(BAPXoΔE)

Ninth survey for women of the 1973 – 78 cohort

2021

OFFICE USE ONLY					
EDIT		**D/E**		**W**	
BATCH		**MP**			

How to complete this survey

This is the ninth survey for the women of the 1973-78 cohort. 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 answer the survey for the time period indicated even if you are pregnant or your circumstances are unusual in some way unless the question states otherwise.

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 newsletter: https://alswh.org.au/participants-newsletter/2019

INSTRUCTIONS:

- Use a black or blue pen
- 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 ☒ ← You would mark this one if you think your health is good
- Fair ☐
- Poor ☐

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	Some-times	Rarely or never
Do you go to the same place?	☐	⊗	⊠	☐

If you make a mistake, simply scribble it out and clearly 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).

The following questions ask only about *now* – how your health is now and about how your health limits certain activities now.

Q1 **In general, would you say your health is**:
(*Mark one only*)

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

Q2 **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 ☐

Q3 **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	☐	☐	☐

Q4 **During the *past 4 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 *(for example it took extra effort)*	☐	☐

Q5 **During the *past 4 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	☐	☐

Q6 **During the *past 4 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	☐

Q7 **How much *bodily* pain have you had during the *past 4 weeks*?**
(Mark one only)

None	☐
Very mild	☐
Mild	☐
Moderate	☐
Severe	☐
Very severe	☐

Q8 **During the *past 4 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	☐

Q9 **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 4 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?	☐	☐	☐	☐	☐	☐

Q10 **During the *past 4 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	☐

Q11 **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	☐	☐	☐	☐	☐

Q12 **Please indicate the extent to which you agree with each of the following statements:**
(Mark 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	☐	☐	☐	☐	☐

Q13 **How many times have you consulted the following people for *your own health* in the *last 12 months*?**
(Mark one on each line)

		None	1-2 times	3-4 times	5-6 times	7-9 times	10-12 times	More than 12 times
a	A family doctor or another General Practitioner (GP)	☐	☐	☐	☐	☐	☐	☐
b	A specialist doctor	☐	☐	☐	☐	☐	☐	☐
c	A dentist	☐	☐	☐	☐	☐	☐	☐

Q14 **Have you consulted the following services for *your own health* in the *last 12 months*?**
(Mark one on each line)

		Yes	No
a	A hospital doctor (eg in outpatients or casualty)	☐	☐
b	A community nurse, practice nurse or nurse practitioner	☐	☐
c	A counsellor or other mental health worker	☐	☐
d	A physiotherapist or exercise physiologist	☐	☐
e	A dietitian	☐	☐
f	A chiropractor, massage therapist or osteopath	☐	☐
g	An alternative health practitioner (eg acupuncturist, naturopath / herbalist, aromatherapist etc)	☐	☐

Q15 **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	Been vaccinated for influenza (the 'flu')	☐	☐
d	Had a pneumococcal vaccine (also called PPV, for pneumonia)	☐	☐

Q16 **Have you been admitted to hospital in the *last 12 months* for any of these reasons?**
(Mark one on each line)

		Yes	No
a	Childbirth	☐	☐
b	Problems during pregnancy	☐	☐
c	All other reasons	☐	☐

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 of your *last* consultation with a General Practitioner?**
(Mark one only)

- No cost to me ☐
- Good ☐
- Fair ☐
- Poor ☐
- Don't know ☐

Q19 **In general, do you prefer to see a female doctor?**
(Mark one only)

- Yes, always ☐
- Yes, but only for certain things ☐
- No ☐
- Don't care ☐

Q20 **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
a	Access to a female GP	☐	☐	☐	☐	☐	☐
b	Ease of obtaining cervical cancer screening (a Pap test or human papillomavirus (HPV) test)	☐	☐	☐	☐	☐	☐
c	Ease of obtaining a mammogram	☐	☐	☐	☐	☐	☐
d	Access to Women's Health or Family Planning services	☐	☐	☐	☐	☐	☐
e	Access to maternal and child health services	☐	☐	☐	☐	☐	☐
f	Access to medical specialists if you need them	☐	☐	☐	☐	☐	☐
g	How long you wait to get a GP appointment	☐	☐	☐	☐	☐	☐

Q21 **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 ☐

Q22 **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 – another reason ☐

Q23 **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 – another reason	☐

Q24 **In the *last 3 years*, have you been diagnosed with or treated for:**
Please record conditions related to pregnancy (gestational diabetes, hypertension during pregnancy, antenatal depression and postnatal depression) in the section relating to pregnancy later in the survey.
(Mark all that apply)

		Yes, in the last 3 years	If yes, how old were you when you were first diagnosed? (eg 32)
a	Insulin dependent (Type 1) diabetes	☐	☐☐
b	Non-insulin dependent (Type 2) diabetes	☐	☐☐
c	Heart disease	☐	☐☐
d	Hypertension (high blood pressure)	☐	☐☐
e	High cholesterol	☐	☐☐
f	Low iron (iron deficiency or anaemia)	☐	☐☐
g	Thrombosis (*a blood clot*)	☐	☐☐
h	**None of these conditions**	☐	

In the *last 3 years*, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the last 3 years	If yes, how old were you when you were first diagnosed? (eg 32)
i	Osteoarthritis	☐	☐☐
j	Rheumatoid arthritis	☐	☐☐
k	Other arthritis	☐	
l	**None of these conditions**	☐	

In the *last 3 years*, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the last 3 years	If yes, how old were you when you were first diagnosed? (eg 32)
m	Gastro-oesophageal reflux disease (GORD / GERD)	☐	☐☐
n	Thyroid problems	☐	☐☐
o	**Neither of these conditions**	☐	

In the *last 3 years*, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the last 3 years	If yes, how old were you when you were first diagnosed? (eg 32)
p	Asthma	☐	☐☐
q	Bronchitis	☐	☐☐
r	**Neither of these conditions**	☐	

In the *last 3 years*, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the last 3 years	If yes, how old were you when you were first diagnosed? (eg 32)
s	Depression	☐	☐☐
t	Anxiety disorder	☐	☐☐
u	Post-traumatic stress disorder (PTSD)	☐	☐☐
v	Other major mental illness *(Please specify on page 30)*	☐	
w	**None of these conditions**	☐	

In the *last 3 years*, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the last 3 years	If yes, how old were you when you were first diagnosed? (eg 32)
x	Endometriosis	☐	☐☐
y	Pelvic pain	☐	☐☐
z	Polycystic ovary syndrome	☐	☐☐
aa	Uterine polyps / Uterine fibroids	☐	☐☐
bb	Urinary tract infection	☐	☐☐
cc	Sexually Transmitted Infection (eg chlamydia, genital herpes)	☐	☐☐
dd	**None of these conditions**	☐	

In the *last 3 years*, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the last 3 years	If yes, how old were you when you were first diagnosed? (eg 32)
ee	Cervical cancer	☐	☐☐
ff	Breast cancer	☐	☐☐
gg	Skin cancer	☐	☐☐
hh	Other cancer *(Please specify on page 30)*	☐	
ii	**None of these conditions**	☐	

In the *last 3 years*, have you been diagnosed with or treated for:
(Mark all that apply)

		Yes, in the last 3 years
jj	Other major physical illness *(Please specify on page 30)*	☐
kk	Other *(Please specify on page 30)*	☐
ll	**No other conditions**	☐

Q25 When did you last have:
(Mark one on each line)

		In the last 12 months	More than 1 but less than 2 years ago	2 to less than 3 years ago	3-5 years ago	More than 5 years ago	Never	Not sure
a	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?	☐	☐	☐	☐	☐	☐	☐

Q26 **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?	☐	☐	☐	☐

Q27 **Have you experienced any of the following events?** *(Mark all that apply)*

		A Yes – In the last 12 months	B Yes – More than 12 months ago
a	Death of your partner	☐	☐
b	Death of your parent	☐	☐
c	Death of your child	☐	☐
d	Being pushed, grabbed, shoved, kicked or hit	☐	☐
e	Being forced to take part in unwanted sexual activity	☐	☐
f	Being bullied	☐	☐
g	**None of these events**	☐	

Q28 **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 ☐

Q29 **Have you ever had any of the following operations or procedures?** *(Mark one for each line)*

		Yes	No
a	Hysterectomy	☐	☐
b	One ovary removed	☐	☐
c	Both ovaries removed	☐	☐
d	Repair of pelvic organ prolapse (ie prolapsed vagina, uterus / womb, bladder, or bowel / rectum)	☐	☐
e	Breast biopsy (taking a sample of breast tissue)	☐	☐
f	Lumpectomy (removal of lump from breasts)	☐	☐
g	Mastectomy (removal of one or both breasts)	☐	☐
h	Cholecystectomy (gall bladder removed)	☐	☐
i	Weight loss surgery (including gastric banding, gastric sleeve surgery or gastric bypass)	☐	☐
j	Cosmetic surgery	☐	☐
k	Endometrial ablation	☐	☐
l	Gastroscopy / colonoscopy	☐	☐

Q30 **Are you currently taking hormone replacement therapy (HRT)?** *(Mark one only)*

- Yes ☐
- No ☐

Q31 **Have you:**
(Mark one on each line)

		Yes	No	
a	Had a period or menstrual bleeding in the last 12 months?	☐	☐	➡ If no, go to Q34
b	Had a period or menstrual bleeding in the last 2 months?	☐	☐	

Q32 **In the *last 12 months*, did you skip your period for two months in a row?**
(Mark one only)

- ☐ Yes
- ☐ No

Q33 **Compared with 12 months ago, are your periods:**
(Mark one only)

- ☐ Less frequent
- ☐ About the same
- ☐ More frequent
- ☐ Changeable

Q34 **If you have reached menopause, at what age did your periods completely stop?**
(Write age in boxes)

☐☐ years old ☐ Not applicable

Q35 **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

Q36 **Over the *last 12 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	Health of family members	☐	☐	☐	☐	☐	☐
c	Work / employment	☐	☐	☐	☐	☐	☐
d	Living arrangements	☐	☐	☐	☐	☐	☐
e	Study	☐	☐	☐	☐	☐	☐
f	Money	☐	☐	☐	☐	☐	☐
g	Relationship with parents	☐	☐	☐	☐	☐	☐
h	Relationship with partner / spouse	☐	☐	☐	☐	☐	☐
i	Relationship with other family members	☐	☐	☐	☐	☐	☐
j	Relationship with friends	☐	☐	☐	☐	☐	☐
k	Motherhood / children	☐	☐	☐	☐	☐	☐

Q37 **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	Active leisure (eg walking, exercise, sport)	☐	☐	☐	☐	☐	☐	☐
b	Passive leisure (eg TV, music, reading, relaxation)	☐	☐	☐	☐	☐	☐	☐
c	Full-time paid work	☐	☐	☐	☐	☐	☐	☐
d	Part-time paid work	☐	☐	☐	☐	☐	☐	☐
e	Casual paid work	☐	☐	☐	☐	☐	☐	☐
f	Work without pay (eg family business)	☐	☐	☐	☐	☐	☐	☐
g	Looking for paid work	☐	☐	☐	☐	☐	☐	☐
h	Studying	☐	☐	☐	☐	☐	☐	☐
i	Unpaid voluntary work	☐	☐	☐	☐	☐	☐	☐
j	Home duties (own / family home)	☐	☐	☐	☐	☐	☐	☐
k	Looking after your / your partner's children	☐	☐	☐	☐	☐	☐	☐
l	Looking after your grandchildren	☐	☐	☐	☐	☐	☐	☐

Q38 **Do *you* normally do any of the following kinds of paid work?**

(Mark all that apply)

		YES
a	I don't do any paid work	☐
b	Paid shift work	☐
c	Paid work with irregular hours	☐
d	Paid work on short-term contract (less than one year)	☐
e	Paid work in more than one job	☐
f	Paid work at night	☐
g	Paid work from home	☐
h	Self-employment	☐
i	Irregular work away from home (eg mining job)	☐
j	Defence Force posting away from home	☐
k	**None of the above**	☐

Q39 **Please read each statement below and indicate how much the statement applied to you *over the past week*.**

(*Mark one on each line*)

		Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of the time	Applied to me very much, or most of the time
a	I was aware of dryness of my mouth	☐	☐	☐	☐
b	I experienced breathing difficulty (eg excessively rapid breathing, breathlessness in the absence of physical exertion)	☐	☐	☐	☐
c	I experienced trembling (eg in the hands)	☐	☐	☐	☐
d	I was worried about situations in which I might panic and make a fool of myself	☐	☐	☐	☐
e	I felt I was close to panic	☐	☐	☐	☐
f	I was aware of the action of my heart in the absence of physical exertion (eg sense of heart rate increase, heart missing a beat)	☐	☐	☐	☐
g	I felt scared without any good reason	☐	☐	☐	☐

Q40 **In the *last 12 months*, have you had any of the following:**
(Mark one on each line. For all that apply, also answer column B.)

		A				B
		Never	Rarely	Sometimes	Often	If yes, did you seek help for this problem? Mark here if you did seek help
a	Allergies, hay fever, sinusitis	☐	☐	☐	☐	☐
b	Headaches / migraines	☐	☐	☐	☐	☐
c	Severe tiredness	☐	☐	☐	☐	☐
d	Skin problems	☐	☐	☐	☐	☐
e	Indigestion (heartburn)	☐	☐	☐	☐	☐
f	Breathing difficulties	☐	☐	☐	☐	☐
g	Chest pain	☐	☐	☐	☐	☐

In the *last 12 months*, have you had any of the following:
(Mark one on each line. For all that apply, also answer column B.)

		A				B
		Never	Rarely	Sometimes	Often	If yes, did you seek help for this problem? Mark here if you did seek help
h	A broken bone (fracture)	☐	☐	☐	☐	☐
i	Stiff or painful joints	☐	☐	☐	☐	☐
j	Back pain	☐	☐	☐	☐	☐
k	Problems with one or both feet	☐	☐	☐	☐	☐
l	Teeth or gum problems	☐	☐	☐	☐	☐

In the *last 12 months*, have you had any of the following:
(Mark one on each line. For all that apply, also answer column B.)

		A				B
		Never	Rarely	Sometimes	Often	If yes, did you seek help for this problem? Mark here if you did seek help
m	Urine that burns or stings	☐	☐	☐	☐	☐
n	Leaking urine	☐	☐	☐	☐	☐
o	Vaginal discharge or irritation	☐	☐	☐	☐	☐
p	Constipation	☐	☐	☐	☐	☐
q	Haemorrhoids (piles)	☐	☐	☐	☐	☐
r	Other bowel problems	☐	☐	☐	☐	☐

In the *last 12 months*, have you had any of the following:
(Mark one on each line. For all that apply, also answer column B.)

		A				B
		Never	Rarely	Sometimes	Often	If yes, did you seek help for this problem? Mark here if you did seek help
s	Difficulty sleeping	☐	☐	☐	☐	☐
t	Depression	☐	☐	☐	☐	☐
u	Episodes of intense anxiety (eg panic attacks)	☐	☐	☐	☐	☐
v	Other mental health problems	☐	☐	☐	☐	☐
w	Palpitations (feeling like your heart is racing or fluttering in your chest)	☐	☐	☐	☐	☐

In the *last 12 months*, have you had any of the following:
(Mark one on each line. For all that apply, also answer column B.)

		A				B
		Never	Rarely	Sometimes	Often	If yes, did you seek help for this problem? Mark here if you did seek help
x	Premenstrual tension	☐	☐	☐	☐	☐
y	Irregular periods	☐	☐	☐	☐	☐
z	Heavy periods	☐	☐	☐	☐	☐
aa	Severe period pain	☐	☐	☐	☐	☐
bb	Hot flushes	☐	☐	☐	☐	☐
cc	Night sweats	☐	☐	☐	☐	☐

Q41 In the *last 12 months*, how much have the following bothered you in everyday life?
(Mark one on each line)

		Never had this symptom	It did not bother me	It bothered me a little	It bothered me a lot
a	Hot flushes	☐	☐	☐	☐
b	Night sweats	☐	☐	☐	☐

Remember that any information you give us is kept confidential.

Q42 The following question asks about the use of drugs for *non-medicinal* purposes. We want to know about general patterns of use. Please do not give details of specific instances of use.
(Mark all that apply)

		In the last 12 months	More than 12 months ago	Never
a	Have you tried marijuana (cannabis, hash, grass, dope, pot, 'yandi')?	☐	☐	☐
b	Have you tried any other illicit drugs (amphetamines, LSD, natural hallucinogens, tranquilisers, cocaine, ecstasy, inhalants, heroin or barbiturates)?	☐	☐	☐

Q43 How often do you currently smoke cigarettes or any tobacco products?
(Mark one only)

Daily	☐	➡ Go to Q44a
At least weekly (but not daily)	☐	➡ Go to Q44b
Less often than weekly	☐	Go to Q45
Not at all	☐	

Q44a 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 Q49

Q44b If you smoke, but not daily, on average how many cigarettes do you smoke *per week*?

PRINT the number in the box ☐☐☐ cigarettes per week

Q45 **In your lifetime, would you have smoked at least 100 cigarettes (or equivalent)?**
(Mark one only)

Yes ☐ No ☐ → **If no, go to Q50**

Q46 **Have you ever smoked *daily*?**
(Mark one only)

Yes ☐ No ☐ → **If no, go to Q50**

Q47 **At what age did you finally stop smoking *daily*?**
(Write age in boxes)

☐☐ years old **If still smoking, go to Q49**

Q48 **At what age did you stop smoking?**
(Write age in boxes)

☐☐ years old

Q49 **Have you tried to quit smoking in the last six months?**
(Mark one only)

Yes ☐ No ☐

Q50 **How often do you usually drink alcohol?**
(Mark one only)

I never drink alcohol ☐ → **Go to Q53**
Less than once a month ☐
Less than once a week ☐
On 1 or 2 days a week ☐
On 3 days a week ☐
On 4 days a week ☐
On 5 days a week ☐
On 6 days a week ☐
Every day ☐

Q51 **On a day when you drink alcohol, how many standard drinks do you usually have?**
(Mark one only)

1 drink per day ☐
2 drinks per day ☐
3 drinks per day ☐
4 drinks per day ☐
5 to 8 drinks per day ☐
9 or more drinks per day ☐

Q52 **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 ☐

Q53 **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	☐

Q54 **Do any of the following apply to you?**
(Mark one on each line)

		Yes	No
a	I am pregnant now / have recently had a baby	☐	☐
b	I am trying to become pregnant	☐	☐
c	I have had a tubal ligation	☐	☐
d	My partner has had a vasectomy	☐	☐
e	I cannot have children	☐	☐
f	My partner cannot have children	☐	☐
g	My partner has a low or zero sperm count	☐	☐
h	I have no male sexual partners now	☐	☐
i	I am using / have used In Vitro Fertilisation (IVF)	☐	☐
j	I am using / have used fertility hormones (eg Clomid)	☐	☐
k	I practice abstinence	☐	☐

Q55 **What forms of contraception do you use now?**
(Mark all that apply)

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

Q56 **Are you currently pregnant?**
(Mark one only)

No	☐
Less than 3 months	☐
3 to 6 months	☐

More than 6 months ☐

Don't know ☐

Q57 Have you ever been pregnant?
(Mark one only)

Yes ☐ No ☐ ➡ **If no, go to Q66**

Q58 How many times have you had each of the following:
(Mark one on each line)

		None	One	Two	Three	Four	5 or more
a	Miscarriage	☐	☐	☐	☐	☐	☐
b	Termination (abortion) for medical reasons (eg fetal abnormalities)	☐	☐	☐	☐	☐	☐
c	Termination (abortion) for other reasons	☐	☐	☐	☐	☐	☐
d	Ectopic pregnancy (tubal pregnancy)	☐	☐	☐	☐	☐	☐

Q59 For your *most recent* pregnancy, were you:
(Mark one on each line)

		Never	Yes, during pregnancy	Yes, following birth	Yes, both during pregnancy and following birth
a	Given any information about emotional wellbeing during pregnancy and early parenthood (eg about depression, anxiety, parenting stress)?	☐	☐	☐	☐
b	Asked any questions by a midwife, GP, child health nurse or other professional about your emotional wellbeing (eg given a questionnaire to complete)?	☐	☐	☐	☐

Q60 Have you ever given birth?
(Mark one only)

Yes ☐ No ☐ ➡ **If no, go to Q66**

Q61 If yes, please write the number of:

a	Live births	☐☐
b	Stillbirths (at least 20 weeks gestation or at least 400 grams birth weight)	☐☐

Q62 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 on each line)

		Never experienced this	Youngest child	2nd youngest child	3rd youngest child	4th youngest child	5th youngest child	6th youngest child
a	Antenatal depression?	☐	☐	☐	☐	☐	☐	☐
b	Postnatal depression?	☐	☐	☐	☐	☐	☐	☐
c	Antenatal anxiety?	☐	☐	☐	☐	☐	☐	☐
d	Postnatal anxiety?	☐	☐	☐	☐	☐	☐	☐

e	Gestational diabetes?	☐	☐	☐	☐	☐	☐	☐
f	Hypertension (high blood pressure) during pregnancy?	☐	☐	☐	☐	☐	☐	☐

Q63 **If you have *ever* given birth, please complete the following details for each birth.** *(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 write the date twice.)*
(Enter '0' if not known)

	Day of birth (eg 07, 24, 31)	**Month of birth** (eg 08, 11)	**Year of birth** (eg 11, 16, 20)	**Female OR Male** *(Mark one only)* **F**	**M**	**Birth weight kgs** (eg 3.6 kgs)	**Birth weight lbs oz** (eg 6lbs 4oz)	**Length at birth cm** (eg 51cm)
Youngest child	D D	M M	Y Y	☐	☐	kg .	lb lb oz oz	cm cm
2nd youngest child	D D	M M	Y Y	☐	☐	kg .	lb lb oz oz	cm cm
3rd youngest child	D D	M M	Y Y	☐	☐	kg .	lb lb oz oz	cm cm
4th youngest child	D D	M M	Y Y	☐	☐	kg .	lb lb oz oz	cm cm
5th youngest child	D D	M M	Y Y	☐	☐	kg .	lb lb oz oz	cm cm
6th youngest child	D D	M M	Y Y	☐	☐	kg .	lb lb oz oz	cm cm

Did you experience any of the following?
(Mark all that apply for each child born)

		Never experienced this	Youngest child	2nd youngest child	3rd youngest child	4th youngest child	5th youngest child	6th youngest child
a	Premature birth (born before 36 weeks gestation)	☐	☐	☐	☐	☐	☐	☐
b	Stillbirth (at least 20 weeks gestation or at least 400 grams birth weight)	☐	☐	☐	☐	☐	☐	☐
c	Caesarean section before going into labour	☐	☐	☐	☐	☐	☐	☐
d	Induction of labour (with gel or drip)	☐	☐	☐	☐	☐	☐	☐
e	Caesarean section after labour started	☐	☐	☐	☐	☐	☐	☐
f	Labour lasting more than 36 hours	☐	☐	☐	☐	☐	☐	☐
g	Gas or injection for pain relief	☐	☐	☐	☐	☐	☐	☐
h	Epidural or spinal block	☐	☐	☐	☐	☐	☐	☐
i	Episiotomy (cut to perineum)	☐	☐	☐	☐	☐	☐	☐
j	A vaginal tear requiring stitches	☐	☐	☐	☐	☐	☐	☐
k	Instrumental delivery (forceps / vacuum)	☐	☐	☐	☐	☐	☐	☐
l	Emotional distress during delivery	☐	☐	☐	☐	☐	☐	☐
m	A low birth weight baby (weighing less than 2.5kg, or 5½ pounds)	☐	☐	☐	☐	☐	☐	☐
n	A high birth weight baby (weighing more than 4kg, or 8½ pounds)	☐	☐	☐	☐	☐	☐	☐
o	Baby requiring admission to special care / Neonatal Intensive Care Unit (NICU)	☐	☐	☐	☐	☐	☐	☐
p	Death of a live-born baby within the first month	☐	☐	☐	☐	☐	☐	☐

q	Death of a child after the first month	☐	☐	☐	☐	☐	☐	☐
r	Feelings of depression or anxiety while pregnant	☐	☐	☐	☐	☐	☐	☐
s	Feelings of depression or anxiety after birth	☐	☐	☐	☐	☐	☐	☐
t	Born via the use of assisted reproductive technology (eg IVF, fertility hormones like Clomid)	☐	☐	☐	☐	☐	☐	☐

Q64 **Have you ever breastfed?**
(Mark one only)

Yes ☐ No ☐ ➡ **If no, go to Q66**

Q65

		Youngest child	2nd youngest child	3rd youngest child	4th youngest child	5th youngest child	6th youngest child
a	Mark which of your children had at least one breastfeed	☐	☐	☐	☐	☐	☐
b	Write the number of complete months each child was breastfed (if zero write 0)	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
c	Mark which child or children you are currently breastfeeding	☐	☐	☐	☐	☐	☐

Q66 **Do you have children living with you (your own, your partner's, fostered etc)?**
(Mark one only)

Yes ☐ No ☐ ➡ **If no, go to Q70**

Q67 **If you have children living with you (your own, your partner's, fostered etc), please answer the following questions:**
(Mark one on each line)

		NONE	One child	Two children	Three children	Four or more children
a	How many are under 12 months old?	☐	☐	☐	☐	☐
b	How many are 12 months - 5 years old?	☐	☐	☐	☐	☐
c	How many are 6 - 12 years old?	☐	☐	☐	☐	☐
d	How many are 13 - 16 years old?	☐	☐	☐	☐	☐
e	How many are 17 years old or over?	☐	☐	☐	☐	☐

Most parents need someone to care for their children when they cannot.
Formal child care **includes before and / or after school care, long day care, family day care, occasional care and preschool.** ***Informal child care*** **includes care by family, friends (paid or unpaid) and a paid babysitter.**

Q68 **In a normal week, how often do you usually use child care?**
(Mark one on each line)

		Do not use this type of child care	Less than 5 hrs	5-10 hrs	11-20 hrs	21-30 hrs	31-40 hrs	More than 40 hrs
a	Formal care	☐	☐	☐	☐	☐	☐	☐
b	Informal care	☐	☐	☐	☐	☐	☐	☐

Q69 **Whether you use child care or not, please answer the following questions.**
(Mark one on each line)

		Yes	No	Don't know
a	Is formal child care located in an area convenient to you?	☐	☐	☐
b	Are formal child care places available to you?	☐	☐	☐
c	Is the cost of formal child care a problem for you?	☐	☐	☐
d	Is informal child care available to you?	☐	☐	☐

Q70 **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'	☐	☐	☐	☐

Q71 **Do you regularly *provide* unpaid 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 Q76**
b	For someone who lives elsewhere	☐	☐	

Q72 **How many people with a long-term illness, disability or frailty do you regularly provide care for?**
(Mark one only)

One person	☐
Two people	☐
More than two people	☐

Q73 **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	☐

Q74 **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	☐

Q75 **What is the relationship to the person you care for?**
(Mark all that apply)

a	Parent / parent-in-law	☐	**e**	Sibling / sibling-in-law	☐
b	Child	☐	**f**	Friend	☐
c	Grandchild	☐	**g**	Neighbour	☐
d	Spouse / partner	☐	**h**	Other (*please specify on page 30*)	☐

Q76 **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	☐	☐	☐	☐	☐

Q77 **Have you ever had a partner or spouse?**
(*Mark <u>one only</u>*)

Yes ☐ No ☐ ➡ **If no, go to Q82**

Q78 **Have you ever been in a violent relationship with a partner / spouse?**
(Mark <u>one only</u>)

Yes ☐ No ☐

The following questions ask about difficult situations you may have experienced. Some people prefer not to answer questions of this nature. If this is true for you, please leave the answers blank. If you are looking for information, counselling or support you can call 1800 RESPECT 24 / 7.

Q79 **This question asks about situations you may have experienced with <u>*current or past*</u> partners.**
(Mark <u>as many as apply on each line</u>)

	My Partner:	**In the last 12 months**	**More than 12 months ago**	**Never**
a	Told me that I wasn't good enough	☐	☐	☐
b	Kept me from medical care	☐	☐	☐
c	Followed me	☐	☐	☐
d	Tried to turn my family, friends and children against me	☐	☐	☐
e	Locked me in the bedroom	☐	☐	☐
f	Slapped me	☐	☐	☐
g	Forced me to take part in unwanted sexual activity	☐	☐	☐
h	Told me that I was ugly	☐	☐	☐
i	Tried to keep me from seeing or talking to my family	☐	☐	☐
j	Threw me	☐	☐	☐
k	Hung around outside my house	☐	☐	☐
l	Blamed me for causing their violent behaviour	☐	☐	☐
m	Harassed me over the telephone	☐	☐	☐
n	Shook me	☐	☐	☐
o	Harassed me at work	☐	☐	☐
p	Pushed, grabbed or shoved me	☐	☐	☐
q	Used a knife or gun or other weapon	☐	☐	☐
r	Became upset if dinner / housework wasn't done when they thought it should be	☐	☐	☐
s	Told me that I was crazy	☐	☐	☐
t	Told me that no one would ever want me	☐	☐	☐
u	Took my wallet and left me stranded	☐	☐	☐
v	Hit or tried to hit me with something	☐	☐	☐
w	Did not want me to socialise with my female friends	☐	☐	☐
x	Refused to let me work outside the home	☐	☐	☐
y	Kicked me, bit me or hit me with a fist	☐	☐	☐
z	Tried to convince my friends, family or children that I was crazy	☐	☐	☐
aa	Told me that I was stupid	☐	☐	☐

bb	Beat me up	☐	☐	☐

Q80 **Has any ***current or past*** partner ***ever***:**
(Mark as many as apply on each line)

		Yes, in the last 12 months	Yes, more than 12 months ago	Never
a	Controlled or tried to control you from knowing about, having access to, or making decisions about household money?	☐	☐	☐
b	Controlled or tried to control you from working or earning money?	☐	☐	☐
c	Controlled or tried to control your income or assets?	☐	☐	☐
d	Controlled or tried to control you from studying?	☐	☐	☐
e	Deprived you of basic needs (eg food, shelter, sleep, assistive aids)?	☐	☐	☐
f	Damaged, destroyed or stole any of your property?	☐	☐	☐

Q81 **Has any ***current or past*** partner ***ever***:**
(Mark one on each line)

		Yes	No
a	Interfered with contraception in order to get you pregnant when you did not want to be? (*eg refused to wear / removed a condom during sex, broke / poked holes in condom, threw away contraception, interfered with you accessing healthcare for contraception*)	☐	☐
b	Pressured, threatened or forced you to become pregnant?	☐	☐
c	Pressured, threatened or forced you to terminate a pregnancy?	☐	☐
d	Used pressure, threats or force to prevent you from terminating a pregnancy?	☐	☐

Q82 **In the ***past 4 weeks***:**
(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	About how often did you feel tired out for no good reason?	☐	☐	☐	☐	☐
b	About how often did you feel nervous?	☐	☐	☐	☐	☐
c	About how often did you feel so nervous that nothing could calm you down?	☐	☐	☐	☐	☐
d	About how often did you feel hopeless?	☐	☐	☐	☐	☐
e	About how often did you feel restless or fidgety?	☐	☐	☐	☐	☐
f	About how often did you feel so restless you could not sit still ?	☐	☐	☐	☐	☐
g	About how often did you feel depressed?	☐	☐	☐	☐	☐
h	About how often did you feel that everything is an effort?	☐	☐	☐	☐	☐
i	About how often did you feel so sad that nothing could cheer you up?	☐	☐	☐	☐	☐
j	About how often did you feel worthless?	☐	☐	☐	☐	☐

Q83 **In the *past 6 months*, have you *ever* deliberately hurt yourself or done anything that you knew might have harmed or even killed you?**
(Mark one only)

Yes ☐ No ☐

Q84 **In the *past week*, have you been feeling that life isn't worth living?**
(Mark one only)

Yes ☐ No ☐

If you answered yes to either of the last 2 questions, you might like to talk to someone about how you are feeling. You could ring Lifeline on 13 11 14 (local call).

Q85 **Managing time is often difficult. How often do you feel:**
(Mark one on each line)

		Every day	A few times a week	About once a week	About once a month	Never
a	That you are rushed, pressured, too busy?	☐	☐	☐	☐	☐
b	That you have time on your hands that you don't know what to do with?	☐	☐	☐	☐	☐

Q86 **Are you currently employed*?***
(Mark one only)

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

Q87 **Are you actively seeking work (or more work)*?***
(Mark one only)

Yes ☐ No ☐

Q88 **How secure or insecure do you feel about your paid job or jobs?**
(Mark one only)

I worry all the time about losing my job	☐
Sometimes I worry about losing my job	☐
I rarely or never worry about losing my job	☐
Don’t know	☐
I don’t have a paid job	☐

Q89 **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	☐

Q90 **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	☐

Q91 **What are your current sources of income?**
(Mark all that apply)

Wage / salary	☐
Income from savings and investments (such as shares and property)	☐
Income from a business (eg self-employment, partnership)	☐
Spouse / partner's income	☐
Financial support from family	☐
COVID-19 specific government payments (eg Jobkeeper, Jobseeker)	☐
Other government pension, allowance or payment	☐
Own superannuation (as a lump sum, pension or annuity)	☐
Other (*please specify on page 30*)	☐

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 **Which of the following sources could your household use?**

		A (Mark all that apply)	B If more than one possible, which would be the **most likely** to be used? (Mark one only)
a	Own savings	☐	☐
b	Loan from bank, building society or credit union	☐	☐
c	Loan from finance company (high interest)	☐	☐
d	Loan on credit card	☐	☐
e	Loan from family or friends	☐	☐
f	Loan from welfare or community organisation	☐	☐
g	Sell something	☐	☐
h	Other sources	☐	☐

Q94 **Over the *past year*, have any of the following happened to your household because of a shortage of money?**
(Mark all that apply)

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	☐

The next questions are about the food eaten in your household in the *last 12 months* and whether you were able to afford the food you need.

Q95 **Please tell us whether the statement was *often* true, *sometimes* true, or *never* true for you / your household:**
(Mark one on each line)

	In the last 12 months:	**Often**	**Sometimes**	**Never**	**Don't know**
a	Have you run out of food and not had enough money to buy more?	☐	☐	☐	☐
b	Have you ever been unable to afford healthy meals?	☐	☐	☐	☐

Q96 **In the *last 12 months*, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?**
(Mark one only)

Yes ☐ No ☐ ➡ **Go to Q98** Don't know ☐ ➡ **Go to Q98**

Q97 **How often did this happen?**
(Mark one only)

Almost every month or more	☐
Some months but not every month	☐
Only 1 or 2 months of the year	☐
Don't know	☐

Q98 **In the *last 12 months*, did you ever eat less than you thought you should because there wasn't enough money to buy food?**
(Mark one only)

Yes☐ No☐ Don't know☐

Q99 **In the *last 12 months*, did you ever go hungry because there wasn't enough money to buy food?**
(Mark one only)

Yes☐ No☐ Don't know☐

Q100 **In general, how satisfied are you with what you have achieved in each of the following areas of your life?**
(Mark one on each line)

		Not applicable	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	☐	☐	☐	☐	☐
h	Motherhood / children	☐	☐	☐	☐	☐

Q101 **In the *last 3 years,* did you personally experience any of the following *due to* bushfires and / or bushfire smoke?**
(Mark all that apply)

		Yes
a	Smoke exposure / poor air quality	☐
b	Damage to or loss of your property	☐
c	Trapped in a bushfire area (ie unable to evacuate)	☐
d	Forced to evacuate / voluntary relocation or change of residence	☐
e	Lost sources of livelihood (eg crops destroyed, death of livestock)	☐
f	Loss or substantial change of work / employment	☐
g	Financial difficulties	☐
h	Other (*please specify on page 30*)	☐
i	**None of the above**	☐

Q102 **In the *last 3 years,* did you experience any of the following health issues *due to* bushfires and / or bushfire smoke?**
(Mark all that apply)

		Yes
a	Dehydration or heat stress	☐
b	Breathing difficulties (eg cough, asthma, shortness of breath, wheezing)	☐
c	Irritation of eyes, nose or throat	☐
d	Skin irritation / rash	☐
e	Headaches	☐
f	Worsening of pre-existing health condition	☐
g	Depressed mood	☐
h	Difficulty sleeping	☐
i	Feelings of anxiety	☐
j	Other (*please specify on page 30*)	☐
k	**None of the above**	☐

Q103 **Have you ever tested *positive* for COVID-19?**
(Mark one only)

Yes	☐
No, I never tested positive	☐
No, I have never been tested for COVID-19	☐
Don't know	☐

Q104 **How stressed do you feel about the COVID-19 pandemic now?**
(Mark one only)

Not at all stressed	☐
Slightly stressed	☐
Moderately stressed	☐
Very stressed	☐
Extremely stressed	☐

Q105 **How many serves of fresh fruit do you usually eat per day?**
(A serve = one medium piece (eg apple, banana, orange or pear), two small fruits (eg apricots, kiwis or plums), one cup diced / canned fruit (no added sugar) or only occasionally 125ml (half cup) fruit juice or 30g dried fruit)
(Mark one only)

I don't eat fruit	☐	2 serves of fruit per day	☐
Less than 1 serve of fruit per day	☐	3 serves of fruit per day	☐
1 serve of fruit per day	☐	4 or more serves of fruit per day	☐

Q106 **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	☐	3 serves	☐
Less than one serve	☐	4 serves	☐
1 serve	☐	5 serves or more	☐
2 serves	☐		

Q107 Please state how many times you did each type of activity and how much time you spent altogether doing each type of activity ***last week***.**
Only count activities that lasted for 10 minutes or more; add up all the times you spent in each activity to get the total time for each activity.
*(If you did **not** do an activity, please write '0' in the boxes)*

		Number of times	Total time in this activity: hours	Total time in this activity: minutes
a	**Walking briskly** (for recreation or exercise, or to get from place to place)			
b	**Moderate leisure activity** (like social tennis, moderate exercise classes, recreational swimming, dancing)			
c	**Vigorous leisure activity** (that makes you breathe harder or puff and pant like aerobics, competitive sport, vigorous cycling, running, swimming)			
d	**Vigorous household or garden chores** (that make you breathe harder or puff and pant)			

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.

Q108 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?

a	On a usual **week day**		hours		minutes
b	On a usual **weekend day**		hours		minutes

Q109 What is your postcode?

a	What is your RESIDENTIAL postcode? *(where you live)*		Mark here if living overseas ☐
b	What is the postcode of your POSTAL ADDRESS? *(if different from residential)*		

Q110 What is the highest qualification you have completed?
(*Mark one only*)

No formal qualifications	☐
Year 10 or equivalent (eg School Certificate)	☐
Year 12 or equivalent (eg Higher School Certificate)	☐
Trade / apprenticeship (eg hairdresser, chef)	☐
Certificate / diploma (eg child care, technician)	☐
University degree	☐
Higher university degree (eg Grad Dip, Masters, PhD)	☐

Q111 Which one of the following best describes your housing situation?
(Mark one only)

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	☐

Q112 What is your present marital status?
(Mark one only)

Never married	☐
Married (opposite sex)	☐
Married (same sex)	☐
Married (non-binary)	☐
De facto (opposite sex)	☐
De facto (same sex)	☐
De facto (non-binary)	☐
Separated	☐
Divorced	☐
Widowed	☐

Q113 Who lives with you?
(Mark all that apply)

a	No one, I live alone	☐
b	Partner / spouse	☐
c	Own children	☐
d	Someone else's children	☐
e	Parents	☐
f	Other adults	☐

Q114 What is your date of birth?
(Write date in boxes)

D D	/	M M	/	1 9 Y Y
Day		**Month**		**Year**

Q115 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	☐

Q116 What was the MAIN reason for needing help to fill in this survey?
(*Please describe*)

_____

Have we missed anything so far?

If you have anything else you would like to tell us, please write on the lines below.
You may also like to take a moment to check you have not missed any questions or pages.

_____

_____

_____

_____

Nearly finished!!!

Complete the food intake questions in the separate booklet to get a

SECOND CHANCE IN THE PRIZE DRAW

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:** / /

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 does not live with you)** 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: ( )

Email:

Relationship to you:

Name:

Address:

Town / Suburb: State: Postcode:

Phone: ( )

Email:

Relationship to you:

Thank you for taking the time
to complete this part of the 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, e-mail address or your telephone number.

Don't forget to sign the consent form on page 31 and post both survey booklets 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

We are grateful to the Australian Government Department of Health for funding and to our participants.

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