

women's
health
australia



*Third survey for
mid-age women*

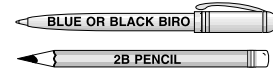
March 2001

How to complete this survey

This is the third “main” survey for mid-age women. As the purpose of the project is to look at changes over time, some of the questions are the same as those in previous surveys.

INSTRUCTIONS:

- Use a black/blue biro or pencil, preferably 2B
- Erase or correct mistakes
- Do not fold or bend this survey



Mark the circle like this:

(Example)

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 write any comments or important information on page 26 only. We are not able to read comments written elsewhere 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 13 1114 (local call).

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 now as one year ago
- Somewhat worse now 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 on each line)

	yes, limited a lot	yes, limited a little	no, not limited at all
A..... VIGOROUS ACTIVITIES, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B..... MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C..... Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D..... Climbing SEVERAL flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E..... Climbing ONE flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F..... Bending, kneeling or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G..... Walking MORE THAN ONE kilometre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H..... Walking HALF a kilometre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I..... Walking 100 metres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J..... Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The questions on this page and the next one ask about your health IN THE PAST 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 on each line)

	yes	no
A..... Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
B..... Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
C..... Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>
D..... Had difficulty performing the work or other activities (eg it took extra effort)	<input type="radio"/>	<input type="radio"/>

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 on each line)

	yes	no
A..... Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
B..... Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
C..... Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input type="radio"/>

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
- A little bit
- 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 on each line)

	all of the time	most of the time	a good bit of the time	some of the time	a little of the time	none of the time
A Did you feel full of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B Have you been a very nervous person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C Have you felt so down in the dumps that nothing could cheer you up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D Have you felt calm and peaceful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E Did you have a lot of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F Have you felt down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G Did you feel worn out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H Have you been a happy person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I Did you feel tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 on each line)

	definitely true	mostly true	don't know	mostly false	definitely false
A I seem to get sick a little easier than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B I am as healthy as anybody I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C I expect my health to get worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D My health is excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

women's health is about using health services

12

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

(Mark one on each line)

	none	once or twice	3 or 4 times	5 or 6 times	7-12 times	13-24 times	25 or more times
A A family doctor or another General Practitioner (GP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B A hospital doctor (eg in outpatients or casualty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C A specialist doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13

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

	yes
A Dentist	<input type="radio"/>
B Physiotherapist	<input type="radio"/>
C Counsellor/ Psychologist/ Social worker	<input type="radio"/>
D Pharmacist	<input type="radio"/>
E Optician	<input type="radio"/>
F Dietitian	<input type="radio"/>
G Naturopath/ Herbalist	<input type="radio"/>
H Acupuncturist	<input type="radio"/>
I Podiatrist	<input type="radio"/>
J Chiropractor/ Osteopath	<input type="radio"/>
K Other allied or alternative health practitioner	<input type="radio"/>
L None of these people	<input type="radio"/>

14

When you go to a General Practitioner:

(Mark one on each line)

	always	most of the time	some-times	rarely or never
A Do you go to the same place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B Do you usually see the same doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15

How would you rate the cost to you of your LAST visit to a General Practitioner?

(Mark one only)

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

16

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

17

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

18 Do you have Veterans' Affairs coverage for health services?

(Mark one only)

- Yes No

19 Do you have private health insurance for:

(Mark one on each line)

	yes	no
A Hospital cover	<input type="radio"/>	<input type="radio"/>
B Ancillary services (eg physiotherapy or dental services)	<input type="radio"/>	<input type="radio"/>

20 Thinking about your own health care, how would you rate the following:

(Mark one on each line)

	excellent	very good	good	fair	poor	don't know
A .. Access to medical specialists if you need them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B Access to a hospital if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C Access to medical care in an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D Access to after-hours medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E Access to a GP who bulk bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F Access to a female GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G Hours when a GP is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H Number of GPs you have to choose from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I Ease of seeing the GP of your choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J How long you wait to get a GP appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K The outcomes of your medical care (how much you are helped)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L Ease of obtaining a mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M Ease of obtaining a Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N Availability of medical information or advice by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O Services available for getting doctors' prescriptions filled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P Access to a counselling service if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q Access to a Women's Health Centre or a Family Planning Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21 In the PAST WEEK, have you been feeling that life isn't worth living?

(Mark one only)

- Yes No

22 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 13 1114 (local call).

23

When did you last have:

(Mark one on each line)

in the last 2 years	2-5 years ago	more than 5 years ago	never	don't know
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A A Pap test

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

B A mammogram

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

24

Have you EVER had an abnormal result from:

(Mark one on each line)

yes	no	don't know
-----	----	------------

A A Pap test

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

B A mammogram

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

25

In the PAST THREE YEARS, have you:

(Mark all that apply)

yes

A Had your breasts examined by a doctor?

B Carried out *regular monthly* breast self examination?

C Had your blood pressure checked by a doctor?

D Had your cholesterol checked by a doctor?

E None of the above

26

Are you CURRENTLY taking:

(Mark all that apply)

yes

A The oral contraceptive pill?

B Hormone Replacement Therapy (HRT)?

27

Have you:

(Mark one on each line)

yes	no
-----	----

A Had a hysterectomy?

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

B ... Had a period or menstrual bleeding in the last 12 months?

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

→ IF NO go to Q29

C Had a period or menstrual bleeding in the last 3 months?

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

28

Compared with 12 months ago, are your periods:

(Mark one only)

Less frequent About the same More frequent Changeable

29

If you have reached menopause, at what age did your periods completely stop?

(Please write the age in the box, if applicable)

years old **OR** Not applicable

30

Some women have experienced difficulties in becoming pregnant. Have you ever had any of the following problems with fertility: (Mark all that apply)

yes

- A You tried unsuccessfully to get pregnant? (for 12 months or more)
- B You were diagnosed as infertile by a doctor?
- C Your partner was diagnosed as infertile by a doctor?
- D You had treatment for infertility?
- E Your partner had treatment for infertility?
- F None of these

31

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

32

What is your date of birth?

		19		
Day	Month		Year	

33

During the PAST FOUR WEEKS, have you taken any medications:

(Mark all that apply)

	A recommended or prescribed by a doctor	B any other medication
--	--------------------------------------------------	------------------------------

- | | | |
|----------------------------------------------------------------------------|-----------------------|-----------------------|
| A For nerves/anxiety/worries | <input type="radio"/> | <input type="radio"/> |
| B For stress (difficulty coping) | <input type="radio"/> | <input type="radio"/> |
| C To help you sleep | <input type="radio"/> | <input type="radio"/> |
| D For tiredness/fatigue | <input type="radio"/> | <input type="radio"/> |
| E For depression | <input type="radio"/> | <input type="radio"/> |
| F For menopausal symptoms | <input type="radio"/> | <input type="radio"/> |
| G For pain (headaches/backaches etc) | <input type="radio"/> | <input type="radio"/> |
| H For arthritis | <input type="radio"/> | <input type="radio"/> |
| I For any chronic (long-term) illness or condition (eg hypertension) | <input type="radio"/> | <input type="radio"/> |
| J For digestive/bowel problems | <input type="radio"/> | <input type="radio"/> |
| K For skin problems (eg allergy or eczema) | <input type="radio"/> | <input type="radio"/> |
| L None of these | <input type="radio"/> | <input type="radio"/> |

34

During the PAST FOUR WEEKS, how many different types of vitamin, mineral or herbal products or supplements have you taken?

(Mark one only)

- None
- One
- Two or three
- Four or more

In the PAST THREE YEARS, have you been diagnosed or treated for:

(Mark *all that apply*)

yes in the
past 3 years

A	Arthritis/rheumatism	<input type="radio"/>
B	Insulin dependent (<i>type 1</i>) diabetes	<input type="radio"/>
C	Non-insulin dependent (<i>type 2</i>) diabetes	<input type="radio"/>
D	Impaired glucose tolerance	<input type="radio"/>
E	Heart disease (<i>including heart attack, angina</i>)	<input type="radio"/>
F	Hypertension (<i>high blood pressure</i>)	<input type="radio"/>
G	Stroke	<input type="radio"/>
H	Thrombosis (<i>a blood clot</i>)	<input type="radio"/>
I	Low iron level (<i>iron deficiency or anaemia</i>)	<input type="radio"/>
J	Asthma	<input type="radio"/>
K	Bronchitis/emphysema	<input type="radio"/>
L	Osteoporosis	<input type="radio"/>
M	Breast cancer	<input type="radio"/>
N	Cervical cancer	<input type="radio"/>
O	Bowel cancer	<input type="radio"/>
P	Other cancer	<input type="radio"/>
Q	Depression	<input type="radio"/>
R	Anxiety/nervous disorder	<input type="radio"/>
S	Other psychiatric disorder	<input type="radio"/>
T	Chronic Fatigue Syndrome	<input type="radio"/>
U	Sexually transmitted infection (<i>eg genital herpes or warts, chlamydia</i>)	<input type="radio"/>
V	HIV or AIDS	<input type="radio"/>
W	Hepatitis B or C	<input type="radio"/>
X	Other major illness	<input type="radio"/>
Y	None of these conditions	<input type="radio"/>

In the PAST THREE YEARS, have you had any of the following operations?

(Mark *all that apply*)

yes in the
past 3 years

A	Hysterectomy	<input type="radio"/>
B	Both ovaries removed	<input type="radio"/>
C	Repair of prolapsed vagina, bladder or bowel	<input type="radio"/>
D	Endometrial ablation (<i>removal of the lining of the uterus</i>)	<input type="radio"/>
E	Tubal ligation (<i>tubes tied</i>)	<input type="radio"/>
F	Mastectomy (<i>removal of one or both breasts</i>)	<input type="radio"/>
G	Lumpectomy (<i>removal of lump from breast</i>)	<input type="radio"/>
H	Breast biopsy (<i>taking a sample of breast tissue</i>)	<input type="radio"/>
I	Cholecystectomy (<i>gall bladder removed</i>)	<input type="radio"/>
J	Any cosmetic surgery (<i>eg face, breasts, fat removal etc</i>)	<input type="radio"/>
K	Gastroscopy/colonoscopy	<input type="radio"/>
L	None of these	<input type="radio"/>

37

In the LAST 12 MONTHS, have you had any of the following:

(Mark one on each line in column A.

Mark all that apply in columns B and C.)

	A				B For the problems you had, did you seek help? Mark here if you DID seek help	C If you did seek help, please mark if you were NOT satisfied with that help Mark here if you were NOT satisfied
	never	rarely	some-times	often		
A Allergies, hayfever, sinusitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B Breathing difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C Indigestion/heartburn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E Headaches/migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F Severe tiredness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G Stiff or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I Urine that burns or stings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J Leaking urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K Passing urine more than twice during the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L Haemorrhoids (<i>piles</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M Other bowel problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N Vaginal discharge or irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O Premenstrual tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P Irregular monthly periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q Heavy periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R Severe period pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S Hot flushes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U Eyesight problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V Hearing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
W Difficulty sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Y Poor memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Z Episodes of intense anxiety (<i>eg panic attacks</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AA Palpitations (<i>feeling that your heart is racing or fluttering in your chest</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38

Are your parents still living?

(Mark one on each line)

	still living	deceased	don't know
A Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



women's health is about coping with stress

39

Over the LAST TWELVE 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 other 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 children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J Relationship with other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40

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

(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 Walking, exercise, sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B TV, listening to music, reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C Socialising, talking to a good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D Writing, drawing or creative activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E Wanting to be alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F Throwing things, slamming doors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G Smoking, using drugs or alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H Eating more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I Eating less	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J Yoga, meditation etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41

How often do you currently smoke tobacco products (eg cigarettes)?

(Mark one only)

- Daily
- At least weekly (but not daily)
- Less often than weekly
- Not at all

→ IF LESS OFTEN THAN WEEKLY OR NOT AT ALL
go to Q43

42

On average how many cigarettes do you smoke each WEEK?

(Please write number in the box)

cigarettes per week → NOW go to Q44

43

At what age did you finally stop smoking daily? (Please write the age in the box, if applicable)

I have never smoked daily

OR

I stopped smoking daily at years old

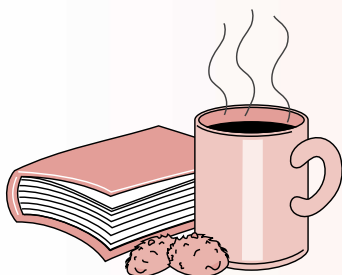
44

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"/>

You are half way through!



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

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.

Which of the following events have you experienced:

(Mark all that apply)

	A in the last 12 months	B more than 12 months ago
A Major personal illness	<input type="radio"/>	<input type="radio"/>
B Major personal injury	<input type="radio"/>	<input type="radio"/>
C Major personal achievement	<input type="radio"/>	<input type="radio"/>
D Major surgery (<i>not including dental work</i>)	<input type="radio"/>	<input type="radio"/>
E Going through menopause	<input type="radio"/>	<input type="radio"/>
F Major decline in health of spouse or partner	<input type="radio"/>	<input type="radio"/>
G Major decline in health of other close family member or close friend	<input type="radio"/>	<input type="radio"/>
H Starting a new, close personal relationship	<input type="radio"/>	<input type="radio"/>
I Infidelity of spouse or partner	<input type="radio"/>	<input type="radio"/>
J Break-up of a close personal relationship	<input type="radio"/>	<input type="radio"/>
K Divorce	<input type="radio"/>	<input type="radio"/>
L Major conflict with teenage or older children	<input type="radio"/>	<input type="radio"/>
M Child or other family member leaving home (<i>due to marriage, to attend university etc</i>)	<input type="radio"/>	<input type="radio"/>
N Death of spouse or partner	<input type="radio"/>	<input type="radio"/>
O Death of child	<input type="radio"/>	<input type="radio"/>
P Death of other close family member	<input type="radio"/>	<input type="radio"/>
Q Death of close friend	<input type="radio"/>	<input type="radio"/>
R ... Changing your type of work/hours/conditions/responsibilities at work	<input type="radio"/>	<input type="radio"/>
S Retirement	<input type="radio"/>	<input type="radio"/>
T Your spouse or partner retiring from work	<input type="radio"/>	<input type="radio"/>
U You or your spouse/partner being made redundant	<input type="radio"/>	<input type="radio"/>
V Decreased income	<input type="radio"/>	<input type="radio"/>
W Moving house	<input type="radio"/>	<input type="radio"/>
X Natural disaster (<i>fire, flood, drought, earthquake etc</i>) or house fire	<input type="radio"/>	<input type="radio"/>
Y Major loss or damage to personal property	<input type="radio"/>	<input type="radio"/>
Z Being robbed	<input type="radio"/>	<input type="radio"/>
AA Involvement in a serious accident	<input type="radio"/>	<input type="radio"/>
BB Being pushed, grabbed, shoved, kicked or hit	<input type="radio"/>	<input type="radio"/>
CC Being forced to take part in unwanted sexual activity	<input type="radio"/>	<input type="radio"/>
DD Legal troubles or involved in a court case	<input type="radio"/>	<input type="radio"/>
EE Family member/close friend being arrested/in gaol	<input type="radio"/>	<input type="radio"/>
FF None of these events	<input type="radio"/>	<input type="radio"/>

women's health is about healthy weight and shape

46

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

kg

OR

stones

pounds

B. How tall are you without shoes?

cm

OR

feet

inches

47

In the LAST THREE YEARS, how many times have you: (Mark one on each line)

none	1-2 times	3-4 times	5 or more times
------	-----------	-----------	-----------------

A lost 5 kg or more on purpose

B lost 5 kg or more for any other reason

C gained 5 kg or more (which was previously lost on purpose)

48

What is your postcode?

A. What is your RESIDENTIAL postcode? (where you live)

B. What is the postcode of your POSTAL ADDRESS?

(if different to residential)

49

Over the LAST 12 MONTHS, on average, how often did you drink the following? (Mark one on each line)

	Never	Less than once per month	1-3 times per month	1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 or more times per day
A .Cola drinks (not diet) (eg Coke™)	<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"/>
B .....Diet cola drinks (eg Diet Coke™)	<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"/>
C Other carbonated (eg fizzy/soft drinks)	<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"/>
D Cordials, fruit or sport drinks	<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"/>
E Milk or Soya Milk (including flavoured varieties)	<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"/>
F Fruit or vegetable juices	<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"/>
G .....Tea	<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"/>
H Herbal tea	<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"/>
I Coffee	<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"/>
J . Water (including soda or plain mineral water)	<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"/>

This section is about your usual eating habits over the PAST 12 MONTHS. Where possible, give only one answer per question for the type of food you eat most often. (If you can't decide which type you have most often, answer for the types you usually eat.)

50 How many pieces of FRESH fruit do you usually eat per day? (Count 1/2 cup of diced fruit, berries or grapes as one piece)

- I don't eat fruit
- Less than 1 piece of fruit per day
- 1 piece of fruit per day
- 2 pieces of fruit per day
- 3 pieces of fruit per day
- 4 or more pieces of fruit per day

51 How many different vegetables do you usually eat per day? (Count all types, fresh, frozen or tinned.)

- Less than 1 vegetable per day
- 1 vegetable per day
- 2 vegetables per day
- 3 vegetables per day
- 4 vegetables per day
- 5 vegetables per day
- 6 or more vegetables per day

52 What type of milk do you usually use?

- A** None
- B** Full cream milk
- C** Reduced fat milk
- D** Skim milk
- E** Soya milk

53 How much milk do you usually use per day? (Include flavoured milk and milk added to tea, coffee, cereal etc.)

- None
- Less than 250 ml (1 large cup or mug)
- Between 250 and 500 ml (1-2 cups)
- Between 500 and 750 ml (2-3 cups)
- 750 ml (3 cups) or more

54 What type of bread do you usually eat?

- A** I don't eat bread
- B** High fibre white bread
- C** White bread
- D** Wholemeal bread
- E** Rye bread
- F** Multi-grain bread

55 How many slices of bread do you usually eat per day? (Include all types, fresh or toasted and count one bread roll as 2 slices.)

- Less than 1 slice per day
- 1 slice per day
- 2 slices per day
- 3 slices per day
- 4 slices per day
- 5-7 slices per day
- 8 or more slices per day

56 Which spread do you usually put on bread?

- A** I don't usually use any fat spread
- B** Margarine of any kind
- C** Polyunsaturated margarine
- D** Monounsaturated margarine
- E** Butter and margarine blends
- F** Butter

57 On average, how many teaspoons of sugar do you usually use per day? (Include sugar taken with tea and coffee and on breakfast cereal etc.)

- None
- 1 to 4 teaspoons per day
- 5 to 8 teaspoons per day
- 9 to 12 teaspoons per day
- More than 12 teaspoons per day

58 On average, how many eggs do you usually eat per week?

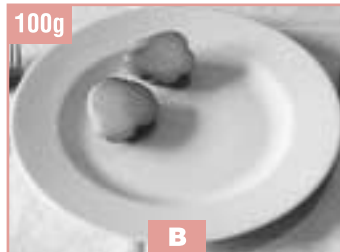
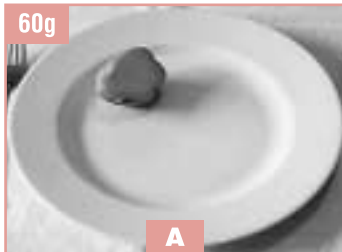
- I don't eat eggs
- Less than 1 egg per week
- 1 to 2 eggs per week
- 3 to 5 eggs per week
- 6 or more eggs per week

59 What types of cheese do you usually eat?

- A** I don't eat cheese
- B** Hard cheeses, eg parmesan, romano
- C** Firm cheeses, eg cheddar, edam
- D** Soft cheeses, eg camembert, brie
- E** Ricotta or cottage cheese
- F** Cream cheese
- G** Low fat cheese

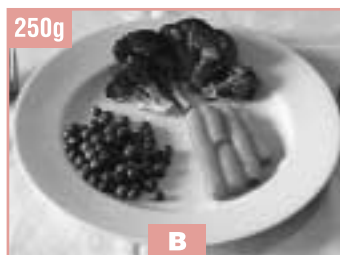
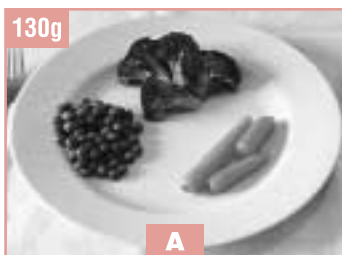
For each food shown on this page, indicate how much on average you would usually have eaten at main meals during the PAST 12 MONTHS. When answering each question, think of the amount of that food you usually ate, even though you may rarely have eaten the food on its own. If you usually ate more than one helping, choose the serving size closest to the total amount you ate.

60 When you ate potato, did you usually eat: I never ate potato



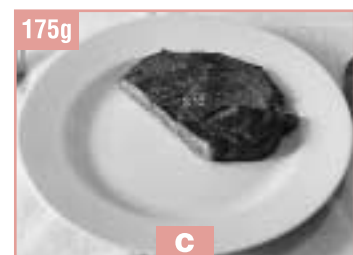
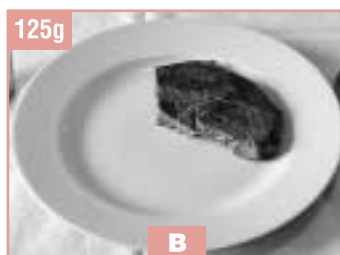
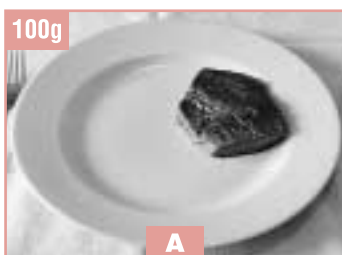
Less than A A Between A & B B Between B & C C More than C

61 When you ate vegetables, did you usually eat: I never ate vegetables



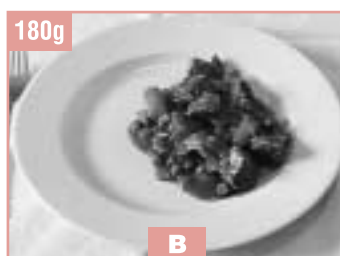
Less than A A Between A & B B Between B & C C More than C

62 When you ate steak, did you usually eat: I never ate steak



Less than A A Between A & B B Between B & C C More than C

63 When you ate meat or vegetable casserole, did you usually eat: I never ate casserole



Less than A A Between A & B B Between B & C C More than C

Over the LAST 12 MONTHS, on average, how often did you eat the following foods?

(Mark one on each line)

		Times you have eaten:									
		Never	Less than once per month	1-3 times per month	1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 or more times per day
Cereal, Foods, Sweets & Snacks											
A	..... All Bran	<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"/>
B	..... Sultana Bran™, FibrePlus™, Branflakes™	<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"/>
C	..... Weet Bix™, Vita Brits™, Weeties™	<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"/>
D	..... Cornflakes, Nutrigrain™, Special K™	<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"/>
E	..... Porridge	<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"/>
F	..... Muesli	<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"/>
G	..... Rice	<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"/>
H	..... Pasta or noodles (include lasagne)	<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"/>
I	..... Crackers, crispbreads, dry biscuits	<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"/>
J	..... Sweet biscuits	<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"/>
K	..... Cakes, sweet pies, tarts and other sweet pastries	<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"/>
L	..... Meat pies, pasties, quiche and other savoury pastries	<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"/>
M	..... Pizza	<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"/>
N	..... Hamburger with a bun	<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"/>
O	..... Chocolate	<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"/>
P	..... Flavoured milk drink (cocoa, Milo™ etc)	<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"/>
Q	..... Nuts	<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"/>
R	..... Peanut butter or peanut paste	<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"/>
S	..... Corn chips, potato crisps, Twisties™ etc	<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"/>
T	..... Jam, marmalade, honey or syrups	<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"/>
U	..... Vegemite™, Marmite™ or Promite™	<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"/>
Dairy Products, Meat & Fish											
A	..... Cheese	<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"/>
B	..... Ice-cream	<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"/>
C	..... Yoghurt	<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"/>
D	..... Beef	<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"/>
E	..... Veal	<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"/>
F	..... Chicken	<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"/>
G	..... Lamb	<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"/>
H	..... Pork	<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"/>
I	..... Bacon	<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"/>
J	..... Ham	<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"/>
K	..... Corned beef, luncheon meats or salami	<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"/>
L	..... Sausages or frankfurters	<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"/>
M	..... Fish, steamed, grilled or baked	<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"/>
N	..... Fish, fried (include take-away)	<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"/>
O	..... Fish, tinned (salmon, tuna, sardines etc)	<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"/>
Fruit											
A	..... Tinned or frozen fruit (any kind)	<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"/>
B	..... Fruit juice	<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"/>
C	..... Oranges or other citrus fruit	<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"/>
D	..... Apples	<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"/>
E	..... Pears	<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"/>
F	..... Bananas	<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"/>
G	..... Watermelon, rockmelon (cantaloupe), honeydew etc	<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"/>
H	..... Pineapple	<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"/>
I	..... Strawberries	<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"/>
J	..... Apricots	<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"/>
K	..... Peaches or nectarines	<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"/>
L	..... Mango or paw paw	<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"/>
M	..... Avocado	<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"/>

64 **Continued...** Over the LAST 12 MONTHS, on average, how often did you eat the following foods? (Mark one on each line)

	Times you have eaten:									
	Never	Less than once per month	1-3 times per month	1 time per week	2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 or more times per day
Vegetables (including fresh, frozen and tinned)										
A ... Potatoes roasted or fried (include hot chips)	<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"/>
B Potatoes cooked without fat	<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"/>
C Tomato sauce, tomato paste or dried tomatoes	<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"/>
D Fresh or tinned tomatoes	<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"/>
E Peppers (capsicum)	<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"/>
F Lettuce, endive, or other salad greens	<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"/>
G Cucumber	<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"/>
H Celery	<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"/>
I Beetroot	<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"/>
J Carrots	<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"/>
K Cabbage or Brussels sprouts	<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"/>
L Cauliflower	<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"/>
M Broccoli	<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"/>
N Silverbeet or spinach	<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"/>
O Peas	<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"/>
P Green beans	<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"/>
Q Bean sprouts or alfalfa sprouts	<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"/>
R Baked beans	<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"/>
S Soy beans, soy bean curd or tofu	<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"/>
T . Other beans (include chick peas, lentils etc)	<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"/>
U Pumpkin	<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"/>
V Onion or leeks	<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"/>
W Garlic (not garlic tablets)	<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"/>
X Mushrooms	<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"/>
Y Zucchini	<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"/>

65 Over the LAST 12 MONTHS, how often did you drink beer, wine and/or spirits? (Mark one on each line)

If you do NOT drink alcohol, mark here and go to Q68

	Times that you drank:									
	Never	Less than once per month	1-3 days per month	1 day per week	2 days per week	3 days per week	4 days per week	5 days per week	6 days per week	Every day
A Beer (low alcohol)	<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"/>
B Beer (full strength)	<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"/>
C Red wine	<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"/>
D White wine (include sparkling wines)	<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"/>
E Fortified wines, port, sherry etc	<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"/>
F Spirits, liqueurs etc	<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"/>

When answering the next two questions, please convert the amounts you drink into glasses using the examples given below. For spirits, liqueurs and mixed drinks containing spirits, please count each nip (30 ml) as one glass.

1 can or stubby of beer = 2 glasses

1 bottle wine (750 ml) = 6 glasses

1 large bottle beer (750 ml) = 4 glasses

1 bottle of port or sherry (750 ml) = 12 glasses

66 Over the LAST 12 MONTHS, on days when you were drinking, how many glasses of beer, wine and/or spirits altogether did you *usually* drink? (Mark one only)

Total number of glasses per day:	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten or more
	<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"/>

67 Over the LAST 12 MONTHS, what was the *maximum* number of glasses of beer, wine and/or spirits that you drank in 24 hours? (Mark one only)

Maximum number of glasses per 24 hours:	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19 or more
	<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"/>

68 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)

- 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 makes you breathe harder or puff and pant) times

69 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 makes 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.

70 How many hours EACH DAY 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
- B On a usual **WEEKEND DAY**..... hours

women's health is about how you spend your time

71

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 Looking for work	<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 walking, exercise, 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, listening to music, reading, relaxing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J Studying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K Socialising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L Using a computer (for work, study or hobbies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72

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

	yes
A Paid shift work	<input type="radio"/>
B Paid work at night	<input type="radio"/>
C Paid work from home	<input type="radio"/>
D Run your own business from home	<input type="radio"/>
E Run your own business from elsewhere	<input type="radio"/>
F None of the above	<input type="radio"/>

73

Managing time is often difficult.

How often do you feel:

(Mark one on each line)

	every day	a few times a week	about once a week	about once a month	never
A That you are rushed, pressured, too busy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B That you have time on your hands that you don't know what to do with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

74

Do you regularly provide (unpaid) care for grandchildren or other people's children?

(Mark one only)

- Yes, daily
- Yes, weekly
- Yes, occasionally
- No, never

75

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

76

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 on each line)

		yes	no	
		▼	▼	
A	For someone who lives with you	<input type="radio"/>	<input type="radio"/>	} → IF NO TO BOTH go to Q80
B	For someone who lives elsewhere	<input type="radio"/>	<input type="radio"/>	

77

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

78

How often in total do you provide this care or assistance? (Mark one only)

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

79

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

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

80

We would like to know **YOUR** and **YOUR PARTNER'S** main occupation **NOW**:

(Mark one in each column)

	A self	B partner
	▼	▼
Manager or administrator (eg magistrate, farm manager, media producer, general manager, director of nursing, school principal)	<input type="radio"/>	<input type="radio"/>
Professional (eg accountant, doctor, registered nurse, allied health professional, teacher, artist)	<input type="radio"/>	<input type="radio"/>
Associate professional (eg technician, office manager, branch manager, shop manager, tennis coach, retail buyer, youth worker, police officer)	<input type="radio"/>	<input type="radio"/>
Tradesperson or related worker (eg signwriter, cook, dressmaker, hairdresser, gardener, florist)	<input type="radio"/>	<input type="radio"/>
Advanced clerical or service worker (eg bookkeeper, credit officer, radio despatcher, secretary, personal assistant, flight attendant, law clerk)	<input type="radio"/>	<input type="radio"/>
Intermediate clerical, sales or service worker (eg accounts clerk, checkout supervisor, typist, word processing/data entry operator, receptionist, child care worker, nursing assistant, hospitality worker)	<input type="radio"/>	<input type="radio"/>
Intermediate production or transport worker (eg sewing machinist, machine operator, bus driver)	<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"/>
Labourer or related worker (eg cleaner, factory worker, general farm hand, kitchenhand, fast food cook)	<input type="radio"/>	<input type="radio"/>
No paid job	<input type="radio"/>	<input type="radio"/>
Don't know or no partner		<input type="radio"/>

women's health is about your friends and neighbours

81

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"/>

82

What do you think about the neighbourhood that you live in? How much do you agree with the following statements?

(Mark one on each line)

	strongly disagree	disagree	neutral	agree	strongly agree
A I would be really sorry if I had to move away from the people in my neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B I have a lot in common with people in my neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C I generally trust my neighbours to look out for my property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D People in my neighbourhood make it a difficult place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E I am good friends with many people in this neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F I like living where I live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G I have little to do with people in this neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H My neighbours treat me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I Children are safe walking around the neighbourhood during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J I get involved with most local issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K People in my neighbourhood are very willing to help each other out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L If I no longer lived here, hardly anyone around here would notice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M It is safe to walk around the neighbourhood at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

women's health is about you and your life

83

How much do you agree or disagree with each of the following statements?

(Mark one on each line)

	strongly disagree	disagree	slightly disagree	slightly agree	agree	strongly agree
A ... At home, I feel I have control over what happens in most situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B I feel that what happens in my life is often determined by factors beyond my control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C Over the next 5-10 years I expect to have more positive than negative experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D I often have the feeling that I am being treated unfairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E .. In the past 10 years my life has been full of changes without my knowing what will happen next	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F I gave up trying to make big improvements or changes in my life a long time ago	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

84

Thinking about your current approach to life, please indicate how much you think each statement describes you:

(Mark one on each line)

	strongly disagree	disagree	neutral	agree	strongly agree
A In uncertain times, I usually expect the best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B If something can go wrong for me, it will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C I'm always optimistic about my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D I hardly ever expect things to go my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E I rarely count on good things happening to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F 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"/>

85

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

86

What is your FORMAL registered marital status?

(Mark one only)

- Never married
- Married
- Separated
- Divorced
- Widowed

87

What is the average gross (before tax) income that you (and your household) receive each week, including wages, salary, pensions and allowances?

(Mark one in each column)

	A self	B household (include self)
No income	<input type="radio"/>	<input type="radio"/>
\$1-\$119 per week (\$1-\$6,239 annually)	<input type="radio"/>	<input type="radio"/>
\$120-\$299 per week (\$6,240-\$15,999 annually)	<input type="radio"/>	<input type="radio"/>
\$300-\$499 per week (\$16,000-\$25,999 annually)	<input type="radio"/>	<input type="radio"/>
\$500-\$699 per week (\$26,000-\$36,999 annually)	<input type="radio"/>	<input type="radio"/>
\$700-\$999 per week (\$37,000-\$51,999 annually)	<input type="radio"/>	<input type="radio"/>
\$1,000-\$1,499 per week (\$52,000-\$77,999 annually)	<input type="radio"/>	<input type="radio"/>
\$1,500 or more per week (\$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"/>
Household income is the same as mine		<input type="radio"/>

88

How many people (including yourself) are dependent on this household income? (Please write number in the box)

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89

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

90

How many people live with you now? (Mark all that apply)

	one	two	three or more
A No one, I live alone	<input type="radio"/>		
B Partner or spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C Children under 16 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D Children 16-18 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E Children over 18 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F Your parents or in-laws	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G Other adult relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H Other adults (not family members)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91

Are there people who do NOT live with you who are dependent on your household income? (Mark one only)

- No
- Yes, one
- Yes, more than one

92

Throughout your life, have you ever used a mobile phone to make or receive 20 or more calls? (Mark one only)

- Yes
- No
- Don't know

In general, are you satisfied with what you have achieved in your life so far in the areas of:
 (Mark one on each line)

		very satisfied	satisfied	dissatisfied	very dissatisfied
A	..... Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B	..... Career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C	..... Study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D	..... Family relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E	..... Partner/closest personal relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F	..... Friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G	..... Social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have we missed anything?

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

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- Consent -

I consent to the researchers 'matching' the information provided in this survey with that provided in the previous surveys so that any changes in my health 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 a relative or friend who will be able to help us find you.

Name:

Address:
 P'code:

Phone: (*home*) Relationship to you:

Name:

Address:
 P'code:

Phone: (*home*) 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.

Office use only – Do Not Detach

Thank you for taking the time to complete this survey.

*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
(FREECALL)**

or writing to us at the address below.

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



*Don't forget to sign the consent and
post this back to us!*



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