



Thank you for participating in this important study.

This is the sixth 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.

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 type any comments or important information in the comments section at the end of the survey.
- 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.
- Please answer the survey for the time period indicated even if you are pregnant or your circumstances are unusual in some way.
- You can only select one answer per row or column for questions with radio buttons (circles).
- You may select more than one answer per row or column for questions with checkboxes (squares). In order to progress through this survey, please use the following navigation buttons:
 - Click the 'Next' button to continue to the next page.
 - Click the 'Previous' button to return to the previous page.
 - Click the 'Resume Later' button to have an email sent to you with a link to come back to the survey where you left off.
- 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.*

DATA LINKAGE: As you know (informed via the newsletter since 2014), Medicare Australia has agreed to regularly provide information held by them to ALSWH without your needing to consent every time. Other information such as birth and death records, disease registers and hospital discharge records, aged care and community datasets, will also be available (names and other personal details are not included with the information). You don't need to do anything as a result of this information. However if you have any questions about this process or you want to opt out, call the Freecall number: 1800 068 081. For more information, see the latest [newsletter](#).



► What is your ID number?

OR

What is your email address?

LOGIN

Powered by [DatStat](#)



Thanks for submitting your personal details.

The survey for our research starts here.

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

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

(Mark one only)

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

2. 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**

3. Have you been diagnosed with or treated for the following in the last 2 years?

(Treatment includes any medication you have taken in the last 2 years)

(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**

4. In what year was this first diagnosed or treated?

Year	Don't know
-------------	-------------------

5. 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**

6. Have you been diagnosed with or treated for the following in the last 2 years?

(Treatment includes any medication you have taken in the last 2 years)

(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**

7. In what year was this first diagnosed or treated?

Year	Don't know
------	------------

8. 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**

9. Have you been diagnosed with or treated for the following in the last 2 years?

(Treatment includes any medication you have taken in the last 2 years)

(Mark all that apply)

- ☐ Urinary tract infection
- ☐ Thrush or yeast infection
- ☐ Chlamydia
- ☐ Gonorrhoea
- ☐ Genital herpes
- ☐ Genital warts (HPV)
- ☐ Other
- ☐ **None of these conditions**

10. In what year was this first diagnosed or treated?

Year	Don't know
------	------------

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

(Mark one on each line)

	Never	Rarely	Sometimes	Often
11. Allergies, hay fever, sinusitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Breathing difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Skin problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the last 12 months, have you had any of the following:
 (Mark one on each line)

	Never	Rarely	Sometimes	Often
14. Headaches / migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Severe tiredness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Stiff or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Problems with one or both feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the last 12 months, have you had any of the following:
 (Mark one on each line)

	Never	Rarely	Sometimes	Often
19. Difficulty sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Episodes of intense anxiety (<i>eg panic attacks</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Palpitations (<i>feeling that your heart is racing or fluttering in your chest</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the last 12 months, have you had any of the following:
 (Mark one on each line)

	Never	Rarely	Sometimes	Often
24. Vaginal discharge or irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Premenstrual tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Irregular periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Heavy periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Severe period pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

(Mark one on each line)

	Never	Rarely	Sometimes	Often
29. Urine that burns or stings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Leaking urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Haemorrhoids (<i>piles</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Other bowel problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Do you regularly need help with daily tasks because of long-term illness or disability? (eg help with personal care, getting around, preparing meals etc)

(Mark one only)

- ☐ Yes
- ☐ No

When did you last have:

(Mark one on each line)

35. Cervical cancer screening (a <i>pap test</i> or <i>human papillomavirus (HPV) test</i>)?	-- Select One (may need scrolling) --
36. Your blood pressure checked?	-- Select One (may need scrolling) --
37. Your skin checked (<i>eg spots, lesions, moles</i>)?	-- Select One (may need scrolling) --
38. Your weight checked by a health professional?	-- Select One (may need scrolling) --

39. Have you had an abnormal result from cervical cancer screening (a *pap test* or *human papillomavirus (HPV) test*)?

(Mark all that apply)

- ☐ Yes, in the last 2 years
- ☐ Yes, more than 2 years ago
- ☐ Never

40. Have you consulted the following services for your own health in the last 12 months?*(Mark all that apply)*

- ☐ A hospital doctor (*eg in outpatients or casualty*)
- ☐ An allied health professional (*eg optician, dentist, physiotherapist, counsellor etc*)
- ☐ An alternative health practitioner (*eg naturopath, acupuncturist, herbalist, etc*)
- ☐ A community nurse, practice nurse or nurse practitioner
- ☐ Health information on the internet
- ☐ None of these services

Here are some questions about your MOST RECENT VISIT to a general practitioner. In terms of your SATISFACTION how would you rate each of the following?

(Mark one on each line)

	Excellent	Very Good	Good	Fair	Poor
41. How long you waited to get an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. The length of time you waited in the waiting room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. The amount of time you spent with the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. The doctor's explanation of your problem and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. The doctor's interest in how you felt about having the tests, treatment or the advice given	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Very Good	Good	Fair	Poor
46. Your opportunity to ask all the questions you wanted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. The technical skills (<i>thoroughness, carefulness, competence</i>) of the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. The personal manner (<i>courtesy, respect, sensitivity, friendliness</i>) of the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. The visit overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. The cost of your visit

No cost	Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your own health care, how would you rate the following now?*(Mark one on each line)*

	Excellent	Very Good	Good	Fair	Poor	Don't know
51. Access to medical specialists if you need them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Access to a hospital if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Access to medical care in an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Access to after-hours medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Access to a GP who bulk bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Access to a female GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Hours when a GP is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Very Good	Good	Fair	Poor	Don't know
58. Number of GPs you have to choose from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Ease of seeing the GP of your choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Ease of obtaining a Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Access to a counselling service if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Access to a Women's Health Centre or a Family Planning Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. 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

64. What forms of contraception do you use now?

(Mark *all that apply*)

- ☐ I use a combined oral contraceptive pill (*The Pill*)
- ☐ I use a progestogen only oral contraceptive pill (*The Mini Pill*)
- ☐ I use oral contraceptive pill but I don't know what type
- ☐ I use condoms
- ☐ I use emergency contraception (*eg morning after pill*)
- ☐ I use an implant (*eg Implanon*)
- ☐ I use the withdrawal method
- ☐ I use a copper intrauterine device (*IUD*)
- ☐ I use a progestogen intrauterine device (*IUD*) (*eg Mirena*)
- ☐ I use an injection (*eg Depo-provera*)
- ☐ I use a safe period method (*eg natural family planning, rhythm method, Billings method, body temperature method, periodic abstinence*)
- ☐ I use a vaginal ring (*eg Nuvaring*)
- ☐ I use another method of contraception
- ☐ I don't use contraception

65. What are your reasons for not using contraception?*(Mark all that apply)*

- ☐ Do not have penis in vagina sex
- ☐ Currently breastfeeding
- ☐ Not sexually active
- ☐ Want to get pregnant
- ☐ Contraception costs too much money
- ☐ Currently pregnant
- ☐ Concerned about health or side effects
- ☐ Could not get contraception or access health care service for contraception
- ☐ Could not find a method that suits me
- ☐ Prefer to be natural
- ☐ Have sex infrequently or unexpectedly
- ☐ Get carried away and forget to use it
- ☐ Don't know
- ☐ Other

66. Have you ever been sexually active?*(Mark one only)*

- ☐ Yes
- ☐ No

67. Have you ever had penis in vagina sex?*(Mark one only)*

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

68. 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

69. Are you currently pregnant?

(Mark one only)

- ☐ No
- ☐ Less than 3 months
- ☐ 3 to 6 months
- ☐ More than 6 months
- ☐ Don't know

70. Are you considering becoming pregnant?

(Mark one only)

- ☐ Yes, within the next year
- ☐ Yes, at some other time in the future
- ☐ Not at all
- ☐ Unsure

Do any of the following apply to you?

(Mark one on each line)

	Yes	No	Not applicable
71. I am trying to become pregnant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. I have had a tubal ligation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. My partner has had a vasectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. I cannot have children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. My partner cannot have children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. I am pregnant now / have recently had a baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. My partner has a low or zero sperm count	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. I have no male sexual partners now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. I am using / have used In Vitro Fertilisation (IVF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. I am using / have used fertility hormones (eg Clomid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

81. Including any current pregnancy, how many times have you been pregnant?*(Please type '0' if you have never been pregnant)* times**82. Have you ever given birth?***(Mark one only)*☐ Yes☐ No

Some of 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.

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.)*

83. Live births	<input type="text"/>
84. Stillbirths	<input type="text"/>
85. Miscarriages	<input type="text"/>
86. Abortions or terminations <i>(for personal reasons)</i>	<input type="text"/>
87. Abortions or terminations <i>(for medical reasons)</i>	<input type="text"/>
88. Ectopic pregnancies <i>(tubal pregnancies)</i>	<input type="text"/>

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

	When (month)	Don't know	When (year)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	When (month)	Don't Know	When (year)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	When (month)	Don't know	When (year)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	When (month)	Don't know	When (year)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>

Live births and stillbirths - 1st child

If you have ever given birth, please type the date of birth in the boxes. (1st child)

(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 in two different records.)

93. Multi-Control Question Error

Variable name 'REPH091DAY' not defined

94. Did you experience a stillbirth for this birth?

(Leave blank if no)

Yes ☐

95. Birth weight

(Please type "0" if unknown) (kgs) (pounds) (ounces)

OR

AND

96. Length at birth

(Type "0" if unknown)

(cms)

97. When did your birth occur?

(Type "0" if unknown)

Weeks Pregnant:

Live births and stillbirths - 1st child

98. Did your baby receive any breast milk?

☐ Yes

☐ No

Live births and stillbirths - 1st child

99. How many complete months was your baby breastfed? *(including expressed breast milk)*

(Type "0" if unknown)

100. Are you currently breastfeeding Child 1?

☐ Yes

☐ No

Live births and stillbirths - 2nd child

If you have ever given birth, please type the date of birth in the boxes. (2nd child)

(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 in two different records.)

101. Multi-Control Question Error

Variable name 'REPH092DAY' not defined

102. Did you experience a stillbirth for this birth?

(Leave blank if no)

Yes ☐

103. Birth weight

(Please type "0" if unknown) ☐ (kgs) ☐ OR ☐ (pounds) ☐ AND ☐ (ounces)

104. Length at birth

(Type "0" if unknown)

☐ (cms)

105. When did your birth occur?

(Type "0" if unknown)

Weeks Pregnant: ☐

Live births and stillbirths - 2nd child

106. Did your baby receive any breast milk?

☐ Yes

☐ No

Live births and stillbirths - 2nd child

107. How many complete months was your baby breastfed? (including expressed breast milk)

(Type "0" if unknown)

☐

108. Are you currently breastfeeding Child 2?

☐ Yes

☐ No

Live births and stillbirths - 3rd child

If you have ever given birth, please type the date of birth in the boxes. (3rd child)

(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 in two different records.)

109. Multi-Control Question Error

Variable name 'REPH093DAY' not defined

110. Did you experience a stillbirth for this birth?

(Leave blank if no)

Yes ☐

111. Birth weight

(Please type "0" if unknown) (kgs) (pounds) (ounces)

OR

AND

112. Length at birth

(Type "0" if unknown)

(cms)

113. When did your birth occur?

(Type "0" if unknown)

Weeks Pregnant:

Live births and stillbirths - 3rd child

114. Did your baby receive any breast milk?

☐ Yes

☐ No

Live births and stillbirths - 3rd child

115. How many complete months was your baby breastfed? *(including expressed breast milk)*

(Type "0" if unknown)

116. Are you currently breastfeeding Child 3?

☐ Yes

☐ No

Live births and stillbirths - 4th child

If you have ever given birth, please type the date of birth in the boxes. (4th child)

(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 in two different records.)

117. Multi-Control Question Error

Variable name 'REPH094DAY' not defined

118. Did you experience a stillbirth for this birth?

(Leave blank if no)

Yes ☐

119. Birth weight

(Please type "0" if unknown) (kgs) (pounds) (ounces)

120. Length at birth

(Type "0" if unknown)

(cms)

121. When did your birth occur?

(Type "0" if unknown)

Weeks Pregnant:

Live births and stillbirths - 4th child**122. Did your baby receive any breast milk?**

☐ Yes

☐ No

Live births and stillbirths - 4th child**123. How many complete months was your baby breastfed? (including expressed breast milk)**

(Type "0" if unknown)

124. Are you currently breastfeeding Child 4?

☐ Yes

☐ No

Live births and stillbirths - 5th child

If you have ever given birth, please type the date of birth in the boxes. (5th child)

(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 in two different records.)

125. Multi-Control Question Error

Variable name 'REPH095DAY' not defined

126. Did you experience a stillbirth for this birth?*(Leave blank if no)*Yes ☐**127. Birth weight***(Please type "0" if unknown)* (kgs) (pounds) (ounces)

OR

AND

128. Length at birth*(Type "0" if unknown)* (cms)**129. When did your birth occur?***(Type "0" if unknown)*Weeks Pregnant: **Live births and stillbirths - 5th child****130. Did your baby receive any breast milk?**☐ Yes☐ No**Live births and stillbirths - 5th child****131. How many complete months was your baby breastfed? *(including expressed breast milk)****(Type "0" if unknown)***132. Are you currently breastfeeding Child 5?**☐ Yes☐ No**Live births and stillbirths - 6th child****If you have ever given birth, please type the date of birth in the boxes. *(6th child)****(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 in two different records.)***133. Multi-Control Question Error**

Variable name 'REPH096DAY' not defined

134. Did you experience a stillbirth for this birth?*(Leave blank if no)*

Yes ☐

135. Birth weight

(Please type "0" if unknown) (kgs) (pounds) (ounces)

OR

AND

136. Length at birth

(Type "0" if unknown)

(cms)

137. When did your birth occur?

(Type "0" if unknown)

Weeks Pregnant:

Live births and stillbirths - 6th child

138. Did your baby receive any breast milk?

☐ Yes

☐ No

Live births and stillbirths - 6th child

139. How many complete months was your baby breastfed? (including expressed breast milk)
(Type "0" if unknown)

140. Are you currently breastfeeding Child 6?

☐ Yes

☐ No

Live births and stillbirths - 7th child

If you have ever given birth, please type the date of birth in the boxes. (7th child)

(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 in two different records.)

141. Multi-Control Question Error

Variable name 'REPH136DAY' not defined

142. Did you experience a stillbirth for this birth?

(Leave blank if no)

Yes ☐

143. Birth weight

OR

AND

(Please type "0" if unknown) (kgs) (pounds) (ounces)

144. Length at birth

(Type "0" if unknown)

(cms)

145. When did your birth occur?

(Type "0" if unknown)

Weeks Pregnant:

Live births and stillbirths - 7th child

146. Did your baby receive any breast milk?

☐ Yes

☐ No

Live births and stillbirths - 7th child

147. How many complete months was your baby breastfed? (including expressed breast milk)

(Type "0" if unknown)

148. Are you currently breastfeeding Child 7?

☐ Yes

☐ No

Live births and stillbirths - 8th child

If you have ever given birth, please type the date of birth in the boxes. (8th child)

(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 in two different records.)

149. Multi-Control Question Error

Variable name 'REPH137DAY' not defined

150. Did you experience a stillbirth for this birth?

(Leave blank if no)

Yes

151. Birth weight

(Please type "0" if unknown) (kgs) (pounds) (ounces)

OR

AND

152. Length at birth

(Type "0" if unknown)

(cms)

153. When did your birth occur?

(Type "0" if unknown)

 Weeks Pregnant:
Live births and stillbirths - 8th child
154. Did your baby receive any breast milk?
☐ Yes

☐ No

Live births and stillbirths - 8th child
155. How many complete months was your baby breastfed? (including expressed breast milk)

(Type "0" if unknown)

156. Are you currently breastfeeding Child 8?
☐ Yes

☐ No

Live births and stillbirths - 9th child

If you have ever given birth, please type the date of birth in the boxes. (9th child)

(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 in two different records.)

157. Multi-Control Question Error

Variable name 'REPH183DAY' not defined

158. Did you experience a stillbirth for this birth?

(Leave blank if no)

 Yes
159. Birth weight

 (Please type "0" if unknown) (kgs) (pounds) (ounces)

OR

AND

160. Length at birth

(Type "0" if unknown)

 (cms)

161. When did your birth occur?

(Type "0" if unknown)

Weeks Pregnant: **Live births and stillbirths - 9th child****162. Did your baby receive any breast milk?**

- ☐ Yes
- ☐ No

Live births and stillbirths - 9th child**163. How many complete months was your baby breastfed? (including expressed breast milk)**
(Type "0" if unknown)**164. Are you currently breastfeeding Child 9?**

- ☐ Yes
- ☐ No

165. Did you experience any of the following?**Caesarean section before going into labour**

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

166. Induction of labour (with gel or drip)

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)

- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

167. Caesarean section after labour started

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

168. Labour lasting more than 36 hours

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

169. Gas or injection for pain relief

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

170. Epidural or spinal block

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

171. Episiotomy (*cut to perineum*)

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)

☐ 8th Child (born)☐ 9th Child (born)**172. A vaginal tear requiring stitches**☐ Never experienced this☐ 1st Child (born)☐ 2nd Child (born)☐ 3rd Child (born)☐ 4th Child (born)☐ 5th Child (born)☐ 6th Child (born)☐ 7th Child (born)☐ 8th Child (born)☐ 9th Child (born)**173. Instrumental delivery (*forceps / vacuum*)**☐ Never experienced this☐ 1st Child (born)☐ 2nd Child (born)☐ 3rd Child (born)☐ 4th Child (born)☐ 5th Child (born)☐ 6th Child (born)☐ 7th Child (born)☐ 8th Child (born)☐ 9th Child (born)**174. Emotional distress during delivery**☐ Never experienced this☐ 1st Child (born)☐ 2nd Child (born)☐ 3rd Child (born)

- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

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

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

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

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

177. Death of a child after the first month

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

178. 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

179. 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

180. 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 (born)
- ☐ 2nd Child (born)

- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

181. Postnatal depression?

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

182. Antenatal anxiety?

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

183. Postnatal anxiety?

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

184. Gestational diabetes?

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)
- ☐ 8th Child (born)
- ☐ 9th Child (born)

185. Hypertension (high blood pressure) during pregnancy?

- ☐ Never experienced this
- ☐ 1st Child (born)
- ☐ 2nd Child (born)
- ☐ 3rd Child (born)
- ☐ 4th Child (born)
- ☐ 5th Child (born)
- ☐ 6th Child (born)
- ☐ 7th Child (born)

☐ 8th Child (born)

☐ 9th Child (born)

186. Pre-eclampsia during pregnancy?
☐ Never experienced this

☐ 1st Child (born)

☐ 2nd Child (born)

☐ 3rd Child (born)

☐ 4th Child (born)

☐ 5th Child (born)

☐ 6th Child (born)

☐ 7th Child (born)

☐ 8th Child (born)

☐ 9th Child (born)

187. Mark here if you are currently on parental leave.
☐

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

Please indicate the full length of leave you are intending to use after the birth / adoption of your youngest child. If you went back to work 6 days or less after giving birth or adoption, please enter '1'.

PAID LEAVE	
188. Employer-paid parental leave	<input type="text"/> weeks
189. Government-paid parental leave	<input type="text"/> weeks
190. Annual leave OR long service leave	<input type="text"/> weeks
191. Sick leave	<input type="text"/> weeks
UNPAID LEAVE	
192. Unpaid leave	<input type="text"/> weeks

193. 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

194. Mark here if you are currently on extended leave (e.g. long period of sick leave)

☐

195. 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

196. Do you have private health insurance for hospital cover? If not, mark the main reason why.
(Mark one only)

- ☐ Yes
- ☐ 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 - other reason

197. Do you have private health insurance for ancillary services (eg dental, physiotherapy)? If not, mark the main reason why.
(Mark one only)

- ☐ Yes
- ☐ 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

198. 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

199. If you smoke daily, on average how many cigarettes do you smoke EACH DAY?

(TYPE the number in the box)

cigarettes per day

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

Yes	No
<input type="radio"/>	<input type="radio"/>

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
201. For recreational use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
202. For medicinal use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

203. Have you tried any other illicit drugs? (*ice, speed, GHB, amphetamines, LSD, natural hallucinogens, tranquilisers, cocaine, ecstasy, inhalants, heroin or barbiturates*)

(Mark one only)

- ☐ Never
- ☐ Last 12 months only
- ☐ More than 12 months ago
- ☐ Last 12 months AND more than 12 months ago

204. 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

205.

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/vol13%
alc/vol2.7%
alc/vol4.9%
alc/vol20%
alc/vol40%
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

206. 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

207. 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) --

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

(Mark one only)

- ☐ Yes
☐ No
☐ Unsure

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
209. Walking briskly (<i>for recreation or exercise, or to get from place to place</i>)	<input type="text"/>
210. Moderate leisure activity (<i>like social tennis, moderate exercise classes, recreational swimming, dancing</i>)	<input type="text"/>
211. Vigorous leisure activity (<i>that makes you breathe harder or puff and pant like aerobics, competitive sport, vigorous cycling, running, swimming</i>)	<input type="text"/>
212. Vigorous household or garden chores (<i>that make you breathe harder or puff and pant</i>)	<input type="text"/>

213. 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 (<i>for recreation or exercise, or to get from place to place</i>)	<input type="text"/>	<input type="text"/>
Moderate leisure activity (<i>like social tennis, moderate exercise classes, recreational swimming, dancing</i>)	<input type="text"/>	<input type="text"/>

Vigorous leisure activity (that makes you breathe harder or puff and pant like aerobics, competitive sport, vigorous cycling, running, swimming)	<input type="text"/>	<input type="text"/>
Vigorous household or garden chores (that make you breathe harder or puff and pant)	<input type="text"/>	<input type="text"/>

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
214. Do you now live in a house with stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
215. Are there any stairs at your place of work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
216. Are there any stairs on your usual route to work (eg to get to public transport)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.)

217. Work day (Type "0" if you do not work)	<input type="text"/> flights each day
218. Non-work day	<input type="text"/> flights each day

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.

219. In total, how much time do you typically spend sitting down while doing things like visiting friends, driving, reading, watching television, or working at a desk or computer?

	Hours	Minutes
On a usual <u>week day</u>	<input type="text"/>	<input type="text"/>
On a usual <u>weekend day</u>	<input type="text"/>	<input type="text"/>

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
220. Being pushed, grabbed, shoved, kicked or hit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
221. Being forced to take part in unwanted sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
- For information, counselling or support you can call 1800 RESPECT (1800 737 732), 24/7



0% Complete



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222. Have you ever had a partner or spouse?

(Mark one only)

Yes	No
<input type="radio"/>	<input type="radio"/>

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
223. Blamed me for causing their violent behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
224. Pushed, grabbed, shoved, shook or threw me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
225. Tried to turn my family, friends or children against me or tried to convince them I was crazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
226. Used a knife or gun or other weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
227. Beat me up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In the last 12 months	More than 12 months ago	Never
228. Threatened to use a knife or gun or other weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
229. Forced me to take part in unwanted sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
230. Followed me or harassed me around my neighbourhood / work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

231. Threatened to harm or kill me, my family, children, friends, or pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
232. Choked me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In the last 12 months	More than 12 months ago	Never
233. Harassed me over the telephone, email, Facebook or internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
234. Told me that I was stupid or crazy, or that I wasn't good enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
235. Kicked, bit, slapped or hit me with a fist or tried to hit me with something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
236. Tried to keep me from seeing or talking to my family, friends or children, or didn't want me to socialise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
237. Confined or locked me in a room or other space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In the last 12 months	More than 12 months ago	Never
238. Refused to let me work outside the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
239. Took my wallet and left me stranded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
240. Kept me from my money or credit cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
241. Followed me or hung around outside my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
242. Became upset if dinner / housework wasn't done when they thought it should be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In the last 12 months	More than 12 months ago	Never
243. Told me that I was ugly or that no one would ever want me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often did this happen in the last 12 months?

My Partner:

(Mark one on each line)

	Once	A few times	Monthly	Weekly	Daily / almost daily
--	-------------	--------------------	----------------	---------------	-----------------------------

244. Blamed me for causing their violent behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
245. Pushed, grabbed, shoved, shook or threw me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

246. 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)
- For information, counselling or support you can call 1800 RESPECT (1800 737 732), 24/7

247. 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

248. 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

249. 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

250. 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

251. 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

252. While you were growing up during your first 18 years of life...

(Mark all that apply)

- ☐ Was a household member depressed or mentally ill?
- ☐ Did a household member attempt suicide?

☐

Did a household member go to prison?

☐

None of the above

If you feel distressed about any experiences of violence and abuse and would like some help to deal with this, please consider contacting one of the following:

- Your nearest Women's Health Centre or Community Health Centre
- Your General Practitioner for advice about who would be the best person in your community to talk to
- A Lifeline counsellor on 13 11 14 (local call)
- For information, counselling or support you can call 1800 RESPECT (1800 737 732), 24/7

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

(Mark one for each)

253. In general, I consider myself:

☐

1 Not a very happy person

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7 A very happy person

254. Compared with most of my peers, I consider myself:

☐

1 Less happy

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7 More happy

255. 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 Not at all
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7 A great deal

256. 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 Not at all
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7 A great deal

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

In the past 4 weeks:

(Mark one on each line)

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

265. About how often did you feel depressed?	-- Select One (may need scrolling) --
266. About how often did you feel that everything is an effort?	-- Select One (may need scrolling) --
267. About how often did you feel so sad that nothing could cheer you up?	-- Select One (may need scrolling) --
268. 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.

Please read each statement and indicate how much the statement applied to you over the past week.

(Mark one on each line)

	Never	Sometimes	Often	Almost always
269. I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
270. I was aware of dryness of my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
271. I couldn't seem to experience any positive feeling at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
272. I experienced breathing difficulty (<i>for example, excessively rapid breathing, breathlessness in the absence of physical exertion</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
273. I found it difficult to work up the initiative to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
274. I tended to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
275. I experienced trembling (<i>for example, in the hands</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Sometimes	Often	Almost always
276. I felt that I was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
277. I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
278. I felt that I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
279. I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued...

Please read each statement and indicate how much the statement applied to you over

the past week.(Mark one on each line)

	Never	Sometimes	Often	Almost always
280. I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
281. I felt down-hearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
282. I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
283. I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
284. I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
285. I felt I wasn't worth much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
286. I felt that I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Sometimes	Often	Almost always
287. I was aware of the action of my heart in the absence of physical exertion (<i>for example, sense of heart rate increase, heart missing a beat</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
288. I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
289. I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you feel distressed after the last section of questions, you might like to talk to someone about how you are feeling. You could ring lifeline on 13 11 14 (local call)

Over the last 12 months, how stressed have you felt about the following areas of your life?(Mark one on each line)

290. Own health	-- Select One (may need scrolling) --
291. Health of family members	-- Select One (may need scrolling) --
292. Work / employment	-- Select One (may need scrolling) --
293. Living arrangements	-- Select One (may need scrolling) --
294. Study	-- Select One (may need scrolling) --
295. Money	-- Select One (may need scrolling) --

296. Relationship with parents	-- Select One (may need scrolling) --
297. Relationship with partner / spouse	-- Select One (may need scrolling) --
298. Relationship with other family members	-- Select One (may need scrolling) --
299. Relationship with friends	-- Select One (may need scrolling) --
300. 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
301. I feel that I'm a person of worth, at least on an equal plane with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
302. I feel that I have a number of good qualities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
303. All in all, I am inclined to feel that I am a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
304. I am able to do things as well as most other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
305. I feel I do not have much to be proud of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
306. I take a positive attitude toward myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
307. On the whole, I am satisfied with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly agree	Agree	Disagree	Strongly disagree
308. I wish I could have more respect for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
309. I certainly feel useless at times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
310. At times, I think I am no good at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your current approach to life, please indicate how much you think each statement describes you:

(Mark one for each statement)

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
311. In uncertain times, I usually expect the best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

312. If something can go wrong for me, it will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
313. I'm always optimistic about my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
314. I hardly ever expect things to go my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
315. I rarely count on good things happening to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
316. Overall, I expect more good things to happen to me than bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about your diet and weight.

Some people prefer not to answer questions of this nature.

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

317. 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

318. How much would you like to weigh now?

(Mark one only)

- ☐ Happy as I am
- ☐ 1 - 5 kg more
- ☐ Over 5 kg more
- ☐ 1 - 5 kg less
- ☐ 6 - 10 kg less
- ☐ Over 10 kg less

319. How often have you gone on a diet (that is, limited how much you ate) in order to lose weight during the last year?

(Mark one only)

- ☐ Never
- ☐ 1 - 4 times
- ☐ 5 - 10 times
- ☐ More than 10 times
- ☐ I am always on a diet to lose weight

In the past month, how dissatisfied have you felt about:*(Mark one on each line)*

	Not at all dissatisfied		Slightly dissatisfied		Moderately dissatisfied		Markedly dissatisfied
320. Your weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
321. Your shape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

322. 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

323. 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

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)

324. Someone to help you if you are confined to bed	-- Select One (may need scrolling) --
325. Someone you can count on to listen to you when you need to talk	-- Select One (may need scrolling) --
326. Someone to give you good advice about a crisis	-- Select One (may need scrolling) --

327. Someone to take you to the doctor if you need it	-- Select One (may need scrolling) --
328. Someone who shows you love and affection	-- Select One (may need scrolling) --
329. Someone to have a good time with	-- Select One (may need scrolling) --
330. Someone to give you information to help you understand a situation	-- Select One (may need scrolling) --
331. Someone to confide in or talk to about yourself or your problems	-- Select One (may need scrolling) --
332. Someone who hugs you	-- Select One (may need scrolling) --
333. Someone to get together with for relaxation	-- Select One (may need scrolling) --

Continued...

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)

334. Someone to prepare your meals if you are unable to do it yourself	-- Select One (may need scrolling) --
335. Someone whose advice you really want	-- Select One (may need scrolling) --
336. Someone to do things with to help you get your mind off things	-- Select One (may need scrolling) --
337. Someone to help with daily chores if you are sick	-- Select One (may need scrolling) --
338. Someone to share your most private worries and fears with	-- Select One (may need scrolling) --
339. Someone to turn to for suggestions about how to deal with a personal problem	-- Select One (may need scrolling) --
340. Someone to do something enjoyable with	-- Select One (may need scrolling) --
341. Someone who understands your problems	-- Select One (may need scrolling) --
342. Someone to love and make you feel wanted	-- Select One (may need scrolling) --

343. 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

344. Are you currently employed?*(Mark one only)*

- ☐ Yes
- ☐ No, unemployed for less than 6 months
- ☐ No, unemployed for 6 months or more

345. Are you actively seeking work (or more work)?*(Mark one only)*

- ☐ Yes
- ☐ No

346. In a usual week, how many hours do you spend doing paid work? Hours**347. In a usual week, how many hours do you spend studying?** Hours**348. In a usual week, how many hours do you spend doing work without pay?** Hours**349. 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

350. 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

351. Which of the following best describes your housing situation?

- ☐ Private rental (*including rent paid to real estate agents*)
- ☐ State Department of Housing public rental
- ☐ Housing that comes with employment (*eg Department of Defence, Department of Education, mining company etc*)
- ☐ Owned home (*with or without mortgage*)
- ☐ Living with parents / in-laws
- ☐ Other

352. What is your residential postcode?

353. What is your postal postcode?

354. 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**

355. Do you normally do any of the following kinds of paid work?

(Mark all that apply)

- ☐ I don't do any paid work
- ☐ Paid shift work
- ☐ Paid work with irregular hours
- ☐ Paid work on short-term contract (*less than one year*)
- ☐ Paid work in more than one job
- ☐ Paid work at night
- ☐ Paid work from home
- ☐ Self-employment
- ☐ Irregular work away from home (*eg mining job*)
- ☐ Defence Force posting away from home
- ☐ None of the above
- ☐ Don't know

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

Number of days

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

Number of hours

358. 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

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

(Please describe)

360. Have we missed anything?

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



65% Complete



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Thanks for participating in the Women's Health Australia survey.

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



If you are concerned about any of your health experiences, or you feel distressed 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
- For general health information: healthdirect.gov.au
- For mental health support contact a Lifeline counsellor on 13 11 14 (local call) / or online support at lifeline.org.au/get-help/get-help-home
- For information, counselling or support for experiences of violence or abuse, you can call 1800 RESPECT 24 / 7, or get online support at 1800respect.org.au
- For depression and anxiety: moodgym.com.au or beyondblue.org.au

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

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