women's health australia

Sixth survey for the women of the 1946-51 cohort

2010

How to complete this survey

This is the sixth "main" survey for women in your age group. 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 closest answer to how you feel.

Please write any comments or important information on page 30. We are not able to read comments written elsewhere throughout the survey.

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 black or 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)

Do you go to the same place?

	Always	Most of the time	Some-times	Rarely or never
	☐	☒	☒	☐

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 for you to talk to.*

** If you feel distressed NOW and would like someone to talk to, you could ring Lifeline on 131 114 (local call).*

Note: No commercial gain or sponsorship is provided to WHA for the inclusion of brand names in the survey.

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

Q1 **In general, would you say your health is:**
(Mark one only)

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

Q2 **Compared to one year ago, how would you rate your health in general now?**
(Mark one only)

- ☐ Much better now than one year ago
- ☐ Somewhat better now than one year ago
- ☐ About the same now as one year ago
- ☐ Somewhat worse now than one year ago
- ☐ Much worse now than one year ago

Q3 **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	☐	☐	☐

The questions on this page and the next one ask about your health IN THE LAST FOUR WEEKS.

Q4 **During the PAST FOUR WEEKS, have you had any of the following problems with your work *(including your work outside the home and housework)* or other regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH?**

(Mark one on each line)

		Yes	No
a	Cut down on the amount of time you spent on work or other activities	☐	☐
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 *(eg it took extra effort)*	☐	☐

Q5 **During the PAST FOUR WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS *(such as feeling depressed or anxious)*?**

(Mark one on each line)

		Yes	No
a	Cut down on the amount of time you spent on work or other activities	☐	☐
b	Accomplished less than you would like	☐	☐
c	Didn't do work or other activities as carefully as usual	☐	☐

Q6 **During the PAST FOUR WEEKS, to what extent have your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your normal social activities with family, friends, neighbours or groups?**

(Mark one only)

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

Q7 **How much BODILY pain have you had during the PAST FOUR WEEKS?**

(Mark one only)

- ☐ No bodily pain
- ☐ Very mild
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very severe

Q8 **During the PAST FOUR WEEKS, how much did PAIN interfere with your normal work *(including both work outside the home and housework)*?**

(Mark <u>one only</u>)

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

Q9 **For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST FOUR WEEKS:**

(Mark <u>one on each line</u>)

		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?	☐	☐	☐	☐	☐	☐

Q10 **During the PAST FOUR WEEKS, how much of the time have your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities *(like visiting friends, relatives, etc)*?**

(Mark <u>one only</u>)

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

Q11 **How TRUE or FALSE is EACH of the following statements for you?**

(Mark <u>one on each line</u>)

		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	☐	☐	☐	☐	☐

Q12 **How many times have you consulted the following people for YOUR OWN HEALTH in the LAST TWELVE MONTHS?**

(Mark one on each line)

		None	Once or twice	3 or 4 times	5 or 6 times	7-12 times	13-24 times	25 or more times
a	A family doctor or another General Practitioner (GP)	☐	☐	☐	☐	☐	☐	☐
b	A hospital doctor *(eg in outpatients or casualty)*	☐	☐	☐	☐	☐	☐	☐
c	A specialist doctor	☐	☐	☐	☐	☐	☐	☐

Q13 **Have you consulted the following people for YOUR OWN HEALTH in the LAST TWELVE MONTHS?**

(Mark one on each line)

		Yes	No
a	Physiotherapist	☐	☐
b	Counsellor / Psychologist / Social worker	☐	☐
c	A community nurse, practice nurse, or nurse practitioner	☐	☐
d	Optician / Optometrist	☐	☐
e	Hearing specialist	☐	☐
f	Dietitian	☐	☐
g	Podiatrist	☐	☐
h	Massage therapist	☐	☐
i	Naturopath / Herbalist	☐	☐
j	Chiropractor	☐	☐
k	Osteopath	☐	☐
l	Acupuncturist	☐	☐
m	Other alternative health practitioner *(eg aromatherapist, homeopath, reflexologist, iridologist)*	☐	☐

Q14 **How often have you used the following therapies for YOUR OWN HEALTH in the LAST TWELVE MONTHS?**

(Mark one on each line)

		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	☐	☐	☐	☐

Q15 **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?	☐	☐	☐	☐

Q16 **How would you rate the cost to you of your LAST visit to a General Practitioner?**
(Mark one only)

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

Q17 **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 ☐

Q18a **Do you have private health insurance for HOSPITAL COVER?**
(Mark one only)

- Yes ☐
- No – I am covered by Veterans' Affairs ☐
- No – because I can't afford the cost ☐
- No – because I don't think you get value for money ☐
- No – because I don't think I need it ☐
- No – other reason ☐

Q18b **Do you have private health insurance for ANCILLARY services (eg dental, physiotherapy)?**
(Mark one only)

- Yes ☐
- No – I am covered by Veterans' Affairs ☐
- No – because I can't afford the cost ☐
- No – because I don't think you get value for money ☐
- No – because I don't think I need it ☐
- No - because the services are not available where I live ☐
- No – other reason ☐

Q19 **Have you been admitted to hospital in the LAST TWELVE MONTHS?**
(Mark one only)

- No ☐
- Yes, day only ☐
- Yes, spent at least one night ☐

Q20 **When did you last have:**
(Mark one on each line)

		In the last 2 years	2-5 years ago	More than 5 years ago	Never	Don't know
a	A Pap test?	☐	☐	☐	☐	☐
b	A mammogram?	☐	☐	☐	☐	☐

Q21 **Have you EVER had an abnormal result from:** *(Mark one on each line)*

		Yes	No	Don't know
a	A Pap test?	☐	☐	☐
b	A mammogram?	☐	☐	☐

Q22 **In the PAST THREE YEARS, have you:** *(Mark all that apply on each line)*

		Doctor	Nurse	Other	Not checked
a	Had your blood pressure checked?	☐	☐	☐	☐
b	Had your cholesterol checked?	☐	☐	☐	☐
c	Had your blood sugar level checked?	☐	☐	☐	☐
d	Had your skin checked *(eg spots, lesions, moles)*?	☐	☐	☐	☐

Q23 **In the PAST THREE YEARS, have you:** *(Mark one on each line)*

		Yes	No
a	Had your breasts examined by a doctor or nurse?	☐	☐
b	Carried out *regular monthly* breast self examination?	☐	☐
c	Had a bone density test?	☐	☐
d	Had a test for bowel cancer?	☐	☐
e	Had a reminder from your general practice to have a screening test *(eg blood pressure, cholesterol, blood sugar, skin)?*	☐	☐

Q24 **In the PAST THREE YEARS, have you received advice / information about lifestyle changes from any of these sources?** *(Mark one on each line)*

		Yes	No
a	A doctor	☐	☐
b	A nurse	☐	☐
c	Other health professional *(eg physiotherapist, naturopath)*	☐	☐
d	Program or organisation *(eg weight loss program, gym, self help group)*	☐	☐
e	Books, magazines	☐	☐
f	The internet	☐	☐
g	Television	☐	☐
h	Radio	☐	☐
i	Family or friends	☐	☐
j	Private health fund	☐	☐

Q25 **Are you CURRENTLY taking:** *(Mark one on each line)*

		Yes	No
a	The oral contraceptive pill?	☐	☐
b	Hormone Replacement Therapy (HRT)?	☐	☐

Q26 **Have you:** *(Mark one on each line)*

		Yes	No	
a	Had a hysterectomy?	☐ ← If Yes, go to Q29	☐	
b	Had a period or menstrual bleeding in the last 12 months?	☐	☐	← If No, go to Q28
c	Had a period or menstrual bleeding in the last 3 months?	☐	☐	

Q27 **Compared with twelve months ago, are your periods:** *(Mark one only)*

- Less frequent ☐
- About the same ☐
- More frequent ☐
- Changeable ☐

Q28 **If you have reached menopause, at what age did your periods completely stop?**

(Please write the age in the box) ☐☐ years Not applicable ☐

Q29 **Have you ever had Gestational Diabetes (diabetes during pregnancy)?**

(Mark one only)

Yes ☐

No ☐

Q30 **Thinking about your own health care, how would you rate the following?**

(Mark one on each line)

		Excellent	Very good	Good	Fair	Poor	Don't know
a	Access to medical specialists if you need them	☐	☐	☐	☐	☐	☐
b	Access to a hospital if you need it	☐	☐	☐	☐	☐	☐
c	Access to medical care in an emergency	☐	☐	☐	☐	☐	☐
d	Access to after-hours medical care	☐	☐	☐	☐	☐	☐
e	Access to a GP who bulk bills	☐	☐	☐	☐	☐	☐
f	Access to a female GP	☐	☐	☐	☐	☐	☐
g	Hours when a GP is available	☐	☐	☐	☐	☐	☐
h	Number of GPs you have to choose from	☐	☐	☐	☐	☐	☐
i	Ease of seeing the GP of your choice	☐	☐	☐	☐	☐	☐
j	How long you wait to get a GP appointment	☐	☐	☐	☐	☐	☐
k	The outcomes of your medical care *(how much you are helped)*	☐	☐	☐	☐	☐	☐
l	Ease of obtaining a mammogram	☐	☐	☐	☐	☐	☐
m	Ease of obtaining a Pap test	☐	☐	☐	☐	☐	☐
n	Access to a counselling service if you need it	☐	☐	☐	☐	☐	☐

Q31 **In the LAST TWELVE MONTHS have you consulted a dentist?** *(Mark one only)*

No, I did not need to see a dentist ☐

No, because there was no dentist available locally ☐

No, I could not get there because of travel difficulties ☐

No, because it would cost more than I could afford ☐

No, I did not go to the dentist because of another reason ☐

Yes, I saw a dentist ☐

Q32 **How would you rate the overall condition of your teeth, dentures or gums?**

(Mark one only)

Excellent ☐

Very good ☐

Good ☐

Fair ☐

Poor ☐

Q33 **There are 16 teeth, including wisdom teeth, in the upper jaw. How many teeth do you have remaining in your UPPER jaw?**

(Please write number in boxes) ☐☐

Q34 **There are 16 teeth, including wisdom teeth, in the lower jaw. How many teeth do you have remaining in your LOWER jaw?**

(Please write number in boxes) ☐☐

Q35 **Do you wear a denture or false teeth in your upper jaw?** *(Mark one only)*

Yes ☐
No ☐

Q36 **Do you wear a denture or false teeth in your lower jaw?** *(Mark one only)*

Yes ☐
No ☐

Q37 **In the LAST TWELVE MONTHS have you:** *(Mark all that apply)*

		Yes
a	Slipped, tripped or stumbled?	☐
b	Had a fall to the ground?	☐
c	Been injured as a result of a fall?	☐
d	Needed to seek medical attention for an injury from a fall?	☐
e	Had any other injury from an accident at your home?	☐
f	Broken or fractured any bone/s?	☐
g	None of the above	☐

Q38 **In the PAST THREE YEARS, have you been diagnosed or treated for:** *(Mark all that apply)*

		Yes, in the past 3 years
a	Diabetes *(high blood sugar)*	☐
b	Impaired glucose tolerance	☐
c	Osteoarthritis	☐
d	Rheumatoid arthritis	☐
e	Other arthritis	☐
f	Heart disease *(including heart attack, angina)*	☐
g	Thrombosis *(a blood clot)*	☐
h	Hypertension *(high blood pressure)*	☐
i	Stroke	☐
j	Low iron level *(iron deficiency or anaemia)*	☐
k	Asthma	☐
l	Bronchitis / emphysema	☐
m	Osteoporosis	☐
n	Breast cancer	☐
o	Cervical cancer	☐
p	Skin cancer *(including melanoma)*	☐
q	Other cancer *(please specify on page 30)*	☐
r	Depression	☐
s	Anxiety / nervous disorder	☐
t	Other psychiatric disorder	☐
u	Chronic Fatigue Syndrome	☐
v	Sexually transmitted infection *(eg genital herpes or warts, chlamydia)*	☐
w	Other major illness or disability *(please specify on page 30)*	☐
x	None of these conditions	☐

Q39 **Compared to 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?	☐	☐	☐	☐	☐

Q40 **In the PAST THREE YEARS, have you had any of the following operations or procedures?**

(Mark all that apply)

		Yes, in the past 3 years
a	Both ovaries removed	☐
b	Repair of prolapsed vagina, bladder or bowel	☐
c	Endometrial ablation *(removal of the lining of the uterus)*	☐
d	Joint replacement *(eg hip, knee)*	☐
e	Mastectomy *(removal of one or both breasts)*	☐
f	Lumpectomy *(removal of lump from breast)*	☐
g	Removal of skin cancer	☐
h	Any cancer surgery *(other than skin or breast)*	☐
i	Chemotherapy or radiotherapy for any cancer	☐
j	Breast biopsy *(taking a sample of breast tissue)*	☐
k	Hysteroscopy *(investigative procedure to examine the uterus)*	☐
l	Cholecystectomy *(gall bladder removed)*	☐
m	Gastroscopy / colonoscopy	☐
n	None of these	☐

Q41 **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	☐

Q42 **In the PAST FOUR WEEKS, have you taken any:**
(Mark one on each line)

		Yes	No	
a	Medications prescribed by a doctor?	☐	☐	If No to both, go to Q44
b	Medications / vitamins / supplements or herbal therapies bought without a prescription at the chemist, supermarket or health food shop?	☐	☐	

Q43 **Please write down the names of all your medications, vitamins, supplements or herbal therapies taken in the PAST FOUR WEEKS. Where possible, copy names from the packets.**
(Please write in block letters)

a		i	
b		j	
c		k	
d		l	
e		m	
f		n	
g		o	
h		p	

Q44 **In the PAST WEEK, have you been feeling that life isn't worth living?** *(Mark one only)*

Yes ☐
No ☐

Q45 **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).

Q46 **In the LAST 12 MONTHS, have you had any of the following:**
(Mark <u>one on each line</u> in column A.
For <u>all that apply</u> also answer column B.)

		A				B
		Never	Rarely	Some-times	Often	For the problems you had, DID you seek help? Mark here if you DID seek help
a	Allergies, hay fever, sinusitis	☐	☐	☐	☐	☐
b	Breathing difficulty	☐	☐	☐	☐	☐
c	Indigestion / heartburn	☐	☐	☐	☐	☐
d	Chest pain	☐	☐	☐	☐	☐
e	Headaches / migraines	☐	☐	☐	☐	☐
f	Severe tiredness	☐	☐	☐	☐	☐
g	Stiff or painful joints	☐	☐	☐	☐	☐
h	Back pain	☐	☐	☐	☐	☐
i	Urine that burns or stings	☐	☐	☐	☐	☐
j	Haemorrhoids *(piles)*	☐	☐	☐	☐	☐
k	Other bowel problems	☐	☐	☐	☐	☐
l	Vaginal discharge or irritation	☐	☐	☐	☐	☐
m	Hot flushes	☐	☐	☐	☐	☐
n	Night sweats	☐	☐	☐	☐	☐
o	Eyesight problems	☐	☐	☐	☐	☐
p	Leaking urine	☐	☐	☐	☐	☐
q	Mouth, teeth or gum problems	☐	☐	☐	☐	☐
r	Avoided eating some foods because of problems with your teeth, mouth or dentures	☐	☐	☐	☐	☐
s	Toothache	☐	☐	☐	☐	☐
t	Hearing problems	☐	☐	☐	☐	☐
u	Depression	☐	☐	☐	☐	☐
v	Anxiety	☐	☐	☐	☐	☐
w	Episodes of intense anxiety *(eg panic attacks)*	☐	☐	☐	☐	☐
x	Palpitations *(feeling that your heart is racing or fluttering in your chest)*	☐	☐	☐	☐	☐
y	Poor memory	☐	☐	☐	☐	☐
z	Dizziness, loss of balance	☐	☐	☐	☐	☐
aa	Difficulty concentrating	☐	☐	☐	☐	☐

Q47 **Over the LAST TWELVE MONTHS, how stressed have you felt about the following areas of your life:** *(Mark one on each line)*

		Not applicable	Not at all stressed	Somewhat stressed	Moderately stressed	Very stressed	Extremely stressed
a	Own health		☐	☐	☐	☐	☐
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 children	☐	☐	☐	☐	☐	☐
j	Relationship with other family members	☐	☐	☐	☐	☐	☐

Q48 **How much do you agree or disagree with each of the following statements?** *(Mark one on each line)*

		Disagree strongly	Disagree	Disagree slightly	Agree slightly	Agree	Agree strongly
a	At home, I feel I have control over what happens in most situations	☐	☐	☐	☐	☐	☐
b	I feel that what happens in my life is often determined by factors beyond my control	☐	☐	☐	☐	☐	☐
c	Over the next 5-10 years I expect to have more positive than negative experiences	☐	☐	☐	☐	☐	☐
d	I often have the feeling that I am being treated unfairly	☐	☐	☐	☐	☐	☐
e	In the past 10 years my life has been full of changes without my knowing what will happen next	☐	☐	☐	☐	☐	☐
f	I gave up trying to make big improvements or changes in my life a long time ago	☐	☐	☐	☐	☐	☐

Q49 **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	☐	☐	☐	☐	☐

Q50 **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)

Q51 **Which of the following events have you experienced?**
(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 or involvement in a serious accident	☐	☐
c	Major personal achievement	☐	☐
d	Birth of a grandchild	☐	☐
e	Major surgery *(not including dental work)*	☐	☐
f	Going through menopause	☐	☐
g	Major decline in health of spouse or partner	☐	☐
h	Major decline in health of other close family member or close friend	☐	☐
i	Starting a new, close personal relationship	☐	☐
j	Infidelity of spouse or partner	☐	☐
k	Break-up of a close personal relationship	☐	☐
l	Divorce	☐	☐
m	Major conflict with teenage or older children	☐	☐
n	Child or other family member leaving home *(due to marriage, to attend university etc)*	☐	☐
o	Death of spouse or partner	☐	☐
p	Death of a child	☐	☐
q	Death of other close family member	☐	☐
r	Death of close friend	☐	☐
s	Changing your type of work / hours / conditions / responsibilities at work	☐	☐
t	Retirement	☐	☐
u	Your spouse or partner retiring from work	☐	☐
v	Being made redundant	☐	☐
w	Your spouse / partner being made redundant	☐	☐
x	Decreased income	☐	☐
y	Moving house	☐	☐
z	Natural disaster *(fire, flood, drought, earthquake etc)* or house fire	☐	☐
aa	Major loss or damage to personal property	☐	☐
bb	Being robbed	☐	☐
cc	Being pushed, grabbed, shoved, kicked or hit	☐	☐
dd	Being forced to take part in unwanted sexual activity	☐	☐
ee	Legal troubles or involved in a court case	☐	☐
ff	Family member / close friend being arrested / in gaol	☐	☐
gg	You or a family member involved in problem gambling	☐	☐
hh	None of these events	☐	

Q52 **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	☐	☐	☐	☐

Q53 **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 normal?	☐	☐
h	Have you been worried about your health?	☐	☐
i	Have you had difficulty falling asleep?	☐	☐

Q54 **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 ☐

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

Often there are no "right" or "wrong" answers – we are interested only in your opinion or feelings.

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

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

Q55 **a** **How much do you weigh?** *(no clothes or shoes)*

☐☐☐ **kgs** **OR** ☐☐ **stones** ☐☐ **pounds**

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

☐☐☐ **cms** **OR** ☐ **feet** ☐☐ **inches**

Q56 **What is your waist measurement?**

*Please measure your waist while in your underwear. If possible, get someone to help you take the measurement. Find your navel (belly button) and measure at that level. Be careful not to have the tape too tight. You should be able to slip your little finger under it comfortably. Write the measurement to the **nearest** centimetre (or inches if this is the only measure you have available).*

☐☐☐ **cms** **OR** ☐☐ **inches**

Q57 **In the LAST THREE YEARS, have you:**

(Mark one on each line)

		Yes	No
a	Lost 5 kg or more on purpose?	☐	☐
b	Lost 5 kg or more for any other reason?	☐	☐
c	Gained 5 kg or more?	☐	☐

Q58 **Have you used any of these methods to lose weight or to control your weight or shape in the LAST TWELVE MONTHS?**

(Mark one on each line)

		Yes	No
a	Commercial weight loss programs *(eg Weight Watchers®, Lite n' Easy®, Sureslim®, Jenny Craig®)*	☐	☐
b	Meal replacements or slimming products *(eg OPTIFAST®, Herbalife®)*	☐	☐
c	Exercise	☐	☐
d	Cut down on the size of meals or between meal snacks	☐	☐
e	Cut down on fats *(low fat)* and / or sugars	☐	☐
f	Low glycaemic index (GI) diet	☐	☐
g	Diet book diets *(eg Atkins, Zone, CSIRO diet, Liver Cleansing diet)*	☐	☐
h	Laxatives, diuretics or diet pills *(eg Xenical®, Reductil®)*	☐	☐
i	Fasting	☐	☐
j	Smoking	☐	☐

Q59 **Have you ever had gastric banding surgery?** *(Mark one only)*

Yes, in the last 3 years ☐

Yes, more than 3 years ago ☐

Never ☐

Q60 **How often do you usually drink alcohol?**
(Mark one only)

- I have never drunk alcohol in my life ☐ → Go to Q63
- I never drink alcohol, but I have in the past ☐ → Go to Q63
- I drink rarely ☐
- 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 ☐

Q61 **On a day when you drink alcohol, how many 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 ☐

Q62 **How often do you have five or more 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 ☐

Q63 **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 ☐

Questions 64 to 74 are modified from the Cancer Council of Victoria Food Frequency Questionnaire and are used with permission.

This section is about your **usual** eating habits over the **LAST TWELVE 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).

Q64 How many pieces of FRESH fruit do you usually eat per day?
(Count ½ cup diced fruit, berries or grapes as one piece)

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

Q65 How many DIFFERENT vegetables do you usually eat per day?
(Count all types, fresh, frozen or tinned)

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

Q66 How many SERVES of vegetables do you usually eat each day?
(A serve = half a cup of cooked vegetables or a cup of salad vegetables)

- None ☐
- 1 serve ☐
- 2 serves ☐
- 3 serves ☐
- 4 serves ☐
- 5 serves or more ☐

Q67 What type of milk do you usually use?

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

Q68 How much milk do you usually use per day?
(Include flavoured milk and milk added to tea, coffee, cereal etc)

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

Q69 What type of bread do you usually eat?

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

Q70 How many slices of bread do you usually eat per day? *(Include all types, fresh or toasted and count one bread roll as 2 slices)*

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

Q71 Which spread do you usually put on bread?

- **a** I don't use any fat spread ☐
- **b** Margarine of any kind ☐
- **c** Polyunsaturated margarine ☐
- **d** Monounsaturated margarine ☐
- **e** Butter and margarine blends ☐
- **f** Butter ☐

Q72 On average, how many eggs do you usually eat per week?

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

Q73 What types of cheese do you usually eat?

- **a** I don't eat cheese ☐
- **b** Hard cheeses eg parmesan, romano ☐
- **c** Firm cheeses eg cheddar, edam ☐
- **d** Soft cheeses eg camembert, brie ☐
- **e** Ricotta or cottage cheese ☐
- **f** Cream cheese ☐
- **g** Low fat cheese ☐

Q74a **Over the LAST 12 MONTHS, on average, how often did you eat the following foods?**
(Mark <u>one on each line</u>)

		Never	Less than once a week	Once a week or more
a	All-Bran™	☐	☐	☐
b	Sultana Bran™, Fibre Plus™, Branflakes™	☐	☐	☐
c	Weet Bix™, Vita Brits™, Weeties™	☐	☐	☐
d	Cornflakes, Nutrigrain™, Special K™	☐	☐	☐
e	Porridge	☐	☐	☐
f	Muesli	☐	☐	☐
g	Rice	☐	☐	☐
h	Pasta or noodles *(include lasagne)*	☐	☐	☐
i	Nuts	☐	☐	☐
j	Peanut butter or peanut paste	☐	☐	☐
k	Vegemite™, Marmite™, Promite™	☐	☐	☐
l	Tinned or frozen fruit *(any kind)*	☐	☐	☐
m	Oranges or other citrus fruit	☐	☐	☐
n	Apples	☐	☐	☐
o	Pears	☐	☐	☐
p	Bananas	☐	☐	☐
q	Watermelon, rockmelon, honeydew etc	☐	☐	☐
r	Pineapple	☐	☐	☐
s	Strawberries	☐	☐	☐
t	Apricots	☐	☐	☐
u	Peaches or nectarines	☐	☐	☐
v	Mango or paw paw	☐	☐	☐
w	Avocado	☐	☐	☐
x	Fruit or vegetable juice	☐	☐	☐
y	Potatoes cooked without fat	☐	☐	☐
z	Tomato sauce, tomato paste or dried tomatoes	☐	☐	☐
aa	Fresh or tinned tomatoes	☐	☐	☐
bb	Peppers *(capsicum)*	☐	☐	☐
cc	Lettuce, endive or other salad greens	☐	☐	☐
dd	Cucumber	☐	☐	☐
ee	Celery	☐	☐	☐
ff	Beetroot	☐	☐	☐
gg	Carrots	☐	☐	☐
hh	Cabbage or Brussels sprouts	☐	☐	☐
ii	Cauliflower	☐	☐	☐
jj	Broccoli	☐	☐	☐
kk	Silverbeet or spinach	☐	☐	☐
ll	Peas	☐	☐	☐
mm	Green beans	☐	☐	☐

		Never	Less than once a week	Once a week or more
nn	Bean sprouts or alfalfa sprouts	☐	☐	☐
oo	Baked beans	☐	☐	☐
pp	Soya beans, soy bean curd or tofu	☐	☐	☐
qq	Other beans *(include chick peas, lentils etc)*	☐	☐	☐
rr	Pumpkin	☐	☐	☐
ss	Onions or leeks	☐	☐	☐
tt	Garlic *(not garlic tablets)*	☐	☐	☐
uu	Mushrooms	☐	☐	☐
vv	Zucchini	☐	☐	☐

Q74b **Over the LAST 12 MONTHS, on average, how often did you eat the following foods?**
(Mark one on each line)

		Never	Less than once a week	Once a week	2-4 times per week	5 or more times per week
a	Cheese	☐	☐	☐	☐	☐
b	Ice cream	☐	☐	☐	☐	☐
c	Yoghurt	☐	☐	☐	☐	☐
d	Beef	☐	☐	☐	☐	☐
e	Veal	☐	☐	☐	☐	☐
f	Chicken	☐	☐	☐	☐	☐
g	Lamb	☐	☐	☐	☐	☐
h	Pork	☐	☐	☐	☐	☐
i	Fish, steamed, grilled or baked	☐	☐	☐	☐	☐
j	Fish, tinned *(salmon, tuna, sardines etc)*	☐	☐	☐	☐	☐

Q75 **How often do you currently smoke cigarettes or any tobacco products?**
(Mark one only)

Daily ☐ ← Go to Q76
At least weekly *(but not daily)* ☐ ← Go to Q77
Less often than weekly ☐
Not at all ☐ ← Go to Q78

Q76 **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 Q80

Q77 **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

Q78 **Have you ever smoked DAILY?**
(Mark one only)

Yes ☐
No ☐ ← If No, go to Q80

Q79 **At what age did you finally stop smoking DAILY?**
PRINT age in the box

☐☐ years old

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.

Q80 **How many hours EACH DAY do you typically spend sitting down while doing things like visiting friends, driving, reading, watching television or working at a desk or computer?**

a On a usual **WEEK DAY** ☐☐ hours

b On a usual **WEEKEND DAY** ☐☐ hours

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

Q81 **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

Q82 **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

Q83 **During the last three years, how often did you have sex?** *(Mark one only)*

Did not have sex ☐
Once a month or less ☐
Two to three times a month ☐
At least once a week ☐

Q84 **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	Full time paid work	☐	☐	☐	☐	☐	☐	☐
b	Part-time paid work	☐	☐	☐	☐	☐	☐	☐
c	Casual paid work	☐	☐	☐	☐	☐	☐	☐
d	Home duties *(own / family home)*	☐	☐	☐	☐	☐	☐	☐
e	Work without pay *(eg family business)*	☐	☐	☐	☐	☐	☐	☐
f	Looking for work	☐	☐	☐	☐	☐	☐	☐
g	Unpaid voluntary work	☐	☐	☐	☐	☐	☐	☐
h	Active leisure *(eg walking, exercise, sport)*	☐	☐	☐	☐	☐	☐	☐
i	Passive leisure *(eg TV, music, reading, relaxing)*	☐	☐	☐	☐	☐	☐	☐
j	Studying	☐	☐	☐	☐	☐	☐	☐

Q85 **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?	☐	☐	☐	☐	☐

Q86 **Are you happy with your share of the following tasks and activities?**
(Mark one on each line)

		Happy the way it is	Would like other household members to do more	Would prefer another arrangement	Not applicable (don't do this)
a	Domestic work *(shopping, cooking, cleaning etc)*	☐	☐	☐	☐
b	Childcare	☐	☐	☐	☐
c	Caring for another adult *(who is elderly / disabled / sick)*	☐	☐	☐	☐
d	Other household work *(gardening, home / car maintenance)*	☐	☐	☐	☐

Q87 **Do you regularly provide (unpaid) care for grandchildren or other people's children?**
(Mark one only)

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

Q88 **Do you regularly provide care or assistance *(eg personal care, transport)* to any other person because of their long-term illness, disability or frailty?**
(Mark one on each line)

		Yes	No	
a	For someone who lives with you	☐	☐	If No to both, go to Q92
b	For someone who lives elsewhere	☐	☐	

Q89 **How many people with a long-term illness, disability or frailty do you regularly provide care for?**
(Mark one only)

- ☐ One person
- ☐ Two people
- ☐ More than two people

Q90 **How often in total do you provide this care or assistance?**
(Mark one only)

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

Q91 **How much time do you usually spend providing such care or assistance on each occasion?**
(Mark one only)

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

Q92 **Do you normally do any of the following kinds of paid work?**
(Mark all that apply)

		Yes
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	☐
g	Paid work involving none of the above	☐
h	I don't do any paid work	☐

For the following questions, WORK is defined as any paid work, unpaid voluntary work or work without pay (eg family business).

Q93 **In a seven day week, on how many DAYS would you say you are AT WORK *(paid or unpaid)*?**

☐☐ Number of days

Q94 **On average, on days when you are AT WORK *(paid or unpaid)*, how many hours per day do you work?**

☐☐ hours ☐☐ minutes

Q95 **Please estimate how much time you spent SITTING in each of the following activities on your last WORK day and on your last NON-WORK day *(weekend day or day off)*.**

		WORK DAY hours	WORK DAY minutes	NON-WORK DAY hours	NON-WORK DAY minutes
a	For TRANSPORT *(eg in a car, bus, train etc, but NOT on a bike)*				
b	At WORK *(eg sitting at a desk or using a computer)*				
c	Watching TV				
d	Using a computer at home *(email, games, information, chatting)*				
e	Other leisure activities *(socializing, movies etc, but NOT including TV or computer use)*				

Q96 **How much time did you spend SLEEPING on each of these days?**

WORK DAY hours	WORK DAY minutes	NON-WORK DAY hours	NON-WORK DAY minutes

Q97 **Was this a usual work day / non-work day?**
(Please mark Yes or No for work day and non-work day)

WORK DAY Yes	WORK DAY No	NON-WORK DAY Yes	NON-WORK DAY No
☐	☐	☐	☐

Q98 **We would like to know YOUR and YOUR PARTNER'S main occupation NOW:**
(Mark <u>one in each column</u>)

	A self	B partner
Manager or administrator *(eg magistrate, farm manager, media producer, school principal)*	☐	☐
Professional *(eg registered nurse, allied health professional, teacher, artist)*	☐	☐
Associate professional *(eg office manager, branch manager, shop manager, retail buyer, youth worker, police officer)*	☐	☐
Tradesperson or related worker *(eg cook, dressmaker, hairdresser, gardener, florist)*	☐	☐
Advanced clerical or service worker *(eg credit officer, radio despatcher, personal assistant, flight attendant, law clerk)*	☐	☐
Intermediate clerical, sales or service worker *(eg accounts clerk, checkout supervisor, data entry operator, child care worker, nursing assistant, hospitality worker)*	☐	☐
Intermediate production or transport worker *(eg 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, kitchen hand, fast food cook)*	☐	☐
No paid job	☐	☐
Don't know or no partner		☐

Q99 **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 ☐

Q100 **Are there people who do NOT live with you who are dependent on your household income?**
(Mark one only)

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

Q101 **Women's employment patterns have changed a lot over recent years. We are keen to learn how women see retirement in their own lives. Please indicate the following description that best fits your life now. If you want to add more please write this on page 30.**
(Mark one only)

- I am not retired at all ☐
- I am partially retired ☐
- I am completely retired from paid work ☐
- I gave up paid work over 20 years ago ☐
- I have never been in paid work ☐

Q102 **When did you retire or give up work completely?**

(Print year in the box) ☐☐☐☐ Not applicable ☐

Q103 **At what age do you expect to retire (completely) from the paid workforce?**

(Print age, in whole years, in the box) ☐☐

- Do not expect to ever retire ☐
- Have already retired ☐
- Don't know ☐

Q104 **You have said when you expect to retire, but if you had the choice, at what age would you like to retire (completely) from the paid workforce?**

(Print age, in whole years, in the box) ☐☐

- Do not expect to ever retire ☐
- Have already retired ☐
- Don't know ☐

Q105 **What are your CURRENT sources of income?**
(Mark all that apply)

		Yes
a	Age pension / Service pension / Widow's pension / War Widow's pension	☐
b	Other government pension or allowance	☐
c	Lump sum superannuation payout	☐
d	A pension or annuity purchased with superannuation or some other funds	☐
e	Income from savings and investments *(such as shares and property)*	☐
f	Income from a business	☐
g	Income or pension from your spouse / partner	☐
h	Financial support from family	☐
i	Spouse / partner's superannuation	☐
j	Wage or salary	☐
k	Other sources	☐

Q106 **When you are OVER 65 what will be your sources of income?**
(Mark all that apply)

		Yes
a	Age pension / Service pension / Widow's pension / War Widow's pension	☐
b	Other government pension or allowance	☐
c	Lump sum superannuation payout	☐
d	A pension or annuity purchased with superannuation or some other funds	☐
e	Income from savings and investments *(such as shares and property)*	☐
f	Income from a business	☐
g	Income or pension from your spouse / partner	☐
h	Financial support from family	☐
i	Spouse / partner's superannuation	☐
j	Wage or salary	☐
k	Other sources	☐

Q107 **When you are 65 how do you expect to manage on your available income?**
(Mark one only)

- It will be impossible ☐
- It will be difficult all of the time ☐
- It will be difficult some of the time ☐
- It will not be too bad ☐
- It will be easy ☐

Q108 **What is the highest qualification you have completed?**
(Mark one only)

- No formal qualifications ☐
- School or Intermediate Certificate (*or equivalent*) ☐
- High School or Leaving Certificate (*or equivalent*) ☐
- Trade / apprenticeship (*eg Hairdresser, Chef*) ☐
- Certificate / diploma (*eg Child care, Technician*) ☐
- University degree ☐
- Higher University degree (*eg Grad Dip, Masters, PhD*) ☐

Q109 **These questions are about getting on with other people:**
(Mark one on each line)

		Yes	No
a	Are you sad or lonely often?	☐	☐
b	Do you feel uncomfortable with anyone in your family?	☐	☐
c	Can you take your own medication and get around by yourself?	☐	☐
d	Do you feel that nobody wants you around?	☐	☐
e	Does someone in your family make you stay in bed or tell you you're sick when you know you are not?	☐	☐
f	Has anyone forced you to do things you didn't want to do?	☐	☐
g	Has anyone taken things that belong to you without your OK?	☐	☐
h	Do you trust most of the people in your family?	☐	☐
i	Do you have enough privacy at home?	☐	☐
j	Has anyone close to you tried to hurt or harm you recently?	☐	☐
k	Has anyone close to you called you names or put you down or made you feel bad recently?	☐	☐
l	Are you afraid of anyone in your family?	☐	☐
m	Does anyone in your family drink a lot of alcohol?	☐	☐
n	Have you ever been in a violent relationship with a partner / spouse?	☐	☐

Q110 **What is your present marital status?** *(Mark one only)*

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

Q111 **How many people live with you now?** *(Mark all that apply)*

a	No one, I live alone	☐		
b	Partner or spouse	☐		
		One	Two	Three or more
c	Children under 16 years	☐	☐	☐
d	Children 16-18 years	☐	☐	☐
e	Children over 18 years	☐	☐	☐
f	Your parents or in-laws	☐	☐	☐
g	Other adult relatives	☐	☐	☐
h	Other adults *(not family members)*	☐	☐	☐

Q112 **People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds 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	☐	☐	☐	☐	☐

Q113 **In general, are you satisfied with what you have achieved in your life so far in the areas of:**
(Mark one on each line)

		Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
a	Work	☐	☐	☐	☐
b	Career	☐	☐	☐	☐
c	Study	☐	☐	☐	☐
d	Family relationships	☐	☐	☐	☐
e	Partner / closest personal relationship	☐	☐	☐	☐
f	Friendships	☐	☐	☐	☐
g	Social activities	☐	☐	☐	☐

Q114 **What is your date of birth?**

Day Month 19 Year

Q115 **Did someone help you fill in this survey?** *(Mark <u>one only</u>)*

- No ☐
- Yes, but I told them the answers I wanted ☐
- Yes, but the helper answered for me using his / her own judgement ☐

Q116 **What was the MAIN reason for your needing help to fill in this survey?** *(Please describe)*

Have we missed anything?

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

Consent

I agree to the research team following health and other records relating to me, including hospital and health service use records and cancer registers and other chronic conditions registers as described to me in the accompanying brochure. I also understand this means I agree to Medicare releasing information concerning services provided to me under Medicare, the Department of Veterans' Affairs, the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme, including past information, for the duration of the study, as outlined in the enclosed brochure. *(Mark one only)*

Yes → ☐ No → ☐

Please sign below 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.

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

Signature **Date** / /

What is your Maiden Name? (Please print in the boxes)

Have you remembered to measure your waist?
Page 17 Question 56.

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 **a relative or friend** who will be able to help us find you, after checking that the relative or friend is happy for you to provide these details.

Name

Address

Town / Suburb State Postcode

Phone ( ) **Relationship to you**

Thank you for taking the time to complete this survey.

If you have any questions you can contact us by telephoning

1800 068 081 *(freecall).*

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

women's health australia

Sixth survey for the women of the 1946-51 cohort 2010

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

Australian Longitudinal Study on Women's Health

The University of Newcastle, Callaghan NSW 2308.
Phone: 02 4913 8872 Fax: 02 4913 8888
Email: whasec@newcastle.edu.au
Web: www.alswh.org.au

THE UNIVERSITY OF QUEENSLAND AUSTRALIA