

**PATH Through Life Project**

**Wave 4 (2011)**

**20+ cohort**

**Self completion questionnaire**

PATHID \_\_\_\_\_

DATE \_\_\_\_\_

**7 What is your gender?**

- Female     Male

**8 In what suburb are you currently living? (Only if living in Australia) \_\_\_\_\_**

**9 Postcode (only if living in Australia) \_\_\_\_\_**

**10 Could you please tell me your current age in years? \_\_\_\_\_**

**11 Are you currently in a relationship with someone?**

- Yes, living with the person you are married to
- Yes, living with a partner (but not married to them)
- Yes, in a relationship with someone but not living with them
- No, not in a relationship with anyone

**12 What is your current marital status?**

- Married-first and only marriage
- Remarried-second or later marriage
- Separated from someone you have been married to
- Divorced
- Widowed
- Have never married

**13 How many times have you been married or lived in a de facto relationship? Apart from your current relationship, *which you should include*, only include relationships that lasted for 6 months or more.**

\_\_\_\_\_

*If Q13 =0 go to Q16.*

*If Q13=1 and currently married or living with a partner go to Q15*

**14 How long have you been *separated from your (previous) partner*? \_\_\_\_\_ Years \_\_\_\_\_ Months**

*If NOT currently married or living with a partner go to Q16*

**15 How long have you been *living with your current partner*? \_\_\_\_\_ Years \_\_\_\_\_ Months**

16 Have you completed any further education since your last interview?  Yes  No

*If you have not completed any further education go to Q18*

17 What was the highest qualification that you completed since your last interview?

- School certificate (or equivalent)
- Higher school certificate (or equivalent)
- Trade certificate/apprenticeship
- Technician's certificate/advanced certificate
- Certificate other than above
- Associate diploma
- Undergraduate diploma
- Bachelor's degree
- Post graduate diploma/certificate
- Higher degree

*If have NOT completed 'Technician's certificate/advanced certificate' or 'Certificate other than above' or 'Associate diploma' or 'Trade certificate/apprenticeship' go to Q18*

18 How long does that certificate or diploma take to complete, studying full time?

- Less than 1 semester or 1/2 year
- One semester to less than 1 year
- One year to less than 3 years
- Three years or more

19 Are you presently studying? If No, tick "None of the above". If yes, what qualification are you working toward?

Please choose **all** that apply:

- Trade certificate/apprenticeship
- Technician's certificate/advanced certificate
- Certificate other than above
- Undergraduate diploma
- Bachelor's degree
- Post graduate diploma/certificate
- Higher degree
- None of the above

If NOT currently studying at all go to Q22.

If NOT studying for 'Technician's certificate/advanced certificate' or 'Certificate other than above' or 'Associate diploma' or 'Trade certificate/apprenticeship' go to Q21

**20 How long does that certificate or diploma take to complete, studying full time?**

- Less than 1 semester or 1/2 year
- One semester to less than 1 year
- One year to less than 3 years
- Three years or more

**21 Are you studying ?**       Full-time       Part-time

**22 How would you describe your current employment status?**

- Employed full-time
- Employed part-time, looking for full-time work
- Employed part-time
- Unemployed, looking for work
- Not in the labour force
- In employment BUT currently on long-term LEAVE (maternity, long-service leave, long-term leave without pay)

**23 Has your employment situation, occupation or level changed at all since your last interview?**  Yes  No

If UNemployed, looking for work go to Q32

If NOT in the labour force go to Q34

If employed but on long term leave go to Q35

**24 Which of the following best describes your main career job?**

- Manager or administrator (directors, EL1, principals)
- Upper professional (doctors, teachers, registered nurses, lawyers, ITs)
- Middle professional (ASO 5-6, shop/small business owner)
- Tradesperson or related worker
- Advanced clerical or service worker (secretary, personal assistant)
- Intermediate clerical, sales or service worker (ASO 3-4, sales supervisor, receptionist)
- Intermediate production or transport worker (bus/truck drivers)
- Labourer or related worker
- Other

**25 Are You:**

- Employed by a government agency
- Employed by a profit-making business
- Employed by another organisation
- Self-employed/in business or practice for yourself
- Working without pay in a family business

*If NOT employed by a government agency go to Q28  
If Self-employed or working without pay in family business go to Q31*

**26 Are you employed in the commonwealth or a state government?**  Commonwealth  State

*If employed by state government go to Q28*

**27 What level are you employed at (or acting in)?:**

ASO1-2  ASO3-4  ASO5-6  EL1  EL2  SES  Other

**28 Which of the following best describes the position you hold within your business or organisation?**

- Managerial position  Supervisory position  Non-management position

**29 In your main job are you:**  Permanently employed  Fixed term contract  Casually employed

**30 About how many people are employed in the entire business, corporation or organisation for which you work?**

- 1-9  10-24  25+  Don't know

*If NOT self-employed or working without pay in family business go to Q51*

**31 Not counting yourself or any partners, about how many people are usually employed in your business, practice or farm on a regular basis? (Enter '0' if no paid employees).**

\_\_\_\_\_ (Go to Q51)

**32 At any time in the LAST FOUR WEEKS have you looked for a job in any of the ways listed?**

1. Written, phoned or applied in person for work
2. Answered a newspaper or internet advertisement for a job
3. Checked the touchscreens at Centrelink or vacancy listings on online job sites
4. Been registered with Job Network or other employment agencies
5. Advertised or tendered for work
6. Contacted friends or relatives for work

•  Yes  No

**33 If you had found a job, could you have started last week?**  Yes  No

**34 Have you ever been employed in the past?**  Yes  No

*If you are currently unemployed looking for work and have never been employed go to Q51*

*If you are not in the labour force and have never been employed go to Q50*

**35 Which of the following best describes your main career job?**

- Manager or administrator (directors, EL1, principals)
- Upper professional (doctors, teachers, registered nurses, lawyers, ITs)
- Middle professional (ASO 5-6, shop/small business owner)
- Tradesperson or related worker
- Advanced clerical or service worker (secretary, personal assistant)
- Intermediate clerical, sales or service worker (ASO 3-4, sales supervisor, receptionist)
- Intermediate production or transport worker (bus/truck drivers)
- Labourer or related worker
- Other

**36 Were you:**

- Employed by a government agency
- Employed by a profit-making business
- Employed by another organisation
- Self-employed/in business or practice for yourself
- Working without pay in a family business

*If NOT employed by a government agency go to Q39*

*If Self-employed or working without pay in family business go to Q42*

37 Were you employed in the commonwealth or a state government?  Commonwealth  State

*If employed by state government go to Q39*

38 What level were you employed at (or acting in)?:

ASO1-2  ASO3-4  ASO5-6  EL1  EL2  SES  Other

39 Which of the following best describes the position you held within your business or organisation?

- Managerial position  Supervisory position  Non-management position

40 In your main job were you:  Permanently employed  Fixed term contract  Casually employed

41 About how many people were employed in the entire business, corporation or organisation for which you worked?

- 1-9  10-24  25+  Don't know

*If you were NOT Self-employed or working without pay in family business go to Q51*

42 Not counting yourself or any partners, about how many people were usually employed in your business, practice or farm on a regular basis (*Enter '0' if no paid employees*).

\_\_\_\_\_

43 How long is it since you last worked for pay, in any job or business for *two weeks or more*?

- Less than 3 months
- 3 months or more but less than 6 months
- 6 months or more but less than 12 months
- 12 months or more but less than 2 years
- 2 years or more but less than 5 years
- 5 years or more but less than 10 years
- 10 years or more
- Have never worked for 2 weeks or more

If NOT 'In employment BUT currently on long-term LEAVE' go to Q51

**44 What is the main reason that you are not currently in work?**

- Maternity leave
- Pregnancy – but not maternity leave
- Prefer to be home with children – but not maternity leave
- Have problems finding appropriate child care
- Cannot find job with suitable hours
- Cannot find job to suit my skills
- Cannot find a job nearby
- Partner does not want me to work
- Studying
- Poor health
- Caring responsibility (but not for children)
- On long term leave - long service leave
- On long term leave without pay
- Don't need to or want to work

**45 Do you currently receive pay/salary from your employer?**  Yes  No

**46 Do you intend to return to work?**  Yes  No

If you do NOT intend to return to work go to Q51

**47 When do you expect to return to work?**

- 0-6 months
- 7-12 months
- 1-2 years
- 2-5 years
- more than 5 years
- Don't know

**48 Do you intend to return to the same employer?**  Yes  No

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If you do NOT intend to return to the same employer go to Q51

**49 Do you intend to return to the same position?** Yes No Don't know (Go to Q51)

**50 What is your main activity if you are not in the work force?**

- Home duties or caring for children
- Studying
- Caring for an aged or disabled person
- Voluntary work
- Other

**51 Do you have any children? (This includes adopted or step children and those not living with you). We would appreciate it if you would include any of your children who were born at 20 weeks or more but who may have died.**

- Yes No

If you don't have any children go to Q56

**52 How many children do you have who are now living?** \_\_\_\_\_

If no living children go to Q56

**53 Can you please tell me the age of each child, starting with the oldest child? If your child is less than one year enter 0.**

Yrs	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9	Child 10
Age										

**54 Does this child live with you:**

Lives with	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9	Child10
Full-time										
Part-time										
Not at all										

Is this child your:	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9	Child 10
Natural child										
Stepchild										
Adopted child										
Other										

**56 Have you experienced the death of a child (excluding miscarriage) since your last interview? (A miscarriage is defined as the loss of a baby under 20 weeks).**

Yes  No

*If you are a male and have children go to Q63  
If you are a male and do NOT have children go to Q65*

**57. Have you had a miscarriage since your last interview?**  Yes  No

**58 Have you had an abortion since your last interview?**  Yes  No

*If you have NOT had a miscarriage OR abortion but have other children go to Q61  
If you have NOT had a miscarriage OR abortion and do NOT have other children go to Q65*

**59 How many miscarriages or abortions have you had? (Enter 99 if you don't wish to answer) \_\_\_\_\_**

**60 What was the year of the last miscarriage or abortion? (Enter 9999 if you don't wish to answer) \_\_\_\_\_**

**61 Since your last interview, have you had any unintentional pregnancies where you kept your baby?**

•  Yes  No

*If no unintentional pregnancies go to Q63*

**62 What year was this? First \_\_\_\_\_ Second \_\_\_\_\_**

**63 Have you been working full or part-time during the periods in between/since having your children?**

- Yes, full-time
- Yes, part-time
- No

*If you have not been working since having children go to Q65*

**64 Who looks after your children when you are at work?**

- Partner
- Relative or friend
- Childcare centre
- Family day care
- After school care
- I work while my children are at school
- Other

**65 To what extent are you responsible for household tasks? (These include such activities as preparing meals, shopping for household items, cleaning, washing clothes and gardening).**

- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

*If you do not have children go to Q67*

**66 To what extent are you responsible for childcare in your household? (Children's care includes activities such as making meals, organizing activities, supervising homework, discipline).**

- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

**67 To what extent are you responsible for financial management in your household? (Financial management includes paying bills, saving, planning investments or priorities in money use).**

- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

**68 To what extent are you responsible for providing the money for your household?**

- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

**69/70 Are you or your partner currently pregnant?**  Yes  No

*If female and NOT currently pregnant go to Q72  
If male and your partner is NOT currently pregnant go to Q80*

**71 When is the baby due?**

- January     February     March     April     May     June  
 July     August     September     October     November     December

*If you do NOT have children go to Q73*

**72 Would you like to have more children?**  Yes  No

*If you are female and you have children go to Q74  
If you are male and you currently have children go to Q 80*

**73 Would you like to have children?**  Yes  No

*If male go to Q80*

**74 Have you ever tried to become pregnant for more than one year without achieving a pregnancy?**

- Yes  No

*If NO to Q74 go to Q84*

**75 Is this currently a problem for you?**  Yes  No

**76 Have you ever sought medical assessment or help for infertility problems?**  Yes  No

**77 What is the longest period of time you have tried to become pregnant?** years \_\_\_\_\_ months \_\_\_\_\_

*If female go to Q84*

**80 Have you ever experienced a problem with infertility for more than 1 year?**  Yes  No

*If NO to Q80 go to Q84*

**81 Is this currently a problem for you?**  Yes  No

**82 Have you ever sought medical assessment or help for infertility problems?**  Yes  No

**83 How long was this a problem for you?** years \_\_\_\_\_ months \_\_\_\_\_

**84 The next few questions ask for your views about your health, how you feel and how well you are able to do your usual activities on a typical day. If you are unsure about how to answer a question, please give the best answer you can.**

**In general, would you say your health is:**

- Excellent  Very good  Good  Fair  Poor

**85** 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?

Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- Yes - limited a lot     Yes - limited a little     No - not limited at all

**86** Climbing *several* flights of stairs?

- Yes - limited a lot     Yes - limited a little     No - not limited at all

**87** 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 *your physical health*?

Have you *accomplished less* than you would like as a result of *your physical health*?

- Yes     No

**88** Were you limited in the *kind* of work or other activities as a result of *your physical health*?

- Yes     No

**89** 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)*?

Have you *accomplished less* than you would like as a result of *any emotional problems*?

- Yes     No

**90** Did you not do work or other activities as *carefully* as usual as a result of any *emotional problems*?

- Yes     No

**91** During the PAST 4 WEEKS, how much did *pain* interfere with your normal work (including both work outside the home and housework)?

Please choose **only one** of the following:

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

**92** The next few questions are about how you feel and how things have been with you during the PAST 4 WEEKS. 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 have you felt calm and peaceful?**

- 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

**93** How much of the time during the PAST 4 WEEKS did you have a lot of energy?

- 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

**94** How much of the time during the PAST 4 WEEKS have you felt down?

- 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

**95** How much of the time during the PAST 4 WEEKS has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc)?

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

**96 In the PAST 4 WEEKS, for how many days were you *totally unable* to carry out your usual activities or work because of any health condition?**

\_\_\_\_\_ days

**97 In the PAST 4 WEEKS, for how many days did you *cut back or reduce* your usual activities or work because of any health condition? (not counting the days that you were totally unable)**

\_\_\_\_\_ days

**98 We would now like to ask you some questions about smoking (tobacco).**

**Do you currently smoke?**  Yes  No

*If do NOT currently smoke go to Q104*

**99 Do you smoke cigarettes:**

At least once a day  Less than once a day  Don't smoke cigarettes

*If smoke less than once a day go to Q101*

*If don't smoke cigarettes got to Q115*

**100 How many cigarettes do you usually smoke in one day?** \_\_\_\_\_

*If smoke at least once a day go to Q102*

**101 How many cigarettes do you usually smoke over a ONE MONTH period?** \_\_\_\_\_

**102 At what age did you start smoking?** \_\_\_\_\_

**103 On average, how many cigarettes would you have smoked each day over the time you have been smoking?**

\_\_\_\_\_

*If currently smoke cigarettes less than once a day go to Q115*

*If currently smoke cigarettes at least once a day go to Q110*

**104 Have you smoked at all over the LAST MONTH?**  Yes  No

*If NOT smoked in the last month go to Q106*

**105 Approximately how many cigarettes have you smoked in the LAST MONTH?** \_\_\_\_\_

106 Have you ever smoked regularly?

Yes  No

*If have NEVER smoked regularly go to Q115*

107 At what age did you start smoking? \_\_\_\_\_

108 At what age did you stop smoking? \_\_\_\_\_

109 On average, how many cigarettes would you have smoked each day over the time you were smoking?

: \_\_\_\_\_

*If DON'T currently smoke at least once a day go to Q115*

110 How soon after you wake up do you smoke your first cigarette?

Within 5 minutes

6-30 minutes

31-60 minutes

After 60 minutes

111 Do you find it difficult to refrain from smoking in places where it is forbidden eg church, at the library, in the cinema etc?

•  Yes  No

112 Which cigarette would you hate most to give up?  The first one in the morning

All others

113 Do you smoke more frequently during the first hours after waking than during the rest of the day?

•  Yes  No

114 Do you smoke if you are so ill that you are in bed most of the day?

Yes  No

**115 These next questions are concerned with your alcohol consumption.**

**How often do you have a drink containing alcohol?**

- Not in the last year
- Monthly or less
- 2-3 times a month
- Once a week
- 2-3 times a week
- 4-6 times a week
- Every day

*If have drunk alcohol in the last year go to Q117*

**116 Have you ever drunk alcohol?**  Yes  No

*If you have not drunk in the last year but have drunk alcohol previously go to Q125  
If you have never drunk alcohol go to Q131*

**117 How many standard drinks do you have on a typical day when you are drinking?**

- 1 or 2     3 or 4     5 or 6     7 to 9     10 or more

*If male go to Q119*

**118 How often do you have 5 or more standard drinks on one occasion?**

- Not in the last year
- Monthly or less
- 2-3 times a month
- Once a week
- 2-3 times a week
- 4-6 times a week
- Every day

*If female go to Q120*

**119 How often do you have 7 or more standard drinks on one occasion?**

- Not in the last year
- Monthly or less
- 2-3 times a month
- Once a week
- 2-3 times a week
- 4-6 times a week

**120 How often during the last year have you found that you were not able to stop drinking once you had started?**

- Never     Less than monthly     Monthly     Weekly     Daily or almost daily

**121 How often during the last year have you failed to do what was normally expected from you because of your drinking?**

- Never     Less than monthly     Monthly     Weekly     Daily or almost daily

**122 How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?**

- Never     Less than monthly     Monthly     Weekly     Daily or almost daily

**123 How often during the last year have you had a feeling of guilt or regret after drinking?**

- Never     Less than monthly     Monthly     Weekly     Daily or almost daily

**124 How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

- Never     Less than monthly     Monthly     Weekly     Daily or almost daily

**125 Have you or someone else been injured as a result of your drinking?**

- No     Yes, but not in the last year     Yes, during the last year

**126 Has a relative, friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

- No     Yes, but not in the last year     Yes, during the last year

127 Think back to when your regular drinking was at its highest level. The next two questions are about the time you were *drinking at your highest level over a period of three months or longer?*

How often did you have a drink containing alcohol?

- Monthly or less     2 to 4 times a month     2 to 3 times a week     4 or more times a week

128 How many standard drinks did you have on a typical day when you were drinking?

- 1 or 2     3 or 4     5 or 6     7 to 9     10 or more

129 How many years did you drink at the highest level indicated in the previous 2 questions? \_\_\_\_\_

130 How old were you when you had your first alcoholic drink? \_\_\_\_\_

131 Have you ever tried marijuana/hash?     Yes     No

*If you have NEVER tried marijuana go to Q137*

132 Have you used marijuana/hash in the PAST 12 MONTHS?     Yes     No

*If you haven't used marijuana in the last 12 months go to Q137*

133 How often do you use marijuana/hash?

- Once a week or more
- Two or three times a month
- Once a month
- Every 1-4 months
- Once or twice a year
- No longer use

134 How long has it been since you last used marijuana/hash? Please estimate.

- Weeks \_\_\_\_\_ Days \_\_\_\_\_

135 In the last year have you ever used marijuana/hash more than you meant to?     Yes     No

136 Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?

Yes  No

137 Have you ever tried any of the following?

Please choose **all** that apply:

Ecstasy (pills, E, eccy, XTC, MDMA)

Amphetamines for non-medical purposes (speed, go-ee, whiz, rev, crystal, meth, crystal meth, ice, shabu, glass, batu, uppers, ox-blood, liquid speed)

None of the above

*If you have NEVER tried ecstasy or amphetamines go to Q143*

*If you have never tried ecstasy but have tried amphetamines go to Q141*

138 Have you used ecstasy in the PAST 12 MONTHS?  Yes  No

*If you have NOT used ecstasy in the last 12 months and have never tried amphetamines go to Q143*

*If You have NOT used ecstasy in the last 12 months and tried amphetamines go to Q141*

139 How often do you currently use Ecstasy?

Every day

Once a week

About once a month

Every few months

Once or twice a year

Less often

Don't currently use

140 How long has it been since you last took ecstasy? Please estimate:

years \_\_\_\_\_ months \_\_\_\_\_ weeks \_\_\_\_\_

*If you have NEVER tried amphetamines go to Q143*

141 Have you used amphetamines for non-medical purposes in the PAST 12 MONTHS?  Yes  No

If you have not used amphetamines in the last 12 months go to Q143

**142 How often do you currently use amphetamines?**

- Every day
- Once a week
- About once a month
- Every few months
- Once or twice a year
- Less often
- Don't currently use

**143 The next few screens of questions are about how you have been feeling over the *last two weeks, four weeks or one year*. As you read each question, note carefully whether it refers to two weeks, four weeks or one year. Some of the questions are very similar but have been included because we want to be able to compare our results to other studies that have used the same questions.**

**Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?**

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself- that you are a failure or have let yourself or your family down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things such as reading the newspaper or watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or of hurting yourself in some way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**144 In the LAST 4 WEEKS, have you had an anxiety attack- suddenly feeling fear or panic?**

- Yes  No

If NO to Q144 got to Q149

145 Has this ever happened before?  Yes  No

146 Do some of these attacks come *suddenly out of the blue*- that is, in situations where you don't expect to be nervous or uncomfortable?

Yes  No

147 Do these attacks bother you a lot or are you worried about having another attack?

Yes  No

148 During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, nausea or upset stomach?

Yes  No

149 Over the LAST 4 WEEKS how often have you been bothered by any of the following?

Feeling nervous, anxious, on edge, or worrying a lot about different things?

Not at all  Several days  More than half the days

If NOT AT ALL to Q149 go to Q151

150 Over the last 4 weeks have you been bothered by:

	Not at all	Several days	More than half the days
Feeling restless so it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting tired very easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle tension, aches, or soreness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading a book or watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

151 Next are some specific questions about your health and how you have been feeling in the LAST 4 WEEKS.

In the LAST 4 WEEKS:

	No	Yes
Have you felt keyed up or on edge?	<input type="radio"/>	<input type="radio"/>
Have you been worrying a lot?	<input type="radio"/>	<input type="radio"/>
Have you been irritable?	<input type="radio"/>	<input type="radio"/>
Have you had difficulty relaxing?	<input type="radio"/>	<input type="radio"/>
Have you been sleeping poorly?	<input type="radio"/>	<input type="radio"/>

	No	Yes
Have you had headaches or neckaches?	<input type="radio"/>	<input type="radio"/>
Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea, or needing to pass water more often than usual?	<input type="radio"/>	<input type="radio"/>
Have you been worried about your health?	<input type="radio"/>	<input type="radio"/>
Have you had difficulty falling asleep?	<input type="radio"/>	<input type="radio"/>
Have you been lacking energy?	<input type="radio"/>	<input type="radio"/>
Have you lost interest in things?	<input type="radio"/>	<input type="radio"/>
Have you lost confidence in yourself?	<input type="radio"/>	<input type="radio"/>
Have you felt hopeless?	<input type="radio"/>	<input type="radio"/>
Have you had difficulty concentrating?	<input type="radio"/>	<input type="radio"/>
Have you lost weight (due to poor appetite)?	<input type="radio"/>	<input type="radio"/>
Have you been waking early?	<input type="radio"/>	<input type="radio"/>
Have you felt slowed up?	<input type="radio"/>	<input type="radio"/>
Have you tended to feel worse in the mornings?	<input type="radio"/>	<input type="radio"/>

**152 In the LAST YEAR have you ever:**

	No	Yes
Felt that life is hardly worth living?	<input type="radio"/>	<input type="radio"/>
Thought that you really would be better off dead?	<input type="radio"/>	<input type="radio"/>
Thought about taking your own life?	<input type="radio"/>	<input type="radio"/>
Thought that taking your life was the only way out of your problems	<input type="radio"/>	<input type="radio"/>
Made plans to take your own life?	<input type="radio"/>	<input type="radio"/>
Attempted to take your own life?	<input type="radio"/>	<input type="radio"/>

**153 The following questions ask you to think about yourself and other people. Please respond to each question by using your own current beliefs and experiences, NOT what you think is true in general, or what might be true for other people. Please base your responses on how you've been feeling recently. Use the rating scale to find the number that best matches how you feel. There are no right or wrong answers: we are interested in what *you* think and feel.**

	1-Not at all true for me	2	3	4-Somewhat true for me	5	6	7-Very true for me
These days the people in my life would be better off if I were gone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days the people in my life would be happier without me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days I think I have failed the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days I think I contribute to the well-being of the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days I feel like a burden on the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1-Not at all true for me	2	3	4-Somewhat true for me	5	6	7-Very true for me
These days I think the people in my life wish they could be rid of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days I think I make things worse for the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days, other people care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days, I feel disconnected from other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days, I feel that there are people I can turn to in times of need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days, I am close to other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days, I have at least one satisfying interaction every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**154 Please read each item below and indicate to what extent you feel the statement describes you. Rate each statement using the scale below and indicate your responses.**

	0-Not at all like me	1	2	3	4-Very much like me
Things that scare most people do not scare me.	<input type="radio"/>				
I can tolerate a lot more pain than most people.	<input type="radio"/>				
People describe me as fearless.	<input type="radio"/>				
The pain involved in dying frightens me.	<input type="radio"/>				
I am not at all afraid to die.	<input type="radio"/>				

**155 In the LAST YEAR, have you ever done any of the following to deliberately hurt yourself?**

	No	Yes
Taken an overdose of medication	<input type="radio"/>	<input type="radio"/>
Cut yourself	<input type="radio"/>	<input type="radio"/>
Banged your head or fist against something.	<input type="radio"/>	<input type="radio"/>
Denied yourself a necessity, such as food, as a punishment?	<input type="radio"/>	<input type="radio"/>

**156 Have you ever in your life been markedly depressed; that is, for several weeks or more, you felt sad, lost interest in things and felt lacking in energy?**

- Yes  No

If NEVER markedly depressed go to Q159

157 Did this occur some time during the past 4 years, since we last interviewed you?  Yes  No

158 Did you see a counsellor or a doctor for depression some time during the last 4 years.

Yes  No

159 The next group of questions are about your RELATIONSHIPS with other people.

	Often	Sometimes	Rarely	Never
How often do friends make you feel cared for?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do they express interest in how you are doing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do friends make too many demands on you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do they criticise you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do friends create tensions or arguments with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do family make you feel cared for?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do family express interest in how you are doing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do they make too many demands on you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do family criticise you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do they create tensions or arguments with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

160

If NOT currently married or living with a partner go to Q162

	A lot	Some	A little	Not at all
How much does your partner understand the way you feel about things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much can you depend on your partner to be there when you really need them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much does your partner show concern for your feelings and problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much can you trust your partner to keep promises to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much can you open up to your partner about things that are really important to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much tension is there between you and your partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Often	Sometimes	Rarely	Never
How often do you have an unpleasant disagreement with your partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do things become tense when the two of you disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does your partner say cruel or angry things during a disagreement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do the two of you both refuse to compromise during disagreements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**162 Considering the people to whom you are related either by birth or marriage (including your spouse or partner, but excluding dependent children under 16 years):**

	0	1	2	3 or 4	5 to 8	9 or more
How many relatives do you see or hear from at least once a month?	<input type="radio"/>					
How many relatives do you feel at ease with that you can talk about private matters?	<input type="radio"/>					
How many relatives do you feel close to such that you can call them for help?	<input type="radio"/>					

**163 Considering all of your friends:**

	0	1	2	3 or 4	5 to 8	9 or more
How many of your friends do you see or hear from at least once a month?	<input type="radio"/>					
How many of your friends do you feel at ease with that you can talk about private matters?	<input type="radio"/>					
How many of your friends do you feel close to such that you can call them for help?	<input type="radio"/>					

*If NOT currently married or living with a partner go to Q167*

**164 Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.**

	Always agree	Almost always agree	Occasionally disagree	Frequently disagree	Almost always disagree	Always disagree
Philosophy of life	<input type="radio"/>	<input type="radio"/>				
Aims, goals & things believed important	<input type="radio"/>	<input type="radio"/>				
Amount of time spent together	<input type="radio"/>	<input type="radio"/>				

**165 How often would you say the following events occur between you and your partner?**

	Never	Less than once a month	Once or twice a week	Once a day	More often
Have a stimulating exchange of ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calmly discuss something together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work together on a project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**166 The numbered circles below represent different degrees of happiness in most relationships. The middle point, “happy” represents the degree of happiness of most relationships. Please mark the numbered circle that best describes the happiness, all things considered, of your relationship.**

- Extremely unhappy
- fairly unhappy
- A little unhappy
- Happy
- Very happy
- Extremely happy
- Perfect

**167 Now we would like to ask you about extremely stressful or upsetting EVENTS that sometimes occur to people.**

	Yes	No
Did you ever have direct combat experience in a war?	<input type="radio"/>	<input type="radio"/>
Were you ever involved in a life threatening accident?	<input type="radio"/>	<input type="radio"/>
Were you ever involved in a fire, flood or other natural disaster?	<input type="radio"/>	<input type="radio"/>
Did you ever witness someone badly injured or killed?	<input type="radio"/>	<input type="radio"/>
Were you ever raped? (that is, someone had sexual intercourse with you when you did not want to, by threatening you, or using some degree of force?)	<input type="radio"/>	<input type="radio"/>
Were you sexually molested (that is, someone touched or felt your genitals when you did not want them to)?	<input type="radio"/>	<input type="radio"/>
Were you seriously physically attacked or assaulted?	<input type="radio"/>	<input type="radio"/>
Have you been threatened with a weapon, held captive, or kidnapped?	<input type="radio"/>	<input type="radio"/>
Have you been tortured or been the victim of terrorists?	<input type="radio"/>	<input type="radio"/>
Have you experienced any other extremely stressful or upsetting event?	<input type="radio"/>	<input type="radio"/>

*If NO to ALL of the stressful events listed above go to Q169*

**168 Please consider the following reactions that sometimes occur after a traumatic event. The following questions are concerned with your personal reactions to the traumatic event which happened to you. Please indicate whether or not you have experienced any of the following AT LEAST TWICE IN THE PAST WEEK.**

	Yes	No
Upsetting thoughts or memories about the event that have come into your mind against your will.	<input type="radio"/>	<input type="radio"/>
Upsetting dreams about the event.	<input type="radio"/>	<input type="radio"/>
Acting or feeling as though the event were happening again.	<input type="radio"/>	<input type="radio"/>
Feeling upset by reminders of the event.	<input type="radio"/>	<input type="radio"/>
Bodily reactions (such as fast heartbeat, stomach churning, sweating, dizziness) when reminded of the event.	<input type="radio"/>	<input type="radio"/>
Difficulty falling asleep.	<input type="radio"/>	<input type="radio"/>
Irritability or outbursts of anger.	<input type="radio"/>	<input type="radio"/>
Difficulty concentrating	<input type="radio"/>	<input type="radio"/>
Heightened awareness of potential dangers to yourself and others.	<input type="radio"/>	<input type="radio"/>
Being jumpy or being startled at something unexpected.	<input type="radio"/>	<input type="radio"/>

**169 Now we would like you to focus on the LAST 6 MONTHS. Have any of the following life events or problems happened to you during the last six months**

	Yes	No
You yourself suffered a serious illness, injury or an assault.	<input type="radio"/>	<input type="radio"/>
A serious illness, injury or assault happened to a close relative.	<input type="radio"/>	<input type="radio"/>
Your parent, child or partner died.	<input type="radio"/>	<input type="radio"/>
A close family friend or another relative (aunt, cousin, grandparent) died.	<input type="radio"/>	<input type="radio"/>
You broke off a steady relationship.	<input type="radio"/>	<input type="radio"/>
You had a serious problem with a close friend, neighbour or relative.	<input type="radio"/>	<input type="radio"/>
You had a crisis or serious disappointment in your work or career.	<input type="radio"/>	<input type="radio"/>
You thought you would soon lose your job.	<input type="radio"/>	<input type="radio"/>

**170**

*If NOT currently married or living with a partner go to Q171*

	Yes	No
Your partner thought he/she would soon lose their job.	<input type="radio"/>	<input type="radio"/>
Your partner had a crisis or serious disappointment in his/her work or career.	<input type="radio"/>	<input type="radio"/>
You had a separation due to marital difficulties.	<input type="radio"/>	<input type="radio"/>

**171**

	Yes	No
You became unemployed or you were seeking work unsuccessfully for more than one month	<input type="radio"/>	<input type="radio"/>
You were sacked from your job.	<input type="radio"/>	<input type="radio"/>
You had a major financial crisis.	<input type="radio"/>	<input type="radio"/>
You had problems with the police and a court appearance.	<input type="radio"/>	<input type="radio"/>
Something you valued was lost or stolen.	<input type="radio"/>	<input type="radio"/>

172 Has anything ever happened in your life, or is currently happening (eg an illness, a disability, family or job problems) that has *not* been covered in the interview but is *currently* causing you to feel very stressed or worried?

- Yes  No

*If NO to Q172 go to Q174*

173 Could you briefly describe this problem?

\_\_\_\_\_

\_\_\_\_\_

174 Have you or your family had to go without things you really needed in the LAST YEAR because you were short of money?

- yes, often  Yes, sometimes  No

175 Over the LAST YEAR did any of the following happen to you *because of a shortage of money*?

	Yes	No
Pawned or sold something	<input type="radio"/>	<input type="radio"/>
Went without meals	<input type="radio"/>	<input type="radio"/>
Was unable to heat home	<input type="radio"/>	<input type="radio"/>
Asked for help from welfare/community organizations.	<input type="radio"/>	<input type="radio"/>

176 How many people, *including yourself*, usually live in your household.(If you have children who live part-time with you please include them)

\_\_\_\_\_

*If live alone go to Q178*

**177 Do any of the following people live in your household?**

- spouse / partner
- Any of your children
- A parent or parent-in-law
- A grandparent
- A brother or sister
- A son-in-law or daughter-in-law
- A grandchild
- Other relatives
- Someone who is not a relative
- Other

**178 Do you currently live:**

- In a home that you are purchasing (alone or with a partner/spouse)
- In a home that you own outright (alone or with a partner/spouse)
- In a privately rented home (alone or with a partner/spouse)
- In rented public (government) housing (alone or with a partner/spouse)
- In your parents or other relatives home.
- In rented group accommodation
- Other

**179 What is the main source of income of your family (considering yourself, your partner and/or others)?**

- My own income     My partner's income     My own and partner's income equally     Other

**180 What is your *own personal* main source of income?**

- Wage or salary
- Government pension, allowance or benefit, Austudy
- Child support
- Superannuation/annuity
- Own business or share in a partnership
- Investments
- Other income
- No income

**181 Before tax is taken out, what is the present income of your household ? For this question, a household can be a person living alone or a group of people (including family, spouse/partner, children, group household) who usually live together and share or pool resources (eg money, food) in some way.**

- No more than \$300 per week (around \$16,000 annual)
- More than \$300 per week but no more than \$575 per week (around \$30,000 annual)
- More than \$575 per week but no more than \$1075 per week (around \$56,000 annual)
- More than \$1075 but no more than \$1700 per week (around \$88,000 annual)
- More than \$1700 but no more than \$2400 per week (around \$125,000 annual)
- More than \$2400
- Don't know / Refused

**182 Apart from Medicare, are you currently covered by private health insurance?**

- No    Yes – hospital cover only    Yes – extras cover only    Yes – both hospital and extras cover

**183 The next few questions ask about your WORK SITUATION.**

*If you are NOT currently working go to Q194*

	Often	Sometimes	Rarely	Never
Do you have a choice in deciding how you do your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have a choice in deciding what you do at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good deal of say in decisions about work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a say in my own work speed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My working time can be flexible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a say in choosing with whom I work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a great deal of say in planning my work environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your job provide you with a variety of interesting things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have the possibility of learning new things through your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your work demand a high level of skill or expertise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your job require you to take initiative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have to work very fast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have to work very intensively?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have enough time to do everything?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do different groups at work demand things from you that you think are hard to combine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**184 How secure do you feel about your job or career future in your current workplace?**

- Not at all secure
- Moderately secure
- Secure
- Extremely secure

**185 If you lost your present job, how difficult do you think it would be to get another job (with the same pay and same hours)?**

- Not at all difficult
- Moderately difficult
- Difficult
- Extremely difficult

**186 How far do these statements reflect your work situation:**

	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
I get paid fairly for the things I do in my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get home, I can easily relax and “switch off” work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People close to me say I sacrifice too much for my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get help and support from my colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get help and support from my (line) manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**187 Mental violence or workplace bullying refers to isolation of a team member, underestimation of work performance, threatening, talking behind one's back or other pressurizing.**

**Have you experienced such bullying:**

- Never
- Yes, currently
- Yes, previously in this workplace
- Yes, previously in another workplace
- Cannot say

**188 In the PAST 12 MONTHS, have you been persistently subjected to any of the following:**

	Yes	No
Threats to your professional status (eg persistent attempts to belittle and undermine your work, unjustified criticism)?	<input type="radio"/>	<input type="radio"/>
Threats to your personal standing (eg, destructive innuendo and sarcasm, making inappropriate jokes about you)?	<input type="radio"/>	<input type="radio"/>
Isolation (eg withholding necessary information from you, freezing you out)?	<input type="radio"/>	<input type="radio"/>
Overwork (eg, undue pressure to produce work, setting impossible deadlines)?	<input type="radio"/>	<input type="radio"/>
Destabilisation (eg, shifting goalposts without telling you)?	<input type="radio"/>	<input type="radio"/>

189 How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)? \_\_\_\_\_

190 Have you experienced a work-related injury or illness in the PAST 12 MONTHS?  Yes  No

191 What was your most recent work-related injury or illness?

- Fracture
- Chronic joint or muscle condition
- Sprain/strain
- Cut/open wound
- Crushing injury/internal organ damage
- Superficial injury
- Stress or other mental condition
- Burns
- Other

192 In the LAST 4 WEEKS have you stayed away from your work (or school or place of study) for more than half a day because of any illness or injury that you had?

- Yes  No

*If you have had NO days away from work in the last 4 weeks go to Q194*

193 How many days in the LAST 4 WEEKS have you stayed away from your work (or school, or place of study)?

\_\_\_\_\_ days (paid sick leave)    \_\_\_\_\_ days (unpaid sick leave)

194 Have you ever been involved with handling pesticide (mixing, spraying, or loading) during your work?

- Yes  No  Don't know

195 The next few screens have questions about your PERSONALITY and how you react in certain circumstances.

How strongly do you agree or disagree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
There is really no way I can solve some of the problems I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel that I'm being pushed around in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Agree	Disagree	Strongly disagree
I have little control over the things that happen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can do just about anything I really set my mind to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel helpless in dealing with the problems of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What happens to me in the future mostly depends on me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is little I can do to change many of the important things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**196 People think and do many different things when they feel sad, blue or depressed. Please read each of the items below and indicate whether you never, sometimes, often or always think or do each one when you feel sad, down or depressed. Please indicate what you generally do, not what you think you should do.**

	Never	Sometimes	Often	Always
I think about how alone I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about my feelings of fatigue and achiness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about how hard it is to concentrate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about how passive and unmotivated I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think, "Why can't I get going?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about a recent situation, wishing it had gone better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about how sad I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about all my shortcomings, failings, faults and mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about how I don't feel up to doing anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think, "Why can't I handle things better?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**197 In the following six questions please indicate how you have felt and conducted yourself over the PAST 6 MONTHS.**

	Never	Rarely	Sometimes	Often	Very often
How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	<input type="radio"/>				
How often do you have difficulty getting things in order when you have to do a task that requires organisation?	<input type="radio"/>				
How often do you have problems remembering appointments or obligations?	<input type="radio"/>				
When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	<input type="radio"/>				
How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	<input type="radio"/>				

	Never	Rarely	Sometimes	Often	Very often
How often do you feel overly active and compelled to do things, like you were driven by a motor?	<input type="radio"/>				

**198 Each of the following items is a statement that a person may either agree or disagree with. Indicate how much you agree or disagree with each statement. Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, don't worry about being 'consistent' in your responses.**

	Very false for me	Somewhat false for me	Somewhat true for me	Very true for me
A person's family is the most important thing in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even if something bad is about to happen to me, I rarely experience fear or nervousness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I go out of my way to get things I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm doing well at something, I love to keep at it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm always willing to try something new if I think it will be fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How I dress is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get something I want, I feel excited and energised.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criticism or scolding hurts me quite a bit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want something I usually go all-out to get it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will often do things for no other reason than that they might be fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's hard for me to find the time to do things such as get a hair cut.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I see a chance to get something I want I move on it right away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**199**

	Very false for me	Somewhat false for me	Somewhat true for me	Very true for me
I feel pretty worried or upset when I think or know somebody is angry at me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see an opportunity for something I like I get excited right away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often act on the spur of the moment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I think something unpleasant is going to happen I usually get pretty 'worked-up'.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often wonder why people act the way they do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When good things happen to me, it affects me strongly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very false for me	Somewhat false for me	Somewhat true for me	Very true for me
I feel worried when I think I have done poorly at something important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I crave excitement and new sensations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I go after something, I use a 'no holds barred' approach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have very few fears compared to my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would excite me to win a contest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about making mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**200 Please indicate how much you agree with the following statements as they apply to you over the LAST MONTH. If a particular situation has not occurred recently, answer according to how you think you would have felt.**

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur	<input type="radio"/>				
I have at least one close and secure relationship which helps me when I'm stressed.	<input type="radio"/>				
When there are no clear solutions to my problems, sometimes fate or God can help.	<input type="radio"/>				
I can deal with whatever comes my way.	<input type="radio"/>				
Past successes give me confidence in dealing with new challenges and difficulties	<input type="radio"/>				
I try to see the humorous side of things when I am faced with problems.	<input type="radio"/>				
Having to cope with stress can make me stronger.	<input type="radio"/>				
I tend to bounce back after illness, injury, or other hardships.	<input type="radio"/>				
Good or bad, I believe that most things happen for a reason	<input type="radio"/>				
I give my best effort, no matter what the outcome may be.	<input type="radio"/>				
I believe I can achieve my goals, even if there are obstacles.	<input type="radio"/>				
Even when things look hopeless, I don't give up.	<input type="radio"/>				
During times of stress/crisis, I know where to turn for help.	<input type="radio"/>				

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
Under pressure, I stay focussed and think clearly.	<input type="radio"/>				
I prefer to take the lead in solving problems, rather than letting others make all the decisions.	<input type="radio"/>				
I am not easily discouraged by failure.	<input type="radio"/>				
I think of myself as a strong person when dealing with life's challenges and difficulties.	<input type="radio"/>				
I can make unpopular or difficult decisions that affect other people, if it is necessary.	<input type="radio"/>				
I am able to handle unpleasant or painful feelings like sadness, fear and anger.	<input type="radio"/>				
In dealing with life's problems, sometimes you have to act on a hunch, without knowing why.	<input type="radio"/>				
I have a strong sense of purpose in life.	<input type="radio"/>				
I feel in control of my life.	<input type="radio"/>				
I like challenges.	<input type="radio"/>				
I work to attain my goals, no matter what roadblocks I encounter along the way.	<input type="radio"/>				
I take pride in my achievements	<input type="radio"/>				

**202 Below are some statements with which you may agree or disagree. Please be open and honest in your responding.**

**In most ways my life is close to ideal.**

- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree or disagree
- Slightly agree
- Agree
- Strongly agree

**203 The conditions of my life are excellent.**

- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree or disagree
- Slightly agree
- Agree
- Strongly agree

**204 I am satisfied with my life.**

- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree or disagree
- Slightly agree
- Agree
- Strongly agree

**205 So far, I have gotten the important things I want in life.**

- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree or disagree
- Slightly agree
- Agree
- Strongly agree

206 If I could live my life over, I would change almost nothing.

- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree or disagree
- Slightly agree
- Agree
- Strongly agree

207 The next few questions ask about HEALTH SERVICES you may have used over the PAST 12 MONTHS.

In the past 12 months have you been admitted for at least one night to any hospital (apart from uncomplicated childbirth)?

- Yes  No

*If NOT admitted to hospital in the last 12 months go to Q210*

208 Were you admitted to hospital for a physical illness or injury?  Yes  No

209 Were you admitted to hospital for nerves or for your mental health (that is for things such as stress, anxiety, depression or dependence on alcohol or drugs)?

- Yes  No

210 In the PAST 12 MONTHS (apart from any time in hospital), have you seen any of the following types of doctors or health professionals for your own MENTAL HEALTH?

	Yes	No
General practitioner	<input type="radio"/>	<input type="radio"/>
Psychiatrist	<input type="radio"/>	<input type="radio"/>
Psychologist	<input type="radio"/>	<input type="radio"/>
Mental health nurse	<input type="radio"/>	<input type="radio"/>
Other professional providing specialist mental health services including social worker, counsellor, occupational therapist	<input type="radio"/>	<input type="radio"/>
Complementary/alternative therapist such as herbalist or naturopath	<input type="radio"/>	<input type="radio"/>

211 In the PAST 12 MONTHS did you use the internet to get help or information for problems with your mental health?

- Yes  No

**212 In the PAST 12 MONTHS did you use a telephone counselling service (such as Lifeline) for problems with your mental health?**

- Yes  No

*If NOT admitted to hospital for a mental health problem and you have NOT sought help from the health professionals listed in Q210 go to Q220.*

**213 Considering your mental health care in the PAST 12 MONTHS, which of the following forms of help did you receive?**

	Yes	No
Information about mental health and emotional problems, its treatment, and available services	<input type="radio"/>	<input type="radio"/>
Medicine or tablets	<input type="radio"/>	<input type="radio"/>
Counselling including psychotherapy, cognitive behaviour therapy or help to talk through your problems	<input type="radio"/>	<input type="radio"/>

*If you did not receive information on mental health go to Q215*

**214 You mentioned you received information about mental illness, its treatments and available services: Do you think you got as much of this kind of help as you needed?**

- Yes  No (Go to Q216)

**215 You mentioned you did not receive information about mental illness, its treatments and available services: Do you think you needed this type of help?**

- Yes  No

*If you did not receive medicine or tablets go to Q217*

**216 You mentioned you received medicine or tablets: Do you think you got as much of this kind of help as you needed?**

- Yes  No (Go to Q218)

**217 You mentioned you did not receive medicine or tablets: Do you think you needed this type of help?**

- Yes  No

*If you did not receive counselling or therapy go to Q219*

**218 You mentioned you received counselling or a talking therapy: Do you think you got as much of this kind of help as you needed?**

- Yes  No (Go to Q225)

**219 You mentioned you did not receive counselling or a talking therapy: Do you think you needed this type of help?**

- Yes  No (Go to Q225)

**220 You mentioned that you didn't receive any assistance for a mental health reason in a hospital or from any health professional. Were there any types of help you think you needed during the last 12 months for your mental health but did not get?**

- Yes  No

*If you answered NO to Q220 go to Q224*

**221 Do you think you needed information about mental health and emotional problems, its treatment, and available services?**

- Yes  No

**222 Do you think you needed medicine or tablets?**  Yes  No

**223 Do you think you needed counselling including psychotherapy, cognitive behaviour therapy or help to talk through your problems?**

- Yes  No

**224 Which is the main reason that you didn't need any help?**

- I didn't have any serious problems with my mental health
- I preferred to manage myself
- I didn't think anything could help
- I didn't know where to get help
- I was afraid to ask for help or what other people would think of me
- I couldn't afford the money
- I asked but didn't get the help
- I got help from another source

225 In the LAST MONTH have you taken or used any medications (including herbal remedies) for:

- Anxiety       Depression       Both anxiety and depression       Neither

If you have NOT taken medications for anxiety or depression go to Q230

226 What are the names of the medications you took for anxiety or depression in the last months? (Listed alphabetically down columns)

Please choose all that apply:

- Alapam
- Alegron
- Alprax
- Alprazolam
- Amira
- Anafranil
- Antenex
- Aropax
- Ativan
- Aurorix
- Auscap
- Avanza
- Axit
- Buspar
- Celapram
- Celica
- Ciazil
- Cipramil
- Citalobell
- Clomipramine
- Clobemix
- Concorz
- Cymbalta
- Deptran
- Diazepam
- Dothep
- Ducene
- Edronax
- Efexor

- Eleva
- Endep
- Escitalopram
- Esipram
- Esitalo
- Extine
- Faverin
- Fluohexal
- Fluoxebell
- Frisium
- Hypericum / St John's Wort
- Kalma
- Kava
- Lexam
- Lexapro
- Lexotan
- Lovan
- Loxalate
- Lumin
- Luvox
- Magnesium supplements
- Maosig
- Mirtrazapine
- Mirtazon
- Moclobemide
- Mohexal
- Movox
- Murelax

- Nardil
- Nervatona
- Parnate
- Paroxetine
- Paxtine
- Placil
- Pristiq
- Prothiaden
- Prozac
- Ranzepam
- Remeron
- Rescue remedy
- Risperdal
- Serapax
- Seroquel
- Sertra
- Sertraline
- Setrona
- Sinequan
- Surmontil
- Talam
- Talohexal
- Tofranil
- Tolerade
- Tolvon
- Valdoxan
- Valium
- Vitamin B complex
- Voxam

Xanax

Zactin  
Zoloft

Zyprexa  
OTHER

*If you DID NOT indicate 'Other' go to Q228*

**227 What other medication for anxiety or depression have you taken in the last month?**

\_\_\_\_\_

**228 How often do you usually take medications for anxiety or depression?**

Every day (6-7 days per week)  Most days (4-5 days per week)  1-3 days per week  Less than once a week

*If you take these medications less than once a week go to Q230*

**229 For how long have you taken medications for anxiety or depression this regularly?**

Less than one month  1 month to less than 3 months  3 months to less than 6 months  6 months or more

**230 The next group of questions ask about your SLEEP habits and any problems you may have with sleep.**

The first few questions relate to your usual sleep habits during the PAST MONTH ONLY. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

**During the past month, what time have you usually gone to bed?**

Hours \_\_\_\_\_ Minutes \_\_\_\_\_

**231 During the PAST MONTH, how long (in minutes) has it taken you to fall asleep each night? (Enter 88 if don't know).**

\_\_\_\_\_

**232 During the PAST MONTH, what time have you usually got up in the morning? (Enter 88 if don't know).**

Hours \_\_\_\_\_ Minutes \_\_\_\_\_

**233 During the PAST MONTH, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) (Enter 88 if don't know).**

Hours \_\_\_\_\_ Minutes \_\_\_\_\_

**234 Please rate the current (LAST 2 WEEKS) severity of the following problems:**

Please choose the appropriate response for each item:

	None	Mild	Moderate	Severe	Very severe
Difficulty falling asleep	<input type="radio"/>				
Difficulty staying asleep	<input type="radio"/>				
Problems waking up too early	<input type="radio"/>				

235 On the overall, do you think that you suffer from insomnia or sleep problems? Yes No

*If you answered NO to Q235 go to Q240*

236 How satisfied / dissatisfied are you with your current sleep pattern?

Very satisfied Satisfied Moderately satisfied Dissatisfied Very dissatisfied

237 How noticeable to others do you think your sleep problem is in terms of your quality of life?

Not at all noticeable A little Somewhat Much Very much noticeable

238 How worried/distressed are you about your current sleep problem?

Not at all worried A little Somewhat Much Very much worried

239 To what extent do you consider your sleep problem to currently interfere with your daily functioning (eg daytime fatigue, mood, ability to function at work/daily chores, concentration, memory etc)?

Not at all interfering A little Somewhat Much Very much interfering

**240 How often do you have nightmares?**

- Never
- Less than once a week
- 1-2 times a week
- 3-4 times a week
- 5-6 times a week
- Every night

**241 Do you snore?**  Yes  No  Don't know

*If you do NOT snore go to Q243*

**242 Do you snore heavily?**  Yes  No  Don't know

**243 Have you been told that you stop breathing/or gasp for air during your sleep?**  Yes  No

**244 Have you ever been diagnosed with sleep apnea by a specialist?**  Yes  No

*If you have not been diagnosed with sleep apnea go to Q245*

**245 What treatment was used?**

- Lifestyle & behavioural change(eg. weight reduction, reducing alcohol or smoking)
- Use devices to keep your airway open at night
- Nasal "CPAP" mask and pump
- Surgery
- Other

*If you did NOT indicate 'other' above go to Q247*

**246 What other treatment was used?:** \_\_\_\_\_

**247 How likely are you to doze off or fall asleep while sitting and reading?**

- No chance of dozing  Slight chance of dozing  Moderate chance of dozing  High chance of dozing

**248 How likely are you to doze off or fall asleep while sitting inactive in a public place (theatre or meeting)?**

- No chance of dozing    Slight chance of dozing    Moderate chance of dozing    High chance of dozing

**249 How likely are you to doze off or fall asleep while in a car, while stopped for a few minutes in traffic?**

- No chance of dozing    Slight chance of dozing    Moderate chance of dozing    High chance of dozing

**250 In the LAST MONTH have you taken or used any pills or medications (including herbal remedies) to help you sleep?**

- Yes    No

*If you have NOT taken medication to help you sleep go to Q255*

**251 What are the names of the sleeping pills or medications you took in the last month? (Listed alphabetically down columns)**

Please choose **all** that apply:

- Aloderm
- Camomile or sleepyttime tea
- Chloral hydrate
- Circasin
- Complete sleep
- Dormizol
- Dozile
- Halcion
- Hypnodorm
- Hypnovel
- Imovane

- Imrest
- Magnesium / calcium supplements
- Midazolam
- Mogadon
- Nervatona
- Normison
- Precedex
- Restavit
- Restful sleep
- Snuzaid
- Somidem

- Stildem
- Stilnox
- Temaze
- Temtabs
- Unisom Sleepgels
- Valerian
  
- Zolpibell
- Zolpidem
- OTHER

*If you DID NOT indicate 'other' above go to Q253*

**252 What other medications have you taken in the last month to help you sleep?**

\_\_\_\_\_

**253 How often do you usually take sleeping pills or medications?**

- Every day (6-7 days per week)    Most days (4-5 days per week)    1-3 days per week    Less than once a week

*If you take medication to help you sleep less than once a week go to Q255*

**254 For how long have you taken sleeping pills or medications this regularly?**

Less than one month  1 month to less than 3 months  3 months to less than 6 months  6 months or more

**255 We are interested in knowing any problems that you may have been having with PAIN. (This is referring to physical pain).**

**During the PAST WEEK, how often did you experience pain?**

All days  5 to 6 days  3 to 4 days  1-2 days  No days

*If you have had pain on NO days in the last week go to Q258*

**256 For how long did the pain typically last?**

0 to 1 hour  1 to 2 hours  2 to 3 hours  Half the day  All day

**257 Please indicate on a scale of zero to ten with 0 being no pain and 10 being severe pain. How severe was the pain you had in the past week?**

0 - No pain  1  2  3  4  5  6  7  8  9  10 - Severe pain

**258 In the LAST MONTH have you taken or used any pain relievers such as aspirin, codeine, panadol or herbal remedies?**

Yes  No

*If you have not taken pain relievers go to Q263*

**259 What are the names of the pain relievers you took in the last month? (Listed alphabetically down columns).**

Please choose **all** that apply:

- Alka-Seltzer
- Aspargin
- Aspirin
- Aspro
- Capadex
- Chemist's Own
- Dolased analgesic/pain relief
- Chemist's Own
- Ibuprofin + codeine
- Chemist's Own Pain
- tablets/tabsules

- Codalgin
- Codalgin forte
- Codapane
- Codapane forte
- Codeine
- Codiphen
- Codis
- Codox
- Codral pain relief
- Codral forte

- Comfarol forte
- Dr-gesic
- Disprin
- Disprin Forte
- Dolaforte
- Doloxene
- Duatrol
- Durotram
- Dymadon
- Ecotrin

- Endone
- Febridol
- Febridol Plus
- Fiorinal
- Lodam
- Lyrica
- Maxydol
- Mersyndol
- Mersyndol forte
- Nurophen plus
- Painstop night time pain relief

- Panadeine
- Panadéine forte
- Panadol
- Panadol extra
- Panafen plus
- Panalgesic
- Panama
- Paracetamol (any brand)
- Paradex
- Paralgin
- Parmol
- Perfalgan

- Prodeine
- Profadone
- ProVen plus
- Solprin
- Tensodeine
- Tramadol
- TramaHexal
- Tramal
- Tramedo
- Veganin
- Zydol
- OTHER

*If you DID NOT indicate 'other' above go to Q261*

**260 What other pain relievers have you taken in the last month?**

\_\_\_\_\_

**261 How often do you usually take pain relievers?**

Every day (6-7 days per week)  Most days (4-5 days per week)  1-3 days per week  Less than once a week

*If you have taken pain relievers less than once a week go to Q263*

**262 For how long have you taken pain relievers this regularly?**

Less than one month  1 month to less than 3 months  3 months to less than 6 months  6 months or more

**263 Have you had any HEAD INJURIES since your last interview?**  Yes  No

*If you have NOT had a head injury go to Q275*

**264 As a result of a head injury *since your last interview*:**

	Yes	No
did you visit a hospital emergency department?	<input type="radio"/>	<input type="radio"/>
were you admitted to hospital?	<input type="radio"/>	<input type="radio"/>
did you seek medical assistance from a General Practitioner for a head injury?	<input type="radio"/>	<input type="radio"/>

**265 Since your last interview have you had a serious head injury, that *interfered with your memory, made you lose consciousness or caused a blood clot in your brain*?**

- Yes No Don't know

*If you have NOT had a serious head injury as described go to Q275.*

**266 The next questions on head injury refer to the period since your last interview.**

**How many head injuries have you had? (Enter 88, if don't know) \_\_\_\_\_**

*If ONE head injury go to Q269*

**267 How old were you when you had the FIRST head injury *since your last interview*? \_\_\_\_\_**

**268 How old were you when you had the LAST head injury? \_\_\_\_\_ (Go to Q270)**

**269 How old were you when you had this injury? \_\_\_\_\_**

**270 For the next few questions on head injury, please consider the most severe or worst head injury since your last interview that caused the greatest disruption to your life.**

**What was the cause of this injury?**

- Traffic accident Sport Assault Fall Other Don't know

**271 Is there a period after the injury that you cannot remember at all? Yes No Not sure**

*If you CAN remember period after injury go to Q273*

**272 How long was that period?**

- Less than 1 hour About 1 hour Up to 1 day Up to 1 week More than 1 week No idea

273 Did you lose consciousness following the head injury?

Yes  No  Not sure

If you did NOT lose consciousness go to Q275

274 For how long did you lose consciousness?

Less than 15 minutes  About 15 minutes  Up to 1 hour  Up to 1 day  More than 1 day  No idea

275 How much do you weigh without your clothes and shoes? Enter Kilograms or stones and pounds  
(Please try to answer even if it is an approximate value)

• Kgs \_\_\_\_\_ OR Stones \_\_\_\_\_ and Pounds \_\_\_\_\_

276 Here is a list of medical problems. Have you been told by your doctor that you suffer from any of the following?

	Yes	No
Epilepsy	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Chronic bronchitis	<input type="radio"/>	<input type="radio"/>
Emphysema	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>

If you DO NOT have diabetes go to Q 279

277 What type of diabetes do you have?

•  Type I (or juvenile diabetes)  Type II diabetes  Don't know

278 What treatment do you use to control your diabetes?

	Yes	No
Diet and exercise	<input type="radio"/>	<input type="radio"/>
Tablets	<input type="radio"/>	<input type="radio"/>
Insulin	<input type="radio"/>	<input type="radio"/>

279 Do you suffer from a thyroid disorder?  Yes  No

If you DO NOT have a thyroid disorder go to Q281

280 Were you told whether your thyroid disorder is due to:

•  Increased function  Reduced function  Don't know

281 Do you suffer from arthritis?  Yes  No

*If you DO NOT have arthritis go to Q284*

282 Were you told what type of arthritis you suffer from any of the following?

Osteoarthritis  Rheumatoid arthritis  Gout  Other  Don't know

283 What other type of arthritis do you suffer from? \_\_\_\_\_

284 Do you suffer from Parkinson's Disease?  Yes  No

285 Since your last interview have you suffered a heart problem that led to hospital admission, hospital emergency contact or consultation with a specialist?

•  Yes  No  Don't know

286 Since your last interview, have you been told by your doctor that you suffer from a heart problem?

•  Yes  No  Don't know

*If you HAVE NOT been told you have a heart problem go to Q289*

287 Were you told that your heart problem was a:

	Yes	No
myocardial infarction or heart attack?	<input type="radio"/>	<input type="radio"/>
angina	<input type="radio"/>	<input type="radio"/>
heart failure	<input type="radio"/>	<input type="radio"/>
atrial fibrillation	<input type="radio"/>	<input type="radio"/>
Other / Don't know	<input type="radio"/>	<input type="radio"/>

288 Have you had a brain infection since your last interview?  Yes  No

289 Have you suffered a stroke since your last interview? (Sudden numbness or weakness of face, arm or leg, especially on one side of the body; sudden confusion, trouble speaking or understanding, trouble seeing in one or both eyes, trouble walking, dizziness, loss of balance or coordination. These symptoms lasted more than than 24 hours).

•  Yes  No  Don't know

If you have not suffered a stroke go to Q292

**290**

	Yes	No
Was the diagnosis of stroke confirmed by a specialist (eg. Neurologist)?	<input type="radio"/>	<input type="radio"/>
Did the event result in hospital admission?	<input type="radio"/>	<input type="radio"/>
Was the stroke associated with bleeding in the brain?	<input type="radio"/>	<input type="radio"/>

**291 When was the stroke (year)? (enter 9999 if unknown) \_\_\_\_\_**

**292 Have you suffered from a Transient Ischemic Attack (TIA or ministroke) since your last interview? (Sudden onset of symptoms similar to a stroke. Most symptoms disappear within an hour but may persist for up to 24 hours).**

- Yes  No  Don't know

If you have not suffered a TIA go to Q294

**293**

	Yes	No
Was the diagnosis of TIA or 'mini-stroke' confirmed by a specialist (eg. Neurologist)?	<input type="radio"/>	<input type="radio"/>
Did the event result in hospital admission?	<input type="radio"/>	<input type="radio"/>

**294 Has your doctor told you that you suffer from high blood pressure?**  Yes  No  Uncertain

If you do not suffer from high blood pressure go to Q296

**295 Are you currently taking any tablets for high blood pressure?**  Yes  No

**296 Have you ever been diagnosed with cancer or leukemia?**

- No  Yes, cancer  Yes, leukemia  Yes, both  Don't know

If you have NEVER had cancer or leukemia go to Q300

**297 Have you had any of the following treatments for cancer?**

- Surgery  Chemotherapy  Radiation  Other  Don't know

If you have NOT had chemotherapy or radiation go to Q300  
If you have NOT had chemotherapy but HAVE had radiation go to Q299

298 In what year did you last have chemotherapy?( Enter 9999 if don't know) \_\_\_\_\_

If you have NOT had radiation go to Q300

299 In what year did you last have radiation? (Enter 9999 if don't know) \_\_\_\_\_

300 Have you ever been diagnosed with any other chronic or serious disabling illness? If 'yes' please briefly describe.

\_\_\_\_\_  
\_\_\_\_\_

301 In the LAST MONTH have you taken any vitamin or mineral supplements?  Yes  No

If you have NOT taken vitamins or minerals go to Q306

302 What kind of vitamin or mineral was this? (Listed alphabetically down columns)

Please choose all that apply:

- B group vitamins
- Calcium
- Echinachea
- Evening primrose oil or starflower oil
- Fish oil
- Folate
- Glucosamine
- Iron
- Multivitamins
- Vitamin C
- Vitamin D
- Vitamin E
- OTHER

If you DID NOT tick 'Other' go to Q304

303 What other vitamin or mineral have you taken in the last month? \_\_\_\_\_

**304 How often do you usually take vitamins or minerals?**

Every day (6-7 days per week)  Most days (4-5 days per week)  1-3 days per week  Less than once a week

*If you take vitamins and minerals less than once a week go to Q306*

**305 For how long have you taken vitamins or minerals regularly?**

Less than one month  1 month to less than 3 months  3 months to less than 6 months  6 months or more

**306 In the last month have you taken or used any medications (including herbal remedies) to lower your cholesterol?**

•  Yes  No

**307 In the last month have you taken or used any other type of medication not asked about previously? (Excluding contraception and hormone replacement therapy).**

•  Yes  No

*If you have not used any other medications AND are female go to Q309*

*If you have not used any other medications AND are male go to Q318*

**308 What types of medication did you take or use? (Excluding contraception and hormone replacement therapy).**

\_\_\_\_\_

**309 Are you taking contraceptive pills or using contraceptive implants or injections?**  Yes  No

*If CURRENTLY using contraceptives as described above go to Q311*

**310 Did you ever take contraceptive pills or use contraceptive implants or injections?**  Yes  No

*If have NEVER used contraceptives go to Q315*

**311 At what age did you start? (Enter 99 if don't know) \_\_\_\_\_**

**312 For how many years altogether have you taken/did you take contraceptive pills or used/use contraceptive implants or injections? (Enter 99 if don't know)**

\_\_\_\_\_

**313 Which pill or implant are you using / did you use ? (Listed alphabetically down columns)**

Please choose **all** that apply:

<input type="checkbox"/> Brenda-35ED <input type="checkbox"/> Brevinor <input type="checkbox"/> Diane-35D <input type="checkbox"/> Depo-provero <input type="checkbox"/> Depo-rralovera <input type="checkbox"/> Estelle-35D <input type="checkbox"/> Femoden-ED <input type="checkbox"/> Implanon implant <input type="checkbox"/> Juliet-35ED <input type="checkbox"/> Leveln ED <input type="checkbox"/> Levonell-1 (or 2) <input type="checkbox"/> Locilan 28 <input type="checkbox"/> Loette	<input type="checkbox"/> Logynon ED <input type="checkbox"/> Marvelon 28 <input type="checkbox"/> Microgynon (any variety) <input type="checkbox"/> Microlevlen ED <input type="checkbox"/> Microlut <input type="checkbox"/> Micronor <input type="checkbox"/> Minulet <input type="checkbox"/> Mirena <input type="checkbox"/> Monofeme <input type="checkbox"/> Nordette <input type="checkbox"/> Noriday 28 <input type="checkbox"/> Norimin	<input type="checkbox"/> Norinyl-1 <input type="checkbox"/> NorLevo-1 <input type="checkbox"/> Postinor-1 (or 2) <input type="checkbox"/> Qlaira <input type="checkbox"/> Trifeme <input type="checkbox"/> Triphasil <input type="checkbox"/> Triquilar ED <input type="checkbox"/> Valette <input type="checkbox"/> Yasmin <input type="checkbox"/> Yaz  <input type="checkbox"/> OTHER
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*If did NOT tick 'Other' above, go to Q315*  
**314 What other contraceptive are you using / have you used?** \_\_\_\_\_

**315 We would like to know more about your periods and menopause. Which of the following best describes you?**

- I am still having regular periods.
- My periods are irregular and I think it might be due to menopause.
- My periods have stopped entirely due to a hysterectomy
- My periods have stopped entirely due to menopause.
- My periods have stopped entirely due to another reason
- Other (e.g. using medication/injections that have stopped you having a period for a certain time, pregnancy)

**316 Have you ever had hormone replacement therapy (HRT)?**  Yes  No

**Q318 The next group of questions ask about PHYSICAL ACTIVITY.**

How often do you take part in sports or activities that are mildly energetic, moderately energetic or vigorous?

	3 times a week or more	Once or twice a week	About 1-3 times a month	Never/hardly ever
Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**318** Please give the average *number of hours or minutes per week* you spend in such sports or activities. (Please enter 0 in hours and minutes if not undertaken at all (*Enter 99 to refuse*))

**Mildly energetic (e.g. walking, weeding)**      \_\_\_\_\_ Hours    \_\_\_\_\_ Minutes

**319 Moderately energetic (e.g. dancing, cycling)**      \_\_\_\_\_ Hours    \_\_\_\_\_ Minutes

**320 Vigorous (e.g. running, squash)**      \_\_\_\_\_ Hours    \_\_\_\_\_ Minutes

**321** The following questions are very similar to the questions about physical activity that you have just completed. These are more specific and will allow comparison of this data with other studies.

In the **LAST WEEK**, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places? (*Enter 0 if not at all*)

\_\_\_\_\_

*If you entered 0 for Q321 go to Q323*

**322** What do you estimate was the total time that you spent walking in this way in the last week?)

• \_\_\_\_\_ Minutes    \_\_\_\_\_ Hours

**323** In the **LAST WEEK**, how many times did you do any vigorous gardening or heavy work around the yard, which made you breath harder or puff and pant? (*Enter 0 if not at all*)

\_\_\_\_\_

*If you entered 0 for Q323 go to Q325*

**324 What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the LAST WEEK?**

- \_\_\_\_\_ Minutes \_\_\_\_\_ Hours

**325 The next questions *exclude* household chores, gardening or yardwork:**

**In the LAST WEEK, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (eg jogging, cycling, aerobics, competitive tennis). (Enter 0 if not at all)**

\_\_\_\_\_

*If you entered 0 for Q325 go to Q327*

**326 What do you estimate was the total time that you spent doing this vigorous physical activity in the LAST WEEK?**

- \_\_\_\_\_ Minutes \_\_\_\_\_ Hours

**327**

**In the LAST WEEK how many times did you do any other more moderate physical activities that you have not already mentioned? (eg gentle swimming, social tennis, golf). (Enter 0 if not at all)**

\_\_\_\_\_

*If you entered 0 for Q327 go to Q329*

**328 What do you estimate was the total time that you spent doing these activities in the LAST week?**

\_\_\_\_\_ Minutes \_\_\_\_\_ Hours

**329 Please indicate whether you have undertaken any of the following activities in the LAST 6 MONTHS.**

	Not at all	Once or twice	4-5 times	6 or more times
Read scientific books or magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read about special subjects on my own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solved maths or chess puzzles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done troubleshooting of software packages on a PC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sketched, drawn or painted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practised a musical instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone to recitals, concerts, or musicals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended religious services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in club activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped others with their personal problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked as a volunteer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussed politics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influenced others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	Once or twice	4-5 times	6 or more times
Been on the committee of a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Led a group in accomplishing some goal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

330 Do you play (or have you ever played) a musical instrument? Yes No

If you have NEVER played a musical instrument go to Q335

331 At what age did you first start regularly learning to play a musical instrument? \_\_\_\_\_

332 Which instruments did/do you play?

\_\_\_\_\_

333 For how many years have you played any musical instrument? (Enter 99 if don't know) \_\_\_\_\_

334 On average, in the years you played a musical instrument, how much would you have practiced?

1hr per month or less      1hr per week      1-7hrs per week      More than an hour per day

335 About how much time do you spend reading each day, including online?

- None
- Less than one hour
- One to less than two hours
- Two to less than three hours
- Three or more hours
- Don't know

336 Thinking of the LAST YEAR, how often do you read newspapers, including online?

- Every day or almost every day
- Several times a week
- Several times a month
- Several times a year
- Once a year or less
- Don't know

**337 During the PAST YEAR, how often did you read magazines, including online?**

- Every day or almost every day
- Several times a week
- Several times a month
- Several times a year
- Once a year or less
- Don't know

**338 During the PAST YEAR, how often did you read books?**

- Every day or almost every day
- Several times a week
- Several times a month
- Several times a year
- Once a year or less
- Don't know

**339 During the PAST YEAR, how often did you play games like checkers or other board games, cards, puzzles, word games, mind teasers, or any other similar games? This includes any online games.**

- Every day or almost every day
- Several times a week
- Several times a month
- Several times a year
- Once a year or less
- Don't know

**340 During the PAST YEAR, how often did you write letters or emails?**

- Every day or almost every day
- Several times a week
- Several times a month
- Several times a year
- Once a year or less
- Don't know

**341 During the PAST YEAR, how often did you involve in online social network activities like facebook/ twitter?**

- Every day or almost every day
- Several times a week
- Several times a month
- Several times a year
- Once a year or less
- Don't know

**342 In LAST 10 YEARS, did you ever keep a diary, journal or blog?**  Yes  No  Don't know

*If you have NEVER kept a diary go to Q344*

**343 For how many years did you do this? \_\_\_\_\_**

**344 In the LAST 10 YEARS, how many times did you visit a museum?**

- Never
- 1-2 times
- 3-9 times
- 10-19 times
- More than 20 times
- Don't know

**345 In the LAST 10 YEARS, how many times did you attend a concert, play, or musical?**

- Never
- 1-2 times
- 3-9 times
- 10-19 times
- More than 20 times
- Don't know

346 In the LAST 10 YEARS, how often did you visit a library or use an online library service?

- Every day or almost every day
- Several times a week
- Several times a month
- Several times a year
- Once a year or less
- Don't know

347 This section is about some of the foods you usually eat. Record *about* how often you *usually* eat these foods.

How many serves of vegetables do you usually eat each day?

- 1 serve or less
- 2-3 serves
- 4-5 serves
- 6 serves or more
- Don't eat vegetables

348 How many serves of fruit do you usually eat each day?

- 1 serve or less
- 2-3 serves
- 4-5 serves
- 6 serves or more
- Don't eat vegetables

349 How often do you drink fruit juices such as orange, grapefruit or tomato? (*Answer one choice only*)

- \_\_\_ per day
- \_\_\_ per week (if less than daily)
- \_\_\_ per month if less than weekly)
- \_\_\_ Rarely or never (enter 1 in box)

**350 Not including juice, how often do you eat fruit? (Answer one choice only)**

- per day
- per week (if less than daily)
- per month if less than weekly)
- Rarely or never (enter 1 in box)

**351 How often do you eat chips, french fries, wedges, fried potatoes or crisps? (Answer one choice only)**

- per day
- per week (if less than daily)
- per month if less than weekly)
- Rarely or never (enter 1 in box)

**352 How often do you eat potatoes? (Answer one choice only)**

- per day
- per week (if less than daily)
- per month if less than weekly)
- Rarely or never (enter 1 in box)

**353 How often do you eat salad? (Salad includes mixed green salad and other mixtures of raw vegetables.)(Answer one choice only)**

- per day
- per week (if less than daily)
- per month if less than weekly)
- Rarely or never (enter 1 in box)

**354 Not counting potatoes and salad, how often do you eat cooked vegetables? (Answer one choice only)**

- per day
- per week (if less than daily)
- per month if less than weekly)
- Rarely or never (enter 1 in box)