women's health australia

the australian longitudinal study on women's health

Sixth survey for women over 80

2011

How to complete this survey

This is the sixth main survey for women aged over 80.
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 22 only. We are not able to read comments written elsewhere throughout the survey.

Please read the instructions above each question ***very 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 / blue pen**
- **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 cross this box 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)

PROCESS BLUE BLACK WHAOLD-6-11 24pp V4 28-02-11

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

		Yes
a	High blood pressure (hypertension)	☐
b	Osteoarthritis	☐
c	Rheumatoid arthritis	☐
d	Other arthritis	☐
e	Osteoporosis	☐
f	Parkinson's Disease	☐
g	Angina	☐
h	Heart attack	☐
i	Other heart problems	☐
j	Diabetes (high blood sugar)	☐
k	Asthma	☐
l	Bronchitis / Emphysema	☐
m	Stroke	☐
n	Macular Degeneration	☐
o	Glaucoma	☐
p	Cataract	☐
q	Skin cancer	☐
r	Other cancer	☐
s	Depression	☐
t	Anxiety / Nervous disorder	☐
u	Alzheimer's Disease or Dementia	☐
v	Diverticulitis	☐
w	Anaemia (low iron)	☐
x	Thyroid problems	☐
y	None of these conditions	☐

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

		Yes
a	Repair of prolapsed vagina, bladder or bowel	☐
b	Eye surgery (including cataract surgery)	☐
c	Hip surgery or hip replacement	☐
d	Heart procedures or surgery (eg stent, pace-maker, bypass, open heart surgery)	☐
e	Knee surgery or arthroscopy	☐
f	None of these operations or procedures	☐

If there are other conditions, operations or procedures you would like to tell us about, there is space on page 22.

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

		Never	Rarely	Some-times	Often
a	Stiff or painful joints	☐	☐	☐	☐
b	Back pain	☐	☐	☐	☐
c	Problems with one or both feet	☐	☐	☐	☐
d	Breathing difficulty	☐	☐	☐	☐
e	Indigestion / heartburn	☐	☐	☐	☐
f	Chest pain	☐	☐	☐	☐
g	Urine that burns or stings	☐	☐	☐	☐
h	Passing urine more than twice during the night	☐	☐	☐	☐
i	Leaking urine	☐	☐	☐	☐
j	Constipation	☐	☐	☐	☐
k	Poor memory	☐	☐	☐	☐
l	Dizziness, loss of balance	☐	☐	☐	☐
m	Difficulty swallowing	☐	☐	☐	☐
n	Problems with teeth or gums	☐	☐	☐	☐
o	Anxiety / panic attacks	☐	☐	☐	☐

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

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

5. Have you been admitted to hospital in the LAST 12 MONTHS?
(Mark all that apply)

a	No	☐
b	Yes but I did not spend the night	☐
c	Yes I spent at least one night	☐

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

		Yes
a	A physiotherapist	☐
b	A podiatrist or chiropodist	☐
c	An occupational therapist	☐
d	An "alternative" health practitioner (eg herbalist, chiropractor, naturopath, acupuncturist, etc)	☐
e	None of these people	☐

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

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

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

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

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

.....

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

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

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

11. 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 ☐

12. 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	☐	☐	☐

13. 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)	☐	☐

14. 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	☐	☐

15. 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
☐	☐	☐	☐	☐

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

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

17. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)? *(Mark one only)*

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

18. 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?	☐	☐	☐	☐	☐	☐

19. 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
☐	☐	☐	☐	☐

20. 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	☐	☐	☐	☐	☐

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

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

☐☐☐ kgs **OR** ☐☐ stones ☐☐☐ pounds

23. 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	Taking medications to help you sleep	☐
g	None of these problems	☐

24. Do you have: *(Mark all that apply)*

		Yes
a	Difficulty seeing newspaper print, even with glasses?	☐
b	Difficulty recognising people across the road, even with glasses?	☐
c	Difficulty in hearing a conversation, even with a hearing aid?	☐
d	Difficulty speaking?	☐
e	None of the above?	☐

25. Do you experience and if so how much are you bothered by:
(Mark one on each line)

	Not at all	Slightly	Moder-ately	Greatly
a Urine leakage related to the feeling of urgency	☐	☐	☐	☐
b Urine leakage related to physical activity, coughing or sneezing	☐	☐	☐	☐
c Small amounts of urine leakage (drops)	☐	☐	☐	☐

26. How often do you experience urine leakage? *(Mark one only)*

- Never ☐
- Less than once a month ☐
- A few times a month ☐
- A few times a week ☐
- Every day and / or night ☐

27. How much urine do you lose each time?
(Mark one only)

- None ☐
- Drops ☐
- Small splashes ☐
- More ☐

28. Please indicate how often you experience the following:
(Mark one on each line)

	Never	Less than once per month	Once or more per month, less than once per week	Once or more per week, less than once per day	Once or more per day
a Accidental leakage of solid stool	☐	☐	☐	☐	☐
b Accidental leakage of liquid stool	☐	☐	☐	☐	☐
c Accidental leakage of gas	☐	☐	☐	☐	☐
d Do you wear a pad or undergarment?	☐	☐	☐	☐	☐
e Do you alter your lifestyle due to bowel leakage?	☐	☐	☐	☐	☐

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

		Much better now	Some-what better now	About the same	Some-what 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?	☐	☐	☐	☐	☐

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

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

31. In the LAST THREE YEARS have you had: *(Mark all that apply)*

		Yes
a	Broken bones?	☐
b	A bone density test?	☐
c	Surgery for broken bones?	☐
d	None of the above	☐

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

		Yes
a	Major personal illness or injury	☐
b	Major decline in health of spouse or partner	☐
c	Death of spouse or partner	☐
d	Death of your child	☐
e	Major decline in health of other close family member or friend	☐
f	Death of other close family member or friend	☐
g	Decreased income	☐
h	Moving house	☐
i	Being robbed	☐
j	Moving into hostel / institution	☐
k	Spouse / partner moving into hostel / institution	☐
l	Been pushed, grabbed, shoved, kicked or hit	☐
m	None of these events	☐

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

33. How many *times* did you do each type of activity LAST WEEK?

*Only count the number of times when the activity lasted for 10 minutes or more. (If you did **not** do an activity, please write "0" in the box)*

a	**Walking briskly** (for recreation or exercise, or to get from place to place)	☐☐ times
b	**Moderate leisure activity** (like social tennis, golf, bowls, recreational swimming, dancing)	☐☐ times
c	**More vigorous leisure activity** (that makes you breathe harder or puff and pant)	☐☐ times
d	**Vigorous household or garden chores** (that make you breathe harder or puff and pant)	☐☐ times

34. If you add up all the times you spent in each activity LAST WEEK, how much time did you spend ALTOGETHER doing each type of activity?

*(If you did **not** do an activity, please write "0" in the box)*

a	**Walking briskly** (for recreation or exercise, or to get from place to place)	☐☐ hours	☐☐ minutes
b	**Moderate leisure activity** (like social tennis, golf, bowls, recreational swimming, dancing)	☐☐ hours	☐☐ minutes
c	**More vigorous leisure activity** (that makes you breathe harder or puff and pant)	☐☐ hours	☐☐ minutes
d	**Vigorous household or garden chores** (that make you breathe harder or puff and pant)	☐☐ hours	☐☐ minutes

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

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

36. 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
☐	☐	☐	☐	☐

37. 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
☐	☐	☐	☐	☐

38. 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
☐	☐	☐	☐

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

I never drink alcohol	I rarely drink	Less than once a week	1-2 days a week	3-4 days a week	5-6 days a week	Every day
☐	☐	☐	☐	☐	☐	☐

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

I don't drink alcohol	1 or 2 drinks per day	3 or 4 drinks per day	5 to 8 drinks per day	9 or more drinks per day
☐	☐	☐	☐	☐

41. Which of the following best describes your smoking status NOW? *(Mark one only)*

- I have never smoked ☐
- I used to smoke ☐
- I now smoke occasionally ☐
- I now smoke regularly ☐

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

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

43. If you were to consider your life in general these days, how happy or unhappy would you say you are on the whole? *(Mark one only)*

- Extremely happy ☐
- Very happy ☐
- Pretty happy ☐
- Unhappy sometimes ☐
- Unhappy usually ☐

44. 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 ☐

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

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

46. Do you use any aids for getting around? *(Mark all that apply)*

		Yes
a	Motorised scooter	☐
b	Wheelchair (motorised or not)	☐
c	Walking or wheeled frame	☐
d	Walking or quad stick	☐
e	I do not use any aids for getting around	☐

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

		Yes	No	Not applicable
a	Getting to places at night	☐	☐	☐
b	Getting to local shops and services	☐	☐	☐
c	Getting beyond your local neighbourhood	☐	☐	☐

48. Do you regularly NEED help with daily tasks because of long-term illness, disability or frailty (eg personal care, getting around, preparing meals etc)? *(Mark one only)*

Yes ☐
No ☐

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

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

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

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

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

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

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

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

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

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

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

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

55. Do you regularly PROVIDE care or assistance (eg personal care, transport) to any other person because of their long-term illness, disability or frailty? *(Mark all that apply)*

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

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

None	1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐	☐

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

None	1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐	☐

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

None	1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐	☐

Mark one on each line for questions 59 to 64.

	Hardly ever	Some of the time	Most of the time
59. Does it seem that your family and friends (people who are important to you) understand you?	☐	☐	☐
60. Do you feel useful to your family and friends (people important to you)?	☐	☐	☐
61. Do you know what is going on with your family and friends?	☐	☐	☐
62. When you are talking with your family and friends, do you feel you are being listened to?	☐	☐	☐
63. Do you feel you have a definite role (place) in your family and among your friends?	☐	☐	☐
64. Can you talk about your deepest problems with at least some of your family and friends?	☐	☐	☐

65. How many people in your local area do you feel you can depend on or feel very close to (other than members of your family)? *(Mark one only)*	None	1-2 people	More than 2 people
	☐	☐	☐

66. How satisfied are you with the kinds of relationships you have with your family and friends? *(Mark one only)*	Very dissatisfied	Somewhat dissatisfied	Satisfied
	☐	☐	☐

67. How often have you experienced the following events? *(Mark one on each line)*

		Never	Once	More than once
a	I was ignored or not taken seriously because of my age	☐	☐	☐
b	I was patronised or "talked down to" because of my age	☐	☐	☐
c	I was denied medical treatment because of my age	☐	☐	☐

68. These questions are about getting on with other people:
(Mark all that apply)

		Yes
a	Are you sad or lonely often?	☐
b	Do you feel uncomfortable with anyone in your family?	☐
c	Do you feel that nobody wants you around?	☐
d	Has anyone close to you tried to hurt you or harm you recently?	☐
e	Has anyone close to you called you names or put you down or made you feel bad recently?	☐
f	Are you afraid of anyone in your family?	☐
g	None of the above	☐

69. In the PAST MONTH, have you: *(Mark one on each line)*

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

70. In the PAST MONTH, what activities have you done? Have you:
(Mark one on each line)

		Yes	No
a	Taken care of house plants or done any outdoor gardening?	☐	☐
b	Worked on a hobby or handiwork like sewing, knitting or woodworking?	☐	☐
c	Painted pictures?	☐	☐
d	Played a musical instrument?	☐	☐
e	Exercised with a group (eg yoga, walking, aqua-aerobics)?	☐	☐
f	Written letters, read, done crosswords etc?	☐	☐
g	Written poetry or undertaken other creative writing?	☐	☐
h	Done any paid work?	☐	☐

71. Did someone help you fill in this survey?
(Mark one only)

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

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

Day	Month	19	Year
☐☐	☐☐		☐☐

Have we missed anything?

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

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 letter. 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, until the end of the study or for the duration of my involvement in the study, as outlined in the enclosed letter.
(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 the previous surveys so that any changes in my health can be noted.

Signature: _____ **Date:** / /

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

Help us keep in touch!

Sometimes we lose touch with participants. It would be helpful if you could give us details of a relative or friend who will be able to help us find you.

Name: _____

Address: _____

Postcode: _____

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

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

Thank you for taking the time to complete this survey.

You are a valuable contributor to women's health research.

If you have any questions you can contact us by telephoning

1800 068 081

(FREECALL)

or writing to us at the address below.

No stamp required
if posted in Australia

Women's Health Australia
Reply Paid 70
Hunter Region MC
NSW 2310

If you are concerned about any of your health experiences and would like some help, please contact:

- Your nearest Women's Health Centre or Community Health Centre.
- Your general practitioner for advice about who would be the best person in your community for you to talk to.

If you feel distressed NOW and would like someone to talk to, you could ring Lifeline on 13 1114 (local call).

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

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