



Australian Longitudinal Study on Women's Health

I understand and acknowledge that:

- The project will be conducted as described in the [Information Statement](#), I have read the Information Statement, and I understand the information provided to me about the study I am participating in.
- I have been given the opportunity to ask questions, and any questions I have asked have been answered to my satisfaction.
- Confidentiality will be maintained at all times.
- My personal details will be retained securely by the University of Newcastle.
- My answers will be stored separately to my personal details and so will be de-identified. All identifying information will be removed before the data are analyzed
- This is a longitudinal survey which will be conducted every few years. Researchers will be comparing the information provided in this survey to those completed in the future.
- The results of this research may be published in articles or journals, used in conference and other presentations, reports and other publications, but my name will never be disclosed, except where required by legislation.
- Only those staff members from Women's Health Australia who are given specific authorisation will be able to access my personal details for the purpose of project upkeep and maintenance.
- I agree to participate in the above research project and I give my consent freely. My participation in the study is completely voluntary, I can cease or withdraw my participation in the study at any time (refer to the Information Statement), and I do not have to provide a reason for my withdrawal.

Attachment 52: Survey 1

What name would you prefer us to call you by?*

must provide value

Email:*

must provide value

Confirm email:*

must provide value

Mobile phone number:

What is your date of birth?*

must provide value

DD-MM-YYYY (e.g. 21-05-1975)

[?] We ask this so that when we get back in touch with you we can verify who you are

What is your residential postcode?

What is your sex?* (select one option only)

must provide value

Female

Male

Another term (please specify)

If "Another term (please specify)" is selected, a free text box is shown

Do you have a Medicare card?* (select one option only)

must provide value

Yes

No

Don't know

Attachment 52: Survey 1

The next few questions are about where you and your family are from.

- 1 In which country were you born? (Mark one only)
- Australia
 - China
 - India
 - Philippines
 - Vietnam
 - Malaysia
 - Singapore
 - South Korea
 - Hong Kong
 - Sri Lanka
 - Indonesia
 - Other (*please specify*)

If "Other (please specify)" is selected, then a free text box is shown

- 2 Do you speak a language other than English at home? (Mark all that apply)
- No, English only
 - Yes, Mandarin
 - Yes, Cantonese
 - Yes, Korean
 - Yes, Vietnamese
 - Yes, Punjabi
 - Yes, Hindi
 - Yes, Tamil
 - Yes, Gujarati
 - Yes, Bengali
 - Yes, Urdu
 - Yes, Sinhalese
 - Yes, Nepali
 - Yes, Filipino
 - Yes, Indonesian
 - Yes, Other (*please specify*)

Attachment 52: Survey 1

If “Yes, Other (please specify)” is selected, free text box is shown

3 In which country was your mother born?

(If you do not know your birth mother, and have a second parent, please include the country of birth of the second parent here. If you have same-sex parents, please include the country of birth of one of the parents here.) (Mark one only)

- Australia
- China
- India
- Philippines
- Vietnam
- Malaysia
- Singapore

- South Korea
- Hong Kong
- Sri Lanka
- Indonesia
- Other (*please specify*)

If “Other (please specify)” is selected, a free text box is shown

4 In which country was your father born?

(If you do not know your birth father, and have a second parent, please include the country of birth of the second parent here. If you have same-sex parents, include the country of birth of one of the parents here.) (Mark one only)

- Australia
- China
- India
- Philippines
- Vietnam
- Malaysia
- Singapore
- South Korea
- Hong Kong
- Sri Lanka
- Indonesia
- Other (*please specify*)

If “Other (please specify)” is selected, free text box is shown

Attachment 52: Survey 1

Now we'd like to ask you a couple of quick questions about your health and wellbeing.

- 5 In general, would you say your health is (*Mark one only*)
- Excellent
 - Very good
 - Good
 - Fair
 - Poor

- 6 What are your top three concerns about your health? *Please type in the box below.*

- 7 What are your top three concerns about the health services available to you? *Please type in the box below.*

- 8 If there is anything else you would like to tell us about your health and wellbeing, please type in the box below.

Thank you for completing this Women's Health Australia survey!