women's health australia

australian longitudinal study on women's health

Seventh survey for women of the 1973 – 78 cohort

2015

DID YOU KNOW?

?

Your survey matters

Our study directly informs the government to help them make health policy decisions

The strength of our study is that the same women volunteer to participate every time

OFFICE USE ONLY					
EDIT		D/E		W	
BATCH		MP			

How to complete this survey

This is the seventh survey for the women of the 1973-78 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 answer the survey for the time period indicated even if you are pregnant or your circumstances are unusual in some way unless the question states otherwise.

DATA LINKAGE: As you know (informed via the newsletter since 2004), Medicare Australia has agreed to regularly provide information held by them to ALSWH without your needing to consent every time. Other information such as birth and death records, disease registers and hospital discharge records, aged care and community datasets, will also be available (names and other personal details are not included with the information). You don't need to do anything as a result of this information. However if you have any questions about this process or you want to opt out, call the Freecall number: 1800 068 081. For more information, see the newsletter: http://www.alswh.org.au/images/WHoA%20Newsletter-2015-email.pdf

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	☒
Fair	☐
Poor	☐

You would mark this one if you think your health is good.

- **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*	*Sometimes*	*Rarely or never*
Do you go to the same place?	☐	☒	☒	☐

If you make a mistake, simply scribble it out and 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 to talk to someone, you could ring Lifeline on 13 11 14 (local call).

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

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

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

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

Q3 **How often have you used the following therapies for *your own health* in the *last 12 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	Other alternative therapies	☒	☒	☒	☒

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

		Yes	No
a	Normal childbirth	☒	☒
b	Problems during pregnancy	☒	☒
c	All other reasons	☒	☒

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

		Always	Most of the time	Sometimes	Rarely or never
a	Do you go to the same place?	☒	☒	☒	☒
b	Do you usually see the same doctor?	☒	☒	☒	☒

Q6 Here are some questions about your *most recent visit* to a General Practitioner. In terms of your *satisfaction*, how would you rate each of the following?
(Mark one on each line)

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

Q7 In general, do you prefer to see a female doctor?
(Mark one only)

- Yes, always ☒
- Yes, but only for certain things ☒
- No ☒
- Don't care ☒

Q8 Thinking about *your own health care*, how would you rate the following now?
(Mark one on each line)

		Excellent	Very good	Good	Fair	Poor	Don't know
a	Access to medical specialists if you need them	☒	☒	☒	☒	☒	☒
b	Access to a hospital if you need it	☒	☒	☒	☒	☒	☒
c	Access to 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	Ease of obtaining a Pap test	☒	☒	☒	☒	☒	☒
l	Access to Women's Health or Family Planning Services	☒	☒	☒	☒	☒	☒
m	Access to maternal and child health services	☒	☒	☒	☒	☒	☒

The following questions ask only about *now* - how your health is now and about how your health limits certain activities now.

Q9 **In general, would you say your health is:**
(Mark one only)

- ☒ Excellent
- ☒ Very good
- ☒ Good
- ☒ Fair
- ☒ Poor

Q10 **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

Q11 **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	☒	☒	☒

Q12 **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)*	☒	☒

Q13 **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	☒	☒

Q14 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

Q15 How much *bodily* pain have you had during the *past 4 weeks*?
(Mark one only)

- ☒ None
- ☒ Very mild
- ☒ Mild
- ☒ Moderate
- ☒ Severe
- ☒ Very severe

Q16 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

Q17 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?	☒	☒	☒	☒	☒	☒

Q18 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

Q19 **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	☒	☒	☒	☒	☒

Q20 **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 ☒

Q21 **Do you have private health insurance for *hospital cover*? If not, mark the main reason why.**
(Mark one only)

- Yes ☒
- No – because I can't afford the cost ☒
- No – because I don't think you get value for money ☒
- No – because I don't think I need it ☒
- No – another reason ☒

Q22 **Do you have private health insurance for *ancillary services* (eg dental, physiotherapy)? If not, mark the main reason why.** *(Mark one only)*

- Yes ☒
- No – because I can't afford the cost ☒
- No – because I don't think you get value for money ☒
- No – because I don't think I need it ☒
- No – because the services are not available where I live ☒
- No – another reason ☒

Q23 **Please write down the names of all your medications, vitamins, supplements or herbal therapies that you have taken in the *last 4 weeks*. Where possible, copy names from packets.**
(Please write in block letters)

- None ☒

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

Q24 **In the *last 3 years*, have you been diagnosed with or treated for:**

Please record conditions related to pregnancy (gestational diabetes, hypertension during pregnancy, antenatal depression and postnatal depression) in the section relating to pregnancy later in the survey. (Mark all that apply)

		Yes, in the last 3 years
a	Insulin dependent (Type I) diabetes	☒
b	Non-insulin dependent (Type 2) diabetes	☒
c	Heart disease	☒
d	Hypertension (high blood pressure)	☒
e	Low iron (iron deficiency or anaemia)	☒
f	Asthma	☒
g	Bronchitis	☒
h	Depression	☒
i	Anxiety disorder	☒
j	Post-traumatic stress disorder (PTSD)	☒
k	Bipolar disorder	☒
l	Endometriosis	☒
m	Thrombosis	☒
n	Polycystic Ovary Syndrome	☒
o	Uterine polyps / Uterine fibroids	☒
p	Urinary tract infection	☒
q	Chlamydia	☒
r	Genital herpes	☒
s	Genital warts (HPV)	☒
t	Hepatitis B or C	☒
u	Skin cancer	☒
v	Other cancer *(Please specify on page 30)*	☒
w	Other major physical illness *(Please specify on page 30)*	☒
x	Other major mental illness *(Please specify on page 30)*	☒
y	Other sexually transmitted infection *(Please specify on page 30)*	☒
z	Other *(Please specify on page 30)*	☒
aa	**None of these conditions**	☒

Q25 **Have you ever been diagnosed with or treated for:**
(Mark one on each line)

		Yes	No
a	Osteoarthritis	☒	☒
b	Rheumatoid arthritis	☒	☒
c	Other arthritis	☒	☒

Q26 **Do you have a family history (ie your mother, father, siblings) of any of the following conditions?** *(Blood relatives only. Mark one on each line)*

		Yes	No	Don't know
a	Insulin dependent (Type 1) diabetes	☒	☒	☒
b	Non-insulin dependent (Type 2) diabetes	☒	☒	☒
c	Gestational diabetes (during pregnancy)	☒	☒	☒
d	Heart disease	☒	☒	☒
e	Hypertension (high blood pressure)	☒	☒	☒
f	Depression	☒	☒	☒
g	Anxiety disorder	☒	☒	☒
h	Stroke	☒	☒	☒
i	Arthritis	☒	☒	☒
j	Bowel cancer (colorectal cancer)	☒	☒	☒
k	Breast cancer	☒	☒	☒
l	Other cancer	☒	☒	☒

Q27 When did you last have:
(Mark one on each line)

		Less than 2 years ago	2 to less than 3 years ago	3-5 years ago	More than 5 years ago	Never	Not sure
a	A Pap test?	☒	☒	☒	☒	☒	☒
b	Your blood pressure checked?	☒	☒	☒	☒	☒	☒
c	Your skin checked (eg spots, lesions, moles)?	☒	☒	☒	☒	☒	☒
d	Your cholesterol checked?	☒	☒	☒	☒	☒	☒
e	Your blood sugar level checked?	☒	☒	☒	☒	☒	☒

Q28 Have you had a period or menstrual bleeding in the last 12 months?
(Mark one only)

- Yes ☒
- No ☒

Q29 Have you experienced any of the following events?
(Mark all that apply)

		A Yes - In the last 12 months	B Yes - More than 12 months ago
a	Death of your partner	☒	☒
b	Death of your parent	☒	☒
c	Death of your child	☒	☒
d	Being pushed, grabbed, shoved, kicked or hit	☒	☒
e	Being forced to take part in unwanted sexual activity	☒	☒
f	Being bullied	☒	☒
g	**None of these events**	☒	☒

Q30 Have you and your partner (current or previous) ever had problems with fertility - that is, tried unsuccessfully for 12 months or more to get pregnant?
(Mark one only)

- No, have never tried to get pregnant ☒
- No, have had no problem with fertility ☒
- Yes, but have not sought help / treatment ☒
- Yes, and have sought help / treatment ☒

Q31 Have you ever had any of the following operations or procedures?
(Mark one on each line)

		Yes	No
a	Hysterectomy	☒	☒
b	One ovary removed	☒	☒
c	Both ovaries removed	☒	☒
d	Repair of prolapsed vagina, bladder or bowel	☒	☒
e	Breast biopsy *(taking a sample of breast tissue)*	☒	☒
f	Lumpectomy *(removal of lump from breasts)*	☒	☒
g	Mastectomy *(removal of one or both breasts)*	☒	☒
h	Cholecystectomy *(gall bladder removed)*	☒	☒
i	Weight loss surgery *(including gastric banding, gastric sleeve surgery or gastric bypass)*	☒	☒
j	Cosmetic surgery	☒	☒

Q32 **Over the *last 12 months*, how stressed have you felt about the following areas of your life?**
(Mark one on each line)

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

Q33 **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, Paleo)	☒	☒
h	Laxatives, diuretics or diet pills (eg Xenical®, Reductil®)	☒	☒
i	Gluten free	☒	☒
j	Fasting	☒	☒
k	Smoking	☒	☒
l	Other	☒	☒

Q34 **In the *past month*, how dissatisfied have you felt about:**
(Mark one on each line)

		Not at all dissatisfied		Slightly dissatisfied		Moderately dissatisfied		Markedly dissatisfied
a	Your weight	☒	☒	☒	☒	☒	☒	☒
b	Your shape	☒	☒	☒	☒	☒	☒	☒

Q35 **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)

			kg

Q36 **How much would you *like* to weigh *now*?** *(Mark one only)*

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

Q37 **Please read each statement below and indicate how much the statement applied to you *over the past week*.** *(Mark one on each line)*

		Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of the time	Applied to me very much, or most of the time
a	I was aware of dryness of my mouth	☒	☒	☒	☒
b	I experienced breathing difficulty (eg excessively rapid breathing, breathlessness in the absence of physical exertion)	☒	☒	☒	☒
c	I experienced trembling (eg in the hands)	☒	☒	☒	☒
d	I was worried about situations in which I might panic and make a fool of myself	☒	☒	☒	☒
e	I felt I was close to panic	☒	☒	☒	☒
f	I was aware of the action of my heart in the absence of physical exertion (eg sense of heart rate increase, heart missing a beat)	☒	☒	☒	☒
g	I felt scared without any good reason	☒	☒	☒	☒

Q38 **This question asks about pain you might have had *over the past week*.**
For each item below, if there is a difference between your left and right side, please rate the side with the most severe pain only. How would you rate the pain: *(Mark one on each line)*

		No pain										Worst pain
		0	1	2	3	4	5	6	7	8	9	10
a	In your hands?	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
b	In your shoulders?	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
c	In your hips?	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
d	In your knees?	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
e	In your ankles?	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
f	In your back?	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

Q39 **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?	☒	☒	☒	☒	☒

Q40 **In a usual week, how much time in total do you spend doing the following things?**
(Mark one on each line)

		I don't do this activity	1-15 hours	16-24 hours	25-34 hours	35-40 hours	41-48 hours	49 hours or more
a	Active leisure (eg walking, exercise, sport)	☒	☒	☒	☒	☒	☒	☒
b	Passive leisure (eg TV, music, reading, relaxation)	☒	☒	☒	☒	☒	☒	☒
c	Full-time paid work	☒	☒	☒	☒	☒	☒	☒
d	Part-time paid work	☒	☒	☒	☒	☒	☒	☒
e	Casual paid work	☒	☒	☒	☒	☒	☒	☒
f	Work without pay (eg family business)	☒	☒	☒	☒	☒	☒	☒
g	Studying	☒	☒	☒	☒	☒	☒	☒
h	Unpaid voluntary work	☒	☒	☒	☒	☒	☒	☒
i	Home duties (own / family home)	☒	☒	☒	☒	☒	☒	☒
j	Looking after your / your partner's children	☒	☒	☒	☒	☒	☒	☒

Q41 **Do *you* and / or *your partner* normally do any of the following kinds of paid work?**
(Mark all that apply)

		A Self	B Partner
a	I don't and / or my partner doesn't do any paid work	☒	☒
b	Paid shift work	☒	☒
c	Paid work with irregular hours	☒	☒
d	Paid work on short-term contract (less than one year)	☒	☒
e	Paid work in more than one job	☒	☒
f	Paid work at night	☒	☒
g	Paid work from home	☒	☒
h	Self-employment	☒	☒
i	Fly-in-fly-out work (eg mining job)	☒	☒
j	Drive-in-drive-out work (eg trucking job)	☒	☒
k	Defence Force posting away from home	☒	☒
l	None of the above	☒	☒
m	Don't know or no partner		☒

Q42 **Please mark this box if you are *not* currently in paid work** ☒ → Go to Q44
If you are currently in paid work please go to Q43 below.

Q43 **The next set of questions is about your personal experiences of paid work and family life.**
(Mark one on each line to show how much you agree or disagree with the statement)

		Strongly disagree 1	2	3	4	5	6	Strongly agree 7
a	The demands of my work interfere with my home and family life	☒	☒	☒	☒	☒	☒	☒
b	The amount of time my job takes up makes it difficult to fulfill family responsibilities	☒	☒	☒	☒	☒	☒	☒
c	Things I want to do at home do not get done because of the demands my job puts on me	☒	☒	☒	☒	☒	☒	☒
d	My job produces strain that makes it difficult to fulfill family duties	☒	☒	☒	☒	☒	☒	☒
e	Due to work-related duties, I have to make changes to my plans for family activities	☒	☒	☒	☒	☒	☒	☒

Q44 **In the *last 12 months*, have you had any of the following:**
(Mark one on each line. For all that apply, also answer column B.)

		A				If yes, did you seek help for this problem? B
		Never	Rarely	Sometimes	Often	Mark here if you did seek help
a	Allergies, hay fever, sinusitis	☒	☒	☒	☒	☒
b	Headaches / migraines	☒	☒	☒	☒	☒
c	Severe tiredness	☒	☒	☒	☒	☒
d	Indigestion (heartburn)	☒	☒	☒	☒	☒
e	Breathing difficulties	☒	☒	☒	☒	☒
f	Stiff or painful joints	☒	☒	☒	☒	☒
g	Back pain	☒	☒	☒	☒	☒
h	Problems with one or both feet	☒	☒	☒	☒	☒
i	Urine that burns or stings	☒	☒	☒	☒	☒
j	Leaking urine	☒	☒	☒	☒	☒
k	Constipation	☒	☒	☒	☒	☒
l	Haemorrhoids (piles)	☒	☒	☒	☒	☒
m	Other bowel problems	☒	☒	☒	☒	☒
n	Vaginal discharge or irritation	☒	☒	☒	☒	☒
o	Premenstrual tension	☒	☒	☒	☒	☒
p	Irregular periods	☒	☒	☒	☒	☒
q	Heavy periods	☒	☒	☒	☒	☒
r	Severe period pain	☒	☒	☒	☒	☒
s	Skin problems	☒	☒	☒	☒	☒
t	Difficulty sleeping	☒	☒	☒	☒	☒
u	Depression	☒	☒	☒	☒	☒
v	Episodes of intense anxiety (eg panic attacks)	☒	☒	☒	☒	☒
w	Other mental health problems	☒	☒	☒	☒	☒
x	Palpitations (feeling that your heart is racing or fluttering in your chest)	☒	☒	☒	☒	☒
y	Hot flushes	☒	☒	☒	☒	☒
z	Night sweats	☒	☒	☒	☒	☒
aa	Teeth or gum problems	☒	☒	☒	☒	☒

Remember that any information you give us is kept confidential.

Q45 **The following question asks about the use of drugs for *non-medicinal* purposes. We want to know about general patterns of use. Please do not give details of specific instances of use.**
(Mark all that apply)

		In the last 12 months	More than 12 months ago	Never
a	Have you tried marijuana (cannabis, hash, grass, dope, pot, 'yandi')?	☒	☒	☒
b	Have you tried any other illicit drugs (amphetamines, LSD, natural hallucinogens, tranquilisers, cocaine, ecstasy, inhalants, heroin or barbiturates)?	☒	☒	☒

Q46 **How often do you currently smoke cigarettes or any tobacco products?**
(Mark one only)

- Daily ☒ → Go to Q47a
- At least weekly (but not daily) ☒ → Go to Q47b
- Less often than weekly ☒
- Not at all ☒

→ Go to Q48

Q47a **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 Q52

Q47b **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

Q48 **In your lifetime, would you have smoked at least 100 cigarettes (or equivalent)?**
(Mark one only)

Yes ☒ No ☒ → if no, go to Q53

Q49 **Have you ever smoked *daily*?**
(Mark one only)

Yes ☒ No ☒ → if no, go to Q53

Q50 **At what age did you finally stop smoking *daily*?**
(Write age in boxes)

☐☐ years old

if still smoking, go to Q52

Q51 **At what age did you stop smoking?**
(Write age in boxes)

☐☐ years old

Q52 **Have you tried to quit smoking in the last six months?**
(Mark one only)

Yes ☒ No ☒

Q53 How often do you usually drink alcohol?
(Mark one only)

- I never drink alcohol → Go to Q56
- 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

Q54 On a day when you drink alcohol, how many standard drinks do you usually have?
(Mark one only)

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

Q55 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

Q56 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					

Q57 We are interested in what you perceive are your family's strengths and needs.
After reading each statement below, decide if you strongly agree, agree, disagree, or strongly disagree with the statement as it reflects how you feel about your family.
(Mark one on each line)

		Strongly agree	Agree	Disagree	Strongly disagree
a	In times of crisis we can turn to each other for support				
b	Individuals are accepted for what they are				
c	We can express feelings to each other				
d	We are able to make decisions about how to solve problems				
e	We confide in each other				
f	We feel accepted for what we are				

Q58 **The following questions ask about your use of stairs.**
(A flight of stairs is at least ten steps connecting two levels of a building, station etc)
(Mark one on each line)

		Yes	No	Does not apply / I do not work
a	Do you now live in a house with stairs?	☒	☒	☒
b	Are there any stairs at your place of work?	☒	☒	☒
c	Are there any stairs on your usual route to work (eg to get to public transport)?	☒	☒	☒

Q59 **How many flights of stairs do you walk UP on a usual work day and a usual non-work day?**
(Please include stairs at home, at work and in other places such as stations and shopping centres.)

a	Work day	☐☐	flights each day *(Write "00" if you do not work)*
b	Non-work day	☐☐	flights each day

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.

Q60 **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?**

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

Q61 **What is your postcode?**

Mark here if living overseas ☒

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

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

Q62 **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	☒	☒	☒	☒

Q63 **Do any of the following apply to you?**
(Mark one on each line)

		Yes	No
a	I am pregnant now / have recently had a baby	☒	☒
b	I am trying to become pregnant	☒	☒
c	I have had a tubal ligation	☒	☒
d	My partner has had a vasectomy	☒	☒
e	I cannot have children	☒	☒
f	My partner cannot have children	☒	☒
g	My partner has a low or zero sperm count	☒	☒
h	I have no male sexual partners now	☒	☒
i	I am using / have used In Vitro Fertilisation (IVF)	☒	☒
j	I am using / have used fertility hormones (eg Clomid)	☒	☒

Q64 **What forms of contraception do you use now?**
(Mark all that apply)

a	I use a combined oral contraceptive pill (The Pill)	☒
b	I use a progestogen only oral contraceptive pill (The Mini Pill)	☒
c	I use the oral contraceptive pill but I don't know what type	☒
d	I use condoms	☒
e	I use emergency contraception (eg morning after pill)	☒
f	I use an implant (eg Implanon)	☒
g	I use the withdrawal method	☒
h	I use a copper intrauterine device (IUD)	☒
i	I use a progestogen intrauterine device (IUD) (eg Mirena)	☒
j	I use an injection (eg Depo-provera)	☒
k	I use a safe period method (eg natural family planning, rhythm method, Billings method, body temperature method, periodic abstinence)	☒
l	I use a vaginal ring (eg Nuvaring)	☒
m	I use another method of contraception	☒
n	**I don't use contraception**	☒

Q65 **Are you currently pregnant?** *(Mark one only)*

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

Q66 **Have you ever been pregnant?** *(Mark one only)*

Yes ☒ No ☒ → if no, go to Q75

Q67 **How many times have you had each of the following:** *(Mark one on each line)*

		None	One	Two	Three	Four	5 or more
a	Miscarriage	☒	☒	☒	☒	☒	☒
b	Termination (abortion) for medical reasons (eg fetal abnormalities)	☒	☒	☒	☒	☒	☒
c	Termination (abortion) for other reasons	☒	☒	☒	☒	☒	☒
d	Ectopic pregnancy (tubal pregnancy)	☒	☒	☒	☒	☒	☒

Q68 **For your *most recent* pregnancy, were you:** *(Mark one on each line)*

		Never	Yes, during pregnancy	Yes, following birth	Yes, both during pregnancy and following birth
a	Given any information about emotional well being during pregnancy and early parenthood (eg about depression, anxiety, parenting stress)?	☒	☒	☒	☒
b	Asked any questions by a midwife, GP, child health nurse or other professional about your emotional well being (eg given a questionnaire to complete)?	☒	☒	☒	☒

Q69 **Have you ever given birth?** *(Mark one only)*

Yes ☒ → if yes, go to Q70 No ☒ → if no, go to Q75

Q70 **If yes, please write the number of:**

a Live births ☐☐

b Stillbirths (at least 20 weeks gestation or at least 400 grams birth weight) ☐☐

Q71 **Were you diagnosed with or treated for:** *(If you have had a stillbirth, at least 20 weeks gestation or at least 400 grams birth weight, please include.) (Mark all that apply on each line)*

		Never experienced this	1st child	2nd child	3rd child	4th child	5th child	6th child	7th child	8th child	9th child
a	Antenatal depression?	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
b	Postnatal depression?	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
c	Antenatal anxiety?	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
d	Postnatal anxiety?	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
e	Gestational diabetes?	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
f	Hypertension (high blood pressure) during pregnancy?	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

Q72 If you have *ever* given birth, please complete the following details for each birth.
(If you have had a stillbirth, at least 20 weeks gestation or at least 400 grams birth weight, please include. If you had twins, please write the date twice.) (Enter "0" if not known)

	Day of birth (eg 07, 24, 31)	Month of birth (eg 08, 11)	Year of birth (eg 99, 06, 12)	Female OR Male (Mark one only) F	M	Birth weight kg (eg 3.6 kg)	Birth weight Pounds (eg 6lb 4oz)	Length at birth (cm, eg 51cm)	Mark the box if this child *lives with you now*, at least part of the time
1st child	D D	M M	Y Y	☒	☒	kg .	lb lb oz	cm cm	☒
2nd child	D D	M M	Y Y	☒	☒	kg .	lb lb oz	cm cm	☒
3rd child	D D	M M	Y Y	☒	☒	kg .	lb lb oz	cm cm	☒
4th child	D D	M M	Y Y	☒	☒	kg .	lb lb oz	cm cm	☒
5th child	D D	M M	Y Y	☒	☒	kg .	lb lb oz	cm cm	☒
6th child	D D	M M	Y Y	☒	☒	kg .	lb lb oz	cm cm	☒
7th child	D D	M M	Y Y	☒	☒	kg .	lb lb oz	cm cm	☒
8th child	D D	M M	Y Y	☒	☒	kg .	lb lb oz	cm cm	☒
9th child	D D	M M	Y Y	☒	☒	kg .	lb lb oz	cm cm	☒

(Mark all that applies for each child)		Never experienced this	1st child	2nd child	3rd child	4th child	5th child	6th child	7th child	8th child	9th child
a	Premature birth (born before 36 weeks gestation)	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
b	Stillbirth (at least 20 weeks gestation or at least 400 grams birth weight)	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
c	Caesarean section before going into labour	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
d	Induction of labour (with gel or drip)	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
e	Caesarian section after labour started	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
f	Labour lasting more than 36 hours	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
g	Gas or injection for pain relief	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
h	Epidural or spinal block	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
i	Episiotomy (cut to perineum)	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
j	A vaginal tear requiring stitches	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
k	Instrumental delivery (forceps / vacuum)	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
l	Emotional distress during delivery	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
m	A low birth weight baby (weighing less than 2.5kg, or 5½ pounds)	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
n	A high birth weight baby (weighing more than 4kg, or 8½ pounds)	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
o	Baby requiring admission to special care / Neonatal Intensive Care Unit (NICU)	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
p	Death of a live-born baby within the first month	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
q	Death of a child after the first month	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

Q73 **Have you ever breastfed?** *(Mark one only)*

Yes ☒

No ☒ → if no, go to Q75

Q74

		1st child	2nd child	3rd child	4th child	5th child	6th child	7th child	8th child	9th child
a	Mark which of your children had at least one breastfeed	☒	☒	☒	☒	☒	☒	☒	☒	☒
b	Write the number of complete months each child was breastfed (if zero write 0)	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
c	Mark which child or children you are currently breastfeeding	☒	☒	☒	☒	☒	☒	☒	☒	☒

Q75 **Do you have children living with you (your own, your partner's, fostered etc)?** *(Mark one only)*

Yes ☒

No ☒ → if no, go to Q79

Q76 **If you have children living with you (your own, your partner's, fostered etc), how many are:** *(Mark one on each line)*

		None	One	Two	Three	Four or more
a	Under 12 months?	☒	☒	☒	☒	☒
b	12 months - 5 years?	☒	☒	☒	☒	☒
c	6 - 12 years?	☒	☒	☒	☒	☒
d	13 - 16 years?	☒	☒	☒	☒	☒
e	17 years or over?	☒	☒	☒	☒	☒

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

Q77 **In a normal week, how often do you usually use child care?** *(Mark one on each line)*

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

Q78 **Whether you use child care or not, please answer the following questions.** *(Mark one on each line)*

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

These questions are about maternity leave from work.

Q79 **At the time of the birth or adoption of *your youngest child*, were you employed (or self-employed), even if you were on leave?**
(Mark one only)

- I have not given birth or adopted a child ☒ → Go to Q84
- Yes, full-time work (35 or more hours per week) ☒
- Yes, part-time work (less than 35 hours per week) ☒
- Yes, casual / temp work (irregular hours) ☒
- No, but I was looking for work ☒ → Go to Q82
- I was not in the paid workforce ☒ → Go to Q82

Q80 **Did you take leave from your paid work (including self-employment) for the birth or adoption of *your youngest child*?**
(Mark one only)

- Yes ☒
- No ☒ → Go to Q82

Q81 **Please write down the number of weeks you took as leave from your paid work (including self-employment) for *your youngest child*.**

If you did not take a particular type of leave, please write '0' in the corresponding box.
If you are still on parental leave for your youngest child, please indicate the full length of leave you are intending to use AND mark the box 'Currently on parental leave'.
If you finished work 6 days or less before giving birth or adoption, please enter '1'.
If you went back to work 6 days or less after giving birth or adoption, please enter '1'.

	Before birth / adoption of youngest child	After birth / adoption of youngest child
PAID LEAVE		
Employer-paid parental leave	☐☐ weeks	☐☐ weeks
Government-paid parental leave	☐☐ weeks	☐☐ weeks
Annual leave OR long service leave	☐☐ weeks	☐☐ weeks
Sick leave	☐☐ weeks	☐☐ weeks
UNPAID LEAVE		
Unpaid leave	☐☐ weeks	☐☐ weeks

Currently on parental leave ☒

Q82 **Did you start, or return to, paid work (including self-employment) within 12-13 months of the birth or adoption of *your youngest child*?**
If you are currently on maternity leave, please answer for what you intend to do. (Mark one only)

- Yes, full-time work (35 or more hours per week) ☒
- Yes, part-time work (less than 35 hours per week) ☒
- Yes, casual / temp work (irregular hours) ☒
- No, my job was no longer available ☒
- No, I chose not to return to work ☒

Q83 **In relation to *your youngest child*, how satisfied were you with the following arrangements?**
(Mark one on each line)

		Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
a	Parental leave arrangements	☒	☒	☒	☒	☒
b	Return to work arrangements	☒	☒	☒	☒	☒

Q84 **In the last 12 months, have you or your family used any of these family support services:**
(Mark one on each line)

		Used this service	Needed this service but could not get it	Did not need this service
a	Parent line / help line / support groups	☒	☒	☒
b	Parenting education / courses / programs	☒	☒	☒
c	Antenatal classes or health services	☒	☒	☒
d	Breastfeeding support services	☒	☒	☒
e	Relationship or other counselling services	☒	☒	☒
f	Mental health, drug or alcohol services	☒	☒	☒
g	Centrelink or Family Assistance Office	☒	☒	☒
h	Housing services	☒	☒	☒
i	Employment services	☒	☒	☒
j	Disability services	☒	☒	☒
k	Charities, church or religious groups (eg Salvation Army)	☒	☒	☒

Q85 **Do you regularly *need* help with daily tasks because of long-term illness or disability (eg help with personal care, getting around, preparing meals etc)?**
(Mark one only)

Yes ☒ No ☒

Q86 **Do you regularly *provide* unpaid care or assistance (eg personal care, transport) to any other person because of their long-term illness, disability or frailty?**
(Mark one on each line)

		Yes	No	
a	For someone who lives with you	☒	☒	→ if no to both, go to Q90
b	For someone who lives elsewhere	☒	☒	

Q87 **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 ☒

Q88 **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 ☒

Q89 **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 ☒

Q90 **People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kind of support available to you if you need it?**
(Mark one on each line)

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

Q91 **In the *past week*, have you been feeling that life isn't worth living?**
(Mark one only)

Yes ☒ No ☒

Q92 **In the *past 6 months*, have you *ever* deliberately hurt yourself or done anything that you knew might have harmed or even killed you?**
(Mark one only)

Yes ☒ No ☒

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

Q93 **Next are some specific questions about your health and how you have been feeling in the *past month*.**
(Mark one on each line)

		Yes	No
a	Have you felt keyed up or on edge?	☒	☒
b	Have you been worrying a lot?	☒	☒
c	Have you been irritable?	☒	☒
d	Have you had difficulty relaxing?	☒	☒
e	Have you been sleeping poorly?	☒	☒
f	Have you had headaches or neck aches?	☒	☒
g	Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass urine more often than usual?	☒	☒
h	Have you been worried about your health?	☒	☒
i	Have you had difficulty falling asleep?	☒	☒

Q94 **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

Q95 **We would like to know your main occupation *now*:**
(Mark one only)

- ☒ Manager or administrator (eg magistrate, farm manager, general manager, director of nursing, school principal)
- ☒ Professional (eg scientist, doctor, registered nurse, allied health professional, teacher, artist)
- ☒ Associate professional (eg technician, manager, youth worker, police officer)
- ☒ Tradesperson or related worker (eg hairdresser, gardener, florist)
- ☒ Advanced clerical or service worker (eg secretary, personal assistant, flight attendant, law clerk)
- ☒ Intermediate clerical, sales or service worker (eg typist, word processing / data entry operator, receptionist, child care worker, nursing assistant, hospitality worker)
- ☒ Intermediate production or transport worker (eg sewing machinist, machine operator, bus driver)
- ☒ Elementary clerical, sales or service worker (eg filing / mail clerk, parking inspector, sales assistant, telemarketer, housekeeper)
- ☒ Labourer or related worker (eg cleaner, factory worker, general farm hand, kitchenhand)
- ☒ No paid job

Q96 **How secure or insecure do you feel about your paid job or jobs?**
(Mark one only)

- ☒ I worry all the time about losing my job
- ☒ Sometimes I worry about losing my job
- ☒ I rarely or never worry about losing my job
- ☒ Don't know
- ☒ I don't have a paid job

Q97 **Have you ever had a partner or spouse?** *(Mark one only)*

Yes ☒ No ☒ → if no, go to Q100

Q98 **Have you ever been in a violent relationship with a partner / spouse?** *(Mark one only)*

Yes ☒ No ☒

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 leave the answers blank.

Q99 **This question asks about situations you may have experienced with *current or past* partners.** *(Mark as many as apply on each line)*

	My Partner:	In the last 12 months	More than 12 months ago	Never
a	Told me that I wasn't good enough	☒	☒	☒
b	Kept me from medical care	☒	☒	☒
c	Followed me	☒	☒	☒
d	Tried to turn my family, friends and children against me	☒	☒	☒
e	Locked me in the bedroom	☒	☒	☒
f	Slapped me	☒	☒	☒
g	Forced me to take part in unwanted sexual activity	☒	☒	☒
h	Told me that I was ugly	☒	☒	☒
i	Tried to keep me from seeing or talking to my family	☒	☒	☒
j	Threw me	☒	☒	☒
k	Hung around outside my house	☒	☒	☒
l	Blamed me for causing their violent behaviour	☒	☒	☒
m	Harassed me over the telephone	☒	☒	☒
n	Shook me	☒	☒	☒
o	Harassed me at work	☒	☒	☒
p	Pushed, grabbed or shoved me	☒	☒	☒
q	Used a knife or gun or other weapon	☒	☒	☒
r	Became upset if dinner / housework wasn't done when they thought it should be	☒	☒	☒
s	Told me that I was crazy	☒	☒	☒
t	Told me that no one would ever want me	☒	☒	☒
u	Took my wallet and left me stranded	☒	☒	☒
v	Hit or tried to hit me with something	☒	☒	☒
w	Did not want me to socialise with my female friends	☒	☒	☒
x	Refused to let me work outside the home	☒	☒	☒
y	Kicked me, bit me or hit me with a fist	☒	☒	☒
z	Tried to convince my friends, family or children that I was crazy	☒	☒	☒
aa	Told me that I was stupid	☒	☒	☒
bb	Beat me up	☒	☒	☒

The following question asks about difficult situations you may have experienced.
Some people prefer not to answer questions of this nature.
If this is true for you, please leave the answers blank.

Q100 **While you were growing up during your first 18 years of life…**
(Mark 'Yes' if applicable or the 'None of the above' option at the end.)

		Yes
	Did a parent or other adult in the household:	
a	Often or very often swear at, insult, or put you down?	☒
b	Often or very often act in a way that made you afraid that you would be physically hurt?	☒
c	Often or very often push, grab, shove, or slap you?	☒
d	Often or very often hit you so hard that you had marks or were injured?	☒
	Did an adult or person at least 5 years older ever:	
e	Touch or fondle you in a sexual way?	☒
f	Have you touch their body in a sexual way?	☒
g	Attempt oral, anal, or vaginal intercourse with you?	☒
h	Actually have oral, anal, or vaginal intercourse with you?	☒
	Did you:	
i	Live with anyone who was a problem drinker or alcoholic?	☒
j	Live with anyone who used street drugs?	☒
	Was your mother (or stepmother):	
k	Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?	☒
l	Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?	☒
m	Ever repeatedly hit over at least a few minutes?	☒
n	Ever threatened with, or hurt by, a knife or gun?	☒
	Was your father (or stepfather):	
o	Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at him?	☒
p	Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?	☒
q	Ever repeatedly hit over at least a few minutes?	☒
r	Ever threatened with, or hurt by, a knife or gun?	☒
		Yes
s	Was a household member depressed or mentally ill?	☒
t	Did a household member attempt suicide?	☒
u	Did a household member go to prison?	☒
v	**None of the above**	☒

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).*

Q101 **Please state how many times you did each type of activity and how much time you spent altogether doing each type of activity *last week*.**
Only count activities that lasted for 10 minutes or more; add up all the times you spent in each activity to get the total time for each activity.
*(If you did **not** do an activity, please write "0" in the boxes)*

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

Q102 **How many pieces of fresh fruit do you usually eat per day?**
(Count 1/2 cup of diced fruit, berries or grapes as one piece) (Mark one only)

- 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 or more pieces of fruit per day

Q103 **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) (Mark one only)

- None
- Less than one serve
- 1 serve
- 2 serves
- 3 serves
- 4 serves
- 5 serves or more

Q104 **Over the *last 12 months*, on average, how often did you drink the following?**
(Mark one on each line)

		Never	Less than once per month	1 to 3 times per month	1 time per week	2 times per week	3 to 4 times per week	5 to 6 times per week	1 time per day	2 times per day	3 or more times per day
a	Cola drinks - not diet (eg Coke)										
b	Diet cola drinks (eg Diet Coke™)										
c	Other carbonated drinks - not diet (eg fizzy / soft drinks)										
d	Other diet carbonated drinks (eg diet lemonade)										
e	Non-carbonated cordials, fruit or sport drinks - not diet										
f	Non-carbonated diet cordials, fruit or sport drinks										
g	Milk or soya milk (including flavoured varieties)										
h	Fruit or vegetable juices										
i	Tea										
j	Herbal tea										
k	Coffee										
l	Water (including soda or plain mineral water)										

Q105 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 ☒

Q106 What is the highest qualification you have completed? *(Mark one only)*

- No formal qualifications ☒
- Year 10 or equivalent (eg School Certificate) ☒
- Year 12 or equivalent (eg Higher School Certificate) ☒
- Trade / apprenticeship (eg hairdresser, chef) ☒
- Certificate / diploma (eg child care, technician) ☒
- University degree ☒
- Higher university degree (eg Grad Dip, Masters, PhD) ☒

Q107 Which one of the following best describes your housing situation? *(Mark one only)*

- Private rental (including rent paid to real estate agents) ☒
- State Department of Housing public rental ☒
- Housing that comes with employment (eg Department of Defence, Department of Education, mining company etc) ☒
- Owned home (with or without mortgage) ☒
- Living with parents / in-laws ☒

Q108 How many bedrooms are there in this home?

☐☐ *(Write number in the box)*

Mark this box if you live in a studio apartment or bedsitter: ☒

Q109 What is your present marital status? *(Mark one only)*

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

Q110 Who lives with you? *(Mark all that apply)*

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

Q111 How many people live in this home with you at the moment (not including yourself)?

☐☐ *(Write number in the box)*

Q112 **What is your date of birth?**
(Write date in boxes)

		/			/	1	9		
Day			Month			Year			

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

		Not applicable	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
a	Work	☒	☒	☒	☒	☒
b	Career	☒	☒	☒	☒	☒
c	Study	☒	☒	☒	☒	☒
d	Family relationships	☒	☒	☒	☒	☒
e	Partner / closest personal relationship	☒	☒	☒	☒	☒
f	Friendships	☒	☒	☒	☒	☒
g	Social activities	☒	☒	☒	☒	☒
h	Motherhood / children	☒	☒	☒	☒	☒

Q114 **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 ☒

Q115 **What was the MAIN reason for your needing help to fill in this survey?** *(Please describe)*

Have we missed anything?

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

Thank you for taking the time to complete this survey.

If you need help to answer any of the questions, you can contact us by telephoning 1800 068 081 (Freecall).

When you have completed the survey, please sign the next page and send the survey back to us as soon as possible. We will detach the consent form and store it in a separate locked room.

Consent

I understand that researchers will be comparing the information provided in this survey with that of surveys I have completed in the past as part of this project.

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.

SIGNATURE: DATE: / /

Help us keep in touch!

Sometimes we lose touch with our participants. It would be helpful if you could give us your mobile phone number and email address.

Mobile:

Email:

It would be helpful also if you could give us details of **parents, a relative or friend** who 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: ( )

Email:

Relationship to you:

Name:

Address:

Town / Suburb: **State:** **Postcode:**

Phone: ( )

Email:

Relationship to you:

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Please post this back in the reply paid envelope provided

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