women's
health
australia

the australian longitudinal
study on women's health

Six monthly survey for

women of the 1921-26 cohort

How to complete this survey

This is the six monthly survey for women of the 1921-26 cohort.
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 10 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?	☐	☒	(scribbled out)	☐

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)

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

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

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

2 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 ☐

3 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 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	☐	☐	☐

4 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)	☐	☐

5 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	☐	☐

6 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
☐	☐	☐	☐	☐

7 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
☐	☐	☐	☐	☐	☐

8 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
☐	☐	☐	☐	☐

9 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?	☐	☐	☐	☐	☐	☐

10 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
☐	☐	☐	☐	☐

11 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	☐	☐	☐	☐	☐

12 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?	☐

13 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	Problems with one or both feet	☐	☐	☐	☐
c	Breathing difficulty	☐	☐	☐	☐
d	Leaking urine	☐	☐	☐	☐

14 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	☐

15 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	☐

16 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) **or more vigorous leisure activity** (that makes you breathe harder or puff and pant)	☐☐	times
c	**Vigorous work in the house or garden** (like vacuuming, mopping, cleaning windows, digging, mowing etc)	☐☐	times

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

- Car (you drive) ☐
- Other ☐

18 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 ☐

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

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

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

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

21 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 ☐

22 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	☐	☐	☐

23 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	☐	☐

24 How tall are you without shoes?

☐☐☐ cms **OR** ☐ ft ☐☐ ins

25 How much do you weigh without clothes or shoes?

☐☐☐ kgs **OR** ☐☐ stones ☐☐☐ pounds

26 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 ☐

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

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

28 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 ☐

29 What is your date of birth?

(Please write date in boxes)

☐☐ Day ☐☐ Month 1 9 ☐☐ 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 the best number to contact you on:

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:

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

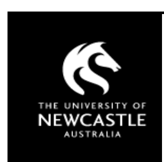
1800 068 081

(FREECALL)

or writing to us at the address below.

- If you are concerned about any of your health experiences and would like some help, please contact:
  - your nearest women's health centre or community health centre
  - your general practitioner for advice about who would be the best person in your community for you to talk to.

- If you feel distressed NOW and would like someone to talk to, you could ring Lifeline on 131114 (local call).



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