

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, work
- Friends
- Internet
- Journal articles, textbooks, books
- Mother / father / sister / brother or other family member
- Nurse
- Doctor
- Family planning or sexual health clinic
- Youth or community services (eg mothers' group)
- Other health professionals
- 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

No

Don't care

4 ▶ **In the last 12 months, have you had any of the following:**

(Mark one on each line)

	Never	Rarely	Sometimes	Often
Allergies, hay fever, sinusitis				
Breathing difficulties				
Skin problems				

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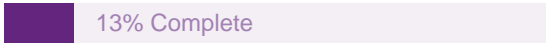
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5 ▶ In the last 12 months, have you had any of the following:

(Mark one on each line)

	Never	Rarely	Sometimes	Often
Headaches / migraines				
Severe tiredness				
Stiff or painful joints				
Back pain				
Problems with one or both feet				


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6 ▶ **In the last 12 months, have you had any of the following:**

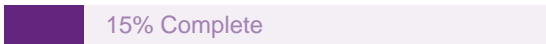
(Mark one on each line)

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

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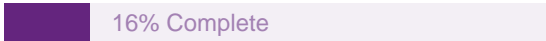
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7 ▶ In the last 12 months, have you had any of the following:

(Mark one on each line)

	Never	Rarely	Sometimes	Often
Vaginal discharge or irritation				
Premenstrual tension				
Irregular periods				
Heavy periods				
Severe period pain				

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8 ▶ In the last 12 months, have you had any of the following:

(Mark one on each line)

	Never	Rarely	Sometimes	Often
Urine that burns or stings				
Leaking urine				
Constipation				
Haemorrhoids (piles)				
Other bowel problems				

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Women's health is about coping with common problems

9 ► **Have you ever been diagnosed with or treated for:**

(Mark *all that apply*)

Depression

Anxiety disorder

Post-traumatic stress disorder
(PTSD)

Anorexia

Bulimia

Other eating disorder

Bipolar disorder

Obsessive Compulsive Disorder

Borderline Personality Disorder

Other
major
mental
illness
(please
specify)

None of these conditions



10 ► **Have you ever been diagnosed with or treated for:**

(Mark all that apply)

Low iron (iron deficiency or anaemia)

Asthma

Endometriosis

Polycystic ovary syndrome

Thyroid condition

Other

major

physical

illness

(please

specify)

None of these conditions



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11 ► **Have you ever been diagnosed with or treated for:**

(Mark all that apply)

Urinary tract infection

Thrush or yeast infection

Chlamydia

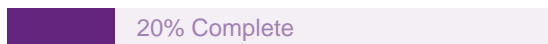
Gonorrhoea

Genital herpes

Genital warts (HPV)

Hepatitis B or C

None of these conditions



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12 ► Do you **ROUTINELY** (that is, most days) apply sunscreen, including moisturisers or makeup with a sun protection factor (SPF), regardless of whether or not you are going out in the sun?

(Mark *all that apply*)

Yes - to my face

Yes - to my hands/forearms

Yes - to other parts of my body

No

13 ► Thinking about **ALL** of the times when you were outside in the sun during the past year, about how often did you:

(Mark *one on each line*)

	Never	Less than 50% of the time	More than 50% of the time	All the time
Apply sunscreen?				
Apply moisturisers/makeup with an SPF?				
Wear a hat?				
Wear protective clothing?				



RESUME LATER



21% Complete

14 ► **IMAGINE** you did go out in the strong sun for 30 minutes in the middle of the day for the first time in summer, without protecting your skin with sunscreen or clothing. Which of the following would happen to you?

(Mark *one only*)

- Not burn
- Burn a little
- Burn moderately
- Burn badly

15 ► **Now, IMAGINE** you did spend several weeks outdoors in the sun, without protecting your skin with sunscreen or clothing. Which of the following would happen to your skin?

(Mark *one only*)

- Not tan
- Tan lightly
- Tan moderately
- Tan deeply

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16 ▶ **Have you consulted the following services for your own health in the last 12 months?**

(Mark one on each line)

	Yes	No
A midwife		
A dentist		
A counsellor or other mental health worker		
A community nurse, practice nurse or nurse practitioner		
A physiotherapist		
An exercise physiologist		
A dietician or nutritionist		

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23% Complete



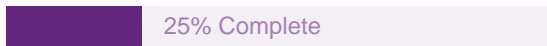
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17 ▶ **Have you ever been sexually active?**

(Mark one only)

Yes

No



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Women's health is about reproductive health

18 ▶ Have you ever had vaginal sex?

This means penis in vagina sex.

Yes

No

I prefer not to answer



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19 ► **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

20 ► **Do you use any of the following now?**

(Mark *all that apply*)

I use a combined oral contraceptive pill (The Pill)

I use a progestogen only contraceptive pill (The Mini Pill)

I use the oral contraceptive pill but I don't know what type

I use condoms

I use emergency contraception (eg morning after pill)

I use an implant (eg Implanon)

I use the withdrawal method

I use a copper intrauterine device (IUD)

I use a progestogen intrauterine device (IUD) (eg Mirena)

I use an injection (eg Depo-provera)

I use a safe period method (eg natural family planning, rhythm method, Billings method, body temperature method, periodic abstinence)

I use a vaginal ring (eg

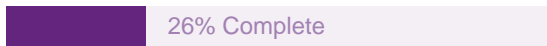
- Nuvaring)
- I use another method of contraception
- I don't use contraception

21 ► **Have you ever become pregnant by accident?**

(Mark *one only*)

- Yes
- No
- I prefer not to answer

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22 ► **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

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27% Complete



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Women's health is about lifestyle choices

23 ► How often do you currently smoke cigarettes or any tobacco products?

(Mark one only)

Daily

At least weekly (but not daily)

Less often than weekly

Not at all



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27% Complete

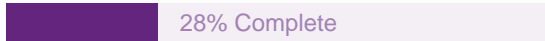


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24 ▶ **If you smoke daily, on average
how many cigarettes do you
smoke EACH DAY?**

(TYPE the number in the box)

cigarettes per day



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25 ▶ **If you smoke, but not daily, on average how many cigarettes do you smoke PER WEEK?**

(TYPE the number in the box)

cigarettes per week

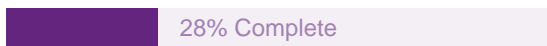


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26▶ In your lifetime, would you have smoked at least 100 cigarettes (or equivalent)?

Yes	No

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27▶ Have you ever smoked DAILY?

(Mark one only)

Yes

No



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28 ▶ **At what age did you start smoking DAILY?**

(TYPE the number in the box)

years old

29 ▶ **At what age did you finally stop smoking DAILY?**

(TYPE age in the box)

years old



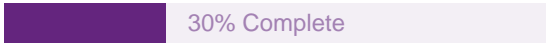
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30 ▶ **At what age did you stop smoking?**

(TYPE age in the box)

years old

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31 ► **Have you ever used battery operated electronic cigarettes (e-cigarettes)?**

(Mark *all that apply*)

Yes, in the last 12 months

Yes, more than 12 months ago

Never



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32 ► **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

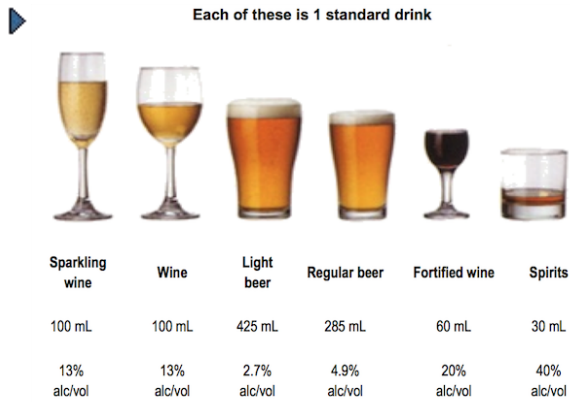
On 3 or 4 days a week

On 5 or 6 days a week

Every day



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Pre-mixed spirits have between 1 - 2.4 standard drinks each

33 **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

34 **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

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RESUME LATER
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32% Complete

35 ► **How many times would you have had five or more standard drinks of alcohol on one occasion in the last 12 months?**

-- Select One (may need scrolling) --

36 ► **In the last 12 months, about how often have you:**

(Mark one on each line)

Pre-loaded with alcohol before going out?	-- Select One (may need scrolling) --
Drunk so much that you vomited?	-- Select One (may need scrolling) --
Drunk so much that you didn't remember what happened?	-- Select One (may need scrolling) --
Drunk so much that you injured yourself?	-- Select One (may need scrolling) --
Drunk so much that you needed medical attention?	-- Select One (may need scrolling) --

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.



RESUME LATER



34% Complete



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37 ► **Have you tried Marijuana / Cannabis? [-]**
(pot, grass, weed, ya(r)ndi, rope, mull, dope, skunk, bhang, ganja, hash, chronic, reefer, joint, cone or spliff).

(Mark *all that apply*)

In the last 12 months

More than 12 months ago

Never

38 ► **Have you tried any other illicit drugs? [-]**
(Ice, speed, GHB, amphetamines, LSD, natural hallucinogens, tranquilisers, ketamine, cocaine, ecstasy, inhalants, heroin or barbiturates)

(Mark *all that apply*)

In the last 12 months

More than 12 months ago

Never



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39 ► **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

40 ► **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



RESUME LATER



35% Complete

41 ► **Do you EXCLUDE any of the following food groups from your diet?**

(Mark *all that apply*)

Red meat (beef, lamb, pork)

Fish

Poultry

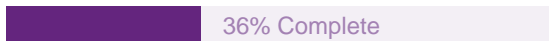
Eggs

Milk and milk products

Gluten

Bread and/or carbohydrates

I do not exclude any of these food groups



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42► Over the last 12 months, on average, how often did you drink the following?

(Mark one on each line)

Cola drinks - not diet (eg Coke™)	-- Select One (may need scrolling) --
Diet cola drinks (eg Diet Coke™)	-- Select One (may need scrolling) --
Other carbonated drinks - not diet (eg fizzy / soft drinks)	-- Select One (may need scrolling) --
Other diet carbonated drinks (eg diet lemonade)	-- Select One (may need scrolling) --
Non- carbonated cordials, fruit or sport drinks - not diet	-- Select One (may need scrolling) --
Non- carbonated diet cordials, fruit or sport drinks	-- Select One (may need scrolling) --
Milk or soya milk (including	-- Select One (may need scrolling) --

flavoured varieties)	
Fruit or vegetable juices	-- Select One (may need scrolling) --
Tea	-- Select One (may need scrolling) --
Herbal tea	-- Select One (may need scrolling) --
Coffee	-- Select One (may need scrolling) --
Water (including soda or plain mineral water)	-- Select One (may need scrolling) --


RESUME LATER




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

43 ▶ 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")

Number of times	
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)	



RESUME LATER



39% Complete

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

44 ► Please state the **TOTAL 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)

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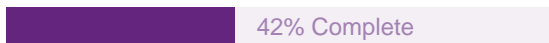


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45 ► **Including any activities already reported above, in the last week did you do any strength or toning activities?** *(such as lifting weights, pull-ups, push-ups, sit-ups, yoga, pilates)*
(Mark one only)

Yes

No



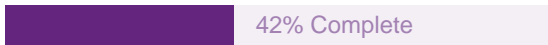
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46 ▶ How many times did you do any strength or toning activities in the last week?

47 ▶ What was the total time that you spent doing strength or toning activities in the last week?

Hours	
Minutes	

◀ RESUME LATER ▶



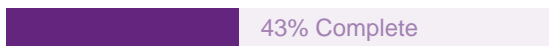
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48 ▶ **Have you ever had a partner or spouse?**

(Mark one only)

Yes	No

◀ RESUME LATER ▶



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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.

- 49 ▶ This question asks about situations you may have experienced with current or past partners[-]
 For this question, partner can refer to a boyfriend or girlfriend that you have dated or lived with.

(Mark *as many as apply on each line*)

<i>My partner:</i>	In the last 12 months	More than 12 months ago	Never
Told me that I was ugly, stupid or crazy, or that I wasn't good enough or that no one would ever want me			
Followed me or harassed me around my neighbourhood / work			
Tried to turn my family, friends or children against me or			

tried to convince them I was crazy			
Kicked, bit, slapped or hit me with a fist or tried to hit me with something			
Forced me to take part in unwanted sexual activity			
	In the last 12 months	More than 12 months ago	Never
Tried to keep me from seeing or talking to my family, friends or children, or didn't want me to socialise			
Pushed, grabbed, shoved, shook or threw me			
Blamed me for causing their violent behaviour			
Harassed me over the telephone, email, Facebook or internet			
Used a knife or gun or			

other weapon or beat me up			
	In the last 12 months	More than 12 months ago	Never
Became upset if dinner / housework wasn't done when they thought it should be			
Refused to let me work outside the home or took my wallet and left me stranded			


RESUME LATER


44% Complete



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Some people prefer not to answer questions of this nature.

If this is true for your, please go to the next question.

50 ► **Have you ever been in a violent relationship with a partner / spouse?**

(Mark *one only*)

Yes

No



RESUME LATER



47% Complete



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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)



RESUME LATER



47% Complete



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The next set of questions will ask about the two adults who were most involved in your childhood and upbringing. For many people, this relates to their birth parents. However, for some people, it may relate to step-parents or other family members.

51 ► **Who is the first parent you will answer questions about?**

(Mark *one only*)

Your birth mother

Your mother (other, eg step mother, aunt, grandmother, adoptive mother, etc)

Your birth father

Your father (other, eg step father, uncle, grandfather, adoptive father, etc)



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- 52 ► **For your mother, we would like to know her general working hours while you were attending primary school.**

(Mark one only)

Full-time (i.e. 5 days or more/week)

Part-time (i.e. less than 5 days/week)

Mostly or only casual hours (i.e. different hours each week)

Work away from home (e.g. fly-in-fly-out work, drive-in-drive out work, having a Defence Force posting away from home)

Was not in paid work

Don't know

- 53 ► **For your mother, we would like to know her general working hours while you were attending high school.**

(Mark one only)

Full-time (i.e. 5 days or more/week)

Part-time (i.e. less than 5 days/week)

Mostly or only casual hours (i.e. different hours each week)

Work away from home (e.g. fly-in-fly-out work, drive-in-drive out work, having a Defence Force posting away from home)

Was not in paid work

Don't know

54 ► **For your mother, we would like to know her main paid occupation while you were attending primary school.**

(Mark one only)

Manager or administrator

(e.g. magistrate, farm manager, CEO, general manager, business administrator)

Professional (e.g. scientist, doctor, engineer, accountant, vet, teacher, computing/IT professional, dentist, solicitor, journalist, curator, musician)

Associate professional

(e.g. technician, investment adviser, real estate agent, shop manager, youth worker, police officer, coach)

Tradesperson or related worker

(e.g. plumber, electrician, landscaper, cook/chef, hair dresser, florist, sound technician, make up artist, driller)

Advanced clerical or service worker

(e.g. personal assistant, bookkeeper, flight attendant, law clerk, insurance agent)

Intermediate clerical, sales or service worker

(e.g. sales rep, receptionist, data entry operator, child care worker, nursing assistant, hospitality worker, teacher's aide, travel agent)

Intermediate production or transport worker

(e.g. sewing machinist, machine operator, bus driver, truck driver, miner)

Elementary clerical, sales or service worker (e.g. mail clerk, parking inspector, sales assistant, telemarketer, housekeeper, checkout operator)

Labourer or related worker (e.g. labourer, cleaner, factory worker, general farm hand, kitchenhand)

Don't know

No paid job

55 ► **For your mother, we would like to know her main paid occupation while you were attending high school.**

(Mark one only)

Manager or administrator (e.g. magistrate, farm manager, CEO, general manager, business administrator)

Professional (e.g. scientist, doctor, engineer, accountant, vet, teacher, computing/IT professional, dentist, solicitor, journalist, curator, musician)

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entry operator, child care worker, nursing assistant, hospitality worker, teacher's aide, travel agent)

Intermediate production or transport worker (e.g.

sewing machinist, machine operator, bus driver, truck driver, miner)

Elementary clerical, sales or service worker (e.g. mail clerk, parking inspector, sales assistant, telemarketer, housekeeper, checkout operator)

Labourer or related worker (e.g. labourer, cleaner, factory worker, general farm hand, kitchenhand)

Don't know

No paid job

56 ▶ **During your childhood:**

(Mark one on each line)

	Yes	No	Don't know
<p>Did your mother predominantly work shift-hours? (ie overnight, weekends, etc)</p>			
<p>Was your mother ever unemployed for 6 months or longer? (ie. did not have a paid job and was looking for work)</p>			
<p>Did your mother ever receive</p>			

**government
social
security
income?** (eg.
*unemployment
benefit,
disability
benefit, single
parent pension,
carer's pension*)

--	--	--	--

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 49% Complete



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57 ► **What was the highest educational qualification of your mother during your childhood?**

(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

Don't know



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58 ► **Who is the second parent you will answer questions about?**

(Mark one only)

Your mother (other, eg step mother, aunt, grandmother, adoptive mother, etc)

Your birth father

Your father (other, eg step father, uncle, grandfather, adoptive father, etc)

Not applicable (no second parent during primary school and high school years)



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59 ► **For your father, we would like to know his general working hours while you were attending primary school.**

(Mark one only)

Full-time (i.e. 5 days or more/week)

Part-time (i.e. less than 5 days/week)

Mostly or only casual hours (i.e. different hours each week)

Work away from home (e.g. fly-in-fly-out work, drive-in-drive out work, having a Defence Force posting away from home)

Was not in paid work

Don't know

60 ► **For your father, we would like to know his general working hours while you were attending high school.**

(Mark one only)

Full-time (i.e. 5 days or more/week)

Part-time (i.e. less than 5 days/week)

Mostly or only casual hours (i.e. different hours each week)

Work away from home (e.g. fly-in-fly-out work, drive-in-drive out work, having a Defence Force posting away from home)

Was not in paid work

Don't know

61 ► **For your father, we would like to know his main paid occupation while you were attending primary school.**

(Mark one only)

Manager or administrator

(e.g. magistrate, farm manager, CEO, general manager, business administrator)

Professional (e.g. scientist,

doctor, engineer, accountant, vet, teacher, computing/IT professional, dentist, solicitor, journalist, curator, musician)

Associate professional

(e.g. technician, investment adviser, real estate agent, shop manager, youth worker, police officer, coach)

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sales rep, receptionist, data entry operator, child care worker, nursing assistant, hospitality worker, teacher's aide, travel agent)

Intermediate production or transport worker (e.g.

sewing machinist, machine operator, bus driver, truck driver, miner)

Elementary clerical, sales or service worker (e.g. mail clerk, parking inspector, sales assistant, telemarketer, housekeeper, checkout operator)

Labourer or related worker (e.g. labourer, cleaner, factory worker, general farm hand, kitchenhand)

Don't know

No paid job

62 ► **For your father, we would like to know his main paid occupation while you were attending high school.**

(Mark one only)

Manager or administrator (e.g. magistrate, farm manager, CEO, general manager, business administrator)

Professional (e.g. scientist, doctor, engineer, accountant, vet, teacher, computing/IT professional, dentist, solicitor, journalist, curator, musician)

Associate professional (e.g. technician, investment adviser, real estate agent, shop manager, youth worker, police officer, coach)

Tradesperson or related worker (e.g. plumber, electrician, landscaper, cook/chef, hair dresser, florist, sound technician, make up artist, driller)

Advanced clerical or service worker (e.g. personal assistant, bookkeeper, flight attendant, law clerk, insurance agent)

Intermediate clerical, sales or service worker (e.g. sales rep, receptionist, data

entry operator, child care worker, nursing assistant, hospitality worker, teacher's aide, travel agent)

Intermediate production or transport worker (e.g.

sewing machinist, machine operator, bus driver, truck driver, miner)

Elementary clerical, sales or service worker (e.g. mail

clerk, parking inspector, sales assistant, telemarketer, housekeeper, checkout operator)

Labourer or related worker

(e.g. labourer, cleaner, factory worker, general farm hand, kitchenhand)

Don't know

No paid job

63 ▶ **During your childhood:**

(Mark one on each line)

	Yes	No	Don't know
<p>Did your father predominantly work shift-hours? (ie overnight, weekends, etc)</p>			
<p>Was your father ever unemployed for 6 months or longer? (ie. did not have a paid job and was looking for work)</p>			
<p>Did your father ever receive</p>			

**government
social
security
income?** (eg.
*unemployment
benefit,
disability
benefit, single
parent pension,
carer's pension*)

--	--	--	--

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64 ► **What was the highest educational qualification of your father during your childhood?**

(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

Don't know



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65 ▶ **Looking back on when I was growing up, I would say our family's ability to manage on our income was** *(please answer for the family where you spent the most time):*
(Mark one on each line)

During primary school	-- Select One (may need scrolling) --
During high school	-- Select One (may need scrolling) --

66 ▶ **During your childhood, did your parents divorce or permanently separate?**
(Mark one only)

Yes

No

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67 ▶ **How old were you when this happened?**

(Type your age in the box)
 years old

68 ▶ **During your childhood:**
 (Mark one on each line)

	Yes	No
Were you ever adopted or fostered?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever receive youth allowance while you were at school?	<input type="checkbox"/>	<input type="checkbox"/>
Were you ever away from school for more than 1 month at a time due to illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>

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69 ► **How many of the following types of sibling (brother / sister) did you have when you were 6 years old?**

(Type the number of siblings in each box. If you do not have any siblings, please type '0')

Older siblings	
Birth / adopted	
Step-siblings / half-siblings	
Same age siblings	
Birth / adopted	
Step-siblings / half-siblings	
Younger siblings	
Birth / adopted	
Step-siblings / half-siblings	

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70 ► **How many of the following types of sibling (brother / sister) did you have when you were 18 years old?**

(Type the number of siblings in each box. If you do not have any siblings, please type '0')

Older siblings	
Birth / adopted	
Step-siblings / half-siblings	
Same age siblings	
Birth / adopted	
Step-siblings / half-siblings	
Younger siblings	
Birth / adopted	
Step-siblings / half-siblings	

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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.

71 ► **While you were growing up during your first 18 years of life, did a parent or other adult in the household:**

(Mark all that apply)

Often or very often swear at, insult, or put you down?

Often or very often act in a way that made you afraid that you would be physically hurt?

Often or very often push, grab, shove, or slap you?

Often or very often hit you so hard that you had marks or were injured?

None of the above

72 ► **While you were growing up during your first 18 years of life, did an adult or person at least 5 years older ever:**

(Mark all that apply)

Touch or fondle you in a sexual way?

Have you touch their body in a sexual way?

Attempt oral, anal, or vaginal

intercourse with you?

Actually have oral, anal, or vaginal intercourse with you?

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)



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60% Complete



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73 ► **While you were growing up during your first 18 years of life, did you:**

(Mark *all that apply*)

Live with anyone who was a problem drinker or alcoholic?

Live with anyone who used street drugs?

None of the above

74 ► **While you were growing up during your first 18 years of life, was your mother (or stepmother):**

(Mark *all that apply*)

Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

Ever repeatedly hit over at least a few minutes?

Ever threatened with, or hurt by, a knife or gun?

None of the above

75 ► **While you were growing up during your first 18 years of life, was your father (or stepfather):**

(Mark *all that apply*)

Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at him?

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

Ever repeatedly hit over at least a few minutes?

Ever threatened with, or hurt by, a knife or gun?

None of the above

76 ► **While you were growing up during your first 18 years of life...**

(Mark *all that apply*)

Was a household member depressed or mentally ill?

Did a household member attempt suicide?

Did a household member go to prison?

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)



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77 ▶ In the last 12 months, have you had an injury (including poison) for which you received medical treatment?

(Mark one only)

Yes

No



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78 ▶ **Did any of the injuries that you received medical treatment for:**
(Mark one on each line)

	Yes	No
Involve a car, bus, motorbike, pushbike, boat or other form of transport?		
Involve you getting burnt or scalded?		
Happen because you fell?		
Happen because someone meant to hurt you at the time?		
Happen while you were playing sport, a game or in the water?		
Happen because you consumed or were exposed to poison?		

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79 ► **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)

Someone to help you if you are confined to bed	-- Select One (may need scrolling) --
Someone you can count on to listen to you when you need to talk	-- Select One (may need scrolling) --
Someone to give you good advice about a crisis	-- Select One (may need scrolling) --
Someone to take you to the doctor if you need it	-- Select One (may need scrolling) --
Someone who shows you love and affection	-- Select One (may need scrolling) --
Someone to have a good time with	-- Select One (may need scrolling) --
Someone to give you information	-- Select One (may need scrolling) --

to help you understand a situation	
Someone to confide in or talk to about yourself or your problems	-- Select One (may need scrolling) --
Someone who hugs you	-- Select One (may need scrolling) --
Someone to get together with for relaxation	-- Select One (may need scrolling) --
Someone to prepare your meals if you are unable to do it yourself	-- Select One (may need scrolling) --
Someone whose advice you really want	-- Select One (may need scrolling) --
Someone to do things with to help you get your mind off things	-- Select One (may need scrolling) --
Someone to help with daily chores if you are sick	-- Select One (may need scrolling) --
Someone to share your	

most private worries and fears with	-- Select One (may need scrolling) --
Someone to turn to for suggestions about how to deal with a personal problem	-- Select One (may need scrolling) --
Someone to do something enjoyable with	-- Select One (may need scrolling) --
Someone who understands your problems	-- Select One (may need scrolling) --
Someone to love and make you feel wanted	-- Select One (may need scrolling) --


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64% Complete



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<i>(Mark <u>as many as apply on each line</u>)</i>	Yes, in the last 12 months	Yes, more than 12 months ago	Never
Have you been feeling that life isn't worth living?			
Have you deliberately hurt yourself or done anything that you knew might have harmed or even killed you?			

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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69% Complete



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81 ► **In the past 4 weeks:**

(Mark one on each line)

About how often did you feel tired out for no good reason?	-- Select One (may need scrolling) --
About how often did you feel nervous?	-- Select One (may need scrolling) --
About how often did you feel so nervous that nothing could calm you down?	-- Select One (may need scrolling) --
About how often did you feel hopeless?	-- Select One (may need scrolling) --
About how often did you feel restless or fidgety?	-- Select One (may need scrolling) --
About how often did you feel so restless you could not sit still?	-- Select One (may need scrolling) --
About how often did you feel depressed?	-- Select One (may need scrolling) --

About how often did you feel that everything is an effort?	-- Select One (may need scrolling) --
About how often did you feel so sad that nothing could cheer you up?	-- Select One (may need scrolling) --
About how often did you feel worthless?	-- Select One (may need scrolling) --

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.


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Women's health is about coping with stress

82 ▶ Over the last 12 months, how stressed have you felt about the following areas of your life?

(Mark one on each line)

Own health	-- Select One (may need scrolling) --
Health of family members	-- Select One (may need scrolling) --
Work / employment	-- Select One (may need scrolling) --
Living arrangements	-- Select One (may need scrolling) --
Study	-- Select One (may need scrolling) --
Money	-- Select One (may need scrolling) --
Relationship with parents	-- Select One (may need scrolling) --
Relationship with partner / spouse	-- Select One (may need scrolling) --
Relationship with other family members	-- Select One (may need scrolling) --
Relationship with friends	-- Select One (may need scrolling) --
Motherhood / children	-- Select One (may need scrolling) --

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Women's health is about pregnancy

83 ▶ Are you currently pregnant?

(Mark *one only*)

No

Less than 3 months

3 to 6 months

More than 6 months

Don't know



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84 ► **How many times have you
been pregnant?**

*(Please type "0" if you have never
been pregnant)*

times



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85 ► **How many times have you had each of the following pregnancy outcomes?**

*(Type the number. Please type "0" for any of these you have not experienced) **Twins count as 2.***

Live births	
Stillbirths	
Miscarriages	
Abortions or terminations (for personal reasons)	
Abortions or terminations (for medical reasons)	
Ectopic pregnancies (tubal pregnancies)	

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86 ▶ When did your live births occur?

	When (month)	When (year)	Weeks Pregnant	Did your baby receive any breast milk? (Mark <i>all</i> <i>that</i> <i>apply</i>)
Live birth 1				
Live birth 2				

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87 ▶ This question is about breastfeeding:

	How many complete months was your baby breastfed?	Are you currently breastfeeding?
Live birth 1		
Live birth 2		

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88 ▶ **When did your stillbirths (20 or more weeks pregnant) occur?**
Twins count as 2.

	When (<i>month</i>)	When (<i>year</i>)
1		
2		

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89 ▶ **When did your miscarriages
(before 20 weeks pregnant)
occur?**

	When (<i>month</i>)	When (<i>year</i>)
1		
2		

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90▶ **When did your abortions / terminations (for personal reasons) occur?**

	When (<i>month</i>)	When (<i>year</i>)
1		
2		

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91▶ **When did your abortions / terminations (for medical reasons), not including ectopic pregnancy occur?**

	When (<i>month</i>)	When (<i>year</i>)
1		
2		

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92▶ When did your ectopic pregnancies (tubal pregnancy) occur?

	When (month)	When (year)
1		
2		

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93 ▶ **How tall are you without shoes?**
(If you are not sure, please estimate)
cms

94 ▶ **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

95 ▶ **If you know your weight at birth, or can find out (eg ask your mother, or from your full birth certificate), type it here**

grams	
OR	
pounds	
ounces	

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Women's health is about considering diversity

97 ▶ 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

96 ▶ Are you of Aboriginal or Torres Strait Islander origin? (Mark *all that apply*)

- No
- Aboriginal
- Torres Strait Islander



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89% Complete



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98 ▶ **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

99 ▶ **Are you currently employed and actively seeking work?**

(Mark *one only*)

No

Yes



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Women's health is about juggling time

100 ▶ In a usual week, how many hours do you spend doing paid work?

-- Select One (may need scrolling) -- Hours

101 ▶ In a usual week, how many hours do you spend studying?

-- Select One (may need scrolling) -- Hours

102 ▶ In a usual week, how many hours do you spend doing work without pay?

-- Select One (may need scrolling) -- Hours

103 ▶ 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



91% Complete



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104 ► **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

105 ► **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

I am widowed

106 ► **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

107 ▶ **What is your residential
postcode?**

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108 ▶ What is your postal postcode?

Navigation controls: a left arrow button, a purple button labeled "RESUME LATER", and a right arrow button.



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

Number of days

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

Number of hours



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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.

The next question asks about sitting in your main job (this could be paid work, unpaid work, caring, studying etc - whatever you spend most of your 'working day' doing).

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

▶ **WORK DAY**
hours minutes

For
TRANSPORT
(eg in car,
bus, train
etc)

At **WORK**
(eg sitting
at a desk or
using a
computer)

Watching
TV

Using a
computer
at home
(email,
games,
information,
chatting)

Other
leisure

activities
(socialising,
movies etc,
but NOT
including
TV or
computer
use)

**NON-WORK
DAY**
hours minutes

For
TRANSPORT
(eg in car,
bus, train
etc)

At **WORK**
(eg sitting
at a desk or
using a
computer)

Watching
TV

Using a
computer
at home
(email,
games,
information,
chatting)

Other
leisure
activities
(socialising,
movies etc,
but NOT
including
TV or
computer
use)



95% Complete

112 ▶ **Have we missed anything?**

If you have anything else you would like to tell us, please type in the box below.

113 ▶ **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



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96% Complete



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



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96% Complete



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115 **▶ Please nominate an Australian charity below. This charity will receive a \$1000.00 donation if you win the major prize.**

(If you would like to nominate an Australian charity that is not listed below, ensure it meets the guidelines described in clause 8 of the competition's [terms and conditions]).

- The Fred Hollows Foundation
- Motor Neurone Disease Australia Inc.
- McGrath Foundation Ltd
- White Ribbon Australia
- Cancer Council Australia
- Multiple Sclerosis Ltd
- The Leukaemia Foundation Of Australia Ltd
- National SIDS Council Of Australia Ltd
- Camp Quality
- Cathy Freeman Foundation
- Make-A-Wish Foundation Of Australia Ltd
- Oz Harvest Ltd
- CanTeen
- Other (Please specify)

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THANK YOU FOR TAKING PART IN THIS SURVEY

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



The more surveys completed the more WHoA! will donate. Follow the collective journey and see what your contribution has helped achieve:



Visit the [MoodGYM website](#) for mental health information and coping strategies.

For a copy of the information statement that contains some important information regarding your participation, [click here](#).

To review the prize draw Terms and Conditions, [click here](#).

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