

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

1. What is your date of birth? 
(dd/mm/yyyy)



0% Complete



Powered by [DatStat](#)

2. Are you sure your birth date (19/03/1994) is correct?

Yes

No

3. Please provide a phone number we can call you on:

4. Are you living overseas?

Yes

No

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

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

Name(s)

Email & phone information

Address

6. Title

7. Given names

8. What is your preferred name?

9. Family name

10. Maiden name

11. Email:

12. Confirm email:

13. Mobile:

14. Home phone:

15. Work phone:

Residential Address Details

16. Building name / C\~ instructions:

17. Unit / street address:

18. Suburb:

19. State:

ACT

NSW

NT

QLD

SA

TAS

VIC

WA

20. Postcode:

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

Postal Address Details

22. Building name / C\ instructions:

23. Unit / street address:

24. Suburb:

25. State:

ACT

NSW

NT

QLD

SA

TAS

VIC

WA

26. Postcode:

Thanks for submitting your personal details.

The survey for our research starts here.

Women's health is about you and your life

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

27. In general, would you say your health is:

(Mark one only)

Excellent
Very good
Good
Fair
Poor

28. 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
Borderline Personality Disorder

Other major mental illness

None of these conditions

29. Have you been diagnosed with or treated for the following in the last 12 months?

(Mark all that apply)

Depression
Anxiety disorder
Post-traumatic stress disorder (*PTSD*)
Anorexia
Bulimia
Other eating disorder
Bipolar disorder
Borderline Personality Disorder

Other major mental illness

In what year was this first diagnosed or treated?

30. Depression	
31. Anxiety disorder	
32. Post-traumatic stress disorder (<i>PTSD</i>)	

33. Anorexia	
34. Bulimia	
35. Other eating disorder	
36. Bipolar disorder	
37. Borderline Personality Disorder	
38. Other major mental illness	

39. 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

Type I Diabetes

Type II Diabetes

Other major physical illness

None of these conditions

40. Have you been diagnosed with or treated for the following in the last 12 months?

(Mark all that apply)

Low iron (iron deficiency or anaemia)

Asthma

Endometriosis

Polycystic ovary syndrome

Thyroid condition

Type I Diabetes

Type II Diabetes

Other major physical illness

In what year was this first diagnosed or treated?

41. Low iron (iron deficiency or anaemia)	
42. Asthma	
43. Endometriosis	
44. Polycystic ovary syndrome	
45. Thyroid condition	

46. Type I Diabetes	
47. Type II Diabetes	
48. Other major physical illness	

49. 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)

Other

None of these conditions

50. Have you been diagnosed with or treated for the following in the last 12 months?

(Mark all that apply)

Urinary tract infection

Thrush or yeast infection

Chlamydia

Gonorrhoea

Genital herpes

Genital warts (HPV)

Other

None of these conditions

In what year was this first diagnosed or treated?

51. Urinary tract infection	
52. Thrush or yeast infection	
53. Chlamydia	
54. Gonorrhoea	
55. Genital herpes	
56. Genital warts (HPV)	
57. Other	

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

(Mark one on each line)

	Never	Rarely	Sometimes	Often
58. Allergies, hay fever, sinusitis				
59. Breathing difficulties				
60. Skin problems				

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

(Mark one on each line)

	Never	Rarely	Sometimes	Often
61. Headaches / migraines				
62. Severe tiredness				
63. Stiff or painful joints				
64. Back pain				
65. 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
66. Difficulty sleeping				
67. Depression				
68. Episodes of intense anxiety (eg panic attacks)				
69. Other mental health problems				
70. Palpitations (feeling that your heart is racing or fluttering in your chest)				

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

(Mark one on each line)

	Never	Rarely	Sometimes	Often
71. Vaginal discharge or irritation				
72. Premenstrual tension				
73. Irregular periods				
74. Heavy periods				
75. Severe period pain				

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

(Mark one on each line)

	Never	Rarely	Sometimes	Often
76. Urine that burns or stings				
77. Leaking urine				
78. Constipation				
79. Haemorrhoids (piles)				
80. Other bowel problems				

81. Have you leaked even small amounts of urine in the last month?

(Mark one only)

Yes

No

In the last month, when you wet yourself (leaked urine) was it when you:

(Mark one on each line)

	Never	Rarely	Sometimes	Often
82. Coughed, laughed or sneezed?				
83. Stood from a sitting position?				
84. Bent down to pick something up?				
85. Walked up or down stairs?				
86. Were sitting quietly in a chair?				
87. Were on your way to the toilet?				
88. Put your key in the door?				
89. Stepped into water or had your hands in water?				
90. Lifted something heavy?				
91. Engaged in sexual intercourse?				
92. Had to wait to use the toilet?				
93. Leaked urine without realising it at the time?				
94. Did not go to the toilet immediately when you first felt the need to urinate?				
95. Played sport or exercised?				

96. Leaked urine on any other occasion not mentioned?				

When you wet yourself (leaked urine) was it:

(Mark one on each line)

	Drops or just a little	More than just drops
97. Coughed, laughed or sneezed?		
98. Stood from a sitting position?		
99. Bent down to pick something up?		
100. Walked up or down stairs?		
101. Were sitting quietly in a chair?		
102. Were on your way to the toilet?		
103. Put your key in the door?		
104. Stepped into water or had your hands in water?		
105. Lifted something heavy?		
106. Engaged in sexual intercourse?		
107. Had to wait to use the toilet?		
108. Leaked urine without realising it at the time?		
109. Did not go to the toilet immediately when you first felt the need to urinate?		
110. Played sport or exercised?		
111. Leaked urine on any other occasion not mentioned?		

112. How much does leaking urine interfere with your everyday life?

(Mark one only)

1 (Not at all)	2	3	4	5	6	7	8	9	10 (a great deal)

In the last month, have you done any of the following because you feared you would wet yourself (leak urine)?

(Mark one on each line)

	Never	Rarely	Sometimes	Often
113. Refused an invitation to go out				
114. Avoided leaving the house				
115. Seen less of your friends				
116. Avoided sexual intercourse				
117. Made a conscious effort to find out where public toilets are located				
118. Avoided using public transport				
119. Avoided wearing certain clothes				
120. Worn protective pads				
121. Avoided having your hands in water for longer than one minute				
122. Avoided recreational activities (hobbies) that you used to do				
123. Avoided sporting activities				
124. Cut down on drinking liquids (eg water, tea, coffee)				
125. Gone to the toilet "just in case" during normal day-to-day activities				
126. Got out of bed more than twice in one night				
127. Rushed to the toilet urgently the minute you first felt the need to				

128. Have you sought help or advice from a health-care professional about how best to manage your leaking urine?

(Mark one only)

Yes

No

129. Why haven't you sought help or advice for leaking urine?

(Mark all that apply)

I don't consider my urinary leakage to be a problem

I think it will go away by itself

I feel I can manage the problem on my own

I don't know who to ask for help

I don't know what to say

I am too embarrassed to seek help

I want to see a female practitioner and there is none available

I am afraid they will recommend surgery

There is a long waiting period for an appointment

I can't

I am too busy

I don't want to

Other

None of the above

Thinking about bladder control, how important do you think it is for women to:

(Mark one on each line)

	Not at all important	Somewhat important	Very important
130. Maintain a healthy body weight?			
131. Drink at least 6 cups of fluid every day?			
132. Limit the amount of caffeine (eg coffeee, cola) in their diet?			
133. Limit the amount of alcohol in their diet?			
134. Eat a high-fibre diet (with wholemeal or mixed grain bread, cereals, brown rice, and wholemeal pasta)?			
135. Not use laxatives for a long period of time?			
136. Do regular pelvic floor muscle exercises?			
137. Empty their bladder completely when they pass urine?			
138. Not go to the toilet more often than they really need to?			
139. Treat a cough or hayfever as quickly as possible?			

140. When you are 40, would you like to have:

(Mark one only)

No children

1 child

2 children

3 or more children

141. Have you ever been sexually active?

(Mark one only)

Yes

No

142. Have you ever had penis in vagina sex?

Yes

No

I prefer not to answer

143. Thinking about the LAST TIME you had penis in vagina sex, did you use any of the following?

(Mark all that apply)

The Pill

Condoms

Implanon

Mirena

Other contraceptive

None

144. Are you currently pregnant?

(Mark one only)

No

Less than 3 months

3 to 6 months

More than 6 months

Don't know

Do any of the following apply to you?

(Mark one on each line)

	Yes	No
145. I am trying to become pregnant		
146. I have had a tubal ligation		
147. My partner has had a vasectomy		
148. I cannot have children		
149. My partner cannot have children		

150. How many times have you been pregnant?

(Please type '0' if you have never been pregnant)

times

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.**

151. Live births	
------------------	--

152. Miscarriages	
153. Abortions or terminations (for personal reasons)	
154. Abortions or terminations (for medical reasons)	
155. Ectopic pregnancies (tubal pregnancies)	

156. When did your miscarriages (before 20 weeks pregnant) occur?

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

157. When did your abortions / terminations (for personal reasons) occur?

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

158. When did your abortions / terminations (for medical reasons), not including ectopic pregnancy occur?

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

159. When did your ectopic pregnancies (tubal pregnancy) occur?

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

160. Have you ever given birth?

(Mark one only)

Yes

No

If you have ever given birth, please type the date of each birth in the box.

(If you have had a stillbirth, at least 20 weeks gestation or at least 400 grams birth weight, please include.

If you had twins, please type the date twice.)

(Please type "0" if unknown)

161. 1st child	DD/MM/YYYY
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162. Birth weight

(Please type "0" if unknown)

	kgs (eg 3.6kg)	OR	lbs (eg 6lb)	oz (eg 4oz)
Child 1				

Length at birth

(cm, eg 51cm)

(Please type "0" if unknown)

163.	1st	cms
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164. When did your births occur?

	Weeks Pregnant	Did your baby receive any breast milk? (Mark <u>all that apply</u>)
Birth 1		

165. This question is about breastfeeding:

	How many complete months was your baby breastfed?	Are you currently breastfeeding?
Birth 1		

166. Did you experience any of the following?

(Mark all that apply)

Stillbirth (at least 20 weeks gestation or at least 400 grams birth weight)

Never experienced this

1st Child

167. Caesarean section before going into labour

Never experienced this

1st Child

168. Induction of labour (with gel or drip)

Never experienced this

1st Child

169. Caesarean section after labour started

Never experienced this

1st Child

170. Labour lasting more than 36 hours

Never experienced this

1st Child

171. Gas or injection for pain relief

Never experienced this

1st Child

172. Epidural or spinal block

Never experienced this

1st Child

173. Episiotomy (cut to perineum)

Never experienced this

1st Child

174. A vaginal tear requiring stitches

Never experienced this

1st Child

175. Instrumental delivery (forceps / vacuum)

Never experienced this

1st Child

176. Emotional distress during delivery

Never experienced this

1st Child

177. Baby requiring admission to special care / Neonatal Intensive Care Unit (NICU)

Never experienced this

1st Child

178. Death of a live-born baby within the first month

Never experienced this

1st Child

179. Death of a child after the first month

Never experienced this

1st Child

180. For your most recent pregnancy, were you:

(Mark one only)

Given any information about emotional well being during pregnancy and early parenthood (eg about depression, anxiety, parenting stress)?

- Never
- Yes, during pregnancy
- Yes, following birth
- Yes, both during pregnancy and following birth

181. Asked any questions by a midwife, GP, child health nurse or other professional about your emotional well being (eg given a questionnaire to complete)?

- Never
- Yes, during pregnancy
- Yes, following birth
- Yes, both during pregnancy and following birth

182. Were you diagnosed with or treated for:

(If you have had a stillbirth, at least 20 weeks gestation or at least 400 grams birth weight, please include.)
(Mark all that apply)

Antenatal depression?

- Never experienced this
- 1st Child

183. Postnatal depression?

- Never experienced this
- 1st Child

184. Antenatal anxiety?

- Never experienced this
- 1st Child

185. Postnatal anxiety?

- Never experienced this
- 1st Child

186. Gestational diabetes?

- Never experienced this
- 1st Child

187. Hypertension (high blood pressure) during pregnancy?

- Never experienced this
- 1st Child

188. Pre-eclampsia during pregnancy?

Never experienced this

1st Child

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

(Mark one only)

No, have never tried to get pregnant

No, have had no problem with fertility

Yes, but have not sought help / treatment

Yes, and have sought help / treatment

190. At the time of the birth or adoption of your youngest child, were you employed (or self-employed), even if you were on leave?

(Mark one only)

I have not given birth or adopted a child

Yes, full-time work (35 or more hours per week)

Yes, part-time work (less than 35 hours per week)

Yes, casual / temp work (irregular hours)

No, but I was looking for work

I was not in the paid workforce

191. Did you take leave from your paid work (including self-employment) for the birth or adoption of your youngest child?

(Mark one only)

Yes

No

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

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

Before the birth / adoption of youngest child.

Paid leave	
192. Employer-paid parental leave	weeks
193. Government-paid parental leave	weeks
194. Annual leave OR long service leave	weeks
195. Sick leave	weeks
Unpaid leave	
196. Unpaid leave	weeks

197. Mark here if you are currently on parental leave.

After the birth / adoption of youngest child.

If you went back to work 6 days or less after giving birth or adoption, please enter '1'.

Paid leave	
198. Employer-paid parental leave	weeks
199. Government-paid parental leave	weeks
200. Annual leave OR long service leave	weeks
201. Sick leave	weeks
Unpaid leave	
202. Unpaid leave	weeks

203. In relation to your youngest child, how satisfied were you with the following arrangements?

(Mark one only)

Parental leave arrangements

Very satisfied

Satisfied

Dissatisfied

Very dissatisfied

Not applicable

204. Return to work arrangements

Very satisfied

Satisfied

Dissatisfied

Very dissatisfied

Not applicable

205. Do you have children living with you (your own, your partner's, fostered etc)?

(Mark one only)

Yes

No

If you have children living with you (your own, your partner's, fostered etc), how many are:

(Mark one on each line)

None	One	Two	Three	Four or more
------	-----	-----	-------	--------------

206.	Under 12 months?					
207.	12 months - 5 years?					
208.	6 - 12 years?					
209.	13 - 16 years?					
210.	17 years or over?					

Most parents need someone to care for their children when they cannot.

Formal child care includes before and / or after school care, long day care, family day care, occasional care and preschool. **Informal child care** includes care by family, friends (paid or unpaid) and a paid babysitter.

211. In a normal week, how often do you usually use child care?

(Mark one only)

Formal care

Do not use this type of child care

Less than 5 hrs

5-10 hrs

11-20 hrs

21-30 hrs

31-40 hrs

More than 40 hrs

212. Informal care

Do not use this type of child care

Less than 5 hrs

5-10 hrs

11-20 hrs

21-30 hrs

31-40 hrs

More than 40 hrs

Whether you use child care or not, please answer the following questions.

(Mark one on each line)

	Yes	No	Don't know
213. Is formal child care located in an area convenient to you?			
214. Are formal child care places available to you?			
215. Is the cost of formal child care a problem for you?			

216.	Is informal child care available to you?			
------	--	--	--	--

217. 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

218. 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

219. If you smoke daily, on average how many cigarettes do you smoke EACH DAY?
 (TYPE the number in the box)
 cigarettes per day

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

Yes	No

In the last 12 months, how often did you use Marijuana / Cannabis?
 (Mark one on each line)

	Every day	Once a week or more	About once a month	Every few months	Once or twice a year	Never
221. For recreational use						
222. For medicinal use						


223. 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

224.

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

225. 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

226. 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) --

227. Have you ever had reason to believe that you may have had your drink spiked in the past?

(Mark one only)

- Yes

No

Unsure

228. 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

229. 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

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

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

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

234. 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)		

The following questions ask about your use of stairs.

(A flight of stairs is at least ten steps connecting two levels of a building, station etc)

(Mark one on each line)

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

How many flights of stairs do you walk UP on a usual work day and a usual non-work day?

(Please include stairs at home, at work and in other places such as stations and shopping centres.)

238. Work day (Type "0" if you do not work)	flights each day
239. Non-work day	flights each day

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.

Which of the following events have you experienced?

(Mark as many as apply on each line)

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

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)

242. Have you ever had a partner or spouse?

(Mark one only)

Yes	No

The following questions ask about difficult situations you may have experienced.

Some people prefer not to answer questions of this nature.

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

This question asks about situations you may have experienced with current or past partners.

[?]

(Mark as many as apply on each line)

My partner:	In the last 12 months	More than 12 months ago	Never
243. Blamed me for causing their violent behaviour			
244. Pushed, grabbed, shoved, shook or threw me			
245. Tried to turn my family, friends or children against me or tried to convince them I was crazy			
246. Used a knife or gun or other weapon			
247. Beat me up			
	In the last 12 months	More than 12 months ago	Never
248. Threatened to use a knife or gun or other weapon			
249. Forced me to take part in unwanted sexual activity			
250. Followed me or harassed me around my neighbourhood / work			
251. Threatened to harm or kill me, my family, children, friends, or pets			
252. Choked me			
	In the last 12 months	More than 12 months ago	Never

253. Harassed me over the telephone, email, Facebook or internet			
254. Told me that I was stupid or crazy, or that I wasn't good enough			
255. Kicked, bit, slapped or hit me with a fist or tried to hit me with something			
256. Tried to keep me from seeing or talking to my family, friends or children, or didn't want me to socialise			
257. Confined or locked me in a room or other space			
	In the last 12 months	More than 12 months ago	Never
258. Refused to let me work outside the home			
259. Took my wallet and left me stranded			
260. Kept me from my money or credit cards			
261. Followed me or hung around outside my home			
262. Became upset if dinner / housework wasn't done when they thought it should be			
	In the last 12 months	More than 12 months ago	Never
263. Told me that I was ugly or that no one would ever want me			

How often did this happen in the last 12 months?

My Partner:

(Mark one only)

	Once	A few times	Monthly	Weekly	Daily / almost daily
264. Blamed me for causing their violent behaviour					
265. Pushed, grabbed, shoved, shook or threw me					

266. 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)

267. 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

268. 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

269. 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

270. 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

271. 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

272. 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

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

In the past 4 weeks:

(Mark one on each line)

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

281. About how often did you feel depressed?	-- Select One (may need scrolling) --
282. About how often did you feel that everything is an effort?	-- Select One (may need scrolling) --
283. About how often did you feel so sad that nothing could cheer you up?	-- Select One (may need scrolling) --
284. 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.

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

(Mark one on each line)

285. Own health	-- Select One (may need scrolling) --
286. Health of family members	-- Select One (may need scrolling) --
287. Work / employment	-- Select One (may need scrolling) --
288. Living arrangements	-- Select One (may need scrolling) --
289. Study	-- Select One (may need scrolling) --
290. Money	-- Select One (may need scrolling) --
291. Relationship with parents	-- Select One (may need scrolling) --
292. Relationship with partner / spouse	-- Select One (may need scrolling) --
293. Relationship with other family members	-- Select One (may need scrolling) --
294. Relationship with friends	-- Select One (may need scrolling) --
295. Motherhood / children	-- Select One (may need scrolling) --

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

(Mark one only)

	Strongly agree	Agree	Disagree	Strongly disagree
296. I feel that I'm a person of worth, at least on an equal plane with others				
297. I feel that I have a number of good qualities				
298. All in all, I am inclined to feel that I am a failure				
299. I am able to do things as well as most other people				
300. I feel I do not have much to be proud of				
301. I take a positive attitude toward myself				

302. On the whole, I am satisfied with myself				
303. I wish I could have more respect for myself				
304. I certainly feel useless at times				
305. At times, I think I am no good at all				

306. 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

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)

307. Someone to help you if you are confined to bed	-- Select One (may need scrolling) --
308. Someone you can count on to listen to you when you need to talk	-- Select One (may need scrolling) --
309. Someone to give you good advice about a crisis	-- Select One (may need scrolling) --
310. Someone to take you to the doctor if you need it	-- Select One (may need scrolling) --
311. Someone who shows you love and affection	-- Select One (may need scrolling) --
312. Someone to have a good time with	-- Select One (may need scrolling) --
313. Someone to give you information to help you understand a situation	-- Select One (may need scrolling) --
314. Someone to confide in or talk to about yourself or your problems	-- Select One (may need scrolling) --
315. Someone who hugs you	-- Select One (may need scrolling) --
316. Someone to get together with for relaxation	-- Select One (may need scrolling) --
317. Someone to prepare your meals if you are unable to do it yourself	-- Select One (may need scrolling) --
318. Someone whose advice you really want	-- Select One (may need scrolling) --
319. Someone to do things with to help you get your mind off things	-- Select One (may need scrolling) --
320. Someone to help with daily chores if you are sick	-- Select One (may need scrolling) --
321. Someone to share your most private worries and fears with	-- Select One (may need scrolling) --
322. Someone to turn to for suggestions about how to deal with a personal problem	-- Select One (may need scrolling) --
323. Someone to do something enjoyable with	-- Select One (may need scrolling) --
324. Someone who understands your problems	-- Select One (may need scrolling) --
325. Someone to love and make you feel wanted	-- Select One (may need scrolling) --

326. 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

327. 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

328. Are you currently employed and actively seeking more work?

(Mark one only)

- No
- Yes

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

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

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

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

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

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

332. 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

333. 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

334. 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

Other

335. Which of the six statements best describes you? I am sexually attracted to:

(Mark one only)

Only to females

More often to females

Equally both

More often to males

Only to males

Never to anyone

Don't want to answer

336. Which statement best describes you? I have had sexual experiences:

(Mark one only)

Only with females

More often with females

Equally with both

More often with males

Only with males

No experience

Don't want to answer

337. 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

338. What is your residential postcode?

339. What is your postal postcode?

340. 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

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

Number of days

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

Number of hours

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).

343.

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)

344. 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

345. What was the MAIN reason for your needing help to fill in this survey?

(Please describe)

346. Have we missed anything?

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

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.

347. What is their full name?

348. What is their relationship to you?

- Relative
- Friend
- Other (please specify)

349. What is their email address?

350. What is their phone number?

351. Building name / C\ instructions:

352. Unit / Street address:

353. Suburb:

354. State:

- ACT
- NSW
- NT
- QLD
- SA
- TAS
- VIC
- WA

355. Postcode:

<

RESUME LATER

>

0% Complete

