women's health australia

australian longitudinal study on women's health

Eighth survey for women of the 1946 – 51 cohort

2016

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How to complete this survey

This is the eighth 'main' survey for women in your age group. As the purpose of the project is to look at changes over time, some of the questions are the same as those in previous surveys.

Please answer every question you can. If you are unsure about how to answer a question, mark the *response for the closest answer to how you feel*. Please write any comments or important information on page 30. We are not able to *read comments written elsewhere throughout the survey*.

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 latest newsletter: http://ow.ly/RqR8c.

Please read the instructions above each question carefully. Some require you to only answer those *options which are applicable to you. Other questions require you to mark one answer on each line. The questions may also refer to different time periods.*

INSTRUCTIONS

- Use a black 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 circle.

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).

Note: No commercial gain or sponsorship is provided to ALSWH for the inclusion of brand names in the survey.

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

Q1 **In general, would you say your health is:**
(Mark one only)

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

Q2 **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 now as one year ago
- ☒ Somewhat worse now than one year ago
- ☒ Much worse now than one year ago

Q3 **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	☒	☒	☒

The next seven questions ask about your health IN THE LAST FOUR WEEKS

Q4 **During the PAST FOUR 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 *(eg it took extra effort)*	☒	☒

Q5 During the PAST FOUR 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	☒	☒

Q6 During the PAST FOUR WEEKS, to what extent have 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 ☒

Q7 How much BODILY pain have you had during the PAST FOUR WEEKS? *(Mark one only)*

- No bodily pain ☒
- Very mild ☒
- Mild ☒
- Moderate ☒
- Severe ☒
- Very severe ☒

Q8 During the PAST FOUR 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 ☒

Q9 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 FOUR 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?	☒	☒	☒	☒	☒	☒

Q10 During the PAST FOUR WEEKS, how much of the time have 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

Q11 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	☒	☒	☒	☒	☒

Q12 How many times have you consulted the following people for YOUR OWN HEALTH in the LAST TWELVE MONTHS? *(Mark one on each line)*

		None	Once or twice	3 or 4 times	5 or 6 times	7-12 times	13-24 times	25 or more times
a	A family doctor or another General Practitioner (GP)	☒	☒	☒	☒	☒	☒	☒
b	A hospital doctor *(eg in outpatients or casualty)*	☒	☒	☒	☒	☒	☒	☒
c	A specialist doctor	☒	☒	☒	☒	☒	☒	☒

Q13 Have you consulted the following people for YOUR OWN HEALTH in the LAST TWELVE MONTHS? *(Mark one on each line)*

		Yes	No
a	Physiotherapist	☒	☒
b	Counsellor / Psychologist / Social worker	☒	☒
c	A community nurse, practice nurse, or nurse practitioner	☒	☒
d	Optician / Optometrist	☒	☒
e	Hearing specialist	☒	☒
f	Dietitian	☒	☒
g	Podiatrist	☒	☒
h	Dentist	☒	☒
i	Massage therapist	☒	☒
j	Naturopath / Herbalist	☒	☒
k	Chiropractor	☒	☒
l	Osteopath	☒	☒
m	Acupuncturist	☒	☒
n	Other alternative health practitioner *(eg aromatherapist, homeopath, reflexologist, iridologist)*	☒	☒

Q14 **How often have you used the following therapies for YOUR OWN HEALTH in the LAST TWELVE 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	☒	☒	☒	☒

Q15 **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?	☒	☒	☒	☒

Q16 **How would you rate the cost to you of your LAST visit to a General Practitioner?** *(Mark one only)*

- No cost to me ☒
- Good ☒
- Fair ☒
- Poor ☒
- Don't know ☒

Q17 **Have you been admitted to hospital in the LAST TWELVE MONTHS?** *(Mark one only)*

- No ☒
- Yes, day only ☒
- Yes, spent at least one night ☒

Q18 **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 ☒

Q19a **Do you have private health insurance for HOSPITAL COVER?** *(Mark one only)*

- Yes ☒
- No – I am covered by Veterans' Affairs ☒
- 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 ☒

Q19b Do you have private health insurance for ANCILLARY services *(eg dental, physiotherapy)*? *(Mark one only)*

- Yes ☒
- No – I am covered by Veterans' Affairs ☒
- 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 ☒

Q20 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	Don't know
a	A Pap test?	☒	☒	☒	☒	☒	☒
b	A mammogram?	☒	☒	☒	☒	☒	☒
c	Your blood pressure checked?	☒	☒	☒	☒	☒	☒
d	Your skin checked *(eg spots, lesions, moles)*?	☒	☒	☒	☒	☒	☒
e	Your cholesterol checked?	☒	☒	☒	☒	☒	☒
f	Your blood sugar level checked?	☒	☒	☒	☒	☒	☒

Q21 In the PAST THREE YEARS, have you had an abnormal result from: *(Mark one on each line)*

		Yes	No	Don't know
a	A Pap test?	☒	☒	☒
b	A mammogram?	☒	☒	☒

Q22 In the PAST THREE YEARS, have you: *(Mark one on each line)*

		Yes	No
a	Had your breasts examined by a doctor or nurse?	☒	☒
b	Carried out *regular monthly* breast self examination?	☒	☒
c	Had a bone density test?	☒	☒
d	Had a test for bowel cancer?	☒	☒
e	Been vaccinated for influenza *(the 'flu')*?	☒	☒
f	Had a pneumococcal vaccine *(also called PPV, for pneumonia)*?	☒	☒

Q23 Are you CURRENTLY taking Hormone Replacement Therapy ***(HRT)***? *(Mark one only)*

- Yes ☒
- No ☒

Q24 Do you regularly NEED help with daily tasks because of long-term illness, disability or frailty *(eg personal care, getting around, preparing meals etc)*? *(Mark one only)*

- Yes ☒
- No ☒

Q25 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 normal?	☒	☒
h	Have you been worried about your health?	☒	☒
i	Have you had difficulty falling asleep?	☒	☒

Q26 Thinking about your own health care, how would you rate the following?
(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	The outcomes of your medical care *(how much you are helped)*	☒	☒	☒	☒	☒	☒
l	Ease of obtaining a mammogram	☒	☒	☒	☒	☒	☒
m	Ease of obtaining a Pap test	☒	☒	☒	☒	☒	☒
n	Access to a counselling service if you need it	☒	☒	☒	☒	☒	☒

Q27 In the LAST TWELVE MONTHS have you: *(Mark all that apply)*

		Yes
a	Slipped, tripped or stumbled?	☒
b	Had a fall to the ground?	☒
c	Been injured as a result of a fall?	☒
d	Needed to seek medical attention for an injury from a fall?	☒
e	Had any other injury from an accident at your home?	☒
f	Broken or fractured any bone/s?	☒
g	None of the above	☒

Q28 **In the PAST WEEK, have you been feeling that life isn't worth living?** *(Mark one only)*

Yes	☒
No	☒

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

Q29 **Do you have any of these sleeping problems?** *(Mark all that apply)*

		Yes
a	Waking up in the early hours of the morning	☒
b	Lying awake for most of the night	☒
c	Taking a long time to get to sleep	☒
d	Worry keeping you awake at night	☒
e	Sleeping badly at night	☒
f	None of these problems	☒

Q30 **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

		Yes, in the past 3 years
a	Diabetes *(high blood sugar)*	☒
b	Impaired glucose tolerance	☒
c	None of these conditions	☒

In the PAST THREE YEARS, have you been diagnosed with or treated for: *(Mark all that apply)*

		Yes, in the past 3 years
d	Osteoarthritis	☒
e	Rheumatoid arthritis	☒
f	Other arthritis	☒
g	Osteoporosis	☒
h	None of these conditions	☒

In the PAST THREE YEARS, have you been diagnosed with or treated for: *(Mark all that apply)*

		Yes, in the past 3 years
i	Heart disease *(including heart attack, angina)*	☒
j	Thrombosis *(a blood clot)*	☒
k	Hypertension *(high blood pressure)*	☒
l	Stroke	☒
m	None of these conditions	☒

Q30 continued...

In the PAST THREE YEARS, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the past 3 years
n	Parkinson's disease	☒
o	Mild Cognitive Impairment *(MCI)*	☒
p	Alzheimer's disease or dementia	☒
q	None of these conditions	☒

In the PAST THREE YEARS, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the past 3 years
r	Low iron level *(iron deficiency or anaemia)*	☒
s	Asthma	☒
t	Bronchitis / emphysema	☒
u	None of these conditions	☒

In the PAST THREE YEARS, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the past 3 years
v	Breast cancer	☒
w	Cervical cancer	☒
x	Lung cancer	☒
y	Bowel cancer *(colorectal cancer)*	☒
z	Skin cancer *(including melanoma)*	☒
aa	Other cancer *(please specify on page 30)*	☒
bb	None of these conditions	☒

In the PAST THREE YEARS, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the past 3 years
cc	Depression	☒
dd	Anxiety / nervous disorder	☒
ee	Other psychiatric disorder	☒
ff	Chronic Fatigue Syndrome	☒
gg	None of these conditions	☒

In the PAST THREE YEARS, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the past 3 years
hh	Macular degeneration	☒
ii	Cataracts	☒
jj	Glaucoma	☒
kk	None of these conditions	☒

Q30 continued...

In the PAST THREE YEARS, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the past 3 years
ll	Sexually transmitted infection *(eg genital herpes or warts, chlamydia)*	☒
mm	Shingles	☒
nn	Other major illness or disability *(please specify on page 30)*	☒
oo	None of these conditions	☒

Q31 Have you EVER been diagnosed with or treated for polycystic ovary syndrome (PCOS)?
(Mark one only)

Yes	☒
No	☒

Q32 In the PAST THREE YEARS, have you had any of the following operations or procedures?
(Mark all that apply)

		Yes, in the past 3 years
a	Both ovaries removed	☒
b	Hysteroscopy *(investigative procedure to examine the uterus)*	☒
c	Hysterectomy	☒
d	Repair of prolapsed vagina, bladder or bowel	☒
e	Hip surgery or hip replacement	☒
f	Knee replacement	☒
g	Other knee surgery / arthroscopy	☒
h	Shoulder surgery	☒
i	Breast biopsy *(taking a sample of breast tissue)*	☒
j	Lumpectomy *(removal of lump from breast)*	☒
k	Mastectomy *(removal of one or both breasts)*	☒
l	Removal of skin cancer	☒
m	Chemotherapy or radiotherapy for any cancer	☒
n	Any cancer surgery *(other than skin or breast)*	☒
o	Cholecystectomy *(gall bladder removed)*	☒
p	Gastroscopy / colonoscopy	☒
q	Gastric banding surgery	☒
r	Cataract surgery	☒
s	None of these	☒

Q33 If you have had a hysterectomy, how old were you?

(PRINT age in the box) ☐☐ years old

Q34 How would you rate the overall condition of your teeth, dentures or gums? *(Mark one only)*

Excellent	☒
Very good	☒
Good	☒
Fair	☒
Poor	☒

Q35 In the PAST FOUR WEEKS, have you taken any: *(Mark one on each line)*

		Yes	No
a	Medications prescribed by a doctor?	☒	☒
b	Medications / vitamins / supplements or herbal therapies bought without a prescription at the chemist, supermarket or health food shop?	☒	☒
c	Medications to help you sleep?	☒	☒

Q36 In the PAST FOUR WEEKS, have you taken any: *(Mark one on each line)*

		Yes	No
a	Aspirin *(eg Aspro Clear™)*	☒	☒
b	Paracetamol *(eg Panadol™)*	☒	☒
c	Ibuprofen *(eg Nurofen™)*	☒	☒
d	Vitamin D	☒	☒
e	Vitamin C	☒	☒
f	Vitamin B or Vitamin B Complex	☒	☒
g	Multivitamins	☒	☒
h	Salbutamol *(eg Ventolin™, Butamol™, Airomir™, Epaq™)*	☒	☒
i	Glucosamine	☒	☒
j	Omega 3 *(eg fish oil)*	☒	☒
k	Calcium tablets *(eg Caltrate™)*	☒	☒
l	Magnesium supplements	☒	☒
m	CoEnzyme Q10 *(CoQ10)*	☒	☒
n	Zinc	☒	☒
o	Lysine	☒	☒
p	Other vitamins, supplements or herbal therapies *(please specify on page 30)*	☒	☒

Q37 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	☒	☒	☒	☒	☒

Q38 ***For each of the following statements and / or questions, please mark the point on the scale that you feel is most appropriate in describing you.***

a In general, I consider myself:

1	2	3	4	5	6	7
☒	☒	☒	☒	☒	☒	☒
not a very happy person						**a very happy person**

b Compared with most of my peers, I consider myself:

1	2	3	4	5	6	7
☒	☒	☒	☒	☒	☒	☒
less happy						**more happy**

c Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterisation describe you?

1	2	3	4	5	6	7
☒	☒	☒	☒	☒	☒	☒
not at all						**a great deal**

d Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterisation describe you?

1	2	3	4	5	6	7
☒	☒	☒	☒	☒	☒	☒
not at all						**a great deal**

Q39 **a How much do you weigh?** *(no clothes or shoes)*

☐☐☐ kgs **OR** ☐☐ stone ☐☐☐ pounds

b How tall are you without shoes?

☐☐☐ cms **OR** ☐ feet ☐☐ inches

Q40 **What is your waist measurement?**

Please measure your waist while in your underwear. If possible, get someone to help you take the measurement. Find your navel (belly button) and measure at that level. Be careful not to have the tape too tight. You should be able to slip your little finger under it comfortably. Write the measurement to the ***nearest*** *centimetre (or inches if this is the only measure you have available).*

☐☐☐ cms **OR** ☐☐ inches

Q41 In the LAST 12 MONTHS, have you had any of the following: *(Mark one on each line)*

		Never	Rarely	Sometimes	Often
a	Allergies, hay fever, sinusitis	☒	☒	☒	☒
b	Breathing difficulty	☒	☒	☒	☒
c	Wheezing	☒	☒	☒	☒
d	Feeling of tightness in the chest	☒	☒	☒	☒
e	Persistent cough	☒	☒	☒	☒

In the LAST 12 MONTHS, have you had any of the following: *(Mark one on each line)*

		Never	Rarely	Sometimes	Often
f	Indigestion / heartburn	☒	☒	☒	☒
g	Chest pain	☒	☒	☒	☒
h	Headaches / migraines	☒	☒	☒	☒
i	Severe tiredness	☒	☒	☒	☒
j	Back pain	☒	☒	☒	☒

In the LAST 12 MONTHS, have you had any of the following: *(Mark one on each line)*

		Never	Rarely	Sometimes	Often
k	Stiff or painful joints	☒	☒	☒	☒
l	Problems with one or both shoulders	☒	☒	☒	☒
m	Problems with one or both hips	☒	☒	☒	☒
n	Problems with one or both knees	☒	☒	☒	☒
o	Problems with one or both feet	☒	☒	☒	☒

In the LAST 12 MONTHS, have you had any of the following: *(Mark one on each line)*

		Never	Rarely	Sometimes	Often
p	Urine that burns or stings	☒	☒	☒	☒
q	Haemorrhoids *(piles)*	☒	☒	☒	☒
r	Other bowel problems	☒	☒	☒	☒
s	Vaginal discharge or irritation	☒	☒	☒	☒
t	Hot flushes	☒	☒	☒	☒
u	Night sweats	☒	☒	☒	☒
v	Leaking urine	☒	☒	☒	☒

In the LAST 12 MONTHS, have you had any of the following: *(Mark one on each line)*

		Never	Rarely	Sometimes	Often
w	Eyesight problems	☒	☒	☒	☒
x	Mouth, teeth or gum problems	☒	☒	☒	☒
y	Avoided eating some foods because of problems with your teeth, mouth or dentures	☒	☒	☒	☒
z	Hearing problems	☒	☒	☒	☒

In the LAST 12 MONTHS, have you had any of the following: *(Mark one on each line)*

		Never	Rarely	Sometimes	Often
aa	Depression	☒	☒	☒	☒
bb	Anxiety	☒	☒	☒	☒
cc	Episodes of intense anxiety *(eg panic attacks)*	☒	☒	☒	☒
dd	Palpitations *(feeling that your heart is racing or fluttering in your chest)*	☒	☒	☒	☒

Q41 continued...

In the LAST 12 MONTHS, have you had any of the following: *(Mark one on each line)*

		Never	Rarely	Sometimes	Often
ee	Poor memory	☒	☒	☒	☒
ff	Dizziness, loss of balance	☒	☒	☒	☒
gg	Difficulty concentrating	☒	☒	☒	☒

Q42 **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?	☒	☒	☒	☒	☒
c	That people ask too much of your time?	☒	☒	☒	☒	☒
d	That you can spend your time the way you want to?	☒	☒	☒	☒	☒
e	That you need more 'me time'?	☒	☒	☒	☒	☒
f	That you have no control over how your time is spent?	☒	☒	☒	☒	☒

Q43 **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	☒	☒	☒	☒

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.

Q44 **How many hours EACH DAY 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
b	On a usual **WEEKEND DAY**	☐☐	hours

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

Q45 **How many *times* did you do each type of activity LAST WEEK?**
Only count the number of times when the activity lasted for 10 minutes or more.
*(If you did **not** do an activity, please write '0' in the box)*

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

Q46 **If you add up all the times you spent in each activity LAST WEEK, how much time did you spend ALTOGETHER doing each type of activity?**
*(If you did **not** do an activity, please write '0' in the box)*

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

Q47 Please respond to each item by marking one on each line.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a	I tend to bounce back quickly after hard times	☒	☒	☒	☒	☒
b	I have a hard time making it through stressful events	☒	☒	☒	☒	☒
c	It does not take me long to recover from a stressful event	☒	☒	☒	☒	☒
d	It is hard for me to snap back when something bad happens	☒	☒	☒	☒	☒
e	I usually come through difficult times with little trouble	☒	☒	☒	☒	☒
f	I tend to take a long time to get over setbacks in my life	☒	☒	☒	☒	☒

Q48 Over the LAST TWELVE MONTHS, how stressed have you felt about the following areas of your life: *(Mark one on each line)*

		Not at all stressed	Somewhat stressed	Moderately stressed	Very stressed	Extremely stressed
a	Own health	☒	☒	☒	☒	☒
b	Living arrangements	☒	☒	☒	☒	☒
c	Money	☒	☒	☒	☒	☒

Over the LAST TWELVE 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
d	Health of family members	☒	☒	☒	☒	☒	☒
e	Work / employment	☒	☒	☒	☒	☒	☒
f	Study	☒	☒	☒	☒	☒	☒
g	Relationship with parents	☒	☒	☒	☒	☒	☒
h	Relationship with partner / spouse	☒	☒	☒	☒	☒	☒
i	Relationship with children	☒	☒	☒	☒	☒	☒
j	Relationship with other family members	☒	☒	☒	☒	☒	☒

Q49 How much do you agree or disagree with each of the following statements?
(Mark one on each line)

		Disagree strongly	Disagree	Disagree slightly	Agree slightly	Agree	Agree strongly
a	At home, I feel I have control over what happens in most situations	☒	☒	☒	☒	☒	☒
b	I feel that what happens in my life is often determined by factors beyond my control	☒	☒	☒	☒	☒	☒
c	Over the next 5-10 years I expect to have more positive than negative experiences	☒	☒	☒	☒	☒	☒
d	I often have the feeling that I am being treated unfairly	☒	☒	☒	☒	☒	☒
e	In the past 10 years my life has been full of changes without my knowing what will happen next	☒	☒	☒	☒	☒	☒
f	I gave up trying to make big improvements or changes in my life a long time ago	☒	☒	☒	☒	☒	☒

Q50 Have you experienced the following events?
(Mark all that apply)

		Yes, in the last 12 months	Yes, over 12 months ago	No
a	I was ignored or not taken seriously because of my age	☒	☒	☒
b	I was patronised or 'talked down to' because of my age	☒	☒	☒
c	I was denied medical treatment because of my age	☒	☒	☒
d	I was denied employment because of my age	☒	☒	☒

Q51 How often do you usually drink alcohol? *(Mark one only)*

- I have never drunk alcohol in my life ☒
- I never drink alcohol, but I have in the past ☒ → go to Q54
- I drink rarely ☒
- 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 ☒

Q52 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 ☒

Q53 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 ☒

Q54 **How many glasses / cups of non-alcoholic drinks do you usually have each day** *(eg juice, tea, coffee, water, milk etc)*? *(Mark one only)*

- 0 – 2 glasses
- 3 – 5 glasses
- 6 – 8 glasses
- 9 or more glasses

Q55 **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

Q56 **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

Q57 **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 sports drink - not diet										
f Non-carbonated diet cordials, fruit or sports 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)*										

Q58 **How often do you currently smoke cigarettes or any tobacco products?** *(Mark one only)*

- Daily → **Go to Q59**
- At least weekly *(but not daily)*
- Less often than weekly
- Not at all

→ **Go to Q60**

Q59 **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 Q62**

Q60 **Have you ever smoked DAILY?** *(Mark one only)*

- Yes
- No → **if no, go to Q62**

Q61 **At what age did you finally stop smoking DAILY?** *(PRINT age in the box)*

☐☐ years old

Q62 **These questions are about getting on with other people:** *(Mark one on each line)*

		Yes	No
a	Do you feel uncomfortable with anyone in your family?		
b	Do you feel that nobody wants you around?		
c	Has anyone forced you to do things you didn't want to do?		
d	Has anyone taken things that belong to you without your OK?		
e	Has anyone close to you tried to hurt or harm you recently?		
f	Has anyone close to you called you names or put you down or made you feel bad recently?		
g	Are you afraid of anyone in your family?		
h	Have you ever been in a violent relationship with a partner / spouse?		

Q63 **If you have ever lived with a violent partner or spouse, in which years did you experience violence?** *(Mark all that apply)*

a	I have never lived with a violent partner or spouse
b	Before 2007
c	2007-2010
d	2011-2013
e	2014
f	2015
g	2016

Q64 **Which of the following events have you experienced?** *(Mark all that apply)*

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

If you answered YES to any of the previous 3 questions, you might like to talk to someone about how you are feeling. You could ring Lifeline on 13 11 14 (local call).

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.

Q65 **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.)

	Did a parent or other adult in the household:	**Yes**
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:	**Yes**
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:	**Yes**
i	Live with anyone who was a problem drinker or alcoholic?	☒
j	Live with anyone who used street drugs?	☒

	Was your mother (or stepmother):	**Yes**
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):	**Yes**
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).

Q66 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	Full time paid work	☒	☒	☒	☒	☒	☒	☒
b	Part-time paid work	☒	☒	☒	☒	☒	☒	☒
c	Casual paid work	☒	☒	☒	☒	☒	☒	☒
d	Home duties *(own / family home)*	☒	☒	☒	☒	☒	☒	☒
e	Work without pay *(eg family business)*	☒	☒	☒	☒	☒	☒	☒
f	Looking for work	☒	☒	☒	☒	☒	☒	☒
g	Unpaid voluntary work	☒	☒	☒	☒	☒	☒	☒
h	Active leisure *(eg walking, exercise, sport)*	☒	☒	☒	☒	☒	☒	☒
i	Passive leisure *(eg TV, music, reading, relaxing)*	☒	☒	☒	☒	☒	☒	☒
j	Studying	☒	☒	☒	☒	☒	☒	☒
k	Socialising	☒	☒	☒	☒	☒	☒	☒
l	Buying goods and / or services *(eg paying bills, shopping)*	☒	☒	☒	☒	☒	☒	☒

Q67 Do you regularly provide *(unpaid)* care for grandchildren or other people's children?
(Mark one only)

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

Q68 Do you regularly provide care or assistance *(eg personal care, transport)* to any other person because of their long-term illness, disability or frailty?
(Mark one on each line)

		Yes	No	
a	For someone who lives with you	☒	☒	→ if no to both, go to Q74
b	For someone who lives elsewhere	☒	☒	

Q69 How many people with a long-term illness, disability or frailty do you regularly provide care for?
(Mark one only)

- One person ☒
- More than one person ☒

Q70 **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 ☒

Q71 **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 ☒

Q72 **Does the person you care for have any of the following major medical conditions or disabilities?** *If you care for more than 1 person, please select the person you have cared for the longest and complete the question about that person. (Mark all that apply)*

a	Alzheimer's disease / dementia ☒
b	Cancer ☒
c	Frailty in old age ☒
d	Heart condition ☒
e	Mental health problem *(eg depression, anxiety)* ☒
f	Visual impairment ☒
g	Respiratory condition *(eg asthma, emphysema)* ☒
h	Stroke ☒
i	Other reason *(please specify on page 30)* ☒

Q73 **What is your relationship to the person you care for?** *If you care for more than one person, please answer for the person you care for the most. (Mark one only)*

Spouse / partner	Child	Parent / parent-in-law	Grandchild	Sibling / sibling-in-law	Friend	Neighbour	Other *(please specify on page 30)*
☒	☒	☒	☒	☒	☒	☒	☒

Q74 **If you DO provide care or assistance, please skip this question and go to Q75.**
If you DO NOT provide care or assistance to any person with a long term illness, disability or frailty, is it because you: *(Mark one only)*

- Used to care for someone in the last 3 years, but they passed away or moved into a nursing home or other residential care facility ☒
- Used to care for someone in the last 3 years, but stopped caring for them for another reason *(please specify on page 30)* ☒
- Have never provided care or assistance ☒
- Other reason *(please specify on page 30)* ☒

Q75 We would like to know YOUR main occupation NOW:
(Mark one only)

- **Manager or administrator** *(eg magistrate, farm manager, media producer, school principal)*
- **Professional** *(eg registered nurse, allied health professional, teacher, artist)*
- **Associate professional** *(eg office manager, branch manager, shop manager, retail buyer, youth worker, police officer)*
- **Tradesperson or related worker** *(eg cook, dressmaker, hairdresser, gardener, florist)*
- **Advanced clerical or service worker** *(eg credit officer, radio despatcher, personal assistant, flight attendant, law clerk)*
- **Intermediate clerical, sales or service worker** *(eg accounts clerk, checkout supervisor, data entry operator, child care worker, nursing assistant, hospitality worker)*
- **Intermediate production or transport worker** *(eg 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, kitchen hand, fast food cook)*
- **No paid job**

Q76 Please indicate the following description that best fits your, and your partner's, life now.
(Mark one in each column)

	A You	B Your partner
Not retired at all		
Partially retired		
Completely retired from paid work		
Gave up paid work over 20 years ago		
Never been in paid work		
Other *(please specify on page 30)*		
No partner		

Q77 When did you and / or your partner retire or give up work completely?
(PRINT year in the box)

You [ ][ ][ ][ ] Not applicable

Your partner [ ][ ][ ][ ] Not applicable

Q78 At what age do you expect to retire *(completely)* from the paid workforce?

(PRINT age, in whole years, in the box) [ ][ ][ ]

- Do not expect to ever retire
- Have already retired
- Don't know

Q79 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 ☒

Q80 What are your CURRENT sources of income? *(Mark all that apply)*

		Yes
a	Age pension / Service pension / Widow's pension / War Widow's pension	☒
b	Other government pension or allowance	☒
c	Lump sum superannuation payout	☒
d	A pension or annuity purchased with superannuation or some other funds	☒
e	Income from savings and investments *(such as shares and property)*	☒
f	Income from a business	☒
g	Income or pension from your spouse / partner	☒
h	Financial support from family	☒
i	Spouse / partner's superannuation	☒
j	Wage or salary	☒
k	Other sources *(please specify on page 30)*	☒

Q81 Which of these things *(if any)* have you had to do in the last 3 years, to help manage financially? *(Mark all that apply)*

a	Sell your house or move to lower cost accommodation	☒
b	Sell something else you own, like a holiday house, or car or jewellery	☒
c	Share housing with relatives or friends	☒
d	Cut back on your normal weekly spending	☒
e	Cut back on less frequent expenditures such as holidays, new cars & large household goods	☒
f	Take on paid work	☒
g	Rely on your spouse / partner going out to work or increasing their working hours	☒
h	None of the above	☒

Q82 Which of the following best describes your current housing situation? Do you live in a: *(Mark one only)*

- House in city / town ☒
- House on acreage / farm ☒
- Flat / unit / apartment / villa / townhouse ☒
- Caravan / mobile home / cabin / houseboat ☒
- Retirement village / self care unit ☒
- Nursing home / residential aged care ☒
- Hostel / boarding house ☒
- Other ☒

Q83 **How many bedrooms are in your current home? Count all bedrooms even if they are not currently used as a bedroom (eg study, sewing room, etc).** *Only count those bedrooms belonging to your current household members; do not count those belonging to any other household in the same building. If you live in a studio, a bed sit, single room caravan or similar, please mark your answer as zero (0).*

(PRINT count in the box) ☐☐

Q84 **How many storeys does your current home have?** *(Mark one only)*

- 1 storey *(single level, very few stairs)* ☒
- 2 storeys *(1 flight of stairs)* ☒
- 3 storeys *(2 flights of stairs)* ☒
- 4 or more storeys *(at least 3 flights of stairs)* ☒

Q85 **How many years have you lived in your current home?** *Please enter complete years (eg if it has been 37½ years, please write 37). If less than 1 year, please write zero (0).*

Total number of *(complete)* years ☐☐

Q86 **For your current home, do you:** *(Mark one only)*

- Own it outright *(including joint ownership with other family members)* ☒
- Own it with a mortgage *(including joint ownership with other family members)* ☒
- Rent *(private)* ☒
- Rent *(public)* ☒
- Pay board / lodging ☒
- Live rent-free or with life-tenure *(ie neither own nor rent)* ☒
- Other ☒

Q87 **Where do you think you will be living in 10 years time?** *(Mark one only)*

- In current home ☒
- Downsized to smaller home ☒
- Upsized to larger home ☒
- Caravan / mobile home / boat ☒
- Retirement village / self care unit ☒
- Nursing home / residential aged care ☒
- Hostel / boarding house ☒
- Have no idea ☒

Q88 Who currently completes the following domestic chores in your home?
(Mark all that apply)

		Myself	Spouse / partner	Other family / friends	Community service provider	Private service provider	Not applicable
a	Housecleaning	☒	☒	☒	☒	☒	☒
b	Laundry / ironing	☒	☒	☒	☒	☒	☒
c	Meal preparation	☒	☒	☒	☒	☒	☒
d	Lawn / yard maintenance	☒	☒	☒	☒	☒	☒
e	General home maintenance	☒	☒	☒	☒	☒	☒

Q89 We would like to know the age of your biological parents.

		Year of birth		Age when you were born		Don't know
a	Mother	☐☐☐☐	OR	☐☐	OR	☒
b	Father	☐☐☐☐	OR	☐☐	OR	☒

Q90 Are your biological parents still living? *(Mark one on each line)*

		Still living	Deceased	Don't know
a	Mother	☒	☒	☒
b	Father	☒	☒	☒

If neither parent is deceased, go to Q93

Q91 If one (or both) of your biological parents is deceased, in what year did they die?

		Year of death		Age at death		Don't know
a	Mother	☐☐☐☐	OR	☐☐☐	OR	☒
b	Father	☐☐☐☐	OR	☐☐☐	OR	☒

Q92 If one (or both) of your biological parents is deceased, what was the main cause of death?
(Mark one in each column)

	A Mother	B Father
Heart disease *(eg heart attack, heart failure)*	☒	☒
Stroke	☒	☒
Dementia / Alzheimers	☒	☒
Respiratory causes *(eg COPD, emphysema)*	☒	☒
Breast cancer	☒	☒
Lung cancer	☒	☒
Prostate cancer	☒	☒
Other cancer	☒	☒
Other *(please specify on page 30)*	☒	☒
Don't know	☒	☒

Q93 **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	☒	☒	☒	☒	☒

Q94 **What is your present marital status?** *(Mark one only)*

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

Q95 **If you have been widowed in the last 3 years, please write the date of bereavement in the boxes below:**

Date D D M M Y Y Y Y

I have not been widowed in the last 3 years ☒

Q96 How many people live with you now? *(Mark all that apply)*

a	No one, I live alone	☒
b	Partner or spouse	☒

		None	One	Two	Three or more
c	Children up to 18 years	☒	☒	☒	☒
d	Children over 18 years	☒	☒	☒	☒
e	Your parents or in-laws	☒	☒	☒	☒
f	Other adult relatives	☒	☒	☒	☒
g	Other adults *(not family members)*	☒	☒	☒	☒

Q97 In general, are you satisfied with what you have achieved in your life so far in the areas of:
(Mark one on each line)

		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	☒	☒	☒	☒

Q98 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)*

Q99 **What is your date of birth?** *(Write date in boxes)*

		/			/	1	9		
Day			Month			Year			

Q100 **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 ☒

Q101 **What was the MAIN reason for your needing help to fill in this survey?** *(Please describe)*

Have we missed anything?

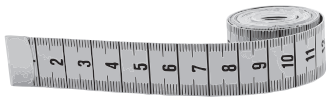
If there is ANYTHING else you would like to tell us about changes in your health (especially in the last three years) please write on the lines below.

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: / /



Have you remembered to measure your waist? Page 13, Question 40.

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 **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:

OFFICE USE ONLY – DO NOT DETACH

Thank you for taking the time to complete this survey.

If you have any questions, you can contact us by telephoning 1800 068 081 (Freecall).

Please let us know your new details if you move, change your name, e-mail address or your telephone number.

Don't forget to sign the consent and post this back to us in the Reply Paid Envelope provided!

No stamp required if posted in Australia

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

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