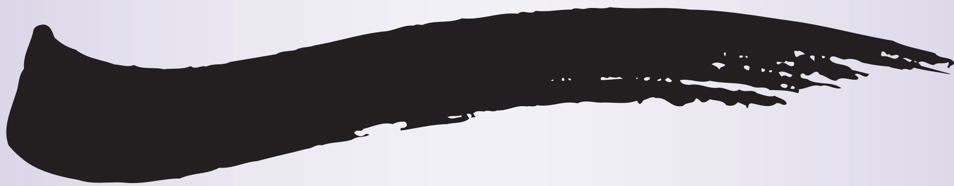
# women's health australia



## *Fourth survey for young women*

## 2006

# How to complete this survey

*This is the fourth "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 previous surveys.*

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

*Please answer the survey for the time period indicated, even if you are pregnant or your circumstances are unusual in some way (unless the question states otherwise).*

*Please read the instructions above each question carefully. Some require you to answer only those options that 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 black/blue biro
- Do not fold or bend this survey

### • Cross the boxes like this:

**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 | ☐ |

### • Print clearly in the boxes like this:

**What is your postcode?**
*(PRINT clearly in the boxes)*

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

### • Correct mistakes like this:

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

| | Always | Most of the time | Some-times | Rarely or never |
|---|---|---|---|---|
| Do you go to the same place? | ☐ | ■ | ☒ | ☐ |

*If you make a mistake simply scribble it out and clearly mark the correct answer with a cross*

***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, you may like to 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 to talk to.*

* *If you feel distressed now and would like someone to talk to, you could ring Lifeline on 13 11 14 (local call).*

**Q1** **How many times have you consulted the following people for <u>your own health</u> in the <u>last 12 months?</u>** *(Mark <u>one on each line</u>)*

| | | None | 1-2 times | 3-4 times | 5-6 times | 7-9 times | 10-12 times | More than 12 times |
|---|---|---|---|---|---|---|---|---|
| a | A family doctor or another General Practitioner (GP) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | A specialist doctor | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | A dentist | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q2** **Have you consulted the following services for <u>your own health</u> in the <u>last 12 months?</u>** *(Mark <u>one on each line</u>)*

| | | Yes | No |
|---|---|---|---|
| a | A hospital doctor (*eg in outpatients or casualty*) | ☐ | ☐ |
| b | A midwife | ☐ | ☐ |
| c | A counsellor or other mental health worker | ☐ | ☐ |
| d | A chiropractor | ☐ | ☐ |
| e | An osteopath | ☐ | ☐ |
| f | A massage therapist | ☐ | ☐ |
| g | An acupuncturist | ☐ | ☐ |
| h | A naturopath / herbalist | ☐ | ☐ |
| i | Another alternative health practitioner (eg aromatherapist, homeopath, reflexologist, iridologist) | ☐ | ☐ |
| j | A community nurse, practice nurse, or nurse practitioner | ☐ | ☐ |
| k | A physiotherapist | ☐ | ☐ |

**Q3** **How often have you used the following therapies for <u>your own health</u> in the <u>last 12 months</u>?** *(Mark <u>one on each line</u>)*

| | | Never | Rarely | Sometimes | Often |
|---|---|---|---|---|---|
| a | Vitamins / Minerals | ☐ | ☐ | ☐ | ☐ |
| b | Yoga or meditation | ☐ | ☐ | ☐ | ☐ |
| c | Herbal medicines | ☐ | ☐ | ☐ | ☐ |
| d | Aromatherapy oils | ☐ | ☐ | ☐ | ☐ |
| e | Chinese medicines | ☐ | ☐ | ☐ | ☐ |
| f | Prayer or spiritual healing | ☐ | ☐ | ☐ | ☐ |
| g | Other alternative therapies | ☐ | ☐ | ☐ | ☐ |

**Q4** **Have you been admitted to hospital in the <u>last 12 months</u> for any of these reasons?** *(Mark <u>one on each line</u>)*

| | | Yes | No |
|---|---|---|---|
| a | Normal childbirth | ☐ | ☐ |
| b | Problems during pregnancy | ☐ | ☐ |
| c | All other reasons | ☐ | ☐ |

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

| | | Always | Most of the time | Some-times | Rarely or never |
|---|---|---|---|---|---|
| a | Do you go to the same place? | ☐ | ☐ | ☐ | ☐ |
| b | Do you usually see the same doctor? | ☐ | ☐ | ☐ | ☐ |

**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 |
|---|---|---|---|---|---|---|
| a | The amount of time you spent with the doctor | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | The doctor's explanation of your problem and treatment | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | The doctor's interest in how you felt about having the tests, treatment or the advice given | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | Your opportunity to ask all the questions you wanted | ☐ | ☐ | ☐ | ☐ | ☐ |
| e | The technical skills (thoroughness, carefulness, competence) of the doctor | ☐ | ☐ | ☐ | ☐ | ☐ |
| f | The personal manner (courtesy, respect, sensitivity, friendliness) of the doctor | ☐ | ☐ | ☐ | ☐ | ☐ |
| g | The cost to you of the visit (Mark here if **No Cost** → ☐) | ☐ | ☐ | ☐ | ☐ | ☐ |

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

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

- Yes ☐
- No ☐

**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 | Bronchitis | ☐ |
| j | Postnatal depression | ☐ |
| k | Depression (not postnatal) | ☐ |
| l | Anxiety disorder | ☐ |
| m | Endometriosis | ☐ |
| n | Polycystic Ovary Syndrome | ☐ |
| o | Urinary tract infection | ☐ |
| p | A Sexually Transmitted Infection (eg chlamydia, genital herpes etc) | ☐ |
| q | Cancer *(please specify on page 30)* | ☐ |
| r | Other major physical illness *(please specify on page 30)* | ☐ |
| s | Other major mental illness *(please specify on page 30)* | ☐ |
| t | None of these conditions | ☐ |

**Q13** **In the last 12 months, have you had any of the following:**
*(Mark one on each line. For all that apply, also answer columns B and C.)*

**B** If yes, did you seek help for this problem?

**C** If you did seek help, please mark if you were not satisfed with that help.

| | | A: No | A: Rarely | A: Some-times | A: Often | B: Mark here if you did seek help | C: Mark here if you were not satisfied |
|---|---|---|---|---|---|---|---|
| a | Allergies, hay fever, sinusitis | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Headaches / migraines | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | Severe tiredness | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | Stiff or painful joints | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| e | Back pain | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| f | Problems with one or both feet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| g | Urine that burns or stings | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| h | Leaking urine | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| i | Constipation | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| j | Haemorrhoids (piles) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| k | Other bowel problems | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| l | Vaginal discharge or irritation | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| m | Premenstrual tension | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| n | Irregular periods | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| o | Heavy periods | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| p | Severe period pain | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| q | Skin problems | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| r | Difficulty sleeping | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| s | Depression | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| t | Episodes of intense anxiety (eg panic attacks) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| u | Other mental health problems | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| v | Palpitations (feeling that your heart is racing or fluttering in your chest) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

*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 |
|---|---|---|---|---|
| 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 | ☐ | ☐ | ☐ |

**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 |
|---|---|---|---|
| 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) | ☐ | ☐ |

**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 |
|---|---|---|---|
| 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 | ☐ | ☐ |

**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 <u>past 4 weeks,</u> how much did <u>pain</u> 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 |
|---|---|---|---|---|---|---|---|
| a | Did you feel full of life? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Have you been a very nervous person? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | Have you felt so down in the dumps that nothing could cheer you up? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | Have you felt calm and peaceful? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| e | Did you have a lot of energy? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| f | Have you felt down? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| g | Did you feel worn out? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| h | Have you been a happy person? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| i | Did you feel tired? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q23** **During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc)?**

*(Mark one only)*

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

**Q24** **How true or false is each of the following statements for you?**

*(Mark one on each line)*

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

**Q25** **When did you last have a Pap test?** *A Pap test (for cervical cancer) is a routine test carried out by a doctor or nurse during an internal (vaginal) examination.*
*(Mark one only)*

- I have never had a Pap test ☐ → Go to Q27
- Less than 2 years ago ☐
- 2 to less than 3 years ago ☐
- 3 – 5 years ago ☐
- More than 5 years ago ☐
- Not sure ☐

**Q26** **Have you ever had an abnormal Pap test?**
*(Mark one only)*

- Yes ☐
- No ☐
- Don't know ☐

**Q27** **Have you and your partner (current or previous) ever had problems with fertility - that is, tried unsuccessfully for 12 months or more to get pregnant?**
*(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 ☐

**Q28** **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 the withdrawal method ☐
- **f** I use another method of contraception ☐
- **g** I don't use contraception ☐

**Q29** **For how many years in total have you ever taken the oral contraceptive pill?** *(Mark one only)*

| None | 1 or less | 2 | 3 | 4 | 5 | 6 to 9 | 10 to 14 | 15 or more |
|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q30** **Since January 2004 the emergency contraceptive pill (or morning after pill) has been available over the counter at pharmacies without needing to see a health professional. Since 2004:** *(Mark one only)*

| | |
|---|---|
| I have not tried to obtain the emergency contraceptive pill | ☐ |
| I have tried to obtain the emergency contraceptive pill and found it difficult to obtain | ☐ |
| I have tried to obtain the emergency contraceptive pill and found it to be readily available | ☐ |

**Q31** **Do any of the following apply to you?** *(Mark one on each line)*

| | | Yes | No |
|---|---|---|---|
| a | I am pregnant now / have recently had a baby | ☐ | ☐ |
| b | I am trying to become pregnant | ☐ | ☐ |
| c | I have had a tubal ligation | ☐ | ☐ |
| d | I have had a hysterectomy | ☐ | ☐ |
| e | My partner has had a vasectomy | ☐ | ☐ |
| f | I have found out that I cannot have children | ☐ | ☐ |
| g | I have found out that my partner cannot have children | ☐ | ☐ |
| h | I have no male sexual partners now | ☐ | ☐ |
| i | I am using / have used In Vitro Fertilisation (IVF) | ☐ | ☐ |
| j | I am using / have used fertility hormones (eg Clomid) | ☐ | ☐ |

**Q32** **Are you currently pregnant?** *(Mark one only)*

| | |
|---|---|
| No | ☐ |
| Less than 3 months | ☐ |
| 3 to 6 months | ☐ |
| More than 6 months | ☐ |
| Don't know | ☐ |

**Q33** **How many times have you had each of the following:** *(Mark one on each line)*

| | | None | One | Two | Three | Four | 5 or more |
|---|---|---|---|---|---|---|---|
| a | Live birth (more than 36 weeks) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Live premature birth (36 weeks or less) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | Stillbirth | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | Miscarriage | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| e | Termination (abortion) for medical reasons (eg fetal abnormalities) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| f | Termination (abortion) for other reasons | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| g | Ectopic pregnancy (tubal pregnancy) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Questions on the next 2 pages are for women who have given birth to a child. If you have never given birth to a child go to Q40.**

**Q34** **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.)*

1st D D M M Y Y Y Y 2nd D D M M Y Y Y Y 3rd D D M M Y Y Y Y

4th D D M M Y Y Y Y 5th D D M M Y Y Y Y 6th D D M M Y Y Y Y

7th D D M M Y Y Y Y 8th D D M M Y Y Y Y

**Q35** **Did you experience any of the following?** *(Mark all that apply on each line)*

| | | Never experienced this | 1st Child | 2nd Child | 3rd Child | 4th Child | 5th Child | 6th Child | 7th Child | 8th Child |
|---|---|---|---|---|---|---|---|---|---|---|
| a | Caesarean section before going into labour | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Caesarean section after labour started | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | Labour lasting more than 36 hours | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | Episiotomy (cutting of vagina) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| e | A vaginal tear requiring stitches | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| f | Forceps or Ventouse suction ('vacuum') | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| g | Medical removal of placenta and / or blood clots by hand | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| h | Excessive blood loss requiring extra blood or fluid by drip (IV infusion) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| i | A low birth weight baby (weighing less than 2500 grams or $5^1/_2$ pounds) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| j | Epidural or spinal block | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| k | Gas or injection for pain relief | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q36** **How many complete months have you breastfed each of your children?**
*(Mark one in each column for each of your children)*

| | 1st Child | 2nd Child | 3rd Child | 4th Child | 5th Child | 6th Child | 7th Child | 8th Child |
|---|---|---|---|---|---|---|---|---|
| Less than one month | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1 - 6 months | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7 - 12 months | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13 - 24 months | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| More than 24 months | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Currently breastfeeding | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Did not breastfeed | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q37** **Thinking about the birth of your last child:** *(Mark one on each line)*

| | | Yes | No | Don't know |
|---|---|---|---|---|
| a | Were you entitled to paid maternity leave? | ☐ | ☐ | ☐ |
| b | Did you take paid maternity leave? | ☐ | ☐ | ☐ |
| c | Were you entitled to unpaid maternity leave? | ☐ | ☐ | ☐ |
| d | Did you take unpaid maternity leave? | ☐ | ☐ | ☐ |

**Q38** **After the birth of your last child, how soon did you go back to paid work?** *(Mark one only)*

- Less than 6 weeks after the birth ☐
- 6 - 12 weeks after the birth ☐
- 12 weeks to a year after the birth ☐
- More than a year after the birth ☐
- Did not go back to paid work ☐

**Q39** **Are you currently on maternity leave?**
*(Mark one only)*

| Yes | No |
|---|---|
| ☐ | ☐ |

**Q40** **Do you have children living with you (your own, your partner's, fostered etc)?** *(Mark one only)*

| Yes | No |
|---|---|
| ☐ | ☐ If no, go to Q47 |

**Q41** **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 |
|---|---|---|---|---|---|---|
| a | Under 12 months? | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | 12 months - 5 years? | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | 6 - 12 years? | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | 13 - 16 years? | ☐ | ☐ | ☐ | ☐ | ☐ |

*Most parents need someone to care for their children when they cannot.*
*Formal child care* includes before and / or after school care, long day care, family day care, occasional care and preschool.
*Informal child care* includes care by family, friends (paid or unpaid) and a baby sitter.

**Q42** **Whether you use child care or not, please answer the following questions.** *(Mark one on each line)*

| | | Yes | No | Don't know |
|---|---|---|---|---|
| a | Is formal child care located in an area convenient to you? | ☐ | ☐ | ☐ |
| b | Are formal child care places available to you? | ☐ | ☐ | ☐ |
| c | Is the cost of formal child care a problem for you? | ☐ | ☐ | ☐ |
| d | Is informal child care available to you? | ☐ | ☐ | ☐ |

**Q43** **Do you ever use child care (formal or informal)?** *(Mark one only)*

Yes ☐ No ☐ If no, go to Q47

**Q44** **In a normal week, how often do you usually use child care?** *(Mark one on each line)*

| | | Do not use this type of child care | Less than 5 hrs | 5 - 10 hrs | 11 - 20 hrs | 21 - 30 hrs | 31 - 40 hrs | More than 40 hrs |
|---|---|---|---|---|---|---|---|---|
| a | Formal Care | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Informal Care | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q45** **In general, how satisfied are you with your child care arrangements?** *(Mark one on each line)*

| | | Do not use this type of child care | Very satisfied | Satisfied | Dissatisfied | Very dissatisfied |
|---|---|---|---|---|---|---|
| a | Formal Care | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Informal Care | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q46** **In general, how satisfied are you with the amount of child care you use?** *(Mark one on each line)*

| | | I would like to use more hours | I would like to use fewer hours | I am satisfied with the hours I use |
|---|---|---|---|---|
| a | Formal Care | ☐ | ☐ | ☐ |
| b | Informal Care | ☐ | ☐ | ☐ |

**Q47** **How tall are you without shoes?**
*(If you are not sure, please estimate)*

☐☐☐ cms OR ☐ ft ☐☐ ins

**Q48** **How much do you weigh without clothes or shoes? *If you are pregnant now, write in the weight you were in the month prior to pregnancy.***
*(if you are not sure, please estimate)*

☐☐☐ kgs OR ☐☐ stones ☐☐ pounds

**Q49** **How much would you like to weigh now?**
*(Mark one only)*

| | |
|---|---|
| Happy as I am | ☐ |
| 1 – 5 kg more | ☐ |
| Over 5 kg more | ☐ |
| 1 – 5 kg less | ☐ |
| 6 – 10 kg less | ☐ |
| Over 10 kg less | ☐ |

**Q50** **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 | ☐ |
| 1 – 4 times | ☐ |
| 5 – 10 times | ☐ |
| More than 10 times | ☐ |
| I am always on a diet to lose weight | ☐ |

**Q51** **In the past month, how dissatisfied have you felt about:**
*(Mark one on each line)*

| | | Not at all dissatisfied | | Slightly dissatisfied | | Moderately dissatisfied | | Markedly dissatisfied |
|---|---|---|---|---|---|---|---|---|
| a | Your weight | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Your shape | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q52** **During the past 4 weeks, have you used medications (eg tablets or medicine) that were:**
*(Mark all that apply)*

| | | Yes |
|---|---|---|
| a | Prescription medication for your nerves / anxiety (eg Valium, Serapax, Kalma, Ducene etc) | ☐ |
| b | Prescription medication to help you sleep (eg Temaze, Normison, Mogadon, Stilnox etc) | ☐ |
| c | Prescription medication for depression (eg Zoloft, Aropax, Lexapro, Cipramil 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 | ☐ |

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

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

**Q54** a **If you smoke daily, on average how many cigarettes do you smoke each day?**

PRINT the number in the box [ | | ] cigarettes per day → Go to Q58

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

PRINT the number in the box [ | | ] cigarettes per week

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

Yes ☐ No ☐ → If no, go to Q59

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

Yes ☐ No ☐ → If no, go to Q59

**Q57** **At what age did you finally stop smoking daily?**
*(Write age in boxes)*

[ | ] years old

**Q58** **At what age did you start smoking daily?**
*(Write age in boxes)*

[ | ] years old

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

- I never drink alcohol ☐ → Go to Q62
- Less than once a month ☐
- 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 ☐

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

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

**Q61** **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 ☐

**Q62** **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 |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

**Q63** **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 |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

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

**Q64** **The following question asks about the use of drugs for non-medicinal purposes. We want to know about general patterns of use. Please do not give details of specific instances of use.**

*If you have **never** used any of these drugs, mark here and go to Q65* **Never used** → ☐

*If 'yes' to A, please answer B and C.*
*(Mark all that apply)*

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

*The next question is about the amount of physical activity you did last week.*

**Q65** **Please state *how many times* you did each type of activity and *how much time you spent altogether* doing each type of activity last week.**
*Only count activities that lasted for 10 minutes or more; add up all the times you spent in each activity to get the total time for each activity.*
*(If you did not do an activity, please write "0" in the boxes)*

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

*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.*

**Q66** **How many hours in total do you typically spend sitting down while doing things like visiting friends, driving, reading, watching television, or working at a desk or computer?**

| | | | | | |
|---|---|---|---|---|---|
| a | On a usual **week day** | ☐☐ | hours | ☐☐ | minutes |
| b | On a usual **weekend day** | ☐☐ | hours | ☐☐ | minutes |

*The next question asks about physical activity in your main job (this could be paid work, unpaid work, caring etc – whatever you spend most of your 'working day' doing).*

**Q67** **During your usual working day, how often do you do each of the following?**
*(Mark one on each line)*

| | | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|---|
| a | Sitting | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Standing | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | Walking | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | Heavy labour or physically demanding work | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q68** **How often do you do each of the following?**
*(Mark one on each line)*

| | | Never | Less than once a month | 1-3 times a month | Once a week (4 times a month) | More than once a week |
|---|---|---|---|---|---|---|
| a | Take a dog for a walk | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Walk, swim or cycle for exercise or fitness (not including walking a dog) | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | Go to a gym, do aerobics or other vigorous exercise class | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | Do Yoga, Tai Chi or similar (less vigorous) exercise class | ☐ | ☐ | ☐ | ☐ | ☐ |
| e | Play competitive sport (eg tennis, netball etc) | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q69** **People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kind of support available to you if you need it?**

*(Mark one on each line)*

| | | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|---|---|---|---|---|---|---|
| a | Someone to help you if you are confined to bed | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Someone you can count on to listen to you when you need to talk | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | Someone to give you good advice about a crisis | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | Someone to take you to the doctor if you need it | ☐ | ☐ | ☐ | ☐ | ☐ |
| e | Someone who shows you love and affection | ☐ | ☐ | ☐ | ☐ | ☐ |
| f | Someone to have a good time with | ☐ | ☐ | ☐ | ☐ | ☐ |
| g | Someone to give you information to help you understand a situation | ☐ | ☐ | ☐ | ☐ | ☐ |
| h | Someone to confide in or talk to about yourself or your problems | ☐ | ☐ | ☐ | ☐ | ☐ |
| i | Someone who hugs you | ☐ | ☐ | ☐ | ☐ | ☐ |
| j | Someone to get together with for relaxation | ☐ | ☐ | ☐ | ☐ | ☐ |
| k | Someone to prepare your meals if you are unable to do it yourself | ☐ | ☐ | ☐ | ☐ | ☐ |
| l | Someone whose advice you really want | ☐ | ☐ | ☐ | ☐ | ☐ |
| m | Someone to do things with to help you get your mind off things | ☐ | ☐ | ☐ | ☐ | ☐ |
| n | Someone to help with daily chores if you are sick | ☐ | ☐ | ☐ | ☐ | ☐ |
| o | Someone to share your most private worries and fears with | ☐ | ☐ | ☐ | ☐ | ☐ |
| p | Someone to turn to for suggestions about how to deal with a personal problem | ☐ | ☐ | ☐ | ☐ | ☐ |
| q | Someone to do something enjoyable with | ☐ | ☐ | ☐ | ☐ | ☐ |
| r | Someone who understands your problems | ☐ | ☐ | ☐ | ☐ | ☐ |
| s | Someone to love and make you feel wanted | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q70** **Thinking about your current approach to life, please indicate how much you think each statement describes you:**
*(Mark one on each line)*

| | | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|---|---|---|---|---|---|---|
| a | In uncertain times, I usually expect the best | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | If something can go wrong for me, it will | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | I'm always optimistic about my future | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | I hardly ever expect things to go my way | ☐ | ☐ | ☐ | ☐ | ☐ |
| e | I rarely count on good things happening to me | ☐ | ☐ | ☐ | ☐ | ☐ |
| f | Overall, I expect more good things to happen to me than bad | ☐ | ☐ | ☐ | ☐ | ☐ |

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

| | | Not applicable | Not at all stressed | Somewhat stressed | Moderately stressed | Very stressed | Extremely stressed |
|---|---|---|---|---|---|---|---|
| a | Own health | | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Health of family members | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | Work / employment | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | Living arrangements | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| e | Study | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| f | Money | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| g | Relationship with parents | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| h | Relationship with partner / spouse | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| i | Relationship with other family members | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| j | Relationship with friends | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| k | Motherhood / children | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q72** **Have you experienced any of the following events?** *(Mark all that apply)*

| | | A Yes – In the last 12 months | B Yes – More than 12 months ago |
|---|---|---|---|
| a | Major personal illness | ☐ | ☐ |
| b | Major personal injury | ☐ | ☐ |
| c | Major surgery (not including dental work) | ☐ | ☐ |
| d | Birth of a child | ☐ | ☐ |
| e | Having a child with a disability or serious illness | ☐ | ☐ |
| f | Starting a new, close personal relationship | ☐ | ☐ |
| g | Getting married (or starting to live with someone) | ☐ | ☐ |
| h | Problem or break-up in a close personal relationship | ☐ | ☐ |
| i | Divorce or separation | ☐ | ☐ |
| j | Becoming a sole parent | ☐ | ☐ |
| k | Increased hassles with parents | ☐ | ☐ |
| l | Serious conflict between members of your family | ☐ | ☐ |
| m | Parents getting divorced, separated or remarried | ☐ | ☐ |
| n | Death of partner or close family member | ☐ | ☐ |
| o | Death of a child | ☐ | ☐ |
| p | Stillbirth of a child | ☐ | ☐ |
| q | Miscarriage | ☐ | ☐ |
| r | Death of a close friend | ☐ | ☐ |
| s | Difficulty finding a job | ☐ | ☐ |
| t | Return to study | ☐ | ☐ |
| u | Beginning / resuming work outside the home | ☐ | ☐ |
| v | Distressing harassment at work | ☐ | ☐ |
| w | Loss of job | ☐ | ☐ |
| x | Partner losing a job | ☐ | ☐ |
| y | Decreased income | ☐ | ☐ |
| z | Natural disaster (fire, flood, drought, earthquake etc) or house fire | ☐ | ☐ |
| aa | Major loss or damage to personal property | ☐ | ☐ |
| bb | Being robbed | ☐ | ☐ |
| cc | Involvement in a serious accident | ☐ | ☐ |
| dd | Being pushed, grabbed, shoved, kicked or hit | ☐ | ☐ |
| ee | Being forced to take part in unwanted sexual activity | ☐ | ☐ |
| ff | Legal troubles or involvement in a court case | ☐ | ☐ |
| gg | Family member / close friend being arrested / in gaol | ☐ | ☐ |
| hh | None of these events | ☐ | |

**Q73** **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 neck aches? | ☐ | ☐ |
| 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? | ☐ | ☐ |

**Q74** **Below is a list of the ways you might have felt or behaved. Please indicate how often you have felt this way during the last week.**
*(Mark one on each line)*

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

**Q75** **In the past week, have you been feeling that life isn't worth living?**
*(Mark one only)*

**Yes** ☐ **No** ☐

**Q76** **In the past 6 months, have you ever deliberately hurt yourself or done anything that you knew might have harmed or even killed you?**
*(Mark one only)*

**Yes** ☐ **No** ☐

***If you answered yes to either of the last 2 questions, you might like to talk to someone about how you are feeling. You could ring Lifeline on 13 11 14 (local call).***

**Q77** **In a usual week, how much time in total do you spend doing the following things?**
*(Mark one on each line)*

| | | I don't do this activity | 1-15 hours | 16-24 hours | 25-34 hours | 35-40 hours | 41-48 hours | 49 hours or more |
|---|---|---|---|---|---|---|---|---|
| a | Active leisure (eg walking, exercise, sport) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Passive leisure (eg TV, music, reading, relaxing) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | Full-time permanent paid work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | Part-time permanent paid work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| e | Casual paid work (no paid holiday or sick leave) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| f | Work without pay (eg family business) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| g | Studying | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| h | Unpaid voluntary work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| i | Home duties (own / family home) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| j | Looking after your / your partner's children | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q78** **Managing time is often difficult. How often do you feel:**
*(Mark one on each line)*

| | | Every day | A few times a week | About once a week | About once a month | Never |
|---|---|---|---|---|---|---|
| a | That you are rushed, pressured, too busy? | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | That you have time on your hands that you don't know what to do with? | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q79** **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 |
|---|---|---|---|---|---|
| a | Domestic work (shopping, cooking, cleaning etc) | ☐ | ☐ | ☐ | ☐ |
| b | Child care | ☐ | ☐ | ☐ | ☐ |
| c | Caring for another adult (who is elderly / disabled / sick) | ☐ | ☐ | ☐ | ☐ |
| d | Other household work (gardening, home / car maintenance) | ☐ | ☐ | ☐ | ☐ |

**Q80** **Do you normally do any of the following kinds of paid work?**
*(Mark all that apply)*

| | | |
|---|---|---|
| a | I don't do any paid work | ☐ → Go to Q82 |
| b | Paid shift work | ☐ |
| c | Paid work with irregular hours | ☐ |
| d | Paid work on short-term contract (less than one year) | ☐ |
| e | Paid work in more than one job | ☐ |
| f | Paid work at night | ☐ |
| g | Paid work from home | ☐ |
| h | Self employment | ☐ |
| i | None of the above | ☐ |

**Q81** **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 ☐

**Q82** **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 ☐

**Q83** **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 ☐

**Q84** **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 ☐

**Q85** **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 ☐

**Q86** **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 ☐

**Q87** **What is your present marital status?**
*(Mark one only)*

- Never married ☐
- Married ☐
- De facto (opposite sex) ☐
- De facto (same sex) ☐
- Separated ☐
- Divorced ☐
- Widowed ☐

**Q88** **Who lives with you?**
*(Mark all that apply)*

| | | |
|---|---|---|
| a | No one, I live alone | ☐ |
| b | Partner / spouse | ☐ |
| c | Own children | ☐ |
| d | Someone else's children | ☐ |
| e | Parents | ☐ |
| f | Other adults | ☐ |

**Q89** **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) ☐

**Q90** **How many months have you been overseas in each of the following years:**
*(Mark one for each year)*

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|---|---|---|---|
| None | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Less than 2 months | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 – 6 months | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7 – 12 months | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

***The following questions ask about difficult situations you may have experienced.***
***Some people prefer not to answer questions of this nature.***
***If this is true of you, please go to Question 95.***

**Q91** **Have you had a partner during the last 12 months?**
*(Mark one only)*

Yes ☐
No ☐ ← Go to Q93

**Q92** **This question asks about situations with your partner. We would like to know if you experienced any of the actions listed below and how often it happened during the past twelve months.**

*(Mark one on each line)*

***My Partner:***

| | | Never | Only once | Several times | Once/ month | Once/ week | Daily |
|---|---|---|---|---|---|---|---|
| a | Told me that I wasn't good enough | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | Kept me from medical care | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| c | Followed me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| d | Tried to turn my family, friends & children against me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| e | Locked me in the bedroom | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| f | Slapped me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| g | Forced me to take part in unwanted sexual activity | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| h | Told me that I was ugly | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| i | Tried to keep me from seeing or talking to my family | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| j | Threw me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| k | Hung around outside my house | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| l | Blamed me for causing their violent behaviour | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| m | Harassed me over the telephone | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| n | Shook me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| o | Harassed me at work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| p | Pushed, grabbed or shoved me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| q | Used a knife or gun or other weapon | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| r | Became upset if dinner / housework wasn't done when they thought it should be | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| s | Told me that I was crazy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| t | Told me that no one would ever want me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| u | Took my wallet and left me stranded | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| v | Hit or tried to hit me with something | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| w | Did not want me to socialise with my female friends | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| x | Refused to let me work outside the home | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| y | Kicked me, bit me or hit me with a fist | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| z | Tried to convince my friends, family or children that I was crazy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| aa | Told me that I was stupid | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| bb | Beat me up | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q93** **As a child did you experience sexual abuse (eg forced to engage in unwanted sexual practices such as unwanted touching, exposure or penetration)?**

*(Mark one only)*

Yes ☐ No ☐

**Q94** **Have you ever been in a violent relationship with a partner / spouse?**

*(Mark one only)*

Yes ☐ No ☐

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

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

**Q95** **I have found that the following are beneficial to my sense of well-being:**

*(Mark all that apply)*

| | | |
|---|---|---|
| a | Sensing an inner strength | ☐ |
| b | Believing that overall what I am doing is worthwhile | ☐ |
| c | Feeling at peace with my past | ☐ |
| d | Feeling confident about whatever the future may bring | ☐ |
| e | Having a belief in a higher power | ☐ |
| f | Having a sense of connection with my environment | ☐ |
| g | None of the above | ☐ |

**Q96** **In the last 12 months, about how often did you use the internet for information about health or health care?**

*(Mark one only)*

| | |
|---|---|
| About once a week or more often | ☐ |
| About once a month | ☐ |
| Less than monthly | ☐ |
| I have not used the internet for information about health or health care | ☐ |
| I do not use the internet | ☐ |

**Q97** **What is your main form of transportation?**

*(Mark one on each line)*

| | | Private vehicle or taxi | Public transport (eg bus, train, tram) | Walking | Bicycle | Other |
|---|---|---|---|---|---|---|
| a | On a week day | ☐ | ☐ | ☐ | ☐ | ☐ |
| b | On a weekend day | ☐ | ☐ | ☐ | ☐ | ☐ |

**Q98** **What is your date of birth?**
*(Write date in boxes)*

| Day | Month | 19 Year |
|---|---|---|
| ☐☐ | ☐☐ | 19 ☐☐ |

**Q99** **What is your postcode?**

a What is your RESIDENTIAL postcode? (where you live) ☐☐☐☐

b What is the postcode of your POSTAL ADDRESS? (if different from residential) ☐☐☐☐

**Q100** a **What is the average gross (before tax) income that you receive each week, including pensions, allowances and financial support from parents?**

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

| | a Self | b Household |
|---|---|---|
| No income | ☐ | ☐ |
| $1-$119 ($1-$6,239 annually) | ☐ | ☐ |
| $120-$299 ($6,240-$15,999 annually) | ☐ | ☐ |
| $300-$499 ($16,000-$25,999 annually) | ☐ | ☐ |
| $500-$699 ($26,000-$36,999 annually) | ☐ | ☐ |
| $700-$999 ($37,000-$51,999 annually) | ☐ | ☐ |
| $1,000-$1,499 ($52,000-$77,999 annually) | ☐ | ☐ |
| $1,500 or more ($78,000 or more annually) | ☐ | ☐ |
| Don't know | ☐ | ☐ |
| Don't want to answer | ☐ | ☐ |
| I live alone (household income is the same as mine) | | ☐ |

**Q101** **How many people (including yourself), are dependent on this household income?**
*(Write number in boxes)* ☐☐

**Q102** **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 ☐

**Q103** **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 | ☐ |

**Q104** **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) | ☐ |

**Q105** **When you are 35, would you like to have:**
*(Mark one only)*

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

**Q106** **When you are 35, would you like to have more educational qualifications than you have now?**
*(Mark one only)*

| | |
|---|---|
| Yes | ☐ |
| No | ☐ |
| Not sure | ☐ |

**Q107** **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 |
|---|---|---|---|---|---|---|
| a | Work | | ☐ | ☐ | ☐ | ☐ |
| b | Career | | ☐ | ☐ | ☐ | ☐ |
| c | Study | | ☐ | ☐ | ☐ | ☐ |
| d | Family relationships | | ☐ | ☐ | ☐ | ☐ |
| e | Partner / closest personal relationship | | ☐ | ☐ | ☐ | ☐ |
| f | Friendships | | ☐ | ☐ | ☐ | ☐ |
| g | Social activities | | ☐ | ☐ | ☐ | ☐ |
| h | Motherhood / children | Not applicable ☐ | ☐ | ☐ | ☐ | ☐ |

***Have we missed anything? If you have anything else you would like to tell us, please write on the lines below. You may also like to take a moment to check that you have not missed any questions or pages.***

## 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 4 2006

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 your mobile phone number and email address.

Mobile

Email

It would be helpful also if you could give us details of parents, a relative or friend who would be able to help us find you.

Name

Address

P'Code

Phone (home) ( )

Relationship to you

Name

Address

P'Code

Phone (home) ( )

Relationship to you

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

Your name

Relationship to participant

Reason

Office use only - DO NOT DETACH.

women's
health
*australia*

**Please post this back in the Reply Paid envelope provided.**

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

Freecall Number: 1800 068 081

*Australian Longitudinal Study on Women's Health*
The University of Newcastle, Callaghan NSW 2308.
Phone: 02 4923 6872 Fax: 02 4923 6888 Email: whasec@newcastle.edu.au
Web: http://www.newcastle.edu.au/centre/wha