Tenth survey for women of the 1946 – 51 cohort

2022

OFFICE USE ONLY					
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How to complete this survey

This is the tenth survey for women in your age group.
As the purpose of the project is to look at changes over time,
some of the questions are the same as those in previous surveys.

Please answer every question you can. If you are unsure about how to answer a question, mark the *response for the closest answer to how you feel*. Please write any comments or important information on page 34, unless instructed otherwise. We are not able to read comments written elsewhere throughout 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.

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	☒
Fair	☒
Poor	☒

You would mark this one if you think your health is good.

- Print clearly in the boxes like this:

What is your postcode?
(PRINT clearly in the boxes)

2	3	0	8

- Correct mistakes like this:

When you go to a General Practitioner:
(Mark one on each line)

	Always	*Most of the time*	*Sometimes*	*Rarely or never*
Do you go to the same place?	☒	⊗	☒	☒

If you make a mistake, simply scribble it out and mark the correct answer with a circle.

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 2021 newsletter: https://www.alswh.org.au/participants-newsletter/2021/.

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 someone to talk to, you could ring Lifeline on 13 11 14 (local call).

Note: No commercial gain or sponsorship is provided to ALSWH for the inclusion of brand names in the survey.

Q1 **What is your date of birth?**

		/			/	1	9		
Day			Month			Year			

Q2 **What is your postcode?**

Mark here if living overseas ☒

a What is your RESIDENTIAL postcode? *(where you live)* | | | | |

b What is the postcode of your POSTAL ADDRESS? *(if different from residential)* | | | | |

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

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

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

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

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

Q5 **The following questions are about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT YOU in these activities? If so, how much?** *(Mark one on each line)*

		Yes, limited a lot	Yes, limited a little	No, not limited at all
a	VIGOROUS activities, such as running, lifting heavy objects, participating in strenuous sports	☒	☒	☒
b	MODERATE activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☒	☒	☒
c	Lifting or carrying groceries	☒	☒	☒
d	Climbing SEVERAL flights of stairs	☒	☒	☒
e	Climbing ONE flight of stairs	☒	☒	☒
f	Bending, kneeling or stooping	☒	☒	☒
g	Walking MORE THAN ONE kilometre	☒	☒	☒
h	Walking HALF a kilometre	☒	☒	☒
i	Walking 100 metres	☒	☒	☒
j	Bathing or dressing yourself	☒	☒	☒

The next seven questions ask about your health IN THE LAST FOUR WEEKS.

Q6 **During the PAST FOUR WEEKS, have you had any of the following problems with your work *(including your work outside the home and housework)* or other regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH?**
(Mark one on each line)

		Yes	No
a	Cut down on the amount of time you spent on work or other activities	☒	☒
b	Accomplished less than you would like	☒	☒
c	Were limited in the kind of work or other activities	☒	☒
d	Had difficulty performing the work or other activities (e.g. it took extra effort)	☒	☒

Q7 **During the PAST FOUR WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS *(such as feeling depressed or anxious)*?**
(Mark one on each line)

		Yes	No
a	Cut down on the amount of time you spent on work or other activities	☒	☒
b	Accomplished less than you would like	☒	☒
c	Didn't do work or other activities as carefully as usual	☒	☒

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

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

Q9 **How much BODILY pain have you had during the PAST FOUR WEEKS?** *(Mark one only)*

- No bodily pain ☒
- Very mild ☒
- Mild ☒
- Moderate ☒
- Severe ☒
- Very severe ☒

Q10 **During the PAST FOUR WEEKS, how much did PAIN interfere with your normal work *(including both work outside the home and housework)*?**
(Mark one only)

- Not at all ☒
- A little bit ☒
- Moderately ☒
- Quite a bit ☒
- Extremely ☒

Q11 For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST FOUR WEEKS: *(Mark one on each line)*

		All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a	Did you feel full of life?	☒	☒	☒	☒	☒	☒
b	Have you been a very nervous person?	☒	☒	☒	☒	☒	☒
c	Have you felt so down in the dumps that nothing could cheer you up?	☒	☒	☒	☒	☒	☒
d	Have you felt calm and peaceful?	☒	☒	☒	☒	☒	☒
e	Did you have a lot of energy?	☒	☒	☒	☒	☒	☒
f	Have you felt down?	☒	☒	☒	☒	☒	☒
g	Did you feel worn out?	☒	☒	☒	☒	☒	☒
h	Have you been a happy person?	☒	☒	☒	☒	☒	☒
i	Did you feel tired?	☒	☒	☒	☒	☒	☒

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

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

Q13 How TRUE or FALSE is EACH of the following statements for you? *(Mark one on each line)*

		Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a	I seem to get sick a little easier than other people	☒	☒	☒	☒	☒
b	I am as healthy as anybody I know	☒	☒	☒	☒	☒
c	I expect my health to get worse	☒	☒	☒	☒	☒
d	My health is excellent	☒	☒	☒	☒	☒

Q14 How many times have you consulted the following people for YOUR OWN HEALTH in the LAST TWELVE MONTHS? *(Mark one on each line)*

		None	Once or twice	3 or 4 times	5 or 6 times	7–12 times	13–24 times	25 or more times
a	A family doctor or another General Practitioner *(GP)*	☒	☒	☒	☒	☒	☒	☒
b	A hospital doctor *(e.g. in outpatients or casualty)*	☒	☒	☒	☒	☒	☒	☒
c	A specialist doctor	☒	☒	☒	☒	☒	☒	☒

Q15 **Have you consulted the following people for YOUR OWN HEALTH in the LAST TWELVE MONTHS?** *(Mark one on each line)*

		Yes	No
a	Community nurse / Practice nurse / Nurse practitioner	☒	☒
b	Counsellor / Psychologist / Social worker	☒	☒
c	Physiotherapist	☒	☒
d	Exercise physiologist	☒	☒
e	Dietitian	☒	☒
f	Optician / Optometrist	☒	☒
g	Hearing specialist	☒	☒
h	Podiatrist	☒	☒
i	Dentist	☒	☒
j	Chiropractor / Massage therapist / Osteopath	☒	☒
k	Occupational therapist	☒	☒
l	Other Allied or Alternative Health Practitioner *(please specify on page 34)*	☒	☒

Q16 **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?	☒	☒	☒	☒

Q17 **How would you rate the cost to you of your LAST visit to a General Practitioner?** *(Mark one only)*

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

Q18 **Do you have private health insurance for HOSPITAL COVER?** *(Mark one only)*

- Yes ☒
- No – I am covered by Veterans' Affairs (White Card or Gold Card) ☒
- No – because I can't afford the cost ☒
- No – because I don't think you get value for money ☒
- No – because I don't think I need it ☒
- No – other reason ☒

Q19 **Do you have private health insurance for ANCILLARY services *(e.g. dental, physiotherapy)*?** *(Mark one only)*

- Yes ☒
- No – I am covered by Veterans' Affairs (White Card or Gold Card) ☒
- No – because I can't afford the cost ☒
- No – because I don't think you get value for money ☒
- No – because I don't think I need it ☒
- No – because the services are not available where I live ☒
- No – other reason ☒

Q20 **Which of the following types of cover do you have for health services *(excluding your Medicare card)*:** *(Mark all that apply)*

a	Department of Veterans' Affairs Gold Card / White Card	☒
b	Commonwealth Seniors Health Card	☒
c	Pensioner Concession Card	☒
d	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)*	☒
e	None of these	☒

Q21 **When did you last have:** *(Mark one on each line)*

		Last 12 months	1 to less than 2 years ago	2 to less than 3 years ago	3–5 years ago	More than 5 years ago	Never	Don't know
a	Cervical cancer screening *(a pap test or human papillomavirus (HPV) test)*?	☒	☒	☒	☒	☒	☒	☒
b	A mammogram?	☒	☒	☒	☒	☒	☒	☒
c	Your blood pressure checked?	☒	☒	☒	☒	☒	☒	☒
d	Your skin checked *(e.g. spots, lesions, moles)*?	☒	☒	☒	☒	☒	☒	☒
e	Your cholesterol checked?	☒	☒	☒	☒	☒	☒	☒
f	Your blood sugar level checked?	☒	☒	☒	☒	☒	☒	☒

Q22 **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?	☒	☒	☒	☒

Q23 **In the PAST THREE YEARS, have you:** *(Mark one on each line)*

		Yes	No
a	Had your breasts examined by a doctor or nurse?	☒	☒
b	Carried out *regular monthly* breast self examination?	☒	☒
c	Had a bone density test?	☒	☒
d	Had a colonoscopy or sigmoidoscopy?	☒	☒
e	Had a faecal occult blood test *(FOBT)*?	☒	☒
f	Been vaccinated for influenza *(the 'flu')*?	☒	☒
g	Had a pneumococcal vaccine *(also called PPV, for pneumonia)*?	☒	☒
h	Had a vaccination for herpes zoster *(chicken pox / shingles)*?	☒	☒

Q24 **Have you been admitted to hospital in the LAST TWELVE MONTHS?**
(Mark one only)

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

Q25 **In the past month:** *(Mark one on each line)*

		Yes	No
a	Have you felt keyed up or on edge?	☒	☒
b	Have you been worrying a lot?	☒	☒
c	Have you been irritable?	☒	☒
d	Have you had difficulty relaxing?	☒	☒
e	Have you been sleeping poorly?	☒	☒
f	Have you had headaches or neck aches?	☒	☒
g	Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass urine more often than normal?	☒	☒
h	Have you been worried about your health?	☒	☒
i	Have you had difficulty falling asleep?	☒	☒

Q26 **In the PAST WEEK, have you been feeling that life isn't worth living?** *(Mark one only)*

- Yes ☒
- No ☒

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

Q27 **Are you CURRENTLY taking Hormone Replacement Therapy *(HRT)*?** *(Mark one only)*

- Yes ☒
- No ☒

Q28 **Thinking about your own health care, how would you rate the following?**
(Mark one on each line)

		Excellent	Very good	Good	Fair	Poor	Don't know
a	Access to medical specialists if you need them	☒	☒	☒	☒	☒	☒
b	Access to a hospital if you need it	☒	☒	☒	☒	☒	☒
c	Access to medical care in an emergency	☒	☒	☒	☒	☒	☒
d	Access to after-hours medical care	☒	☒	☒	☒	☒	☒
e	Access to a GP who bulk bills	☒	☒	☒	☒	☒	☒
f	Access to a female GP	☒	☒	☒	☒	☒	☒
g	Hours when a GP is available	☒	☒	☒	☒	☒	☒
h	Number of GPs you have to choose from	☒	☒	☒	☒	☒	☒
i	Ease of seeing the GP of your choice	☒	☒	☒	☒	☒	☒
j	How long you wait to get a GP appointment	☒	☒	☒	☒	☒	☒
k	The outcomes of your medical care *(how much you are helped)*	☒	☒	☒	☒	☒	☒
l	Ease of obtaining a mammogram	☒	☒	☒	☒	☒	☒
m	Ease of obtaining cervical cancer screening *(a pap test or human papillomavirus (HPV) test)*	☒	☒	☒	☒	☒	☒
n	Access to a counselling service if you need it	☒	☒	☒	☒	☒	☒

Q29 **Have you ever tested positive to COVID-19?**
(Mark one only)

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

Q30 **Have you ever been vaccinated for COVID-19?**
(Mark one only)

- Yes ☒
- No ☒ → (If selected, go to Q33)

Q31 **How many doses of the COVID-19 vaccine have you received?** *(Mark one only)*

- One dose ☒
- Two doses ☒
- Three doses ☒
- Four or more doses ☒

Q32 **Which vaccination did you receive for COVID-19?** *(Mark all that apply)*

- **a** Pfizer ☒
- **b** AstraZeneca ☒
- **c** Moderna ☒
- **d** Novavax ☒
- **e** Other *(Please specify on page 34)* ☒
- **f** Don't know ☒

Q33 **How do you think the COVID-19 pandemic has impacted your health and wellbeing *(positively and/or negatively)*?** *(Please write on the lines below)*

Q34 **In the LAST TWELVE MONTHS have you:** *(Mark all that apply)*

		Yes
a	Slipped, tripped or stumbled?	☒
b	Had a fall to the ground?	☒
c	Been injured as a result of a fall?	☒
d	Needed to seek medical attention for an injury from a fall?	☒
e	Had any other injury from an accident at your home?	☒
f	Broken or fractured any bone/s?	☒
g	None of the above	☒

Q35 **Thinking about your last fall, when was it?**

Year ☐☐☐☐ ☒ Not applicable ⟶ (If selected, go to Q37)

Q36 **What were you doing when you fell?** *(Mark all that apply)*

		Yes
a	Walking / running	☒
b	Going up or down steps, stairs, kerb or gutter	☒
c	Getting out of bed / chair	☒
d	Gardening / housework	☒
e	Carrying or bending	☒
f	Dressing / bathing	☒
g	Visiting the toilet	☒
h	Sport or other recreation	☒
i	Public transport	☒
j	Other *(Please specify on page 34)*	☒

Q37 **In the PAST THREE YEARS, have you been diagnosed with or treated for:**
(Mark all that apply)

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

Q37 (cont.) **In the PAST THREE YEARS, have you been diagnosed with or treated for:**
(Mark all that apply)

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

Q37 (cont.) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

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

Q37 (cont.) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

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

Q37 (cont.) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

		Yes, in the past 3 years
y	Breast cancer	☒
z	Cervical cancer	☒
aa	Ovarian cancer	☒
bb	Lung cancer	☒
cc	Bowel cancer *(colorectal cancer)*	☒
dd	Skin cancer *(including melanoma)*	☒
ee	Other cancer *(Please specify on page 34)*	☒
ff	None of these conditions	☒

Q37 (cont.) **In the PAST THREE YEARS, have you been diagnosed with or treated for:** *(Mark all that apply)*

		Yes, in the past 3 years
gg	Low iron level *(iron deficiency or anaemia)*	☒
hh	Asthma	☒
ii	Chronic bronchitis / emphysema / lung disease / chronic obstructive pulmonary disease *(COPD)*	☒
jj	Shingles	☒
kk	None of these conditions	☒

Q37 (cont.) **In the PAST THREE YEARS, have you been diagnosed with or treated for:**
(Mark all that apply)

		Yes, in the past 3 years
ll	Depression	☒
mm	Anxiety / nervous disorder	☒
nn	Other psychiatric disorder *(Please specify on page 34)*	☒
oo	None of these conditions	☒

Q37 (cont.) **In the PAST THREE YEARS, have you been diagnosed with or treated for:**
(Mark all that apply)

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

Q37 (cont.) **In the PAST THREE YEARS, have you been diagnosed with or treated for:**
(Mark all that apply)

		Yes, in the past 3 years
tt	Sexually transmitted infection *(e.g. genital herpes or warts, chlamydia)*	☒
uu	Interstitial cystitis *(or Painful Bladder Syndrome)*	☒
vv	None of these conditions	☒

Q37 (cont.) **In the PAST THREE YEARS, have you been diagnosed with or treated for any other major illness or disability not already noted?**
(Mark one only)

		Yes, in the past 3 years
ww	Yes *(Please specify on page 34)*	☒
xx	No other condition	☒

Q38 **How much do you weigh?** *(No clothes or shoes)*

☐☐☐ kgs **OR** ☐☐ stone ☐☐☐ pounds

Q39 **How tall are you without shoes?**

☐☐☐ cms **OR** ☐ feet ☐☐ inches

Q40 **In the PAST THREE YEARS, have you had any of the following operations or procedures?** *(Mark all that apply)*

		Yes, in the past 3 years
a	Both ovaries removed	☒
b	Hysteroscopy *(investigative procedure to examine the uterus)*	☒
c	Hysterectomy	☒
d	Repair of prolapsed vagina, bladder or bowel	☒
e	Hip surgery or hip replacement	☒
f	Knee replacement	☒
g	Other knee surgery / arthroscopy	☒
h	Shoulder surgery	☒
i	Breast biopsy *(taking a sample of breast tissue)*	☒
j	Lumpectomy *(removal of lump from breast)*	☒
k	Mastectomy *(removal of one or both breasts)*	☒
l	Removal of skin cancer	☒
m	Chemotherapy or radiotherapy for any cancer	☒
n	Any cancer surgery *(other than skin or breast)*	☒
o	Cholecystectomy *(gall bladder removed)*	☒
p	Gastroscopy / colonoscopy	☒
q	Bariatric surgery *(e.g. gastric banding surgery, sleeve gastrectomy, gastric bypass)*	☒
r	Cataract surgery	☒
s	Angioplasty / coronary artery bypass / stent	☒
t	Insertion of pacemaker	☒
u	None of these	☒

Q41 **If you have had a hysterectomy, how old were you?**

PRINT age in the box ☐☐ years old

Q42 **Have you ever been diagnosed with or treated for endometriosis?**
(Mark all that apply)

- Yes, in the past 3 years ☒
- Yes, more than 3 years ago ☒
- Never ☒

Q43 **What is your waist measurement?**
*Please measure your waist while in your underwear. If possible, get someone to help you take the measurement. Find your navel (belly button) and measure at that level. Be careful not to have the tape too tight. You should be able to slip your little finger under it comfortably. Write the measurement to the **nearest** centimetre (or inches if this is the only measure you have available)*

☐☐☐ cms **OR** ☐☐ inches

Q44 **In the PAST FOUR WEEKS, have you taken any:**
(Mark one on each line)

		Yes	No
a	Salbutamol *(e.g. Ventolin™, Butamol™, Airomir™, Epaq™)*	☒	☒
b	Aspirin *(e.g. Aspro Clear™, Cardiprin™)*	☒	☒
c	Paracetamol *(e.g. Panadol™)*	☒	☒
d	Ibuprofen *(e.g. Nurofen™)*	☒	☒
e	Medications to help you sleep	☒	☒

Q44 (cont.) **In the PAST FOUR WEEKS, have you taken any:**
(Mark one on each line)

		Yes	No
f	Vitamin D	☒	☒
g	Vitamin C	☒	☒
h	Vitamin B or Vitamin B Complex	☒	☒
i	Multivitamins	☒	☒

Q44 (cont.) **In the PAST FOUR WEEKS, have you taken any:**
(Mark one on each line)

		Yes	No
j	Iron	☒	☒
k	Glucosamine	☒	☒
l	Omega 3 *(e.g. fish oil)*	☒	☒
m	Calcium tablets *(e.g. Caltrate™)*	☒	☒
n	Magnesium supplements	☒	☒
o	CoEnzyme Q10 *(CoQ10)*	☒	☒
p	Zinc	☒	☒

Q44 (cont.) **In the PAST FOUR WEEKS, have you taken any:**
(Mark one on each line)

		Yes	No
q	Other vitamins, supplements or herbal therapies *(Please specify on page 34)*	☒	☒

Q45 **In the LAST 12 MONTHS, have you had any of the following:**
(Mark one on each line)

		Never	Rarely	Sometimes	Often
a	Allergies, hay fever, sinusitis	☒	☒	☒	☒
b	Breathing difficulty	☒	☒	☒	☒
c	Wheezing	☒	☒	☒	☒
d	Feeling of tightness in the chest	☒	☒	☒	☒
e	Persistent cough	☒	☒	☒	☒

Q45 (cont.) **In the LAST 12 MONTHS, have you had any of the following:**
(Mark one on each line)

		Never	Rarely	Sometimes	Often
f	Indigestion / heartburn	☒	☒	☒	☒
g	Chest pain	☒	☒	☒	☒
h	Headaches / migraines	☒	☒	☒	☒
i	Severe tiredness	☒	☒	☒	☒
j	Back pain	☒	☒	☒	☒

Q45 (cont.) **In the LAST 12 MONTHS, have you had any of the following:**
(Mark one on each line)

		Never	Rarely	Sometimes	Often
k	Stiff or painful joints	☒	☒	☒	☒
l	Problems with one or both shoulders	☒	☒	☒	☒
m	Problems with one or both hips	☒	☒	☒	☒
n	Problems with one or both knees	☒	☒	☒	☒
o	Problems with one or both feet	☒	☒	☒	☒

Q45 (cont.) **In the LAST 12 MONTHS, have you had any of the following:**
(Mark one on each line)

		Never	Rarely	Sometimes	Often
p	Urine that burns or stings	☒	☒	☒	☒
q	Haemorrhoids *(piles)*	☒	☒	☒	☒
r	Other bowel problems	☒	☒	☒	☒
s	Vaginal discharge or irritation	☒	☒	☒	☒
t	Hot flushes	☒	☒	☒	☒
u	Night sweats	☒	☒	☒	☒
v	Leaking urine	☒	☒	☒	☒
w	Pelvic pain	☒	☒	☒	☒

Q45 (cont.) **In the LAST 12 MONTHS, have you had any of the following:**
(Mark one on each line)

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

Q45 (cont.) **In the LAST 12 MONTHS, have you had any of the following:**
(Mark one on each line)

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

Q45 (cont.) **In the LAST 12 MONTHS, have you had any of the following:**
(Mark one on each line)

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

Q46 **How would you rate the overall condition of your teeth, dentures or gums?**
(Mark one only)

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

Q47 **Have you experienced the following events?**
(Mark all that apply)

		Yes, in the last 12 months	Yes, over 12 months ago	No
a	I was ignored or not taken seriously because of my age	☒	☒	☒
b	I was patronised or "talked down to" because of my age	☒	☒	☒
c	I was denied medical treatment because of my age	☒	☒	☒
d	I was denied employment because of my age	☒	☒	☒

Q48 **Do you have any of these sleeping problems?** *(Mark all that apply)*

		Yes
a	Waking up in the early hours of the morning	☒
b	Lying awake for most of the night	☒
c	Taking a long time to get to sleep	☒
d	Worry keeping you awake at night	☒
e	Sleeping badly at night	☒
f	None of these problems	☒

Q49 **Have you ever been diagnosed with or treated for pelvic organ prolapse *(i.e. prolapsed vagina, uterus / womb, bladder, or bowel / rectum)*?**
(Mark all that apply)

		Yes
a	Yes, in the past 3 years	☒
b	Yes, more than 3 years ago	☒
c	Never	☒

Q50 **The following questions ask you if you have certain bowel, bladder or pelvic symptoms, and if you do, how much they bother you.**
(Mark one on each line. For all that apply, also answer column B.)

	A Please consider these symptoms over the last 3 months:	No	Yes	**B** If YES, how much does this bother you? Not at all	Somewhat	Moderately	Quite a bit
a	Do you usually experience *pressure* in the lower abdomen?	☒	☒ →	☒	☒	☒	☒
b	Do you usually experience *heaviness or dullness* in the pelvic area?	☒	☒ →	☒	☒	☒	☒
c	Do you usually have a bulge or something falling out that you can see or feel in your vaginal area?	☒	☒ →	☒	☒	☒	☒
d	Do you ever have to push on the vagina or around the rectum to have or complete a bowel movement?	☒	☒ →	☒	☒	☒	☒
e	Do you usually experience a feeling of incomplete bladder emptying?	☒	☒ →	☒	☒	☒	☒
f	Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?	☒	☒ →	☒	☒	☒	☒

Q51 **Do you experience and if so how much are you bothered by:**
(Mark one on each line)

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

Q52 **How often do you experience urine leakage?**
(Mark one only)

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

Q53 **How much urine do you lose each time?**
(Mark one only)

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

Q54 **Below is a list of the ways you might have felt or behaved. Please indicate how often you have felt this way DURING THE LAST WEEK.**
(Mark one on each line)

		Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
a	I was bothered by things that don't usually bother me	☒	☒	☒	☒
b	I had trouble keeping my mind on what I was doing	☒	☒	☒	☒
c	I felt depressed	☒	☒	☒	☒
d	I felt that everything I did was an effort	☒	☒	☒	☒
e	I felt hopeful about the future	☒	☒	☒	☒
f	I felt fearful	☒	☒	☒	☒
g	My sleep was restless	☒	☒	☒	☒
h	I was happy	☒	☒	☒	☒
i	I felt lonely	☒	☒	☒	☒
j	I could not 'get going'	☒	☒	☒	☒

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

Q55 **How many times did you do each type of activity LAST WEEK?**
Only count the number of times when the activity lasted for 10 minutes or more.
*(If you did **not** do an activity, please write "0" in the box)*

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

Q56 **If you add up all the times you spent in each activity LAST WEEK, how much time did you spend ALTOGETHER doing each type of activity?**
*(If you did **not** do an activity, please write "0" in the box)*

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

Q57 **Including any activities already reported above, in the last week did you do any strength or toning activities (such as lifting weights, pull-ups, push-ups, sit-ups, yoga, pilates)?** *(Mark one only)*

Yes ☒
No ☒ → If 'No', go to Q59

Q58 **How many times did you do any strength or toning activities last week?**

☐☐ number of times

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

☐☐ hours ☐☐ minutes

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.

Q59 **How many hours EACH DAY do you typically spend sitting down while doing things like visiting friends, driving, reading, watching television or working at a desk or computer?**

a	On a usual **WEEK DAY**	☐☐	hours
b	On a usual **WEEKEND DAY**	☐☐	hours

Q60 **Over the LAST TWELVE MONTHS, how stressed have you felt about the following areas of your life?** *(Mark one on each line)*

		Not applicable	Not at all stressed	Somewhat stressed	Moderately stressed	Very stressed	Extremely stressed
a	Own health		☒	☒	☒	☒	☒
b	Living arrangements		☒	☒	☒	☒	☒
c	Money		☒	☒	☒	☒	☒
d	Health of family members	☒	☒	☒	☒	☒	☒
e	Work / employment	☒	☒	☒	☒	☒	☒
f	Study	☒	☒	☒	☒	☒	☒
g	Relationship with parents	☒	☒	☒	☒	☒	☒
h	Relationship with partner / spouse	☒	☒	☒	☒	☒	☒
i	Relationship with children	☒	☒	☒	☒	☒	☒
j	Relationship with other family members	☒	☒	☒	☒	☒	☒

Q61 **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	☒	☒	☒	☒	☒

Q62 **How much do you agree or disagree with each of the following statements?** *(Mark one on each line)*

		Disagree strongly	Disagree	Disagree slightly	Agree slightly	Agree	Agree strongly
a	At home, I feel I have control over what happens in most situations	☒	☒	☒	☒	☒	☒
b	I feel that what happens in my life is often determined by factors beyond my control	☒	☒	☒	☒	☒	☒
c	Over the next 5-10 years I expect to have more positive than negative experiences	☒	☒	☒	☒	☒	☒

continued on next page →

Q62 (cont.) **How much do you agree or disagree with each of the following statements?** *(Mark one on each line)*

	Disagree strongly	Disagree	Disagree slightly	Agree slightly	Agree	Agree strongly
d I often have the feeling that I am being treated unfairly	☒	☒	☒	☒	☒	☒
e In the past 10 years my life has been full of changes without my knowing what will happen next	☒	☒	☒	☒	☒	☒
f I gave up trying to make big improvements or changes in my life a long time ago	☒	☒	☒	☒	☒	☒

Q63 **How often do you usually drink alcohol?** *(Mark one only)*

- I have never drunk alcohol in my life ☒
- I never drink alcohol, but I have in the past ☒

If either selected, go to Q66

- I drink rarely ☒
- 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 ☒

Q64 **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 ☒

Q65 **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 ☒

Q66 **How many serves of fresh fruit do you usually eat per day?** *(A serve = one medium piece (e.g. apple, banana, orange or pear), two small fruits (e.g. 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)*

- None ☒
- Less than 1 serve ☒
- 1 serve ☒
- 2 serves ☒
- 3 serves ☒
- 4 serves or more ☒

Q67 **How many serves of vegetables do you usually eat each day?** *(A serve = half a cup of cooked vegetables or a cup of salad vegetables)* *(Mark one only)*

- None ☒
- Less than 1 serve ☒
- 1 serve ☒
- 2 serves ☒
- 3 serves ☒
- 4 serves ☒
- 5 serves or more ☒

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

- Daily ☒ → *If 'Daily' selected, go to Q69*
- At least weekly *(but not daily)* ☒
- Less often than weekly ☒ → *If any of these three selected, go to Q70*
- Not at all ☒

Q69 **If you smoke daily, on average how many cigarettes do you smoke EACH DAY?**

PRINT the number in the box ☐☐☐ cigarettes per day → go to Q72

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

- Yes ☒
- No ☒ → *If 'No', go to Q72*

Q71 **At what age did you finally stop smoking DAILY?**

PRINT age in the box ☐☐ years old

Q72 **These questions are about getting on with other people:**
(Mark one on each line)

		Yes	No
a	Do you feel uncomfortable with anyone in your family?	☒	☒
b	Do you feel that nobody wants you around?	☒	☒
c	Has anyone forced you to do things you didn't want to do?	☒	☒
d	Has anyone taken things that belong to you without your OK?	☒	☒
e	Has anyone close to you tried to hurt or harm you recently?	☒	☒
f	Has anyone close to you called you names or put you down or made you feel bad recently?	☒	☒
g	Are you afraid of anyone in your family?	☒	☒
h	Have you ever been in a violent relationship with a partner / spouse?	☒	☒
i	Are you sad or lonely often?	☒	☒
j	Can you take your own medication and get around by yourself?	☒	☒
k	Does someone in your family make you stay in bed or tell you you're sick when you know you are not?	☒	☒
l	Do you trust most of the people in your family?	☒	☒
m	Do you have enough privacy at home?	☒	☒
n	Does anyone in your family drink a lot of alcohol?	☒	☒

Q73 **Which of the following events have you experienced?**
(Mark all that apply on each line)

		Yes, in the last 12 months	Yes, more than 12 months ago	Never
a	Being pushed, grabbed, shoved, kicked or hit	☒	☒	☒
b	Being forced to take part in unwanted sexual activity	☒	☒	☒
c	Major decline in health of spouse or partner	☒	☒	☒
d	Major decline in health of close family member or family friend	☒	☒	☒
e	Death of spouse or partner	☒	☒	☒
f	Death of child	☒	☒	☒
g	Death of other close family member	☒	☒	☒
h	Death of close family friend	☒	☒	☒

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

Q74 **If you have ever lived with a violent partner or spouse, in which years did you experience violence?** *(Mark all that apply)*

a	I have never lived with a violent partner or spouse	☒
b	Before 2014	☒
c	2014-2016	☒
d	2017-2019	☒
e	2020	☒
f	2021	☒
g	2022	☒
h	2023	☒

For information, counselling or support for experiences of violence or abuse, you can call 1800 RESPECT (1800 737 732), 24/7.

Q75 **Do you regularly NEED help with daily tasks because of long-term illness, disability or frailty *(e.g. personal care, getting around, preparing meals, etc)*?** *(Mark one only)*

Yes	☒
No	☒

Q76 **In a USUAL WEEK, how much time in total do you spend doing the following things?** *(Mark one on each line)*

		I don't do this activity	1-15 hours	16-24 hours	25-34 hours	35-40 hours	41-48 hours	49 hours or more
a	Full-time paid work	☒	☒	☒	☒	☒	☒	☒
b	Part-time paid work	☒	☒	☒	☒	☒	☒	☒
c	Casual paid work	☒	☒	☒	☒	☒	☒	☒
d	Home duties *(own / family home)*	☒	☒	☒	☒	☒	☒	☒
e	Work without pay *(e.g. family business)*	☒	☒	☒	☒	☒	☒	☒
f	Looking for work	☒	☒	☒	☒	☒	☒	☒
g	Active leisure *(e.g. walking, exercise, sport)*	☒	☒	☒	☒	☒	☒	☒
h	Passive leisure *(e.g. TV, music, reading, relaxing)*	☒	☒	☒	☒	☒	☒	☒
i	Studying	☒	☒	☒	☒	☒	☒	☒
j	Socialising	☒	☒	☒	☒	☒	☒	☒
k	Buying goods and / or services *(e.g. paying bills, shopping)*	☒	☒	☒	☒	☒	☒	☒

Q77 **Do you do any volunteer work for any community or social organisations *(e.g. fundraising, community welfare, church activities, organising groups or classes, etc)*?** *(Mark one only)*

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

Q78 **Do you regularly provide care or assistance *(e.g. 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	☒	☒
b	For someone who lives elsewhere	☒	☒

If 'No' for both, go to Q84

Q79 **How many people with a long-term illness, disability or frailty do you regularly provide care for?** *(Mark one only)*

- One person ☒
- More than one person ☒

Q80 **How often in total do you provide this care or assistance?** *(Mark one only)*

- Every day ☒
- Several times a week ☒
- Once a week ☒
- Once every few weeks ☒
- Less often ☒

Q81 **How much time do you usually spend providing such care or assistance on each occasion?**
(Mark one only)

- All day and night ☒
- All day ☒
- All night ☒
- Several hours ☒
- About an hour ☒

Q82 **Does the person you care for have any of the following major medical conditions or disabilities?** *If you care for more than one person, please select the person you have cared for the longest and complete the question about that person.*
(Mark all that apply)

a	Alzheimer's Disease / Dementia	☒
b	Cancer	☒
c	Frailty in old age	☒
d	Heart condition	☒
e	Mental health problem *(e.g. depression, anxiety)*	☒
f	Visual impairment	☒
g	Respiratory condition *(e.g. asthma, emphysema)*	☒
h	Stroke	☒
i	Other reason *(Please specify on page 34)*	☒

Q83 **What is your relationship to the person you care for?** *If you care for more than one person, please answer for the person you care for the most. (Mark one only)*

Spouse / partner	Child	Parent / parent-in-law	Grandchild	Sibling / sibling-in-law	Friend	Neighbour	Other *(please specify on p.34)*
☒	☒	☒	☒	☒	☒	☒	☒

Q84 **Please indicate the following description that best fits your life now.**
(Mark one only)

- Never been in paid work ☒ → go to Q87
- Not retired from paid work ☒ → go to Q85
- Partially retired from paid work ☒ → go to Q85
- Completely retired from paid work ☒ → go to Q86

Q85 **At what age do you expect to retire *(completely)* from the paid workforce?**

(Print age, in whole years, in the box) ☐☐☐ → go to Q87

OR

- Do not expect to ever retire ☒ → go to Q87
- Don't know ☒ → go to Q87

Q86 **When did you retire or stop paid work completely?**

(Print year in the box) ☐☐☐☐

Q87 **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 ☒

Q88 **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 ☒

Q89 **Over the past year have any of the following happened to your household because of a shortage of money?** *(Mark all that apply)*

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

Q90 **What are your CURRENT sources of income?** *(Mark all that apply)*

		Yes
a	Income from savings and investments *(such as shares and property)*	☒
b	Income from a business	☒
c	Income or pension from your spouse / partner	☒
d	Financial support from family	☒
e	Wage or salary	☒
f	Government pension *(e.g. age pension, widow's pension)*	☒
g	Own superannuation *(as a lump sum, pension or annuity)*	☒
h	Other sources *(Please specify on page 34)*	☒

Q91 **What do you expect to be the sources for funding your care in the future? If you currently access care, please indicate the sources of funding for that care.** *(Mark all that apply)*

a	Provided by family	☒
b	Fully paid for by the government	☒
c	Partially paid for by the government	☒
d	Personally funded	☒
e	Other *(Please specify on page 34)*	☒
f	Don't know	☒

Q92 **Which of these things *(if any)* have you had to do in the last 3 years, to help manage financially?** *(Mark all that apply)*

a	Sell your house or move to lower cost accommodation	☒
b	Sell something else you own, like a holiday house, or car, or jewellery	☒
c	Share housing with relatives or friends	☒
d	Cut back on your normal weekly spending	☒
e	Cut back on less frequent expenditures such as holidays, new cars & large household goods	☒
f	Take on paid work	☒
g	Rely on your spouse / partner going out to work or increasing their working hours	☒
h	None of the above	☒

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

Q93 **Which of the following best describes your current housing situation? Do you live in:** *(Mark one only)*

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

Q94 **Have you moved house in the last 3 years?** *(Mark all that apply)*

a	No	☒	→ go to Q96
b	Yes, for a lifestyle change	☒	
c	Yes, to be closer to services or family	☒	
d	Yes, to move to a smaller dwelling	☒	
e	Yes, due to change in work or family circumstances	☒	
f	Yes, for financial reasons	☒	
g	Yes, for my health	☒	
h	Yes, other reason	☒	

Q95 **Who made the decision to move?** *(Mark all that apply)*

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

Q96 **For your current home, do you:** *(Mark one only)*

- Own it outright *(including joint ownership with other family members)* ☒
- Own it with a mortgage *(including joint ownership with other family members)* ☒
- Rent *(private)* ☒
- Rent *(public)* ☒
- Pay board / lodging ☒
- Live rent-free or with life-tenure *(i.e. neither own nor rent)* ☒
- Other *(Please specify on page 34)* ☒

Q97 **What is your main *(or most common)* means of transport?** *(Mark one only)*

- Car *(you drive)* ☒
- Car *(someone else drives)* ☒
- Taxi ☒
- Bus, train and / or tram ☒
- Other *(Please specify on page 34)* ☒

Q98 **Were you adopted as a child?** *(Mark one only)*

- Yes ☒
- No ☒
- Don't know ☒
- Prefer not to answer ☒

Q99 **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	☒	☒	☒	☒	☒

continued on next page →

Q99 (cont.) **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
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	☒	☒	☒	☒	☒

Q100 **Do you regularly provide *(unpaid)* care for grandchildren or other people's children?** *(Mark one only)*

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

Q101 **In the PAST MONTH, what activities have you done? Have you:** *(Mark one on each line)*

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

Q102 **What is your present marital status?** *(Mark one only)*

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

Q103 **Have you been widowed in the last 3 years?** *(Mark one only)*

- No, I have not been widowed in the last 3 years ☒
- Yes ☒ → D D M M Y Y Y Y

(please enter date of bereavement)

Q104 **How many people live with you now?** *(Mark one on each line)*

a	No one, I live alone ☒ → go to Q105				
		None	**One**	**Two**	**Three or more**
b	Partner or spouse	☒	☒		
c	Children up to 18 years	☒	☒	☒	☒
d	Children over 18 years	☒	☒	☒	☒
e	Your parents or in-laws	☒	☒	☒	☒
f	Other adult relatives	☒	☒	☒	☒
g	Other adults *(not family members)*	☒	☒	☒	☒

Q105 **In general, are you satisfied with what you have achieved in your life so far in the areas of:** *(Mark one on each line)*

		Very satisfied	**Satisfied**	**Dissatisfied**	**Very dissatisfied**
a	Work	☒	☒	☒	☒
b	Career	☒	☒	☒	☒
c	Family relationships	☒	☒	☒	☒
d	Partner / closest personal relationship	☒	☒	☒	☒
e	Friendships	☒	☒	☒	☒
f	Social activities	☒	☒	☒	☒

Q106 **Did someone help you fill in this survey?** *(Mark one only)*

No	☒ → skip Q107
Yes, but I told them the answers I wanted	☒
Yes, but the helper answered for me using his / her own judgement	☒

Q107 **What was the MAIN reason for your needing help to fill in this survey?**
(Please describe)

Have we missed anything?
If there is ANYTHING else you would like to tell us about changes in your health (especially in the last three years) please write on the lines below.

Consent

I understand that researchers will be comparing the information provided in this survey with that of surveys I have completed in the past as part of this project.

Please sign below and send the completed survey back to us in the envelope supplied as soon as possible. We will detach the consent form and store it separately in a locked room.

SIGNATURE: DATE: / /

Have you remembered to measure your waist?
Page 15, Question 43

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 **a relative or friend** who will be able to help us find you, after checking that the relative or friend is happy for you to provide these details.

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

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

Thank you for taking the time to complete this survey.

If you have any questions, you can contact us by telephoning 1800 068 081 (Freecall).

Please let us know your new details if you move, change your name or your telephone number.

Don't forget to sign the consent page and post this back to us in the Reply Paid envelope provided.

No stamp required
if posted in Australia

Women's Health Australia
Reply Paid 70
Hunter Region MC
NSW 2310

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