ID Number

women's health australia

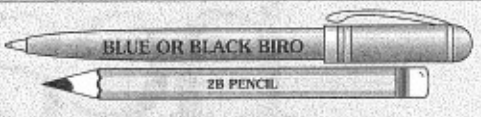
Second survey for mid-age women

March 1998

How to complete this survey.

This is the second "main" survey for middle aged women.
As the purpose of the project is to look at changes over time,
some of the questions are the same as those in the first survey.

INSTRUCTIONS:



- Use a blue/black biro or pencil, preferably 2B
- Do not use red pen or felt tip pen
- Erase or correct mistakes fully
- Do not fold or bend this survey
- Make no stray marks

Please MARK LIKE THIS:

○ ● ○ ○

NOT LIKE THIS:

✓ ✗ ⊖ ◯

Please answer every question.
If you are unsure about how to answer a question,
please mark the response for the closest answer to how you feel.

Example 1: In general, would you say your health is: *(Mark one only)*

Mark this response if your health is good. →

○ Excellent
○ Very good
● Good
○ Fair
○ Poor

Example 2: What is your postcode?

PRINT clearly in the boxes →

2	3	0	1

When you have completed the questionnaire,
please post it to us with the consent form in the reply paid envelope.

If you need help to answer any questions, please ring 1800 068 081.
(This is a FREE CALL number.)

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

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? *(Mark one only)*

   - ○ Excellent
   - ○ Very Good
   - ○ Good
   - ○ Fair
   - ○ Poor

2. Compared to one year ago, how would you rate your health in general now? *(Mark one only)*

   - ○ Much better now than one year ago
   - ○ Somewhat better now than one year ago
   - ○ About the same as one year ago
   - ○ Somewhat worse than one year ago
   - ○ Much worse now than one year ago

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?
   (Mark one response per line)

	Yes, limited a lot	Yes, limited a little	No, not limited at all
VIGOROUS activities such as running, lifting heavy objects, participating in strenuous sports	○	○	○
MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	○	○	○
Lifting or carrying groceries	○	○	○
Climbing SEVERAL flights of stairs	○	○	○
Climbing ONE flight of stairs	○	○	○
Bending, kneeling or stooping	○	○	○
Walking MORE THAN ONE kilometre	○	○	○
Walking HALF a kilometre	○	○	○
Walking 100 metres	○	○	○
Bathing or dressing yourself	○	○	○

The questions on this page and the next one ask about your health IN THE LAST FOUR WEEKS.

4. During the PAST FOUR 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? *(Mark one response per line)*

Cut down on the amount of time you spent on work or other activities	○ Yes	○ No
Accomplished less than you would like	○ Yes	○ No
Were limited in the kind of work or other activities	○ Yes	○ No
Had difficulty performing the work or other activities *(eg. it took extra effort)*	○ Yes	○ No

5. During the PAST FOUR 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)? *(Mark one response per line)*

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

6. During the PAST FOUR WEEKS, to what extent have your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your normal social activities with family, friends, neighbours or groups? *(Mark one only)*

○ Not at all
○ Slightly
○ Moderately
○ Quite a bit
○ Extremely

7. How much BODILY pain have you had during the PAST FOUR WEEKS? *(Mark one only)*

○ No bodily pain
○ Very mild
○ Mild
○ Moderate
○ Severe
○ Very severe

8. During the PAST FOUR WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)? *(Mark one only)*

○ Not at all
○ Slightly
○ Moderately
○ Quite a bit
○ Extremely

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 FOUR WEEKS:
(Mark one response per 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
Did you feel full of life	○	○	○	○	○	○
Have you been a very nervous person	○	○	○	○	○	○
Have you felt so down in the dumps that nothing could cheer you up	○	○	○	○	○	○
Have you felt calm and peaceful	○	○	○	○	○	○
Did you have a lot of energy	○	○	○	○	○	○
Have you felt down	○	○	○	○	○	○
Did you feel worn out	○	○	○	○	○	○
Have you been a happy person	○	○	○	○	○	○
Did you feel tired	○	○	○	○	○	○

10. During the PAST FOUR WEEKS, how much of the time have your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc)? *(Mark one only)*

○ All of the time
○ Most of the time
○ Some of the time
○ A little of the time
○ None of the time

11. How TRUE or FALSE is EACH of the following statements for you?
(Mark one response per line)

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
I seem to get sick a little easier than other people	○	○	○	○	○
I am as healthy as anybody I know	○	○	○	○	○
I expect my health to get worse	○	○	○	○	○
My health is excellent	○	○	○	○	○

12. How many times have you consulted the following people for YOUR OWN HEALTH in the LAST TWELVE MONTHS? *(Mark one response per line)*

	None	Once or twice	Three or four times	Five or six times	Seven or more times
A family doctor or another general practitioner *(GP)*	○	○	○	○	○
A hospital doctor *(eg. in outpatients or casualty)*	○	○	○	○	○
A specialist doctor	○	○	○	○	○
A dentist	○	○	○	○	○
An allied health professional *(eg. optician, counsellor, physiotherapist, podiatrist, dietitian)*	○	○	○	○	○
An "alternative" health practitioner *(eg. chiropractor, naturopath, acupuncturist, herbalist)*	○	○	○	○	○
A family planning/sexual health or women's health service	○	○	○	○	○

13. When you go to a General Practitioner:
(Mark one response per line)

	Always	Most of the time	Some-times	Rarely or Never
Do you go to the same place	○	○	○	○
Do you usually see the same doctor	○	○	○	○

14. How would you rate the cost of your LAST visit to a general practitioner? *(Mark one only)*

○ No cost to me ○ Poor
○ Good ○ Don't know
○ Fair

15. In general do you prefer to see a female doctor? *(Mark one only)*

○ Yes, always ○ No
○ Yes, but only for certain things ○ Don't care

16. Do you have any serious illness, condition or disability? ○ Yes ○ No

Please PRINT here:

17. Thinking about your own health care, how would you rate the following:
(Mark one response per line)

	Excellent	Very good	Good	Fair	Poor	Don't Know
Access to medical specialists if you need them	○	○	○	○	○	○
Access to a hospital if you need it	○	○	○	○	○	○
Access to medical care in an emergency	○	○	○	○	○	○
Access to after-hours medical care	○	○	○	○	○	○
Access to a GP who bulk bills	○	○	○	○	○	○
Access to a female GP	○	○	○	○	○	○
Hours when a GP is available	○	○	○	○	○	○
Number of GPs you have to choose from	○	○	○	○	○	○
Ease of seeing the GP of your choice	○	○	○	○	○	○
The outcomes of your medical care *(how much you are helped)*	○	○	○	○	○	○
Ease of obtaining a mammogram	○	○	○	○	○	○
Ease of obtaining a Pap test	○	○	○	○	○	○
Availability of medical information or advice by phone	○	○	○	○	○	○
Services available for getting doctor's prescriptions filled	○	○	○	○	○	○
Access to a counselling service if you need it	○	○	○	○	○	○
Access to a Women's Health Centre or a Family Planning Centre	○	○	○	○	○	○

18. Do you have private health insurance for ***hospital*** cover? *(Mark one only)*

- ○ Yes
- ○ No - I am covered by Veterans' Affairs
- ○ No - because I can't afford the cost
- ○ No - because I don't think you get value for money
- ○ No - because I don't think I need it
- ○ No - other reason

19. Do you have private health insurance for ***ancillary*** services? (eg. dental, physiotherapy)
(Mark one only)

- ○ Yes
- ○ No - I am covered by Veterans' Affairs
- ○ No - because I can't afford the cost
- ○ No - because I don't think you get value for money
- ○ No - because I don't think I need it
- ○ No - because the services are not available where I live
- ○ No - other reason

20. Have you EVER been told by a doctor that you have?
(Mark as many as applicable. Leave blank if you have never had this problem.)

	Yes, in the last 2 years	Yes, more than 2 years ago
Insulin dependent *(type 1)* diabetes	○	○
Non-insulin dependent *(type 2)* diabetes	○	○
Heart disease	○	○
Hypertension *(high blood pressure)*	○	○
Stroke	○	○
Thrombosis *(a blood clot)*	○	○
Low iron level *(iron deficiency or anaemia)*	○	○
Asthma	○	○
Bronchitis/emphysema	○	○
Osteoporosis	○	○
Breast cancer	○	○
Cervical cancer	○	○
Bowel cancer	○	○
Skin cancer	○	○
Other cancer	○	○
Depression	○	○
Anxiety	○	○
Other psychiatric disorder	○	○
Other major illness	○	○

21. Have you EVER had any of the following operations?
(Mark as many as applicable. Leave blank if you have never had this problem.)

	Yes, in the last 2 years	Yes, more than 2 years ago
Hysterectomy	○	○
Both ovaries removed	○	○
Repair of prolapsed vagina, bladder or bowel	○	○
Endometrial ablation *(removal of the lining of the uterus)*	○	○
Tubal ligation *(tubes tied)*	○	○
Mastectomy *(removal of one or both breasts)*	○	○
Lumpectomy *(removal of lump from breast)*	○	○
Breast biopsy *(taking a sample of breast tissue)*	○	○
Cholecystectomy *(gall bladder removed)*	○	○
Any cosmetic surgery *(eg. face, breasts, fat removal etc)*	○	○
Gastroscopy/colonoscopy	○	○

22. During the PAST FOUR WEEKS, how many different types of medication (eg. tablets/ medicine) have you used which were: *(Mark one response per line)*

	None	One	Two	Three	Four or more
Prescribed by a doctor	○	○	○	○	○
Bought without a prescription at the chemist, supermarket or health food shop	○	○	○	○	○

23. During the PAST FOUR WEEKS, have you taken any medications: *(Mark one response per line)*

For your nerves *(eg. Valium, Serapex, Ducene etc)*	○ Yes	○ No
To help you sleep *(eg. Normison, Mogadon etc)*	○ Yes	○ No
For depression *(eg. Prozac, Aropax)*	○ Yes	○ No
For any chronic *(long-term)* illness or condition	○ Yes	○ No

24. In the LAST TWO YEARS, have you: *(Mark one response per line)*

Had a Pap test	○ Yes	○ No
Had a mammogram	○ Yes	○ No
Had your breasts examined by a doctor	○ Yes	○ No
Carried out *regular monthly* breast self examination	○ Yes	○ No
Used a condom for STD/HIV prevention	○ Yes	○ No

25.

At what age did your periods START?	☐☐ years	○ N/A
How old were you when you were FIRST pregnant?	☐☐ years	○ N/A
How old were you when you gave birth to your eldest child?	☐☐ years	○ N/A
How old were you when you gave birth to your youngest child? *(Not applicable if only one child)*	☐☐ years	○ N/A
If you have reached menopause, at what age did your periods completely stop?	☐☐ years	○ N/A

26. Are you CURRENTLY taking: *(Mark one response per line)*

The oral contraceptive pill	○ Yes	○ No
Hormone replacement therapy (HRT)	○ Yes	○ No

27. Have you: *(Mark one response per line)*

Skip to Q29

Had a period or menstrual bleeding in the last 12 months	○ Yes	○ No
Had a period or menstrual bleeding in the last 3 months	○ Yes	○ No

28. Compared with 12 months ago, are your periods: *(Mark one only)*

○ Less frequent ○ About the same ○ More frequent ○ Changeable

women's health *is about common problems*

	29a. In the LAST TWELVE MONTHS have you had any of the following? *(Mark one response per line)*					29b. For the problems you had, which of the following apply? *(Mark one response per line)*		
		Never	Rarely	Some-times	Often	Satisfied with help	Not satisfied with help	Did not seek help
	Allergies, hayfever, sinusitis	○	○	○	○	○	○	○
	Breathing difficulty	○	○	○	○	○	○	○
	Indigestion/heartburn	○	○	○	○	○	○	○
	Chest pain	○	○	○	○	○	○	○
	Headaches/migraines	○	○	○	○	○	○	○
	Severe tiredness	○	○	○	○	○	○	○
	Stiff or painful joints	○	○	○	○	○	○	○
	Back pain	○	○	○	○	○	○	○
	Broken bone *(fracture)*	○	○	○	○	○	○	○
	Urine that burns or stings	○	○	○	○	○	○	○
	Leaking urine	○	○	○	○	○	○	○
	Constipation	○	○	○	○	○	○	○
	Haemorrhoids *(piles)*	○	○	○	○	○	○	○
	Other bowel problems	○	○	○	○	○	○	○
	Vaginal discharge or irritation	○	○	○	○	○	○	○
	Premenstrual tension	○	○	○	○	○	○	○
	Irregular monthly periods	○	○	○	○	○	○	○
	Heavy periods	○	○	○	○	○	○	○
	Severe period pain	○	○	○	○	○	○	○
	Hot flushes	○	○	○	○	○	○	○
	Night sweats	○	○	○	○	○	○	○
	Skin problems	○	○	○	○	○	○	○
	Eyesight problems	○	○	○	○	○	○	○
	Hearing problems	○	○	○	○	○	○	○
	Difficulty sleeping	○	○	○	○	○	○	○
	Depression	○	○	○	○	○	○	○
	Anxiety	○	○	○	○	○	○	○

30. Over the LAST TWELVE MONTHS, how stressed have you felt about the following areas of your life? *(Mark one response per line)*

	Not applic-able	Not at all stressed	Some-what stressed	Moder-ately stressed	Very stressed	Extremely stressed
Own health	○	○	○	○	○	○
Health of other family members	○	○	○	○	○	○
Work/Employment	○	○	○	○	○	○
Living arrangements	○	○	○	○	○	○
Study	○	○	○	○	○	○
Money	○	○	○	○	○	○
Relationship with parents	○	○	○	○	○	○
Relationship with partner/spouse	○	○	○	○	○	○
Relationship with children	○	○	○	○	○	○
Relationship with other family members	○	○	○	○	○	○

31. Below is a list of the ways you might have felt or behaved. Please indicate how often you have felt this way DURING THE LAST WEEK? *(Mark one response per line)*

	Rarely or none of the time *(less than 1 day)*	Some or a little of the time *(1 - 2 days)*	Occasionally or a moderate amount of the time *(3 - 4 days)*	Most or all of the time *(5 - 7 days)*
I was bothered by things that don't usually bother me	○	○	○	○
I had trouble keeping my mind on what I was doing	○	○	○	○
I felt depressed	○	○	○	○
I felt that everything I did was an effort	○	○	○	○
I felt hopeful about the future	○	○	○	○
I felt fearful	○	○	○	○
My sleep was restless	○	○	○	○
I was happy	○	○	○	○
I felt lonely	○	○	○	○
I could not "get going"	○	○	○	○
I felt terrific	○	○	○	○

32. Which of the following events have you experienced?
(Mark as many as applicable. Leave blank if not experienced.)

	In the last 12 months	1 - 2 years ago	More than 2 years ago
Major personal illness	○	○	○
Major personal injury	○	○	○
Major surgery *(not including dental work)*	○	○	○
Going through menopause	○	○	○
Major decline in health of spouse or partner	○	○	○
Major decline in health of other close family member or close friend	○	○	○
Starting a new, close personal relationship	○	○	○
Infidelity of spouse or partner	○	○	○
Break-up of a close personal relationship	○	○	○
Divorce	○	○	○
Major conflict with teenage or older children	○	○	○
Child or family member leaving home *(due to marriage, to attend university etc)*	○	○	○
Death of spouse or partner	○	○	○
Death of child	○	○	○
Death of other close family member	○	○	○
Death of close friend	○	○	○
Changing your type of work/hours/conditions/ responsibilities at work	○	○	○
Your spouse or partner ceasing work outside the home	○	○	○
Decreased income	○	○	○
Moving house	○	○	○
Natural disaster *(fire, flood, drought, earthquake etc)* or house fire	○	○	○
Major loss or damage to personal property	○	○	○
Being robbed	○	○	○
Involvement in a serious accident	○	○	○
Being pushed, grabbed, shoved, kicked or hit	○	○	○
Being forced to take part in unwanted sexual activity	○	○	○
Legal troubles or involved in a court case	○	○	○
Family member/close friend being arrested/in gaol	○	○	○

33. How often do you currently smoke cigarettes or any tobacco products? *(Mark one only)*

- ○ Daily — Skip to Q34b
- ○ At least weekly (but not daily) — Skip to Q34b
- ○ Less often than weekly — Skip to Q35
- ○ Not at all — Skip to Q35

34a. If you smoke daily, on average how many cigarettes do you smoke each day?

PRINT the number in the box ☐☐☐ cigarettes per day — Skip to Q38

34b. If you smoke, but not daily, on average how many cigarettes do you smoke per week?

PRINT the number in the box ☐☐☐ cigarettes per week

35. In your lifetime, would you have smoked at least 100 cigarettes (or equivalent)? *(Mark one only)*
○ Yes ○ No — Skip to Q39

36. Have you ever smoked daily? *(Mark one only)*
○ Yes ○ No — Skip to Q39

37. At what age did you finally stop smoking daily?

PRINT the number in the box ☐☐ years old

38. At what age did you start smoking daily?

PRINT the number in the box ☐☐ years old

39. How often do you usually drink alcohol? *(Mark one only)*

Skip to Q42

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

40. On a day when you drink alcohol, how many drinks do you usually have? *(Mark one only)*

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

41. How often do you have five or more drinks of alcohol on one occasion? *(Mark one only)*

- ○ Never
- ○ Less than once a month
- ○ About once a month
- ○ About once a week
- ○ More than once a week

women's health *is about healthy weight and shape*

42. How much do you weigh (no clothes or shoes)?

☐☐☐.☐ kg **OR** ☐☐ st ☐☐☐ lb

43. How tall are you without shoes?

☐☐☐.☐ cms **OR** ☐☐ feet ☐☐ inches

44. How much would you LIKE to weigh? *(Mark one only)*

- ○ Happy as I am
- ○ 1 - 5 kg more
- ○ Over 5 kg more
- ○ 1 - 5 kg less
- ○ 6 - 10 kg less
- ○ Over 10 kg less

45. In the LAST MONTH, how dissatisfied have you felt about: *(Mark one response per line)*

	Not at all		Slightly		Moderately		Markedly
Your weight	○	○	○	○	○	○	○
Your shape	○	○	○	○	○	○	○

46a. Have you EVER dieted (limited how much you ate) to lose weight? *(Mark one only)* ○ Yes ○ No → Skip to Q49

46b. At what age did you FIRST start to diet? ☐☐ years old

47. How often have you gone on a diet to lose weight DURING THE LAST YEAR? *(Mark one only)*

- ○ Never
- ○ 1 - 2 times
- ○ 3 - 4 times
- ○ 5 or more times
- ○ I am always on a diet to lose weight

48. Last time you went on a diet, how long did it last? *(Mark one only)*

- ○ About a day
- ○ About a week
- ○ A few weeks
- ○ A month or more
- ○ Not applicable

49. Excluding pregnancy, how many times have you: *(Mark one response per line)*

In the last TWO YEARS	Never	1 - 2 times	3 - 4 times	5 or more times
Lost 5 kg or more on purpose	○	○	○	○
Lost 5 kg or more for any other reason	○	○	○	○
Gained 5 kg or more which was previously lost on purpose	○	○	○	○
EVER (in your adult life)				
Lost 5 kg or more on purpose	○	○	○	○
Lost 5 kg or more for any other reason	○	○	○	○
Gained 5 kg or more which was previously lost on purpose	○	○	○	○

50. Have you used any of these methods to lose weight or to control your weight or shape?
(Mark one response per line)

	Yes, in the last 12 months	Yes, more than a year ago	No, never
Commercial weight loss programs *(eg. Weight Watchers, Diet Factory, Jenny Craig)*	○	○	○
Meal replacements or slimming products *(eg. Limmits, Herbalife)*	○	○	○
Exercise	○	○	○
Cut down on size of meals or between meal snacks	○	○	○
Cut down on fats and/or sugars *(general healthy eating)*	○	○	○
Laxatives, diuretics or diet pills	○	○	○
Fasting	○	○	○
Vegetarian diet	○	○	○
Smoking	○	○	○

The next 3 questions are about the amount of physical activity you did LAST WEEK.
The types of activity we are interested in are:

WALKING *(fairly briskly, including walking to and from work);*

MODERATE *leisure-time activities (like golf, social tennis, moderate exercise classes, recreational swimming or cycling, and gardening); and*

VIGOROUS *leisure-time activities (the ones that make you puff and pant, like vigorous aerobics, competitive sport, vigorous cycling, running, swimming etc).*

Please write "0" in the box for each activity you DO NOT do.

51. How many *times* did you do each type of activity LAST WEEK?

Only count the number of times when the activity lasted for 10 minutes or more.

Walking *(briskly)* ☐☐ times

Moderate activity ☐☐ times

Vigorous activity ☐☐ times

52. If you add up all the times you spent in each activity LAST WEEK, how much time did you spend ALTOGETHER doing each type of activity?

Example:
Walking 3 times for 30 minutes each time = 3 x 30 = 90 minutes or 1 hour 30 minutes

Walking *(briskly)*	☐☐ hours	☐☐ minutes
Moderate activity	☐☐ hours	☐☐ minutes
Vigorous activity	☐☐ hours	☐☐ minutes

53. During the LAST WEEK, how much time did you spend ALTOGETHER in your WORK (paid or unpaid) doing VIGOROUS activity (that is, activity which made you puff or pant such as labouring, farm work, heavy gardening, heavy work around the yard, heavy housework etc)?

TOTAL TIME in vigorous work-related activity last week ☐☐ hours ☐☐ minutes

54. **Which of the following describes your MAIN and SECONDARY occupation status?**
(eg. if you work part-time and do home duties, the one which takes most time would be MAIN and the other would be SECONDARY). *(Mark only one response in each column)*

	Main	Secondary
Full-time work	○	○
Part-time or casual work	○	○
Work without pay *(eg. in a family business)*	○	○
Home duties	○	○
Studying	○	○
Unemployed - looking for work	○	○
Unpaid voluntary work	○	○
Retired	○	○
Unable to work due to sickness or injury	○	○
No secondary occupation	○	○

55. **How many hours do you normally spend in your paid work each week?** *(Mark one only)*

Skip to Q57

- ○ None
- ○ 1 - 15 hours
- ○ 16 - 24 hours
- ○ 25 - 34 hours
- ○ 35 - 40 hours
- ○ 41 - 48 hours
- ○ 49 hours or more

56. **Does your PAID work involve:** *(Mark one response per line)*

Working shifts	○ Yes	○ No
Working at night	○ Yes	○ No
Working at home *(as your usual workplace)*	○ Yes	○ No

57. **Are you happy with the number of hours of paid work you do?**
(Please mark one, even if you do not do any paid work)

Skip to Q60 ○ Yes, happy as is

Skip to Q59 ○ No, would like to do more

Skip to Q58 ○ No, would like to do less

58. **What is the main reason you would like to do fewer hours of paid work?**
(Please mark one, then skip to Q60)

- ○ Family reasons *(including caring for others)*
- ○ Health reasons
- ○ Would like more time for leisure/for myself/time to do other things

59. What is the MAIN reason you do not do more hours of paid work? *(Mark one only)*

- ○ Can't find a suitable job *(eg. with right hours/suits my skills/nearby)*
- ○ Family reasons
- ○ Health reasons
- ○ My spouse/partner prefers I don't work *(more)*
- ○ Language difficulties

60. How often do you feel rushed/pressured/too busy? *(Mark one only)*

- ○ Every day
- ○ A few times a week
- ○ About once a week
- ○ About once a month
- ○ Never

61. How often do you have time on your hands that you don't know what to do with? *(Mark one only)*

- ○ Every day
- ○ A few times a week
- ○ About once a week
- ○ About once a month
- ○ Never

62. Do you have any *paid* help with domestic work *(eg. with housework, ironing)*? *(Mark one only)*

○ Yes ○ No

63. For the MAIN job held last week, what was your occupation and your partner's occupation? *Please give the full title, eg. childcare aide, science teacher, apprentice electrician.*

Please PRINT in the box Self

(If no partner leave bottom line blank) Partner

64. What kind of industry, business or service do YOU work in? *Please describe fully, eg. dairy farming, retail banking, primary education, retail sales.*

Please PRINT in the box

65. What form of transport do you use most often? *(Mark one only)*

- ○ Motor vehicle *(eg. car, ute etc)* - as driver
- ○ Motor vehicle *(eg. car, ute etc)* - as passenger
- ○ Bus, tram, train
- ○ Walk or bicycle
- ○ Other

66. Do you have access to a vehicle whenever you require it? ○ Yes ○ No

Do you have a driver's licence? ○ Yes ○ No

67. Which of the following do you use regularly? *(Mark one only)*

- ○ Microwave oven
- ○ Mobile phone
- ○ Personal computer
- ○ The Internet

68. Have you ever suffered any work-related accident or illness? *(Mark one only)*

○ Yes ○ No

69. Which of the following are sources of income for you and your spouse?
(Mark as many as applicable)

- ○ Wage or salary
- ○ Own business/farm/partnership
- ○ Superannuation or other private income
- ○ Government pension or allowance

70. What is the average gross (before tax) income that you (and your partner) receive each week, including pensions and allowances? Annual amounts appear in brackets.
If you do not live with a partner, leave the second column blank.
(Mark one circle for yourself, and one for your partner)

No Income	○ Self	○ Partner
$120 - $299 per week ($6,240 - $15,999 annually)	○ Self	○ Partner
$300 - $499 per week ($16,000 - $25,999 annually)	○ Self	○ Partner
$500 - $699 per week ($26,000 - $36,999 annually)	○ Self	○ Partner
$700 - $999 per week ($37,000 - $51,999 annually)	○ Self	○ Partner
$1,000 - $1,499 per week ($52,000 - $77,999 annually)	○ Self	○ Partner
$1,500 or more per week ($78,000 or more annually)	○ Self	○ Partner
Don't know	○ Self	○ Partner
Don't want to answer	○ Self	○ Partner

71. How many people are dependent on this household income? *(Including yourself)*

(Write the number of people) ☐☐

72. How do you manage on the income you have available? *(Mark one only)*

- ○ It is impossible
- ○ It is difficult all the time
- ○ It is difficult some of the time
- ○ It is not too bad
- ○ It is easy

In response to our last survey, many women told us about experiences of violence and/or abuse which they felt had affected their health.

Questions about violence and abuse can be disturbing for many women. We do however need to collect information about these sensitive issues so that the factors which affect women's health and well-being are better understood.

73a. Have you ever experienced any form of physical, mental, emotional or sexual abuse or violence, either as a child, in an adult relationship, or at any other time?

Skip to Q74

- ○ No, never
- ○ Yes

73b. If "Yes", would you be willing to answer questions about your experience(s) in a future survey (which would be strictly confidential and anonymous)?

Skip to Q74

- ○ No
- ○ Yes

73c. Would you prefer to do this by written survey or by telephone interview?

- ○ Written survey
- ○ Telephone interview

If you feel distressed about any experience of violence or abuse and would like some help to deal with this, please consider contacting one of the following:

* *Your nearest Women's Health Centre or Community Health Centre*
* *Your general practitioner for advice about who would be the best person in your community for you to talk to*
* *A Lifeline counsellor on 13 11 14 (local call)*

74. How many people live with you now? *(Mark one response per line)*

	None	One	Two	Three or more
Partner or spouse	○	○	○	○
Children under 16 years	○	○	○	○
Children 16 - 18 years	○	○	○	○
Children over 18 years	○	○	○	○
Your parents or in-laws	○	○	○	○
Other adult relatives	○	○	○	○
Other adults *(not family members)*	○	○	○	○

75. Most parents need someone to care for their children when they cannot. How satisfied are you with your child care arrangements? *(Mark one only)*

○ Not applicable
○ Very satisfied
○ Satisfied
○ Dissatisfied
○ Very dissatisfied

76. Do you regularly provide (unpaid) care for grandchildren or other people's children? *(Mark one only)*

○ Yes, daily
○ Yes, weekly
○ Yes, occasionally
○ No, never

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

○ Yes
○ No

78. Do you regularly PROVIDE care or assistance *(eg. personal care, transport)* to any other person because of their long-term illness, disability or frailty? *(Mark one response per line)*

For someone who lives with you	○ Yes	○ No
For someone who lives elsewhere	○ Yes	○ No

If "No" TO BOTH Skip to Q82

79. How many people with a long term illness, disability or frailty do you regularly provide care for? *(Mark one only)*

○ One person ○ Two people ○ More than two people

80. How often do you provide this care or assistance? *(Mark one only)*

○ Every day
○ Several times a week
○ Once a week
○ Once every few weeks
○ Less often

81. How much time do you usually spend providing such care or assistance on each occasion? *(Mark one only)*

○ All day and night
○ All day
○ Several hours
○ About an hour

82. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kind of support available to you if you need it?
(Mark one response per line)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Someone to help you if you are confined to bed	○	○	○	○	○
Someone you can count on to listen to you when you need to talk	○	○	○	○	○
Someone to give you good advice about a crisis	○	○	○	○	○
Someone to take you to the doctor if you need it	○	○	○	○	○
Someone who shows you love and affection	○	○	○	○	○
Someone to have a good time with	○	○	○	○	○
Someone to give you information to help you understand a situation	○	○	○	○	○
Someone to confide in or talk to about yourself or your problems	○	○	○	○	○
Someone who hugs you	○	○	○	○	○
Someone to get together with for relaxation	○	○	○	○	○
Someone to prepare your meals if you are unable to do it yourself	○	○	○	○	○
Someone whose advice you really want	○	○	○	○	○
Someone to do things with to help you get your mind off things	○	○	○	○	○
Someone to help with daily chores if you are sick	○	○	○	○	○
Someone to share your most private worries and fears with	○	○	○	○	○
Someone to turn to for suggestions about how to deal with a personal problem	○	○	○	○	○
Someone to do something enjoyable with	○	○	○	○	○
Someone who understands your problems	○	○	○	○	○
Someone to love and make you feel wanted	○	○	○	○	○

83. Which of the following applies to your parents? *(Mark one response per line)*

	Still living	Died before I was 6	Died when I was 7 - 16	Died when I was 17 - 30	Died after I was 30	Don't know
Mother	○	○	○	○	○	○
Father	○	○	○	○	○	○

84. What is your date of birth? Day ☐☐ Month ☐☐ Year ☐☐

85. What is your postcode? ☐☐☐☐

86. Are you currently attending an educational institution? *(Mark one only)*

- ○ No
- ○ Yes, part-time student
- ○ Yes, full-time student

87. What is your PRESENT marital status? *(Mark one only)*

- ○ Married *(registered)*
- ○ Defacto *(opposite sex)*
- ○ Defacto *(same sex)*
- ○ Separated
- ○ Divorced
- ○ Widowed
- ○ Single *(not married)*

88. At the place where you now live, are you: *(Mark one only)*

- ○ An owner
- ○ A purchaser
- ○ A renter
- ○ Living rent free
- ○ A boarder

89. Many people say they either belong to the upper class, the middle class, or the working class. If you had to make a choice, which would you call yourself? *(Mark one only)*

- ○ Upper class
- ○ Middle class
- ○ Working class
- ○ Don't know

90. In general, are you satisfied with what you have achieved in your life so far in the areas of: *(Mark one response per line)*

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Work	○	○	○	○
Career	○	○	○	○
Study	○	○	○	○
Family relationships	○	○	○	○
Partner/closest personal relationship	○	○	○	○
Friendships	○	○	○	○
Social activities	○	○	○	○

Have we missed anything?

If there is ANYTHING else you would like to tell us about changes in your health (especially in the last two years) please write on the lines below.

Please complete the details below, if you have filled in this survey on someone else's behalf.

This helps us to keep our records as accurate as possible.

Your name:

Relationship to participant:

Reason:

Thank you for taking the time to complete this survey.

Don't forget to let us know your new details if you move, change your name or your telephone number.

You are a valuable contributor to this women's health research. If you have any questions you can contact us by telephoning

1800 068 081 (FREE CALL)

or writing to us at the address below.

women's health australia

Don't forget to post this back to us with the consent form.

ID Number

☐☐☐ ☐☐☐☐☐ ☐

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