

Survey for women aged 18 - 23



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

Thank you for participating in this important study

Instructions

- Please read the [Information Statement](#) relating to this study.
- 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 answer the survey for the time period indicated even if you are pregnant or your circumstances are unusual in some way.
- Questions marked with a star are compulsory. Often this is because your response will alter the path of the survey, tailoring it so that unnecessary content is skipped.
- You will be asked to provide your Medicare card number, so please have it ready. Please remember that your details will remain confidential.
- 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 doctor 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).

log in



save

Please remember that your details will remain confidential and separate from your survey responses.

► Email:

► Confirm Email:

► What is your sex?

Male	Female

► When is your birthday?

► What name would you prefer us to call you by?

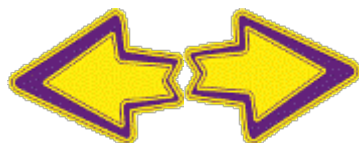




save

Thank you for submitting your personal details.

The survey for our research starts here.





save

Women's health is about you and your life

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

- Excellent
- Very good
- Good
- Fair
- Poor

► 2. Where do you get information about your health? (*Mark all that apply*)

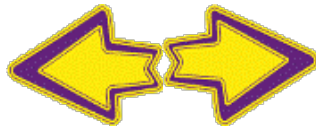
- School, University, TAFE
- Friends
- Internet (please expand)
- Mother / father, sister / brother or other family member
- Nurse
- Doctor
- Family planning or sexual health clinic
- Youth or community services (e.g. mother's group)
- TV / radio, magazines, poster / leaflet
- Other (please specify)
- None of these**

► 3. In general, do you prefer to see a female doctor? (*Mark one only*)

- Yes, always
- Yes, but only for certain things, such as

No

Don't care



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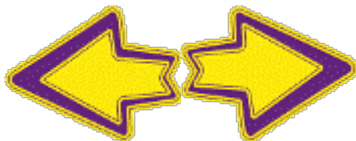
save

► In the last 12 months, have you had any of the following:
(Mark one on each line)

	Never	Rarely	Sometimes	Often
4a. Allergies, hay fever, sinusitis				
4b. Breathing difficulties				
4c. Skin problems				

► In the last 12 months, have you had any of the following:
(Mark one on each line)

	Never	Rarely	Sometimes	Often
5a. Headaches / migraines				
5b. Severe tiredness				
5c. Stiff or painful joints				
5d. Back pain				
5e. Problems with one or both feet				





save

► In the *last 12 months*, have you had any of the following:
(Mark *one on each line*)

	Never	Rarely	Sometimes	Often
6a. Difficulty sleeping				
6b. Depression				
6c. Episodes of intense anxiety (eg panic attacks)				
6d. Other mental health problems				
6e. Palpitations (feeling that your heart is racing or fluttering in your chest)				





save

► In the *last 12 months*, have you had any of the following:
(Mark *one on each line*)

	Never	Rarely	Sometimes	Often
7a. Vaginal discharge or irritation				
7b. Premenstrual tension				
7c. Irregular periods				
7d. Heavy periods				
7e. Severe period pain				

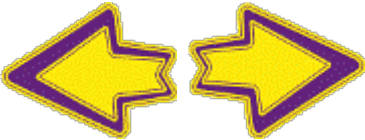




save

► In the *last 12 months*, have you had any of the following:
(Mark *one on each line*)

	Never	Rarely	Sometimes	Often
8a. Urine that burns or stings				
8b. Leaking urine				
8c. Constipation				
8d. Haemorrhoids (piles)				
8e. Other bowel problems				





save

Women's health is about coping with common problems

There are some unanswered questions on this page.

We would appreciate it if you could answer these or you can click the "Next" arrow to continue.

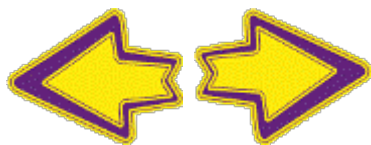
- 9. Have you ever been diagnosed or treated for: (*Mark all that apply*)
- Insulin dependent (Type 1) diabetes
 - Non-insulin dependent (Type 2) diabetes
 - Heart disease
 - Hypertension (high blood pressure)
 - Low iron (iron deficiency or anaemia)
 - Asthma
 - Bronchitis
 - Endometriosis
 - Thrombosis
 - Polycystic Ovary Syndrome
 - Skin cancer
 - Other cancer (please specify)
 - Other major physical illness (please specify)
 - Other (please specify)
 - None of these conditions**



save

- 10. Have you ever been diagnosed or treated for: (*Mark all that apply*)
- Urinary tract infection
 - Chlamydia
 - Genital herpes
 - Genital warts (HPV)
 - HIV or AIDS
 - Hepatitis B or C
 - Other sexually transmitted infection (please specify)
 - None of these conditions**

- 11. Have you ever been diagnosed or treated for: (*Mark all that apply*)
- Depression
 - Anxiety disorder
 - Other major mental illness (please specify)
 - None of these conditions**





save

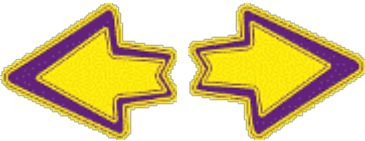
Women's health is about using health services

► Within the last two years, have you had:
(Mark one on each line)

	Yes	No
12a. A Pap test?		
12b. Your blood pressure checked?		
12c. Your skin checked (eg spots, lesions, moles)?		

► 13. Have you ever had a vaccination for HPV (genital warts, cervical cancer)? (Mark one only)

Yes
No





save

- 14. Do you have your own Medicare card? (Mark one only)



- Yes, I have my own card
 Yes, I have a copy of my parent's card
 No, I need to borrow my parent's card
 No, I don't have one
 Don't know

- 15. 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



save

Women's health is about lifestyle choices

► 16. Do you *currently* smoke tobacco? (Mark *one only*)

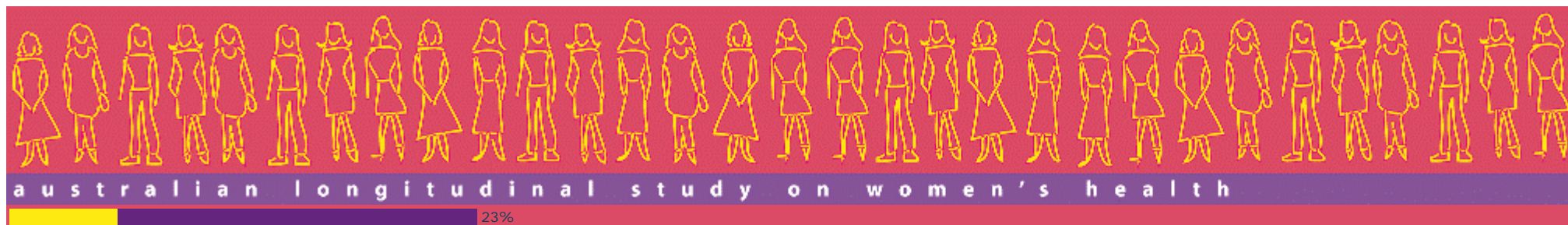
Daily

Less than daily

Not at all



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save

► 17. On a day when you smoke, how many cigarettes do you usually smoke? *Type the number in the box*

cigarettes

► 18. In the *past*, have you smoked tobacco? (*Mark one only*)

Daily

Less than daily

Not at all



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save

► 19. At what age did you start smoking tobacco?*Print the number in the box*
years old



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save

20. At what age did you first have a standard drink of alcohol? (Mark one only)

		
1	1	1
100ml red wine 13% alc. vol	30ml /1 nip spirit 40% alc. vol	375ml mid strength beer 3.5% alc. vol

I have never drunk alcohol

I started drinking alcohol at age

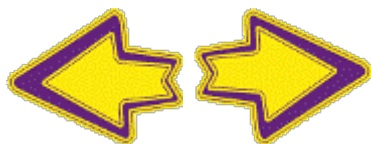




save

► 21. How often do you usually drink alcohol? (Mark one only)

- ☐ I never drink alcohol
- ☐ 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



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save

► 22. 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 four drinks per day
- ☐ 5 to 8 drinks per day
- ☐ 9 or more drinks per day

► 23. 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





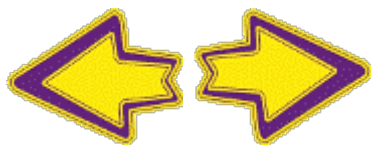
save

Remember that any information you give us is kept confidential.

The following questions ask 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 (*mark all that apply*).



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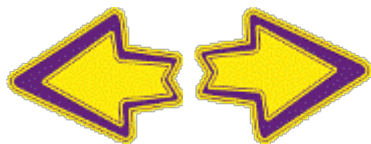
save

► 24. Have you tried Marijuana? [\[+\]](#) [\(Expand for other names\)](#) *(Mark all that apply)*

- ☐ In the last 12 months
- ☐ More than 12 months ago
- ☐ Never

► 25. Have you tried any other illicit drugs? [\[+\]](#) [\(Expand for other names\)](#) *(Mark all that apply)*

- ☐ In the last 12 months
- ☐ More than 12 months ago
- ☐ Never

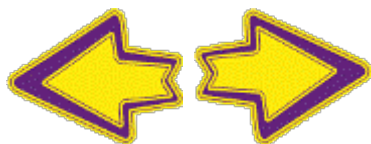


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save

- ▶ 26. At what age did you first use Marijuana?
years old
- ▶ 27. At what age did you first use any other illicit drug?
years old



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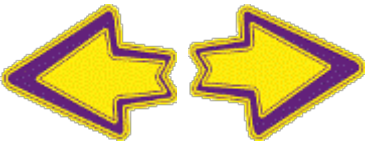
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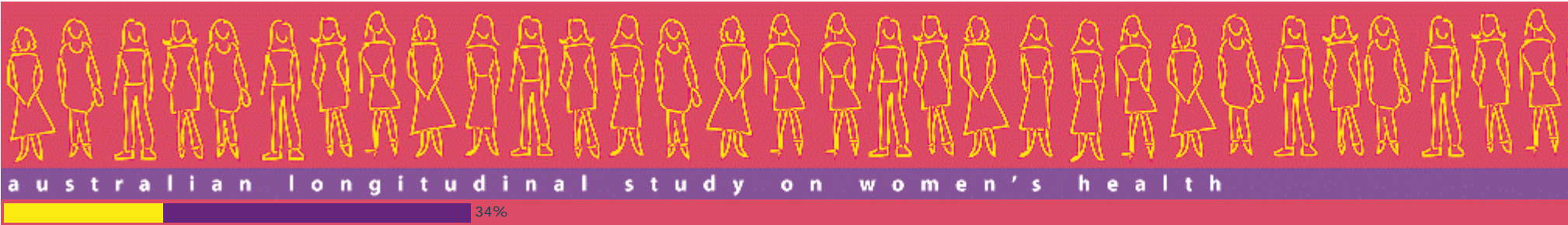
The next two questions are about the amount of physical activity you did *LAST WEEK*.

►28. Please state how many times you did each type of activity *last week*.

Only count activities that lasted for 10 minutes or more.
(If you did **not** do an activity, please type "0")

Walking briskly (for recreation or exercise, or to get from place to place)	
Moderate leisure activity (like social tennis, moderate exercise classes, recreational swimming, dancing)	
Vigorous leisure activity (that makes you breathe harder or puff and pant like aerobics, competitive sport, vigorous cycling, running, swimming)	
Vigorous household or garden chores (that make you breathe harder or puff and pant)	

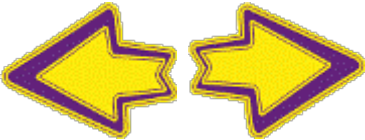




save

▶29. Please state how much time you spent altogether doing each type of activity *last week*. Add up all the times you spent in each activity to get the total time for each

activity.	Hours	Minutes
Walking briskly (for recreation or exercise, or to get from place to place)		
Moderate leisure activity (like social tennis, moderate exercise classes, recreational swimming, dancing)		
Vigorous leisure activity (that makes you breathe harder or puff and pant like aerobics, competitive sport, vigorous cycling, running, swimming)		
Vigorous household or garden chores (that make you breathe harder or puff and pant)		





save

► In the past 4 weeks:
(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
30a. About how often did you feel tired out for no good reason?					
30b. About how often did you feel nervous?					
30c. About how often did you feel so nervous that nothing could calm you down?					
30d. About how often did you feel hopeless?					
30e. About how often did you feel restless or fidgety?					
30f. About how often did you feel so restless you could not sit still?					
30g. About how often did you feel depressed?					
30h. About how often did you feel that everything is an effort?					
30i. About how often did you feel so sad that nothing could cheer you up?					
30j. About how often did you feel worthless?					

If you would like some help with any of the symptoms listed above, a link to MoodGYM, an interactive website, will be provided at the end of the survey.



save

Women's health is about coping with stress

► 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
31a. Own health						
31b. Health of family members						
31c. Work / employment						
31d. Living arrangements						
31e. Study						
31f. Money						
31g. Relationship with parents						
31h. Relationship with partner / spouse						
31i. Relationship with other family members						
31j. Relationship with friends						
31k. Motherhood / Children						



save

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.

►32. In total, how much time do you typically spend sitting down while doing things like visiting friends, driving, reading, watching television, or working at a desk or computer?

	Hours	Minutes
On usual <u>weekday</u>		
On a usual <u>weekend day</u>		





save

Women's health is about reproductive health

► 33. At what age did you have your first menstrual period? (*Age in years*)

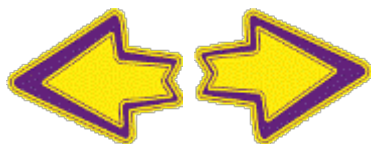
years old

► 34. Have you ever had vaginal sex?

Yes

No

I prefer not to answer



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save

► 35. How old were you when you first had vaginal sex? (*Age in years*)

years old

► 36. Thinking about the LAST TIME you had vaginal sex, did you use any of the following? (*Mark all that apply*)

The Pill

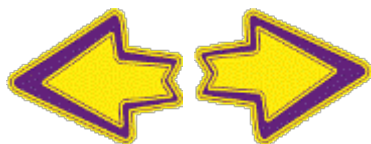
Condoms

Implanon

Mirena

Other contraceptive

None



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save

▶ 37. Have you ever been pregnant?

Yes

No

▶ 38. Are you currently pregnant?

Yes

No



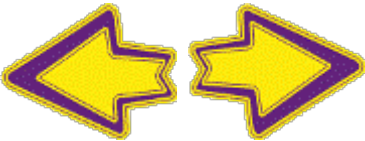
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save

► Have you ever had a:
(Mark one on each line)

	Yes	No	Don't know	I prefer not to answer
39a. Miscarriage				
39b. Abortion or termination (for personal reasons)				
39c. Abortion or termination (for medical reasons)				
39d. Ectopic pregnancy (tubal pregnancy)				
39e. Live birth				
39f. Still birth				





save

- ▶40a. How many miscarriages have you had?
- ▶40b. How many abortions or terminations for personal reasons have you had?
- ▶40c. How many abortions or terminations for medical reasons have you had?
- ▶40d. How many Ectopic pregnancies (tubal pregnancies) have you had?
- ▶40e. How many live births have you had?
- ▶40f. How many still births have you had?





save

►41. How tall are you without shoes?
(If you are not sure , please estimate)

cms

►42. 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



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save

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 for you, please go to the next question.



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save

► Which of the following events have you experienced?
(Mark *as many as apply on each line*)

	Yes, in the last 12 months	Yes, more than 12 months ago	Never
43a. Being pushed, grabbed, shoved, kicked or hit			
43b. Being forced to take part in unwanted sexual activity			
43c. Being bullied			





save

► This question asks about situations you may have experienced with current or past partners [\[?\]](#)
(Mark as many as apply on each line)

<i>My partner:</i>	In the last 12 months	More than 12 months ago	Never
44a. Told me that I was ugly, stupid or crazy, or that I wasn't good enough or that no one would ever want me			
44b. Followed me or harassed me around my neighbourhood / work			
44c. Tried to turn my family, friends or children against me or tried to convince them I was crazy			
44d. Kicked, bit, slapped or hit me with a fist or tried to hit me with something			
44e. Forced me to take part in unwanted sexual activity			
44 Tried to keep me from seeing or talking to my family, friends or children, or didn't want me to socialise			
44 Pushed, grabbed, shoved, shook or threw me			
44f. Blamed me for causing their violent behaviour			
44g. Harassed me over the telephone, email, Facebook or internet			
44h. Used a knife or gun or other weapon or beat me up			
44i. Became upset if dinner / housework wasn't done when they thought it should be			

44j. Refused to let me work outside the home or took my wallet and left me stranded			
---	--	--	--

► 45. Have you ever been in a violent relationship with a partner / spouse? (*Mark one only*)

Yes

No





save

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)**



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save



Mark *as many as apply on each line*

	Yes, in the last 12 months	Yes, more than 12 months ago	Never
46a Have you been feeling that life isn't worth living?			
46b. Have you deliberately hurt yourself or done anything that you knew might have harmed or even killed you?			

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).





save

Women's health is about considering diversity

►47. Are you of Aboriginal or Torres Strait Islander origin?(Mark *all that apply*)

No

Aboriginal

Torres Strait Islander

►48. Do you speak fluent English?

Yes

No



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save

► 49. What language do you speak at home? (Mark the one *most commonly spoken*)
 -- Select One --

► 50. What is the highest level of education you have completed? (Mark *one only*)

- Year 10 or below
- Year 11 or equivalent
- Year 12 or equivalent
- Certificate I / II
- Certificate III / IV
- Advanced Diploma / Diploma
- Bachelor degree
- Graduate diploma / Graduate certificate
- Postgraduate degree

► 51. 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



save

Women's health is about juggling time

► 52. In a usual week, how many hours do you spend doing paid work?

-- Select One -- Hours

► 53. In a usual week, how many hours do you spend studying?

-- Select One -- Hours

► 54. 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

► 55. 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)?

Yes

No





save

► 56. Which of these most closely describes your sexual orientation? (Mark one only)

- ☐ I am exclusively heterosexual
- ☐ I am mainly heterosexual
- ☐ I am bisexual
- ☐ I am mainly homosexual (lesbian)
- ☐ I am exclusively homosexual (lesbian)
- ☐ I don't know
- ☐ I don't want to answer

► 57. What is your current relationship status? (Mark the response that best suits your current circumstances)

- ☐ I am single
- ☐ I am in a relationship (not living together)
- ☐ I am living with a partner
- ☐ I am engaged
- ☐ I am married
- ☐ I am divorced
- ☐ I am separated
- ☐ Other (please specify)

► 58. What are your living arrangements? (Mark all that apply)

- ☐ I live alone

I live with one or both parents

I live with other adults

I live with my male partner

I live with my female partner

I live with children

Other (please specify)





save

► 59. How did you hear about the Australian Longitudinal Study on Women's Health survey?

Our Facebook page

Facebook advertising

Other online advertising or promotion. Please state what site/organisation

Twitter

Our website

Another website. Please state what site

Referral (e.g. friend or family)

Poster, flyer or magazine advertising. Please record where

Radio

Television

► 60. 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





save

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

► **62. Have we missed anything?**
If you have anything else you would like to tell us, please type in the box below.





save

Women’s health is about linking important health service use records (anonymously)

- 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.
- 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 above.

A sample of the information that may be included in your Medicare claims history:

[\[+\]](#)Sample Medicare Data

A sample of the information that may be included in your PBS claims history:

[\[+\]](#)Sample PBS Data

► I authorise access to my records

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

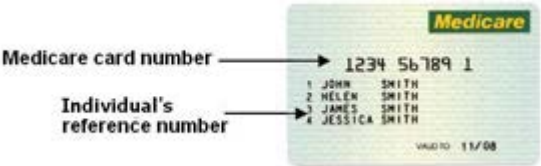




save

Please remember that your details will remain confidential.

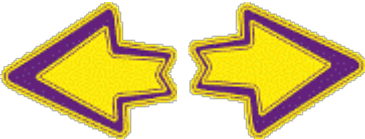
▶ Please enter your Medicare Card number:
This number will remain confidential.



▶ OR

Choose one:

- I don't have a Medicare Card (and am not on a card with someone else. eg with parents)
- I don't have a Medicare Card with me at the moment.





save

Please remember that your details will remain confidential and separate from your survey responses.

Contact Details

► Title

(e.g. Mrs, Miss, Ms etc.)

► Given Names (in full)

► Family Name

► Maiden Name (if applicable)



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save

Please remember that your details will remain confidential and separate from your survey responses.

Additional Contact Details

► Home Phone:

► Work Phone:

► Mobile:

► Would you like to provide a second email address?
(If not, please leave blank)

Email:

► Confirm Email:



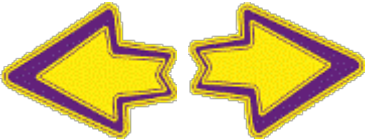


save

►Are you living overseas?

Yes

No



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save

Please remember that your details will remain confidential and separate from your survey responses.

Residential Address Details

► Building name / C\ - instructions (eg "Customs House"):

► Unit/Street address (eg 44 Smith Street):

► Suburb:

► State:

ACT
NSW
NT
QLD
SA
TAS
VIC
WA

► Postcode:



save

In the event that you win our participation prize draw, please provide your postal address so we can send you your prize.

► Is your postal address the same as your residential address? *(Tick the box if Yes)*



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save

Please remember that your details will remain confidential and separate from your survey responses.

Postal Address Details

► Building name / C\ - instructions (eg "Customs House"):

► Unit/Street address (eg 3/55 Smith Street):

► Suburb:

► State:

ACT
NSW
NT
QLD
SA
TAS
VIC
WA

► Postcode:



save

Please remember that your details will remain confidential and separate from your survey responses.

Help us keep in touch! **(optional)**

It would be helpful if you could also give us details of **a parent, relative or friend** who is likely to know where you can be contacted if we lose touch with you.

Please check that the parent, relative or friend is happy for you to provide these details.

Please note: giving us the details for a parent, relative or friend is optional.

All of the contact information you have provided for a parent, relative or friend will be kept separate from your answers to this survey.

► What is their full name?

► What is their relationship to you?

Parent

Relative

Friend

Other (please specify)

► What is their email address?

► What is their phone number (mobile preferred)?

► Building name / C\ - instructions:

▶ Unit/Street address:

▶ Town / City:

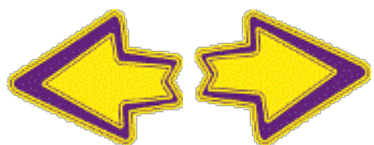
▶ State:

ACT
NSW
NT
QLD
SA
TAS
VIC
WA

▶ Postcode:

▶ Would you like to provide another person's contact details?

Yes
No





Thank you for taking part in this survey

For more information on the Australian Longitudinal Study on Women's Health:



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