

women's  
health  
*australia*



*Third survey for  
young women*

**March 2003**

# How to complete this survey

This is the third “main” survey for young women.

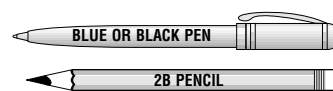
As the purpose of the project is to look at changes over time, some of the questions are the same as those in the previous surveys.

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 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.

## Instructions:

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



Please MARK LIKE THIS: ○ ● ○ ○

## 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).

# women's health *is about using health services*

**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)

	NONE	1 - 2 TIMES	3 - 4 TIMES	5 - 6 TIMES	7 - 9 TIMES	10 - 12 TIMES	MORE THAN 12 TIMES
<b>a</b> Routine pregnancy checks, Pap tests, contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> All other reasons	<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 for:  
(Mark one on each line)

	NONE	1 - 2 TIMES	3 - 4 TIMES	5 - 6 TIMES	7 - 9 TIMES	10 - 12 TIMES	MORE THAN 12 TIMES
<b>a</b> Routine pregnancy checks, Pap tests, contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> All other reasons	<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 services 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 community nurse, practice nurse or nurse practitioner
- e**  Health information on the internet
- f**  None of these services

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

YES

- 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)

	ALWAYS	MOST OF THE TIME	SOME-TIMES	RARELY OR NEVER
<b>a</b> Do you go to the same place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> Do you usually see the same doctor?	<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)

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
<b>a</b> How long you waited to get an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> Length of time you waited in the waiting room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b> The amount of time you spent with the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> The doctor's explanation of your problem and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>e</b> The doctor's interest in how you felt about having the tests, treatment or the advice given	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>f</b> Your opportunity to ask all the questions you wanted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b> The technical skills (thoroughness, carefulness, competence) of the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h</b> The personal manner (courtesy, respect, sensitivity, friendliness) of the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>i</b> The cost to you of the visit (Mark here if <b>NO COST</b> ) $\rightleftarrows$ <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>j</b> The visit overall	<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)

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	DON'T KNOW
<b>a</b> 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>b</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"/>
<b>c</b> Access to after-hours medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> 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"/>
<b>e</b> Access to a female GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>f</b> Hours when a GP is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b> 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"/>
<b>h</b> 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"/>
<b>i</b> Ease of obtaining a Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>j</b> 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"/>
<b>k</b> 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"/>

**Q9** Do you have a Health Care Card? (Mark one only) This is a card that entitles you to discounts and assistance with medical expenses. This is not the same as a Medicare card.

- Yes
- No

**Q10** Do you have private health insurance for hospital cover? If not, mark the main reason why. (Mark one only)

- 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 - another reason

**Q11** Do you have private health insurance for ancillary services (eg dental, physiotherapy)? If not, mark the main reason why. (Mark one only)

- 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 - another reason

**Q12** In the LAST 3 YEARS, have you been diagnosed or treated for: (Mark all that apply)

YES, IN THE  
LAST 3 YEARS

**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**  A Sexually Transmitted Infection (eg chlamydia, genital herpes)

**o**  Hepatitis B or C

**p**  Cancer (Please specify on page 30)

**q**  Other major illness (Please specify on page 30)

**r**  None of these conditions

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

## Q13

A	A				B	C
	NO	RARELY	SOME-TIMES	OFTEN		
a Allergies, hay fever, sinusitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Headaches / migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Severe tiredness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Stiff or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f Problems with one or both feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Urine that burns or stings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Leaking urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j Haemorrhoids (piles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k Other bowel problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l Vaginal discharge or irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m Premenstrual tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n Irregular periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o Heavy periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p Severe period pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q Skin problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r Difficulty sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t Episodes of intense anxiety (eg panic attacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u 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"/>	<input type="radio"/>

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

**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)

	YES LIMITED A LOT	YES LIMITED A LITTLE	NO NOT LIMITED AT ALL
<b>a</b> VIGOROUS activities such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</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"/>
<b>c</b> Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> Climbing SEVERAL flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>e</b> Climbing ONE flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>f</b> Bending, kneeling or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b> Walking MORE THAN ONE kilometre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h</b> Walking HALF a kilometre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>i</b> Walking 100 metres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>j</b> Bathing or dressing yourself	<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)

	YES	NO
<b>a</b> Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
<b>b</b> Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
<b>c</b> Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>
<b>d</b> Had difficulty performing the work or other activities (for example it took extra effort)	<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)

	YES	NO
<b>a</b> Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
<b>b</b> Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
<b>c</b> Didn't do work or other activities as carefully as usual	<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
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>d</b> Have you felt calm and peaceful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>e</b> 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"/>
<b>f</b> Have you felt down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b> Did you feel worn out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h</b> Have you been a happy person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>i</b> Did you feel tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<b>a</b> 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>b</b> I am as healthy as anybody I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b> I expect my health to get worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> My health is excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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** At what age did you first have sexual intercourse?  
(Write age in boxes)

years old

Not applicable

**Q28** 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

**Q29** How many sexual partners have you had? (Write a number in each box. Write '0' if none.)

**a** Male sexual partners

Don't want to answer

**b** Female sexual partners

Don't want to answer

**Q30** What forms of contraception do you use NOW? (Mark all that apply)

- a**  I use the oral contraceptive pill
- b**  I use condoms
- c**  I use emergency contraception (eg morning after pill)
- d**  I use an implant (eg Implanon)
- e**  I use another method of contraception
- f**  None, I don't use contraception



**Go to Q32**

**Go to Q31**

**Q31** Which of these best describes why you are not using contraception NOW?  
(Mark one only)

- I am pregnant now/have recently had a baby
- I am trying to become pregnant
- I have had a tubal ligation or hysterectomy
- My partner has had a vasectomy
- I have found out that I cannot have children
- I have found out that my partner cannot have children
- I have no male sexual partners now
- Other

**Q32 Do either of these currently apply to you? (Mark one on each line)**

**a** Are you currently using the oral contraceptive pill for reasons other than contraception?

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

**b** Are you currently using condoms (or other barrier methods) for prevention of infection?

<input type="radio"/>	<input type="radio"/>
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**Q33 For how many years in total have you EVER taken the oral contraceptive pill? (Mark one only)**

Never	One or less	Two	Three	Four	Five	Six to nine	Ten to fourteen	Fifteen 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"/>

**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 one on each line)**

	NONE	ONE	TWO	THREE	FOUR	5 OR MORE
<b>a</b> Live birth (more than 36 weeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> Live premature birth (36 weeks or less)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b> Stillbirth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> Miscarriage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>e</b> Termination (abortion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q36 If you have ever given birth to a child, please write the date of each birth in the box. (If you had twins, please write the date twice.)**

1<sup>st</sup>:       2<sup>nd</sup>:       3<sup>rd</sup>:   
 4<sup>th</sup>:       5<sup>th</sup>:       6<sup>th</sup>:

**Q37 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       More than 5 years ago  
 Less than 2 years ago       Not sure  
 2 - 5 years ago

**Q38 Have you EVER had an abnormal Pap test? (Mark one only)**

Yes       No       Don't know

**Q39 Have you and your partner (current or previous) ever had problems with fertility - that is, tried unsuccessfully to get pregnant for 12 months or more? (Mark one only)**

No, never tried to get pregnant  
 No, had no problem with fertility  
 Yes, but have not sought help/treatment  
 Yes, and have sought help/treatment

# women's health *is about health habits*

**Q40** How tall are you without shoes?

(If you are not sure, please estimate)

   cms

OR

 ft

  ins

**Q41** How much do you weigh without clothes or shoes?

(If you are not sure, please estimate)

   kgs

OR

  stones

   pounds

**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** 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
<b>a</b> Your weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> Your shape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q45** During the PAST 4 WEEKS, have you used medications (eg tablets or medicine) which were: (Mark all that apply)

YES

- a**  Prescription medication for your nerves (eg Valium, Serapax, etc)
- b**  Prescription medication to help you sleep (eg Temaze, Normison, Mogadon, etc)
- c**  Prescription medication for depression (eg Zactin, Zolof, Aropax, etc)
- d**  Other medication prescribed by a doctor (excluding the oral contraceptive pill)
- e**  Other medication bought without a prescription at the chemist, supermarket or health food shop
- f**  None of these medications

**Q46** How often do you currently smoke cigarettes or any tobacco products? (Mark one only)

- Daily → **Go to Q47a**
- At least weekly (but not daily) → **Go to Q47b**
- Less often than weekly ]
- Not at all ] → **Go to Q48**

**Q47 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 Q51**

**Q47 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

**Q48** In your lifetime, would you have smoked at least 100 cigarettes (or equivalent)? (Mark one only)

- Yes
- No → **If NO, go to Q52**

**Q49** Have you ever smoked daily? (Mark one only)

- Yes
- No → **If NO, go to Q52**

**Q50** At what age did you finally stop smoking daily?

PRINT the number in the box

years old

**Q51** At what age did you start smoking daily?

PRINT the number in the box

years old

**Q52** How often do you usually drink alcohol? (Mark one only)

- I never drink alcohol → **Go to Q55**
- Less than once a month
- Less than once a week
- On 1 or 2 days a week
- On 3 or 4 days a week
- On 5 or 6 days a week
- Every day

**Q53** On a day when you drink alcohol, how many standard drinks do you usually have? (Mark one only)

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

**Q54** How often do you have five or more standard drinks of alcohol on one occasion? (Mark one only)

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

**REMEMBER** that any information you give us is kept confidential.

**Q55** 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 Q58  Never used

If "YES" to **A**, please answer **B** and **C**.

(Mark all that apply)

	<b>A</b> Have you EVER tried this?  MARK IF YES	<b>B</b> At about what age did you first try this? ↓	<b>C</b> Have you used it in the LAST 12 months?  MARK IF YES
<b>a</b> Marijuana (cannabis, hash, grass, dope, pot, yandi)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
<b>b</b> Amphetamines (eg speed, uppers, methylamphetamine, MDA)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
<b>c</b> LSD (acid, trips)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
<b>d</b> Natural hallucinogens (eg magic mushrooms)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
<b>e</b> Tranquillisers (eg tranks, sleepers, Mandrax, Serapax, Rohypnol)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
<b>f</b> Cocaine (coke, crack, blow)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
<b>g</b> Ecstasy/designer drugs (eg E, eccies, MDMA)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
<b>h</b> Inhalants (eg glue, petrol, solvents)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
<b>i</b> Heroin (smack, junk)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
<b>j</b> Barbiturates (eg barbs, downers, purple hearts)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>

**Q56** Have you ever: (Mark one on each line)

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

**Q57** Have you ever used any of the drugs listed above in combination with:

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

**Q58** 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 make you breathe harder or puff and pant)  times

**Q59** 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.

**Q60** 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
- b On a usual **WEEKEND DAY**  hours

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.)

**Q61** 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.) (Mark one only)

- 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

**Q62** How many different vegetables do you usually eat per day? (Count all types, fresh, frozen or tinned.) (Mark one only)

- 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

**Q63** What type of milk do you usually use? (Mark all that apply)

- a** None
- b** Full cream milk
- c** Reduced fat milk
- d** Skim milk
- e** Soya milk

**Q64** How much milk do you usually use per day? (Include flavoured milk and milk added to tea, coffee, cereal, etc.) (Mark one only)

- 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

**Q65** What type of bread do you usually eat? (Mark all that apply)

- a** I don't eat bread
- b** High fibre white bread
- c** White bread
- d** Wholemeal bread
- e** Rye bread
- f** Multi-grain bread

**Q66** 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.) (Mark one only)

- 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

**Q67** Which spread do you usually put on bread? (Mark all that apply)

- 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

**Q68** 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.) (Mark one only)

- 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

**Q69** On average, how many eggs do you usually eat per week? (Mark one only)

- 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

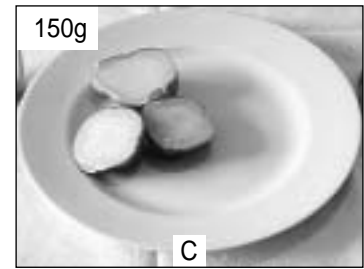
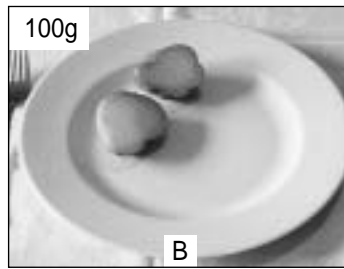
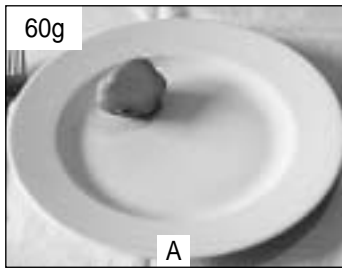
**Q70** What types of cheese do you usually eat? (Mark all that apply)

- 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



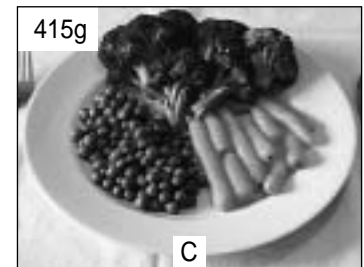
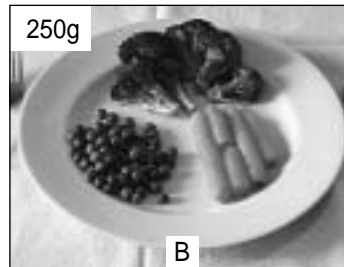
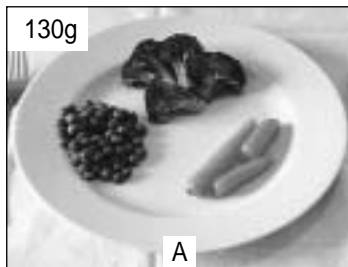
For each food shown on this page, indicate **HOW MUCH ON AVERAGE YOU WOULD USUALLY HAVE EATEN AT MAIN MEALS DURING THE PAST 12 MONTHS**. When answering each question, think of the amount of that food you usually ate, even though you may rarely have eaten the food on its own. If you usually ate more than one helping, choose the serving size closest to the **TOTAL AMOUNT** you ate.

**Q71** When you ate potato, did you usually eat:  I never ate potato



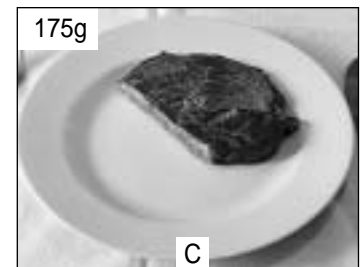
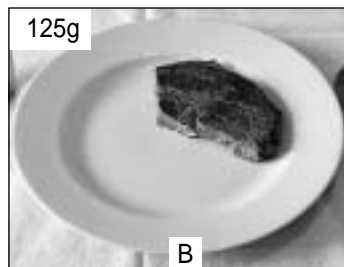
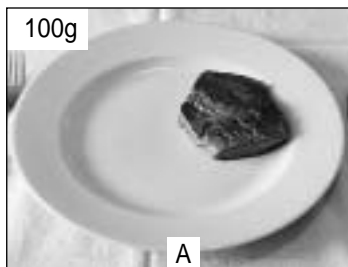
Less than A     A     Between A & B     B     Between B & C     C     More than C

**Q72** When you ate vegetables, did you usually eat:  I never ate vegetables



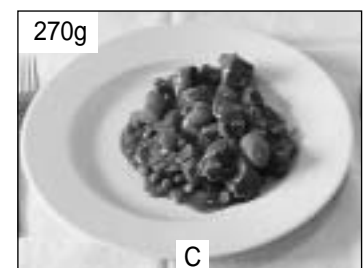
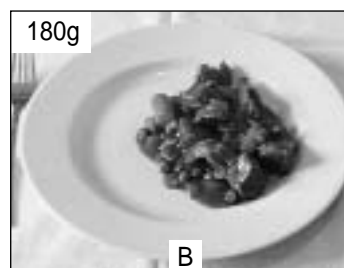
Less than A     A     Between A & B     B     Between B & C     C     More than C

**Q73** 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

**Q74** 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

**Q75** Over the **LAST 12 MONTHS**, on average, how often did you eat the following foods?  
(Mark one on each line)

<b>Times you have eaten:</b>	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
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<b>CEREAL FOODS, SWEETS &amp; SNACKS</b>										
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
u	Vegetite™, 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"/>
<b>DAIRY PRODUCTS, MEAT &amp; FISH</b>										
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
<b>FRUIT</b>										
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

**Q75 Continued . . .**  
(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
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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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

**Q76 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 Q79  I do not drink alcohol

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 drank 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

**Q77 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)

	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	NINE	TEN OR MORE
Total number of glasses per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q78 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)

	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19 OR MORE
Maximum number of glasses per 24 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

**Q79** 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
<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"/>

**Q80** 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
<i>a</i> Own health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>b</i> Health of family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>c</i> Work/employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>d</i> Living arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>e</i> Study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>f</i> Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>g</i> Relationship with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>h</i> Relationship with partner/spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>i</i> Relationship with other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>j</i> Relationship with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>k</i> Motherhood/children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q81** The following questions are about CHANGES that may have happened in your life. In what year did you:

	Year	This has not happened yet
<i>a</i> First move out of home (not including boarding school)	<input type="text"/>	<input type="radio"/>
<i>b</i> First stop full-time education	<input type="text"/>	<input type="radio"/>
<i>c</i> First start full-time work	<input type="text"/>	<input type="radio"/>
<i>d</i> First have a live-in relationship with a romantic partner	<input type="text"/>	<input type="radio"/>
<i>e</i> First marry	<input type="text"/>	<input type="radio"/>

**Q82** Have you experienced any of the following events?  
(Mark *all that apply*)

**A**

**B**

Yes –  
In the last  
12 months

Yes –  
More than  
12 months ago

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

**Q83** Next are some specific questions about your health and how you have been feeling in the **PAST MONTH**. (Mark one on each line)

	YES	NO
<b>a</b> Have you felt keyed up or on edge?	<input type="radio"/>	<input type="radio"/>
<b>b</b> Have you been worrying a lot?	<input type="radio"/>	<input type="radio"/>
<b>c</b> Have you been irritable?	<input type="radio"/>	<input type="radio"/>
<b>d</b> Have you had difficulty relaxing?	<input type="radio"/>	<input type="radio"/>
<b>e</b> Have you been sleeping poorly?	<input type="radio"/>	<input type="radio"/>
<b>f</b> Have you had headaches or neckaches?	<input type="radio"/>	<input type="radio"/>
<b>g</b> Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass urine more often than usual?	<input type="radio"/>	<input type="radio"/>
<b>h</b> Have you been worried about your health?	<input type="radio"/>	<input type="radio"/>
<b>i</b> Have you had difficulty falling asleep?	<input type="radio"/>	<input type="radio"/>

**Q84** 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)
<b>a</b> I was bothered by things that don't usually bother me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b> I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> I felt that everything I did was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>e</b> I felt hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>f</b> I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b> My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h</b> I was happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>i</b> I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>j</b> I could not 'get going'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>k</b> I felt terrific	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q85** In the **PAST WEEK**, have you been feeling that life isn't worth living? (Mark one only)

- Yes       No

**Q86** 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).**

# women's health *is about juggling time*

**Q87** 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
<b>a</b> Paid work (full-time, part-time, casual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> 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"/>
<b>c</b> 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"/>
<b>d</b> Studying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>e</b> Unpaid voluntary work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>f</b> 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"/>
<b>g</b> Passive leisure (eg TV, music, reading, relaxing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q88** Do you normally do any of the following kinds of paid work?  
(Mark all that apply)

- a**  Paid shift work
- b**  Paid work at night
- c**  Paid work from home
- d**  Self employment
- e**  Paid work in more than one job
- f**  Casual paid work (work in a job which doesn't provide holiday pay or sick leave)
- g**  Paid work involving none of the above
- h**  I don't do any paid work → **Go to Q90**

**Q89** How secure or insecure do you feel about your paid job or jobs?  
(Mark one only)

- I worry all the time about losing my job
- Sometimes I worry about losing my job
- I rarely or never worry about losing my job
- Don't know

**Q90** 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
- No, would like to do more
- No, would like to do less

**Q91** 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

**Q92** Are you happy with YOUR SHARE of the following tasks and activities?

(Mark one on each line)

	HAPPY AS IT IS	WOULD LIKE OTHER FAMILY MEMBERS TO DO MORE	WOULD PREFER ANOTHER ARRANGEMENT	I DON'T DO THIS ACTIVITY
<b>a</b> Domestic work (shopping, cooking, cleaning, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</b> Child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b> Caring for another adult (who is elderly/disabled/sick)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> Other household work (gardening, home/car maintenance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q93** 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
<b>a</b> That you are rushed, pressured, too busy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b</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"/>

**Q94** What is your present marital status?

(Mark one only)

- Never married
- Married
- De facto
- Separated
- Divorced
- Widowed

**Q95** Are you of Aboriginal or Torres Strait Islander origin?

(Mark all that apply)

<b>a</b>	<input type="radio"/> No
<b>b</b>	<input type="radio"/> Yes, Aboriginal
<b>c</b>	<input type="radio"/> Yes, Torres Strait Islander



# women's health *is about family and friends*

**Q96** Which of the following best describes the household you live in?

(Mark one only)

- I live alone
- Self and partner/spouse only
- Self and partner/spouse with child or children
- Self with child or children
- Self and own parent/s (with or without brothers/sisters)
- Self and other adults (no children)
- Other

**If you have no children living with you, go to Q100 on the next page.**

**Q97** If you have children living with you (your own, your partner's, fostered, etc), how many are:

(Mark one on each line)

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

**Q98** 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 Q100**

**Q99** How often did you use child care IN THE LAST WEEK?

(Mark one in each column if applicable)

	<b>A</b> FORMAL CARE (eg long day care, pre-school, occasional care)	<b>B</b> INFORMAL CARE (eg family, friends, paid babysitter)
Less than 5 hrs	<input type="radio"/>	<input type="radio"/>
5-10 hrs	<input type="radio"/>	<input type="radio"/>
11-20 hrs	<input type="radio"/>	<input type="radio"/>
21-30 hrs	<input type="radio"/>	<input type="radio"/>
More than 30 hrs	<input type="radio"/>	<input type="radio"/>

**Q100** 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
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>d</b> 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"/>
<b>e</b> Someone to do something enjoyable with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>f</b> Someone to love and make you feel wanted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q101** IN THE LAST THREE YEARS, have 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)

**Q102** 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?
- e**  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

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

**Q103** What is your date of birth?  
(Write date in boxes)

DAY

MONTH

YEAR

**Q104** 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)

**Q105** We would like to know **YOUR** main occupation **NOW**.  
(Mark one only)

- Manager or administrator (eg magistrate, farm manager, general manager, director of nursing, school principal)
- Professional (eg scientist, doctor, registered nurse, allied health professional, teacher, artist)
- Associate professional (eg technician, manager, youth worker, police officer)
- Tradesperson or related worker (eg hairdresser, gardener, florist)
- Advanced clerical or service worker (eg secretary, personal assistant, flight attendant, law clerk)
- Intermediate clerical, sales or service worker (eg typist, word processing/data entry operator, receptionist, child care worker, nursing assistant, hospitality worker)
- Intermediate production or transport worker (eg sewing machinist, machine operator, bus driver)
- Elementary clerical, sales or service worker (eg filing/mail clerk, parking inspector, sales assistant, telemarketer, housekeeper)
- Labourer or related worker (eg cleaner, factory worker, general farm hand, kitchenhand)
- No paid job

**Q106** Are you currently unemployed and actively seeking work? (Mark one only)

- No
- Yes, unemployed for less than 6 months
- Yes, unemployed for 6 months or more

**Q107 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)

**Q108**

**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

	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"/>

**Q109 How many people (including yourself) are dependent on this household income?**  
(Write number in boxes)

**Q110 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

# women's health *is about you and your future*

**Q111** When you are 35, would you like to be in:  
(Mark one only)

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

**Q112** When you are 35, would you like to be:  
(Mark one only)

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

**Q113** When you are 35, would you like to have:  
(Mark one only)

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

**Q114** When you are 35, would you like to have more educational qualifications than you have now? (Mark one only)

- Yes
- No
- Not sure

**Q115** In general, how satisfied are you with what you have achieved in each of the following areas of your life? (Mark one on each line)

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

***Have we missed anything?***

***If you have ANYTHING else you would like to tell us, please write on the lines below.***

Handwritten notes area with horizontal lines.

***Thank you for taking the time to complete this survey.***

***If you need help to answer any of the questions,  
you can contact us by telephoning***

***1800 068 081  
(FREECALL)***

***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.***

# CONSENT

Young 3 - 2003

***I consent to the researchers 'matching' the information provided in this survey with that provided in 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 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:

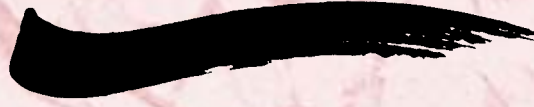
Relationship to participant:

Reason:

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

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# women's health *australia*



***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.***



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