

PATH 40+ W4 questionnaire

PATHID \_\_\_\_\_

Date: \_\_\_\_\_

Q1 What is your gender?  Male (1)  Female (2)

Q2 In what suburb are you currently living? (Only if living in Australia) \_\_\_\_\_

Q3 Postcode (only if living in Australia) \_\_\_\_\_

Q4 Could you please tell me your current age in years? \_\_\_\_\_

Q5 Are you currently in a relationship with someone?

- Yes, living with the person you are married to (1)
- Yes, living with a partner (but not married to them) (2)
- Yes, in a relationship with someone but not living with them (3)
- No, not in a relationship with anyone (4)

Q6 What is your current marital status?

- Married-first and only marriage (1)
- Remarried-second or later marriage (2)
- Separated from someone you have been married to (3)
- Divorced (4)
- Widowed (5)
- Have never married (6)

Q7 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 you answered "0" to number of times married or lived in de facto relationship please go to Q1 (Page 2).  
If you answered "1" to number of times married or lived in de facto relationship AND are still in this relationship please go to Q10 (Page 2)*

Q228 How long have you been separated from your (previous) partner?

\_\_\_\_\_ Years (1)      \_\_\_\_\_ Months (2)

*If not currently living with a spouse or partner please go to Q12*

**Q10 How long have you been living with your current partner?**

\_\_\_\_\_ Years (1)      \_\_\_\_\_ Months (2)

**Q12 Have you completed any further education since your last interview?**  Yes (1)     No (2)

*If no further education please go to Q15*

**Q13 What was the highest qualification that you completed since your last interview?**

- School certificate (or equivalent) (1)
- Higher school certificate (or equivalent) (2)
- Trade certificate/apprenticeship (3)
- Technician's certificate/advanced certificate (4)
- Certificate other than above (5)
- Associate diploma (6)
- Undergraduate diploma (7)
- Bachelor's degree (8)
- Post graduate diploma/certificate (9)
- Higher degree (10)

*If you have NOT completed Technician's certificate/advanced certificate, Certificate other than above, Trade certificate/apprenticeship, or Associate diploma go to Q15*

**Q14 How long does that certificate or diploma take to complete, studying full time?**

- Less than 1 semester or 1/2 year (1)
- One semester to less than 1 year (2)
- One year to less than 3 years (3)
- Three years or more (4)

**Q15 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 (1)
- Technician's certificate/advanced certificate (2)
- Certificate other than above (3)
- Associate diploma (4)
- Undergraduate diploma (5)
- Bachelor's degree (6)
- Post graduate diploma/certificate (7)
- Higher degree (8)
- None of the above (9)

*If 'None of the above' go to Q26.*

*If you are NOT currently doing a Technician's certificate/advanced certificate, Certificate other than above, Trade certificate/apprenticeship, or Associate diploma go to Q15*

**Q18 How long does that certificate or diploma take to complete, studying full time?**

- Less than 1 semester or 1/2 year (1)
- One semester to less than 1 year (2)
- One year to less than 3 years (3)
- Three years or more (4)

**Q19 Are you studying?**

- Full-time (1)
- Part-time (2)

**Q26 How would you describe your current employment status?**

- Employed full-time (1)
- Employed part-time, looking for full-time work (2)
- Employed part-time (3)
- Unemployed, looking for work (4)
- Not in the labour force (5)
- In employment BUT currently on long-term LEAVE (maternity, long-service leave, long-term leave without pay) (6)

**Q27 Has your employment situation, occupation or level changed at all since your last interview?**  Yes (1)  No (2)

*If 'unemployed, looking for work', go to Q36*

*If 'Not in the labour force' go to Q38*

*If 'employment BUT currently on long-term LEAVE' go to Q40*

**Q28 Which of the following best describes your main career job?**

- Manager or administrator (directors, EL1, principals) (1)
- Upper professional (doctors, teachers, registered nurses, lawyers, ITs) (2)
- Middle professional (ASO 5-6, shop/small business owner) (3)
- Tradesperson or related worker (4)
- Advanced clerical or service worker (secretary, personal assistant) (5)
- Intermediate clerical, sales or service worker (ASO 3-4, sales supervisor, receptionist) (6)
- Intermediate production or transport worker (bus/truck drivers) (7)
- Labourer or related worker (8)
- Other (9)

**Q29 Are you:**

- Employed by a government agency (1)
- Employed by a profit-making business (2)
- Employed by another organisation (3)
- Self-employed/in business or practice for yourself (4)
- Working without pay in a family business (5)

*If NOT employed by a government agency go to Q32*

*If self-employed or working without pay in family business go to Q35*

**Q30 Are you employed in the commonwealth or a state government?**

- Commonwealth (1)                       State (2)

*If employed by state government go to Q32*

**Q31 What level are you employed at (or acting in)?**

- ASO 1-2 (1)
- ASO 3-4 (2)
- ASO 5-6 (3)
- EL1 (4)
- EL2 (5)
- SES (6)
- Other (7)

**Q32 Which of the following best describes the position you hold within your business or organisation?**

- Managerial position (1)     Supervisory position (2)     Non-management position (3)

**Q33 In your main job are you:**

- Permanently employed (1)             Fixed term contract (2)     Casually employed (3)

*If you Do NOT have a fixed-term contract go to Q34*

**Q337 How long is that contract? \_\_\_\_\_ Years (1)    \_\_\_\_\_ Months (2)**

Q34 About how many people are employed in the entire business, corporation or organisation for which you work?

- 1-9 (1)
- 10-24 (2)
- 25+ (3)
- Don't know (4)

*If employed by a government agency, profit-making business or other organisation go to Q56*

Q35 **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, or 888 if you don't know).

\_\_\_\_\_

*Go to Q56*

Q36 **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 (1)
- No (2)

*If you have NOT looked for a job in last 4 weeks go to Q38*

Q37 **If you had found a job, could you have started last week?**  Yes (1)  No (2)

Q38 **Have you ever been employed in the past?**  Yes (1)  No (2)

*If you have never been employed in the past, go to Q65*

**Q40 Which of the following best describes your main career job?**

- Manager or administrator (directors, EL1, principals) (1)
- Upper professional (doctors, teachers, registered nurses, lawyers, ITs) (2)
- Middle professional (ASO 5-6, shop/small business owner) (3)
- Tradesperson or related worker (4)
- Advanced clerical or service worker (secretary, personal assistant) (5)
- Intermediate clerical, sales or service worker (ASO 3-4, sales supervisor, receptionist) (6)
- Intermediate production or transport worker (bus/truck drivers) (7)
- Labourer or related worker (8)
- Other (9)

**Q41 Were you:**

- Employed by a government agency (1)
- Employed by a profit-making business (2)
- Employed by another organisation (3)
- Self-employed/in business or practice for yourself (4)
- Working without pay in a family business (5)

*If NOT employed by a government agency go to Q44*

*If self-employed or working without pay in family business go to Q47*

**Q42 Were you employed in the commonwealth or a state government?**

- Commonwealth (1)       State (2)

*If employed by state government go to Q44*

**Q43 What level were you employed at (or acting in)?**

- ASO 1-2 (1)
- ASO 3-4 (2)
- ASO 5-6 (3)
- EL1 (4)
- EL2 (5)
- SES (6)
- Other (7)

**Q44 Which of the following best describes the position you held within your business or organisation?**

- Managerial position (1)    Supervisory position (2)    Non-managerial position (3)

**Q45 In your main job were you:**

- Permanently employed (1)    Fixed term contract (2)    Casually employed (3)

*If NOT on a fixed-term contract go to Q46*

**Q46 About how many people were employed in the entire business, corporation or organisation for which you worked?**

- 1-9 (1)  
 10-24 (2)  
 25+ (3)  
 Don't know (4)

*If worked for a government agency, profit-making business or other organisation AND you are NOT "In employment BUT currently on long-term LEAVE" on go to Q48*

**Q47 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 or 888 if you don't know).**

\_\_\_\_\_

**Q48 How long is it since you last worked for pay, in any job or business for two weeks or more?**

- Less than 3 months (1)
- 3 months or more but less than 6 months (2)
- 6 months or more but less than 12 months (3)
- 12 months or more but less than 2 years (4)
- 2 years or more but less than 5 years (5)
- 5 years or more but less than 10 years (6)
- 10 years or more (7)
- Have never worked for 2 weeks or more (8)

*If you are NOT "In employment BUT currently on long-term LEAVE" on go to Q56*

**Q49 What is the main reason that you are not currently in work?**

- Maternity leave (1)
- Pregnancy – but not maternity leave (2)
- Prefer to be home with children – but not maternity leave (3)
- Have problems finding appropriate child care (4)
- Cannot find job with suitable hours (5)
- Cannot find job to suit my skills (6)
- Cannot find a job nearby (7)
- Partner does not want me to work (8)
- Studying (9)
- Poor health (10)
- Caring responsibility (but not for children) (11)
- On long term leave - long service leave (12)
- On long term leave without pay (13)
- Don't need to or want to work (14)



Q50 Do you currently receive pay/salary from your employer? Yes (1)  No (2)

Q52 Do you intend to return to work? Yes (1)  No (2)

*If you do NOT intend to return to work go to Q56*

Q53 When do you expect to return to work?

- 0-6 months (1)
- 7-12 months (2)
- 1-2 years (3)
- 2-5 years (4)
- more than 5 years (5)
- Don't know (6)

Q54 Do you intend to return to the same employer? Yes (1)  No (2)

*If you do NOT intend to return to the same employer go to Q322 (page 11 )*

Q55 Do you intend to return to the same position? Yes (1)  No (2)  Don't know (3)

*If In employment BUT currently on long-term LEAVE go to Q322 (page 11)*

Q56 Do you consider yourself to be completely retired from the paid workforce, partly retired or not retired at all?

- Completely retired (1)  Partly retired (2)  Not retired at all (3)
- If 'not retired at all go to Q322 (page 11)*
- If 'completely retired' go to Q58*

Q57 In what sense do you consider yourself partly retired?

- You work fewer hours (1)
- You work in a less demanding job or a job with fewer responsibilities (2)
- You work in a completely different line of work (3)
- You work only casually or occasionally (4)
- You work for yourself (5)
- You work more from home (6)
- You do voluntary or charity work (7)
- Currently looking for part-time work (8)
- Plan to look for part-time work in the future (9)
- Other (10)

**Q58 How old were you when you retired, either partly or completely?** (Enter 88 if unsure) \_\_\_\_\_

**Q59 What is the main reason you chose to retire (either partly or completely) or you left your last job?**

- Last job was temporary (1)
- Retrenched/laid off/made redundant/business closed down (2)
- Unsatisfied with job (3)
- Reached appropriate age for retirement (4)
- Own illness, disability or injury (5)
- Relative's illness, disability or injury (6)
- To have children (7)
- To look after family / home (8)
- To pursue other activities (9)

**Q60 Were you working part-time in your last job before you retired?**

- Yes, part-time (1)
- No, full-time (2)

*If working full-time before retiring go to Q322 (Page 11)*

**Q62 Have you previously been employed full-time?** (If 'no' mark 'mostly or always worked part-time. If 'yes' was this:

- less than 12 months ago (1)
- 1 to less than 2 years ago (2)
- 2 to less than 5 years ago (3)
- 5 to less than 10 years ago (4)
- 10 years or more ago (5)
- mostly or always worked part-time in working life (6)

*If NOT currently working part-time go to Q322 (Page 11)*

**Q63 Is your current part-time work in the same field as your main career job?**

- Yes (1)
- No (2)

*If current part-time work in the same field as full-time work go to Q322*

**Q64 Which of the following best describes your main career job?**

- Manager or administrator (directors, EL1, principals) (1)
- Upper Professional (doctors, teachers, registered nurses, lawyers, ITs) (2)
- Middle professional (ASO 5-6, shop/small business owner) (3)
- Tradespersons or related worker (4)
- Advanced clerical or service worker (secretary, (5)
- Intermediate clerical, sales or service worker (ASO 3-4, sales supervisor, receptionist (6)
- Intermediate Production or transport worker (bus/truck drivers (7)
- Elementary clerical, sales or service worker (ASO 1-2, sales assistant (8)
- Labourer or related worker (9)
- Other (10)

**Q65 What is your main activity IF you are not in the work force?**

- Home duties or caring for children (1)
- Studying (2)
- Caring for an aged or disabled person (3)
- Voluntary work (4)
- Other (5)

**Q322 Were you, or are you currently, a member of the Australian Defence Force?**

- Yes (1)
- No (2)

*If have never been in the Defence Forces go to Q66 (bottom of this page)*

**Q323 Did you ever serve overseas with the Australian Defence Force?**  Yes (1)  No (2)

*If you have not served overseas go to Q66 (bottom of this page)*

**Q324 Please provide the following information:**

Location(s) of service (1) \_\_\_\_\_

First year of service (2) \_\_\_\_\_ ---

Last year of service (3) \_\_\_\_\_

**Q66 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 (1)
- No (2)

If you do not have any children go to Q71

Q67 How many children do you have who are now living? \_\_\_\_\_

If no children now living go to Q71

Q68 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.

	Child 1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (7)	8 (8)	9 (9)	10 (10)
Age in years (1)										

Q69 Does this child live with you:

	Full-time (1)	Part-time (2)	Not at all (3)
Child 1 (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2 (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3 (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4 (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5 (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6 (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7 (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8 (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9 (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10 (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q70 Is this child your:**

	Natural child (1)	Step child (2)	Adopted child (3)	Other (4)
Child 1 (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2 (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3 (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4 (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5 (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 6 (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 7 (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 8 (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 9 (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 10 (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q71 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 (1)     No (2)

**Q72 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%) (1)
- 75% responsible (2)
- 50% responsible (3)
- 25% responsible (4)
- Not at all responsible (0%) (5)

**Q73 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%) (1)
- 75% responsible (2)
- 50% responsible (3)
- 25% responsible (4)
- Not at all responsible (0%) (5)

**Q74 To what extent are you responsible for providing the money for your household?**

- Fully responsible (100%) (1)
- 75% responsible (2)
- 50% responsible (3)
- 25% responsible (4)
- Not at all responsible (0%) (5)

**Q75 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 (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)

**Q76 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 (1)
- Yes - limited a little (2)
- No - not limited at all (3)

**Q77 Climbing several flights of stairs?**

- Yes - limited a lot (1)
- Yes - limited a little (2)
- No - not limited at all (3)

**Q78 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 (1)
- No (2)

**Q79 Were you limited in the kind of work or other activities as a result of your physical health?**

- Yes (1)
- No (2)

**Q80 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 (1)     No (2)

**Q81 Did you not do work or other activities as carefully as usual as a result of any emotional problems?**

- Yes (1)     No (2)

**Q82 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 (1)  
 A little bit (2)  
 Moderately (3)  
 Quite a bit (4)  
 Extremely (5)

**Q83 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 (1)  
 • Most of the time (2)  
 • A good bit of the time (3)  
 • Some of the time (4)  
 • A little of the time (5)  
 • None of the time (6)

**Q84 How much of the time during the PAST 4 WEEKS did you have a lot of energy?**

- All of the time (1)  
 • Most of the time (2)  
 • A good bit of the time (3)  
 • Some of the time (4)  
 • A little of the time (5)  
 • None of the time (6)

**Q85 How much of the time during the PAST 4 WEEKS have you felt down?**

- All of the time (1)
- Most of the time (2)
- A good bit of the time (3)
- Some of the time (4)
- A little of the time (5)
- None of the time (6)

**Q86 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 (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time (5)

**Q87 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?**

\_\_\_\_\_

**Q88 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)**

\_\_\_\_\_

**Q89 We would now like to ask you some questions about smoking (tobacco). Do you currently smoke?**

- Yes (1)
- No (2)

*If 'No' go to Q96*

**Q90 Do you smoke cigarettes:**

- At least once a day (1)
- Less than once a day (2)
- Don't smoke cigarettes (3)

*If 'Don't smoke cigarettes' go to Q99*

*If 'less than once a day' go to Q92*



Q91 How many cigarettes do you usually smoke in one day? \_\_\_\_\_

*If smoke cigarettes at least once a day go to Q94*

Q92 How many cigarettes do you usually smoke over a ONE MONTH period? \_\_\_\_\_

Q94 At what age did you start smoking? \_\_\_\_\_

Q95 On average, how many cigarettes would you have smoked each day over the time you have been smoking? \_\_\_\_\_

*If you currently smoke cigarettes at least once a day, go to Q107*

*If you currently smoke less than once a day, go to Q99*

Q96 Have you smoked at all over the LAST MONTH?      Yes (1)      No (2)

*If "No" go to Q98*

Q97 Approximately how many cigarettes have you smoked in the LAST MONTH? \_\_\_\_\_

Q98 Have you ever smoked regularly?      Yes (1)      No (2)

*If "No" go to Q99 (Page 18)*

Q104 At what age did you start smoking? \_\_\_\_\_

Q105 At what age did you stop smoking? \_\_\_\_\_

Q106 On average, how many cigarettes would you have smoked each day over the time you were smoking? \_\_\_\_\_

*If previously smoked regularly but no longer do so, go to Q99 (Page 18)*

Q107 How soon after you wake up do you smoke your first cigarette?

- Within 5 minutes (1)
- 6 to 30 minutes (2)
- 31 to 60 minutes (3)
- After 60 minutes (4)

Q108 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 (1)      No (2)

**Q109 Which cigarette would you hate most to give up?**

- The first one in the morning (1)    All others (2)

**Q110 Do you smoke more frequently during the first hours after waking than during the rest of the day?**

- Yes (1)    No (2)

**Q111 Do you smoke if you are so ill that you are in bed most of the day?**

- Yes (1)    No (2)

**Q99 These next questions are concerned with your alcohol consumption. How often do you have a drink containing alcohol?**

- Not in the last year (1)
- Monthly or less (2)
- 2-3 times a month (3)
- Once a week (4)
- 2-3 times a week (5)
- 4-6 times a week (6)
- Every day (7)

*If you have drunk alcohol in the last year go to Q101*

**Q100 Have you ever drunk alcohol?**    Yes (1)    No (2)

*If you have NEVER drunk alcohol go to Q115*

*If you have previously drunk alcohol go to Q108*

**Q101 How many standard drinks do you have on a typical day when you are drinking?**

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

*If male go to Q103*

**Q102 How often do you have 5 or more standard drinks on one occasion?**

- Not in the last year (1)
- Monthly or less (2)
- 2-3 times a month (3)
- Once a week (4)
- 2-3 times a week (5)
- 4-6 times a week (6)
- Every day (7)

*If female go to Q104*

**Q103 How often do you have 7 or more standard drinks on one occasion?**

- Not in the last year (1)
- Monthly or less (2)
- 2-3 times a month (3)
- Once a week (4)
- 2-3 times a week (5)
- 4-6 times a week (6)
- Every day (7)

**Q104 How often during the last year have you found that you were not able to stop drinking once you had started?**

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (5)

**Q105 How often during the last year have you failed to do what was normally expected from you because of your drinking?**

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (5)

**Q106 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 (1)
- Less than monthly (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (5)

**Q107 How often during the last year have you had a feeling of guilt or regret after drinking?**

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (5)

**Q109 How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (5)

**Q108 Have you or someone else been injured as a result of your drinking?**

- No (1)
- Yes, but not in the last year (2)
- Yes, during the last year (3)

**Q110 Has a relative, friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

- No (1)
- Yes, but not in the last year (2)
- Yes, during the last year (3)

**Q111 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 (1)
- 2 to 4 times a month (2)
- 2 to 3 times a week (3)
- 4 or more times a week (4)

**Q112 How many standard drinks did you have on a typical day when you were drinking?**

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

**Q113 How many years did you drink at the highest level indicated in the previous 2 questions?**

\_\_\_\_\_

**Q114 How old were you when you had your first alcoholic drink? \_\_\_\_\_**

**Q115 Have you ever tried marijuana/hash?       Yes (1)       No (2)**

*If 'No' go to Q121*

**Q116 Have you used marijuana/hash in the PAST 12 MONTHS?       Yes (1)       No (2)**

*If 'No' go to Q121*

**Q117 How often do you use marijuana/hash?**

- Once a week or more (1)
- Two or three times a month (2)
- Once a month (3)
- Every 1-4 months (4)
- Once or twice a year (5)
- No longer use (6)

**Q118 How long has it been since you last used marijuana/hash? Please estimate.**

\_\_\_\_\_ Weeks (1) \_\_\_\_\_ Days (2)

**Q119 In the last year have you ever used marijuana/hash more than you meant to?**

Yes (1)     No (2)

**Q120 Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?**

Yes (1)     No (2)

**Q121 Have you ever tried any of the following?** Please choose all that apply:

- Ecstasy (pills, E, eccy, XTC, MDMA) (1)
- Amphetamines for non-medical purposes (speed, go-ee, whiz, rev, crystal, meth, crystal meth, ice, shabu, glass, batu, uppers, ox-blood, liquid speed) (2)
- None of the above (3)

*If you have NEVER tried Ecstasy OR amphetamines go to Q127*

*If you have tried amphetamines but NOT ecstasy go to 125*

**Q122 Have you used ecstasy in the PAST 12 MONTHS?**     Yes (1)     No (2)

*If 'No' go to Q125*

**Q123 How often do you currently use Ecstasy?**

- Every day (1)
- Once a week (2)
- About once a month (3)
- Every few months (4)
- Once or twice a year (5)
- Less often (6)
- Don't currently use (7)

**Q124 How long has it been since you last took ecstasy?** Please estimate.

\_\_\_\_\_ Years (1)    \_\_\_\_\_ Months (2)    \_\_\_\_\_ Weeks (3)

*If you have NEVER tried amphetamines go to Q127*

**Q125 Have you used amphetamines for non-medical purposes in the PAST 12 MONTHS?**

Yes (1)     No (2)

*If 'No' go to Q127*

**Q126 How often do you currently use amphetamines?**

- Every day (1)
- Once a week (2)
- About once a month (3)
- Every few months (4)
- Once or twice a year (5)
- Less often (6)
- Don't currently use (7)

**Q127 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 (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Little interest or pleasure in doing things? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating? (5)	<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? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things such as reading the newspaper or watching television? (7)	<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? (8)	<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? (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Q128 In the LAST 4 WEEKS, have you had an anxiety attack- suddenly feeling fear or panic?**

- Yes (1)     No (2)

*If 'No' go to Q130*

**Q129**

	Yes (1)	No (2)
Has this ever happened before? (1)	<input type="radio"/>	<input type="radio"/>
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? (2)	<input type="radio"/>	<input type="radio"/>
Do these attacks bother you a lot or are you worried about having another attack? (3)	<input type="radio"/>	<input type="radio"/>
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? (4)	<input type="radio"/>	<input type="radio"/>

**Q130 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 (1)     Several days (2)     More than half the days (3)

*If 'Not at all' go to Q132*

**Q131 Over the last 4 weeks have you been bothered by:**

	Not at all (1)	Several days (2)	More than half the days (3)
Feeling restless so it is hard to sit still (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting tired very easily (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle tension, aches, or soreness (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep or staying asleep (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading a book or watching TV (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q132 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 (1)	Yes (2)
Have you felt keyed up or on edge? (1)	<input type="radio"/>	<input type="radio"/>
Have you been worrying a lot? (2)	<input type="radio"/>	<input type="radio"/>
Have you been irritable? (3)	<input type="radio"/>	<input type="radio"/>
Have you had difficulty relaxing? (4)	<input type="radio"/>	<input type="radio"/>
Have you been sleeping poorly? (5)	<input type="radio"/>	<input type="radio"/>
Have you had headaches or neckaches? (6)	<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? (7)	<input type="radio"/>	<input type="radio"/>
Have you been worried about your health? (8)	<input type="radio"/>	<input type="radio"/>
Have you had difficulty falling asleep? (9)	<input type="radio"/>	<input type="radio"/>
Have you been lacking energy? (10)	<input type="radio"/>	<input type="radio"/>
Have you lost interest in things? (11)	<input type="radio"/>	<input type="radio"/>
Have you lost confidence in yourself? (12)	<input type="radio"/>	<input type="radio"/>
Have you felt hopeless? (13)	<input type="radio"/>	<input type="radio"/>
Have you had difficulty concentrating? (14)	<input type="radio"/>	<input type="radio"/>
Have you lost weight (due to poor appetite)? (15)	<input type="radio"/>	<input type="radio"/>
Have you been waking early? (16)	<input type="radio"/>	<input type="radio"/>
Have you felt slowed up? (17)	<input type="radio"/>	<input type="radio"/>
Have you tended to feel worse in the mornings? (18)	<input type="radio"/>	<input type="radio"/>

**Q134 In the LAST YEAR have you ever:**

	No (1)	Yes (2)
Felt that life is hardly worth living? (1)	<input type="radio"/>	<input type="radio"/>
Thought that you really would be better off dead? (2)	<input type="radio"/>	<input type="radio"/>
Thought about taking your own life? (3)	<input type="radio"/>	<input type="radio"/>
Thought that taking your life was the only way out of your problems? (4)	<input type="radio"/>	<input type="radio"/>
Made plans to take your own life? (5)	<input type="radio"/>	<input type="radio"/>
Attempted to take your own life? (6)	<input type="radio"/>	<input type="radio"/>

**Q138 The next group of questions are about your RELATIONSHIPS with other people.**

	Often (1)	Sometimes (2)	Rarely (3)	Never (4)
How often do friends make you feel cared for? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do they express interest in how you are doing? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do friends make too many demands on you? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do they criticise you? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do friends create tensions or arguments with you? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do family make you feel cared for? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do family express interest in how you are doing? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do they make too many demands on you? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do family criticise you? (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do they create tensions or arguments with you? (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you are NOT married or living with a partner go to Q142

Q140

	A lot (1)	Some (2)	A little (3)	Not at all (4)
How much does your partner understand the way you feel about things? (1)	<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? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much does your partner show concern for your feelings and problems? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much can you trust your partner to keep promises to you? (4)	<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? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much tension is there between you and your partner? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q141

	Often (1)	Sometimes (2)	Rarely (3)	Never (4)
How often do you have an unpleasant disagreement with your partner? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do things become tense when the two of you disagree? (2)	<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? (3)	<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? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q142 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)	1 (2)	2 (3)	3 or 4 (4)	5 to 8 (5)	9 or more (6)
How many relatives do you see or hear from at least once a month? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many relatives do you feel at ease with that you can talk about private matters? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many relatives do you feel close to such that you can call them for help? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q143 Considering all of your friends:**

	0 (1)	1 (2)	2 (3)	3 or 4 (4)	5 to 8 (5)	9 or more (6)
How many friends do you see or hear from at least once a month? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many friends do you feel at ease with that you can talk about private matters? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many friends do you feel close to such that you can call them for help? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*If you are NOT married or living with a partner go to Q147*

**Q144 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 (1)	Almost always agree (2)	Occasionally disagree (3)	Frequently disagree (4)	Almost always disagree (5)	Always disagree (6)
Philosophy of life (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aims, goals & things believed important (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of time spent together (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q145 How often would you say the following events occur between you and your partner?**

	Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	Once a day (5)	More often (6)
Have a stimulating exchange of ideas (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calmly discuss something together (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work together on a project (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q146 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 (1)
- fairly unhappy (2)
- A little unhappy (3)
- Happy (4)
- Very happy (5)
- Extremely happy (6)
- Perfect (7)

**Q147 Now we would like to ask you about extremely stressful or upsetting EVENTS that sometimes occur to people.**

	Yes (1)	No (2)
Did you ever have direct combat experience in a war? (1)	<input type="radio"/>	<input type="radio"/>
Were you ever involved in a life threatening accident? (2)	<input type="radio"/>	<input type="radio"/>
Were you ever involved in a fire, flood or other natural disaster? (3)	<input type="radio"/>	<input type="radio"/>
Did you ever witness someone badly injured or killed? (4)	<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?) (5)	<input type="radio"/>	<input type="radio"/>
Were you ever sexually molested (that is, someone touched or felt your genitals when you did not want them to)? (6)	<input type="radio"/>	<input type="radio"/>
Were you ever seriously physically attacked or assaulted? (7)	<input type="radio"/>	<input type="radio"/>
Have you ever been threatened with a weapon, held captive, or kidnapped? (8)	<input type="radio"/>	<input type="radio"/>
Have you ever been tortured or been the victim of terrorists? (9)	<input type="radio"/>	<input type="radio"/>
Have you ever experienced any other extremely stressful or upsetting event? (10)	<input type="radio"/>	<input type="radio"/>



*If you answered 'No' to the previous 10 questions go to Q149*

**Q148 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 (1)	No (2)
Upsetting thoughts or memories about the event that have come into your mind against your will. (1)	<input type="radio"/>	<input type="radio"/>
Upsetting dreams about the event. (2)	<input type="radio"/>	<input type="radio"/>
Acting or feeling as though the event was happening again. (3)	<input type="radio"/>	<input type="radio"/>
Feeling upset by reminders of the event. (4)	<input type="radio"/>	<input type="radio"/>
Bodily reactions (such as fast heartbeat, stomach churning, sweating, dizziness) when reminded of the event. (5)	<input type="radio"/>	<input type="radio"/>
Difficulty falling asleep. (6)	<input type="radio"/>	<input type="radio"/>
Irritability or outbursts of anger. (7)	<input type="radio"/>	<input type="radio"/>
Difficulty concentrating (8)	<input type="radio"/>	<input type="radio"/>
Heightened awareness of potential dangers to yourself and others. (9)	<input type="radio"/>	<input type="radio"/>
Being jumpy or being startled at something unexpected. (10)	<input type="radio"/>	<input type="radio"/>

**Q149 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 (1)	No (2)
You yourself suffered a serious illness, injury or an assault. (1)	<input type="radio"/>	<input type="radio"/>
A serious illness, injury or assault happened to a close relative. (2)	<input type="radio"/>	<input type="radio"/>
Your parent, child or partner died. (3)	<input type="radio"/>	<input type="radio"/>
A close family friend or another relative (aunt, cousin, grandparent) died. (4)	<input type="radio"/>	<input type="radio"/>
You broke off a steady relationship. (5)	<input type="radio"/>	<input type="radio"/>
You had a serious problem with a close friend, neighbour or relative. (6)	<input type="radio"/>	<input type="radio"/>
You had a crisis or serious disappointment in your work or career. (7)	<input type="radio"/>	<input type="radio"/>
You thought you would soon lose your job. (8)	<input type="radio"/>	<input type="radio"/>

*If you are NOT currently married or living with a partner go to Q151*

Q150

	Yes (1)	No (2)
Your partner thought he/she would soon lose their job. (1)	<input type="radio"/>	<input type="radio"/>
Your partner had a crisis or serious disappointment in his/her work or career. (2)	<input type="radio"/>	<input type="radio"/>
You had a separation due to marital difficulties. (3)	<input type="radio"/>	<input type="radio"/>

Q151

	Yes (1)	No (2)
You became unemployed or you were seeking work unsuccessfully for more than one month (1)	<input type="radio"/>	<input type="radio"/>
You were sacked from your job. (2)	<input type="radio"/>	<input type="radio"/>
You had a major financial crisis. (3)	<input type="radio"/>	<input type="radio"/>
You had problems with the police and a court appearance. (4)	<input type="radio"/>	<input type="radio"/>
Something you valued was lost or stolen. (5)	<input type="radio"/>	<input type="radio"/>

**Q152 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 (1)     No (2)

*If 'No' go to Q154*

**Q153 Could you briefly describe this problem?**

**Q154 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 (1)     Yes, sometimes (2)     No (3)

**Q155 Over the LAST YEAR did any of the following happen to you because of a shortage of money?**

	Yes (1)	No (2)
Pawned or sold something (1)	<input type="radio"/>	<input type="radio"/>
Went without meals (2)	<input type="radio"/>	<input type="radio"/>
Was unable to heat home (3)	<input type="radio"/>	<input type="radio"/>
Asked for help from welfare/community organizations. (4)	<input type="radio"/>	<input type="radio"/>

**Q156 How many people, including yourself, usually live in your household. (If you have children who live part-time with you please include them.)**

\_\_\_\_\_

*If you live alone go to Q158*

**Q157 Do any of the following people live in your household?**

- spouse / partner (1)
- Any of your children (2)
- A parent or parent-in-law (3)
- A grandparent (4)
- A brother or sister (5)
- A son-in-law or daughter-in-law (6)
- A grandchild (7)
- Other relatives (8)
- Someone who is not a relative (9)
- Other (10)

**Q158 Do you currently live:**

- In a home that you are purchasing (alone or with a partner/spouse) (1)
- In a home that you own outright (alone or with a partner/spouse) (2)
- In a privately rented home (alone or with a partner/spouse) (3)
- In rented public (government) housing (alone or with a partner/spouse) (4)
- In your parents or other relatives home. (5)
- In rented group accommodation (6)
- Other (7)

**Q159 What is the main source of income of your family (considering yourself, your partner and/or others)?**

- My own income (1)
- My partner's income (2)
- My own and partner's income equally (3)
- Other (4)

**Q160 What is your own personal main source of income?**

- Wage or salary (1)
- Government pension, allowance or benefit, Austudy (2)
- Child support (3)
- Superannuation/annuity (4)
- Own business or share in a partnership (5)
- Investments (6)
- Other income (7)
- No income (8)

**Q161 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) (1)
- More than \$300 per week but no more than \$575 per week (around \$30,000 annual) (2)
- More than \$575 per week but no more than \$1075 per week (around \$56,000 annual) (3)
- More than \$1075 but no more than \$1700 per week (around \$88,000 annual) (4)
- More than \$1700 but no more than \$2400 per week (around \$125,000 annual) (5)
- More than \$2400 (6)
- Don't know / Refused (7)

**Q163 Apart from Medicare, are you currently covered by private health insurance?**

- No (1)
- Yes – hospital cover only (2)
- Yes – extras cover only (3)
- Yes – both hospital and extras cover (4)

If you are NOT currently employed (full or part-time) go to Q175 (Page 42)

**Q164 The next few questions ask about your WORK SITUATION.**

	Often (1)	Sometimes (2)	Rarely (3)	Never (4)
Do you have a choice in deciding how you do your job? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have a choice in deciding what you do at work? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others take decisions concerning my work (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good deal of say in decisions about work. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a say in my own work speed. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My working time can be flexible. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can decide when to take a break. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a say in choosing with whom I work. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a great deal of say in planning my work environment. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have to do the same thing over and over again? (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your job provide you with a variety of interesting things? (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your job boring? (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have the possibility of learning new things through your work? (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your work demand a high level of skill or expertise? (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your job require you to take initiative? (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have to work very fast? (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have to work very intensively? (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have enough time to do everything? (18)	<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? (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q330 How likely is it that you will lose your present job during the next couple of years?**

- Not very likely (1)
- Somewhat likely (2)
- Very likely (3)

**Q167 How far do these statements reflect your work situation:**

	Strongly agree (1)	Slightly agree (2)	Slightly disagree (3)	Strongly disagree (4)
I get paid fairly for the things I do in my job (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get home, I can easily relax and “switch off” work (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People close to me say I sacrifice too much for my job (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get help and support from my colleagues (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get help and support from my (line) manager (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q171 How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)?**

\_\_\_\_\_

**Q327 How steady is your work in your main job?**

- Regular and steady (1)
- Seasonal (2)
- Frequent layoffs (3)
- Both seasonal and layoffs (4)
- Other (5) \_\_\_\_\_

**Q165 How secure do you feel about your job or career future in your current workplace?**

- Not at all secure (1)
- Moderately secure (2)
- Secure (3)
- Extremely secure (4)

**Q166 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 (1)
- Moderately difficult (2)
- Difficult (3)
- Extremely difficult (4)

**Q329 During the last year, how often were you in a situation where you faced job loss or layoff?**

- Never (1)
- Faced the possibility once (2)
- Faced the possibility more than once (3)
- Constantly (4)
- Actually laid off (5)

**Q356 Which of these best describes your current work schedule in your (main) job?**

- A regular daytime schedule (1)
- A regular evening shift (2)
- A regular night shift (3)
- A rotating shift (changes from days to evenings to nights) (4)
- Split shift (two distinct periods each day) (5)
- On call (6)
- Irregular schedule (7)
- Other (8)

**Q357 We would like to know the type and amount of physical activity involved in your work. Please indicate which best corresponds to your present activities from the following four possibilities.**

- Sedentary occupation. You spend most of your time sitting (such as in an office) (1)
- Standing occupation. You spend most of your time standing or walking. However, your work does not require intense physical efforts (e.g. shop assistant, hairdresser, guard, etc.) (2)
- Physical work. This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, cleaner, nurse, sports instructor, electrician, carpenter, etc.) (3)
- Heavy manual work. This involves very vigorous physical activity including handling of very heavy objects (e.g. docker, miner, bricklayer, construction worker, etc.) (4)

**Q172 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 (1)
- No (2)

*If 'No' go to Q169*

**Q173 How many days in the LAST 4 WEEKS have you stayed away from your work (or school, or place of study)?**

\_\_\_\_\_ (paid sick leave) (1)

\_\_\_\_\_ days (unpaid sick leave) (2)

**Q169 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 (1)
- Yes, currently (2)
- Yes, previously in this workplace (3)
- Yes, previously in another workplace (4)
- Cannot say (5)

**Q354 How often have any of the following occurred to you in your workplace over the PAST 6 MONTHS. Choose the response closest to your experiences.**

	Never (1)	A few times (2)	Sometimes (3)	Often (4)
Persistent attempts to belittle and undermine your work (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistent unjustified criticism and monitoring of your work (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistent attempts to humiliate you in front of colleagues (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Destructive innuendo and sarcasm (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal threats to you (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threats of physical violence to you (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threats of violence to your property (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Withholding necessary information from you (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being ignored or excluded (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unreasonable pressure to produce work (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setting of impossible deadlines (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shifting of goalposts without telling you (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constant undervaluing of your efforts (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistent attempt to demoralise you (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undermining your personal integrity (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q355 Please select the one answer that best describes your job or the way you deal with problems occurring at work.

	Often (1)	Sometimes (2)	Seldom (3)	Never / Almost never (4)
Do you get consistent information from your manager / supervisor? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you get sufficient information from your manager / supervisor? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ever get praised for your work? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q335 **Have you experienced a work-related injury or illness in the PAST 12 MONTHS?**

- Yes (1)     No (2)

*If 'No' go to Q174*

Q336 **What was your most recent work-related injury or illness?**

- Fracture (1)
- Chronic joint or muscle condition (2)
- Sprain/strain (3)
- Cut/open wound (4)
- Crushing injury/internal organ damage (5)
- Superficial injury (6)
- Stress or other mental condition (7)
- Burns (8)
- Other (9)

Q174 **Have you ever been involved with mixing, applying or loading any pesticides, herbicides, weed killers, fumigants or fungicides?**

- Yes (1)     No (2)     Don't know (3)

**Q175 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 (1)	Agree (2)	Disagree (3)	Strongly disagree (4)
There is really no way I can solve some of the problems I have. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel that I'm being pushed around in life. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have little control over the things that happen to me. (3)	<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. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel helpless in dealing with the problems of life. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What happens to me in the future mostly depends on me. (6)	<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. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q177 In the following six questions please indicate how you have felt and conducted yourself over the PAST 6 MONTHS.**

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have difficulty getting things in order when you have to do a task that requires organisation? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have problems remembering appointments or obligations? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you have a task that requires a lot of thought, how often do you avoid or delay getting started? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel overly active and compelled to do things, like you were driven by a motor? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q178 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 (1)	Somewhat false for me (2)	Somewhat true for me (3)	Very true for me (4)
A person's family is the most important thing in life. (1)	<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. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I go out of my way to get things I want. (3)	<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. (4)	<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. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How I dress is important to me. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get something I want, I feel excited and energised. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criticism or scolding hurts me quite a bit. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want something I usually go all-out to get it. (9)	<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. (10)	<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. (11)	<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. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q180

	Very false for me (1)	Somewhat false for me (2)	Somewhat true for me (3)	Very true for me (4)
I feel pretty worried or upset when I think or know somebody is angry at me. (1)	<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. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often act on the spur of the moment. (3)	<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'. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often wonder why people act the way they do. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When good things happen to me, it affects me strongly. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worried when I think I have done poorly at something important. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I crave excitement and new sensations. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I go after something, I use a 'no holds barred' approach. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have very few fears compared to my friends. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would excite me to win a contest. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about making mistakes. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q181 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 (1)	Rarely true (2)	Sometimes true (3)	Often true (4)	True nearly all the time (5)
I am able to adapt when changes occur (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have at least one close and secure relationship which helps me when I'm stressed. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When there are no clear solutions to my problems, sometimes fate or God can help. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can deal with whatever comes my way. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past successes give me confidence in dealing with new challenges and difficulties (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to see the humorous side of things when I am faced with problems. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to cope with stress can make me stronger. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to bounce back after illness, injury, or other hardships. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good or bad, I believe that most things happen for a reason (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I give my best effort, no matter what the outcome may be. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can achieve my goals, even if there are obstacles. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even when things look hopeless, I don't give up. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During times of stress/crisis, I know where to turn for help. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under pressure, I stay focussed and think clearly. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to take the lead in solving problems, rather than letting others make all the decisions. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am not easily discouraged by failure. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think of myself as a strong person when dealing with life's challenges and difficulties. (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can make unpopular or difficult decisions that affect other people, if it is necessary. (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to handle unpleasant or painful feelings like sadness, fear and anger. (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In dealing with life's problems, sometimes you have to act on a hunch, without knowing why. (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a strong sense of purpose in life. (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel in control of my life. (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like challenges. (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I work to attain my goals, no matter what roadblocks I encounter along the way. (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take pride in my achievements (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q182 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 (1)
- Disagree (2)
- Slightly disagree (3)
- Neither agree or disagree (4)
- Slightly agree (5)
- Agree (6)
- Strongly agree (7)

**Q183 The conditions of my life are excellent.**

- Strongly disagree (1)
- Disagree (2)
- Slightly disagree (3)
- Neither agree or disagree (4)
- Slightly agree (5)
- Agree (6)
- Strongly agree (7)

**Q184 I am satisfied with my life.**

- Strongly disagree (1)
- Disagree (2)
- Slightly disagree (3)
- Neither agree or disagree (4)
- Slightly agree (5)
- Agree (6)
- Strongly agree (7)

**Q185 So far, I have gotten the important things I want in life.**

- Strongly disagree (1)
- Disagree (2)
- Slightly disagree (3)
- Neither agree or disagree (4)
- Slightly agree (5)
- Agree (6)
- Strongly agree (7)

**Q186 If I could live my life over, I would change almost nothing.**

- Strongly disagree (1)
- Disagree (2)
- Slightly disagree (3)
- Neither agree or disagree (4)
- Slightly agree (5)
- Agree (6)
- Strongly agree (7)



**Q187** The following questions relate to your expectations about ageing. If you are not sure, go ahead and check the box that you think BEST corresponds with your feelings.

	Definitely true (1)	Somewhat true (2)	Somewhat false (3)	definitely false (4)
When people get older, they need to lower their expectations of how healthy they can be (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The human body is like a car: when it gets old, it gets worn out (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having more aches and pains is an accepted part of aging (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Every year that people age, their energy levels go down a little more (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect that as I get older I will spend less time with friends and family (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being lonely is just something that happens when people get old (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people get older they worry more (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's normal to be depressed when you are old (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect that as I get older I will become more forgetful (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It an accepted part of aging to have trouble remembering names (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetfulness is a natural occurrence just from growing old (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is impossible to escape the mental slowness that happens with aging (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q188 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 (1)       No (2)

*If 'No' go to Q191*

**Q189 Were you admitted to hospital for a physical illness or injury?**

- Yes (1)       No (2)

**Q190 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 (1)       No (2)

**Q191 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 (1)	No (2)
General practitioner (1)	<input type="radio"/>	<input type="radio"/>
Psychiatrist (2)	<input type="radio"/>	<input type="radio"/>
Psychologist (3)	<input type="radio"/>	<input type="radio"/>
Mental health nurse (4)	<input type="radio"/>	<input type="radio"/>
Other professional providing specialist mental health services including social worker, counsellor, occupational therapist (5)	<input type="radio"/>	<input type="radio"/>
Complementary/alternative therapist such as herbalist or naturopath (6)	<input type="radio"/>	<input type="radio"/>

**Q192 In the PAST 12 MONTHS did you use the internet to get help or information for problems with your mental health?**

- Yes (1)       No (2)

**Q193 In the PAST 12 MONTHS did you use a telephone counselling service (such as Lifeline) for problems with your mental health?**

- Yes (1)     No (2)

*If 'No' to Q190 (or skipped) AND 'No' to visiting all therapists in 191 go to Q201*

**Q194 Considering your mental health care in the PAST 12 MONTHS, which of the following forms of help did you receive?**

	Yes (1)	No (2)
<u>Information</u> about mental health and emotional problems, its treatment, and available services (1)	<input type="radio"/>	<input type="radio"/>
<u>Medicine</u> or tablets (2)	<input type="radio"/>	<input type="radio"/>
<u>Counselling</u> including psychotherapy, cognitive behaviour therapy or help to talk through your problems (3)	<input type="radio"/>	<input type="radio"/>

*If 'No' to receiving information about mental illness go to Q196*

**Q195 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 (1)     No (2)

*If 'Yes' to receiving information about mental illness go to Q197*

**Q196 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 (1)     No (2)

*If 'No' to receiving medicine for mental illness go to Q198*

**Q197 You mentioned you received medicine or tablets: Do you think you got as much of this kind of help as you needed?**

- Yes (1)     No (2)

*If 'Yes' to receiving medicine for mental illness go to Q199*

**Q198 You mentioned you did not receive medicine or tablets: Do you think you needed this type of help?**

- Yes (1)     No (2)

*If 'No' to receiving counselling for mental illness go to Q200*

**Q199 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 (1)     No (2)

*If 'Yes' to receiving counselling for mental illness go to Q201*

**Q200 You mentioned you did not receive counselling or a talking therapy: Do you think you needed this type of help?**

Yes (1)     No (2)

*If you have received any help for a mental health problem from a health professional or hospital over last 12 months go to Q205*

**Q201 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 (1)     No (2)

*If 'No' go to Q206*

**Q202 Do you think you needed information about mental health and emotional problems, its treatment, and available services?**

Yes (1)     No (2)

**Q203 Do you think you needed medicine or tablets?**

Yes (1)     No (2)

**Q204 Do you think you needed counselling including psychotherapy, cognitive behaviour therapy or help to talk through your problems?**

Yes (1)     No (2)

**Q205 Which is the main reason that you didn't need any help?**

- I didn't have any serious problems with my mental health (1)
- I preferred to manage myself (2)
- I didn't think anything could help (3)
- I didn't know where to get help (4)
- I was afraid to ask for help or what other people would think of me (5)
- I couldn't afford the money (6)
- I asked but didn't get the help (7)
- I got help from another source (8)

**Q206 In the LAST MONTH have you taken or used any medications (including herbal remedies) for:**

- Anxiety (1)
- depression (2)
- Both Anxiety and depression (3)
- Neither (4)

*If 'No' to taking medication for anxiety and/or depression go to Q213*

**Q208 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: (see over page)**

- Alapam (1)
  - Allegron (2)
  - Alprax (3)
  - Alprazolam (4)
  - Amira (5)
  - Anafranil (6)
  - Antenex (7)
  - Aropax (8)
  - Ativan (9)
  - Aurorix (10)
  - Auscap (11)
  - Avanza (12)
  - Axit (13)
  - Buspar (14)
  - Celapram (15)
  - Celica (16)
  - Ciazil (17)
  - Cipramil (18)
  - Citalobell (19)
  - Clomipramine (20)
  - Clobemix (21)
  - Concorz (22)
  - Cymbalta (23)
  - Deptran (24)
  - Diazepam (25)
  - Dothep (26)
  - Ducene (27)
  - Edronax (28)
  - Efexor (29)
  - Eleva (30)
  - Endep (31)
  - Escitalopram (32)
  - Esipram (33)
  - Esitalo (34)
  - Extine (35)
  - Faverin (36)
  - Fluohexal (37)
  - Fluoxebell (38)
  - Frisium (39)
  - Hypericum / St John's Wort (40)
  - Kalma (41)
  - Kava (42)
  - Lexam (43)
  - Lexapro (44)
  - Lexotan (45)
  - Lovan (46)
  - Loxalate (47)
  - Lumin (48)
  - Luvox (49)
  - Magnesium supplements (50)
  - Maosig (51)
  - Mirtrazapine (52)
  - Mirtazon (53)
  - Moclobemide (54)
  - Mohexal (55)
  - Movox (56)
  - Nardil (57)
  - Nervatona (58)
  - Parnate (59)
  - Paroxetine (60)
  - Paxtine (61)
  - Placil (62)
  - Pristiq (63)
  - Prothiaden (64)
  - Prozac (65)
  - Ranzepam (66)
  - Remeron (67)
  - Rescue remedy (68)
  - Risperdal (69)
  - Serapax (70)
  - Seroquel (71)
  - Sertra (72)
  - Sertraline (73)
  - Setrona (74)
  - Sinequan (75)
  - Surmontil (76)
  - Talam (77)
  - Talohexal (78)
  - Tofranil (79)
  - Tolerade (80)
  - Tolvon (81)
  - Valdoxan (82)
  - Valium (83)
  - Vitamin B complex (84)
  - Xanax (85)
  - Zactin (86)
  - Zoloft (87)
  - Zyprexa (88)
  - OTHER (89)
-

**Q209 How often do you usually take medications for anxiety or depression?**

- Every day (6-7 days per week) (1)
- Most days (4-5 days per week) (2)
- 1-3 days per week (3)
- Less than once a week (4)

*If 'less than once a week' go to Q213*

**Q210 For how long have you taken medications for anxiety or depression this regularly?**

- Less than one month (1)
- 1 month to less than 3 months (2)
- 3 months to less than 6 months (3)
- 6 months or more (4)

**Q213 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 (1)      \_\_\_\_\_ Minutes (2)

**Q216 During the PAST MONTH, how long (in minutes) has it taken you to fall asleep each night? (Enter 888 if don't know).**

\_\_\_\_\_

**Q214 During the PAST MONTH, what time have you usually got up in the morning? (Enter 88 if don't know).**

\_\_\_\_\_ Hours (1)      \_\_\_\_\_ Minutes (2)

**Q215 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 (1)      \_\_\_\_\_ Minutes (2)

**Q217 Please rate the current (LAST TWO WEEKS) severity of the following problems. Please choose the appropriate response for each item:**

	None (1)	Mild (2)	Moderate (3)	Severe (4)	Very severe (5)
Difficulty falling asleep (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty staying asleep (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems waking up too early (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q218 On the overall, do you think that you suffer from insomnia or sleep problems?**

- Yes (1)     No (2)

*If 'No' go to Q223*

**Q219 How satisfied / dissatisfied are you with your current sleep pattern?**

- Very satisfied (1)  
 Satisfied (2)  
 Moderately satisfied (3)  
 Dissatisfied (4)  
 Very dissatisfied (5)

**Q220 How noticeable to others do you think your sleep problem is in terms of your quality of life?**

- Not at all noticeable (1)  
 A little (2)  
 Somewhat (3)  
 Much (4)  
 Very much noticeable (5)

**Q221 How worried/distressed are you about your current sleep problem?**

- Not at all worried (1)  
 A little (2)  
 Somewhat (3)  
 Much (4)  
 Very much worried (5)



**Q222 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 (1)
- A little (2)
- Somewhat (3)
- Much (4)
- Very much interfering (5)

**Q223 How often do you have nightmares?**

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

**Q224 In the LAST MONTH have you taken or used any pills or medications (including herbal remedies) to help you sleep?**

- Yes (1)
- No (2)

*If 'No' go to Q229*

**Q225 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: (See over page)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> • Aloderm (1)                    | <input type="checkbox"/> • Imrest (12)                          | <input type="checkbox"/> • Stildem (23)          |
| <input type="checkbox"/> • Camomile or sleepytime tea (2) | <input type="checkbox"/> • Magnesium / calcium supplements (13) | <input type="checkbox"/> • Stilnox (24)          |
| <input type="checkbox"/> • Chloral hydrate (3)            | <input type="checkbox"/> • Midazolam (14)                       | <input type="checkbox"/> • Temaze (25)           |
| <input type="checkbox"/> • Circasin (4)                   | <input type="checkbox"/> • Mogadon (15)                         | <input type="checkbox"/> • Temtabs (26)          |
| <input type="checkbox"/> • Complete sleep (5)             | <input type="checkbox"/> • Nervatona (16)                       | <input type="checkbox"/> • Unisom Sleepgels (27) |
| <input type="checkbox"/> • Dormizol (6)                   | <input type="checkbox"/> • Normison (17)                        | <input type="checkbox"/> • Valerian (28)         |
| <input type="checkbox"/> • Dozile (7)                     | <input type="checkbox"/> • Precedex (18)                        | <input type="checkbox"/> • Zolpibell (29)        |
| <input type="checkbox"/> • Halcion (8)                    | <input type="checkbox"/> • Restavit (19)                        | <input type="checkbox"/> • Zolpidem (30)         |
| <input type="checkbox"/> • Hypnodorm (9)                  | <input type="checkbox"/> • Restful sleep (20)                   | <input type="checkbox"/> • OTHER (31)            |
| <input type="checkbox"/> • Hypnovel (10)                  | <input type="checkbox"/> • Snuzaid (21)                         |  |
| <input type="checkbox"/> • Imovane (11)                   | <input type="checkbox"/> • Somidem (22)                         |  |
- 

**Q226 How often do you usually take sleeping pills or medications?**

- Every day (6-7 days per week) (1)
- Most days (4-5 days per week) (2)
- 1-3 days per week (3)
- Less than once a week (4)

*If Less than once a week go to Q229*

**Q227 For how long have you taken sleeping pills or medications this regularly?**

- Less than one month (1)
- 1 month to less than 3 months (2)
- 3 months to less than 6 months (3)
- 6 months or more (4)

**Q229 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 (1)
- 5 - 6 days (2)
- 3 - 4 days (3)
- 1 - 2 (4)
- No days (5)

*If 'No days' go to Q232*

**Q230 For how long did the pain typically last?**

- 0 to 1 hour (1)
- 1 to 2 hours (2)
- 2 to 3 hours (3)
- Half the day (4)
- All day (5)

**Q231 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)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 (7)
- 7 (8)
- 8 (9)
- 9 (10)
- 10 - Severe pain (11)

**Q232 In the LAST MONTH have you taken or used any pain relievers such as aspirin, codeine, panadol or herbal remedies?**

- Yes (1)
- No (2)

*If 'No' go to Q236*

**Q233 What are the names of the pain relievers you took in the last month? (Listed alphabetically down columns). Please choose all that apply: (See over page)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> • Alka-Seltzer (1)                                | <input type="checkbox"/> • Disprin (22)                         | <input type="checkbox"/> Panadol osteo (45)             |
| <input type="checkbox"/> • Aspalgin (2)                                    | <input type="checkbox"/> • Disprin Forte (23)                   | <input type="checkbox"/> • Panafen plus (46)            |
| <input type="checkbox"/> • Aspirin (3)                                     | <input type="checkbox"/> • Dolaforte (24)                       | <input type="checkbox"/> • Panalgesic (47)              |
| <input type="checkbox"/> • Aspro (4)                                       | <input type="checkbox"/> • Doloxene (25)                        | <input type="checkbox"/> • Panama (48)                  |
| <input type="checkbox"/> • Capadex (5)                                     | <input type="checkbox"/> • Duatrol (26)                         | <input type="checkbox"/> • Paracetamol (any brand) (49) |
| <input type="checkbox"/> Celebrex (6)                                      | <input type="checkbox"/> • Durotram (27)                        | <input type="checkbox"/> • Paradex (50)                 |
| <input type="checkbox"/> • Chemist's Own Dolased analgesic/pain relief (7) | <input type="checkbox"/> • Dymadon (28)                         | <input type="checkbox"/> • Paralgin (51)                |
| <input type="checkbox"/> • Chemist's Own Ibuprofin + codeine (8)           | <input type="checkbox"/> • Ecotrin (29)                         | <input type="checkbox"/> • Parmol (52)                  |
| <input type="checkbox"/> • Chemist's Own Pain tablets/tabsules (9)         | <input type="checkbox"/> • Endone (30)                          | <input type="checkbox"/> • Perfalgan (53)               |
| <input type="checkbox"/> • Codalgin (10)                                   | <input type="checkbox"/> • Febridol (31)                        | <input type="checkbox"/> • Prodeine (54)                |
| <input type="checkbox"/> • Codalgin forte (11)                             | <input type="checkbox"/> • Febridol Plus (32)                   | <input type="checkbox"/> • Proladone (55)               |
| <input type="checkbox"/> • Codapane (12)                                   | <input type="checkbox"/> • Fiorinal (33)                        | <input type="checkbox"/> • ProVen plus (56)             |
| <input type="checkbox"/> • Codapane forte (13)                             | <input type="checkbox"/> • Lodam (34)                           | <input type="checkbox"/> • Solprin (57)                 |
| <input type="checkbox"/> • Codeine (14)                                    | <input type="checkbox"/> • Lyrica (35)                          | <input type="checkbox"/> • Tensodeine (58)              |
| <input type="checkbox"/> • Codiphen (15)                                   | <input type="checkbox"/> • Maxydol (36)                         | <input type="checkbox"/> • Tramadol (59)                |
| <input type="checkbox"/> • Codis (16)                                      | <input type="checkbox"/> • Mersyndol (37)                       | <input type="checkbox"/> • Tramahexal (60)              |
| <input type="checkbox"/> • Codox (17)                                      | <input type="checkbox"/> • Mersyndol forte (38)                 | <input type="checkbox"/> • Tramal (61)                  |
| <input type="checkbox"/> • Codral pain relief (18)                         | <input type="checkbox"/> • Nurophen plus (39)                   | <input type="checkbox"/> • Tramedo (62)                 |
| <input type="checkbox"/> • Codral forte (19)                               | <input type="checkbox"/> • Painstop night time pain relief (40) | <input type="checkbox"/> • Veganin (63)                 |
| <input type="checkbox"/> • Comfarol forte (20)                             | <input type="checkbox"/> • Panadeine (41)                       | <input type="checkbox"/> • Zydol (64)                   |
| <input type="checkbox"/> • Di-gesic (21)                                   | <input type="checkbox"/> • Panadeine forte (42)                 | <input type="checkbox"/> • OTHER (65)                   |
|  | <input type="checkbox"/> • Panadol (43)                         |   |
|  | <input type="checkbox"/> • Panadol extra (44)                   |   |

**Q234 How often do you usually take pain relievers?**

- Every day (6-7 days per week) (1)
- Most days (4-5 days per week) (2)
- 1-3 days per week (3)
- Less than once a week (4)

*If 'Less than once a week' go to Q236*

**Q235 For how long have you taken pain relievers this regularly?**

- Less than one month (1)
- 1 month to less than 3 months (2)
- 3 months to less than 6 months (3)
- 6 months or more (4)

**Q236 Have you had any HEAD INJURIES since your last interview?**

- Yes (1)
- No (2)

*If 'No' go to Q249*

**Q237 As a result of a head injury since your last interview:**

	Yes (1)	No (2)
did you visit a hospital emergency department? (1)	<input type="radio"/>	<input type="radio"/>
were you admitted to hospital? (2)	<input type="radio"/>	<input type="radio"/>
did you seek medical assistance from a General Practitioner for a head injury? (3)	<input type="radio"/>	<input type="radio"/>

**Q238 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 (1)
- No (2)
- Don't know (3)

*If 'No' go to Q249*

**Q239 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 Q242*

**Q240 How old were you when you had the FIRST head injury since your last interview?**

\_\_\_\_\_

**Q241 How old were you when you had the LAST head injury?**

\_\_\_\_\_

*If MORE than one injury go to Q243*

**Q242 How old were you when you had this injury?**

\_\_\_\_\_

**Q243 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 (1)
- Sport (2)
- Assault (3)
- Fall (4)
- Other (5)
- Don't know (6)

**Q244 Is there a period after the injury that you cannot remember at all?**

- Yes (1)
- No (2)
- Not sure (3)

*If 'No go to Q246 (below)*

**Q247 How long was that period?**

- Less than 1 hour (1)
- About 1 hour (2)
- Up to 1 day (3)
- Up to 1 week (4)
- More than 1 week (5)
- No idea (6)

**Q246 Did you lose consciousness following the head injury?**

- Yes (1)
- No (2)
- Not sure (3)

*If 'No go to Q249*

**Q248 For how long did you lose consciousness?**

- Less than 15 minutes (1)
- About 15 minutes (2)
- Up to 1 hour (3)
- Up to 1 day (4)
- More than 1 day (5)
- No idea (6)

**Q249 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 \_\_\_\_\_ pounds

**Q250 Here is a list of medical problems. Have you been told by your doctor that you suffer from any of the following?**

	Yes (1)	No (2)
Epilepsy (1)	<input type="radio"/>	<input type="radio"/>
Asthma (2)	<input type="radio"/>	<input type="radio"/>
Chronic bronchitis (3)	<input type="radio"/>	<input type="radio"/>
Emphysema (4)	<input type="radio"/>	<input type="radio"/>
Diabetes (5)	<input type="radio"/>	<input type="radio"/>

*If 'No' to diabetes go to Q253*

**Q251 What type of diabetes do you have?**

- Type I (or juvenile diabetes) (1)
- Type II diabetes (2)
- Other (eg gestational diabetes) (3)
- Don't know (4)

**Q252 What treatment do you use to control your diabetes?**

	Yes (1)	No (2)
Diet and exercise (1)	<input type="radio"/>	<input type="radio"/>
Tablets (2)	<input type="radio"/>	<input type="radio"/>
Insulin (3)	<input type="radio"/>	<input type="radio"/>

**Q253 Do you suffer from a thyroid disorder?**

- Yes (1)     No (2)

*If 'No' go to Q255*

**Q254 Were you told whether your thyroid disorder is due to:**

- Increased function (1)  
 reduced function (2)  
 Don't know (3)

**Q255 Do you suffer from arthritis?**

- Yes (1)     No (2)

*If 'No' go to Q257*

**Q256 Which of the following types of arthritis were you told you suffer from?**

- Osteoarthritis (1)  
 Rheumatoid arthritis (2)  
 Gout (3)  
 Other (enter below) (4) \_\_\_\_\_  
 Don't know (5)

**Q257 Do you suffer from Parkinson's Disease?**

- Yes (1)     No (2)

**Q258 Since your last interview have you suffered a heart problem that led to hospital admission, hospital emergency contact or consultation with a specialist?**

- Yes (1)     No (2)     Don't know (3)

**Q259 Since your last interview, have you been told by your doctor that you suffer from a heart problem?**

- Yes (1)     No (2)     Don't know (3)

*If 'No' or 'Don't know' go to Q261*



**Q260 Were you told that your heart problem was a:**

	Yes (1)	No (2)
myocardial infarction or heart attack? (1)	<input type="radio"/>	<input type="radio"/>
angina (2)	<input type="radio"/>	<input type="radio"/>
heart failure (3)	<input type="radio"/>	<input type="radio"/>
atrial fibrillation (4)	<input type="radio"/>	<input type="radio"/>
Other / Don't know (5)	<input type="radio"/>	<input type="radio"/>

**Q261 Have you had a brain infection since your last interview?**

- Yes (1)     No (2)

**Q262 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 24 hours).**

- Yes (1)     No (2)     Don't know (3)

If 'No' or 'Don't know' go to Q265

**Q263**

	Yes (1)	No (2)
Was the diagnosis of stroke confirmed by a specialist (eg. Neurologist)? (1)	<input type="radio"/>	<input type="radio"/>
Did the event result in hospital admission? (2)	<input type="radio"/>	<input type="radio"/>
Was the stroke associated with bleeding in the brain? (3)	<input type="radio"/>	<input type="radio"/>

**Q264 When was the stroke (year)? (enter 9999 if unknown) \_\_\_\_\_**

**Q265 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 (1)     No (2)     Don't know (3)

If 'No' or 'Don't know' go to Q267

Q266

	Yes (1)	No (2)
Was the diagnosis of TIA or 'mini-stroke' confirmed by a specialist (eg. Neurologist)? (1)	<input type="radio"/>	<input type="radio"/>
Did the event result in hospital admission? (2)	<input type="radio"/>	<input type="radio"/>

**Q267 Has your doctor told you that you suffer from high blood pressure?**

- Yes (1)     No (2)     Uncertain (3)

*If 'No' or 'uncertain' go to Q260*

**Q268 Are you currently taking any tablets for high blood pressure?**

- Yes (1)     No (2)

**Q269 Has a doctor ever told you that you have high cholesterol?**

- Yes (1)     No (2)

**Q270 Have you ever been diagnosed with cancer or leukemia?**

- No (1)  
 Yes, cancer (2)  
 Yes, leukaemia (3)  
 Yes, both (4)  
 Don't know (5)

*If 'No' to either cancer or leukaemia go to Q274*

**Q271 Have you had any of the following treatments for cancer?**

- Surgery (1)  
 Chemotherapy (2)  
 Radiation (3)  
 Other (4)  
 Don't know (5)

*If NO chemotherapy go to Q273*

**Q272 In what year did you last have chemotherapy?** If more than one year enter year when you had most of the chemotherapy. ( Enter 9999 if don't know)

---

*If NO radiation go to Q274*

**Q273 In what year did you last have radiation?** If more than one year enter year when you had most of the radiation. ( Enter 9999 if don't know)

---

**Q274 Have you ever been diagnosed with any other chronic or serious disabling illness? If “yes” please briefly describe.**

**Q349 Did / does your natural or biological mother have a problem with memory loss, confusion, dementia, or hardening of the arteries?**

Yes (1)     No (2)     Don't know (3)

**Q350 Did / does your natural or biological father have a problem with memory loss, confusion, dementia, or hardening of the arteries?**

Yes (1)     No (2)     Don't know (3)

**Q352 Did / do any of your natural or biological siblings have a problem with memory loss, confusion, dementia, or hardening of the arteries?**

Yes (1)     No (2)     Don't know (3)

**Q275 In the LAST MONTH have you taken any vitamin or mineral supplements?**

Yes (1)     No (2)

*If 'No' go to Q279*

**Q276 What kind of vitamin or mineral was this? (Listed alphabetically down columns) Please choose all that apply.**

- B group vitamins (1)
- Calcium (2)
- Echinachea (3)
- Evening primrose oil or starflower oil (4)
- Fish oil (5)
- Folate (6)
- Glucosamine (7)
- Iron (8)
- Multivitamins (9)
- Vitamin C (10)
- Vitamin D (11)
- Vitamin E (12)
- OTHER (13) \_\_\_\_\_

**Q277 How often do you usually take vitamins or minerals?**

- Every day (6-7 days per week) (1)
- Most days (4-5 days per week) (2)
- 1-3 days per week (3)
- Less than once a week (4)

*If 'Less than once a week' go to Q279*

**Q278 For how long have you taken vitamins or minerals regularly?**

- Less than one month (1)
- 1 month to less than 3 months (2)
- 3 months to less than 6 months (3)
- 6 months or more (4)

**Q279 In the last month have you taken or used any medications (including herbal remedies) to lower your cholesterol?**

- Yes (1)
- No (2)

**Q358 Do you take omega 3 supplements?**

- Yes, I take Fish oils (1)
- Yes, I take omega 3 supplements that are not fish oils (eg. Flaxseed, hemp) (2)
- No, I do not take omega 3 supplements. (3)

**Q280 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 (1)
- No (2)

*If 'NO' go to Q 282*

**Q281 What types of medication did you take or use?** (Excluding contraception and hormone replacement therapy).

*If MALE go to Q285*

**Q282 We would like to know more about your periods and menopause. Which of the following best describes you?**

- I am still having regular periods. (1)
- My periods are irregular and I think it might be due to menopause. (2)
- My periods have stopped entirely due to a hysterectomy (3)
- My periods have stopped entirely due to menopause. (4)
- My periods have stopped entirely due to another reason (5)
- Other (e.g. using medication/injections that have stopped you having a period for a certain time, pregnancy) (6)

**Q283 Have you ever had hormone replacement therapy (HRT)?**

- Yes (1)
- No (2)

**Q285 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 (1)	Once or twice a week (2)	About 1-3 times a month (3)	Never/hardly ever (4)
Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework). (1)	<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). (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing). (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q286 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)**

	Hours (1)	Minutes (2)
Mildly energetic (e.g. walking, weeding) (1)		
Moderately energetic (e.g. dancing, cycling) (2)		
Vigorous (e.g. running, squash) (3)		

**Q287 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 '0' go to Q293*

**Q289 What do you estimate was the total time that you spent walking in this way in the LAST WEEK?**

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

**Q293 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 '0' go to Q294*

**Q290 What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the LAST WEEK?**

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

**Q294 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 '0' go to Q295*

**Q291 What do you estimate was the total time that you spent doing this vigorous physical activity in the LAST WEEK?**

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

**Q295 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 '0' go to Q331*

**Q292 What do you estimate was the total time that you spent doing these activities in the LAST WEEK?**

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

**Q331 Now think about all of the time you spend sitting during each day while at home, at work, while getting from place to place or during your spare time. This may include time spent visiting friends, driving, reading, watching television, or working at a desk or computer? How many hours do you spend sitting on a usual week day (work and leisure together)?**

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

**Q332 How many of these hours (in Question above) on a usual week day do you spend sitting at work only?**

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

**Q333 How many hours do you spend sitting on a usual weekend day?**

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

**Q296 Please indicate whether you have undertaken any of the following activities in the LAST 6 MONTHS.**

	Not at all (1)	Once or twice (2)	4 or 5 times (3)	6 or more times (4)
Read scientific books or magazines (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read about special subjects on my own (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solved maths or chess puzzles (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done troubleshooting of software packages on a PC (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sketched, drawn or painted (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practised a musical instrument (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone to recitals, concerts, or musicals (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read literature (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended religious services (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in club activities (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped others with their personal problems (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked as a volunteer (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussed politics (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influenced others (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been on the committee of a group (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Led a group in accomplishing some goal (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Q297 Do you play (or have you ever played) a musical instrument?**

- Yes (1)     No (2)

*If '0' go to Q302*

**Q298 At what age did you first start regularly learning to play a musical instrument?**

\_\_\_\_\_

**Q299 Which instruments did/do you play?** \_\_\_\_\_

**Q300 For how many years have you played any musical instrument?** \_\_\_\_\_

**Q301 On average, in the years you played a musical instrument, how much would you have practiced?**

- 1 hour per month or less (1)
- 1 hour per week (2)
- 1 - 7 hours per week (3)
- More than an hour per day (4)

**Q302 About how much time do you spend reading each day, including online?**

- None (1)
- Less than one hour (2)
- One to less than two hours (3)
- Two to less than three hours (4)
- Three or more hours (5)
- Don't know (6)

**Q303 Thinking of the LAST YEAR, how often do you read newspapers, including online?**

- Every day or almost every day (1)
- Several times a week (2)
- Several times a month (3)
- Several times a year (4)
- Once a year or less (5)
- Don't know (6)

**Q304 During the PAST YEAR, how often did you read magazines, including online?**

- Every day or almost every day (1)
- Several times a week (2)
- Several times a month (3)
- Several times a year (4)
- Once a year or less (5)
- Don't know (6)

**Q305 During the PAST YEAR, how often did you read books?**

- Every day or almost every day (1)
- Several times a week (2)
- Several times a month (3)
- Several times a year (4)
- Once a year or less (5)
- Don't know (6)

**Q306 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 (1)
- Several times a week (2)
- Several times a month (3)
- Several times a year (4)
- Once a year or less (5)
- Don't know (6)

**Q307 During the PAST YEAR, how often did you write letters or emails?**

- Every day or almost every day (1)
- Several times a week (2)
- Several times a month (3)
- Several times a year (4)
- Once a year or less (5)
- Don't know (6)

**Q309 During the PAST YEAR, how often did you involve in online social network activities like facebook/ twitter?**

- Every day or almost every day (1)
- Several times a week (2)
- Several times a month (3)
- Several times a year (4)
- Once a year or less (5)
- Don't know (6)

**Q308 In LAST 10 YEARS, did you ever keep a diary, journal or blog?**

- Yes (1)
- No (2)
- Don't know (3)

*If '0' go to Q311*

**Q310 For how many years did you do this? \_\_\_\_\_**

**Q311 In the LAST 10 YEARS, how many times did you visit a museum?**

- Never (1)
- 1-2 times (2)
- 3-9 times (3)
- 10-19 times (4)
- More than 20 times (5)
- Don't know (6)

**Q312 In the LAST 10 YEARS, how many times did you attend a concert, play, or musical?**

- Never (1)
- 1-2 times (2)
- 3-9 times (3)
- 10-19 times (4)
- More than 20 times (5)
- Don't know (6)

**Q313 In the LAST 10 YEARS, how often did you visit a library or use an online library service?**

- Every day or almost every day (1)
- Several times a week (2)
- Several times a month (3)
- Several times a year (4)
- Once a year or less (5)
- Don't know (6)

**Q314 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 (1)
- 2-3 serves (2)
- 4-5 serves (3)
- 6 serves or more (4)
- Don't eat vegetables (5)

**Q315 How many serves of fruit do you usually eat each day?**

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

**Q316 How often do you drink fruit juices such as orange, grapefruit or tomato? (Answer one choice only)**

- \_\_\_\_\_ Per day (1)
- \_\_\_\_\_ Per week (if less than daily) (2)
- \_\_\_\_\_ Per month if less than weekly) (3)
- \_\_\_\_\_ Rarely or never (enter 1 in box) (4)

**Q317 Not including juice, how often do you eat fruit? (Answer one choice only)**

- \_\_\_\_\_ Per day (1)
- \_\_\_\_\_ Per week (if less than daily) (2)
- \_\_\_\_\_ Per month if less than weekly) (3)
- \_\_\_\_\_ Rarely or never (enter 1 in box) (4)

**Q318 How often do you eat chips, french fries, wedges, fried potatoes or crisps? (Answer one choice only)**

- \_\_\_\_\_ Per day (1)
- \_\_\_\_\_ Per week (if less than daily) (2)
- \_\_\_\_\_ Per month if less than weekly) (3)
- \_\_\_\_\_ Rarely or never (enter 1 in box) (4)

**Q319 How often do you eat potatoes? (Answer one choice only)**

- \_\_\_\_\_ Per day (1)
- \_\_\_\_\_ Per week (if less than daily) (2)
- \_\_\_\_\_ Per month if less than weekly) (3)
- \_\_\_\_\_ Rarely or never (enter 1 in box) (4)

**Q320 How often do you eat salad? (Salad includes mixed green salad and other mixtures of raw vegetables.)(Answer one choice only)**

- \_\_\_\_\_ Per day (1)
- \_\_\_\_\_ Per week (if less than daily) (2)
- \_\_\_\_\_ Per month if less than weekly) (3)
- \_\_\_\_\_ Rarely or never (enter 1 in box) (4)

**Q321 Not counting potatoes and salad, how often do you eat cooked vegetables? (Answer one choice only)**

- \_\_\_\_\_ Per day (1)
- \_\_\_\_\_ Per week (if less than daily) (2)
- \_\_\_\_\_ Per month if less than weekly) (3)
- \_\_\_\_\_ Rarely or never (enter 1 in box) (4)

**Q342 How often do you eat smoked fish or seafood (such as smoked salmon, oysters, trout or others?)**

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)

**Q343 How often do you eat sushi or sashimi (containing raw fish or seafood including shellfish)?**

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)

**Q344 How often do you eat raw oysters, raw clams or other raw fish (not including raw fish in sushi)?**

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)

**Q345 How often do you eat fish sticks or fried fish (including fried seafood or shellfish)?**

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)

**Q346 How often do you eat all other fish or seafood (including shellfish) that was not fried, smoked, or raw?**

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)