

**Centre for Mental Health Research**  
**The PATH Through Life Questionnaire**  
*60+ Wave 2 - 2005*

Respondent's ID:

**Q1. Could you please tell me your current age in years**

- Q2. Are you currently in a relationship with someone?**
- 1.  Yes, living with the person you are married to
  - 2.  Yes, living with a partner (but not married to them)
  - 3.  Yes, in a relationship with someone but not living with them
  - 4.  No, not in a relationship with anyone

- Q3. What is your current marital status?**
- 1.  Married-first and only marriage
  - 2.  Remarried-second or later marriage
  - 3.  Separated from someone you have been married to
  - 4.  Divorced
  - 5.  Widowed
  - 6.  Have never married

**Q4. How many times have you been married or lived in a de facto relationship? Also, only include past relationships that lasted for 6 months or more.**

*If Q2=1 or 2 + Q4=1 go to Q6*

*If Q4=0 go to Q7*

**Q5. How long have you been separated from your (previous) partner?**

years       months

**Q6. How long have you been living with your current partner?**

years       months

**Q7. I am now going to ask you some questions about your education. What is the highest level of schooling you have completed?**

- 1.  Some primary
- 2.  All of primary
- 3.  Some of secondary
- 4.  Three/four years of secondary (intermediate, school certificate level)
- 5.  Five/six years of secondary (leaving, higher school certificate)

**Q8. What is the highest level of post secondary/tertiary education you have completed?**

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

*If Q8=1,2,6,7,8,9 go to Q9.*

**Q8a. How long does that certificate or associate/undergraduate diploma take to complete, studying full time?**

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

**Q9. Are you presently studying for any of the following?**

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

*If Q9=1,2,6,7,8,9 go to Q10*

**Q9a. How long does that other certificate or associate/undergraduate diploma take to complete, studying full time?**

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

**Q9b. Are you studying?** 1.  Full-time 2.  Part-time

**Q10. How would you describe your current employment status?**

- 1.  Employed full-time
- 2.  Employed part-time, looking for full-time work
- 3.  Employed part-time
- 4.  Unemployed, looking for work
- 5.  Not in the labour force

*If Q10=4 go to Q10b*

*If Q10=5 go to Q10c*

**Q10a. What is your job title?** (If more than one job, record title of main job. For public servants, record official designation, eg. ASO3, as well as occupation. For armed service personnel, state rank as well as occupation.)

.....  
**Q10a1. What are your main duties or activities?**  
.....

If Q10=1,2,3 go to Q10e

**Q10b. At any time in the LAST FOUR WEEKS have you looked for a job in any of the ways listed?**

- Written, phoned or applied in person for work**
- Answered a newspaper advertisement for a job**
- Checked factory of Commonwealth Employment Service noticeboards**
- Been registered with any other employment agency**
- Advertised or tendered for work**
- Contacted friends or relatives for work**

1.  No      2.  Yes

If Q10b=1 go to Q10c

**Q10b1 If you had found a job, could you have started last week?**

1.  No      2.  Yes

**Q10c. Have you ever been employed in the past?**      1.  Yes      2.  No

If Q10c=2 go to Q11

**Q10d. What was your last MAIN job title?** For public servants, record official designation, eg. ASO3, as well as occupation. for armed service personnel, state rank as well as occupation.)

.....  
**Q10d1. What were your main duties or activities?**

.....

**Q10e. Are/Were you**

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

If Q10e=4,5 go to Q10h

**Q10f. Which of the following best describes the position you hold/held within your business or organisation?**

- 1.  Managerial position
- 2.  Supervisory position
- 3.  Non-management position

**Q10g. About how many people are/were employed in the entire business, corporation or organisation for which you work?**

1.  1-9      2.  10-24      3.  25+

**Q10h. 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).**

IF Q10=1,2 go to Q11

If Q10=4,5 go to Q10k

**Q10i. Have you previously been employed full-time?** (If 'no' mark 'mostly or always worked part-time...'. If 'yes' say: **Was this:**

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

**Q10j. Is your current part-time work in the same field as your main career job?**

1.  Yes
2.  No

If Q10j=1 go to Q11.

**Q10j1. Which of the following best describes your main career job** (*Show participant Showcard*)

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

If Q10L1=10 go to Q10L1a

Past full-time employment

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If Q10=3 go to Q11

**Q10k. How long is it since you last worked for pay, in any job or business for two weeks or more?**

1.  Less than 3 months
2.  3 months or more but less than 6 months
3.  6 months or more but less than 12 months
4.  12 months or more but less than 2 years
5.  2 years or more but less than 5 years
6.  5 years or more but less than 10 years
7.  10 years or more but less than 20 years
8.  20 years or more
9.  Have never worked for 2 weeks or more

If Q10 = 4 go to Q10m

Q10L. Have you retired from the workforce? 1.  Yes 2.  No

If Q10l=2 go to Q10m

**Q10l1. How old were you when you retired?** \_\_\_\_\_ years

**Q10l2. Were you working part-time in your last job before you retired?**

1.  Yes – part-time
2.  No – full-time

**Q10m. What is the main reason you chose to retire *or* you left your last job?**

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

*If Q10 = 4 go to Q11*

**Q10n. What is your *main* activity if you are not in the work force?**

1.  Home duties or caring for children
2.  Studying
3.  Caring for an aged or disabled person
4.  Recovering from illness
5.  Voluntary work
6.  Other

**Q11. Which of the following best describes your region of birth?**

- |  |   |
|--|---|
| 1. <input type="radio"/> Australia - NSW or ACT          | 2. <input type="radio"/> New Zealand                  |
| 3. <input type="radio"/> Australia – Victoria            | 4. <input type="radio"/> Other Oceania/Pacific Island |
| 5. <input type="radio"/> Australia – QLD                 | 6. <input type="radio"/> Europe or Great Britain      |
| 7. <input type="radio"/> Australia – SA                  | 8. <input type="radio"/> Asia                         |
| 9. <input type="radio"/> Australia - WA, Southern part   | 10. <input type="radio"/> North America               |
| 11. <input type="radio"/> Australia - WA, Northern part  | 12. <input type="radio"/> South America               |
| 13. <input type="radio"/> Australia – Tasmania           | 14. <input type="radio"/> Africa                      |
| 15. <input type="radio"/> Australia - Northern Territory | 16. <input type="radio"/> Other                       |

**Q12. 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 full-term but who may have died.**

1.  Yes                      2.  No

*If Q12=2 go to Q15*

**Q13. How many children do you have who are now living?**

*If Q13=0 go to Q14*

	Child Number						
	1	2	3	4	5	6	7
<b>13a</b> Age of child - Years							
Months(If < 1 year)							
<b>13b</b> Does this child live with you:							
Full-time							
Part-time							
Not at all							
<b>13c</b> Is this child your - natural child							
step child							
adopted child							

other							
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**Q14. How many children have you had who have died?**

*If Q14=0 go to Q15*

**Q14a. How old was this child when they died?**

*(If child less than 12 months enter 00)*

**Q14b. Was this child your natural child, step child or adopted child?**

- 1.  Natural
- 2.  Step
- 3.  Adopted
- 4.  Other

*If male go to Q16*

**Q15. Have you had any miscarriages?** 1.  Yes 2.  No

*If Q15=2 go to Q16*

**Q15A. How many miscarriages have you had?**

**Q15B. What was the year of the last miscarriage?**

**Here is a list of medical problems. Do you have any of the following?**

- 16. Heart trouble 1.  Yes 2.  No
- 17. Cancer 1.  Yes 2.  No
- 18. Arthritis 1.  Yes 2.  No
- 19. Thyroid disorder 1.  Yes 2.  No
- 20. Epilepsy 1.  Yes 2.  No
- 21. Cataracts, glaucoma  
or other eye disease 1.  Yes 2.  No
- 22. Asthma, chronic bronchitis  
or emphysema 1.  Yes 2.  No
- 23. Diabetes 1.  Yes 2.  No

*If Q16=2 go to Q23a*

**Q16a. Have you suffered a heart problem that led to hospital admission, hospital emergency contact or consultation with a specialist in the last 4 years?**

- 1.  Yes
- 2.  No
- 3.  Don't know

*If Q16a=2 go to Q23a*

**Q16a1-a3. Were you told that your heart trouble was a:**

- myocardial infarction or heart attack? 1.  Yes 2.  No
- angina 1.  Yes 2.  No
- heart failure 1.  Yes 2.  No

*If Q23=2 go to Q24*

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

- Q23a. Diet and exercise 1.  Yes 2.  No
- Q23b. Tablets 1.  Yes 2.  No
- Q23c. Insulin 1.  Yes 2.  No

**Q24. Have you ever suffered from high blood pressure?**

- 1.  Yes
- 2.  No
- 3.  Uncertain

*If Q24=2 go to Q25*

**Q24a. Are you currently taking any tablets for high blood pressure?**

1  Yes 2  No

**Q25. When getting up suddenly from a lying position, do you experience faintness, dizziness, lightheadedness, nausea or blackout?**

1  Yes 2  No

**Q26. Do you feel your balance is:**

1  Excellent 2  Very good 3  good 4  fair 5  poor

**Q27. How fearful/nervous of falling are you?**

1  Not at all 2  A little bit 3  Moderately 4  Quite a lot 5  Extremely

**Q28. How many falls did you have in the past year? \_\_\_\_\_**

**Q29. Have you ever been diagnosed with a brain tumour?**

1  Yes 2  No

*If Q29=2 go to Q30*

**Q29a Were you diagnosed with a brain tumour in the last 4 years?**

1  Yes 2  No

**Q30. Have you ever had a brain infection such as meningitis or a brain abscess?**

1  Yes 2  No

*If Q30=2 go to Q31*

**Q30a. Have you had a brain infection in the last 4 years?**

1  Yes 2  No

**Q31. Have you ever suffered a stroke? (*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*.)**

1  Yes 2  No 3  Don't know

*If Q31=2,3 go to Q32*

**Q31a. Was the diagnosis of stroke confirmed by a specialist (Neurologist or geriatrician)?**

1  Yes 2  No

**Q31b. Did the event result in hospital admission?**

1  Yes 2  No

**Q31c. Was the stroke associated with bleeding in the brain?**

1  Yes 2  No

**Q31d. Did this stroke occur in the last 4 years?**

1  Yes 2  No

**Q32. Have you ever suffered from a Transient Ischemic Attack (TIA or ministroke)?**

(Sudden onset of symptoms similar to a stroke. Most symptoms disappear within an hour but may persist for up to 24 hours).

1  Yes 2  No 3  Don't know

*If Q32=2,3 go to Q33*

**Q32a. Was the diagnosis of TIA or 'mini-stroke' confirmed by a specialist (Neurologist or geriatrician)?**

1  Yes 2  No

**Q32b. Did the event result in hospital admission?**

1  Yes 2  No

**Q32c. Did this TIA or 'ministroke' occur in the last 4 years?**

1  Yes 2  No

**Q33 The next few questions ask about head injury.**

**As a result of a head injury:**

**Q33a. have you ever visited a hospital emergency department?**

1.  Yes      2.  No

**Q33b. have you ever been admitted to hospital?**

1.  Yes      2.  No

**Q33c. have you ever sought medical assistance from a General Practitioner for a head injury?**

1.  Yes      2.  No

**Q34. Have you ever had a serious head injury, that *interfered with your memory, made you lose consciousness or caused a blood clot in your brain?***

1.  Yes  
2.  No  
3.  Don't know

*If Q34=2,3 go to Q35*

**Q34a. How many head injuries have you had?**

*If Q34a=1 go to Q34d*

**Q34b. How old were you when you had the first head injury?**

**Q34c. How old were you when you had the last head injury?**

*If Q34a more than 1 go to Q34e.*

**Q34d. How old were you when you had this injury?**

**Q34e. For the next few questions on head injury, please consider the most severe or worst head injury that caused the greatest disruption to your life.**

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

- 1  Traffic accident  
2  Sport  
3  Assault  
4  Fall  
5  Other  
6  Don't know

**Q34f. Is there a period after the injury that you cannot remember at all?**

- 1  Yes      2  No      3  Not sure

*If Q34f=2,3 go to Q34g*

**Q34f1. How long was that period?**

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

**Q34g. Did you lose consciousness following the head injury?**

- 1  Yes      2  No      3  Not sure



If Q34g=2,3 go to Q35

**Q34g1 For how long did you lose consciousness?**

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

**Q35 Could you tell me how tall you are?** (Please try to answer even if it is an approximate value).

cms OR  feet.  inches

**Q36 How much do you weigh without your clothes and shoes?** (Please try to answer even if it is an approximate value).

kgs OR  stones  pounds

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.

**Q37. In general, would you say your health is:**

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

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?

**Q38. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.**

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

**Q39. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?**

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

**Q40. Lifting or carrying groceries?**

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

**Q41. Climbing several flights of stairs?**

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

- Q42. Climbing *one* flight of stairs? 1  Yes - limited a lot  
2  Yes - limited a little  
3  No - not limited at all
- Q43. Bending, kneeling or stooping? 1  Yes - limited a lot  
2  Yes - limited a little  
3  No - not limited at all
- Q44. Walking *more than one kilometre*? 1  Yes - limited a lot  
2  Yes - limited a little  
3  No - not limited at all
- Q45. Walking half a kilometre? 1  Yes - limited a lot  
2  Yes - limited a little  
3  No - not limited at all
- Q46. Walking 100 metres? 1  Yes - limited a lot  
2  Yes - limited a little  
3  No - not limited at all
- Q47. Does your health now limit you in bathing or dressing yourself?  
1  Yes - limited a lot  
2  Yes - limited a little  
3  No - not limited at all

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*?

- Q48. Have you *accomplished less* than you would like as a result of *your physical health*? 1  Yes 2  No
- Q49. Were you limited in the *kind* of work or other activities as a result of *your physical health*? 1  Yes 2  No

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*)?

- Q50. Have you *accomplished less* than you would like as a result of any *emotional problems*? 1  Yes 2  No
- Q51. Did you not do work or other activities as *carefully* as usual as a result of any *emotional problems*? 1  Yes 2  No
- Q52. During the *past 4 weeks*, how much did *pain* interfere with your normal work (including both work outside the home and housework)?  
1  Not at all  
2  A little bit  
3  Moderately  
4  Quite a bit  
5  Extremely

The next few questions are about how you feel and how things have been with you *during the past four weeks*. For each question, please give the one answer that comes closest to the way you have been feeling.

**Q53.** How much of the time during the past 4 weeks *have you felt calm and peaceful?*

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

**Q54.** How much of the time during the past 4 weeks *did you have a lot of energy?*

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

**Q55.** How much of the time during the past 4 weeks *have you felt down?*

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

**Q56.** 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)?

- 1  All of the time
- 2  Most of the time
- 3  Some of the time
- 4  A little of the time
- 5  None of the time

**Q57.** Do you feel you can remember things as well as you used to? That is, is your memory the same as it was earlier in life?

- 1  No
- 2  Depends, sometimes
- 3  Yes

If Q57=3 go to Q58

**Q57a.** Does this memory problem interfere in any way with your day to day life?

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

If Q57a=1 go to Q58

**Q57a1.** Have you seen a doctor about your memory?

- 1  No
- 2  Yes

**Q58.** In the last month, have you taken any vitamins or mineral supplements?

- 1  Yes
- 2  No

If Q58=2 go to Q59

**Q58a. What kind of vitamin or mineral was this?**

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Vitamin C     | 2 <input type="checkbox"/> B group vitamins                   |
| 3 <input type="checkbox"/> Vitamin E     | 4 <input type="checkbox"/> Echinacea                          |
| 5 <input type="checkbox"/> Calcium       | 6 <input type="checkbox"/> Evening primrose or starflower oil |
| 7 <input type="checkbox"/> Multivitamins | 8 <input type="checkbox"/> Other .....                        |

**Q58b. How often do you usually take vitamins or minerals?**

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

*If Q58b=4 go to Q59*

**Q58c. For how long have you taken vitamins or minerals regularly?**

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

**Q59. In the last month have you taken or used any pills or medications (including herbal remedies) to help you sleep?**

- 1  Yes
- 2  No

*If Q59=2 go to Q60*

**Q59a. What are the names of the sleeping pills or medications you took in the last month?**

- |   |  |  |
|---|--|--|
| 1 <input type="checkbox"/> Alodorm            | 2 <input type="checkbox"/> Dozile                        | 3 <input type="checkbox"/> Ducene                                |
| 4 <input type="checkbox"/> Euhypnos           | 5 <input type="checkbox"/> Mogadon                       | 6 <input type="checkbox"/> Nocturne                              |
| 7 <input type="checkbox"/> Normison           | 8 <input type="checkbox"/> Relaxa-Tabs                   | 9 <input type="checkbox"/> Restavit Tablets                      |
| 10 <input type="checkbox"/> Serapax           | 11 <input type="checkbox"/> Temaze                       | 12 <input type="checkbox"/> Temtabs                              |
| 13 <input type="checkbox"/> Unisom Sleepytabs | 14 <input type="checkbox"/> Valium                       | 15 <input type="checkbox"/> Xanax                                |
| 16 <input type="checkbox"/> Valerian          | 17 <input type="checkbox"/> Camomile or "sleepytime" tea | 18 <input type="checkbox"/> Magnesium and/or calcium supplements |
| 19 <input type="checkbox"/> Nervatona         | 20 <input type="checkbox"/> Other .....                  |  |

**Q59b. How often do you usually take sleeping pills or medications?**

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

*If Q59b=4 go to Q60*

**Q59c. For how long have you taken sleeping pills or medications this regularly?**

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

**Q60. In the last month have you taken or used any pain relievers such as aspirin, codeine, panadol or herbal remedies?**

- 1  Yes
- 2  No

*If Q60=2 go to Q61*

**Q60a. What are the names of the pain relievers you took in the last month?**

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Aspirin/Aspro           | 2 <input type="checkbox"/> Codral              |
| 3 <input type="checkbox"/> Disprin                 | 4 <input type="checkbox"/> Dymadon             |
| 5 <input type="checkbox"/> Panadeine               | 6 <input type="checkbox"/> Panadol/paracetamol |
| 7 <input type="checkbox"/> Codeine                 | 8 <input type="checkbox"/> Diclofenac          |
| 9 <input type="checkbox"/> Brufen or Nurofen       | 10 <input type="checkbox"/> Orudis or Oruvail  |
| 11 <input type="checkbox"/> Naprosyn or Naprogesic | 12 <input type="checkbox"/> Other              |
- .....

**Q60b. How often do you usually take pain relievers?**

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

*If Q60b=4 go to Q61*

**Q60c. For how long have you taken pain relievers this regularly?**

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

**Q61. In the last month have you taken or used any medications (including herbal remedies) for anxiety?**

- 1  Yes
- 2  No

*If Q61=2 go to Q62*

**Q61a. What are the names of the medications you took in the last month?**

- |   |  |  |
|---|--|--|
| 1 <input type="checkbox"/> Alepam                 | 2 <input type="checkbox"/> Alprax                    | 3 <input type="checkbox"/> Alprazolam(any brand) |
| 4 <input type="checkbox"/> Antenex                | 5 <input type="checkbox"/> Aropax                    | 6 <input type="checkbox"/> Ducene                |
| 7 <input type="checkbox"/> Euhypnos               | 8 <input type="checkbox"/> Kalma                     | 9 <input type="checkbox"/> Mogadon               |
| 10 <input type="checkbox"/> Muralax               | 11 <input type="checkbox"/> Normison                 | 12 <input type="checkbox"/> Oxetine              |
| 13 <input type="checkbox"/> Serapax               | 14 <input type="checkbox"/> Temaze                   | 15 <input type="checkbox"/> Valium               |
| 16 <input type="checkbox"/> Valpram               | 17 <input type="checkbox"/> Xanax                    | 18 <input type="checkbox"/> Vitamin B complex    |
| 19 <input type="checkbox"/> Magnesium supplements | 20 <input type="checkbox"/> Hypericum/St John's Wort | 21 <input type="checkbox"/> Nervatona            |
| 22 <input type="checkbox"/> Other .....           |  |  |

**Q61b. How often do you usually take medications for anxiety?**

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

*If Q61b=4 go to Q62*

**Q61c. For how long have you taken medications for anxiety this regularly?**

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

**Q62. In the last month have you taken or used any medications (including herbal remedies) for depression?**

- 1  Yes
- 2  No

*If Q62=2 go to Q63*

**Q62a. What are the names of the medications you took for depression in the last month?**

- |  |  |   |
|--|--|---|
| 1 <input type="checkbox"/> Arima                           | 2 <input type="checkbox"/> Aropax                      | 3 <input type="checkbox"/> Aurorix                  |
| 4 <input type="checkbox"/> Celapram                        | 5 <input type="checkbox"/> Cipramil                    | 6 <input type="checkbox"/> Clomipramine (any brand) |
| 7 <input type="checkbox"/> Clobemix                        | 8 <input type="checkbox"/> Dothep                      | 9 <input type="checkbox"/> Efexor                   |
| 10 <input type="checkbox"/> Endep                          | 11 <input type="checkbox"/> Fluohexal                  | 12 <input type="checkbox"/> Fluoxetine (any brand)  |
| 13 <input type="checkbox"/> Lovan                          | 14 <input type="checkbox"/> Maosig                     | 15 <input type="checkbox"/> Moclobemide (any brand) |
| 16 <input type="checkbox"/> Mohexal                        | 17 <input type="checkbox"/> Oxetine                    | 18 <input type="checkbox"/> Paroxetine (any brand)  |
| 19 <input type="checkbox"/> Paxtine                        | 20 <input type="checkbox"/> Prothiaden                 | 21 <input type="checkbox"/> Prozac                  |
| 22 <input type="checkbox"/> Sinequan                       | 23 <input type="checkbox"/> Serzone                    | 24 <input type="checkbox"/> Talohexal               |
| 25 <input type="checkbox"/> Tryptanol                      | 26 <input type="checkbox"/> Zactin                     | 27 <input type="checkbox"/> Zoloft                  |
| 28 <input type="checkbox"/> St John's Wort or<br>Hypericum | 29 <input type="checkbox"/> S-Adenosylmethionine(SAME) |   |
| 30 <input type="checkbox"/> Other .....                    |  |   |

**Q62b. How often do you usually take medications for depression?**

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

*If If Q62b=4 go to Q63*

**Q62c. For how long have you taken medications for depression this regularly?**

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

**Q63. In the last month have you taken or used any medications (including herbal remedies) to enhance your memory?**

- 1  Yes
- 2  No

*If Q63=2 go to Q64*

**Q63a. What are the names of the medications you took in the last month?**

- 1  Glutamine
- 2  Gingko biloba
- 3  Vitamin E
- 4  Guarana
- 5  Bacopa
- 6  Other .....

**Q63b. How often do you usually take medications to enhance your memory?**

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

*If If Q63b=4 go to Q64*

**Q63c. For how long have you taken such medications this regularly?**

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

**Q64. In the last month have you taken or used any medications (including herbal remedies) to lower your cholesterol?**

1  Yes      2  No

If Q64=2 go to Q65

**Q64a. What are the names of the medications you took for lowering your cholesterol in the last month?**

- |  |  |  |
|--|--|--|
| 1 <input type="checkbox"/> Ausgem                  | 9 <input type="checkbox"/> Lipex           | 17 <input type="checkbox"/> Simvar                   |
| 2 <input type="checkbox"/> Colestid granules       | 10 <input type="checkbox"/> Lipidil        | 18 <input type="checkbox"/> Vastin                   |
| 3 <input type="checkbox"/> Ezetrol                 | 11 <input type="checkbox"/> Lipitor        | 19 <input type="checkbox"/> Zocor                    |
| 4 <input type="checkbox"/> Gemfibrozil (any brand) | 12 <input type="checkbox"/> Lopid          | 20 <input type="checkbox"/> Cholesterol Control..... |
| 5 <input type="checkbox"/> Gemhexal                | 13 <input type="checkbox"/> Metamucil      | 21 <input type="checkbox"/> Policosanol-5            |
| 6 <input type="checkbox"/> Jezil                   | 14 <input type="checkbox"/> Nicotinic acid | 22 <input type="checkbox"/> Soy Lecithin             |
| 7 <input type="checkbox"/> Lescol                  | 15 <input type="checkbox"/> Pravachol      | 23 <input type="checkbox"/> Other                    |
| 8 <input type="checkbox"/> Lipazil                 | 16 <input type="checkbox"/> Questran Lite  |  |

**Q64b. How often do you usually take medications to lower your cholesterol?**

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

If Q64b=4 go to Q65

**Q64c. For how long have you taken such medications this regularly?**

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

**Q65. In the last month have you taken or used any other type of medication? (Excluding contraceptive pills and hormone replacement therapy).**

1  Yes      2  No

If Q65=2 go to Q66

**Q65a. What types of medication did you take or use? (Excluding contraceptive pills and hormone replacement therapy).**

.....

If male go to Q69

**Q66. How old were you when your periods or menstrual cycle started?**

(If you have never had a menstrual cycle enter 00).  years

**Q67. Have you ceased having your periods entirely?**    1  Yes      2  No

If Q67=2 go to Q68

**Q67a. At what age did your periods cease?**     years

**Q67a. What was the cause of menopause?**

1  Natural menopause  
2  Hysterectomy  
3  Other

**Q68. Have you ever had hormone replacement therapy (HRT)?**    1  Yes      2  No

If Q68=2 go to Q69

**Q68a. How long have you had hormone replacement therapy?**

(If less than 1 year, enter 1).

years

**Q68b. Are you still having hormone replacement therapy? 1 Yes 2 No**

**Q68c. Which hormone replacement medications are you taking/have you taken?**

- 1  Climara                      2  Climen                      3  Dermestril
- 4  Estalis                      5  Estracombi                      6  Estraderm
- 7  Estroferm                      8  Femoston                      9  Femtran
- 10  Kliogest                      11  Kliovance                      12  Menoprem
- 13  Menorest                      14  Ovestin                      15  Provelle-14
- 16  Trisequens                      17  Other .....

**Q69. We would now like to ask you some questions about smoking (tobacco).**

**Do you currently smoke?** 1  Yes  
2  No

*If Q69=2 go to Q69c*

**Q69a. Do you smoke cigarettes:**

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

*If Q69a=1 go to Q69b*

*If Q69a=2 go to Q69b1*

*If Q69a=3 go to Q70*

**Q69b. How many cigarettes do you usually smoke in one day?**

*If Q69a=1 go to Q69b2*

**Q69b1. How many cigarettes do you usually smoke over a one month period?**

**Q69b2. At what age did you start smoking?** \_\_\_\_\_

**Q69b3. On average, how many cigarettes would you have smoked each day over the time you have been smoking?** \_\_\_\_\_.

*If Q69=1 go to Q70*

**Q69c. Have you smoked at all over the last month?** 1  Yes 2  No

*If Q69c=2 go to Q70*

**Q69c1. Approximately how many cigarettes have you smoked in the last month?**

**Q69d. Have you ever smoked regularly?** 1  Yes 2  No

*If Q69d=2 go to Q70*

**Q69d1. At what age did you start smoking?** \_\_\_\_\_

**Q69d2. At what age did you stop smoking?** \_\_\_\_\_

**Q69d3. On average, how many cigarettes would you have smoked each day over the time you were smoking?** \_\_\_\_\_.



**Q70. These next questions are concerned with your alcohol consumption. How often do you have a drink containing alcohol?**

- 1  Not in the last year
- 2  Monthly or less
- 3  2 to 4 times a month
- 4  2 to 3 times a week
- 5  4 or more times a week

*If Q70=2,3,4,5 go to Q71*

**Q70a. Have you ever drunk alcohol?**    1  Yes    2  No

*If Q70a=1 go to Q78*

*If Q70a=2 go to Q83*

**Q71. How many standard drinks do you have on a typical day when you are drinking?**

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

**Q72. How often do you have 6 or more standard drinks on one occasion?**

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

**Q73. How often during the last year have you found that you were not able to stop drinking once you had started?**

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

**Q74. How often during the last year have you failed to do what was normally expected from you because of your drinking?**

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

**Q75. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?**

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

**Q76. How often during the last year have you had a feeling of guilt or regret after drinking?**

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

- Q77. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**
- 1  Never
  - 2  Less than monthly
  - 3  Monthly
  - 4  Weekly
  - 5  Daily or almost daily
- Q78. Have you or someone else been injured as a result of your drinking?**
- 1  No
  - 2  Yes, but not in the last year
  - 3  Yes, during the last year
- Q79. Has a relative, friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?**
- 1  No
  - 2  Yes, but not in the last year
  - 3  Yes, during the last year

**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?***

- Q80. How often did you have a drink containing alcohol?**
1.  Monthly or less
  2.  2 to 4 times a month
  3.  2 to 3 times a week
  4.  4 or more times a week
- Q81. How many standard drinks did you have on a typical when you were drinking?**
1.  1 or 2
  2.  3 or 4
  3.  5 or 6
  4.  7 to 9
  5.  10 or more

*This question has been simplified for use in the paper version. The electronic version asks this specifically of those who drink on average 14 (women) or 28 (men) or more drinks per week.*

**Q81a. How many years did you drink at the highest level indicated in Q80 and Q81?**

\_\_\_\_\_

*If you drink alcohol 2 or more times a week → Q83*

*If you have always been an occasional drinker (monthly or less) → 82b*

*If you don't currently drink but used to drink 2 or more times a week → 682c*

*If you currently drink monthly or less but drank more than this in the past → 82d*

- Q82a. Please indicate your reasons for not drinking? (You can have more than one answer).**
- 1  I do not like the taste/smell
  - 2  Alcohol damages people's health
  - 3  I do not like the effect alcohol has on me
  - 4  I have seen bad influence of alcohol on other people
  - 5  One of my parents has/had a drink problem
  - 6  My friends do not drink

- 7  I drive & alcohol is dangerous for driving
- 8  I look after my weight and alcohol has a high calorie value
- 9  I am an active person & alcohol harms physical fitness
- 10  I am afraid of becoming dependent on alcohol
- 11  My family disapproves of drinking
- 12  Alcoholic drinks cost a lot of money
- 13  Alcohol could affect my work/studies
- 14  My religion disapproves of alcohol use
- 15  Other .....

**Q82b. Please indicate if any of the following have influenced your drinking?**

*(You can have more than one answer).*

- 1  I do not like the taste/smell
- 2  Alcohol damages people's health
- 3  I do not like the effect alcohol has on me
- 4  I have seen bad influence of alcohol on other people
- 5  One of my parents has/had a drink problem
- 6  My friends do not drink
- 7  I drive & alcohol is dangerous for driving
- 8  I look after my weight and alcohol has a high calorie value
- 9  I am an active person & alcohol harms physical fitness
- 10  I'm afraid of becoming dependent on alcohol
- 11  My family disapproves of drinking
- 12  Alcoholic drinks cost a lot of money
- 13  Alcohol could affect my work/studies
- 14  My religion disapproves of alcohol use
- 15  Other .....

**Q82c. Why did you give up drinking alcohol?** *(You can have more than one answer).*

- 1  I had problems with drink-driving
- 2  I was spending too much money on alcohol
- 3  Alcohol was damaging my health
- 4  I was too dependent on alcohol
- 5  My family/friends disapproved of my drinking
- 6  Drinking was damaging my relationships with other people
- 7  I was overweight and needed to cut out drinking
- 8  Drinking was interfering too much with my work/studies
- 9  I gave up for religious reasons
- 10  I saw the bad influence of alcohol on other people
- 11  One of my parents had a drink problem
- 12  I did not like the taste/smell
- 13  Alcohol damages people's health
- 14  I did not like the effect alcohol had on me
- 15  (women only) I gave up drinking when I became pregnant
- 16  Other .....

**Q82d. Why did you cut down on your drinking?** *(You can have more than one answer).*

- 1  I had problems with drink-driving
- 2  I was spending too much money on alcohol
- 3  Alcohol was damaging my health
- 4  I was too dependent on alcohol

- 5  My family/friends disapproved of my drinking
- 6  Drinking was damaging my relationships with other people
- 7  I was overweight and needed to cut out drinking
- 8  Drinking was interfering too much with my work/studies
- 9  I cut down for religious reasons
- 10  I saw the bad influence of alcohol on other people
- 11  One of my parents had a drink problem
- 12  I did not like the taste/smell
- 13  Alcohol damages people's health
- 14  I did not like the effect alcohol had on me
- 15  (women only) I cut down my drinking when I became pregnant
- 16  Other .....

**Q83. Have you ever tried marijuana/hash?** 1  Yes 2  No

*If Q83=2 go to Q84*

**Q83a. How old were you the first time you actually used marijuana/hash?**

- Under 16  16-17  18-19  20-24  25 or more

**Q83b. Have you used marijuana/hash in the past 12 months?** 1  Yes 2  No

*If Q83b=2 go to Q84*

**Q83b1. How often do you use marijuana/hash?**

- 1  Once a week or more
- 2  Once a month
- 3  Every 1-4 months
- 4  Once or twice a year
- 5  No longer use

**Q83b2. In the last year have you ever used marijuana/hash more than you meant to?** 1  Yes 2  No

**Q83b3. Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?** 1  Yes 2  No

**Q84. Have you ever tried any of the following?**

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

*If Q84=2 (not 1) go to Q84b*

*If Q84=3 go to Q85*

**Q84a. Have you used ecstasy in the past 12 months?** 1  Yes 2  No

*If Q84a=2 go to Q84b*

**Q84a1. How often do you currently use Ecstasy?**

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

*If Q84=1 or 3 go to Q85*

**Q84b. Have you used amphetamines for non-medical purposes in the past 12 months?** 1  Yes 2  No

*If Q84b=2 go to Q85*

**Q84b1. How often do you currently use amphetamines?**

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

**We would now like to ask you about your gambling activities. These includes:**

1. Playing poker machines/gaming machines
2. Betting on horse or greyhound races (excluding sweeps)
3. Bought instant scratch tickets
4. Playing lotto or any other lottery games such as Tattslotto, Powerball, the pools, 2 million jackpot lottery, Tatts 2, Tatts Keno
5. Playing keno at a club, hotel, casino or other place
6. Playing table games such as blackjack or roulette at a casino
7. Playing bingo at a club or hall
8. Betting on a sporting event like football, cricket or tennis
9. Playing casino games on the internet
10. Playing games like cards or mahjong for money

**Q85. Would you play any of these, alone or in combination, more than once a month?**

- 1  Yes 2  No

*If Q85=2 go to Q86*

**Q85a. Over the last year, thinking about any of the sorts of gambling listed, on approximately how many days *each month* would you gamble?**

days per month

**Q85b. Of the following gambling activities, which one have you *played the most* in the last 12 months?**

- 1  Poker machines/gaming machines
- 2  Horse or greyhound races (excluding sweeps)
- 3  Instant scratch tickets
- 4  Lotto or other lottery games
- 5  Keno at a club, hotel, casino or other place
- 6  Tables games e.g. blackjack/roulette at a casino
- 7  Bingo at a club or hall
- 8  A sporting event such as football, cricket or tennis
- 9  Casino games on the internet
- 10  Cards or mahjong for money

**Q85c. Thinking specifically about the form of gambling that you did *most*, in the last 12 months, on approximately how many days each month would you gamble?**

days per month

If Q85b=3,4 go to Q86.

**Q85d At each gambling session, for how long do you usually play?**

hours  minutes

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

**86. Did you ever have direct combat experience in a war?** 1  Yes 2  No

If Q86=2 go to Q87

**Q86a. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

.....

.....

**Q86b. Did this occur some time during the last 4 years?** 1  Yes 2  No

**Q87. Were you ever involved in a life threatening accident?** 1  Yes 2  No

If Q87=2 go to Q88

**Q87a. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

.....

**Q87b. Did this occur some time during the last 4 years?** 1  Yes 2  No

**Q88. Were you ever involved in a fire, flood or other natural disaster?**  
1  Yes 2  No

If Q88=2 go to Q89

**Q88a. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

.....

.....

**Q88b. Did this occur some time during the last 4 years?** 1  Yes 2  No

**Q89. Did you ever witness someone badly injured or killed?** 1  Yes 2  No

If Q89=2 go to Q90

**Q89a. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

.....

.....

**Q89b. Did this occur some time during the last 4 years?** 1  Yes 2  No

**Q90. 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?)**

1  Yes 2  No

*If Q90=2 go to Q91*

**Q90a. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

.....

.....  
**Q90b. Did this occur some time during the last 4 years?** 1  Yes      2  No

**Q91. Were you ever sexually molested (that is, someone touched or felt your genitals when you did not want them to)?** 1  Yes      2  No

*If Q91=2 go to Q92*

**Q91a. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

.....

.....  
**Q91b. Did this occur some time during the last 4 years?** 1  Yes      2  No

**Q92. Were you ever seriously physically attacked or assaulted?** 1  Yes      2  No

*If Q92=2 go to Q93*

**Q92a. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

.....

.....  
**Q92b. Did this occur some time during the last 4 years?** 1  Yes      2  No

**Q93. Have you ever been threatened with a weapon, held captive, or kidnapped?** 1  Yes      2  No

*If Q93=2 go to Q94*

**Q93a. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

.....

.....  
**Q93b. Did this occur some time during the last 4 years?** 1  Yes      2  No

**Q94. Have you ever been tortured or the victim of terrorists?** 1  Yes      2  No

*If Q94=2 go to Q95*

**Q94a. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

.....

.....  
**Q94b. Did this occur some time during the last 4 years?** 1  Yes      2  No

**Q95. Have you ever experienced any other extremely stressful or upsetting event?** 1  Yes 2  No

*If Q95=2 go to Q96*

**Q95a. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

.....

.....

**Q95b. Did this occur some time during the last 4 years?** 1  Yes 2  No

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?

**Q96. You yourself suffered a serious illness, injury or an assault.** 1  Yes 2  No

**Q97. A serious illness, injury or assault happened to a close relative.** 1  Yes 2  No

**Q98. Your parent, child or partner died.** 1  Yes 2  No

**Q99. A close family friend or another relative (aunt, cousin, grandparent) died.** 1  Yes 2  No

**Q100. You broke off a steady relationship** 1  Yes 2  No

**Q101. You had a serious problem with a close friend, neighbour or relative.** 1  Yes 2  No

**Q102. You had a crisis or serious disappointment in your work or career** 1  Yes 2  No

**Q103. You thought you would soon lose your job.** 1  Yes 2  No

*If not married or living with a partner go to Q107*

**Q104. Your partner thought he/she would soon lose their job.** 1  Yes 2  No

**Q105. Your partner had a crisis or serious disappointment in his/her work or career.** 1  Yes 2  No

**Q106. You had a separation due to marital difficulties.** 1  Yes 2  No

**Q107. You became unemployed or you were seeking work unsuccessfully for more than one month.** 1  Yes 2  No

**Q108. You were sacked from your job.** 1  Yes 2  No

**Q109. You had a major financial crisis.** 1  Yes 2  No

**Q110. You had problems with the police and a court appearance.** 1  Yes 2  No

**Q111. Something you valued was lost or stolen.** 1  Yes 2  No

**Q112. 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?**

1  Yes 2  No

*If Q112=2 go to Q113*

**Q112a. Could you briefly describe this problem?**

.....

**Q113. Have you or your family had to go without things you really needed in the *last year* because you were short of money?**

1  Yes, often 2  Yes, sometimes 3  No



**Q114a-d. Over the last year did any of the following happen to you because of a shortage of money?**

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

**Q115. What is your main source of income?**

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

*If Q115=8 go to Q117*

**Q116. Do you receive the aged pension from Centrelink or service pension from the Department of Veteran's Affairs?**

- 1  Yes      2  No

*If Q115= not 2 go to Q117*

*If Q115=2 and Q116=2 go to Q117*

**Q116a. Is this a full or part pension?**      1  Full      2  Part

**Q116b. Is your pension your only source of income?**      1  Yes      2  No

**Q117. Do you currently live:**

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

**Q118. Do you own a house or unit elsewhere?**      1  Yes      2  No

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

**Q119. How often do friends make you feel cared for?**

- 1  Often      2  Sometimes      3  Rarely      4  Never

**Q120. How often do they express interest in how you are doing?**

- 1  Often      2  Sometimes      3  Rarely      4  Never

**Q121. How often do friends make too many demands on you?**

- 1  Often      2  Sometimes      3  Rarely      4  Never

**Q122. How often do they criticise you?**

- 1  Often      2  Sometimes      3  Rarely      4  Never

**Q123. How often do friends create tensions or arguments with you?**

- 1  Often      2  Sometimes      3  Rarely      4  Never

**Q124. How often do family make you feel cared for?**

- 1  Often      2  Sometimes      3  Rarely      4  Never

**Q125. How often do family express interest in how you are doing?**

1  Often    2  Sometimes    3  Rarely    4  Never

**Q126. How often do they make too many demands on you?**

1  Often    2  Sometimes    3  Rarely    4  Never

**Q127. How often do family criticise you?**

1  Often    2  Sometimes    3  Rarely    4  Never

**Q128. How often do they create tensions or arguments with you?**

1  Often    2  Sometimes    3  Rarely    4  Never

*If not married or living with a partner go to Q139.*

**Q129. How much does your partner understand the way you feel about things?**

1  A lot    2  Some    3  A little    4  Not at all

**Q130. How much can you depend on your partner to be there when you really need them?**

1  A lot    2  Some    3  A little    4  Not at all

**Q131. How much does your partner show concern for your feelings and problems?**

1  A lot    2  Some    3  A little    4  Not at all

**Q132. How much can you trust your partner to keep promises to you?**

1  A lot    2  Some    3  A little    4  Not at all

**Q133. How much can you open up to your partner about things that are really important to you?**

1  A lot    2  Some    3  A little    4  Not at all

**Q134. How much tension is there between you and your partner?**

1  A lot    2  Some    3  A little    4  Not at all

**Q135. How often do you have an unpleasant disagreement with your partner?**

1  A lot    2  Some    3  A little    4  Not at all

**Q136. How often do things become tense when the two of you disagree?**

1  A lot    2  Some    3  A little    4  Not at all

**Q137. How often does your partner say cruel or angry things during a disagreement?**

1  A lot    2  Some    3  A little    4  Not at all

**Q138. How often do the two of you both refuse to compromise during disagreements?**

1  A lot    2  Some    3  A little    4  Not at all

**Q139. Do you have a dog, cat or other pet that you can touch or talk to?**

1  Yes    2  No

*If Q139=2 go to Q140*

**Q139a. What kind of pet or pets do you have?**

1  cat

2  dog

3  bird

4  fish

5  other pet .....

**Q139b. Are you the main carer for your pet?    1  Yes    2  No**

**Q140. Do you provide childcare or babysitting for your grandchild/ren so that their parent/s can work? (*Grandchildren includes any children for whom you fill a grandparent role*)**    1  Yes    2  No

*If Q140=2 go to Q141*

**Q140a. How many hours per week (on average) do you provide such childcare or babysitting?**

- 1  Less than 2 hours
- 2  2 to less than 5 hours
- 3  5 to less than 10 hours
- 4  10 to less than 15 hours
- 5  15 to less than 20 hours
- 6  20 to less than 30 hours
- 7  30 or more hours

**Q141. Do you provide care or informal assistance to a person with a disability, or a medical condition or to a person who is elderly? (Informal assistance includes help with activities such as personal care, housework, communication, meal preparation, paperwork, property maintenance or transport)**      1  Yes      2  No

*If Q141=2 go to Q142*

**Q141a. How long have you been providing this assistance?**

- 1  less than 6 mths
- 2  6 mths to less than 1 year
- 3  1 to less than 2 years
- 4  2 to less than 5 years
- 5  more than 5 years

**Q141b. How many hours per week do you spend providing assistance?**

- 1  Less than 2 hours
- 2  2 to less than 5 hours
- 3  5 to less than 10 hours
- 4  10 to less than 15 hours
- 5  15 to less than 20 hours
- 6  20 to less than 30 hours
- 7  30 or more hours

**Q141c. Are you the "primary carer" for someone? That is, the person who provides the *most* care for an individual, include help in two of the following areas - mobility, help with communication or self-care)?**

- 1  Yes      2  No

*If Q141c=2 go to Q142*

**Q141c1. Does the person you care for live:**

- 1  in the same house as you?
- 2  in an adjacent house/unit to you?
- 3  in another house that you have to travel to?

**Q141c2. Is the main person you care for your:**

- 1  spouse
- 2  child
- 3  grandchild
- 4  cousin, sibling or other relative
- 5  friend
- 6  neighbour
- 7  other

**Q141c3. Does the main person you care for require care because of:**

- 1  a physical disability or chronic illness
- 2  a mental illness
- 3  memory problems, problems with managing finances or managing daily activities
- 4  other \_\_\_\_\_

**Q142. Do you ever do any voluntary work?**      1  Yes      2  No

*If Q142=2 go to Q143*

**Q142a. How many hours per week, on average, are you engaged in voluntary work?**  
\_\_\_\_\_ hours

**Q142b. How long have you engaged in any type of voluntary work?**

- 1  Less than 6 months
- 2  6 months to less than 1 year
- 3  1 to less than 2 years
- 4  2 to less than 5 years
- 5  5 to less than 10 years
- 6  more than 10 years

**Q142c. How long have you been engaged in your current *main* voluntary activity?**

- 1  Less than 6 months
- 2  6 months to less than 1 year
- 3  1 to less than 2 years
- 4  2 to less than 5 years
- 5  5 to less than 10 years
- 6  more than 10 years

**Q142d. What types of voluntary work do you do?**

- 1  fundraising or sales
- 2  management or committee work
- 3  teaching or instruction
- 4  administration or clerical
- 5  preparing and or serving food
- 6  transporting people, meals or goods
- 7  maintaining or repairing gardens
- 8  befriending, listening or counselling
- 9  coaching/refereeing or judging
- 10  personal care
- 11  artistic performance or media production
- 12  Other

**Q142e. Who do you currently work for (in your main activity if more than one)?**

- 1  community group
- 2  welfare agency
- 3  sport or recreational
- 4  education or training
- 5  religious
- 6  health
- 7  arts or cultural
- 8  business, professional or union
- 9  emergency services
- 10  environment or animal welfare
- 11  legal or political
- 12  family or friends
- 13  other

**Q142f. Why do you volunteer?**

- 1  To help others
- 2  Personal satisfaction
- 3  To do something worthwhile
- 4  For social contact
- 5  To use skills and experience
- 6  Religious beliefs
- 7  To be mentally and physically active
- 8  To learn new skills
- 9  Other \_\_\_\_\_

**Q143. How old were you when you first lived away from your parents or parent figure?**

(Enter 00 if not applicable).  years old

**Q144. How old were you the first time you had sexual intercourse?**

(Enter 00 if not applicable).  years old

*If never married or lived with partner go to Q146.*

**Q145. How old were you when you first lived with a partner?**  years old

*If no children go to Q147*

**Q146. How old were you when your first child was born?**  years old

**Q147. Would you currently consider yourself to be predominantly:**

- 1  Heterosexual (sexual preference for opposite sex)
- 2  Homosexual
- 3  Bisexual
- 4  Don't know

**Q148. 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).**

1  Fully responsible (100%)

2  75% responsible

3  50% responsible

4  25% responsible

5  Not at all responsible (0%)

**Q149. 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).**

1  Fully responsible (100%)

2  75% responsible

3  50% responsible

4  25% responsible

5  Not at all responsible (0%)

**Q150. To what extent are you responsible for providing the money for your household?**

1  Fully responsible (100%)

2  75% responsible

3  50% responsible

4  25% responsible

5  Not at all responsible (0%)

**Testing by Interviewer**

We are now going to do some measures of physical health and memory. I have a card here on which I will write the results of some of the testing. When we get everyone's results we will send you the average results for this age group so that you can see how you went.

First, I am going to take your blood pressure. I'll just position your arm. *(Take blood pressure reading preferably in the sitting position using the left arm).* I'll now just put the cuff around your arm. *(The arm should be unrestricted by clothing, so roll up the sleeve.)* Ensure that 'Inflation pre-set' is on 170). The cuff will now automatically inflate when I press this button. Just remain calm and still.

Q151a-e.

SYSTOLIC READING	-- --
DIASTOLIC READING	-- --
PULSE	-- --

*Malfunction=777, Refused=888, Not asked=999*

The respondent was? 1  Seated    2  Lying down    3  refused/no asked  
 Which arm was used? 1  Left    2  Right    3  refused/not asked  
 If Respondent complains of pain, remove cuff and do not retest.

I would now like you to stand while I take your blood pressure again. I will ask you stand for 2 minutes then I will take your blood pressure once more. *(Take blood pressure and record).*

Q152a-d.

SYSTOLIC READING	-- --
DIASTOLIC READING	-- --
PULSE	-- --

*Malfunction=777, Refused=888, Not asked=999*

Which arm was used? 1  Left    2  Right    3  refused/not asked  
 Start timing for 2 minutes and loosen cuff slightly.

**Q153.** We are now going to test your vision while you are standing. First of all, I'll find the best place for you to view the chart. Find a good position for the eye chart to obtain the best light. Keep the chart covered until you are ready to do the test. Do not have the light coming from behind the chart. The eye chart needs to be about 3 metres away from you so I will use this ribbon to measure the distance to you. Move either the chart or the Respondent to get the correct distance. The chart should be at about eye level. If you normally wear glasses for distance vision please put them on. Uncover the chart. *(change screen).*

Mark any letter that is **incorrect**.

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| <input type="checkbox"/> all OK | <input type="checkbox"/> Z | <input type="checkbox"/> A | <input type="checkbox"/> X | <input type="checkbox"/> N | <input type="checkbox"/> F | <input type="checkbox"/> D |                            |  |
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**Q154. Can you tell me how you would rate your hearing on the following scale:**

1.  Hearing is adequate for all purposes.
2.  Hearing is a slight inconvenience at times (eg cannot hear in groups or noisy environments).
3.  Hearing is a definite inconvenience (eg some words are missed in conversation; phone conversation is difficult).
4.  Hearing is a definite handicap (cannot participate in normal conversation or is virtually deaf).

**Q155a-d.** *After 2 minutes say: Now I am going to take your blood pressure again.* Retighten cuff. **I will now inflate the cuff again.** Press button.

SYSTOLIC READING

DIASTOLIC READING

PULSE

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Which arm was used?      1  Left      2  Right      3  refused/not asked

**That's great. I will take the cuff off now, thank you.**

*Record results on card.*

**Q156. We are now going to try a very different task. Let's suppose you were going shopping tomorrow. I'm going to read a list of items for you to buy. Listen carefully, and when I've finished I want you to say back as many of the items as you can. It doesn't matter what order you say them in - just tell me as many as you can. Are you ready?** *Before proceeding, make sure that Respondent understands the task. Then read stimulus words at a rate of approximately one word per second, reading down the list.*

*If necessary, prompt with **Are you ready to recall?** After recalling as many items as they can, say **Thanks for that.***

Immediate recall score=\_\_\_\_\_

**Q157. I would now like to test your hand strength.** *Stand and demonstrate as you say the following. First of all, using the hand you write with, put your fingers through this opening here and your thumb around the black plastic moulding here.*

**Now, you stand and hold the grip meter in the hand you write with, as I've shown. Put your arm down by your side. Now squeeze your fingers and thumb together as hard as you can. Record first measurement and move the lever to zero.**

Kgs (*Refused=88 Not asked=99*)      Record on card.

**Q158. Now let's try that again using the same hand.**

*Record second measurement.*

Kgs (*Refused=88 Not asked=99*)      Record on card.

**Q159. I read some shopping items to your earlier. I'd like you to tell me all the items you can from the shopping list, starting now.**

Delayed recall score=\_\_\_\_\_



**Q160.** I am now going to ask you to do a task that can't be done on the computer. First I will give you this sheet. Give Respondent Showcard C and use the printed instructions to explain the task.

Number correct

Refused/Not asked=999

Couldn't comprehend/other=888

**Q161a-b.** We would now like to measure your lung capacity. (Insert the cardboard tube and push the switch to the FEV position). I'm going to take 3 measures so that we can average them for a more accurate reading. I'll ask you to stand to do this. Breathe in until your lungs are completely full. Now, seal your lips around the mouthpiece and blow out as hard and fast as possible until you cannot push anymore out. Record the first measure displayed under FEV. Now, push the switch upwards to the FVC position and record reading under FVC.

FEV

FVC (No reading=777, Refused=888, Not asked=999)

**Q162a-b.** Turn spirometer to 'OFF' position before turning it to FEV position for second reading. Would you mind doing that again please? If the Respondent complains of breathlessness or dizziness, wait for them to get their breath back before going on.

FEV

FVC (No reading=777, Refused=888, Not asked=999)

**Q163a-b.** Turn spirometer to 'OFF' position before turning it to FEV position for third reading. And just once more? Again, if Respondent complains of breathlessness or dizziness, pause for them to get their breath back. If you have already had to before the second reading, do not continue with the third reading.

FEV

FVC (No reading=777, Refused=888, Not asked=999)

Your average Forced Vital Capacity (or FVC) is \_\_\_\_\_ while your Forced Expired Volume in 1 second (or FEV) is \_\_\_\_\_ . Record results on card.

**Q164-168.** Now I am going to say some numbers. When I stop I want you to say them backwards. For example, if I say 7-1-9, what would you say? Pause for respondent to respond. If respondent responds correctly (9-1-7) say, That's right and proceed to item 1. If respondent fails the example, say, No, you would say 9-1-7. I said 7-1-9, so to say it backwards you would say 9-1-7. Now try these numbers. Remember, you are to say them backwards. 3-4-8. Whether respondent succeeds or fails with the second example (3-4-8) proceed to item 1. Give no help on this second example or on any of the items to follow. Read at a rate of one number per second

Digit backwards score = \_\_\_\_\_

I am now going to ask you to do another task. This is a exercise to see how quickly and accurately you can work with your hands. Before you begin each part of the test, you will be told what to do and then you will have an opportunity to practice. Be sure you understand exactly what to do. Firstly, could you tell me which is your preferred or dominant hand? (Do first test with dominant hand or right hand if ambidextrous).

Q169. 1 ○Right 2 ○Left 3 ○Ambidextrous 4 ○Don't know

**Pick up one pin at a time with your (right/left) hand from the (right/left) cup. Starting with the top hole, place each pin in the (right/left)-hand row. Demonstrate by placing one pin in top hole. Now you may insert a few pins for practice. If during the testing time you drop a pin, do not stop to pick it up. Simply continue by picking another pin out of the cup. Correct any errors and answer any questions. When respondent has inserted 3 or 4 and appears to understand the task, say Stop. Now take out the practice pins and place them back in the (right/left) cup.**

**Q170. When I say 'Begin', place as many pins as you can in the (right/left) - hand row starting with the top hole. Work as rapidly as you can until I say 'Stop'. Use stopwatch to time for 30 seconds then say 'Stop'. Record number of pegs inserted.**

Number correct Refused/Not asked=99 Couldn't comprehend/other=88

**Q171. Now, I would like you to do this again using the other hand. Repeat test.**

Number correct Refused/Not asked=99 Couldn't comprehend/other=88

**Q172. For this part of the test I would like you to use both hands at the same time. Pick up a pin from the right-hand cup with your right hand and at the same time pick up a pin from the left-hand cup with your left hand, and place the pins down the rows. Begin with the top hole of both rows. Demonstrate. Then replace the pins used for demonstration. Now you may insert a few pins with both hands to practice. After 3 or 4 pairs of pins have been correctly inserted, say: Stop. Take out the practice pins and put them back in the proper cups. Then say: When I say 'Begin', place as many pins as you can with both hands, starting with the top hole of both rows. Work as rapidly as you can until I say 'Stop'. Are you ready? Begin. Time for 30 seconds then say, 'Stop'. Record total number of pairs inserted.**

Number correct Refused/Not asked=99 Couldn't comprehend/other=88

**Now I'm going to take your blood pressure again one final time. Replace cuff and tighten. I will now inflate the cuff again.**

**Q173a-e.**

SYSTOLIC READING  
DIASTOLIC READING  
PULSE

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Malfunction=777, Refused=888, Not asked=999

The respondent was? 1 ○Seated 2 ○Lying down 3 ○refused/no asked  
Which arm was used? 1 ○Left 2 ○Right 3 ○refused/not asked

*Place Trailmaking Sheet Part A Sample on the table in front of the Respondent. Give the respondent a pencil. Say: On this page [point] are some numbers. Begin at number 1 [point to 1] and draw a line from 1 to 2 [point to 2], 2 to 3 [point to 3], 3 to 4 [point to 4] and so on, in order, until you reach the end [point to circle marked "end"]. Draw the lines as fast as you*

**can. Ready? Begin.** *If the subject completes the sample item correctly and shows that they know what to do, say, "Good! Let's try the next one." And give the test proper. If the Respondent makes a mistake, point out the error and explain it. If necessary guide the Respondent's hand through the trail, with pencil upside down. Then say: "Now you try it."*

*Always, when turning to the proper test, say: **On this page are numbers from 1 to 25. Do this the same way: Begin at number 1 [point] and draw a line from 1 to 2 [point to 2], 2 to 3 [point to 3], 3 to 4 [point to 4] and so on, in order, until you reach the end [point]. Draw the lines as fast as you can.***

**Ready? Begin!**

*Start timing as soon as the instruction is given to begin. Watch closely to catch errors. Call errors to the Respondent's attention immediately and have them proceed from the point the mistake occurred. Do not stop timing. Record the time taken to complete the test. Also record the number of errors. If Respondent makes 5 errors or exceeds 300 seconds (5 minutes) discontinue the test. At the end, say **That's fine.** (Enter 99, 999 or 9 if not tested).*

**Q174a-d.**

Number of circles joined (Max 25)

Total time (secs)

Errors (max 5)

1  Completed      2  Discontinued      3  Not tested

**On this page [point] are some numbers letters. Begin at number 1 [point to 1] and draw a line from 1 to A [point to A], A to 2 [point to 2], 2 to B [point to B], B to 3 [point to 3], 3 to C [point to C], and so on, in order, until you reach the end [point to circle marked "end"].**

**Remember, first you have a number [point to 1], then a letter [point to A], then a number [point to 2], then a letter [point to B]. Draw the lines as fast as you can. Ready? Begin.** *If the subject completes the sample item correctly and shows that they know what to do, say, "Good! Let's try the next one." And give the test proper. If the Respondent makes a mistake, point out the error and explain it. If necessary guide the Respondent's hand through the trail, with pencil upside down. Then say: "Now you try it." Always, when turning to the test proper, say **On***

**this page are more numbers and letters. Do this the same way: begin at number 1 [point to 1] and draw a line from 1 to A [point to A] A to 2 [point to 2] , 2 to B [point to B], B to 3 [point to 3], 3 to C [point to C], and so on, in order. Remember, work as fast as you can.**

**Ready? Begin!**

*Start timing as soon as the instruction is given to begin. Watch closely to catch errors. Call errors to the Respondent's attention immediately and have them proceed from the point the mistake occurred. Do not stop timing. Record the time taken to complete the test. Also record the number of errors. If Respondent makes 5 errors or exceeds 300 seconds (5 minutes) discontinue the test. At the end, say **That's fine.** (Enter 99, 999 or 9 if not tested).*

**Q175a-d.**

Number of circles joined (Max 25)

Total time (secs)

Errors (max 5)

**Now, I am going to show you some faces. You will have 45 seconds to look at them. I want you to study the faces carefully so that you will be able to recognise them when I show them to you a second time along with faces you haven't seen before.**

**Here are the faces. Please study them carefully and try to remember them.** *Show respondent Showcard D for 45 seconds.*

*After 45 secs say. Now I'm going to show you a set of 25 faces. You've already seen 12 of them. I want you to tell me which faces you've seen before. Show showcard E and say:*

**Q176. Call out the numbers of the faces that you have already seen.** *If the respondent calls out fewer than 12 faces, encourage them to continue 'guessing' until a total of 12 choices is made. If respondent calls out more than 12 faces, ask them to eliminate the choices about which they are least confident until the total is reduced to 12.*

- |                                  |                             |                             |                             |                             |
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| <input type="checkbox"/> 6       | <input type="checkbox"/> 7  | <input type="checkbox"/> 8  | <input type="checkbox"/> 9  | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 11      | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 16      | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 |
| <input type="checkbox"/> 21      | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> Refused |                             |                             |                             |                             |

#### MMSE

For the next exercise the participant should be wearing their regular footwear.

**Q199. I am now going to ask you to do some simple exercises that test your mobility, strength and balance. First, I am going to ask you to walk 3 metres, turn around and walk back. I'll just measure out a 3 metre distance.** Put a marker on the floor to indicate 3 metres. **Now, when I say "Go", start from here.** (indicate) **I would like you to walk at your usual walking pace, turn at the marker and walk back to where you started. Make sure that both feet come up to the marker.** Demonstrate this. The participant must go up to the marker with both feet and turn, ie they cannot stop short, step out with one foot to the marker and then turn back.

Say, "Go" and start the stopwatch at the same time. When the participant reaches the starting point stop the stopwatch and record the time in seconds.

\_\_\_\_\_ seconds

**Q200.** For the next exercise you need the participant to be sitting on a chair without arms. A dining chair would be suitable for this. Also, they should be wearing either low heeled shoes or be bare footed.

I will now ask you to sit here (indicate chair) with your back against the back of the chair and both feet resting on the floor. I am going to ask you to stand and sit 5 times as quickly as possible. Would you like to practice that? (Allow practice).

Now, when I say "Go" you can start. Say "Go" and start the stopwatch. Say "stop" after the participant has stood 5 times and is standing upright, stopping the stopwatch at the same time. Record the time taken in seconds.

\_\_\_\_\_ seconds.

**Q201** The next exercise needs to be done on low pile carpet. As this is a test of balance and the participant may lose their balance you will need to stand close to them to provide support if necessary. Also, do the exercise behind a chair so that the participant can grab it if necessary.

**For the next exercise I would like you to take your shoes off and stand like this.** Demonstrate position with arms by the sides. **One foot should be 2.5cms (1 inch) in front and to the side of the other foot. It doesn't matter which foot is in front. Just have a practice.** When the participant has had a practice say, **Now I would like you to stand in that position again with your eyes closed and try to hold it until I tell you to stop.**

As soon as participant gets into the correct position and closes their eyes, start timing. Time how long they can maintain the position without opening their eyes, grabbing the back of the chair, stepping or requiring support from you. If the participant cannot adopt the stance at all score 0 seconds. Time for a maximum of 30 seconds. If they stand for less then 5 seconds give them a second try and record the time of the better attempt. Score 99 if not attempted.

\_\_\_\_\_ seconds

This next measure looks at your knowledge of words. You will be asked to decide which of *two items*, such as 'bread' and 'glot', is a real word and which is an invented item; 'bread', of course, is the real word. Each of the pairs of items below contains one real word and one nonsense word invented so as to look like a word but having no meaning. Please mark the item in *each pair* that you think is a real word. Some will be common words, most will be uncommon and some will be rarely used.

**If you are unsure, guess. You will probably be right more often than you think. Before you begin the main test try the following word pairs.**

**Practice**

END OF TESTING

The next series 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?**

**Q262. Little interest or pleasure in doing things?**

1○ Not at all    2○ Several days    3○ More than half the days    4○ Nearly every day

**Q263. Feeling down, depressed or hopeless?**

1○ Not at all    2○ Several days    3○ More than half the days    4○ Nearly every day

**Q264. Trouble falling or staying asleep, or sleeping too much?**

1○ Not at all    2○ Several days    3○ More than half the days    4○ Nearly every day

**Q265. Feeling tired or having little energy?**

1○ Not at all    2○ Several days    3○ More than half the days    4○ Nearly every day

**Q266. Poor appetite or overeating?**

1○ Not at all    2○ Several days    3○ More than half the days    4○ Nearly every day

**Q267. Feeling bad about yourself- that you are a failure or have let yourself or your family down?**

1○ Not at all    2○ Several days    3○ More than half the days    4○ Nearly every day

**Q268 Trouble concentrating on things such as reading the newspaper or watching television?**

1○ Not at all    2○ Several days    3○ More than half the days    4○ Nearly every day

**Q269. 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?**

1  Not at all    2  Several days    3  More than half the days    4  Nearly every day

**Q270. Thoughts that you would be better off dead or of hurting yourself in some way?**

1  Not at all    2  Several days    3  More than half the days    4  Nearly every day

**Q271. In the last FOUR weeks, have you had an anxiety attack- suddenly feeling fear or panic?**

1  No    2  Yes

If Q271=1 go to Q272

**Q271a. Has this ever happened before?**    1  No    2  Yes

**Q271b. 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?**

1  No    2  Yes

**Q271c. Do these attacks bother you a lot or are you worried about having another attack?**

1  No    2  Yes

**Q271d. 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?**

1  No    2  Yes

**Over the last 4 weeks how often have you been bothered by any of the following?**

**Q272. Feeling nervous, anxious, on edge, or worrying a lot about different things?**

- 1  Not at all  
2  Several days  
3  More than half the days

If Q271=1 go to Q272

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

**Q272a. Feeling restless so it is hard to sit still**

1  Not at all    2  Several days    3  More than half the days

**Q272b. Getting tired very easily**

1  Not at all    2  Several days    3  More than half the days

**Q272c. Muscle tension, aches, or soreness**

1  Not at all    2  Several days    3  More than half the days

**Q272d. Trouble falling asleep or staying asleep**

1  Not at all    2  Several days    3  More than half the days

**Q272e. Trouble concentrating on things, such as reading a book or watching TV.**

1  Not at all    2  Several days    3  More than half the days

**Q272f. Becoming easily annoyed or irritable**

1  Not at all    2  Several days    3  More than half the days

**Q273-296. The following scale consists of a number of words that describe different feelings or emotions. Please read each item and indicate to what extent you have been feeling this way in the last 4 weeks.**

<b>Disgusted</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Attentive</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Strong</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely

<b>Scornful</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Irritable</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Inspired</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Afraid</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Alert</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Upset</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Angry</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Active</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Guilty</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Nervous</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Excited</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Hostile</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Proud</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Jittery</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Ashamed</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Scared</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Enthusiastic</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Distressed</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Determined</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Interested</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
<b>Loathing</b>	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely

**Q297-314.** Next are some specific questions about your health and how you have been feeling *in the last 4 weeks*. In the last 4 weeks:

- |   |                            |                             |
|---|----------------------------|-----------------------------|
| Have you felt keyed up or on edge?  | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you been worrying a lot?   | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you been irritable?  | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you had difficulty relaxing?   | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you been sleeping poorly?  | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you had headaches or neckaches?  | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass water more often than usual? | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you been worried about your health?  | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you had difficulty falling asleep?   | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you been lacking energy?   | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you lost interest in things?   |                            |                             |
| Have you lost confidence in yourself?   | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you felt hopeless?   | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you had difficulty concentrating?  | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you lost weight (due to poor appetite)?  | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you been waking early?   | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you felt slowed up?  | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Have you tended to feel worse in the mornings?  | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |

In the *LAST YEAR* have you ever:

- |   |                            |                             |
|---|----------------------------|-----------------------------|
| Q315. Felt that life is hardly worth living?            | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Q316. Thought that you really would be better off dead? | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |
| Q317. Thought about taking your own life?               | 1 <input type="radio"/> No | 2 <input type="radio"/> Yes |

If Q317=1, go to Q318.

In the *LAST YEAR* have you ever:

- Q317a. Made plans to take your own life?**      1  No      2  Yes  
**Q317b. Attempted to take your own life?**      1  No      2  Yes

**The purpose of the next few questions is to find out how your mood and behaviour change over time. To what degree do the following change with the seasons?**

- Q318. Your sleep length:**
- 1  No change
  - 2  Slight change
  - 3  Moderate change
  - 4  Marked change
  - 5  Extremely marked change

- Q319. Social activity:**
- 1  No change
  - 2  Slight change
  - 3  Moderate change
  - 4  Marked change
  - 5  Extremely marked change



**Q320. Mood:**  
1  No change  
2  Slight change  
3  Moderate change  
4  Marked change  
5  Extremely marked change

**Q321. Weight:**  
1  No change  
2  Slight change  
3  Moderate change  
4  Marked change  
5  Extremely marked change

**Q322. Appetite:**  
1  No change  
2  Slight change  
3  Moderate change  
4  Marked change  
5  Extremely marked change

**Q323. Energy level:**  
1  No change  
2  Slight change  
3  Moderate change  
4  Marked change  
5  Extremely marked change

**In which month of the year do you:**

**Q324. Feel best**

1  January    2  February    3  March    4  April    5  May    6  June  
7  July    8  August    9  September    10  October    11  November    12  December  
13  *There is no difference*

**Q325. Feel worst**

1  January    2  February    3  March    4  April    5  May    6  June  
7  July    8  August    9  September    10  October    11  November    12  December  
13  *There is no difference*

**Q326. Have you ever in your life been markedly depressed; that is, for several weeks or more, you felt sad, lost interest in things and felt lacking in energy?**

1  Yes    2  No

*If Q326=2 go to Q327*

**Q326a. Did this occur some time during the past 4 years, since we last interviewed you?**

1  Yes    2  No

**Q326b. Did you see a counsellor or a doctor for depression some time during the last 4 years.**

1  Yes    2  No

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

**Q327. There is really no way I can solve some of the problems I have.**

1  Strongly agree    2  Agree    3  Disagree    4  Strongly disagree

**Q328. Sometimes I feel that I'm being pushed around in life.**

1  Strongly agree    2  Agree    3  Disagree    4  Strongly disagree

**Q329. I have little control over the things that happen to me.**

1  Strongly agree 2  Agree 3  Disagree 4  Strongly disagree

**Q330. I can do just about anything I really set my mind to do.**

1  Strongly agree 2  Agree 3  Disagree 4  Strongly disagree

**Q331. I often feel helpless in dealing with the problems of life.**

1  Strongly agree 2  Agree 3  Disagree 4  Strongly disagree

**Q332. What happens to me in the future mostly depends on me.**

1  Strongly agree 2  Agree 3  Disagree 4  Strongly disagree

**Q333. There is little I can do to change many of the important things in my life.**

1  Strongly agree 2  Agree 3  Disagree 4  Strongly disagree

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

**Q334. I think about how alone I feel.**

1  Never 2  Sometimes 3  Often 4  Always

**Q335. I think about my feelings of fatigue and achiness.**

1  Never 2  Sometimes 3  Often 4  Always

**Q336. I think about how hard it is to concentrate.**

1  Never 2  Sometimes 3  Often 4  Always

**Q337. I think about how passive and unmotivated I feel.**

1  Never 2  Sometimes 3  Often 4  Always

**Q338. I think, "Why can't I get going?"**

1  Never 2  Sometimes 3  Often 4  Always

**Q339. I think about a recent situation, wishing it had gone better.**

1  Never 2  Sometimes 3  Often 4  Always

**Q340. I think about how sad I feel.**

1  Never 2  Sometimes 3  Often 4  Always

**Q341. I think about all my shortcomings, failings, faults and mistakes.**

1  Never 2  Sometimes 3  Often 4  Always

**Q342. I think about how I don't feel up to doing anything.**

1  Never 2  Sometimes 3  Often 4  Always

**Q343. I think, "Why can't I handle things better?"**

1  Never 2  Sometimes 3  Often 4  Always

**The next few questions ask about your attitude to religion.**

**Q344. How often did you attend regular religious services during the year?**

- 1  Never
- 2  A few times a year
- 3  Once a month
- 4  More than once a month
- 5  Once a week
- 6  More than once a week

**Q345. Aside from how often you attended religious services, do you consider yourself to be?**

- 1  Against religion
- 2  Not at all religious
- 3  Only slightly religious
- 4  Fairly religious
- 5  Deeply religious

**Q346. How much is religion a source of strength and comfort to you?**

- 1  None
- 2  A little
- 3  Somewhat
- 4  A great deal

**Q347. Do you have any spiritual beliefs, that are not associated with a religion, but which are a source of strength and comfort to you?**

- 1  Yes
- 2  No

*If Q347=2 go to Q348*

**Q347a Could you briefly describe these beliefs?**

**Q348-Q383. Here are some questions concerning the way you behave, feel and act. Decide for each question whether 'YES' or 'NO' represents your *usual way* of acting or feeling. Work quickly, and don't spend too much time over any question.**

- |  |                             |                            |
|--|-----------------------------|----------------------------|
| <b>Does your mood often go up and down?</b>                                  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Do you take much notice of what people think?</b>                         | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Are you a talkative person?</b>   | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Do you ever feel 'just miserable' for no reason?</b>                      | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Would being in debt worry you?</b>  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Are you rather lively?</b>  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Are you an irritable person?</b>  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Would you take drugs which may have strange or dangerous effects?</b>     | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Do you enjoy meeting new people?</b>                                      | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Are your feelings easily hurt?</b>  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Do you prefer to go your own way rather than act by the rules?</b>        | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Can you usually let yourself go and enjoy yourself at a lively party?</b> | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Do you often feel 'fed-up'?</b>   | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Do good manners and cleanliness matter much to you?</b>                   | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Do you usually take the initiative in making new friends?</b>             | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Would you call yourself a nervous person?</b>                             | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Do you think marriage is old-fashioned and should be done away with?</b>  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Can you easily get some life into a rather dull party?</b>                | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Are you a worrier?</b>  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Do you enjoy cooperating with others?</b>                                 | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Do you tend to keep in the background on social occasions?</b>            | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| <b>Does it worry you if you know there are mistakes in your work?</b>        | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |

Would you call yourself tense or 'highly-strung'?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Do you think people spend too much time safeguarding their future with savings and insurance?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Do you like mixing with people?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Do you worry too long after an embarrassing experience?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Do you try not to be rude to people?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Do you like plenty of bustle and excitement around you?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Do you suffer from "'nerves"?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Would you like other people to be afraid of you?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Are you mostly quiet when you are with other people?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Do you often feel lonely?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Is it better to follow society's rules than go your own way?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Do other people think of you as being very lively?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Are you often troubled about feelings of guilt?	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Can you get a party going?	1 <input type="radio"/> Yes	2 <input type="radio"/> No

**Q384-407.** 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.

**A person's family is the most important thing in life.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**Even if something bad is about to happen to me, I rarely experience fear or nervousness.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**I go out of my way to get things I want.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**When I'm doing well at something, I love to keep at it.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**I'm always willing to try something new if I think it will be fun.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**How I dress is important to me.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**When I get something I want, I feel excited and energised.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**Criticism or scolding hurts me quite a bit.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**When I want something I usually go all-out to get it.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**I will often do things for no other reason than that they might be fun.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**It's hard for me to find the time to do things such as get a hair cut.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**If I see a chance to get something I want I move on it right away.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**I feel pretty worried or upset when I think or know somebody is angry at me.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**When I see an opportunity for something I like I get excited right away.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**I often act on the spur of the moment.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for me 4  Very true for me

**If I think something unpleasant is going to happen I usually get pretty 'worked-up'.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for 4  Very true for me

**I often wonder why people act the way they do.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for 4  Very true for me

**When good things happen to me, it affects me strongly.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for 4  Very true for me

**I feel worried when I think I have done poorly at something important.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for 4  Very true for me

**I crave excitement and new sensations.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for 4  Very true for me

**When I go after something, I use a 'no holds barred' approach.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for 4  Very true for me

**I have very few fears compared to my friends.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for 4  Very true for me

**It would excite me to win a contest.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for 4  Very true for me

**I worry about making mistakes.**

1  Very false for me 2  Somewhat false for me 3  Somewhat true for 4  Very true for me

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

**Q408. In most ways my life is close to ideal.**

1  Strongly disagree 2  Disagree 3  Slightly disagree 4  Neither agree not disagree

5  Slightly agree 6  Agree 7  Strongly agree

**Q409. The conditions of my life are excellent.**

1  Strongly disagree 2  Disagree 3  Slightly disagree 4  Neither agree not disagree

5  Slightly agree 6  Agree 7  Strongly agree

**Q410. I am satisfied with my life.**

1  Strongly disagree 2  Disagree 3  Slightly disagree 4  Neither agree not disagree

5  Slightly agree 6  Agree 7  Strongly agree

**Q411. So far, I have gotten the important things I want in life.**

1  Strongly disagree 2  Disagree 3  Slightly disagree 4  Neither agree not disagree

5  Slightly agree 6  Agree 7  Strongly agree

**Q412. If I could live my life over, I would change almost nothing.**

1  Strongly disagree 2  Disagree 3  Slightly disagree 4  Neither agree not disagree

5  Slightly agree 6  Agree 7  Strongly agree

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

**Q413. Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework).**

1  3 times a week or more 2  Once or twice a week 3  About 1-3 times a month

4  Never/hardly ever

**Q414. Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).**

1  3 times a week or more 2  Once or twice a week 3  About 1-3 times a month

4  Never/hardly ever

**Q415. Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing).**

1  3 times a week or more 2  Once or twice a week 3  About 1-3 times a month

4  Never/hardly ever

**Q416-418.** Please give the average number of hours per week you spend in such sports or activities. (Please enter '0' in hours and minutes if not undertaken at all.)

Mildly energetic (e.g. walking, weeding)  hours  minutes

Moderately energetic (e.g. dancing, cycling)  hours  minutes

Vigorous (e.g. running, squash)  hours  minutes

**Q419-472.** Please indicate whether you have undertaken any of the following activities in the last 6 months.

- |  |                             |                            |
|--|-----------------------------|----------------------------|
| Made or repaired clothes                               | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Fixed mechanical things or appliances                  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Built things with wood                                 | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Driven a truck or tractor                              | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Used metalwork or machine tools                        | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Worked on cars, bicycles or motorbikes                 | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Taken an engineering, woodwork or car mechanics course | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Worked in the garden                                   | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Cooked meals   | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Read scientific books or magazines                     | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Worked in a laboratory                                 | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Worked on a scientific project                         | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Read about special subjects on my own                  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Solved maths or chess puzzles                          | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Done troubleshooting of software packages on a PC      | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Taken a science course                                 | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Followed science shows on TV or radio                  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Participated in a science fair or conference           | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Sketched, drawn or painted                             | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Gone to or acted in plays                              | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Played in a band, group, or orchestra                  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Practised a musical instrument                         | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Gone to recitals, concerts, or musicals                | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Taken portrait photographs                             | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Read literature  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Read or written poetry                                 | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Taken an art course                                    | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Written letters to friends                             | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Attended religious services                            | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Belonged to clubs                                      | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Helped others with their personal problems             | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Taken care of children                                 | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Gone to parties or pubs                                | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Gone dancing   | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Attended meetings or conferences                       | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Worked as a volunteer                                  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Discussed politics                                     | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Influenced others                                      | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| Operated your own service or business                  | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |

Taken part in a sales conference	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Been on the committee of a group	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Supervised the work of others	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Met important people	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Led a group in accomplishing some goal	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Organized a club, group or gang	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Typed papers or letters for yourself or for others	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Added, subtracted, multiplied, and divided numbers in business or bookkeeping	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Operated fax machines, PCs and printers	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Kept detailed records of expenses	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Filed letters, reports, records, etc.	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Written business letters	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Taken a business course	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Taken a bookkeeping course	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Done a lot of paperwork in a short time	1 <input type="radio"/> Yes	2 <input type="radio"/> No

In January 2003, the Canberra region experienced bushfires. The following questions ask about your experiences with these fires:

Q473. Was the area in which you live or work put on alert because of the threat of fire?  
 Yes  No

Q474. Were you evacuated from your home or workplace because of the threat of fire?  
 Yes  No

Q475. Were you personally involved in fighting bushfires threatening your own home or neighbourhood?  
 Yes  No

Q476. Apart from defending your own home and neighbourhood, did you do any work involving the bushfires or their effects? (e.g. fighting fires, keeping order, dealing with health effects, restoring power, caring for victims).

1  Yes 2  No

Q477. Were buildings in your suburb damaged or destroyed by fire?

1  Yes 2  No

Q478. Were your own home, possessions or workplace damaged or destroyed?

1  Yes 2  No

Q479. Did any relative or friend have their home, possessions or workplace damaged or destroyed?

1  Yes 2  No

Q480. Did you suffer any injury due to the fires?

1  Yes 2  No

Q481. Did any relative or friend die or suffer injury due to the fires?

1  Yes 2  No

Q482. Did you own any animal that suffered as a result of the fires?

1  Yes 2  No

Q483. Did you feel very frightened or upset during the period of the fires?

1  Yes 2  No

Q484-493. Please consider the following reactions that sometimes occur following such an event. The following questions are concerned with your personal reactions to the bushfires. Please indicate whether or not you have experienced any of the following *at least twice in the past week*.

- Upsetting thoughts or memories about the bushfires that have come into your mind against your will. 1  Yes 2  No
- Upsetting dreams about the bushfires. 1  Yes 2  No
- Acting or feeling as though the bushfires were happening again. 1  Yes 2  No
- Feeling upset by reminders of the bushfires. 1  Yes 2  No
- Bodily reactions (such as fast heartbeat, stomach churning, sweating, dizziness) when reminded of the bushfires. 1  Yes 2  No
- Difficulty falling asleep. 1  Yes 2  No
- Irritability or outbursts of anger. 1  Yes 2  No
- Difficulty concentrating 1  Yes 2  No
- Heightened awareness of potential dangers to yourself and others. 1  Yes 2  No
- Being jumpy or being startled at something unexpected. 1  Yes 2  No

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**CONGRATULATIONS! You have reached the end of the questionnaire. Thank you for your patience and perseverance in getting to the end.**

**Would you like to make any comments about the questionnaire?**

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