



## MALAYSIAN FAMILY WELL-BEING INDEX STUDY, 2011

A. DETAILS OF IDENTIFICATION			
1.	State		
2.	Locality	Urban	Rural
3.	Enumerator		
4.	No. HP		
GENERAL INFORMATION			
<p>This questionnaire is designed to measure the well-being of the family in Malaysia. We are interested to know the important issues related to family well-being such as family relationship, economic situation, health, safety, relationship with community, religion and spirituality, and housing and environment. We hope that the information obtained from the study will yield an important information which will help to improve the family well-being in Malaysia.</p> <p>We would like to stress that all information given is strictly confidential and will be used for research purposes only.</p> <p>We appreciate your help and cooperation in completing the questionnaire. Note that there is no one correct answer to any of the questions.</p>			
WHAT WE WOULD LIKE YOU TO DO			
<p>i. Answer all the questions.            ii. Give your honest and sincere answer.            iii. If you want to change your answer, feel free to do so.</p>			
ENQUIRIES			
<p>For further enquiries, feel free to contact:</p> <p>i. Prof. Dr. Noraini Mohd Noor (03-61965131 or 019-2192126)            ii. Ismahalil Ishak (03-26937555/1506 or 019-2469422)            iii. Hind (03-61965040).</p>			

**B. This section contains questions about your family's relationship**

Please tick (/) the options where appropriate :

- (1) Strongly disagree                      (2) Disagree                      (3) Slightly agree  
 (4) Agree                      (5) Strongly agree

B1. Involvement in children's lives	1	2	3	4	5
a. I know what my children are doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am always there for my children when they need me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My children and I can discuss things as a family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I know my children's friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B2. Family's response in times of difficulties	1	2	3	4	5
a. No matter how difficult things get, our family sticks together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In our family, we are always willing to help one another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Even in our busy schedules, we find time to be together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. We can accept different opinions of family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. We can adapt when there is a crisis in the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. We can compromise when problems come up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. We try new ways of dealing with problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. When in difficulty, we will find a way out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. We are strong in facing hardship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. We seek help from relatives when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B3. Family functioning	1	2	3	4	5
a. We do not understand each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. There are many negative feelings in this family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. We always fight with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There is confusion in the family because there is no leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Family members put each other down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Our family members go their own way most of the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. When things go wrong we blame each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B4. Time spent with family</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a. We eat together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. We watch TV together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. We spend time together for recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. We spend time together for religious activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tick (/) the options where appropriate:

**B5.** To what extent are you able to balance the demands of work and the demands of family?

**Not at all**

**Very much**

<b>0</b>	1	2	3	4	5	6	7	8	9	<b>10</b>
----------	---	---	---	---	---	---	---	---	---	-----------

**B6.** How satisfied are you with your relationship with your husband/wife?

**Not satisfied at all**

**Completely satisfied**

<b>0</b>	1	2	3	4	5	6	7	8	9	<b>10</b>
----------	---	---	---	---	---	---	---	---	---	-----------



f. I /my family members have chronic illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<b>D2. In the past six weeks, have you:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>					
a. Lost much sleep over worry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
b. Felt constantly under strain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
c. Been able to enjoy your normal daily activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
d. Been feeling unhappy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
e. Been losing confidence in yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
<b>D3. How satisfied are you with your health?</b>										
<b>Not satisfied at all</b>			<b>Completely satisfied</b>							
<b>0</b>	1	2	3	4	5	6	7	8	9	<b>10</b>

<b>E. This section contains questions about your family's safety</b>												
Please tick (/) the options where appropriate:												
(1) Not at all			(2) A little			(3) Sometimes						
(4) Frequently			(5) Very much									
										<b>5</b>		
										<b>1</b>		
E1.	I/my family members know what to do in case of an emergency (e.g. fire).							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2.	We feel safe at home							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please tick (/) the options where appropriate:												
<b>E3. How satisfied are you with your family safety?</b>												
<b>Not satisfied at all</b>						<b>Completely satisfied</b>						
<b>0</b>	1	2	3	4	5	6	7	8	9	<b>10</b>		

**F. This section contains questions about your family's relationship with the community**

Please tick (/) the options where appropriate:

- (1) Strongly disagree                      (2) Disagree                                      (3) Slightly agree  
 (4) Agree                                      (5) Strongly agree

		1	2	3	4	5
F1.	I know whom to contact in the community when I need help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F2.	I participate in community activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tick (/) the options where appropriate:

F3. How satisfied are you with this community relation?

Not satisfied at all								Completely satisfied		
0	1	2	3	4	5	6	7	8	9	10

**G. This section asks about your family's religion and spirituality**

Please tick (/) the options where appropriate:

- (1) Strongly disagree                      (2) Disagree                                      (3) Slightly agree  
 (4) Agree                                      (5) Strongly agree

		1	2	3	4	5
G1.	Religion plays an important role in the daily lives of our family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tick (/) the options where appropriate:

G2. How satisfied are you with Religious and spiritual traditions of your family?

Not satisfied at all								Completely satisfied		
0	1	2	3	4	5	6	7	8	9	10

## H. This section asks about your family's housing and environment

Please tick (/) the options where appropriate:

H1. How satisfied are you with the aspects of basic amenities in your housing area?

**Not satisfied at all**

**Completely satisfied**

<b>0</b>	1	2	3	4	5	6	7	8	9	<b>10</b>
----------	---	---	---	---	---	---	---	---	---	-----------

H2. How satisfied are you with the following aspects of pollution in your housing area?

**Not satisfied at all**

**Completely satisfied**

<b>0</b>	1	2	3	4	5	6	7	8	9	<b>10</b>
----------	---	---	---	---	---	---	---	---	---	-----------

## I. This section contains questions about your overall family well-being

Please tick (/) the options where appropriate:

I1. Overall, how satisfied are you with your family's well-being?

**Not satisfied at all**

**Completely satisfied**

<b>0</b>	1	2	3	4	5	6	7	8	9	<b>10</b>
----------	---	---	---	---	---	---	---	---	---	-----------

I2. Overall, to what extent your family happy?

**Not satisfied at all**

**Completely satisfied**

<b>0</b>	1	2	3	4	5	6	7	8	9	<b>10</b>
----------	---	---	---	---	---	---	---	---	---	-----------

I3. To what extent is your family facing challenges in life?

**Not at all**

**Very much**

<b>0</b>	1	2	3	4	5	6	7	8	9	<b>10</b>
----------	---	---	---	---	---	---	---	---	---	-----------

14. Please tick (/) **FIVE** key challenges facing your family today.

- |                          |                                       |                          |                                 |
|--------------------------|---------------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Financial difficulties                | <input type="checkbox"/> | Infidelity                      |
| <input type="checkbox"/> | Physical health problems              | <input type="checkbox"/> | Lack of religious understanding |
| <input type="checkbox"/> | Emotional health problems             | <input type="checkbox"/> | Physical violence               |
| <input type="checkbox"/> | Diminishing of moral values           | <input type="checkbox"/> | Social problems                 |
| <input type="checkbox"/> | Communication problems                | <input type="checkbox"/> | Outside influences              |
| <input type="checkbox"/> | Husband/wife relationship tension     | <input type="checkbox"/> | Others: _____                   |
| <input type="checkbox"/> | Tensions in parent/child relationship |                          |                                 |

15. Select from the following, phrase that reflect your understanding of family well-being. Please tick (/) **FIVE** most important.

- |                          |                          |                          |                                  |
|--------------------------|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | Peace and happiness      | <input type="checkbox"/> | Sufficient basic amenities       |
| <input type="checkbox"/> | Comfortable dwelling     | <input type="checkbox"/> | Love                             |
| <input type="checkbox"/> | Caring community         | <input type="checkbox"/> | Belief in one another            |
| <input type="checkbox"/> | Stable economy           | <input type="checkbox"/> | Responsible towards family       |
| <input type="checkbox"/> | Close family ties        | <input type="checkbox"/> | Steadfast in facing difficulties |
| <input type="checkbox"/> | physical health          | <input type="checkbox"/> | Emotional health                 |
| <input type="checkbox"/> | Practice of moral values | <input type="checkbox"/> | Others: _____                    |

16. Please tick (/) **FIVE** following values are most important in your family life.

- |                          |                                  |                          |                  |
|--------------------------|----------------------------------|--------------------------|------------------|
| <input type="checkbox"/> | Adherence to religious teachings | <input type="checkbox"/> | Love             |
| <input type="checkbox"/> | Honesty                          | <input type="checkbox"/> | Justice          |
| <input type="checkbox"/> | Trustworthiness                  | <input type="checkbox"/> | Cleanliness      |
| <input type="checkbox"/> | Respectfulness                   | <input type="checkbox"/> | Hardworking      |
| <input type="checkbox"/> | Knowledgeable                    | <input type="checkbox"/> | Cooperation      |
| <input type="checkbox"/> | Kindness                         | <input type="checkbox"/> | Moderation       |
| <input type="checkbox"/> | grateful                         | <input type="checkbox"/> | Community spirit |

Please tick (/) one number that best reflects your satisfaction based on the following scale.

17. The ladder below may reflect your family well-being. Suppose the top of the ladder represents the best possible life for your family and the bottom the worst possible life, where on the ladder do you feel your family stands **AT THE PRESENT TIME?**

1	Best possible life
0	
9	
8	
7	
6	
5	
4	
3	
2	
1	
0	Worst possible life

18. The ladder below may reflect your family well-being. Suppose the top of the ladder represents the best possible life for your family and the bottom the worst possible life, where on the ladder do you feel your family would stand in FIVE YEARS FROM NOW?

1	Best possible life
0	
9	
8	
7	
6	
5	
4	
3	
2	
1	
0	Worst possible life

**J. This section contains general questions about you and your family.**

1. Gender :  Male  Female

2. Age: \_\_\_\_\_ years

3. Marital status:  Single  Divorce  
 Married  Widowed

4. Ethnicity:  Malay  Chinese  Indian  Others (specify): \_\_\_\_\_

5. Religion:  Islam  Christianity  
 Hinduism  Others (specify): \_\_\_\_\_  
 Buddhism

6. Your highest level of education? (Tick **ONE** only)

<input type="checkbox"/> No formal education	<input type="checkbox"/> Degree
<input type="checkbox"/> Primary school	<input type="checkbox"/> Master or PhD
<input type="checkbox"/> Secondary school	<input type="checkbox"/> Others (specify): _____
<input type="checkbox"/> College/STPM/Diploma)	

7. a) Are you employed?  Yes  No

b) If no, tick ONE category below and **GO TO QUESTION 8.**

<input type="checkbox"/> Student	<input type="checkbox"/> Pensioner
<input type="checkbox"/> Housewife	<input type="checkbox"/> Others (specify) : _____

c) If Yes, tick ONE category below:

<input type="checkbox"/> Professional, technical and related	<input type="checkbox"/> Agriculture, fishing and related
<input type="checkbox"/> Administrative and managerial	<input type="checkbox"/> Production and related
<input type="checkbox"/> Clerical and related	<input type="checkbox"/> Others (specify): _____
<input type="checkbox"/> Sales, services and related	

d) Type of employment:  Permanent  Temporary  Contract

e) Employment status:  Full-time  Part-time

f) Hours at work per day: \_\_\_\_ hours

8. What is your gross monthly income (including the provision of children, pensions etc.)?

<input type="checkbox"/> Less than RM500	<input type="checkbox"/> RM3001- RM4000
<input type="checkbox"/> RM500 - RM1000	<input type="checkbox"/> RM4001 - RM5000
<input type="checkbox"/> RM1001 - RM2000	<input type="checkbox"/> RM5001- RM6000
<input type="checkbox"/> RM2001 - RM3000	<input type="checkbox"/> More than RM6001

9. What is the gross monthly income received by this household from all sources (including income from assets, children, etc.)?

- Less than RM500
- RM500 - RM1000
- RM1001 - RM2000
- RM2001 - RM3000
- RM3001 - RM4000

- RM4001 - RM5000
- RM5001 - RM7000
- RM7001 - RM10,000
- RM10,001 - RM15,000
- More than RM15,001

10. a) Type of present dwelling:

- Bungalow/semi detached
- Apartment/condo
- Longhouse/village
- Terrace
- Flat
- Shop house
- Others (specify): \_\_\_\_\_

b) Nature of occupancy?:

- Self-owned
- Government quarters
- Rented
- Others (specify): \_\_\_\_\_

c) Number of bedrooms: \_\_\_\_\_

11. Family type:

- Nuclear family (father, mother and children)
- Extended family (father, mother, children & other family member)
- Single parent
- Blended family (father/stepmother, stepbrothers)
- Others (specify): \_\_\_\_\_

12. How many individuals are there in this household? (specify): \_\_\_\_\_

13. Indicate whether there are children in this household according to the age group below.

- 6 years old and below
- 7- 12 years old
- 13 - 15 years old

14. Do you have a maid who lived with your family?

- Yes
- No

**END**