women's health

australia

Fourth Survey for Women over 75

How to complete this survey

This is the fourth "main" survey for women aged over 75.
The project looks at changes over time, and 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
- Please do not fold or bend this survey

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

Please write any comments or important information on page 26 only.
We are not able to read comments written throughout the survey.

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

Excellent ○
Very good ○
Good ●
Fair ○
Poor ○

← *You would mark this bubble if you think your health is good*

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)

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

		Yes
a	High blood pressure (hypertension)	⬭
b	Osteoarthritis	⬭
c	Rheumatoid arthritis	⬭
d	Other arthritis	⬭
e	Osteoporosis	⬭
f	Angina	⬭
g	Heart attack	⬭
h	Other heart problems	⬭
i	Diabetes (high blood sugar)	⬭
j	Asthma	⬭
k	Bronchitis / Emphysema	⬭
l	Stroke	⬭
m	Cataract	⬭
n	Skin cancer	⬭
o	Other cancer	⬭
p	Depression	⬭
q	Anxiety / Nervous disorder	⬭
r	Alzheimer's Disease or Dementia	⬭
s	None of these conditions	⬭

2. In the LAST 3 YEARS, have you had any of the following operations or procedures? *(Mark all that apply)*

		Yes	I am on a waiting list
a	Cataract	⬭	⬭
b	Other eye surgery	⬭	⬭
c	Knee surgery or arthroscopy	⬭	⬭
d	Hip surgery	⬭	⬭
e	Heart surgery (heart bypass, angioplasty, angiography)	⬭	⬭
f	Bone density test	⬭	⬭
g	Other surgery	⬭	⬭
h	No operations or procedures	⬭	

If there are other conditions, operations or procedures that you would like to tell us about, there is space on page 26.

3. How many times have you consulted a family doctor or another general practitioner in the LAST 12 MONTHS? *(Mark one only)*

None	⬭
1 or 2 times	⬭
3 or 4 times	⬭
5-8 times	⬭
9-12 times	⬭
13-15 times	⬭
16-19 times	⬭
20 or more times	⬭

4. Have you consulted any of the following people for YOUR OWN HEALTH in the LAST 12 MONTHS? *(Mark all that apply)*

		Yes
a	A hospital doctor (eg in outpatients or casualty)	⬭
b	A specialist doctor	⬭
c	An optician	⬭
d	A dentist	⬭
e	A physiotherapist	⬭
f	A podiatrist or chiropodist	⬭
g	An "alternative" health practitioner (eg herbalist, chiropractor, naturopath, acupuncturist, etc)	⬭
h	None of these people	⬭

5. In the past 12 months have you consulted a specialist doctor? *(Mark one only)*

No, I needed to see a specialist doctor but did not	⬭	→ Go to Q6
No, I did not need to see a specialist doctor	⬭	→ Go to Q7
Yes, I saw a specialist doctor	⬭	→ Go to Q7

6. Why did you not consult a specialist doctor? *(Mark all that apply)*

a	The specialist doctor I needed was not available locally	⬭
b	Travel difficulties – I could not get there	⬭
c	Long waiting period for an appointment	⬭
d	I couldn't afford to see a specialist doctor	⬭

7. Have you been admitted to hospital in the LAST 12 MONTHS?
(Mark one only)

No	⬭
Yes, day only	⬭
Yes, spent at least one night	⬭

8. In the last 12 months, have you been vaccinated against:
(Mark one on each line)

		Yes	No
a	Flu	⬭	⬭
b	Pneumonia	⬭	⬭

9. In the past 12 months have you consulted a dentist?
(Mark one only)

No, I needed to see a dentist but did not	⬭	→ Go to Q10
No, I did not need to see a dentist	⬭	→ Go to Q11
Yes, I saw a dentist	⬭	→ Go to Q11

10. Why did you not consult a dentist?
(Mark all that apply)

a	No dentist available locally	⬭
b	Travel difficulties – I could not get there	⬭
c	Long waiting period for an appointment	⬭
d	I couldn't afford to see a dentist	⬭

11. Which of the following types of cover do you have for health services (excluding your Medicare card): *(Mark all that apply)*

		Yes
a	Private health insurance for hospital cover	⬭
b	Private health insurance for ancillary services / extras cover (eg dental, physiotherapy)	⬭
c	Department of Veterans' Affairs Gold Card	⬭
d	Department of Veterans' Affairs White Card	⬭
e	Commonwealth Seniors Health Card	⬭
f	Pensioner Concession Card	⬭
g	None of these	⬭

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

12. In general, would you say your health is *(Mark one only)*

- Excellent ⬭
- Very good ⬭
- Good ⬭
- Fair ⬭
- Poor ⬭

13. 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 ⬭

14. 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	⬭	⬭	⬭
b	MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	⬭	⬭	⬭
c	Lifting or carrying groceries	⬭	⬭	⬭
d	Climbing SEVERAL flights of stairs	⬭	⬭	⬭
e	Climbing ONE flight of stairs	⬭	⬭	⬭
f	Bending, kneeling or stooping	⬭	⬭	⬭
g	Walking MORE THAN ONE kilometre	⬭	⬭	⬭
h	Walking HALF a kilometre	⬭	⬭	⬭
i	Walking 100 metres	⬭	⬭	⬭
j	Bathing or dressing yourself	⬭	⬭	⬭

15. 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
a	Cut down on the amount of time you spent on work or other activities	⬭	⬭
b	Accomplished less than you would like	⬭	⬭
c	Were limited in the kind of work or other activities	⬭	⬭
d	Had difficulty performing the work or other activities (for example it took extra effort)	⬭	⬭

16. 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
a	Cut down on the amount of time you spent on work or other activities	⬭	⬭
b	Accomplished less than you would like	⬭	⬭
c	Didn't do work or other activities as carefully as usual	⬭	⬭

17. 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
⬭	⬭	⬭	⬭	⬭

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

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

19. 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
⬭	⬭	⬭	⬭	⬭

20. 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
a	Did you feel full of life?	⬭	⬭	⬭	⬭	⬭	⬭
b	Have you been a very nervous person?	⬭	⬭	⬭	⬭	⬭	⬭
c	Have you felt so down in the dumps that nothing could cheer you up?	⬭	⬭	⬭	⬭	⬭	⬭
d	Have you felt calm and peaceful?	⬭	⬭	⬭	⬭	⬭	⬭
e	Did you have a lot of energy?	⬭	⬭	⬭	⬭	⬭	⬭
f	Have you felt down?	⬭	⬭	⬭	⬭	⬭	⬭
g	Did you feel worn out?	⬭	⬭	⬭	⬭	⬭	⬭
h	Have you been a happy person?	⬭	⬭	⬭	⬭	⬭	⬭
i	Did you feel tired?	⬭	⬭	⬭	⬭	⬭	⬭

21. 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
⬭	⬭	⬭	⬭	⬭

22. 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	⬭	⬭	⬭	⬭	⬭
b	I am as healthy as anybody I know	⬭	⬭	⬭	⬭	⬭
c	I expect my health to get worse	⬭	⬭	⬭	⬭	⬭
d	My health is excellent	⬭	⬭	⬭	⬭	⬭

23. How tall are you without shoes? ☐☐☐ cms **OR** ☐ ft ☐☐ ins

24. How much do you weigh without clothes or shoes?

☐☐☐ kgs **OR** ☐☐ stones ☐☐ pounds

25. Have you had any of the following problems in the LAST 12 MONTHS?
(Mark one on each line)

		Never	Rarely	Some-times	Often
a	Stiff or painful joints	⬭	⬭	⬭	⬭
b	Back pain	⬭	⬭	⬭	⬭
c	Problems with one or both feet	⬭	⬭	⬭	⬭
d	Allergies, hay fever, sinusitis	⬭	⬭	⬭	⬭
e	Skin problems	⬭	⬭	⬭	⬭
f	Breathing difficulty	⬭	⬭	⬭	⬭
g	Indigestion / heartburn	⬭	⬭	⬭	⬭
h	Chest pain	⬭	⬭	⬭	⬭
i	Headaches / migraines	⬭	⬭	⬭	⬭
j	Severe tiredness	⬭	⬭	⬭	⬭
k	Urine that burns or stings	⬭	⬭	⬭	⬭
l	Passing urine more than twice during the night	⬭	⬭	⬭	⬭
m	Needing to rush to the toilet to pass urine	⬭	⬭	⬭	⬭
n	Leaking urine	⬭	⬭	⬭	⬭
o	Constipation	⬭	⬭	⬭	⬭
p	Haemorrhoids (piles)	⬭	⬭	⬭	⬭
q	Other bowel problems	⬭	⬭	⬭	⬭
r	Poor memory	⬭	⬭	⬭	⬭
s	Clumsiness	⬭	⬭	⬭	⬭
t	Dizziness, loss of balance	⬭	⬭	⬭	⬭
u	Tremor / shakes	⬭	⬭	⬭	⬭
v	Difficulty swallowing	⬭	⬭	⬭	⬭
w	Problems with teeth or gums	⬭	⬭	⬭	⬭
x	Anxiety / panic attacks	⬭	⬭	⬭	⬭

26. Do you have any of these sleeping problems?
(Mark all that apply)

		Yes
a	Waking up in the early hours of the morning	⬭
b	Lying awake for most of the night	⬭
c	Taking a long time to get to sleep	⬭
d	Worry keeping you awake at night	⬭
e	Sleeping badly at night	⬭
f	None of these problems	⬭

27. Compared with when you were in your twenties, how good are you at:
(Mark one on each line)

		Much better now	Somewhat better now	About the same	Somewhat worse now	Much worse now
a	Remembering the name of a person just introduced to you?	⬭	⬭	⬭	⬭	⬭
b	Recalling telephone numbers or other numbers that you use on a daily or weekly basis?	⬭	⬭	⬭	⬭	⬭
c	Recalling where you put objects (such as keys) in your home?	⬭	⬭	⬭	⬭	⬭
d	Remembering specific facts from a newspaper or magazine article you have just finished reading?	⬭	⬭	⬭	⬭	⬭
e	Remembering the item(s) you intend to buy when you arrive at the shops?	⬭	⬭	⬭	⬭	⬭
f	In general, how would you describe your memory compared to when you were in your twenties?	⬭	⬭	⬭	⬭	⬭

28. Do you have difficulty seeing newpaper print, even with glasses?
(Mark one only)

Yes ⬭
No ⬭

29. How would you describe the overall condition of your teeth, dentures or gums? *(Mark one only)*

Poor	Fair	Good	Very good	Excellent
⬭	⬭	⬭	⬭	⬭

30. Do you wear a hearing aid?
(Mark one only)

No	⬭
Yes, some of the time	⬭
Yes, most of the time	⬭

31. Whether you wear a hearing aid or not, please answer the following questions about your hearing and how it affects your daily life.

If you wear a hearing aid, please answer with respect to when you are wearing your hearing aid. *(Mark one on each line)*

		No	Some-times	Often
a	Do you have difficulty in hearing a conversation, even with a hearing aid?	⬭	⬭	⬭
b	Does a hearing problem cause you to feel embarrassed when you meet new people?	⬭	⬭	⬭
c	Does a hearing problem cause you to feel frustrated when talking to members of your family?	⬭	⬭	⬭
d	Do you have difficulty hearing when someone speaks in a whisper?	⬭	⬭	⬭
e	Do you feel handicapped by a hearing problem?	⬭	⬭	⬭
f	Does a hearing problem cause you difficulty when visiting friends, relatives or neighbours?	⬭	⬭	⬭
g	Does a hearing problem cause you to attend religious services less often than you would like?	⬭	⬭	⬭
h	Does a hearing problem cause you to have arguments with family members?	⬭	⬭	⬭
i	Does a hearing problem cause you difficulty when listening to TV or radio?	⬭	⬭	⬭
j	Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	⬭	⬭	⬭
k	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	⬭	⬭	⬭

32. In our last survey, we asked about major events you had experienced. This question is about events you may have experienced in the LAST THREE YEARS.
(Mark all that apply)

		Yes
a	Major personal illness or injury	⬭
b	Major surgery (not including dental work)	⬭
c	Major decline in health of spouse or partner	⬭
d	Death of spouse or partner	⬭
e	Major decline in health of other close family member or friend	⬭
f	Death of other close family member or friend	⬭
g	Death of your child	⬭
h	Decreased income	⬭
i	Moving house	⬭
j	Being robbed	⬭
k	Moving into hostel / institution	⬭
l	Spouse / partner moving into hostel / institution	⬭
m	Been pushed, grabbed, shoved, kicked or hit	⬭
n	None of these events	⬭

You are half way through. Time for a cuppa?

The following section asks more questions about your health and your community.

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.

33. What is your date of birth? *(Please write date in boxes)*

Day	Month	19	Year

34. 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
a	Have you felt keyed up or on edge?	⬭	⬭
b	Have you been worrying a lot?	⬭	⬭
c	Have you been irritable?	⬭	⬭
d	Have you had difficulty relaxing?	⬭	⬭
e	Have you been sleeping poorly?	⬭	⬭
f	Have you had headaches or neckaches?	⬭	⬭
g	Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass urine more often than usual?	⬭	⬭
h	Have you been worried about your health?	⬭	⬭
i	Have you had difficulty falling asleep?	⬭	⬭
j	Have you been lacking energy?	⬭	⬭
k	Have you lost interest in things?	⬭	⬭
l	Have you lost confidence in yourself?	⬭	⬭
m	Have you felt hopeless?	⬭	⬭
n	Have you had difficulty concentrating?	⬭	⬭
o	Have you lost weight (due to poor appetite)?	⬭	⬭
p	Have you been waking early?	⬭	⬭
q	Have you felt slowed down?	⬭	⬭
r	Have you tended to feel worse in the mornings?	⬭	⬭

35. In the LAST 12 MONTHS, have you:
(Mark all that apply)

		Yes
a	Slipped, tripped, or stumbled? (not including falls to the ground)	○
b	Had a fall to the ground? (does *not* include stumbles / trips)	○
c	Been injured as a result of a fall?	○
d	Needed to seek medical attention (eg doctor, hospital) for an injury from a fall?	○
e	Had any other injury from an accident at your home? (eg burns, cuts, bruises)	○
f	Broken or fractured any bone/s?	○
g	None of these	○

36. During the last 12 months, have you experienced any of the following:
(Mark one on each line)

		Yes	No	
a	Pain, aching, stiffness or swelling in or around a joint or joints (like arms, hands, legs or feet) which were not related to an injury and lasted for more than a month?	○	○	If No to both, → go to Q38
b	Stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement?	○	○	

37a. How long does this stiffness last?
(Mark one only)

About 30 minutes or less ○
More than 30 minutes ○

37b. Does this stiffness go away after exercise or movement in the joint?
(Mark one only)

Yes ○
No ○

These questions are about the amount of physical activity you did LAST WEEK.

38. 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, golf, bowls, recreational swimming, dancing)		times
c	**More vigorous leisure activity** (that makes you breathe harder or puff and pant)		times
d	**Vigorous household or garden chores** (that make you breathe harder or puff and pant)		times

39. 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, golf, bowls, recreational swimming, dancing)		hours		minutes
c	**More vigorous leisure activity** (that makes you breathe harder or puff and pant)		hours		minutes
d	**Vigorous household or garden chores** (that make you breathe harder or puff and pant)		hours		minutes

40. How many serves of vegetables do you usually eat each day?
(Mark one only)

A serve = half a cup of cooked vegetables or a cup of salad vegetables	None	1 serve	2-3 serves	4 serves	5 serves or more
	⬭	⬭	⬭	⬭	⬭

41. How many serves of fruit do you usually eat each day?
(Mark one only)

A serve = one medium piece or two small pieces of fruit or one cup of diced pieces	None	1 serve	2-3 serves	4 serves	5 serves or more
	⬭	⬭	⬭	⬭	⬭

42. How many glasses / cups of non-alcoholic drinks do you usually have each day? (eg juice, tea, coffee, water, milk etc)?
(Mark one only)

0-2 glasses	3-5 glasses	6-8 glasses	9 or more glasses
⬭	⬭	⬭	⬭

43. Which of the following groups have you sought advice or help from in the LAST 6 MONTHS? *(Mark all that apply)*

		Yes
a	Food services (eg Meals on Wheels)	⬭
b	Nursing or community health services	⬭
c	Respite services (in home, day centre, or inpatient)	⬭
d	Homemaking services (eg home care service, laundry service)	⬭
e	Home maintenance services (eg odd jobs, gardening)	⬭
f	Counselling or other mental health services	⬭
g	Ambulance service	⬭
h	Support and advisory groups (eg Arthritis Foundation, Pensioner Advisory Service, Older Women's Network)	⬭
i	None of these groups	⬭

44. What is your main (or most common) means of transport?
(Mark one only)

- Car (you drive) ⬭
- Car (someone else drives) ⬭
- Taxi ⬭
- Bus ⬭
- Train or tram ⬭
- Other ⬭

45. Is public transport available when you need it?
(Mark one only)

- Yes, all of the time ⬭
- Yes, most of the time ⬭
- Yes, some of the time ⬭
- Yes, a little of the time ⬭
- No, none of the time ⬭
- Not applicable ⬭

46. Do you have a problem with transport?
(Mark one on each line)

		Yes	No
a	Getting to places at night	⬭	⬭
b	Getting to local shops and services	⬭	⬭
c	Getting beyond your local neighbourhood	⬭	⬭

47. During the past month, have you been to:
(Mark one on each line)

		Yes	No
a	Places in your immediate neighbourhood but beyond your property or apartment building (eg to shops, services, neighbours)	⬭	⬭
b	Places outside your immediate neighbourhood	⬭	⬭

48. 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 ⬭

49. In the last month HAVE YOU HAD ANY DIFFICULTY (for example, needing to take extra time, changing the activity or using a device to help you) in completing any of these activities?
(Mark one on each line)

		No Difficulty	Some Difficulty	Unable to do
a	Grooming (eg brushing hair, applying make-up)	⬭	⬭	⬭
b	Eating (eg cutting meat, lifting glass or cup, opening milk carton)	⬭	⬭	⬭
c	Bathing or taking a shower	⬭	⬭	⬭
d	Dressing your upper body	⬭	⬭	⬭
e	Dressing your lower body	⬭	⬭	⬭
f	Getting up from a chair	⬭	⬭	⬭
g	Walking inside the house	⬭	⬭	⬭
h	Using the toilet	⬭	⬭	⬭
i	Shopping for personal items or groceries	⬭	⬭	⬭
j	Doing light housework (eg cleaning, washing-up)	⬭	⬭	⬭
k	Doing heavy housework (eg vacuuming, yard work)	⬭	⬭	⬭
l	Managing money (eg writing cheques or keeping accounts)	⬭	⬭	⬭
m	Preparing meals	⬭	⬭	⬭
n	Taking medications	⬭	⬭	⬭
o	Using the telephone	⬭	⬭	⬭
p	Doing leisure activities or hobbies	⬭	⬭	⬭

50. In the last month have you needed HELP FROM ANOTHER PERSON to carry out any of these activities?
(Mark one on each line)

		Yes	No
a	Grooming (eg brushing hair, applying make-up)	⬭	⬭
b	Eating (eg cutting meat, lifting glass or cup, opening milk carton)	⬭	⬭
c	Bathing or taking a shower	⬭	⬭
d	Dressing your upper body	⬭	⬭
e	Dressing your lower body	⬭	⬭
f	Getting up from a chair	⬭	⬭
g	Walking inside the house	⬭	⬭
h	Using the toilet	⬭	⬭
i	Shopping for personal items or groceries	⬭	⬭
j	Doing light housework (eg cleaning, washing-up)	⬭	⬭
k	Doing heavy housework (eg vacuuming, yard work)	⬭	⬭
l	Managing money (eg writing cheques or keeping accounts)	⬭	⬭
m	Preparing meals	⬭	⬭
n	Taking medications	⬭	⬭
o	Using the telephone	⬭	⬭
p	Doing leisure activities or hobbies	⬭	⬭

51. a **What is your RESIDENTIAL postcode?** (where you live)

b **What is the postcode of your POSTAL ADDRESS?** (if different to residential)

52. Which of the following best describes your housing situation? Do you live in: *(Mark one only)*

- A house ⬭
- A flat / unit / apartment / villa / townhouse ⬭
- Mobile home / caravan / cabin / houseboat ⬭
- Retirement village / self care unit ⬭
- Nursing home ⬭
- Hostel ⬭
- Other ⬭

53. Who lives with you? *(Mark all that apply)*

- **a** No one, I live alone ⬭
- **b** Spouse or partner ⬭
- **c** Own children ⬭
- **d** Other family members ⬭
- **e** Non-family members ⬭

54. Do you do any volunteer work for any community or social organisations? (eg fundraising, community welfare, church activities, organising groups or classes) *(Mark one only)*

- Every day ⬭
- Every week ⬭
- Every month ⬭
- Less than once a month ⬭
- Not at all ⬭

55. Which of the following are sources of income for you and your spouse or partner (if you have one)?
(Mark all that apply)

		Yes
a	Age Pension	⬭
b	Superannuation	⬭
c	Partner Allowance and Wife Pension	⬭
d	Carer Payment or Carer Allowance	⬭
e	Disability Support Pension	⬭
f	Widow Allowance (including Widow B Pension)	⬭
g	War Widow's Pension	⬭
h	Overseas Pension	⬭
i	Veteran's Service Pension	⬭
j	Veteran's Disability Pension	⬭
k	Veteran's TPI	⬭
l	Income from interest, dividends or rent	⬭
m	Income from own business or partnership	⬭
n	Other Government Pension or Allowance	⬭
o	Other income	⬭

56. 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	⬭

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

- Married ⬭
- De facto (in a relationship) ⬭
- Widowed ⬭
- Separated ⬭
- Divorced ⬭
- Never married ⬭

58. If you have been widowed in the last three years, please write date of bereavement on the line.

_____

59. If you are married, does your husband have a Veterans' Affairs Gold Card for health services?
(Mark one only)

- Yes ⬭
- No ⬭
- Not applicable ⬭

60. How many people in your local area do you feel you can depend on or feel very close to (other than members of your family)?
(Mark one only)

None	1-2 people	More than 2 people
⬭	⬭	⬭

61. How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?
(Mark one only)

- None ⬭
- One ⬭
- Two ⬭
- Three ⬭
- Four ⬭
- Five ⬭
- Six ⬭
- Seven or more ⬭

62. How many times did you talk to someone, (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?
(Mark one only)

- None ⬭
- One ⬭
- Two ⬭
- Three ⬭
- Four ⬭
- Five ⬭
- Six ⬭
- Seven or more ⬭

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

- None ⬭
- One ⬭
- Two ⬭
- Three ⬭
- Four ⬭
- Five ⬭
- Six ⬭
- Seven or more ⬭

64. The following questions are about the support you receive from other people. *(Mark one on each line)*

		Often	Sometimes	Never
a	How often do your children, spouse or relatives make you feel loved and cared for?	⬭	⬭	⬭
b	How often do your friends make you feel loved and cared for?	⬭	⬭	⬭
c	How often do you feel that your children, spouse or relatives listen to your worries?	⬭	⬭	⬭
d	How often do you feel that your friends listen to your worries?	⬭	⬭	⬭
e	How often can you count on your children, spouse or relatives to help with daily tasks like giving you a lift, shopping or helping with household chores?	⬭	⬭	⬭
f	How often can you count on your friends to help with daily tasks like giving you a lift, shopping or helping with household chores?	⬭	⬭	⬭
g	How often do your children, spouse or relatives give you advice or information about medical, financial or family problems?	⬭	⬭	⬭
h	How often do your friends give you advice or information about medical, financial or family problems?	⬭	⬭	⬭

65. 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 all that apply)*

a	Yes, for someone who lives with me	⬭
b	Yes, for someone who lives elsewhere	⬭
c	No, I do not provide care	⬭

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

Yes, daily	⬭
Yes, weekly	⬭
Yes, occasionally	⬭
No, never	⬭

67. In the past month, have you: *(Mark one on each line)*

		Yes	**No**
a	Gone to the movies, theatre, concerts, lectures?	⬭	⬭
b	Gone to a sporting event?	⬭	⬭
c	Played cards, bingo, pool, or some other game?	⬭	⬭
d	Eaten out at a restaurant?	⬭	⬭
e	Attended a religious service?	⬭	⬭
f	Attended a class or course?	⬭	⬭

68. In the past month, what activities have you done? Have you: *(Mark one on each line)*

		Yes	**No**
a	Taken care of houseplants or done any outdoor gardening?	⬭	⬭
b	Worked on a hobby or handiwork, like sewing, knitting or woodworking?	⬭	⬭
c	Painted pictures or played a musical instrument?	⬭	⬭
d	Exercised with a group (eg yoga, walking, aqua-aerobics)?	⬭	⬭
e	Written letters, poetry etc, read, did crosswords etc?	⬭	⬭
f	Done any paid work?	⬭	⬭
g	Other (please write on the line below): _____		

69. Please write down the names of all your medications prescribed by a doctor. Where possible, copy names from the packets, or obtain a list from your regular pharmacist and return it with your survey.

If you filled in this survey for the participant, please answer the next three questions.

70. Your relationship to participant:

Family member ⬭
Professional health worker (eg nurse) ⬭
Other (eg friend) ⬭

71. When you filled in this survey for the participant, which of the following applied? *(Mark one only)*

The participant told me what answers she wanted ⬭

The participant was unable to tell me what answers she wanted and I used my own judgement ⬭

72. What was the MAIN reason the participant did not fill in the survey herself? *(Please describe)*

Have we missed anything?

In our last survey, thousands of women told us really important things about their health and use of health services. If there is ANYTHING else you would like to tell us about changes in your health (especially in the LAST 3 YEARS) please write on the lines below.

Thank you for taking the time to complete this survey.

* 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).

Consent

I consent to the researchers 'matching' the information provided in this survey with that given in the previous surveys so that any changes in my health can be noted.

Signature: **Date:** / /

Please sign above and send the completed survey back to us in the envelope supplied as soon as possible. We will detach the consent form and store it in a separate locked room.

Help us keep in touch!

We plan to survey women in your age group again in three years' time. Sometimes we lose touch with 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:

Postcode:

Phone: (home) **Relationship to you:**

Name:

Address:

Postcode:

Phone: (home) **Relationship to you:**

You may like to take a moment to check you have not missed any questions or pages.

Thank you for taking the time to complete this survey

You are a valuable contributor to 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 australia

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