

women's
health
australia



second survey for
women in their 20's

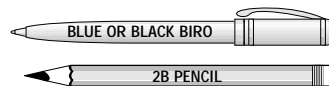
March 2000

How to complete this survey

This is the second "main" survey for women in their 20's. 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 2B pencil
- Do not fold or bend
- Erase mistakes fully
- Make no stray marks



Please MARK LIKE THIS: ☐  ☐ ☐

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

Please read the instructions above each question very carefully. Some require you to only answer those options which are applicable to you. Other questions require you to mark one answer on each line. The questions may also refer to different time periods.

Please write any comments or important information on page 29 only. We are not able to read comments written throughout the survey.

Example 1:

In general, would you say your health is:

(Mark one only)

- ☐ Excellent
- ☐ Very good
- ☒ Good - *You would mark this one if you think your health is good*
- ☐ Fair
- ☐ Poor

Example 2:

What is your postcode?

(PRINT clearly in the boxes)

2	3	0	8
---	---	---	---

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

- * *If you are concerned about any of your health experiences and would like some help, please contact:*
 - ***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.***
- * *If you feel distressed NOW and would like someone to talk to, you could ring Lifeline on 131114 (local call).*

Q1 How many times have you consulted a family doctor or another general practitioner (GP) for YOUR OWN HEALTH in the LAST 12 MONTHS for:
(Mark one on each line)

a Pap tests, contraception,
routine pregnancy checks

b All other reasons

NONE	ONCE	TWICE	3 TIMES	4 TIMES	5 - 6 TIMES	7 - 9 TIMES	10 - 12 TIMES	MORE THAN 12 TIMES
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2 How many times have you consulted a specialist doctor for YOUR OWN HEALTH in the LAST 12 MONTHS?
(Mark one on each line)

a Pap tests, contraception,
routine pregnancy checks

b All other reasons

NONE	ONCE	TWICE	3 TIMES	4 TIMES	5 - 6 TIMES	7 - 9 TIMES	10 - 12 TIMES	MORE THAN 12 TIMES
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 Have you consulted the following people for YOUR OWN HEALTH in the LAST 12 MONTHS?
(Mark all that apply)

Yes

- a** ☐ A hospital doctor (eg in outpatients or casualty)
- b** ☐ An allied health professional (eg optician, dentist, physiotherapist, counsellor etc)
- c** ☐ An "alternative" health practitioner (eg naturopath, acupuncturist, herbalist etc)
- d** ☐ A family planning service
- e** ☐ A sexual health service
- f** ☐ None of these people

Q4 Have you been admitted to hospital in the LAST 12 MONTHS for any of these reasons?
(Mark all that apply)

- a** ☐ Normal childbirth
- b** ☐ Problems during pregnancy
- c** ☐ All other reasons
- d** ☐ Not admitted

Q5 When you go to a General Practitioner:
(Mark one on each line)

a Do you go to the same place?

b Do you usually see the same doctor?

ALWAYS	MOST OF THE TIME	SOME-TIMES	RARELY OR NEVER
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6

Here are some questions about your **MOST RECENT VISIT** to a general practitioner. In terms of your **SATISFACTION**, how would you rate each of the following: (Mark one on each line)

- a** How long you waited to get an appointment
- b** Length of time you waited in the waiting room
- c** The amount of time you spent with the doctor
- d** The doctor's explanation of your problem and treatment
- e** The doctor's interest in how you felt about having the tests, treatment or the advice given
- f** Your opportunity to ask all the questions you wanted
- g** The technical skills (thoroughness, carefulness, competence) of the doctor
- h** The personal manner (courtesy, respect, sensitivity, friendliness) of the doctor
- i** The cost to you of the visit
(Mark here if NO COST) \Rightarrow ☐
- j** The visit overall

EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7

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

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

Q8

Thinking about **YOUR OWN HEALTH CARE**, how would you rate the following now: (Mark one on each line)

- a** Access to medical specialists if you need them
- b** Access to a hospital if you need it
- c** Access to after-hours medical care
- d** Access to a GP who bulk bills
- e** Access to a female GP
- f** Hours when a GP is available
- g** Number of GPs you have to choose from
- h** Ease of seeing the GP of your choice
- i** Ease of obtaining a Pap test
- j** Access to a counselling service if you need it
- k** Access to a Women's Health Centre or a Family Planning Centre

EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	DON'T KNOW
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9

Do you have a **Health Care Card**? This is a card that entitles you to discounts and assistance with medical expenses. This is not the same as a Medicare card. (Mark one only)

- ☐ Yes ☐ No

- ☐ Yes
- ☐ 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

- ☐ Yes
- ☐ 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

a Gestational diabetes (during pregnancy)

b Insulin dependent (Type I) diabetes

c Non-insulin dependent (Type II) diabetes

d Heart disease

e Hypertension (high blood pressure) during pregnancy

f Hypertension (high blood pressure) other than during pregnancy

g Low iron (iron deficiency or anaemia)

h Asthma

i Postnatal depression

j Depression (not postnatal)

k Anxiety disorder

l Endometriosis

m Urinary tract infection

n Chronic fatigue syndrome

o Chlamydia

p Genital herpes

q Genital warts (HPV)

r HIV or AIDS

s Hepatitis B or C

t Cancer (Please specify on page 29)

u Other major illness (Please specify on page 29)

v None of these conditions

[illegible]

women's health is about coping with common problems

Q13

A	In the LAST 12 MONTHS, have you had any of the following: (Mark <i>all that apply</i> . For all that apply, answer columns A, B and C.)			B	C
	RARELY	SOME-TIMES	OFTEN	MARK HERE IF YOU DID SEEK HELP	MARK HERE IF YOU WERE NOT SATISFIED
<i>a</i> Allergies, hayfever, sinusitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>b</i> Headaches/migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>c</i> Severe tiredness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>d</i> Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>e</i> Urine that burns or stings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>f</i> Leaking urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>g</i> Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>h</i> Haemorrhoids (piles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>i</i> Other bowel problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>j</i> Vaginal discharge or irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>k</i> Premenstrual tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>l</i> Irregular periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>m</i> Heavy periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>n</i> Severe period pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>o</i> Skin problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>p</i> Difficulty sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>q</i> Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>r</i> Episodes of intense anxiety (eg panic attacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>s</i> Palpitations (feeling that your heart is racing or fluttering in your chest)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>t</i> I have had none of these problems in the last 12 months <input type="radio"/>					

The questions on this page ask only about **NOW** - how your health is **NOW** and about how your health limits certain activities **NOW**.

Q14 In general, would you say your health is:

(Mark one only)

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Q15 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 now than one year ago
- ☐ Much worse now than one year ago

Q16 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 on each line)

- a** VIGOROUS activities such as running, lifting heavy objects, participating in strenuous sports
- b** MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
- c** Lifting or carrying groceries
- d** Climbing SEVERAL flights of stairs
- e** Climbing ONE flight of stairs
- f** Bending, kneeling or stooping
- g** Walking MORE THAN ONE kilometre
- h** Walking HALF a kilometre
- i** Walking 100 metres
- j** Bathing or dressing yourself

YES LIMITED A LOT	YES LIMITED A LITTLE	NO NOT LIMITED AT ALL
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17 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?
(Mark one on each line)

- a** Cut down on the amount of time you spent on work or other activities
- b** Accomplished less than you would like
- c** Were limited in the kind of work or other activities
- d** Had difficulty performing the work or other activities
(for example it took extra effort)

YES	NO
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Q18 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)?
(Mark one on each line)

- a** Cut down on the amount of time you spent on work or other activities
- b** Accomplished less than you would like
- c** Didn't do work or other activities as carefully as usual

YES	NO
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Q19 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?
(Mark one only)

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely

Q20 How much BODILY pain have you had during the PAST 4 WEEKS?
(Mark one only)

- ☐ None
- ☐ Very mild
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very severe

Q21 During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)?
(Mark one only)

- ☐ Not at all
- ☐ A little bit
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely

Q22 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:
(Mark one 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a Did you feel full of life
- b Have you been a very nervous person
- c Have you felt so down in the dumps that nothing could cheer you up
- d Have you felt calm and peaceful
- e Did you have a lot of energy
- f Have you felt down
- g Did you feel worn out
- h Have you been a happy person
- i Did you feel tired

Q23 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)? (Mark one only)

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

Q24 How TRUE or FALSE is EACH of the following statements for you?
(Mark one on each line)

DEFINITELY TRUE	MOSTLY TRUE	DON'T KNOW	MOSTLY FALSE	DEFINITELY FALSE
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a I seem to get sick a little easier than other people
- b I am as healthy as anybody I know
- c I expect my health to get worse
- d My health is excellent

Q25 If you have any serious illness, condition or disability, please write in the box below.

Q26 Do you regularly NEED help with daily tasks because of a long-term illness or disability (eg help with personal care, getting around, preparing meals etc)? (Mark one only)

- ☐ Yes
- ☐ No

women's health is about sexual and reproductive health

Q27 What age were you when you had: (Write age clearly in the boxes or mark one on each line)

- a** Your first menstrual period yrs ☐ Not applicable
- b** Your first sexual intercourse yrs ☐ Not applicable
- c** Your first baby yrs ☐ Not applicable

The next question applies only if you have ever had a baby.
If you have never had a baby, please go to Question 29.

Q28 How would you rate the help you had in the **FIRST 3 MONTHS**, with your first baby, from the following:
(Mark one on each line)

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT AVAILABLE	NOT NEEDED
a Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q29 In the **PAST 3 MONTHS**, about how many times have you had a menstrual period?
(Mark one only)

- ☐ None ☐ One ☐ Two ☐ Three ☐ Four ☐ Five or more

Q30 Which of these most closely describes your sexual orientation?
(Mark one only)

- ☐ I am exclusively heterosexual
- ☐ I am mainly heterosexual
- ☐ I am bisexual
- ☐ I am mainly homosexual (lesbian)
- ☐ I am exclusively homosexual (lesbian)
- ☐ I don't know
- ☐ I don't want to answer

Q31 How many sexual partners have you had? (Write a number in the box. Write '0' if none.)

- a** Male sexual partners ☐ Don't want to answer
- b** Female sexual partners ☐ Don't want to answer

Q32 Which of the following apply to you **NOW**: (Mark all that apply)

- Yes**
- a** ☐ I don't need to use any contraception (eg pregnant or no sex)
 - b** ☐ I choose not to use any contraception (eg want to be pregnant)
 - c** ☐ I use the oral contraceptive pill for contraception
 - d** ☐ I use the oral contraceptive pill for other reasons
 - e** ☐ I use condoms for contraception
 - f** ☐ I use condoms (or other barrier methods) for prevention of infection
 - g** ☐ I use another method of contraception

Q33 For how many years in total have you **EVER** taken the oral contraceptive pill?
(Mark one only)

- ☐ Never ☐ 1 or less ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 or more

Q34 Are you currently pregnant? (Mark one only)

- ☐ Yes ☐ No ☐ Don't know

Q35 How many times have you had each of the following?
(Mark all that apply)

- a** Live birth (more than 36 weeks).....
- b** Live premature birth (36 weeks or less)
- c** Stillbirth.....
- d** Miscarriage.....
- e** Termination (abortion).....

ONE	TWO	THREE	FOUR	FIVE OR MORE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q36 When did you last have a Pap test? A Pap test (for cervical cancer) is a routine test carried out by a doctor or nurse during an internal (vaginal) examination. (Mark one only)

- ☐ I have never had a Pap test → **go to Q38**
☐ Less than 2 years ago
☐ 2 - 5 years ago
☐ More than 5 years ago
☐ Not sure

Q37 Have you **EVER** had an abnormal Pap test? (Mark one only)

- ☐ Yes ☐ No

Q38 Have you and your partner (current or previous) ever had problems with infertility (that is, tried unsuccessfully to get pregnant for 12 months or more)? (Mark one only)

- ☐ Never tried to get pregnant
☐ No problem with infertility
☐ Yes, but have not sought help/treatment
☐ Yes, and have sought help/treatment

women's health

is about health habits

Q39

How tall are you without shoes?
(If you are not sure, please estimate)

cms

OR

ft

ins

Q40

How much do you weigh without clothes or shoes?
(If you are not sure, please estimate)

kgs

OR

stones

pounds

Q41

If you know your weight at birth, or can find out (eg ask your mother, or from your full birth certificate), write it here.

Birth weight

grams

OR

pounds

ounces

Q42

How much would you LIKE to weigh NOW? (Mark one only)

☐ Happy as I am

☐ 1 - 5 kg less

☐ 1 - 5 kg more

☐ 6 - 10 kg less

☐ Over 5 kg more

☐ Over 10 kg less

Q43

How often have you gone on a diet (that is, limited how much you ate) in order to lose weight DURING THE LAST YEAR? (Mark one only)

☐ Never

☐ More than 10 times

☐ 1 - 4 times

☐ I am always on a diet to lose weight

☐ 5 - 10 times

Q44

Excluding pregnancy, in the last FOUR YEARS, how many times have you:
(Mark one on each line)

	NEVER	1 - 2 TIMES	3 - 4 TIMES	5 OR MORE TIMES
a Lost 5 kg or more on purpose	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
b Lost 5 kg or more for any other reason	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
c Gained 5 kg or more which was previously lost on purpose	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>

Q45

In the PAST MONTH, how dissatisfied have you felt about:
(Mark one on each line)

	NOT AT ALL DISSATISFIED	SLIGHTLY DISSATISFIED	MODERATELY DISSATISFIED	MARKEDLY DISSATISFIED
a Your weight	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
b Your shape	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>

Q46 Have there been times when you felt that you have eaten what other people would regard as an unusually large amount of food **GIVEN THE CIRCUMSTANCES**? (Mark one only)

- ☐ Yes, in the past month
 ☐ Yes, more than one month ago
 ☐ No → IF NO, — go to Q50

Q47 During these times of overeating, did you have a sense of having lost control over your eating, that is, feeling that you couldn't stop eating once you had started? (Mark one only)

- ☐ Yes
 ☐ No → IF NO, — go to Q50

Q48 During the **PAST MONTH**, how often would you have overeaten and experienced loss of control? (Mark one only)

- ☐ Every day
☐ 2 - 3 times a week
☐ Once a week
☐ Less than once a week

Q49 How long have you been doing this? (Mark one only)

- ☐ 3 months or less
 ☐ 4 - 6 months
 ☐ More than 6 months

Q50

A		B					
In the LAST 12 MONTHS , have you used any of these methods to control your weight or shape? (Mark <u>all that apply</u>) (For all that apply, answer columns A and B.)		How often in the LAST MONTH did you use each of these methods to control your weight or shape? (Mark <u>all that apply</u>)					
		YES, IN THE LAST 12 MONTHS	EVERY DAY	2 - 3 TIMES A WEEK	ONCE A WEEK	LESS THAN ONCE A WEEK	NOT AT ALL
a	Vigorous exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Vomited on purpose after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Used laxatives, diuretics or diet pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Attended commercial weight loss program (eg Weight Watchers, Jenny Craig)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Meal replacements or slimming products (eg Limmits, Herbalife)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Cut down on size of meals or between meal snacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Cut down on fats and/or sugars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Cut out meals (fasted)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	I have not used any of these methods <input type="radio"/>						

Q51

A		B			
Do you EXCLUDE any of the following food groups from your diet? (Mark <u>all that apply</u>)		If YES, how long have you been excluding this food group? (Mark <u>all that apply</u>)			
	YES	LESS THAN 1 YEAR	1 - 5 YEARS	MORE THAN 5 YEARS	
a Red meat (beef, lamb, pork)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Eggs, milk and milk products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e I do not exclude any of these food groups <input type="checkbox"/>					

Q52

During the PAST 4 WEEKS, how many different types of medication (eg tablets or medicine) have you used which were:
(Mark all that apply)

	ONE	TWO	THREE	4 OR MORE
a Prescription medication for your nerves (eg Valium, Serapax, Ducene etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Prescription medication to help you sleep (eg Normison, Mogadon etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Prescription medication for depression (eg Prozac, Aropax etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Other medication prescribed by a doctor (excluding the oral contraceptive pill)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Other medication bought without a prescription at the chemist, supermarket or health food shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f None of these medications <input type="checkbox"/>				

You are half way through

The following sections are about other health habits, time use, your relationships and your future.

Often, there are no 'right' or 'wrong' answers - we are interested only in your opinion or feelings.

If you feel uncomfortable about answering a question, just leave it and go on to the next one, but please try to finish the survey if you can.

You may like to take a break now and do the second part later.

Q53 How often do you currently smoke cigarettes or any tobacco products? (Mark one only)

- ☐ Daily → go to Q54a
- ☐ At least weekly (but not daily) → go to Q54b
- ☐ Less often than weekly] → go to Q55
- ☐ Not at all

Q54 a If you smoke daily, on average how many cigarettes do you smoke EACH DAY?

PRINT the number in the box

cigarettes per day → go to Q58

b 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

Q55 In your lifetime, would you have smoked at least 100 cigarettes (or equivalent)? (Mark one only)

- ☐ Yes ☐ No → IF NO, go to Q59

Q56 Have you ever smoked daily? (Mark one only)

- ☐ Yes ☐ No → IF NO, go to Q59

Q57 At what age did you finally stop smoking daily?

PRINT the number in the box

years old

Q58 At what age did you start smoking daily?

PRINT the number in the box

years old

Q59 How often do you usually drink alcohol? (Mark one only)

- ☐ I never drink alcohol → go to Q62
- ☐ Less than once a month ☐ On 3 or 4 days a week
- ☐ Less than once a week ☐ On 5 or 6 days a week
- ☐ On 1 or 2 days a week ☐ Every day

Q60 On a day when you drink alcohol, how many standard drinks do you usually have? (Mark one only)

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

Q61 How often do you have five or more standard drinks of alcohol on one occasion? (Mark one only)

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

Q62 The following question asks about the use of drugs for **NON-MEDICINAL** purposes.
We want to know about general patterns of use. Please do not give details of specific instances of use.

If you have **NEVER** used any of these drugs, mark here  and go to Q65

If "yes" to I, please answer II and III. (Mark all that apply)

	I HAVE YOU EVER TRIED THIS? MARK IF YES	II AT ABOUT WHAT AGE DID YOU FIRST TRY THIS?	III HAVE YOU USED IT IN THE LAST 12 MONTHS? MARK IF YES
a Marijuana (cannabis, hash, grass, dope, pot, yandi)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
b Analgesics (eg Aspirin, Paracetamol, Mersyndol)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
c Amphetamines (eg speed, uppers, methylamphetamine, MDA)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
d LSD (acid, trips)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
e Natural hallucinogens (eg magic mushrooms)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
f Tranquillisers (eg tranks, sleepers, Mandrax, Serapax, Rohypnol)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
g Cocaine (coke, crack, blow)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
h Ecstasy/designer drugs (eg E, eccies, MDMA)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
i Inhalants (eg glue, petrol, solvents)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
j Heroin (smack, junk)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
k Barbiturates (eg barbs, downers, purple hearts)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
l Steroids	<input type="radio"/>	<input type="text"/>	<input type="radio"/>

Q63 Have you ever: (Mark one on each line)

	YES	NO	DON'T WANT TO ANSWER
a Injected yourself with illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Shared a needle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q64 Have you ever used any of the drugs listed above
in combination with: (Mark one on each line)

	YES	NO	DON'T WANT TO ANSWER
a Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next two questions are about the amount of physical activity you did LAST WEEK.

Q65 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.
(If you did **not** do an activity, please write "0" in the box.)

PRINT the number in the box

- a** Walking briskly (for recreation or exercise, or to get from place to place) times
- b** Moderate leisure activity (like social tennis, moderate exercise classes, recreational swimming, dancing) times
- c** Vigorous leisure activity (that makes you breathe harder or puff and pant, like aerobics, competitive sport, vigorous cycling, running, swimming) times
- d** Vigorous household or garden chores (that make you breathe harder or puff and pant) times

Q66 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?

(If you did not do an activity, please write "0" in the box.)

- a** Walking briskly (for recreation or exercise, or to get from place to place) hours minutes
- b** Moderate leisure activity (like social tennis, moderate exercise classes, recreational swimming, dancing) hours minutes
- c** Vigorous leisure activity (that makes you breathe harder or puff and pant, like aerobics, competitive sport, vigorous cycling, running, swimming) hours minutes
- d** Vigorous household or garden chores (that make you breathe harder or puff and pant) hours minutes

Now think about all of the time you spend sitting during EACH DAY while at home, at work, while getting from place to place or during your spare time.

Q67 How many hours in total do you typically spend sitting down while doing things like visiting friends, driving, reading, watching television, or working at a desk or computer?

- a** On a usual week **DAY** hours minutes
- b** On a usual weekend **DAY** hours minutes

women's health *is about how you feel about yourself*

Q68 Please indicate how often each of these statements apply to you:
(Mark one on each line)

	NEVER	RARELY	SOMETIMES	OFTEN
<i>a</i> I can usually depend on others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>b</i> I am a very organised person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>c</i> Sometimes I wonder who I really am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>d</i> I have experienced some very close friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>e</i> My religious or spiritual beliefs are stronger now than they have ever been	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>f</i> When faced with a problem, I am very good at developing various solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>g</i> When faced with a task, I like to apply myself fully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>h</i> I derive great pleasure in watching a child master a new skill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>i</i> Most conflicts between people can be resolved by discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>j</i> I am quite self-sufficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>k</i> In general, I know what I want out of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>l</i> I often feel lonely even when there are others around me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>m</i> Life has been good to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>n</i> I prefer a job that requires little initiative*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>o</i> I genuinely enjoy work*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>p</i> Planning for future generations is very important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 'Job' and 'work' may refer to paid or unpaid work, volunteer work, or any other task or chore which occupies your time.

Q69 Thinking about your current approach to life, please indicate how much you think each statement describes you:
(Mark one on each line)

	STRONGLY DISAGREE	DIS-AGREE	NEUTRAL	AGREE	STRONGLY AGREE
<i>a</i> In uncertain times, I usually expect the best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>b</i> If something can go wrong for me, it will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>c</i> I'm always optimistic about my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>d</i> I hardly ever expect things to go my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>e</i> I rarely count on good things happening to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>f</i> Overall, I expect more good things to happen to me than bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q70 Have you experienced any of the following events?

(Mark all that apply)

A
YES, IN THE LAST
12 MONTHS

B
YES, MORE THAN
12 MONTHS AGO

- | | A
YES, IN THE LAST
12 MONTHS | B
YES, MORE THAN
12 MONTHS AGO |
|---|------------------------------------|--------------------------------------|
| <i>a</i> Major personal illness | <input type="radio"/> | <input type="radio"/> |
| <i>b</i> Major personal injury | <input type="radio"/> | <input type="radio"/> |
| <i>c</i> Major surgery (not including dental work) | <input type="radio"/> | <input type="radio"/> |
| <i>d</i> Birth of your first child | <input type="radio"/> | <input type="radio"/> |
| <i>e</i> Birth of your second or later child | <input type="radio"/> | <input type="radio"/> |
| <i>f</i> Having a child with a disability or serious illness | <input type="radio"/> | <input type="radio"/> |
| <i>g</i> Starting a new, close personal relationship | <input type="radio"/> | <input type="radio"/> |
| <i>h</i> Getting married (or starting to live with someone) | <input type="radio"/> | <input type="radio"/> |
| <i>i</i> Problem or break-up in a close personal relationship | <input type="radio"/> | <input type="radio"/> |
| <i>j</i> Divorce or separation | <input type="radio"/> | <input type="radio"/> |
| <i>k</i> Becoming a sole parent | <input type="radio"/> | <input type="radio"/> |
| <i>l</i> Increased hassles with parents | <input type="radio"/> | <input type="radio"/> |
| <i>m</i> Serious conflict between members of your family | <input type="radio"/> | <input type="radio"/> |
| <i>n</i> Parents getting divorced, separated or remarried | <input type="radio"/> | <input type="radio"/> |
| <i>o</i> Death of partner or close family member | <input type="radio"/> | <input type="radio"/> |
| <i>p</i> Death of a child | <input type="radio"/> | <input type="radio"/> |
| <i>q</i> Stillbirth of a child | <input type="radio"/> | <input type="radio"/> |
| <i>r</i> Miscarriage | <input type="radio"/> | <input type="radio"/> |
| <i>s</i> Death of a close friend | <input type="radio"/> | <input type="radio"/> |
| <i>t</i> Leaving home for the first time | <input type="radio"/> | <input type="radio"/> |
| <i>u</i> Difficulty finding a job | <input type="radio"/> | <input type="radio"/> |
| <i>v</i> Return to study | <input type="radio"/> | <input type="radio"/> |
| <i>w</i> Beginning/resuming work outside the home | <input type="radio"/> | <input type="radio"/> |
| <i>x</i> Change in your type of work/hours/conditions/responsibilities at work | <input type="radio"/> | <input type="radio"/> |
| <i>y</i> Distressing harassment at work | <input type="radio"/> | <input type="radio"/> |
| <i>z</i> Loss of job | <input type="radio"/> | <input type="radio"/> |
| <i>aa</i> Partner losing a job | <input type="radio"/> | <input type="radio"/> |
| <i>bb</i> Parent losing a job | <input type="radio"/> | <input type="radio"/> |
| <i>cc</i> Decreased income | <input type="radio"/> | <input type="radio"/> |
| <i>dd</i> Natural disaster (fire, flood, drought, earthquake etc) or house fire | <input type="radio"/> | <input type="radio"/> |
| <i>ee</i> Major loss or damage to personal property | <input type="radio"/> | <input type="radio"/> |
| <i>ff</i> Being robbed | <input type="radio"/> | <input type="radio"/> |
| <i>gg</i> Involvement in a serious accident | <input type="radio"/> | <input type="radio"/> |
| <i>hh</i> Being pushed, grabbed, shoved, kicked or hit | <input type="radio"/> | <input type="radio"/> |
| <i>ii</i> Being forced to take part in unwanted sexual activity | <input type="radio"/> | <input type="radio"/> |
| <i>jj</i> Legal troubles or involvement in a court case | <input type="radio"/> | <input type="radio"/> |
| <i>kk</i> Family member/close friend being arrested/in gaol | <input type="radio"/> | <input type="radio"/> |
| <i>ll</i> None of these events | <input type="radio"/> | <input type="radio"/> |

Q71 Over the **LAST 12 MONTHS**, how stressed have you felt about the following areas of your life: *(Mark one on each line)*

	NOT APPLICABLE	NOT AT ALL STRESSED	SOMEWHAT STRESSED	MODERATELY STRESSED	VERY STRESSED	EXTREMELY STRESSED
a Own health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Health of family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Work/employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Living arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Relationship with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Relationship with partner/spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i Relationship with other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j Relationship with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q72 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 on each 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)
a I was bothered by things that don't usually bother me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d I felt that everything I did was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e I felt hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h I was happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j I could not 'get going'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k I felt terrific	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q73 In the **PAST WEEK**, have you been feeling that life isn't worth living? *(Mark one only)*

☐ Yes ☐ No

Q74 In the **PAST 6 MONTHS** have you **EVER** deliberately hurt yourself or done anything that you knew might have harmed or even killed you? *(Mark one only)*

☐ Yes ☐ No

If you answered **YES** to either of the last 2 questions, you might like to talk to someone about how you are feeling. You could ring Lifeline on 131114 (local call).

Q75 In the **LAST WEEK**, how much time in total did you spend doing the following things?
(Mark one on each line)

	I DON'T DO THIS ACTIVITY	1 - 15 HOURS	16 - 24 HOURS	25 - 34 HOURS	35 - 40 HOURS	41 - 48 HOURS	49 HOURS OR MORE
a Full time paid work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Permanent part-time paid work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Casual paid work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Home duties (own/family home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Work without pay (eg family business)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Studying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Unpaid voluntary work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Active leisure (eg sport)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i Passive leisure (eg TV, reading)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q76 Do you normally do any of the following kinds of work?
(Mark all that apply)

- a** ☐ Paid shift work
- b** ☐ Paid work at night
- c** ☐ Paid work from home
- d** ☐ Run your own business
- e** ☐ None of the above

Q77 Are you happy with the number of hours of paid work you do?
(Mark one only, even if you have no paid work)

- ☐ Yes, happy as is → go to Q80
- ☐ No, would like to do more → go to Q79
- ☐ No, would like to do less → go to Q78

Q78 What is the main reason you would like to do fewer hours of paid work?
(Mark one only)

- ☐ Child care
 - ☐ Other family reasons
 - ☐ Health reasons
 - ☐ Would like more time for leisure/for myself/to do other things
- go to Q80

Q79 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)
- ☐ Child care
- ☐ Other family reasons
- ☐ Health reasons
- ☐ My spouse/partner prefers I don't work (more)
- ☐ Language difficulties

Q80 Do you regularly provide unpaid care or assistance (eg personal care, transport) to any other person because of their long-term illness, disability or frailty?

(Mark one only)

- ☐ Yes
- ☐ No

Q81 Managing time is often difficult. How often do you feel:

(Mark one on each line)

- a** That you are rushed, pressured, too busy?
- b** That you have time on your hands that you don't know what to do with?

EVERY DAY	A FEW TIMES A WEEK	ABOUT ONCE A WEEK	ABOUT ONCE A MONTH	NEVER
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions apply only if you have a child or children.
If you have no children, please go to Question 84.

Q82 Most parents need someone to care for their children when they cannot.

How satisfied are you with your child care arrangements? (Mark one only)

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ Not applicable → go to Q84

Q83 How often did you use child care in the LAST WEEK?

(Mark one in each column if applicable)

- Less than 5 hours per week
- 5 - 10 hours
- 11 - 20 hours
- 21 - 30 hours
- More than 30 hours

A FORMAL CARE (eg long day care, pre-school, occasional care)	B INFORMAL CARE (eg family, friends, paid babysitter)
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Q84 Who lives with you? (Mark all that apply)

- Yes**
- a** ☐ No-one, I live alone
 - b** ☐ Partner/spouse
 - c** ☐ Own children
 - d** ☐ Someone else's children
 - le** ☐ Mother
 - f** ☐ Father
 - g** ☐ Step-mother/step-father
 - h** ☐ Brothers/sisters
 - i** ☐ Other adult relatives
 - j** ☐ Other adults who are not family members
 - k** ☐ I live in group accommodation (eg hall of residence, hostel etc)

If you have no children living with you, go to Q86.

Q85 If you have children living with you (your own or your partner's), how many are: (Mark one on each line)

	NONE	ONE	TWO	THREE	FOUR OR MORE
a Under 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b 12 months - 5 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c 6 - 12 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d 13 - 16 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q86 These questions are about getting on with other people. (Mark all that apply)

- Yes**
- a** ☐ Has anyone close to you tried to hurt you or harm you recently?
 - b** ☐ Are you sad or lonely often?
 - c** ☐ Do you feel that nobody wants you around?
 - d** ☐ Does anyone in your family drink a lot of alcohol?
 - le** ☐ Are you afraid of anyone in your family?
 - f** ☐ Do you have enough privacy at home?
 - g** ☐ Have you ever been in a violent relationship with a partner/spouse?
 - h** ☐ Has anyone close to you called you names or put you down or made you feel bad recently?
 - i** ☐ None of the above

Q87 This question is about your relationship status based on your current living arrangements. Are you: (Mark one only)

- ☐ Living in a registered marriage
- ☐ Living in a de facto relationship
- ☐ Not married

Q88 What is your **FORMAL** registered marital status?

(Mark one only)

- ☐ Never married
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

Q89 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 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 Someone to help you if you are confined to bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Someone to take you to the doctor if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Someone to share your most private worries and fears with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Someone to turn to for suggestions about how to deal with a personal problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Someone to do something enjoyable with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Someone to love and make you feel wanted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q90 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?

(Mark one only)

- ☐ Yes
- ☐ No
- ☐ Don't want to answer

→ go to Q92

Q91 If **YES**, was the violence/abuse you experienced:

(Mark all that apply)

- Yes**
- a** ☐ **Physical abuse** (eg pushed, grabbed, kicked, hit, shoved, slapped, shaken, restrained)
 - b** ☐ **Severe physical violence** (eg beaten up, thrown, choked, burnt, threatened or attacked with a fist, knife or gun)
 - c** ☐ **Emotional abuse** (eg called names, threats to harm or kill, humiliated, bullied, criticised, locked up/isolated, refused access to work, medical care or money, told that your children or pets would be harmed)
 - d** ☐ **Sexual abuse** (eg rape or attempted rape, sexual assault, fear of sexual assault, forced to engage in unwanted sexual practices)
 - e** ☐ **Harassment** (eg stalking, loitering, interfering with property, offensive mail or telephone calls)

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Q92 How often have you moved your place of residence in the PAST 3 YEARS? (Mark one only)

- ☐ Never ☐ Once ☐ Twice ☐ Three times or more

Q93 What is your postcode NOW?

(Write clearly in boxes provided)

--	--	--	--

PLEASE LET US KNOW YOUR NEW ADDRESS OR AN ADDRESS WHERE WE CAN CONTACT YOU BY FILLING IN THE ENCLOSED CARD.

Q94 What is the HIGHEST qualification you have completed? (Mark one only)

- ☐ No formal qualifications
- ☐ Year 10 or equivalent (eg School Certificate)
- ☐ Year 12 or equivalent (eg Higher School Certificate)
- ☐ Trade/apprenticeship (eg hairdresser, chef)
- ☐ Certificate/diploma (eg child care, technician)
- ☐ University degree
- ☐ Higher university degree (eg Grad Dip, Masters, PhD)

Q95 We would like to know YOUR main occupation NOW and that of both your main caregivers while you were growing up. (If you are a student, mark the occupation you are studying for.)
(Mark one in each column)

(Mark one in each column)

	A SELF	B MOTHER / STEP- MOTHER	C FATHER / STEP- FATHER
Manager or administrator (eg magistrate, farm manager, general manager, director of nursing, school principal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional (eg scientist, doctor, registered nurse, allied health professional, teacher, artist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Associate professional (eg technician, manager, youth worker, police officer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tradesperson or related worker (eg hairdresser, gardener, florist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advanced clerical or service worker (eg secretary, personal assistant, flight attendant, law clerk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intermediate clerical, sales or service worker (eg typist, word processing/data entry operator, receptionist, child care worker, nursing assistant, hospitality worker)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intermediate production or transport worker (eg sewing machinist, machine operator, bus driver)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elementary clerical, sales or service worker (eg filing/mail clerk, parking inspector, sales assistant, telemarketer, housekeeper)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labourer or related worker (eg cleaner, factory worker, general farm hand, kitchenhand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No paid job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know or not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q96 We are interested in the **HIGHEST** educational qualification of your parents (or other main caregivers while you were growing up).
(Mark one on each line)

	NOT APPLICABLE / DON'T KNOW	UP TO YEAR 10 OR EQUIVALENT	UP TO YEAR 12 OR EQUIVALENT	TRADE QUALIFICATION	CERTIFICATE / DIPLOMA	DEGREE	HIGHER DEGREE
a Mother or step-mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Father or step-father.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q97 Have you ever been unemployed and actively seeking work? (Mark one only)

- ☐ No, never
- ☐ Yes, for a total of less than 6 months
- ☐ Yes, for a total of 6 months to 12 months
- ☐ Yes, more than 12 months

Q98 **a** What is the average gross (*before tax*) income that you receive each week, including pensions, allowances and financial support from parents?

b What is the average gross (*before tax*) income of your household (eg you and your partner, or you and your parents sharing a house)?
(Mark one for yourself and one for your household)

	A SELF	B HOUSEHOLD
No income	<input type="radio"/>	<input type="radio"/>
\$1-\$119 (\$1-\$6,239 annually)	<input type="radio"/>	<input type="radio"/>
\$120-\$299 (\$6,240-\$15,999 annually)	<input type="radio"/>	<input type="radio"/>
\$300-\$499 (\$16,000-\$25,999 annually)	<input type="radio"/>	<input type="radio"/>
\$500-\$699 (\$26,000-\$36,999 annually)	<input type="radio"/>	<input type="radio"/>
\$700-\$999 (\$37,000-\$51,999 annually)	<input type="radio"/>	<input type="radio"/>
\$1,000-\$1,499 (\$52,000-\$77,999 annually)	<input type="radio"/>	<input type="radio"/>
\$1,500 or more (\$78,000 or more annually)	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>
Don't want to answer	<input type="radio"/>	<input type="radio"/>
I live alone (household income is the same as mine)	<input type="radio"/>	

Q99 How many people (including yourself), are dependent on this household income?
(Write number in boxes)

Q100 What is your date of birth?
(Write date in boxes)

DAY	MONTH	YEAR
<div></div> <div></div>	<div></div> <div></div>	<div>1</div> <div>9</div> <div></div> <div></div>

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Q101

- ☐ Full-time paid employment
- ☐ Part-time paid employment
- ☐ Full-time unpaid work in the home
- ☐ Self-employed/own business

Q102

Q103

- ☐ Married
- ☐ In a stable relationship but not married
- ☐ Single (not in a stable relationship)

Q104

- ☐ No children
- ☐ 1 child
- ☐ 2 children
- ☐ 3 or more children

Q105

- ☐ Yes ☐ No ☐ Not sure

Q106

		VERY SATISFIED	SATISFIED	DIS-SATISFIED	VERY DISSATISFIED
<i>a</i>	Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>b</i>	Career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>c</i>	Study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>d</i>	Family relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>e</i>	Partner/closest personal relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>f</i>	Friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>g</i>	Social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOT APPLICABLE				
<i>h</i>	Motherhood/children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



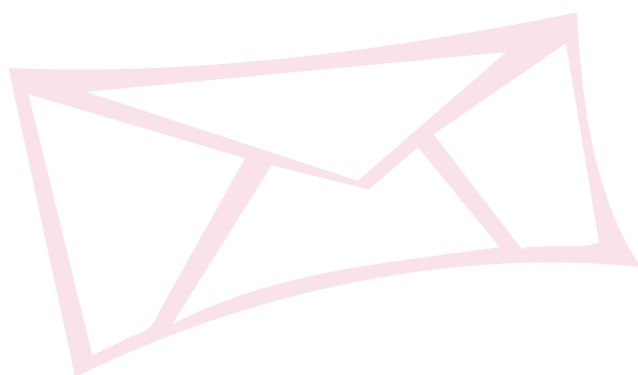
Have we missed anything?

Thank you for taking the time to complete this survey.

If you need help to answer any of the questions, ring our Freecall number 1800 068 081.

When you have completed the survey, please sign the next page and send the survey back to us as soon as possible. We will detach the consent form and store it in a separate locked room.

Don't forget to post this back to us!



**Please let us know your new details if you move,
change your name or your telephone number.**

*If you have any questions you can contact us by telephoning
1800 068 081 (This is a FREECALL number)
or writing to us.*

CONSENT

I consent to the researchers 'matching' the information provided in this survey with that provided in the first survey (1996) so that any changes in my health during the last four years can be noted.

Signature: Date:

Help us keep in touch!

Sometimes we lose touch with our participants. It would be helpful if you could give us details of parents, a relative or friend who will be able to help us find you.

Name:

Address: Postcode:

Home Phone: Relationship to you:

Name:

Address: Postcode:

Home Phone: Relationship to you:

Please complete this box if you have filled in this survey on someone else's behalf. This helps us to keep our records as accurate as possible.

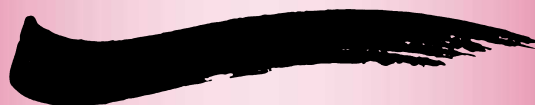
Your name:

Relationship to participant:

Reason:

Thank you for taking the time to fill in this survey.

women's health *australia*



*second survey for
women in their 20's*

March 2000



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