada waktu lapang, berapa lamakah anda melakukan aktiviti sukan, kecergasan atau riadah yang sederhana? *How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities **on a typical day**?*

[ ] Jam *Hour*
[ ] Minit *Minutes*

	AKTIVITI SEDENTARI ATAU TIDAK AKTIF ***SEDENTARY BEHAVIOUR***
	Soalan berikut adalah berkaitan dengan aktiviti duduk atau baring / sandar di tempat kerja, di rumah, semasa dalam perjalanan, atau semasa bersama rakan-rakan. Contohnya, duduk menulis, mengguna komputer, duduk bersama rakanrakan, perjalanan dalam kereta, bas, kereta api, duduk membaca, bermain kad atau menonton televisyen, **TETAPI TIDAK TERMASUK** waktu tidur. *The following 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, traveling in car, bus, train, reading, playing cards or watching television, but **DO NOT INCLUDE** time spent sleeping.*
J06	Biasanya dalam sehari, berapakah jumlah masa yang anda gunakan untuk duduk atau baring / bersandar di tempat kerja, di rumah, pada waktu lapang dan semasa perjalanan, **TETAPI TIDAK TERMASUK** waktu tidur? *Normally in a day, how much time do you usually spend sitting or reclining including time spent at work, at home, in your free time and while traveling, **BUT NOT INCLUDING** the time spent sleeping?* ☐ Jam *Hour* ☐ Minit *Minutes*
	TEMPOH MASA TIDUR: BERDASARKAN SOALAN SATU ITEM ***SLEEP DURATION: BASED ON A SINGLE-ITEM QUESTION***
J07	Secara purata, berapa jam anda tidur dalam tempoh 24 jam? *On average, how many hours of sleep do you get in a 24-hour period?* ☐ Jam *Hour* ☐ Minit *Minutes*

MODUL K: KENCING MANIS, TEKANAN DARAH TINGGI DAN PARAS KOLESTEROL TINGGI
DIABETES, HYPERTENSION AND HYPERCHOLESTEROLEMIA

SEKSYEN K1 : KENCING MANIS / *DIABETES*

Jika responden mengalami kemerosotan kognitif teruk, berisiko demensia, atau pekak atau bisu, proksi dibenarkan untuk menjawab Seksyen K1.
If the respondent has severe cognitive impairment, is at risk of dementia, or is deaf or mute, proxy is allowed to answer Section K1.

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

K101	Dalam tempoh 12 bulan yang lepas, pernahkah anda menjalani pemeriksaan paras gula dalam darah? *Have you ever had your blood sugar measured in the past 12 months?*	1. Ya *Yes* 2. Tidak *No* (-7) TT (-9) EJ
K102	Pernahkah anda diberitahu oleh doktor ataupun Penolong Pegawai Perubatan (PPP) bahawa anda menghidap penyakit kencing manis atau diabetes? *Have you ever been told by a doctor or Assistant Medical Officer that you have diabetes?* **Tidak termasuk kencing manis semasa hamil** ***Excluding gestational diabetes mellitus***	1. Ya *Yes* 2. Tidak *No* **...Tamat Seksyen K1** (-7) TT (-9) EJ **Tamat Seksyen K1 jika TT / EJ**
K103a	Jika **YA**, bilakah anda diberitahu oleh doktor atau PPP bahawa anda menghidap penyakit kencing manis atau diabetes? *If **YES**, when were you told by a doctor or Assistant Medical Officer that you have diabetes?*	1. < 1 tahun *year* **...Sila ke K104** 2. ≥ 1 tahun *year* **...Sila ke K103b** (-7) TT (-9) EJ **Sila ke K104 jika TT / EJ**
K103b	Sudah berapa tahun anda menghidap penyakit kencing manis atau diabetes? (Contoh: 2 tahun) *How many years have you had diabetes? (Example: 2 years)*	*Sila nyatakan Please stat* ☐☐ Tahun *Years* (-7) TT (-9) EJ
K104	Di manakah anda selalunya mendapatkan rawatan untuk penyakit kencing manis atau diabetes? *Where do you usually seek treatment for your diabetes?* Pilih **SATU** jawapan sahaja *Choose **ONE** answer only*	1. Klinik kerajaan *Government clinic* 2. Klinik swasta *Private clinic* 3. Hospital kerajaan *Government hospital* 4. Hospital swasta *Private hospital* 5. Farmasi *Pharmacy* 6. Pengamal rawatan tradisional, herba dan komplementari *Traditional, herbal and complementary medicine* 7. Saya tidak mendapatkan sebarang rawatan *I did not seek any treatment* (-7) TT (-9) EJ

SEKSYEN K2 : TEKANAN DARAH TINGGI / *HYPERTENSION*		
Jika responden mengalami kemerosotan kognitif teruk, berisiko demensia, atau pekak atau bisu, proksi dibenarkan untuk menjawab Seksyen K2. ***If the respondent has severe cognitive impairment, is at risk of dementia, or is deaf or mute, proxy is allowed to answer Section K2.***		
Sekarang saya ingin bertanya mengenai kesihatan anda, terutamanya berkenaan tekanan darah tinggi. *Now I would like to ask you about your health, particularly regarding hypertension.*		
K201	Dalam tempoh 12 bulan yang lepas, pernahkah anda menjalani pemeriksaan tekanan darah? *Have you ever had your blood pressure measured in the past 12 months?*	1. Ya *Yes* 2. Tidak *No* (-7) TT (-9) EJ
K202	Pernahkah anda diberitahu oleh doktor ataupun Penolong Pegawai Perubatan (PPP) bahawa tekanan darah anda adalah tinggi atau anda menghidap penyakit tekanan darah tinggi? *Have you ever been told by a doctor or an Assistant Medical Officer that you have raised blood pressure or hypertension?* **Tidak termasuk penyakit tekanan darah tinggi semasa hamil** ***Excluding gestational hypertension***	1. Ya *Yes* 2. Tidak *No* **...Tamat Seksyen K2** (-7) TT (-9) EJ **Tamat Seksyen K2 jika TT / EJ**
K203a	Jika **YA**, bilakah anda diberitahu oleh doktor / PPP bahawa tekanan darah anda adalah tinggi atau anda menghidap penyakit tekanan darah tinggi? *If **YES**, when were you told by a doctor or an Assistant Medical Officer that you have raised blood pressure or hypertension?*	1. < 1 tahun *year* **...sila ke K204** 2. ≥ 1 tahun *year* **...sila ke K203b** (-7) TT (-9) EJ **Sila ke K204 jika TT / EJ**
K203b	Sudah berapa tahun anda menghidap penyakit tekanan darah tinggi? (Contoh: 2 tahun) *How many years have you had hypertension? (Example: 2 years)*	*Sila nyatakan Please state* ☐☐ Tahun *Years* (-7) TT (-9) EJ
K204	Di manakah anda selalunya mendapat rawatan untuk penyakit tekanan darah tinggi? *Where do you usually seek treatment for your high blood pressure or hypertension?* Pilih **SATU** jawapan sahaja *Choose **ONE** answer only*	1. Klinik kerajaan *Government clinic* 2. Klinik swasta *Private clinic* 3. Hospital kerajaan *Government hospital* 4. Hospital swasta *Private hospital* 5. Farmasi *Pharmacy* 6. Pengamal rawatan tradisional, herba dan komplementari *Traditional, herbal and complementary medicine* 7. Saya tidak mendapatkan sebarang rawatan *I did not seek any treatment* (-7) TT (-9) EJ

SEKSYEN K3 : PARAS KOLESTEROL TINGGI / *HYPERCHOLESTEROLEMIA*		
Jika responden mengalami kemerosotan kognitif teruk, berisiko demensia, atau pekak atau bisu, proksi dibenarkan untuk menjawab Seksyen K3. ***If the respondent has severe cognitive impairment, is at risk of dementia, or is deaf or mute, proxy is allowed to answer Section K3.***		
Sekarang saya ingin bertanya mengenai kesihatan anda, terutamanya berkenaan paras kolesterol yang tinggi. *Now I would like to ask you about your health, particularly regarding high cholesterol.*		
K301	Dalam tempoh 12 bulan yang lepas, pernahkah anda menjalani pemeriksaan paras kolesterol dalam darah? *Have you ever had your blood cholesterol measured in the past 12 months?*	1. Ya *Yes* 2. Tidak *No* (-7) TT (-9) EJ
K302	Pernahkah anda diberitahu oleh doktor ataupun Penolong Pegawai Perubatan (PPP) bahawa paras kolesterol darah anda adalah tinggi? *Have you ever been told by a doctor or an Assistant Medical Officer that you have high cholesterol?*	1. Ya *Yes* 2. Tidak *No* **...Tamat Seksyen K3** (-7) TT (-9) EJ **Tamat Seksyen K3 jika TT / EJ**
K303a	Jika **YA**, bilakah anda diberitahu oleh doktor / PPP bahawa paras kolesterol darah anda adalah tinggi? *If **YES**, when were you told by a doctor or an Assistant Medical Officer that you have high cholesterol?*	1. < 1 tahun *year* **...Sila ke K304** 2. ≥ 1 tahun *year* **...Sila ke K303b** (-7) TT (-9) EJ **Sila ke K304 jika TT / EJ**
K303b	Sudah berapa tahun paras kolesterol darah anda tinggi? (Contoh: 2 tahun) *How many years have you had high cholesterol? (Example: 2 years)*	*Sila nyatakan Please state* ☐☐ Tahun *Years* (-7) TT (-9) EJ
K304	Di manakah anda selalunya mendapat rawatan untuk paras kolesterol tinggi anda? *Where do you usually seek treatment for your high cholesterol?* Pilih **SATU** jawapan sahaja *Choose **ONE** answer only*	1. Klinik kerajaan *Government clinic* 2. Klinik swasta *Private clinic* 3. Hospital kerajaan *Government hospital* 4. Hospital swasta *Private hospital* 5. Farmasi *Pharmacy* 6. Pengamal rawatan tradisional, herba dan komplementari *Traditional, herbal and complementary medicine* 7. Saya tidak mendapatkan sebarang rawatan *I did not seek any treatment* (-7) TT (-9) EJ

MODUL L: SOKONGAN SOSIAL
SOCIAL SUPPORT

INDEKS SOKONGAN SOSIAL DUKE
DUKE SOCIAL SUPPORT INDEX (DSSI)

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

No.	Soalan *Question*	Tiada *None*	1-2 orang *1-2 persons*	> 2 orang *> 2 persons*
L01	Selain ahli keluarga anda, berapa ramaikah orang di **kawasan setempat** anda, yang anda rasa **boleh bergantung kepada atau berasa sangat dekat** dengan anda? *Other than members of your family how many persons in your **local area** do you feel you **can depend** on or **feel very close to**?*			
		Tiada ***None***	**1-2 kali** ***1-2 times***	**> 2 kali** ***> 2 times***
L02	Berapa kalikah sepanjang seminggu lepas anda **menghabiskan masa dengan** seseorang yang tidak mtinggal bersama anda, iaitu, anda pergi berjumpa dengan mereka atau mereka datang untuk melawat anda, atau anda keluar bersama-sama. *How many times during the past week did **you spend time with** someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?*			
		0-1 kali ***0-1 times***	**2-5 kali** ***2-5 times***	**> 5kali** ***> 2 times***
L03	Berapa kalikah anda **bercakap** dengan seseorang (kawan-kawan, saudara mara atau orang lain) di telefon pada seminggu lepas (sama ada mereka menghubungi anda, atau anda menghubungi mereka)? *How many times did you **talk** to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?*			
L04	Berapa kerapkah anda pergi ke **perjumpaan** persatuan, keagamaan, politik atau Kumpulan kumpulan lain yang anda sertai pada seminggu lepas? *About how often did you go to **meetings** of clubs, religious meetings, or other groups that you belong to in the past week?*			

		Tidak pernah ***Hardly ever***	**Tidak pernah** ***Hardly ever***	**Kebanyakan masa** ***Most of the time***
L05	Adakah keluarga dan rakan-rakan (iaitu orang-orang yang penting kepada anda) kelihatan seolah-olah **memahami** anda? *Does it seem that your family and friends (people who are important to you)* ***understand*** *you?*			
L06	Adakah **anda rasa berguna** kepada keluarga dan rakan- rakan (iaitu orang-orang yang penting kepada anda)? ***Do you feel useful*** *to your family and friends (people important to you)?*			
L07	Adakah anda **mengetahui apa yang sedang berlaku** dengan keluarga dan rakan-rakan anda? *Do you* ***know what is going on*** *with your family and friends?*			
L08	Apabila anda bercakap dengan keluarga dan rakan-rakan anda, adakah anda **rasa anda didengari**? *When you are talking with your family and friends, do you Feel* ***you are being listened to****?*			
L09	Adakah anda rasa anda **mempunyai peranan** (tempat) tertentu dalam keluarga anda dan dalam kalangan rakan- rakan anda? *Do you feel that you have a* ***definite role*** *(place) in your family and among your friends?*			
L10	Bolehkah anda bercakap tentang **masalah peribadi** dengan sekurang-kurangnya sebahagian daripada keluarga dan rakan-rakan anda? *Can you talk about your* ***deepest problems*** *with at least some of your family and friends?*			
		Sangat tidak berpuas hati ***Very dissatisfied***	**Agak berpuas hati** ***Somewhat satisfied***	**Berpuas hati** ***Satisfied***
L11	Sejauh manakah anda berpuas hati **dengan hubungan anda** bersama keluarga dan rakan-rakan anda? *How satisfied are you with the kinds of* ***relationships*** *you have with your family and friends?*			

MODUL M: KUALITI HIDUP
QUALITY OF LIFE

Merujuk kepada kenyataan yang akan saya bacakan, sejauh manakah pandangan anda berkaitan kenyataan di bawah. *Referring to these statements that I shall read, state your views according to the scale below.*

No.	Soalan *Question*	Sering kali *Often*	Kadang-kadang *Sometimes*	Jarang *Not Often*	Tidak pernah *Never*
M01	Umur saya menghadkan saya daripada melakukan perkara-perkara yang saya inginkan. *My age prevents me from doing the things I would like to.*	1	2	3	4
M02	Saya rasa apa yang berlaku ke atas diri saya adalah di luar kawalan saya. *I feel that what happens to me is out of my control.*	1	2	3	4
M03	Saya berasa bebas untuk merancang masa depan saya. *I feel free to plan for the future.*	1	2	3	4
M04	Saya rasa ketinggalan. *I feel left out of things.*	1	2	3	4
M05	Saya boleh melakukan perkara-perkara yang saya ingin lakukan. *I can do the things that I want to do.*	1	2	3	4
M06	Tanggungjawab terhadap keluarga menghalang saya daripada melakukan apa yang saya ingin lakukan. *Family responsibilities prevent me from doing what I want do.*	1	2	3	4
M07	Saya rasa puas hati dengan apa yang saya boleh lakukan. *I feel that I can please myself what I do.*	1	2	3	4
M08	Kesihatan saya menghalang saya daripada melakukan perkara-perkara yang saya ingin lakukan. *My health stops me from doing things I want to do.*	1	2	3	4
M09	Kekurangan wang menghalang saya daripada melakukan perkara-perkara yang saya ingin lakukan. *Shortage of money stops me from doing things I want to do.*	1	2	3	4
M10	Saya menanti-nantikan hari yang mendatang / Saya berharap akan setiap hari yang datang. *I look forward to each day.*	1	2	3	4
M11	Saya rasa kehidupan saya mempunyai makna / maksud. *I feel that my life has meaning.*	1	2	3	4
M12	Saya berasa seronok dengan perkara-perkara yang saya lakukan. *I enjoy the things that I do.*	1	2	3	4

M13	Saya berasa seronok berada bersama-sama dengan orang lain / Saya suka berada dengan kehadiran orang lain *I enjoy being in the company of others.*	1	2	3	4
M14	Saya mengimbau kembali kehidupan saya dengan rasa **bahagia** / kebahagiaan *On balance, I look back on my life with a sense of **happiness**.*	1	2	3	4
M15	Saya rasa amat bertenaga. *I feel full of energy these days.*	1	2	3	4
M16	Saya memilih untuk melakukan perkara-perkara yang saya tidak pernah lakukan sebelum ini. *I choose to do things that I have never done before.*	1	2	3	4
M17	Saya berasa puas hati dengan kehidupan saya. *I feel satisfied with the way my life has turned out.*	1	2	3	4
M18	Saya rasa yang hidup ini penuh dengan peluang. *I feel that life is full of opportunities.*	1	2	3	4
M19	Saya rasa yang masa depan saya **adalah baik** / cerah. *I feel that the future **looks good** to me.*	1	2	3	4

MODUL N: SARKOPENIA
SARCOPENIA

Kriteria pengecualian / *Exclusion criteria:*

Adakah responden mempunyai salah satu daripada "kriteria pengecualian" berikut?
Does the respondent have any of the following "exclusion criteria"?

N01	Terlantar akibat penyakit yang teruk atau berpanjangan, kecederaan atau kemalangan. *Bedridden due to severe or prolonged illness, injury, or accident.*	1. Ya *Yes* 2. Tidak *No*
N02	Mengalami ketidakupayaan fizikal yang mengehadkan kebolehan untuk berdiri dengan tegak secara normal, termasuk pengguna kerusi roda ATAU telah didiagnosis oleh doktor dengan demensia ATAU kemerosotan kognitif yang sederhana. *Has physical disabilities that limit the ability to stand upright normally, including the use of a wheelchair OR has been diagnosed by a doctor with dementia OR cognitive impairment.*	1. Ya *Yes* 2. Tidak *No*
N03	Cacat anggota badan seperti tiada tangan atau kaki, atau masalah fizikal yang ketara (contohnya lumpuh, tidak boleh berdiri atau duduk sendiri) yang menghalang pelaksanaan ujian kekuatan dan prestasi fizikal. (Buta, bisu dan pekak tidak dikecualikan). *Body deformities such as absence of hand or leg, or significant physical problems (e.g., paralysis, inability to stand or sit independently) that prevent performing strength and physical performance tests. (Blind, mute and deaf individuals are not excluded).*	1. Ya *Yes* 2. Tidak *No*
N04	Sedang mengalami kecederaan pada tangan, lumpuh, angin ahmar (strok), artritis, keadaan tangan yang bengkak atau radang, atau telah menjalani pembedahan pada tangan dominan. Individu yang mempunyai alat pacu jantung (*pacemaker*) juga dikecualikan daripada penilaian. *Currently experiencing hand injury, paralysis, stroke, arthritis, oedema or inflammation of the hand, or has undergone surgery on the dominant hand.* *Individuals with a pacemaker are also excluded from the assessment.*	1. Ya *Yes* 2. Tidak *No*

[JIKA 'YA' KEPADA SALAH SATU PILIHAN DI ATAS, TAMAT MODUL N DAN TERUS KE MODUL SETERUSNYA]
[IF ONE OF THE CHOICES ABOVE IS 'YES', PLEASE PROCEED TO THE NEXT MODULE]

N05	Adakah responden bersetuju untuk menjalani pengukuran? *Did the respondent agree for their measurement to be taken?*	1. Ya *Yes* 2. Tidak *No*
N06	Tarikh Pengukuran *Measurement Date* ☐☐ Hari *Day* ☐☐ Bulan *Month* ☐☐☐☐ Tahun *Year*	
N07	**Status pengukuran tinggi** ***Status of body height measurement***	1. Pengukuran berjaya *Successfully measured* 2. Tidak berjaya diukur *Unsuccessfully measured*

Tinggi *Height*		
N07a **N07b**	Ukuran 1 *1st Measurement* ☐☐☐ . ☐ cm Ukuran 2 *2nd Measurement* ☐☐☐ . ☐ cm (-8) Tidak berkaitan *Not applicable* (-9) Enggan diukur *Refused to be measured*	
N08	**Status pengukuran separuh depa lengan** (Gunakan kaedah ini jika pengukuran tinggi tidak dapat dilakukan dengan tepat pada responden yang tidak dapat mengekalkan postur yang diperlukan) **Ukuran tinggi (cm) = bacaan separuh depa lengan (cm) x 2** ***Status of semi arm span measurement*** *(Use this method if height measurement is difficult to measure accurately in respondent who cannot maintain the necessary posture)* ***Height (cm) = semi arm span (cm) x 2***	1. Pengukuran berjaya *Successfully measured* 2. Tidak berjaya diukur *Unsuccessfully measured*
Separuh depa lengan *Semi arm span*		
N08a	**Apakah tangan dominan anda? *What is your dominant hand***	1. Tangan Kanan *Right Hand* 2. Tangan Kiri *Left Hand*
N08b **N08c**	Ukuran 1 *1st Measurement* ☐☐☐ . ☐ cm Ukuran 2 *2nd Measurement* ☐☐☐ . ☐ cm (-8) Tidak berkaitan *Not applicable* (-9) Enggan diukur *Refused to be measured*	
N09	**Status pengukuran berat badan, peratus lemak badan dan peratus otot badan. *Status of body weight, percentage body fat and percentage muscle mass measurement***	1. Pengukuran berjaya *Successfully measured* 2. Tidak berjaya diukur *Unsuccessfully measured*

Berat Badan, Peratus Lemak Badan Dan Peratus Otot Badan.
Body Weight, Percentage Body Fat And Percentage Muscle Mass Measurement

N09a	**Berat Badan** ***Body Weight*** ☐☐☐.☐ kg	
N09b	**Peratus Lemak Badan** ***Percentage Body Fat*** ☐☐☐.☐ %	
N09c	**Peratus Otot Badan** ***Percentage Muscle Mass*** ☐☐☐.☐ % (-8) Tidak berkaitan *Not applicable* (-9) Enggan diukur *Refused to be measured*	
N10	**Status pengukuran kekuatan genggaman tangan** ***Status of hand grip strength measurement***	1. Pengukuran berjaya *Successfully measured* 2. Tidak berjaya diukur *Unsuccessfully measured*

Kekuatan genggaman tangan ***Hand grip strength measurement***

N10a	**Apakah tangan dominan anda?** ***What is your dominant hand?***	1. Tangan Kanan *Right Hand* 2. Tangan Kiri *Left Hand*
N10b	Ukuran 1 *1st Measurement* ☐☐☐.☐ kg Ukuran 2 *2nd Measurement* ☐☐☐.☐ kg (-8) Tidak berkaitan *Not applicable* (-9) Enggan diukur *Refused to be measured*	

N11	**Status pengukuran ujian berdiri dari kerusi 30 saat *Status of 30-Second Chair Stand Test measurement***	1. Pengukuran berjaya *Successfully measured* 2. Tidak berjaya diukur *Unsuccessfully measured*
Ujian berdiri dari kerusi 30 saat *30-Second Chair Stand Test measurement*		
N11a	Ujian 1 *1st Test* ☐☐ kali *times*	
N11b	Ujian 2 *2nd Test* ☐☐ kali *times*	
	(-8) Tidak berkaitan *Not applicable* (-9) Enggan diukur *Refused to be measured*	

MODUL O: FRAILTI
FRAILTY

Tujuan *Objectives*

1. Menentukan prevalens frailti dalam kalangan warga emas di Malaysia berdasarkan perbezaan sosiodemografi. *To determine the prevalence of frailty among older persons in Malaysia by sociodemographic differences.*
2. Menentukan prevalens pre-frail dalam kalangan warga emas di Malaysia berdasarkan perbezaan sosiodemografi. *To determine the prevalence of pre-frail among older persons in Malaysia by sociodemographic differences.*

Modul ini menggunakan pendekatan indeks frailti yang menggunakan data yang dikumpulkan daripada pelbagai domain kesihatan. Domain-domain ini terdiri daripada:
This module employs a frailty index approach, derived from data collected across multiple health domains. These domains include assessments of:

i. Status kognitif *Cognitive status*
ii. Demensia *Dementia*
iii. Kemurungan geriatrik, *Mental well-being (depression)*
iv. Kebolehan fungsional (termasuk aktiviti kehidupan harian dan aktiviti kehidupan harian instrumental) *Functional abilities (activities of daily living and instrumental activities of daily living)*
v. Masalah pendengaran dan penglihatan *Self-reported hearing and vision disabilities*
vi. Penyakit tidak berjangkit (kencing manis, tekanan darah tinggi, dan hiperkolesterolemia) *Non-communicable diseases (diabetes mellitus, hypertension, and hypercholesterolemia)*
vii. Sarkopenia *Sarcopenia* viii. Komorbiditi lain yang dilaporkan *Other self-reported comorbidities.*

Indeks frailti dikira menggunakan model pengumpulan defisit kesihatan. Setiap defisit kesihatan dianggap dikodkan sebagai 0 (tiada defisit) atau 1 (kehadiran defisit), dengan nilai perantaraan dibenarkan untuk respons bertahap apabila perlu. Jumlah defisit yang ada pada individu dibahagikan dengan keseluruhan jumlah defisit kesihatan, menghasilkan skor berterusan antara 0 hingga 1. Modul ini tidak mengandungi soalan khusus, sebaliknya menggunakan soalan-soalan terpilih daripada beberapa modul NHMS yang sedia ada untuk menilai indeks frailti.
The frailty index is calculated using the health deficit accumulation model. Each health deficit is treated as a potential deficit and is coded as 0 (absence of deficit) or 1 (presence of deficit), with intermediate values allowed for graded responses where appropriate. The total number of deficits present for an individual is then divided by the total number of health deficits considered, resulting in a continuous score between 0 and 1. This module does not contain specific questions, but it uses selected questions from several existing NHMS modules to assess the frailty index.

MODUL P: PENUAAN SEJAHTERA
AGEING WELL

Tujuan *Objectives*

Menentukan prevalens penuaan sejahtera dalam kalangan warga emas di Malaysia berdasarkan perbezaan sosiodemografi
To determine the prevalence of ageing well among older persons in Malaysia based on sociodemographic differences.

Modul ini bertujuan untuk menilai penuaan sejahtera dalam kalangan warga emas berdasarkan lima dimensi kesihatan utama, iaitu:
This module aims to assess ageing well among older persons based on five key health dimensions:

i. Komorbiditi yang terkawal *Controlled comorbidities*
ii. Keupayaan penuh fizikal untuk menjalankan aktiviti harian termasuk aktiviti kehidupan harian berinstrumental *Good physical function*
iii. Fungsi psikologi yang baik (bebas daripada kemurungan) *Good psychological functioning*
iv. Fungsi kognitif yang tidak terjejas *Good cognitive function*
v. Penglibatan sosial yang aktif. *Active social engagement*

Penuaan sejahtera ditakrifkan sebagai keadaan di mana individu warga emas memenuhi kesemua kriteria yang ditetapkan bagi setiap dimensi kesihatan tersebut. Modul ini tidak mengandungi soalan khusus, sebaliknya menggunakan soalansoalan terpilih daripada beberapa modul NHMS yang sedia ada untuk menilai dimensi penuaan sejahtera.
Successful ageing is defined as a condition in which an older individual meets all the criteria specified for each of the health dimensions. This module does not contain specific questions; instead, it uses selected questions from existing NHMS modules to assess the dimensions of successful ageing.

SEKSYEN Q: PEMERIKSAAN KLINIKAL
CLINICAL EXAMINATION

Keseluruhan Seksyen ini perlu dijalankan oleh Jururawat.

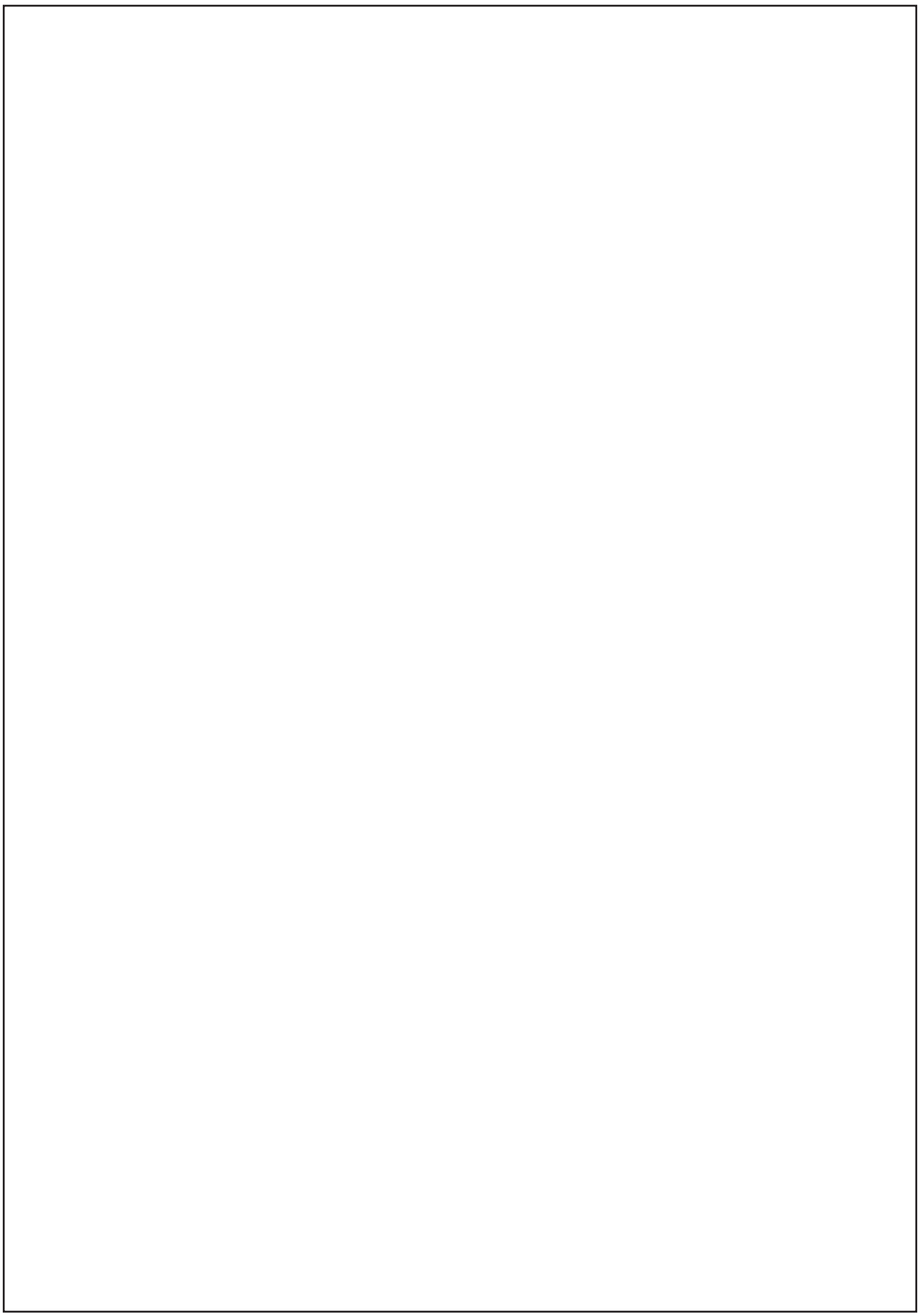
SEKSYEN Q1: PEMERIKSAAN TEKANAN DARAH / *BLOOD PRESSURE EXAMINATION*

Q101	Adakah responden bersetuju untuk menjalani pemeriksaan tekanan darah? *Did the respondent give consent to undergo a blood pressure examination?*	1. Ya *Yes* **...Sila ke Q101a** 2. Tidak *No* **...Sila ke Modul R2**
Bacaan tekanan darah *Blood pressure reading*		
Q101a	Sistolik *Systolic*	☐☐☐ mmHg Bacaan pertama *1st Reading*
Q101b	Diastolik *Diastolic*	☐☐☐ mmHg Bacaan pertama *1st Reading*
Q101c	Sistolik *Systolic*	☐☐☐ mmHg Bacaan kedua *2nd Reading*
Q101d	Diastolik *Diastolic*	☐☐☐ mmHg Bacaan kedua *2nd Reading*
Q101e	Sistolik *Systolic*	☐☐☐ mmHg Bacaan ketiga *3rd Reading*
Q101f	Diastolik *Diastolic*	☐☐☐ mmHg Bacaan ketiga *3rd Reading*

SEKSYEN Q2: PEMERIKSAAN BIOKIMIA / *BIOCHEMISTRY EXAMINATION*

Q201	Adakah responden memberi kebenaran untuk mengambil darah kapilari? *Did the respondent give consent to collect capillary blood?*	1. Ya *Yes* **...Sila ke R202** 2. Tidak *No* **...Tamat Modul**

Q202	Adakah responden berpuasa atau tidak? (Berpuasa bermaksud tak makan atau minum selain daripada air kosong dalam tempoh 8 jam) *Was the respondent fasting? (Fasting means not eating or drinking except for plain water within a period of 8 hours)*	1. Ya *Yes* 2. Tidak *No*	
Q202a	Paras glukosa kapilari *Capillary blood glucose level*	☐☐ . ☐☐	mmol/L
Q202b	Paras kolesterol keseluruhan kapilari *Capillary total cholesterol level*	☐☐ . ☐☐	mmol/L



Appendix 10: Code Book, NHMS 2025

NHMS 2025

BUKU KOD

TINJAUAN KEBANGSAAN KESIHATAN & MORBIDITI (NHMS)

KESIHATAN WARGA EMAS

INSTITUT KESIHATAN UMUM (IKU)
INSTITUT KESIHATAN NEGARA (NIH)
KEMENTERIAN KESIHATAN MALAYSIA

TINJAUAN KEBANGSAAN KESIHATAN DAN MORBIDITI 2025
NATIONAL HEALTH AND MORBIDITY SURVEY 2025

KESIHATAN WARGA EMAS
OLDER PERSONS HEALTH

BUKU KOD
CODEBOOK

INSTITUT KESIHATAN UMUM
INSTITUTE FOR PUBLIC HEALTH

KEMENTERIAN KESIHATAN MALAYSIA
MINISTRY OF HEALTH MALAYSIA

MODUL A1: SOSIODEMOGRAFI

A107: Bangsa (Bumiputera Sabah)	
Kod	**Pilihan Jawapan**
1	Bajau / Sama
2	Balabak / Molbog
3	Bisaya / Bisayah
4	Bulongan
5	Idahan / Ida'an
6	Iranun / Ilanun
7	Kadayan / Kedayan
8	Kadazandusun atau Dusun atau Kadazan
9	Melayu Brunei / Brunei
10	Murut
11	Orang Sungai / Sungoi
12	Rungus
13	Suluk
14	Lundayeh / Lundayuh
15	Jawa, Bugis, Banjar (Sabah)
16	Bumiputera Sabah Lain-Lain

A107: Bangsa (Bumiputera Sarawak)	
Kod	**Pilihan Jawapan**
1	Bah Mali
2	Bakong
3	Berawan
4	Bidayuh
5	Bisayah (Sarawak)
6	Bukitan
7	Dali'
8	Javanese atau Jawa (Sarawak)
9	Iban
10	Kadayan (Sarawak)
11	Kajang
12	Kanowit
13	Kayan
14	Kelabit
15	Kenyah
16	Kiput / Lakiput
17	Lisum
18	Lugat
19	Lun Bawang / Murut (Sarawak)
20	Melanau
21	Miriek (Miri)
22	Narom
23	Penan
24	Sa'ban / Saben
25	Sabup
26	Segan (Baie)
27	Sian
28	Sihan
29	Sipeng
30	Tabun
31	Tagal
32	Tanjong
33	Tetau atau Tatau
34	Tring
35	Ukit
36	Bumiputera Sarawak Lain-Lain

MODUL A2: SUSUNAN KEDIAMAN & PERSEKITARAN

A207: Jenis tandas

Tandas duduk

Tandas cangkung

Kerusi Commode (Tandas duduk)

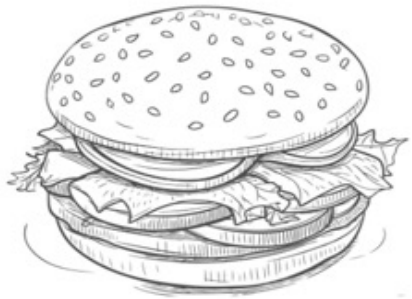
A208: Ciri-ciri keselamatan tandas / bilik air

Pemegang tandas

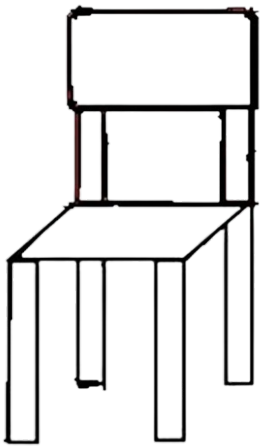
Pelapik lantai anti licin

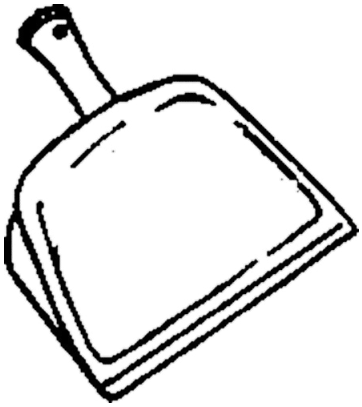
MODUL B: SARINGAN KOGNITIF

GAMBAR BAGI PERSEDIAAN SOALAN B05 (MEMORI)



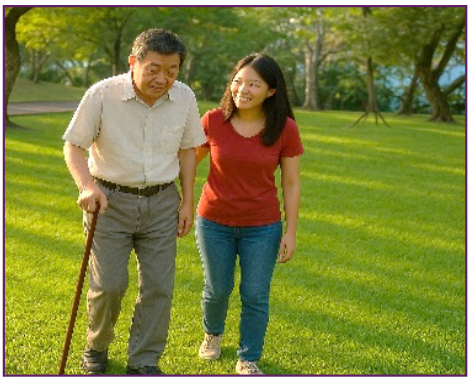
B05 : KAD PETUNJUK UNTUK MEMBANTU INGATAN RESPONDEN

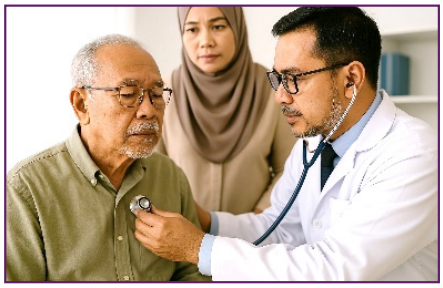


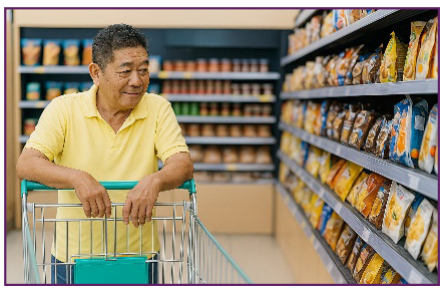


MODUL G: BEBAN PENJAGA TIDAK FORMAL

G302a: Bantuan dalam aktiviti kehidupan seharian

	
Makan	Mandi
	
Menggunakan tandas	Beralih tempat (dari atau ke katil)
	
Memakai pakaian	Pergerakan (di dalam atau di luar rumah)

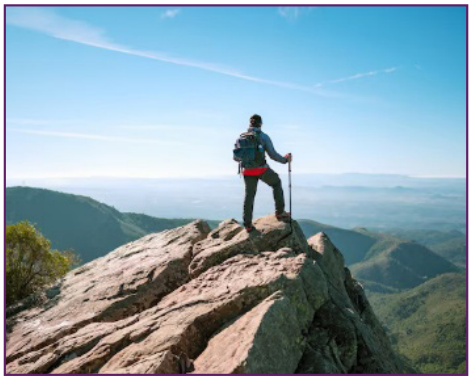
G302b: Bantuan dalam aktiviti penjagaan kesihatan	
	
Mengurus ubat	Membawa berjumpa doktor

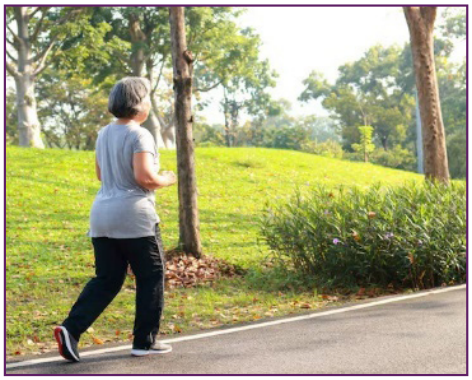
G302c: Bantuan dalam aktiviti-aktiviti lain	
	
Menyediakan makanan	Membasuh pakaian
	
Membuat pembayaran atau urusan bank	Pengangkutan (memerlukan bantuan atau menemani semasa perjalanan)
	
Membeli barangan keperluan atau barangan peribadi	

MODUL J: AKTIVITI FIZIKAL

J1: Aktiviti Kerja Berat	
	
Mengangkat barang berat	Kerja-kerja buruh
	
Menggali	Berkebun
	
Kerja pembinaan	Menuai

J2: Aktiviti Kerja Sederhana	
	
Membawa barang ringan	Membuat kerja rumah
	
Memancing	Membasuh kereta
	
Mengecat rumah	Menjalankan jualan gerai

J3: Aktiviti Riadah Lasak	
	
Mendaki bukit	Berjoging atau berlari
	
Berbasikal laju	Bermain *pickleball*
	
Senaman aerobik	Bermain bola sepak

J4: Aktiviti Riadah Sederhana	
	
Tai chi / qigong	Yoga
	
Berbasikal biasa	Berjalan pantas
	
Tarian kipas / *Park Dancing*	Berenang

13

BUKU KOD

2024

January

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

February

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

March

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

April

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

May

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

June

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

July

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

August

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

September

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

October

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

November

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

December

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

2025

January

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

February

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

March

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

April

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

May

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

June

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

July

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

August

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

September

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

October

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

November

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

December

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

KEMENTERIAN KESIHATAN MALAYSIA
INSTITUT KESIHATAN UMUM

Tinjauan Kebangsaan Kesihatan & Morbiditi (NHMS) 2025

Institut Kesihatan Umum (IKU)
Institut Kesihatan Negara (NIH)
No. 1, Jalan Setia Murni U13/52
Seksyen U13, Setia Alam
40170 Shah Alam, Selangor

NHMS Hotline: 03-33628787
Emel: nhms.iku@moh.gov.my

2025

Appendix 11: Referral Letter to Primary Health Clinic

INSTITUT KESIHATAN NEGARA
NATIONAL *INSTITUTES OF HEALTH (NIH)*
KEMENTERIAN KESIHATAN MALAYSIA
MINISTRY OF HEALTH MALAYSIA
Institut Kesihatan Umum,
Aras 1, Blok B5 & B6,
No.1, Jalan Setia Murni U13/52,
Seksyen U13 Setia Alam,
40170 Shah Alam, Selangor.

Telefon: 603-3362 8787
http://www.iku.moh.gov.my

Ruj. kami:
Tarikh:

Kepada
Pegawai Perubatan / Pihak yang berkenaan

.....

.....

Tuan / Puan,

SURAT RUJUKAN DARIPADA TINJAUAN KEBANGSAAN KESIHATAN DAN MORBIDITI (NHMS) 2025: KESIHATAN WARGA EMAS

Merujuk perkara di atas, adalah dimaklumkan bahawa:

Nama : _____

No. Kad Pengenalan : _____

Didapati mempunyai bacaan **tidak normal** semasa pemeriksaan:

☐ Tekanan darah : 1. ____ / ____ mmHg, 2. _____ / _____ mmHg, 3. ____ / ____ mmHg

☐ *Paras glukosa : _____ mmol/L (Berpuasa / Tidak berpuasa)

☐ *Paras kolesterol keseluruhan: _____ mmol/L
*Pemeriksaan paras glukosa dan kolesterol keseluruhan (total cholesterol) telah dijalankan menggunakan darah kapilari (point-of-care testing)

☐ Berisiko mengalami demensia: *(IDEA Study Screening Instrument)*

Skor : _____ / 15

☐ Berisiko mengalami kemurungan: *(Geriatric Depression Scale-14)*

Skor : _____ / 14

☐ Lain-lain:

_____

2. Sehubungan itu, pihak tuan/puan disarankan untuk membuat pemeriksaan lanjut dan memberi rawatan yang bersesuaian atau mengambil langkah sewajarnya terhadap penama ini. Keprihatinan dan kerjasama dari pihak tuan/puan amatlah dihargai.

Sekian, terima kasih.

Nama :
Jawatan :
Cop :

Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2025
Kesihatan Warga Emas
Kementerian Kesihatan Malaysia

Appendix 12: Publicity Materials, NHMS 2025

POSTER

BANNER


KEMENTERIAN KESIHATAN MALAYSIA
INSTITUT KESIHATAN UMUM
NHMS 2025
TINJAUAN KEBANGSAAN KESIHATAN & MORBIDITI (NHMS) 2025:
KESIHATAN WARGA EMAS
NATIONAL HEALTH & MORBIDITY SURVEY (NHMS) 2025:
OLDER PERSONS HEALTH
Tempoh pengumpulan data
Julai - September 2025
Melibatkan rumah yang terpilih secara rawak di Malaysia
03-3362 8787
iku.nih.gov.my/nhms2025
@nhms.iku
ASEAN
MALAYSIA MADANI

PAMPHLET

KESIHATAN WARGA EMAS
OLDER PERSONS HEALTH

TAHUKAH ANDA?

Malaysia dijangka mencapai status negara menua menjelang 2030, apabila 15% daripada penduduknya berusia 60 tahun ke atas. Perubahan demografi ini membawa cabaran besar dalam pelbagai aspek, termasuk kesihatan fizikal, mental dan sistem sokongan sosial di kalangan warga emas. Dapatan NHMS 2023 menunjukkan bahawa:

- **2 dari 3** warga emas menghidap tekanan darah tinggi
- **3 dari 5** warga emas menghidap kolestrol tinggi
- **2 dari 5** warga emas menghidap kencing manis
- **3 dari 10** warga emas mengalami kemurungan

DO YOU KNOW?

Malaysia is expected to attain ageing nation status by 2030, when 15% of its population will be aged 60 and above. This demographic shift presents significant challenges across various aspects, including physical and mental health, as well as social support systems for the older persons. Findings from NHMS 2023 indicate that:

- ***2 in 3** older persons suffer from hypertension (high blood pressure)*
- ***3 in 5** are affected by high cholesterol levels*
- ***2 in 5** have been diagnosed with diabetes*
- ***3 in 10** experienced depression*

HUBUNGI KAMI
CONTACT US

HUBUNGI KAMI:

Bilik Operasi NHMS 2025
Institut Kesihatan Umum
Kompleks Institut Kesihatan Negara (NIH)
No.1, Jalan Setia Murni U13/52
Seksyen U13, Setia Alam
40170 Shah Alam, Selangor
03-3362 8787

Imbas untuk maklumat lanjut

iku.nih.gov.my/nhms2025
nhms.iku@moh.gov.my
www.facebook.com/nhms
@nhms.iku

TERIMA KASIH DI ATAS KERJASAMA ANDA!

KEMENTERIAN KESIHATAN MALAYSIA
INSTITUT KESIHATAN UMUM

TINJAUAN KEBANGSAAN KESIHATAN DAN MORBIDITI (NHMS) 2025

KESIHATAN WARGA EMAS

TARIKH PENGUMPULAN DATA

JULAI - SEPTEMBER 2025

PENGENALAN
INTRODUCTION

KENAPAKAH ANDA PERLU MENYERTAI TINJAUAN INI?
WHY DO YOU NEED TO PARTICIPATE IN THIS SURVEY?

Tinjauan NHMS 2025 akan menilai keperluan warga emas, mengenal pasti jurang perkhidmatan kesihatan, dan menambah baik program kesihatan agar ia berasaskan bukti serta berkesan. Ia juga membantu dalam peruntukan sumber, pembangunan infrastruktur, dan perancangan tenaga kerja bagi menyokong keperluan warga emas yang semakin meningkat.

NHMS 2025 survey will assess older persons needs, identify health service gaps, and refine health programs to be evidence-based and effective. It aids resource allocation, infrastructure development, and workforce planning in healthcare sector to better support the ageing population's evolving needs.

KENALI PASUKAN KAMI
GET TO KNOW OUR TEAM

Pasukan kami terdiri daripada pegawai penyelidik dan jururawat terlatih yang membawa surat pengenalan diri, tag nama dan memakai vest rasmi jabatan.

Our team consists of research officers and trained nurses, who will carry identification letters, name tags, and wear the official department vest.

PENGENALAN
INTRODUCTION

SIAPAKAH PENDUDUK YANG TERLIBAT?
WHO ARE THE RESIDENTS INVOLVED?

5,000

Warga emas berumur 60 tahun dan ke atas

Older persons aged 60 years and above

167

Blok Perhitungan yang dipilih secara rawak oleh Jabatan Perangkaan Malaysia (DOSM) di seluruh negara

Enumeration Blocks were randomly selected across the nation by the Department of Statistics Malaysia (DOSM)

AKTIVITI SEMASA TINJAUAN
ACTIVITIES DURING SURVEY

Temu ramah bersemuka
Face-to-face interview

Pengukuran fizikal
Physical measurement

Pengambilan darah secara tusukan jari
Finger prick blood collection

Penilaian klinikal
Clinical assessment

KESIHATAN WARGA EMAS
乐龄人士健康状况

TAHUKAH ANDA?

Malaysia dijangka mencapai status negara menua menjelang 2030, apabila 15% daripada penduduknya berusia 60 tahun ke atas. Perubahan demografi ini membawa cabaran besar dalam pelbagai aspek, termasuk kesihatan fizikal, mental dan sistem sokongan sosial di kalangan warga emas. Dapatan NHMS 2023 menunjukkan bahawa:

- **2 dari 3** warga emas menghidap tekanan darah tinggi
- **3 dari 5** warga emas menghidap kolestrol tinggi
- **2 dari 5** warga emas menghidap kencing manis
- **3 dari 10** warga emas mengalami kemurungan

你知道吗?

预计到*2030*年，马来西亚将成为一个老龄化国家，届时*60*岁及以上的人口将占总人口的*15%*。这个人口结构的转变，将对乐龄人士的身心健康、社会支援系统等方面带来不少挑战。根据*2023*年国家健康与发病率调查（*NHMS 2023*）的结果显示:

- 三分之二的乐龄人士患有高血压
- 五分之三的乐龄人士患有高胆固醇
- 五分之二的乐龄人士患有糖尿病
- 十分之三的乐龄人士患有抑郁症

HUBUNGI KAMI
联系我们

联系我们:

Bilik Operasi NHMS 2025
Institut Kesihatan Umum
Kompleks Institut Kesihatan Negara (NIH)
No.1, Jalan Setia Murni U13/52
Seksyen U13, Setia Alam
40170 Shah Alam, Selangor
03-3362 8787

扫描获取更多信息

iku.nih.gov.my/nhms2025
nhms.iku@moh.gov.my
www.facebook.com/nhms
@nhms.iku

谢谢您的合作!

KEMENTERIAN KESIHATAN MALAYSIA
INSTITUT KESIHATAN UMUM

2025年国家健康与发病率调查（NHMS 2025）

乐龄人士健康状况

健康调查日期

2025 年 7 月 - 9 月

PENGENALAN
简介

KENAPAKAH ANDA PERLU MENYERTAI TINJAUAN INI?

您为什么需要参加本次调查?

Tinjauan NHMS 2025 akan menilai keperluan warga emas, mengenal pasti jurang perkhidmatan kesihatan, dan menambah baik program kesihatan agar ia berasaskan bukti serta berkesan. Ia juga membantu dalam peruntukan sumber, pembangunan infrastruktur, dan perancangan tenaga kerja bagi menyokong keperluan warga emas yang semakin meningkat.

NHMS 2025 调查将评估乐龄人士的需求，识别服务缺口，并优化健康计划，使其更具循证性和成效。该调查有助于资源分配、基础设施建设和人力规划，从而更好地应对老龄人口不断变化的需求。

KENALI PASUKAN KAMI

认识我们的团队

Pasukan kami terdiri daripada pegawai penyelidik dan jururawat terlatih yang membawa surat pengenalan diri, tag nama dan memakai vest rasmi jabatan.

我们的团队由研究官员和受过专业培训的护士组成，成员将携带介绍信、佩戴调查员证件，并穿着本部门的官方马甲外套。

PENGENALAN
简介

SIAPAKAH PENDUDUK YANG TERLIBAT?

参与的居民有哪些?

5,000

Warga emas berumur 60 tahun dan ke atas

*60*岁及以上的乐龄人士

167

Blok Perhitungan yang dipilih secara rawak oleh Jabatan Perangkaan Malaysia (DOSM) di seluruh negara

马来西亚统计局（*DOSM*）在全国范围内随机选取了的地区

AKTIVITI SEMASA TINJAUAN

调查期间的活动

Temu ramah bersemuka
面对面访谈

Pengukuran fizikal
体检

Pengambilan darah secara tusukan jari
指尖采血

Penilaian klinikal
临床评估

CAR STICKER


NHMS 2025
KENDERAAN RASMI
TINJAUAN KEBANGSAAN KESIHATAN & MORBIDITI (NHMS) 2025:
KESIHATAN WARGA EMAS
NATIONAL HEALTH & MORBIDITY SURVEY (NHMS) 2025:
OLDER PERSONS HEALTH
Tempoh pengumpulan data
Julai - September 2025
Melibatkan rumah yang terpilih secara rawak di Malaysia
03-3362 8787| iku.nih.gov.my/nhms2025| @nhms.iku
ASEAN
MALAYSIA MADANI

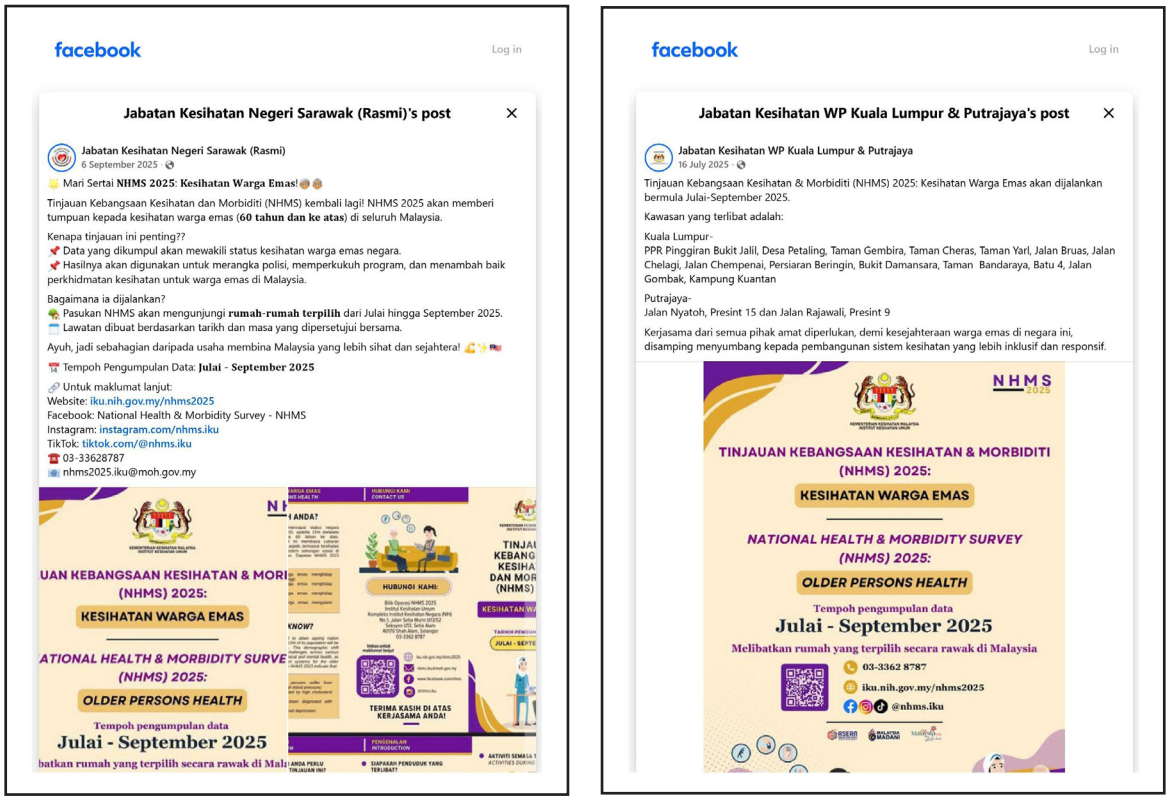
Appendix 13: Promotion and Media Coverage for NHMS 2025

An Interview Session with the Principal Investigator of NHMS 2025 on Radio NASIONAL FM Aired on 22nd July 2025.

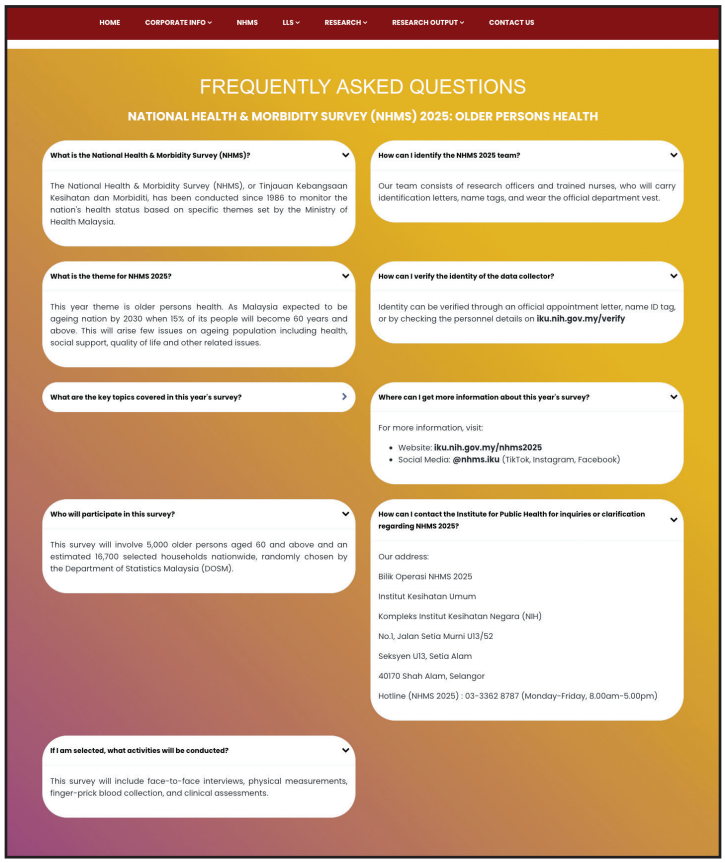
An Interview Session on MELAKA FM Aired on 1st July 2025

An Interview Session on PERLIS FM Aired on 13th July 2025

An Interview Session on MUTIARA FM, Pulau Pinang Aired on 8th July 2025



Promotional Postings of the NHMS 2025 Poster and Announcements on the Official Facebook Pages of the State Health Departments were Carried Out from July to September 2025 in All States.



Frequently Asked Questions (FAQ) of NHMS 2025 were Posted on the Official Portal of the Institute of Public Health.

The Launching Ceremony of NHMS 2025: Older Persons Health Data Collection was Officiated by the Deputy Minister of Health Malaysia, YB Dato' Lukanisman bin Awang Sauni, on 25th July 2025.

The Findings of NHMS 2025: Older Persons Health were Officially Launched by the Minister of Health YB Datuk Seri Dr. Dzulkefly Ahmad, on 20th April 2026.

NHMS 2025

NATIONAL HEALTH AND MORBIDITY SURVEY
NHMS (2025): OLDER PERSONS HEALTH

Institute for Public Health (IKU)
National Institutes of Health (NIH)
No. 1, Jalan Setia Murni, U13/52,
Seksyen U13, Setia Alam
40170 Shah Alam, Selangor

Tel: +603 3362 7800

ISBN 978-629-7768-49-6