

Thank you for participating in this important study.

Please read [this](#) important information about your survey.

INSTRUCTIONS

- Please answer every question you can. If you are unsure about how to answer a question, mark the response for the closest answer to how you feel.
- Please answer the survey for the time period indicated even if you are pregnant or your circumstances are unusual in some way.
- Questions marked with a star are compulsory; often this is because your response will alter the path of the survey, so that unnecessary questions are skipped.
- If you need help to answer any questions, please ring 1800 068 081 (this is a FREECALL number).
- If you are concerned about any of your health experiences and would like some help, you may like to contact:
 - your nearest Women's Health Centre or Community Health Centre.
 - your doctor for advice about who would be the best person in your community to talk to.
- If you feel distressed now and would like someone to talk to, you could ring Lifeline on 13 11 14 (local call).



► **What is your ID number?**

OR

What is your email address?

LOGIN

▶ What is your date of birth? 📅
(dd/mm/yyyy)

< RESUME LATER >

0% Complete



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▶ Are you living overseas?

Yes

No



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Do you need to update your contact details?

Please let us know your new details if you move, change your name or email address.

Your details

Title
Given names
Preferred name
Family name
Maiden name
Home phone
Work phone
Mobile
Email

Postal Address

Building address or C\ details
Address
Suburb
State
Postcode

Residential Address

Building address or C\ details
Address
Suburb
State
Postcode

▶ Please check the box for any details that you'd like to change.

Name(s)

Email & phone information

Address



3% Complete



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▶ Title

▶ Given names

▶ What is your preferred name?

▶ Family name

▶ Maiden name



▶ Email:

▶ Confirm email:

▶ Mobile:

▶ Home phone:

▶ Work phone:



Residential Address Details

▶ **Building name / C\ instructions:**

▶ **Unit / street address:**

▶ **Suburb:**

▶ **State:**

ACT

NSW

NT

QLD

SA

TAS

VIC

WA

▶ **Postcode:**



9% Complete



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



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Thanks for submitting your personal details.

The survey for our research starts here.



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1. ▶ Which of the following prompted you to do this survey?

Email invitation / reminder

SMS / text message

Newsletter

Mailed invitation / reminder

Facebook

Phone call

Other social media (Please specify)

Other (Please specify)



20% Complete



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

2. ▶ **In general, would you say your health is:**

(Mark *one only*)

Excellent

Very good

Good

Fair

Poor

3. ▶ **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

4. ▶ **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
VIGOROUS activities, such as running, lifting heavy objects, participating in strenuous sports			
MODERATE activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf			
Lifting or carrying groceries			
Climbing SEVERAL flights of stairs			
Climbing ONE flight of stairs			
Bending, kneeling or stooping			
Walking MORE THAN ONE kilometre			
Walking HALF a kilometre			
Walking 100 metres			

Bathing or dressing yourself			
------------------------------	--	--	--



RESUME LATER



21% Complete



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

5. ▶ **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
Cut down on the amount of time you spent on work or other activities		
Accomplished less than you would like		
Were limited in the kind of work or other activities		
Had difficulty performing the work or other activities (eg it took extra effort)		

6. ▶ **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
Cut down on the amount of time you spent on work or other activities		
Accomplished less than you would like		
Didn't do work or other activities as carefully as usual		

7. ▶ **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

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8. ► **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

9. ► **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



31% Complete



10. ▶ 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
Did you feel full of life?						
Have you been a very nervous person?						
Have you felt so down in the dumps that nothing could cheer you up?						
Have you felt calm and peaceful?						
Did you have a lot of energy?						
Have you felt down?						
Did you feel worn out?						
Have you been a happy person?						
Did you feel tired?						

11. ▶ 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

12. ▶ 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
I seem to get sick a little easier than other people					
I am as healthy as anybody I know					
I expect my health to get worse					

My health is excellent					
------------------------	--	--	--	--	--

[<](#) [RESUME LATER](#) [>](#)



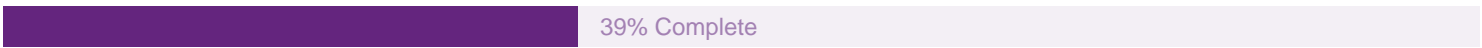
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13. ▶ **Have you ever been sexually active?**

(Mark *one only*)

Yes

No



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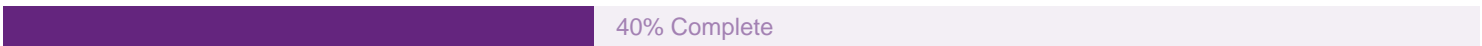
14. ▶ **Have you ever had vaginal sex?**

This means penis in vagina sex.

Yes

No

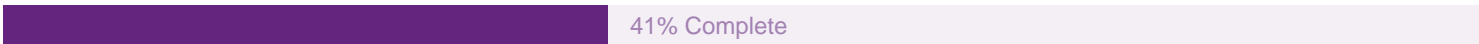
I prefer not to answer



15. ► **Do you have a Health Care Card?** *This is a card that entitles you to discounts and assistance with medical expenses. This is not the same as a Medicare card.*
(Mark one only)



Yes No



16. ▶ How often do you currently smoke cigarettes or any tobacco products?

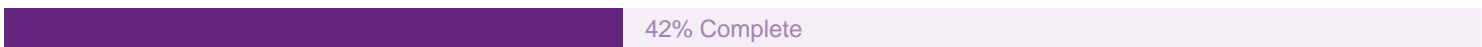
(Mark *one only*)

Daily

At least weekly (but not daily)

Less often than weekly

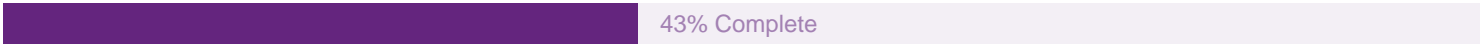
Not at all



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17. ▶ **If you smoke daily, on average how many cigarettes do you smoke EACH DAY?**
(TYPE the number in the box)

cigarettes per day

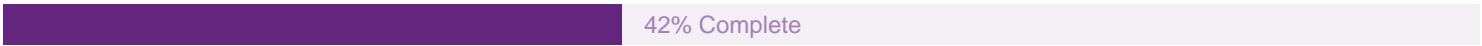


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18. ▶ In your lifetime, would you have smoked at least 100 cigarettes (or equivalent)?

Yes	No

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19. ▶ **How often do you usually drink alcohol?**

(Please answer for how often you usually drink now)

(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



20. ▶

Each of these is 1 standard drink



Sparkling wine	Wine	Light beer	Regular beer	Fortified wine	Spirits
100 mL	100 mL	425 mL	285 mL	60 mL	30 mL
13% alc/vol	13% alc/vol	2.7% alc/vol	4.9% alc/vol	20% alc/vol	40% alc/vol

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

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

21. ▶ **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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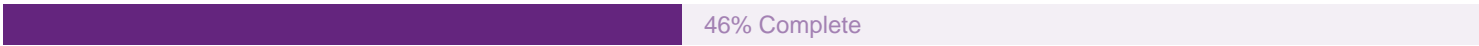
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22. ► How many times would you have had five or more standard drinks of alcohol on one occasion in the last 12 months?

-- Select One (may need scrolling) --



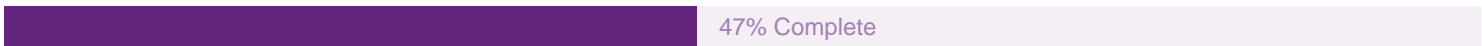
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23. ► **Have you ever had reason to believe that you may have had your drink spiked in the past?**
(Mark *one only*)

Yes

No

Unsure



24. ► **How many pieces of FRESH fruit do you usually eat per day?**

(Count ½ 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

25. ► **How many serves of vegetables do you usually eat per 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



26. ▶ **Over the LAST 12 MONTHS, on average, how often did you drink the following?**
 (Mark *one* on each line)

Cola drinks - not diet (eg <i>Coke™</i>)	-- Select One (may need scrolling) --
Diet cola drinks (eg <i>Diet Coke™</i>)	-- Select One (may need scrolling) --
Other carbonated drinks - not diet (eg <i>fizzy / soft drinks</i>)	-- Select One (may need scrolling) --
Other diet carbonated drinks (eg <i>diet lemonade</i>)	-- 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 <i>flavoured varieties</i>)	-- Select One (may need scrolling) --
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 <i>soda or plain mineral water</i>)	-- Select One (may need scrolling) --



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

27. ▶ 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)	

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

28. ▶ 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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29. ▶ **Have you ever had a partner or spouse?**

(Mark *one only*)

Yes	No

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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.

30. ▶ This question asks about situations you may have experienced with current or past partners[?]

(Mark as many as apply on each line)

<i>My partner:</i>	In the last 12 months	More than 12 months ago	Never
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			

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



60% Complete



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

(Mark *one only*)

Yes

No

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)



66% Complete



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32. ▶ **In the last 12 months, have you had an injury for which you received medical treatment?**
(Mark *one only*)

Yes

No



67% Complete



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33. ► **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?	<input type="checkbox"/>	<input type="checkbox"/>
Involve you getting burnt or scalded?	<input type="checkbox"/>	<input type="checkbox"/>
Happen because you fell?	<input type="checkbox"/>	<input type="checkbox"/>
Happen because someone meant to hurt you at the time?	<input type="checkbox"/>	<input type="checkbox"/>
Happen while you were playing sport, a game or in the water?	<input type="checkbox"/>	<input type="checkbox"/>

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34. ▶

(Mark as many as apply on each line)

	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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35. ▶ **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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36. ▶ **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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37. ▶ **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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38. ▶ **How tall are you without shoes?**

(If you are not sure, please estimate)

cms

39. ▶ **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



82% Complete



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40. ▶ **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



41. ▶ **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

42. ▶ **Are you currently employed and actively seeking more work?**

(Mark *one only*)

No

Yes



85% Complete



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

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

44. ▶ **In a usual week, how many hours do you spend studying?**

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

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

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

46. ▶ **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



86% Complete



47. ► **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

48. ► **What are your living arrangements?**

(Mark all that apply)

- I live alone
- I live with one or both parents
- I live with other adults
- I live with my male partner
- I live with my female partner
- I live with children



88% Complete



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49. ▶ What is your residential postcode?

50. ▶ What is your postal postcode?



89% Complete



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

Number of days

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

Number of hours



91% Complete



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► **We would like to know your main occupation now:**

(Mark *one only*)

Manager or administrator (eg magistrate, farm manager, general manager, director of nursing, school principal)

Professional (eg scientist, doctor, registered nurse, allied health professional, teacher, artist)

Associate professional (eg technician, manager, youth worker, police officer)

Tradesperson or related worker (eg hairdresser, gardener, florist)

Advanced clerical or service worker (eg secretary, personal assistant, flight attendant, law clerk)

Intermediate clerical, sales or service worker (eg typist, word processing / data entry operator, receptionist, child care worker, nursing assistant, hospitality worker)

Intermediate production or transport worker (eg sewing machinist, machine operator, bus driver)

Elementary clerical, sales or service worker (eg filing / mail clerk, parking inspector, sales assistant, telemarketer, housekeeper)

Labourer or related worker (eg cleaner, factory worker, general farm hand, kitchenhand)

No paid job



0% Complete



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).

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).

53. ▶

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)

◀ RESUME LATER ▶

92% Complete

54. ▶ **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



93% Complete



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

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56. ▶ **Have we missed anything?**

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

< RESUME LATER >

95% Complete



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Help us keep in touch!

It would be helpful 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.

▶ **What is their full name?**

▶ **What is their relationship to you?**

Relative

Friend

Other (please specify)

▶ **What is their email address?**

▶ **What is their phone number?**

▶ **Building name / C\ instructions:**

▶ **Unit / Street address:**

▶ **Suburb:**

▶ **State:**

ACT

NSW

NT

QLD

SA

TAS

VIC

WA

▶ **Postcode:**





Thanks for participating in the WHoA survey.

We now encourage you to complete an optional additional Food Diary section. This step has been included so researchers can further investigate the important links between diet, and the health and wellbeing of Australian women.

Please list all food and drinks consumed in the past 24 hours. It does not have to reflect a 'typical day' but please be honest. The Food Diary should only take 15-20 minutes.

We will then provide you with a personal summary of your nutrient intake and a comparison to that of an average Australian woman.

START FOOD DIARY

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



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](#).

CLOSE

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