Ninth survey for women of the 1946 – 51 cohort

2019

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How to complete this survey

This is the ninth 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 42. 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 2018 newsletter: http://www.alswh.org.au/participants-newsletter/2018/.

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.

Q1 What is your date of birth?

Day / Month / Year: 1 9

Q2 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)*

The next three questions ask only about NOW - how your health is NOW and about how your health limits certain activities NOW.

Q3 In general, would you say your health is: *(Mark one only)*

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

Q4 Compared to one year ago, how would you rate your health in general now? *(Mark one only)*

- Much better now than one year ago ☒
- Somewhat better now than one year ago ☒
- About the same as one year ago ☒
- Somewhat worse now than one year ago ☒
- Much worse now than one year ago ☒

Q5 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.

Q6 **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)*	☒	☒

Q7 **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	☒	☒

Q8 **During the PAST FOUR WEEKS, to what extent has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your normal social activities with family, friends, neighbours or groups?** *(Mark one only)*

- Not at all ☒
- Slightly ☒
- Moderately ☒
- Quite a bit ☒
- Extremely ☒

Q9 **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 ☒

Q10 **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 ☒

Q11 **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?	☒	☒	☒	☒	☒	☒

Q12 **During the PAST FOUR WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities *(like visiting friends, relatives etc)*?** *(Mark one only)*

All of the time	☒
Most of the time	☒
Some of the time	☒
A little of the time	☒
None of the time	☒

Q13 **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	☒	☒	☒	☒	☒

Q14 **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	☒	☒	☒	☒	☒	☒	☒

Q15 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	Occupational therapist	☒	☒
o	Exercise physiologist	☒	☒
p	Personal trainer	☒	☒
q	Other alternative health practitioner *(eg aromatherapist, homeopath, reflexologist, iridologist)*	☒	☒

Q16 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	☒	☒	☒	☒
g	Medications prescribed by a doctor	☒	☒	☒	☒

Q17 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?	☒	☒	☒	☒

Q18 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 ☒

Q19 Have you been admitted to hospital in the LAST TWELVE MONTHS? *(Mark one only)*

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

Q20 Do you have private health insurance for: *(Mark one for each column)*

	HOSPITAL COVER	ANCILLARY services *(eg dental, physiotherapy)*
Yes	☒	☒
No – I am covered by Veterans' Affairs (white card or gold card)	☒	☒
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 – other reason	☒	☒

Q21 Which of the following types of cover do you have for health services *(excluding your Medicare card)*: *(Mark all that apply)*

Department of Veterans' Affairs Gold Card / White Card	☒
Commonwealth Seniors Health Card	☒
Pensioner Concession Card	☒
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)*	☒
None of these	☒

Q22a When did you last have:
(Mark one on each line)

		Last 12 months	1 to 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	Cervical cancer screening *(a pap test or human papillomavirus (HPV) 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?	☒	☒	☒	☒	☒	☒	☒

Q22b Who checked your:
(Mark one on each line)

		Pharmacist	GP / Doctor / Pathologist	Nurse	Self	Other	Not applicable
a	Blood pressure?	☒	☒	☒	☒	☒	☒
b	Skin?	☒	☒	☒	☒	☒	☒
c	Cholesterol?	☒	☒	☒	☒	☒	☒
d	Blood sugar level?	☒	☒	☒	☒	☒	☒

Q23 In the PAST THREE YEARS have you had an abnormal result from: *(Mark one on each line)*

		Yes	No abnormal result	No test in the past 3 years	Don't know
a	Cervical cancer screening *(a pap test or human papillomavirus (HPV) test)?*	☒	☒	☒	☒
b	A mammogram?	☒	☒	☒	☒

Q24 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 colonoscopy or sigmoidoscopy?	☒	☒
e	Had a faecal occult blood test *(FOBT)*?	☒	☒
f	Been vaccinated for influenza *(the 'flu')*?	☒	☒
g	Had a pneumococcal vaccine *(also called PPV, for pneumonia)*?	☒	☒
h	Had a vaccination for herpes zoster *(chicken pox / shingles)*?	☒	☒

Q25 Are you CURRENTLY taking Hormone Replacement Therapy *(HRT)*? *(Mark one only)*

Yes ☒
No ☒

Q26 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 ☒

Q27 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?	☒	☒

Q28 **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 cervical cancer screening *(a pap test or human papillomavirus (HPV) test)*	☒	☒	☒	☒	☒	☒
n	Access to a counselling service if you need it	☒	☒	☒	☒	☒	☒

Q29 **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	☒

Q30a **Thinking about your last fall, when was it?**

Year ☐☐☐☐ ☒ Not applicable *(go to Q31)*

Q30b **What were you doing when you fell?**

Walking / running	☒
Going up or down steps, stairs, kerb or gutter	☒
Getting out of bed / chair	☒
Gardening / housework	☒
Carrying or bending	☒
Dressing / bathing	☒
Visiting the toilet	☒
Sport or other recreation	☒
Public transport	☒
Other *(Please specify on page 42)*	☒

Q31 **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).

Q32 **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	☒

Q33 (cont) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

		Yes, in the past 3 years
a	Type 1 diabetes	☒
b	Type 2 diabetes	☒
c	Impaired glucose tolerance *(pre-diabetic)*	☒
d	None of these conditions	☒

Q33 (cont) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

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

Q33 (cont) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

		Yes, in the past 3 years
j	Acute myocardial infarction / heart attack / acute coronary syndrome	☒
k	Congestive heart failure	☒
l	Rate or rhythm disorder *(Atrial fibrillation, bundle branch block, tachycardia)*	☒
m	Unstable angina	☒
n	Valvular disease or murmur	☒
o	Thrombosis *(a blood clot)*	☒
p	Hypertension *(high blood pressure)*	☒
q	Stroke	☒
r	Kidney disease	☒
s	None of these conditions	☒

Q33 (cont) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

		Yes, in the past 3 years
t	Parkinson's Disease	☒
u	Mild Cognitive Impairment *(MCI)*	☒
v	Alzheimer's Disease or Dementia	☒
w	Peripheral neuropathy	☒
x	None of these conditions	☒

Q33 (cont) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

		Yes, in the past 3 years
y	Low iron level *(iron deficiency or anaemia)*	☒
z	Asthma	☒
aa	Chronic bronchitis / emphysema / lung disease / chronic obstructive pulmonary disease *(COPD)*	☒
bb	Shingles	☒
cc	None of these conditions	☒

Q33 (cont) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

		Yes, in the past 3 years
dd	Breast cancer	☒
ee	Cervical cancer	☒
ff	Lung cancer	☒
gg	Bowel cancer *(colorectal cancer)*	☒
hh	Skin cancer *(including melanoma)*	☒
ii	Other cancer *(Please specify on page 42)*	☒
jj	None of these conditions	☒

Q33 (cont) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

		Yes, in the past 3 years
kk	Depression	☒
ll	Anxiety / nervous disorder	☒
mm	Other psychiatric disorder	☒
nn	None of these conditions	☒

Q33 (cont) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

		Yes, in the past 3 years
oo	Macular degeneration	☒
pp	Cataracts	☒
qq	Glaucoma	☒
rr	None of these conditions	☒

Q33 (cont) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

		Yes, in the past 3 years
ss	Sexually transmitted infection *(eg genital herpes or warts, chlamydia)*	☒
tt	None of these conditions	☒

Q33 (cont) **In the PAST THREE YEARS, have you been diagnosed with or treated for any other major illness or disability not already noted?** *(Mark one only)*

		Yes, in the past 3 years
uu	Yes *(Please specify on page 42)*	☒
vv	No other condition	☒

Q34 **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	Bariatric surgery *(eg gastric banding surgery, sleeve gastrectomy, gastric bypass)*	☒
r	Cataract surgery	☒
s	Angioplasty / coronary artery bypass / stent	☒
t	Insertion of pacemaker	☒
u	None of these	☒

Q35 **If you have had a hysterectomy, how old were you?**

PRINT age in the box ☐☐ years old

Q36 **How would you rate the overall condition of your teeth, dentures or gums?** *(Mark one only)*

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

Q37 **There are 16 teeth, including wisdom teeth, in the upper jaw. How many teeth do you have remaining in your UPPER jaw?**

(Please write number in boxes) ☐☐

Q38 **There are 16 teeth, including wisdom teeth, in the lower jaw. How many teeth do you have remaining in your LOWER jaw?**

(Please write number in boxes) ☐☐

Q39 How would you rate your sense of taste over the past four weeks? *(Mark one only)*

10	9	8	7	6	5	4	3	2	1
Best possible									Unable to taste

Q40 How would you rate your sense of smell over the past four weeks? *(Mark one only)*

10	9	8	7	6	5	4	3	2	1
Best possible									Unable to smell

Q41 Do you have: *(Mark all that apply)*

		Yes
a	Difficulty seeing newspaper print, even with glasses?	☒
b	Difficulty recognising people across the road, even with glasses?	☒
c	Difficulty in hearing a conversation, even with a hearing aid?	☒
d	Difficulty speaking?	☒
e	None of the above	☒

Q42 In the PAST FOUR WEEKS, have you taken any: *(Mark one on each line)*

		Yes	No
a	Salbutamol *(eg Ventolin™, Butamol™, Airomir™, Epaq™)*	☒	☒
b	Aspirin *(eg Aspro Clear™, Cardiprin™)*	☒	☒
c	Paracetamol *(eg Panadol™)*	☒	☒
d	Ibuprofen *(eg Nurofen™)*	☒	☒
e	Vitamin D	☒	☒
f	Vitamin C	☒	☒
g	Vitamin B or Vitamin B Complex	☒	☒
h	Multivitamins	☒	☒
i	Iron	☒	☒
j	Glucosamine	☒	☒
k	Omega 3 *(eg fish oil)*	☒	☒
l	Calcium tablets *(eg Caltrate™)*	☒	☒
m	Magnesium supplements	☒	☒
n	CoEnzyme Q10 *(CoQ10)*	☒	☒
o	Zinc	☒	☒
p	Lysine	☒	☒
q	Medications to help you sleep	☒	☒
r	Other vitamins, supplements or herbal therapies *(Please specify on page 42)*	☒	☒

Q43 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	☒	☒	☒	☒	☒

Q44 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

Q45 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

Q46 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

Q47 **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	☒	☒	☒	☒

Q47 (cont) **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	☒	☒	☒	☒

Q47 (cont) **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	☒	☒	☒	☒

Q47 (cont) **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	☒	☒	☒	☒
w	Pelvic pain	☒	☒	☒	☒

Q47 (cont) **In the LAST 12 MONTHS, have you had any of the following:**
(Mark one on each line)

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

Q47 (cont) **In the LAST 12 MONTHS, have you had any of the following:**
(Mark one on each line)

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

Q47 (cont) **In the LAST 12 MONTHS, have you had any of the following:**
(Mark one on each line)

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

Q48 **Do you experience and if so how much are you bothered by:**
(Mark one on each line)

		Not at all	Slightly	Moderately	Greatly
a	Urine leakage related to the feeling of urgency	☒	☒	☒	☒
b	Urine leakage related to physical activity, coughing or sneezing	☒	☒	☒	☒
c	Small amounts of urine leakage *(drops)*	☒	☒	☒	☒

Q49 **How often do you experience urine leakage:**

- Never ☒
- Less than once a month ☒
- A few times a month ☒
- A few times a week ☒
- Every day and / or night ☒

Q50 **How much urine do you lose each time:**

- None ☒
- Drops ☒
- Small splashes ☒
- More ☒

Q51 **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'	☒	☒	☒	☒

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

Q52 **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

Q53 **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

Q54a **Including any activities already reported above, in the last week did you do any strength or toning activities (such as lifting weights, pull-ups, push-ups, sit-ups, yoga, pilates)?**
(Mark one only)

- Yes ☒
- No ☒

Q54b **How many times did you do any strength or toning activities last week?**

☐☐ Number of times

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

☐☐ hours ☐☐ minutes

Q55 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 set-backs in my life	☒	☒	☒	☒	☒

Q56 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
a	Own health		☒	☒	☒	☒	☒
b	Living arrangements		☒	☒	☒	☒	☒
c	Money		☒	☒	☒	☒	☒
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	☒	☒	☒	☒	☒	☒

Q57 How satisfied are you with your sex life? *(Mark one only)*

- Very dissatisfied ☒
- Dissatisfied ☒
- Neither satisfied nor dissatisfied ☒
- Satisfied ☒
- Very satisfied ☒

Q58 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	☒	☒	☒	☒	☒	☒

Q59 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	☒	☒	☒

Q60 Please indicate which of the following apply to you. *(Mark all that apply)*

		Yes
a	My age prevents me from doing the things I would like to do	☒
b	I feel that what happens to me is out of my control	☒
c	I feel left out of things	☒
d	I can do the things I want to do	☒
e	I feel that I can please myself with what I do	☒
f	Shortage of money stops me from doing things I want to	☒

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.

Q61 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

Q62 How often do you usually drink alcohol? *(Mark one only)*

I have never drunk alcohol in my life	☒ → go to Q65
I never drink alcohol, but I have in the past	☒
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	☒

Q63 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	☒

Q64 **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

Q65 **Have you tried marijuana (cannabis, hash, grass, dope, pot)?**
(Mark all that apply)

- Yes, in the last 12 months
- Yes, more than 12 months ago
- Never

Q66 **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

Q67 **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

Q68 **How often do you currently smoke cigarettes or any tobacco products?** *(Mark one only)*

- Daily → **Go to Q69**
- At least weekly *(but not daily)*
- Less often than weekly
- Not at all

→ **Go to Q70**

Q69 **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 Q72**

Q70 **Have you ever smoked DAILY?**
(Mark one only)

- Yes
- No → **if no, go to Q72**

Q71 **At what age did you finally stop smoking DAILY?** *(PRINT age in the box)*

[ ][ ] years old

Q72 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?	☒	☒
i	Are you sad or lonely often?	☒	☒
j	Can you take your own medication and get around by yourself?	☒	☒
k	Does someone in your family make you stay in bed or tell you you're sick when you know you are not?	☒	☒
l	Do you trust most of the people in your family?	☒	☒
m	Do you have enough privacy at home?	☒	☒
n	Does anyone in your family drink a lot of alcohol?	☒	☒

Q73 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 2010	☒
c	2010-2013	☒
d	2014-2016	☒
e	2017	☒
f	2018	☒
g	2019	☒

Q74 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	☒	☒	☒
c	Major decline in health of spouse or partner	☒	☒	☒
d	Major decline in health of close family member or family friend	☒	☒	☒
e	Death of spouse or partner	☒	☒	☒
f	Death of child	☒	☒	☒
g	Death of other close family member	☒	☒	☒
h	Death of close family friend	☒	☒	☒

If you answered YES to any of the last three questions, you might like to talk to someone about how you are feeling. You could ring Lifeline on 13 11 14 (local call). If you are looking for information, counselling or support for experiences of violence or abuse, you can call 1800 RESPECT (1800 737 732), 24/7.

Q75 **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	Active leisure *(eg walking, exercise, sport)*	☒	☒	☒	☒	☒	☒	☒
h	Passive leisure *(eg TV, music, reading, relaxing)*	☒	☒	☒	☒	☒	☒	☒
i	Studying	☒	☒	☒	☒	☒	☒	☒
j	Socialising	☒	☒	☒	☒	☒	☒	☒
k	Buying goods and / or services *(eg paying bills, shopping)*	☒	☒	☒	☒	☒	☒	☒

Q76 **Do you do any volunteer work for any community or social organisations *(eg fundraising, community welfare, church activities, organising groups or classes, etc)?*** *(Mark one only)*

- ☒ Not at all
- ☒ Every day
- ☒ Every week
- ☒ Every month
- ☒ Less than once a month

Q77 **Do you have any pets in your household?** *(Mark all that apply)*

- **a** ☒ No pet
- **b** ☒ Dog
- **c** ☒ Cat
- **d** ☒ Fish
- **e** ☒ Horse
- **f** ☒ Chicken / Poultry
- **g** ☒ Bird *(not chicken / poultry)*
- **h** ☒ Other

Q78 **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 Q84
b	For someone who lives elsewhere	☒	☒	

Q79 **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

Q80 **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 ☒

Q81 **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 ☒

Q82 **Does the person you care for have any of the following major medical conditions or disabilities?** *If you care for more than one 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 42)*	☒

Q83 **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 42)*
☒	☒	☒	☒	☒	☒	☒	☒

Q84 **Do you regularly provide *(unpaid)* care for grandchildren or other people's children?** *(Mark one only)*

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

Q85 **Please indicate the following description that best fits your life now.** *(Mark one only)*

- Never been in paid work ☒ → **Go to Q88**
- Not retired from paid work ☒ → **Go to Q86**
- Partially retired from paid work ☒ → **Go to Q86**
- Completely retired from paid work ☒ → **Go to Q87**

Q86 **At what age do you expect to retire *(completely)* from the paid workforce?**

(Print age, in whole years, in the box) ☐☐☐ → **Go to Q88**

OR

- Do not expect to ever retire ☒ → **Go to Q88**
- Don't know ☒ → **Go to Q88**

Q87 **When did you retire or stop paid work completely?**

(Print year in the box) ☐☐☐☐

Q88 **Do you currently have a partner?**

- Yes ☒
- No ☒ → **Go to Q91**

Q89 **Please indicate the following description that best fits your partner's life now.** *(Mark one only)*

- Never been in paid work ☒ → **Go to Q91**
- Not retired from paid work ☒ → **Go to Q91**
- Partially retired from paid work ☒ → **Go to Q91**
- Completely retired from paid work ☒ → **Go to Q90**

Q90 **When did your partner retire or stop paid work completely?**

(Print year in the box) ☐☐☐☐

Q91 **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 ☒

Q92 **If all of a sudden you had to get $2000 for something important, could the money be obtained within a week?** *(Mark one only)*

- Yes ☒
- No ☒

Q93 Over the past year have any of the following happened to your household because of a shortage of money? *(Mark all that apply)*

		Yes
a	Could not pay electricity, gas or telephone bills on time	☒
b	Could not pay for car registration or insurance on time	☒
c	Pawned or sold something	☒
d	Went without meals	☒
e	Unable to heat home	☒
f	Sought assistance from welfare / community organisations	☒
g	Sought financial help from friends or family	☒
h	No / none	☒

Q94 What are your CURRENT sources of income? *(Mark all that apply)*

		Yes
a	Income from savings and investments *(such as shares and property)*	☒
b	Income from a business	☒
c	Income or pension from your spouse / partner	☒
d	Financial support from family	☒
e	Wage or salary	☒
f	Government pension *(eg age pension, widow's pension)*	☒
g	Own superannuation *(as a lump sum, pension or annuity)*	☒
h	Other sources *(Please specify on page 42)*	☒

Q95 What do you expect to be the sources for funding your care in the future? If you currently access care, please indicate the sources of funding for that care. *(Mark all that apply)*

a	Provided by family	☒
b	Fully paid for by the government	☒
c	Partially paid for by the government	☒
d	Personally funded	☒
e	Other	☒
f	Don't know	☒

Q96 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	☒

We would like to know about your current housing arrangements and future plans.

Q97 **Which of the following best describes your current housing situation? Do you live in:** *(Mark one only)*

- A house in city / town ☒
- A house on acreage / farm ☒
- A flat / unit / apartment / villa / townhouse ☒
- A caravan / mobile home / cabin / houseboat ☒
- A retirement village ☒
- A self care unit ☒
- A nursing home / residential aged care ☒
- Other ☒

Q98 **Have you moved house in the last 5 years?** *(Mark all that apply)*

- **a** No *(Go to Q100)* ☒
- **b** Yes, for a lifestyle change ☒
- **c** Yes, to be closer to services or family ☒
- **d** Yes, to move to smaller dwelling ☒
- **e** Yes, due to change in work or family circumstances ☒
- **f** Yes, for financial reasons ☒
- **g** Yes, for my health ☒
- **h** Yes, other reason ☒

Q99 **Who made the decision to move?** *(Mark all that apply)*

- **a** I did ☒
- **b** My spouse / partner ☒
- **c** My family ☒
- **d** Other circumstances ☒

Q100 **Have you made any changes to your current home?** *(Mark all that apply)*

- **a** Rails fitted to steps or stairs ☒
- **b** Modifications to bathroom ☒
- **c** Modified kitchen ☒
- **d** Installed a ramp ☒
- **e** Changed garden / outdoor area ☒
- **f** Modified furniture ☒
- **g** Other changes ☒
- **h** None of the above ☒

Q101 **For your current home, do you:** *(Mark one only)*

- **a** Own it outright *(including joint ownership with other family members)* ☒
- **b** Own it with a mortgage *(including joint ownership with other family members)* ☒
- **c** Rent *(private)* ☒
- **d** Rent *(public)* ☒
- **e** Pay board / lodging ☒
- **f** Live rent-free or with life-tenure *(ie neither own nor rent)* ☒
- **g** Other *(Please specify on page 42)* ☒

Q102 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	☒	☒	☒	☒	☒	☒

Q103 What is your main *(or most common)* means of transport? *(Mark one only)*

- Car *(you drive)* ☒
- Car *(someone else drives)* ☒
- Taxi ☒
- Bus, train and / or tram ☒
- Other ☒

Q104 Do you use any aids for getting around? *(Mark all that apply)*

a	Motorised scooter	☒
b	Wheelchair *(motorised or not)*	☒
c	Walking or wheeled frame	☒
d	Walking or quad stick	☒
e	I do not use any aids for getting around	☒

Q105 Do you have a problem with transport? *(Mark one on each line)*

		Yes	No	Not applicable
a	Getting to places at night	☒	☒	☒
b	Getting to local shops and services	☒	☒	☒
c	Getting beyond your local neighbourhood	☒	☒	☒

Q106 Do you have the following arrangements in place? *(Mark one on each line)*

		Yes, a legal written agreement	Yes, an informal written or verbal agreement	No, but I plan to in the future	No, I will not need this	Don't know
a	**A Will** *(instructions on how you would like your assets / property to be distributed after you die)*	☒	☒	☒	☒	☒
b	**An Enduring Power of Attorney** *(gives someone authority to look after your financial affairs)*	☒	☒	☒	☒	☒
c	**An Enduring Guardianship** *(gives someone authority to make health, lifestyle and medical decisions for you when you are not capable of doing this for yourself)*	☒	☒	☒	☒	☒
d	**An Advance Care Directive** *(known as a "Living Will" - sets out your directions, wishes and values that need to be considered before medical decisions are made on your behalf should you become seriously ill or injured and unable to make decisions)*	☒	☒	☒	☒	☒
e	**Other formal agreements** *(regarding your welfare or living arrangements)*	☒	☒	☒	☒	☒

Q107 **In the PAST MONTH, what activities have you done? Have you:**
(Mark one on each line)

		Yes	No
a	Taken care of houseplants or done any outdoor gardening?	☒	☒
b	Worked on a hobby or handiwork like sewing, knitting or woodworking?	☒	☒
c	Painted pictures or played a musical instrument?	☒	☒
d	Written any letters, poetry etc, read, did crosswords etc?	☒	☒
e	Done any paid work?	☒	☒
f	Other?	☒	☒

Q108 **People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds 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	☒	☒	☒	☒	☒

Q109 **Please respond to each item by marking one on each line.** *(Mark one on each line)*

		Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
a	I don't feel I belong to anything I'd call a community	☒	☒	☒	☒	☒	☒
b	I feel close to other people in my community	☒	☒	☒	☒	☒	☒
c	My community is a source of comfort	☒	☒	☒	☒	☒	☒
d	People who do a favour expect nothing in return	☒	☒	☒	☒	☒	☒
e	People do not care about other people's problems	☒	☒	☒	☒	☒	☒
f	I believe that people are kind	☒	☒	☒	☒	☒	☒
g	I have something valuable to give the world	☒	☒	☒	☒	☒	☒
h	My daily activities do not produce anything worthwhile for my community	☒	☒	☒	☒	☒	☒
i	I have nothing important to contribute to society	☒	☒	☒	☒	☒	☒

Q109 (cont) **Please respond to each item by marking one on each line.** *(Mark one on each line)*

		Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
j	The world is becoming a better place for everyone	☒	☒	☒	☒	☒	☒
k	Society has stopped making progress	☒	☒	☒	☒	☒	☒
l	Society isn't improving for people like me	☒	☒	☒	☒	☒	☒
m	The world is too complex for me	☒	☒	☒	☒	☒	☒
n	I cannot make sense of what's going on in the world	☒	☒	☒	☒	☒	☒
o	I find it easy to predict what will happen next in society	☒	☒	☒	☒	☒	☒

Q110 **What is your present marital status?** *(Mark one only)*

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

Q111 **If you have been widowed in the last 3 years, please write the date of bereavement in the box below:**

☐☐ / ☐☐ / ☐☐☐☐

Day Month Year

OR I have not been widowed in the last 3 years ☒

Q112 **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)*	☒	☒	☒	☒

Q113 **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	☒	☒	☒	☒

The next several questions ask about your usual intake of a range of foods and beverages. Over the next few pages, we'll ask questions about what you eat and drink and how often. Remember: There are no right or wrong answers so just respond as best as you can!

FRUIT

First up, fruit! The following questions help us understand if you eat fruit, how much you eat and how often.

EXAMPLE: HOW TO ANSWER For example, when we ask "How often do you usually eat fruit?" you can answer:

☐ each day ☒ each week ☐ each month ☐ I don't eat fruit

If you don't eat fruit each day but usually have some fruit in a week, choose "each week". Then, we'll ask how many serves of fruit you usually have in the selected time frame. If you usually have 1 apple, 2 bananas and 1 orange during the week, that would be 4 serves. Your answer can be in whole or half serves *(eg 1, 1.5, 2, etc)*

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0.5 serves 1 2 3 4 5 6 7 8 9 10 11 12 13 14 or more serves

Q114 How often do you usually eat fruit? Include fresh fruit, dried fruit and canned fruit.
DO NOT include fruit juice**.**

☐ each day ☐ each week ☐ each month ☐ I don't eat fruit *(Go to Q116)*

Q115 In total, how many serves of fruit do you usually eat in the timeframe selected above?
DO NOT include fruit juice.

1 serve of fruit =
- 1 medium piece *(eg apple, banana, orange, pear)*
- 2 small pieces *(eg apricots, plums, kiwi fruit)*
- 1 cup diced pieces *(eg grapes)* or canned fruit
- 30g of dried fruit *(eg 4 apricot halves, 1½ tbsp sultanas)*

☐ ☐

0.5 serves 1 2 3 4 5 6 7 8 9 10 11 12 13 14 or more serves

Q116 How often do you usually drink 100% fruit juice?

☐ each day ☐ each week ☐ each month ☐ I don't drink 100% fruit juice *(Go to Q118)*

Q117 In total, how many serves of 100% fruit juice do you usually drink in the timeframe selected above? 1 serve of fruit juice = ½ cup 100% fruit juice or 100% fruit juice concentrate.

☐ ☐

0.5 serves 1 2 3 4 5 6 7 8 9 10 11 12 13 14 or more serves

VEGETABLES

Let's move on to vegetables. These questions help us understand the different types of vegetables you eat and how often you eat them.

Q118 **How often do you usually eat starchy vegetables?** Starchy vegetables include potatoes, corn, sweet potato, taro, cassava and legumes *(eg baked beans, chickpeas and lentils)*.
DO NOT include hot chips**.**

☒ each day ☒ each week ☒ each month ☒ I don't eat starchy vegetables *(Go to Q120)*

Q119 **In total, how many serves of starchy vegetables *(NOT including hot chips)* do you usually eat in the timeframe selected above?**

1 serve of starchy vegetables =
- ½ medium potato / sweet potato / cassava / taro
- ½ cup mashed potato *(hot chips NOT included)*
- ½ cup baked beans, cooked, dried or canned beans, peas or lentils
- ½ cup or ½ cob of sweet corn

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q120 **How often do you usually eat salad vegetables?** Salad vegetables include lettuce, cucumber, tomato etc.

☒ each day ☒ each week ☒ each month ☒ I don't eat salad vegetables *(Go to Q122)*

Q121 **In total, how many serves of salad vegetables do you usually eat in the timeframe selected above?**

1 serve of salad vegetables =
- 1 cup green leafy or raw salad vegetables
- 1 medium tomato

☒ 0.5 ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q122 **How often do you usually eat cooked vegetables?** Include baked, roasted, steamed, fried, grilled and boiled green or orange vegetables *(eg broccoli, spinach, carrots, pumpkin)*.
DO NOT include starchy vegetables.

☒ each day ☒ each week ☒ each month ☒ I don't eat cooked vegetables *(Go to Q124)*

Q123 **In total, how many serves of cooked vegetables do you usually eat in the timeframe selected above?**

1 serve of cooked vegetables =
- ½ cup cooked fresh or frozen green or orange vegetables
- ½ cup tinned vegetables
- 1 cup vegetable soup (eg vegetable or pumpkin soup)

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q124 **How often do you usually drink vegetable juice?** Include fresh juice, canned or bottled vegetable juice.

☒ each day ☒ each week ☒ each month ☒ I don't drink vegetable juice *(Go to Q126)*

Q125 **In total, how many serves of vegetable juice do you usually drink in the timeframe selected above?**

1 serve = ½ cup of vegetable juice

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q126 **How often would your evening or main meal include three or more different vegetables?** Include cooked, raw and salad vegetables.

☒ always *(all the time)* ☒ usually *(two thirds of the time)* ☒ sometimes *(half the time)* ☒ never ☒ I don't eat vegetables with my main meal

BREADS & CEREALS

These next questions help us understand how much of your diet comes from the breads and cereals food group which includes pasta, rice, noodles and grains.

Q127 **How often do you usually eat bread?** Include any type of bread, bread rolls, flat bread, tortillas, crumpets, bagels or English muffins.

☒ each day ☒ each week ☒ each month ☒ I don't eat bread *(Go to Q130)*

Q128 **In total, how many serves of bread do you usually eat in the timeframe selected above?**

1 serve of bread =

- 1 slice of bread
- ½ medium roll or flat bread
- 1 crumpet
- 1 English muffin

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q129 **How often is the bread you eat wholegrain / wholemeal?** Include high fibre white bread, wholegrain made from white flour with added seeds / grains, wholemeal bread, wholemeal / wholegrain made from wholemeal flour with added seeds / grains.

☒ always *(all the time)* ☒ usually *(two thirds of the time)* ☒ sometimes *(half the time)* ☒ never ☒ I don't eat bread

Q130 **How often do you usually eat pasta, rice, noodles or other cooked cereals or grains?** Include rice, pasta, noodles, couscous, taco shells, polenta, barley, buckwheat, semolina, quinoa or other grains.

☒ each day ☒ each week ☒ each month ☒ I don't eat any of the foods listed above *(Go to Q132)*

Q131 **In total, how many serves of cooked cereals or grains do you usually eat in the timeframe selected above?**

1 serve of cooked cereals or grains =
- ½ cup of cooked rice, pasta or noodles
- ½ cup of cooked couscous, barley, polenta, buckwheat, semolina, quinoa or other grains

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q132 **How often do you usually eat breakfast cereal?** Include breakfast cereal flakes, oats, muesli or porridge.

☒ each day ☒ each week ☒ each month ☒ I don't eat breakfast cereals *(Go to Q134)*

Q133 **In total, how many serves of breakfast cereal do you usually eat in the timeframe selected above?**

1 serve of breakfast cereals =
- ½ cup (120g) porridge
- ⅔ cup (30g) cereal flakes
- ¼ cup (30g) muesli

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

MEAT & VEGETARIAN ALTERNATIVES

These next questions explore how much meat, poultry, fish, eggs and vegetarian alternatives you eat, and how often. Keep going - you're making good progress!

Q134 **How often do you usually eat red meats?** Red meats include beef, lamb, veal, offal *(eg liver, kidney)*, or game meats such as kangaroo. Include all steaks, chops, roasts, mince, stir-fries and casseroles. DO NOT include fish or chicken or processed meats such as sausages.

☒ each day ☒ each week ☒ each month ☒ I don't eat red meat *(Go to Q136)*

Q135 **In total, how many serves of red meat do you usually eat in the timeframe selected above?** DO NOT include chicken, fish or processed meats such as sausages.

1 serve of red meat =
- 65g cooked lean meat such as beef, lamb, veal, pork, goat or kangaroo
- include all steaks, chops, roasts, mince, stir-fries and casseroles
- 65g cooked meat = 100g raw meat

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q136 **How often do you usually eat poultry?** Poultry includes chicken or turkey. Include all steaks, chops, roasts, mince, stir-fries and casseroles. DO NOT include processed meats such as nuggets or sausages.

☒ each day ☒ each week ☒ each month ☒ I don't eat poultry *(Go to Q138)*

Q137 **In total, how many serves of poultry do you usually eat in the timeframe selected above?** DO NOT include processed meats such as chicken nuggets or sausages.

1 serve of poultry =
- 80g cooked chicken or turkey
- include all steaks, chops, roasts, mince, stir-fries and casseroles
- 80g cooked meat = about 100g raw meat

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q138 **How often do you usually eat fish?** Include fresh fish fillets and canned fish.

☒ each day ☒ each week ☒ each month ☒ I don't eat fish *(Go to Q140)*

Q139 **In total, how many serves of fresh or canned fish do you usually eat in the timeframe selected above?** DO NOT include processed fish such as fish fingers.

1 serve of fish =
- 100g cooked fish fillet *(100g cooked fish = about 115g raw meat)*
- 1 small can of fish

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q140 **How often do you usually eat meat products?** Include sausages, frankfurters, devon, fritz, ham, salami, hot dogs, hamburgers and chicken nuggets.

☒ each day ☒ each week ☒ each month ☒ I don't eat meat products *(Go to Q142)*

Q141 **In total, how many serves of processed meat products do you usually eat in the timeframe selected above?**

1 serve =
- 2 slices (55g) processed meat such as ham, salami, devon or fritz
- 2 thin or 1½ thick (60g) sausages, frankfurters or hot dogs
- 1 hamburger pattie
- 3 (60g) chicken nuggets

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q142 **How often do you usually eat legumes, nuts or other meat alternatives?** Include baked beans, three bean mix, lentils, split peas, dried beans or other meat alternatives such as tofu.

☒ each day ☒ each week ☒ each month ☒ I don't eat legumes, nuts or meat alternatives *(Go to Q144)*

Q143 **In total, how many serves of legumes, tofu, nuts, seeds or other meat alternatives do you usually eat in the timeframe selected above?**

1 serve =
- 1 cup (150g) cooked or canned beans / legumes such as chickpeas and lentils
- 170g tofu
- 30g nuts, seeds or peanut butter

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q144 **How often do you eat eggs?** Include boiled, poached and fried eggs as well as omelettes, quiche or egg based frittata.

☒ each day ☒ each week ☒ each month ☒ I don't eat eggs *(Go to Q146)*

Q145 **In total, how many serves of eggs do you usually eat in the timeframe selected above?**

1 serve =
- 2 large eggs
- 120g quiche or egg based frittata

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

DAIRY FOODS & ALTERNATIVES

Now let's move on to dairy. These questions help us understand if you consume dairy foods or dairy alternatives, and how often you enjoy them.

Q146 **How often do you usually drink milk?** Include cow's milk, soy milk, rice milk, milk on cereal and flavoured milk.

☒ each day ☒ each week ☒ each month ☒ I don't have cow's milk or other milk *(Go to Q149)*

Q147 **In total, how many serves of milk do you usually have in the timeframe selected above?**

1 serve = 250ml of milk or a household tea cup

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q148 **What type of milk do you usually have?**

☒ whole *(4%)* ☒ reduced fat *(1-2%)* ☒ skim *(less than 1%)* ☒ regular soy ☒ reduced fat soy ☒ other ☒ I don't have cow's milk or other milk

Q149 **How often do you usually eat cheese?** Include processed *(such as Kraft Singles™, Bega™ slices) and hard cheese (such as cheddar or parmesan)* and ricotta cheese.

☒ each day ☒ each week ☒ each month ☒ I don't eat cheese *(Go to Q151)*

Q150 **In total, how many serves of cheese do you usually eat in the timeframe selected above?**

1 serve =
- 2 slices or 40g cheese
- ½ cup (120g) ricotta cheese

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q151 **How often do you usually eat yoghurt?** Include yoghurt in a tub, bowl or package, bought or home-made.

☒ each day ☒ each week ☒ each month ☒ I don't eat yoghurt *(Go to Q153)*

Q152 **In total, how many serves of yoghurt do you usually eat in the timeframe selected above?**

1 serve = 3/4 cup or 200g *(small tub)* yoghurt

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

BEVERAGES

These next questions help us understand the different types of beverages you drink, and how often.

Q153 **How often do you usually have soft drink, cordial or sports drinks?** Include all drinks with added sugar such as soft drinks, cordials, fruit drinks, vitamin waters, energy and sports drinks.

☒ each day ☒ each week ☒ each month ☒ I don't drink sweetened soft drink, cordial or sports drinks *(Go to Q155)*

Q154 **In total, how much soft drink, cordial or sports drinks do you usually drink in the timeframe selected above?**

1 serve =
- 1 can (375ml) of soft drink
- 1 bottle of sports drink
- 375ml of cordial or fruit drink

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q155 **How often do you usually drink water?** Include tap, bottled or rain water and water in tea / coffee.

☒ each day ☒ each week ☒ each month ☒ I don't drink water *(Go to Q157)*

Q156 **In total, how many cups of water do you usually drink in the timeframe selected above?**

1 cup = 250ml, a household tea cup

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

FATS & OILS

These next questions explore the different types of fats and oils in your diet, and how often you enjoy them.

Q157 What type of spread do you usually have? For example on bread, biscuits or crackers.

☒ butter

☒ table margarine *(eg Country Gold Dairy Blend™, Devondale™ spread)*

☒ unsaturated margarine *(eg Flora™, MeadowLea™, Olive Grove™, Bertolli™, Gold N Canola™, Logical™)*

☒ I don't have spread

☒ other

Q158 How often do you have meat that was trimmed before cooking? For example, removing the chicken skin or all visible fat removed from beef, lamb and pork before cooking.

☒ always *(all the time)*

☒ usually *(two thirds of the time)*

☒ sometimes *(half the time)*

☒ rarely / never

☒ I don't eat meat

EXTRA FOODS

You're not far from the finish line! But first, we want to understand how often you eat take away and enjoy treats such as pies, chips, cakes and lollies.

Q159 How often do you usually have meals or snacks from take away food stores? This includes places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, Fish / Chicken Shop or local take away food places and foods such as burgers, pizza, hot dogs, battered chicken or fish and chips.

☒ each day ☒ each week ☒ each month ☒ never *(Go to Q161)*

Q160 In total, how many times do you usually have meals or snacks from these take away food stores in the timeframe selected above? This includes places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, Fish / Chicken Shop or local take away food places and foods such as burgers, pizza, hot dogs, battered chicken or fish and chips.

☒ 0.5 times ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 times or more

Q161 How often do you usually eat oven baked potato gems / chips / hashbrowns, hot chips / French fries, wedges or fried potatoes?

☒ each day ☒ each week ☒ each month ☒ I don't eat any of the foods listed above *(Go to Q163)*

Q162 In total, how many serves of potato gems / chips / hashbrowns, hot chips / French fries, wedges or fried potatoes do you usually eat in the timeframe selected above?

1 serve =

- 12 fried hot chips
- 60g potato gems / hashbrowns, or wedges

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q163 **How often do you usually eat savoury snacks such as crisps, pretzels or plain / flavoured crackers?**

☒ each day ☒ each week ☒ each month ☒ I don't eat any of the foods listed above *(Go to Q165)*

Q164 **In total, how many serves of savoury snacks such as crisps, pretzels or plain / flavoured crackers do you usually eat in the timeframe selected above?**

1 serve =
- ½ snack size packet of crisps
- 30g of salty crackers or pretzels

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q165 **How often do you usually have sweet biscuits / cakes / buns / muffins / doughnuts?** Include both home-made and bought.

☒ each day ☒ each week ☒ each month ☒ I don't eat any of the foods listed above *(Go to Q167)*

Q166 **In total, how many serves of sweet biscuits / cakes / buns / muffins / doughnuts do you usually eat in the timeframe selected above?**

1 serve =
- 2-3 (35g) sweet biscuits
- 1 doughnut
- 1 slice (40g) of plain cake or sweet bun
- 1 small muffin

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q167 **How often do you usually eat savoury pastries?** This includes pies, pasties, sausage rolls, Kransky Dogs and frankfurters wrapped in pastry.

☒ each day ☒ each week ☒ each month ☒ I don't eat savoury pastries *(Go to Q169)*

Q168 **In total, how many serves of pies or savoury pastries do you usually eat in the timeframe selected above?**

1 serve =
- 1/4 (60g) commerical meat pies or pastie
- 1 party size pie or sausage roll

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q169 **How often do you usually eat snack type bars?** This includes muesli bars, fruit bars and breakfast cereal bars.

☒ each day ☒ each week ☒ each month ☒ I don't eat snack type bars *(Go to Q171)*

Q170 **In total, how many snack type bars do you usually eat in the timeframe selected above?**
This includes muesli bars, fruit bars and breakfast cereal bars.

☒ 0.5 snack type bars ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 snack type bars or more

Q171 **How often do you usually have chocolate or lollies?** Include all types of chocolate and both hard and soft lollies.

☒ each day ☒ each week ☒ each month ☒ I don't eat chocolate or lollies *(Go to Q173)*

Q172 **In total, how many serves of chocolate or lollies do you usually eat in the timeframe selected above?**

1 serve =
- ½ chocolate bar
- 4 pieces of chocolate (25g)
- 5-6 (40g) lollies

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

Q173 **How often do you usually have ice-cream or ice-blocks?** This includes ice-blocks, ice-cream in a bowl or ice-creams on a stick.

☒ each day ☒ each week ☒ each month ☒ I don't eat ice-cream or ice-blocks *(Go to Q175)*

Q174 **In total, how many serves of ice-cream or ice-blocks do you usually eat in the timeframe selected above?**

1 serve =
- 2 scoops (60g) ice-cream
- 1 stick ice-cream or ice-block

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

ALCOHOL
Next up... a quick question about alcohol. Stick with it - you're close to the end!

Q175 **How often do you usually drink alcohol?** Include beer, wine, spirits and ciders.

☒ each day ☒ each week ☒ each month ☒ I don't drink alcohol *(Go to Q177)*

Q176 In total, how many alcoholic drinks do you usually have in the timeframe selected above?

1 serve =
- 200ml of wine
- a stubbie or can of beer (400ml)
- 60ml spirits

☒ 0.5 serves ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 ☒ 13 ☒ 14 or more serves

FOOD VARIETY

These questions give us a sense of how much variety you get in your diet. It's your second last page of questions!

Q177 How many different types of fruit have you eaten in the past 48 hours *(2 days)*?
eg one banana + one apple = 2 types

☒ nil ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5+

Q178 How many different types of vegetables have you eaten in the past 48 hours *(2 days)*?
eg lettuce in a sandwich + peas, carrots and corn at dinner = 4 different types of vegetables

☒ nil ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5+

(Go to Q181)

Q179 How many different red or orange vegetables have you eaten in the past 48 hours *(2 days)*?
Red or orange vegetables include tomatoes, carrots, pumpkin, red capsicum and sweet potato.

☒ nil ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5+

Q180 How many different green vegetables have you eaten in the past 48 hours *(2 days)*?
Green vegetables include beans, broccoli, asparagus, bok choy, spinach and lettuce.

☒ nil ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5+

Q181 How many different types of dairy foods have you eaten in the past 48 hours *(2 days)*?
Include only milk, cheese and yoghurt. DO NOT include ice-cream.

☒ nil ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5+

Q182 Which of the following foods have you eaten over the past 7 days:
(Choose as many answers as applicable).

baked beans ☒	lamb ☒	tofu ☒
beef ☒	lentils ☒	turkey ☒
chicken ☒	nuts ☒	veal ☒
eggs ☒	pork ☒	**none of the above** ☒
fish ☒	processed meats ☒ *(eg bacon, devon, fritz, ham, salami)*	

Q183 **Which of the foods have you eaten over the past 24 hours:**
(Choose as many answers as applicable)

- bread *(brown, flat bread, mixed grain, pita bread, rolls, rye, white, wholegrain)* ☒
- breakfast cereal other than muesli / porridge ☒
- oats / muesli / porridge ☒
- pasta, noodles or couscous ☒
- pearl barley or other grains ☒
- polenta, taco shells, tortilla ☒
- rice *(brown or white)* ☒
- quinoa ☒
- **none of the above** ☒

Q184 **Are you currently avoiding any of the following?**
(Mark all that apply)

- Gluten ☒
- Wheat ☒
- Lactose ☒
- Dairy ☒
- Meat products *(eg vegetarian)* ☒
- Animal products *(eg vegan diet)* ☒
- Weight reduction ☒
- Other *(please specify)* ☒

Q185 **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 ☒

Q186 **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 14 - Question 46

Help us keep in touch!

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

Mobile:

Email:

It would be helpful also if you could give us details of **parents, a relative or friend** who will be able to help us find you, after checking that the relative or friend is happy for you to provide these details.

Name:
Address:
Town / Suburb: **State:** **Postcode:**
Phone: ( )
Relationship to you:

Name:
Address:
Town / Suburb: **State:** **Postcode:**
Phone: ( )
Relationship to you:

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 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

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

Australian Longitudinal Study on Women's Health

The University of Newcastle, Callaghan NSW 2308
Phone: 1800 068 081 Fax: 02 4042 0044
Email: info@alswh.org.au
Web: www.alswh.org.au

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA