

women's health *is about how you are feeling*

Please answer every question by circling the appropriate number next to your answer. If you are unsure about how to answer a question, please give the closest answer to how you feel.

The questions on the first page ask only about NOW - how your health is NOW and about how your health limits certain activities NOW

- 1 In general, would you say your health is** Excellent 1
(Circle one number only) Very good 2
Good 3
Fair 4
Poor 5
- 2 Compared to one year ago, how would you rate your health in general now?** Much better now than one year ago 1
(Circle one number only) Somewhat better now than one year ago 2
About the same as one year ago 3
Somewhat worse now than one year ago 4
Much worse now than one year ago 5
- 3 The following questions are about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT YOU in these activities? If so, how much?**
(Circle one number on each line)
- | | Yes limited a lot | Yes limited a little | No not limited at all |
|--|-------------------|----------------------|-----------------------|
| a VIGOROUS activities such as running, lifting heavy objects, participating in strenuous sports | 1 | 2 | 3 |
| b MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling or playing golf | 1 | 2 | 3 |
| c Lifting or carrying groceries | 1 | 2 | 3 |
| d Climbing SEVERAL flights of stairs | 1 | 2 | 3 |
| e Climbing ONE flight of stairs | 1 | 2 | 3 |
| f Bending, kneeling or stooping | 1 | 2 | 3 |
| g Walking MORE THAN ONE kilometre | 1 | 2 | 3 |
| h Walking HALF a kilometre | 1 | 2 | 3 |
| i Walking 100 metres | 1 | 2 | 3 |
| j Bathing or dressing yourself | 1 | 2 | 3 |

4 During THE PAST 4 WEEKS, have you had any of the following problems with your work (including your work outside the home and housework) or other regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH?

(Circle one number on each line)

	Yes	No
a Cut down on the amount of time you spent on work or other activities	1	2
b Accomplished less than you would like	1	2
c Were limited in the kind of work or other activities	1	2
d Had difficulty performing the work or other activities (for example it took extra effort)	1	2

5 During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

(Circle one number on each line)

	Yes	No
a Cut down on the amount of time you spent on work or other activities	1	2
b Accomplished less than you would like	1	2
c Didn't do work or other activities as carefully as usual	1	2

6 During the PAST 4 WEEKS, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

(Circle one number only)

Not at all	1
Slightly	2
Moderately	3
Quite a bit	4
Extremely	5

7 How much BODILY pain have you had during the PAST 4 WEEKS?

(Circle one number only)

No bodily pain	1
Very mild	2
Mild	3
Moderate	4
Severe	5
Very severe	6

8 During the past four weeks, how much did PAIN interfere with your normal work (including both work outside the home and housework)?

(Circle one number only)

Not at all	1
A little bit	2
Moderately	3
Quite a bit	4
Extremely	5

9 For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST 4 WEEKS
(Circle one number on each line)

		All of the time	Most of the time	A Good bit of the time	Some of the time	A Little of the time	None of the time
a	Did you feel full of life	1	2	3	4	5	6
b	Have you been a very nervous person	1	2	3	4	5	6
c	Have you felt so down in the dumps that nothing could cheer you up	1	2	3	4	5	6
d	Have you felt calm and peaceful	1	2	3	4	5	6
e	Did you have a lot of energy	1	2	3	4	5	6
f	Have you felt down	1	2	3	4	5	6
g	Did you feel worn out	1	2	3	4	5	6
h	Have you been a happy person	1	2	3	4	5	6
i	Did you feel tired	1	2	3	4	5	6

10 During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting friends, relatives, etc)?
(Circle one number only)

All of the time	1
Most of the time	2
Some of the time	3
A little of the time	4
None of the time	5

11 How TRUE or FALSE is EACH of the following statements for you?
(Circle one number on each line)

		Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a	I seem to get sick a little easier than other people	1	2	3	4	5
b	I am as healthy as anybody I know	1	2	3	4	5
c	I expect my health to get worse	1	2	3	4	5
d	My health is excellent	1	2	3	4	5

women's health *is about using health services*

12 This question is about health care

(Circle one number on each line)

		Yes	No
a	Have you been admitted to hospital in the LAST 12 MONTHS?	1	2
b	Do you have private hospital insurance?	1	2
c	Do you have private health insurance for ancillary services (eg dental, physiotherapy etc)?	1	2

13 Are you on a hospital waiting list for surgery?

(Circle one number only)

Yes	No
1	2

14 Here are some questions about your MOST RECENT VISIT to a general practitioner. How would you rate each of the following?

(Circle one number on each line)

	Excellent	Very good	Good	Fair	Poor	
a	The convenience of the location of the surgery	1	2	3	4	5
b	The length of time you waited in the waiting room	1	2	3	4	5
c	The personal manner (courtesy, respect, sensitivity, friendliness) of the doctor	1	2	3	4	5
d	The doctor's explanation of your problem and treatment	1	2	3	4	5
e	The doctor's interest in how you felt about having the tests or treatment	1	2	3	4	5
f	Your opportunity to ask all the questions you wanted to	1	2	3	4	5
g	The amount of time you spent with the doctor	1	2	3	4	5
h	The cost of your visit	1	2	3	4	5
i	The visit overall	1	2	3	4	5

15 How many times have you consulted the following people for YOUR OWN HEALTH in the LAST 12 MONTHS?

(Circle one number on each line)

	None	Once or twice	Three or four times	Five or six times	Seven or more times
a Family doctor or another general practitioner	0	1	2	3	4
b A hospital doctor (eg in outpatients or casualty)	0	1	2	3	4
c A specialist doctor	0	1	2	3	4
d An allied health professional (eg optician, dentist, physiotherapist, dietitian, podiatrist etc)	0	1	2	3	4
e An "alternative" health practitioner (eg herbalist, chiropractor, naturopath, acupuncturist, etc)	0	1	2	3	4

16 Have you ever been told by a doctor that you have:

(Circle one number on each line)

	Yes	No
a Diabetes (high blood sugar)	1	2
b Heart disease	1	2
c Hypertension (high blood pressure)	1	2
d Stroke	1	2
e Thrombosis (a blood clot)	1	2
f Low iron level	1	2
g Asthma	1	2
h Bronchitis/emphysema	1	2
i Prolapse of vagina, bladder or bowel	1	2
j Osteoporosis	1	2
k Breast cancer	1	2
l Cervical cancer	1	2
m Lung cancer	1	2
n Bowel cancer	1	2
o Skin cancer	1	2
p Other major illness <i>(Please specify on line)</i>	1	2

17 In general do you prefer to see a female doctor?

(Circle one number only)

Yes always	Yes, but only for certain things	No	Don't care
1	2	3	4

18 Have you EVER had any of the following operations?

(Circle one number on each line)

	Yes	No
a Hysterectomy	1	2
b Both ovaries removed	1	2
c Repair of prolapsed vagina, bladder or bowel	1	2
d Cholecystectomy (gall bladder removed)	1	2
e Other surgery or procedure (Please specify on line)	1	2

19 During the PAST 4 WEEKS, how many different types of medication (eg tablets/medicine) have you used which were:

(Circle one number on each line)

	None	One	Two	Three	Four or more
a Prescribed by a doctor	0	1	2	3	4
b Bought without a prescription at the chemist, supermarket or health food shop	0	1	2	3	4

20 During the PAST 4 WEEKS have you taken any medications:

(Circle one number on each line)

	Yes	No
a For your nerves (eg valium, serapax, ducene etc)	1	2
b To help you sleep (eg normison, mogadon etc)	1	2
c For any chronic (long-term) illness	1	2

21 How many years in total have you EVER taken the oral contraceptive pill? <i>(Circle one number only)</i>	Never used	1
	Less than one year	2
	1 - 4 years	3
	5 - 10 years	4
	11 - 20 years	5
	More than 20 years	6

22 Are you CURRENTLY on hormone replacement therapy (HRT)? <i>(Circle one number only)</i>	Yes	No
	1	2

23 How many years in total have you EVER used hormone replacement therapy? <i>(Circle one number only)</i>	Never used	1
	Less than one year	2
	1 - 4 years	3
	5 - 10 years	4
	More than 10 years	5

24 When did you have your last Pap test? <i>A Pap Test (cervical smear) is a routine test carried out by a doctor or nurse during an internal (vaginal) examination.</i> <i>(Circle one number only)</i>	I have never had a Pap test	1
	Less than 2 years ago	2
	2 - 5 years ago	3
	More than 5 years ago	4
	Not sure	5

25 When did you last have a mammogram? <i>A mammogram is an X-ray of the breasts by a machine that squashes the breast while the picture is taken.</i> <i>(Circle one number only)</i>	I have never had a mammogram	1
	Less than 2 years ago	2
	2 - 5 years ago	3
	More than 5 years ago	4
	Not sure	5

26 How many times have you: <i>(Circle one number on each line)</i>		Never	Once	Twice	Three times	Four or more times
	a	Been pregnant	0	1	2	3
b	Given birth to a child	0	1	2	3	4

women's health *is about coping with common problems*

27a In the last 12 MONTHS have you had any of the following:

b If you have had any of these problems, were you satisfied with the health services available to help you deal with this problem? If you did not seek help, circle 3.

(Circle one number on each line, here)

(Circle one number on each line)

	Never	Rarely	Sometimes	Often	Yes	No	Not applicable
a Allergies, hayfever, sinusitis,	1	2	3	4	1	2	3
b Breathing difficulty	1	2	3	4	1	2	3
c Indigestion/heartburn	1	2	3	4	1	2	3
d Chest pain	1	2	3	4	1	2	3
e Headaches/migraines	1	2	3	4	1	2	3
f Constant tiredness	1	2	3	4	1	2	3
g Stiff or painful joints	1	2	3	4	1	2	3
h Back pain	1	2	3	4	1	2	3
i A broken bone (fracture)	1	2	3	4	1	2	3
j Urine that burns or stings	1	2	3	4	1	2	3
k Leaking urine	1	2	3	4	1	2	3
l Constipation	1	2	3	4	1	2	3
m Haemorrhoids (piles)	1	2	3	4	1	2	3
n Other bowel problems	1	2	3	4	1	2	3
o Vaginal discharge or irritation	1	2	3	4	1	2	3
p Skin problems	1	2	3	4	1	2	3
q Eyesight problems	1	2	3	4	1	2	3
r Hearing problems	1	2	3	4	1	2	3
s Difficulty sleeping	1	2	3	4	1	2	3
t Poor memory	1	2	3	4	1	2	3
u Clumsiness	1	2	3	4	1	2	3
v Difficulty concentrating	1	2	3	4	1	2	3
w Dizziness, loss of balance	1	2	3	4	1	2	3

women's health *is about coping with stress*

28 Over the LAST 12 months, how stressed have you felt about the following areas of your life:

(Circle one number on each line)

		Not applicable	Not at all stressed	Somewhat stressed	Moderately stressed	Very stressed	Extremely stressed
a	Own health	1	2	3	4	5	6
b	Health of other family members	1	2	3	4	5	6
c	Living arrangements	1	2	3	4	5	6
d	Money	1	2	3	4	5	6
e	Relationship with spouse/partner	1	2	3	4	5	6
f	Relationship with children	1	2	3	4	5	6
g	Relationship with other family members	1	2	3	4	5	6
h	Anything else <i>(Please specify on line)</i>	1	2	3	4	5	6

29 When you feel stressed, do you use any of the following methods to reduce stress?

(Circle one number on each line)

		None of the time	A Little of the time	Some of the time	Most of the time	All of the time
a	Walking or exercise	1	2	3	4	5
b	Music, reading, sleeping, meditation	1	2	3	4	5
c	Talking to a good friend	1	2	3	4	5
d	Writing, drawing or creative activity	1	2	3	4	5
e	Wanting to be alone, watching TV	1	2	3	4	5
f	Throwing things, slamming doors	1	2	3	4	5
g	Smoking, using drugs or alcohol	1	2	3	4	5
h	Eating more or less	1	2	3	4	5

30 In the LAST 12 MONTHS, have you experienced any of the following events?
(Circle one number on each line)

		Yes	No
a	Major personal illness	1	2
b	Major personal injury	1	2
c	Major surgery (not including dental work)	1	2
d	Major decline in health of spouse or partner	1	2
e	Major decline in health of other close family member or close friend	1	2
f	Starting a new, close personal relationship	1	2
g	Break-up of a close personal relationship	1	2
h	Major conflict with children	1	2
i	Death of spouse or partner	1	2
j	Death of child	1	2
k	Death of other close family member	1	2
l	Death of close friend	1	2
m	Major personal achievement	1	2
n	Decreased income	1	2
o	Moving house	1	2
p	Natural disaster (fire, flood, drought, earthquake etc) or house fire	1	2
q	Major loss or damage to personal property	1	2
r	Being robbed	1	2
s	Involvement in a serious accident	1	2
t	A fall which caused serious injury	1	2
u	Being pushed, grabbed, shoved, kicked or hit	1	2
v	Being forced to take part in unwanted sexual activity	1	2
w	Legal troubles or involved in a court case	1	2
x	Family member/close friend being arrested/in gaol	1	2

31 How often do you usually drink alcohol?
(Circle one number only)

- I never drink alcohol 1
- I drink rarely 2
- Less than once a week 3
- On 1 or 2 days a week 4
- On 3 or 4 days a week 5
- On 5 or 6 days a week 6
- Every day 7

If never go to Q34

32 On a day when you drink alcohol, how many drinks do you usually have?
(Circle one number only)

- 1 or 2 drinks per day 1
- 3 or 4 drinks per day 2
- 5 - 8 drinks per day 3
- 9 or more drinks per day 4

33 How often do you have five or more drinks of alcohol on one occasion?
(Circle one number only)

- Never 1
- Less than once a month 2
- About once a month 3
- About once a week 4
- More than once a week 5

34 Which of the following best describes your smoking status NOW?
(Circle one number only)

- 1 I have never smoked Go to Q40
- 2 I used to smoke Go to Q35
- 3 I now smoke occasionally
- 4 I now smoke regularly Go to Q37

35 If you used to smoke, how long ago did you give up smoking?
(Circle one number or write years on line)

- Within the last 6 months 77
- 6 - 12 months ago 88
- _____ years ago

36 If you used to smoke, how many cigarettes did you usually smoke in a day? *(Write number on line)*

_____ a day Go to Q38

37 If you NOW smoke, how many cigarettes do you usually smoke in a day? *(Write number on line)*

_____ a day

38 At what age did you start smoking?
(Write years on line)

_____ years

39 Have you ever smoked daily for six months or more?
(Circle one number only)

- Yes No
- 1 2

women's health is about healthy weight and shape

40 How tall are you without shoes? _____ cms OR _____ ft _____ ins

41 How much do you weigh without clothes or shoes? _____ kgs OR _____ stones _____ pounds

42 How much would you LIKE to weigh?
(Circle one number only)

Happy as I am	1
1 - 5 kg (up to 1 stone) more	2
Over 5 kg (over 1 stone) more	3
1 - 5 kg (up to 1 stone) less	4
6 - 10 kg (1 -2 stone) less	5
Over 10 kg (over 2 stone) less	6

43 How often have you gone on a diet to lose weight DURING THE LAST YEAR?
(Circle one number only)

Never	1
1-4 times	2
5-10 times	3
More than 10 times	4
I am always on a diet to lose weight	5

44 Are you trying to lose weight now?
(Circle one number only)

Yes	1
No	2

45 In the last SIX months, have you:
(Circle one number only)

LOST 5kg (1 stone) or more <i>on purpose</i>	1
LOST 5 kg (1 stone) or more <i>without wanting to</i>	2
Not lost 5kg (1 stone) or more	3

46 In the last SIX months, have you:
(Circle one number only)

GAINED 5 kg (1 stone) or more <i>on purpose</i>	1
GAINED 5kg (1 stone) or more <i>without wanting to</i>	2
Not gained 5kg (1 stone) or more	3

47 In a NORMAL week, how many times do you engage in VIGOROUS exercise lasting for 20 minutes or more? (exercise which makes you breathe harder or puff and pant, such as netball, squash, jogging, aerobics, vigorous swimming, etc.)
(Circle one number only)

- | | |
|--------------------------------|---|
| Never | 1 |
| Once a week | 2 |
| Two or three times a week | 3 |
| Four, five or six times a week | 4 |
| Once every day | 5 |
| More than once every day | 6 |

48 In a NORMAL week, how many times do you engage in LESS VIGOROUS exercise which lasts for 20 minutes or more? (exercise which does not make you breathe harder or puff and pant, like walking, gardening, swimming and lawn bowls etc)
(Circle one number only)

- | | |
|--------------------------------|---|
| Never | 1 |
| Once a week | 2 |
| Two or three times a week | 3 |
| Four, five or six times a week | 4 |
| Once every day | 5 |
| More than once every day | 6 |

Now we would like to ask about your NORMAL eating habits.

49 Please circle one number on each line to show whether each of the following statements is true or false for you:
(Circle one number on each line)

		True	False
a	I have an illness or condition that made me change the kind and/or amount of food I eat	1	2
b	I eat at least 3 meals a day	1	2
c	I eat fruit or vegetables most days	1	2
d	I eat dairy products most days	1	2
e	I have 3 or more glasses of beer, wine or spirits almost every day	1	2
f	I have 6 to 8 cups of fluids (eg water, juice, tea or coffee) most days	1	2
g	I have teeth, mouth or swallowing problems which make it hard for me to eat	1	2
h	I always have enough money to buy food	1	2
i	I eat alone most of the time	1	2
j	I am always able to shop, cook and/or feed myself	1	2
k	I eat take-away food more than once a week	1	2

women's health *is about juggling time*

50 Now some questions about you and your time

(Circle one number on each line)

	Every day	A few times a week	About once a week	About once a month	Never
a How often do you feel rushed/pressured/too busy?	1	2	3	4	5
b How often do you feel you have time on your hands that you don't know what to do with?	1	2	3	4	5

51 Compared to five years ago, do you now feel:

(Circle one number only)

More rushed/pressured/busy	1
About the same	2
Less rushed/pressured/busy	3

52 How happy are you with the amount of time you spend in the following aspects of your life?

(Circle one number on each line)

	Happy the way it is	Would like to do more	Would like to do less	Not applicable (Don't do this)
a Paid work	1	2	3	4
b ACTIVE leisure (eg sport, art, drama, music)	1	2	3	4
c PASSIVE leisure (eg reading, TV, writing letters)	1	2	3	4
d Studying	1	2	3	4
e Doing voluntary work	1	2	3	4
f Religious activities	1	2	3	4
g Sleeping	1	2	3	4
h Alone	1	2	3	4

53 Are you happy with YOUR SHARE of the following tasks and activities?

(Circle one number on each line)

	Happy the way it is	Would like other family members to do more	Would prefer another arrangement	Not applicable (Don't do this)
a Domestic work (shopping, cooking, cleaning etc)	1	2	3	4
b Caring for another adult (someone who is elderly/disabled/sick)	1	2	3	4
c Other household work (gardening, home/car maintenance)	1	2	3	4

54 What is/was your main occupation and your spouse/partner's main occupation?

(Circle one number for self and one for spouse/partner)

	Self	Spouse/Partner
No spouse/partner		0
Manager or Administrator (eg personnel manager, managing supervisor)	1	1
Professional (eg teacher, social worker, doctor, artist)	2	2
Para-professional (eg welfare worker, technical officer, registered nurse, police)	3	3
Trade (eg hairdresser, cook, mechanic)	4	4
Administrative assistant (eg secretary, telephonist)	5	5
Sales and personal service worker (eg sales assistant, bar attendant, childcare worker, enrolled nurse)	6	6
Machine operator or driver (eg sewing machinist)	7	7
Manual worker (eg labourer, cleaner, kitchenhand)	8	8
Never had a paid job	9	9
Other <i>(Please specify on line)</i>	10	10

women's health *is about family and friends*

55 Who lives with you?

(Circle one number on each line)

		Yes	No
a	No-one, I live alone	1	2
b	Spouse/partner	1	2
c	Own children	1	2
d	Someone else's children	1	2
e	Brothers/sisters	1	2
f	Other relatives	1	2
g	Non family members	1	2

If live alone, go to question 56

56 Do you regularly PROVIDE care or assistance (eg personal care, transport) to any other person because of their long-term illness, disability or frailty?

(Circle one number only)

Yes	No
1	2

57 Do you regularly NEED help with daily tasks because of long-term illness, disability or frailty (eg personal care, getting around, preparing meals etc)?

(Circle one number only)

Yes	No
1	2

If no, go to question 59

58 How satisfied are you with the help you receive for your own personal care?

(Circle one number only)

Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
1	2	3	4

59 Who makes decisions about your life (eg like how you should live or where you should live)?

(Circle one number only)

Self	Someone else
1	2

60 These questions are about getting on with other people:

(Circle one number on each line)

		Yes	No
a	Do you have anyone who spends time with you, taking you shopping or to the doctor?	1	2
b	Are you helping to support someone?	1	2
c	Are you sad or lonely often?	1	2
d	Do you feel uncomfortable with anyone in your family?	1	2
e	Can you take your own medication and get around by yourself?	1	2
f	Do you feel that nobody wants you around?	1	2
g	Does anyone in your family drink a lot of alcohol?	1	2
h	Does someone in your family make you stay in bed or tell you you're sick when you know you're not?	1	2
i	Has anyone forced you to do things you didn't want to do?	1	2
j	Has anyone taken things that belong to you without your OK?	1	2
k	Do you trust most of the people in your family?	1	2
l	Does anyone tell you that you give them too much trouble?	1	2
m	Do you have enough privacy at home?	1	2
n	Has anyone close to you tried to hurt you or harm you recently?	1	2
o	Have you ever been in a violent relationship with a spouse/partner?	1	2
p	Has anyone close to you called you names or put you down or made you feel bad recently?	1	2
q	Are you afraid of anyone in your family?	1	2

61 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?
(Circle one number only)

None	1
1-2 people	2
More than 2 people	3

62 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?
(Circle one number only)

None	0
Once	1
Twice	2
Three times	3
Four times	4
Five times	5
Six times	6
Seven or more times	7

63 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)?
(Circle one number only)

None	0
Once	1
Twice	2
Three times	3
Four times	4
Five times	5
Six times	6
Seven or more times	7

64 About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week?
(Circle one number only)

None	0
Once	1
Twice	2
Three times	3
Four times	4
Five times	5
Six times	6
Seven or more times	7

65 Now some questions about your family and friends

(Circle one number on each line)

	Hardly ever	Some of the time	Most of the time
a Does it seem that your family and friends (ie people who are important to you) understand you?	1	2	3
b Do you feel useful to your family and friends (ie people important to you)?	1	2	3
c Do you know what is going on with your family and friends?	1	2	3
d When you are talking with your family and friends, do you feel you are being listened to?	1	2	3
e Do you feel you have a definite role (place) in your family and among your friends?	1	2	3
f Can you talk about your deepest problems with at least some of your family and friends?	1	2	3

66 How satisfied are you with the kinds of relationships you have with your family and friends?

(Circle one number only)

Very dissatisfied	1
Somewhat dissatisfied	2
Satisfied	3

women's health *is about you and your life*

67 What is your date of birth?
(Write date on line below)

— — — — 1 9 — —
Day Month Year

68 How old were you when you left school? (Please include both full and part time schooling. Circle one number only)

- Never attended school 1
- 14 years or under 2
- 15 -16 years 3
- 17 -18 years 4
- 19 years or older 5

69 What is the highest qualification you have completed?
(Circle one number only)

- No formal qualifications 1
- School or Intermediate Certificate(or equivalent) 2
- Higher School or Leaving Certificate (or equivalent) 3
- Trade/apprenticeship (eg Hairdresser, Chef) 4
- Certificate/diploma (eg Child Care, Technician) 5
- University degree 6
- Higher University degree (eg Grad Dip, Masters, PhD) 7

70 Are you of Aboriginal or Torres Strait Islander origin?
(Circle one number only)

- No 1
- Aboriginal 2
- Torres Strait Islander 3

71 In which country were you born?
(Circle one number only)

- Australia 1
- United Kingdom 2
- Italy 3
- Greece 4
- New Zealand 5
- Vietnam 6
- Other (Please specify on line) 7

If Australia go to Q73

72 If you were not born here, when did you first arrive in Australia with the intention of living here for one year or more?
(Circle one number only)

- 1935 or earlier 1
- 1936 - 1945 2
- 1946 - 1955 3
- 1956 - 1965 4
- 1966 - 1985 5
- 1986 - 1990 6
- 1991 or later 7

73 Do you usually speak a language other than English AT HOME?
(Circle one number only)

- No, I speak only English at home 1
- Yes, Italian 2
- Yes, Greek 3
- Yes, Cantonese 4
- Yes, Mandarin 5
- Yes, German 6
- Yes, Arabic 7
- Yes, other (Please specify on line) 8

If no go to Q75

74 How well do you speak English?

(Circle one number only)

- Very well 1
- Well 2
- Not well 3
- Not at all 4

75 What is your PRESENT marital status?

(Circle one number only)

- Married 1
- Defacto (in a relationship) 2
- Separated 3
- Divorced 4
- Widowed 5
- Never Married 6

76 How do you manage on the income you have available?

(Circle one number only)

- It is impossible 1
- It is difficult all the time 2
- It is difficult some of the time 3
- It is not too bad 4
- It is easy 5

77 Which of the following best describes your housing situation? Do you live in:

(Circle one number only)

- A house 1
 - A flat/unit/apartment 2
 - A caravan/tent/cabin/houseboat 3
 - Other *(Please specify on line)* 4
-

78 In whose name is the ownership/purchasing agreement/ tenancy agreement?

(Circle one number only)

- Self 1
 - Spouse/Partner 2
 - Spouse/Partner and self together 3
 - Other family members 4
 - Self and others 5
 - Not applicable 6
 - Other *(Please specify on line)* 7
-

79 What is your postcode?

____ _

80 In general, are you satisfied with what you have achieved in your life so far in the areas of:

(Circle one number on each line)

		Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
a	Work/career/study	1	2	3	4
b	Family relationships	1	2	3	4
c	Spouse/closest personal relationship	1	2	3	4
d	Friendships	1	2	3	4
e	Social activities	1	2	3	4

*Thank you very much for taking the time to complete this survey.
Please fold the survey in half and place it in the reply-paid envelope.*

DON'T FORGET TO ENCLOSE THE CONSENT FORM

as we will need this to contact you again.

You are a valuable contributor to this women's health research.

Don't forget to let us know your new address if you move!

If you have any questions you can contact us by telephoning

1800 068 081 (This is a FREECALL number)

or writing to us at the address below.

women's
health
a u s t r a l i a


