

**PATH 60+ wave 4 questionnaire**  
Self-completion

PATHID \_\_\_\_\_

Interviewer \_\_\_\_\_

Q1 What is your gender?  Male  Female

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

Q3A Postcode (only if living in Australia) \_\_\_\_\_

Q3B. Which of the following best describes your home?

- House / townhouse
- Flat / unit / apartment
- Independent unit in retirement accommodation
- Residential aged care home – low care (hostel)
- Residential aged care home – high care (nursing home)
- Granny flat
- Other \_\_\_\_\_

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

Q5 Are you currently in a relationship with someone?

- Yes, living with the person you are married to
- Yes, living with a partner (but not married to them)
- Yes, in a relationship with someone but not living with them
- No, not in a relationship with anyone
- Married or have a partner but NOT living together as one is in a hostel/nursing home/hospital.

Q6 What is your current marital status?

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

Q7 How many times have you been married or lived in a de facto relationship? Apart from your current relationship, *which you should include*, only include relationships that lasted for 6 months or more.

\_\_\_\_\_

*If you have not been married or lived in a de facto relationship go to Q10*

*If you are currently married or living with a partner and have only been married or lived with a partner once go to Q9A*

Q8A, Q8B How long have you been *separated / divorced / widowed* from your (previous) partner?

\_\_\_\_\_ Years \_\_\_\_\_ Months

*If not married or living with a partner go to Q10*

Q9A, Q9B How long have you been *living with your current partner*? \_\_\_\_\_ Years \_\_\_\_\_ Months

**Q10 Have you completed any further education since your last interview?** Yes No

*If you have NOT completed any education since your last interview go to Q11*

**Q10A What was the highest qualification that you completed since your last interview?**

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

*If you did NOT complete a Trade certificate, tech or advanced certificate, other certificate or associate diploma go to Q11*

**Q10A1 How long did that certificate or diploma take to complete, studying full time?**

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

**Q11 Are you presently studying? If No, tick "None of the above". If yes, what qualification are you working toward?**

Please choose **all** that apply:

- 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 you are not currently studying go to Q12*

*If you are not currently doing a Trade certificate, tech or advanced certificate, other certificate or associate diploma go to Q11B*

**Q11A How long does that certificate or diploma take to complete, studying full time?**

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

**Q11B Are you studying ?** Full-time Part-time Refused

**Q12 How would you describe your current employment status?**

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

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.

**Q13. 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?*

**Q14. 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

**Q15. 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

**Q16. Lifting or carrying groceries?**

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

**Q17. Climbing several flights of stairs?**

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

**Q18. Climbing one flight of stairs?**

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

**Q19. Bending, kneeling or stooping?**

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

**Q20. Walking more than one kilometre?**

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

**Q21. Walking half a kilometre?**

- 1  Yes - limited a lot

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

**Q22. Walking 100 metres?**  
1  Yes - limited a lot  
2  Yes - limited a little  
3  No - not limited at all

**Q23. 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?**

**Q24. Have you accomplished less than you would like as a result of your physical health?**      1  Yes      2  No

**Q25. 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)?**

**Q26. Have you accomplished less than you would like as a result of any emotional problems?**      1  Yes      2  No

**Q27. Did you not do work or other activities as carefully as usual as a result of any emotional problems?**      1  Yes      2  No

**Q28. 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.**

**Q29. 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

**Q30. 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

**Q31. 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

**Q32. 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

**Q33 In the PAST 4 WEEKS, for how many days were you *totally unable* to carry out your usual activities or work because of any health condition?**

\_\_\_\_\_ days

**Q34 In the PAST 4 WEEKS, for how many days did you *cut back or reduce* your usual activities or work because of any health condition? (not counting the days that you were totally unable)**

\_\_\_\_\_ days

**Q35 To what extent are you responsible for household tasks? (These include such activities as preparing meals, shopping for household items, cleaning, washing clothes and gardening).**

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

**Q36 To what extent are you responsible for financial management in your household? (Financial management includes paying bills, saving, planning investments or priorities in money use).**

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

**Q37 To what extent are you responsible for providing the money for your household?**

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

Do you have a problem doing any of the following activities:

**Q38. Do you have any difficulty using a map to figure out how to get around in a strange place?**

1.  Yes
2.  No
3.  Can't do
4.  Don't do

*If you have no difficulty using a map go to Q39*

**Q38a. Is that because of a:**

1.  Health problem
2.  Memory problem
3.  Health and memory problem
4.  Other

**Q39. Do you have any difficulty preparing a hot meal?**

1.  Yes
2.  No
3.  Can't prepare meals
4.  Don't prepare meals

*If you have no difficulty preparing a hot meal go to Q40*

**Q39a. Is that because of a:**

1.  Health problem
2.  Memory problem
3.  Health and memory problem
4.  Other
5.  Refused

**Q39b. Does anyone help you prepare hot meals?**

1.  Yes
2.  No

**Q40. Do you have any difficulty shopping for groceries?**

1.  Yes
2.  No
3.  Can't shop for groceries
4.  Don't shop for groceries

*If you have no difficulty shopping for groceries go to Q41*

**Q40a. Is that because of a:**

1.  Health problem
2.  Memory problem
3.  Health and memory problem
4.  Other

**Q40b. Does anyone help you shop for groceries?**

1.  Yes
2.  No

**Q41. Do you have any difficulty making telephone calls?**

1.  Yes
2.  No
3.  Can't make phone calls
4.  Don't make phone calls

If you have no difficulty making telephone calls go to Q42

**Q41a. Is that because of a:**

1.  Health problem
2.  Memory problem
3.  Health and memory problem
4.  Other

**Q41b. Does anyone help you make telephone calls?**

1.  Yes
2.  No

**Q42. Do you have any difficulty taking medications?**

1.  Yes
2.  No
3.  Can't take medications
4.  Don't take medication

If you have no difficulty taking medications go to Q43

If you have difficulty or can't take medications go to Q42b

**Q42a. Do you think you would have any difficulty taking medications if you needed to do so?**

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

If you wouldn't have problems taking medications if you had to OR if you don't know go to Q43

**Q42b. Is that because of a:**

1.  Health problem
2.  Memory problem
3.  Health and memory problem
4.  Other

If q42=4 go to Q43

**Q42c. Does anyone help you take medications?**

1.  Yes
2.  No

**Q43 Do you need any help with household duties or personal care which you cannot do on your own?**

1.  Yes
2.  No

If you do not need any help go to Q44

**Q43 A-E Who now helps you with household duties or personal care? (circle answer)**

Wife/husband	Yes	No
Adult child	Yes	No
Neighbours or friends	Yes	No
Private services (not government or voluntary agency)	Yes	No
Organised community services such as the home and community care program (eg home care, meals on wheels etc)	Yes	No

Q43F What individual or organisation (of those listed above) is most important for your support at home?

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For the purposes of the following questions, by current driver we mean *someone who has driven a car within the last twelve months and someone who would drive a car today if they needed to*.

Q44 Using that definition, do you consider yourself a current driver? 1.  Yes 2.  No

*If you are NOT a current driver go to Q45*

Q44a. On average, would you say that you personally drive:

1.  one or fewer days per week
2.  two or three days per week
3.  four or five days per week
4.  six or more days per week

Q44b. How many kilometres would you drive in an average week?

1.  5 to 50 kilometres per week
2.  51 to 150 kilometres per week
3.  151 to 200 kilometres per week
4.  More than 200 kilometres per week

Q44c. How many more years do you expect to drive? \_\_\_\_\_

*If you are a current driver go to Q46*

Q45. Have you ever driven a car? 1.  Yes 2.  No

*If you have never driven a car go to Q49*

Q45a. Did you stop driving:

1.  in the last 12 months?
2.  between 1 and 3 years ago?
3.  over three years ago?

Q46. How many years driving experience do you have? \_\_\_\_\_

Q47 How many **accidents** have you been involved in when **you were the driver**, whether or not you were at fault. (enter 0 for no accidents, 99 to refuse)

In the past 12 months: \_\_\_\_\_ In the past 5 years: \_\_\_\_\_

Q48 How many **accidents** have you been involved in when **you were the driver** where the police were called to the scene? (enter 0 for no accidents, 99 to refuse)

In the past 12 months: \_\_\_\_\_ In the past 5 years: \_\_\_\_\_



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

**Q49 Do you currently smoke?** 1.  Yes 2.  No

*If you do NOT currently smoke, go to Q55*

**Q50 Do you smoke cigarettes:**

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

*If you smoke less than once a day go to Q52*

*If don't smoke cigarettes go to Q66*

**Q51 How many cigarettes do you usually smoke in one day?** \_\_\_\_\_

*If you smoke at least once a day go to Q53*

**Q52 How many cigarettes do you usually smoke over a ONE MONTH period?** \_\_\_\_\_

**Q53 At what age did you start smoking?** \_\_\_\_\_

**Q54 On average, how many cigarettes would you have smoked each day over the time you have been smoking?**  
\_\_\_\_\_

*If you smoke at least once a day go to Q 61*

*If you smoke less than once a day go to Q66*

**Q55 Have you smoked at all over the LAST MONTH?** 1.  Yes 2.  No

*If you have NOT smoked at all over the last month go to Q57*

**Q56 Approximately how many cigarettes have you smoked in the LAST MONTH?** \_\_\_\_\_

**Q57 Have you ever smoked regularly?** 1.  Yes 2.  No

*If you have never smoked regularly go to Q66*

**Q58 At what age did you start smoking?** \_\_\_\_\_

**Q59 At what age did you stop smoking?** \_\_\_\_\_

**Q60 On average, how many cigarettes would you have smoked each day over the time you were smoking?**

: \_\_\_\_\_

*If you do NOT smoke at least once a day go to Q66*

**Q61 How soon after you wake up do you smoke your first cigarette?**

1.  Within 5 minutes
2.  6-30 minutes
3.  31-60 minutes
4.  After 60 minutes

**Q62 Do you find it difficult to refrain from smoking in places where it is forbidden eg church, at the library, in the cinema etc?**

1.  Yes 2.  No

**Q63 Which cigarette would you hate most to give up?**

1.  The first one in the morning      2.  All others

**Q64 Do you smoke more frequently during the first hours after waking than during the rest of the day?**

1.  Yes      2.  No

**Q65 Do you smoke if you are so ill that you are in bed most of the day?**

1.  Yes      2.  No

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

**Q66 How often do you have a drink containing alcohol?**

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

*If you have drunk at all in the last year go to Q68*

**Q67 Have you ever drunk alcohol?**    1.  Yes      2.  No

*If you have EVER drunk alcohol go to Q76*

*If you have NEVER drunk alcohol go to Q82*

**Q68 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

*If you are male go to Q70*

**Q69 How often do you have 5 or more standard drinks on one occasion?**

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

*If you are female go to Q71*

**Q70 How often do you have 7 or more standard drinks on one occasion?**

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

**Q71 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

**Q72 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

**Q73 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

**Q74 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

**Q75 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

**Q76 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

**Q77 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

**Q78** Think back to when your regular drinking was at its highest level. The next two questions are about the time you were *drinking at your highest level over a period of three months or longer?*

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

- 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

**Q79** How many standard drinks did you have on a typical day when you were drinking?

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

**Q80** How many years did you drink at the highest level indicated in the previous 2 questions?  
\_\_\_\_\_

**Q81** How old were you when you had your first alcoholic drink? \_\_\_\_\_

The next few screens of questions are about how you have been feeling over the *last week, 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.

**Q82-Q88** In the LAST 7 DAYS:

	Not at all true	Slightly true	Somewhat true	Very true
The idea of getting things done was important to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You had plans or goals for the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone has to tell you what to do each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting together with friends was important to you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When good things happened, you got excited.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You put effort into the things that interested you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You had motivation, a drive, and desire to do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q89-Q97** Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

**Q98 In the LAST 4 WEEKS, have you had an anxiety attack- suddenly feeling fear or panic? 1. Yes 2. No**

*If you have NOT had an anxiety attack in the last 4 weeks, go to Q99*

**Q98A Has this ever happened before? 1. Yes 2. No**

**Q98B 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. Yes 2. No**

**Q98C Do these attacks bother you a lot or are you worried about having another attack? 1. Yes 2. No**

**Q98D 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. Yes 2. No**

**Q99 Over the LAST 4 WEEKS how often have you been bothered by any of the following? Feeling nervous, anxious, on edge, or worrying a lot about different things?**

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

*If you have NOT been bothered by nervousness etc in the last 4 weeks go to Q100*

**Q99A-F Over the last 4 weeks have you been bothered by:**

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

	Not at all	Several days	More than half the days
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q100-Q117** Next are some specific questions about your health and how you have been feeling in the **LAST 4 WEEKS**.

**In the LAST 4 WEEKS:**

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

**Q119-Q124** In the **LAST YEAR** have you ever:

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

**Q125-Q136** The following questions ask you to think about yourself and other people. Please respond to each question by using your own current beliefs and experiences, NOT what you think is true in general, or what might be true for other people. Please base your responses on how you've been feeling recently. Use the rating scale to find the number that best matches how you feel. There are no right or wrong answers: we are interested in what *you* think and feel.

	1-Not at all true for me	2	3	4-Somewhat true for me	5	6	7-Very true for me
These days the people in my life would be better off if I were gone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days the people in my life would be happier without me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days I think I have failed the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days I think I contribute to the well-being of the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days I feel like a burden on the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days I think the people in my life wish they could be rid of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days I think I make things worse for the people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days, other people care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days, I feel disconnected from other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days, I feel that there are people I can turn to in times of need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days, I am close to other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These days, I have at least one satisfying interaction every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q137-Q141 Please read each item below and indicate to what extent you feel the statement describes you. Rate each statement using the scale below and indicate your responses.**

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

**Q142 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 you have NEVER been markedly depressed go to Q143*

**Q142A Did this occur some time during the past 4 years, since we last interviewed you?**

1.  Yes      2.  No

**Q142B Did you see a counsellor or a doctor for depression some time during the last 4 years.**

1.  Yes      2.  No

**Q143 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

**Q144-Q147 Over the LAST YEAR did any of the following happen to you because of a shortage of money?**

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

**Q148 How many people, including yourself, usually live in your household. (If you have children who live part-time with you please include them)**

\_\_\_\_\_

*If you live alone go to Q150*



**Q149A-J Do any of the following people live in your household?**

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

**Q150 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

**Q151 Do you own a house or unit elsewhere?**

1  Yes      2  No

**Q152 What is the main source of income of your family (considering yourself, your partner and/or others)?**

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

**Q153 What is your *own personal* 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 you main personal income is from a wage or salary go to Q155*

**Q154 Do you receive the aged pension from Centrelink or service pension from the Department of Veteran's Affairs?**

1  Yes      2  No

*If you do NOT receive a Centrelink or service pension go to Q155*

**Q154a. Is this a full or part pension?** 1.  Full      2.  Part

**Q154b. Is your pension your only source of income** 1  Yes      2  No

**Q155 Before tax is taken out, what is the present income of your household ? For this question, a household can be a person living alone or a group of people (including family, spouse/partner, children, group household) who usually live together and share or pool resources (eg money, food) in some way.**

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

**Q156 Apart from Medicare, are you currently covered by private health insurance?**

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

**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**

- 1  kitchen    2  puma    3  plorium    4  cuticle    5  flonty    6  craxent  
 harrick     laptess     levity     andrinand     xylophone     sofa

**T43-T102. Mark correct words**

- |                                    |                                   |                                    |                                   |
|------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| 1 <input type="radio"/> broxic     | 1 <input type="radio"/> pinnace   | 1 <input type="radio"/> mannerism  | 1 <input type="radio"/> daffodil  |
| 2 <input type="radio"/> oasis      | 2 <input type="radio"/> strummage | 2 <input type="radio"/> whitten    | 2 <input type="radio"/> gombie    |
| 1 <input type="radio"/> bellissary | 1 <input type="radio"/> vellicle  | 1 <input type="radio"/> necromancy | 1 <input type="radio"/> narwhal   |
| 2 <input type="radio"/> cyan       | 2 <input type="radio"/> sampler   | 2 <input type="radio"/> ghoumic    | 2 <input type="radio"/> epilair   |
| 1 <input type="radio"/> venady     | 1 <input type="radio"/> plargen   | 1 <input type="radio"/> clegger    | 1 <input type="radio"/> knibbet   |
| 2 <input type="radio"/> monad      | 2 <input type="radio"/> savage    | 2 <input type="radio"/> minim      | 2 <input type="radio"/> mandrake  |
| 1 <input type="radio"/> canticle   | 1 <input type="radio"/> threnody  | 1 <input type="radio"/> brastome   | 1 <input type="radio"/> shako     |
| 2 <input type="radio"/> grammule   | 2 <input type="radio"/> epigrot   | 2 <input type="radio"/> banshee    | 2 <input type="radio"/> strubbage |
| 1 <input type="radio"/> paraclete  | 1 <input type="radio"/> froopid   | 1 <input type="radio"/> rouse      | 1 <input type="radio"/> goblet    |

- |              |                |               |                 |
|--------------|----------------|---------------|-----------------|
| 2○ elezone   | 2○ clod        | 2○ choffid    | 2○ prelly       |
| 1○ flexipore | 1○ agipect     | 1○ tarantula  | 1○ treliding    |
| 2○ viscera   | 2○ almond      | 2○ hostent    | 2○ rafters      |
| 1○ legify    | 1○ obsidian    | 1○ restance   | 1○ pimple       |
| 2○ archaic   | 2○ plassious   | 2○ zombie     | 2○ brizzler     |
| 1○ frellid   | 1○ hilfren     | 1○ livid      | 1○ thrash       |
| 2○ static    | 2○ domain      | 2○ trasket    | 2○ listid       |
| 1○ holomator | 1○ orifice     | 1○ phalanx    | 1○ chloroleptic |
| 2○ dross     | 2○ serple      | 2○ distrivial | 2○ lapidary     |
| 1○ biothon   | 1○ archipelago | 1○ groudy     | 1○ moxid        |
| 2○ palfrey   | 2○ zampium     | 2○ toga       | 2○ tangible     |
| 1○ moralist  | 1○ quince      | 1○ lignovate  | 1○ gibbon       |
| 2○ florrical | 2○ bostry      | 2○ epicene    | 2○ wonnage      |
| 1○ hipple    | 1○ element     | 1○ viridian   | 1○ glorvant     |
| 2○ osprey    | 2○ pargler     | 2○ psynoptic  | 2○ onyx         |
| 1○ plankton  | 1○ akimbo      | 1○ centaur    | 1○ vinady       |
| 2○ whippen   | 2○ periasty    | 2○ tritonial  | 2○ bargain      |
| 1○ prinodal  | 1○ reticule    | 1○ frembulous | 1○ loxeme       |
| 2○ mango     | 2○ fluxent     | 2○ ontology   | 2○ legerdemain  |
| 1○ hoyden    | 1○ aboriginal  | 1○ clavanome  | 1○ zando        |
| 2○ clinotide | 2○ hostasis    | 2○ bestiary   | 2○ albatross    |

**Q157-Q166 The next group of questions are about your RELATIONSHIPS with other people.**

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

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

If you are not married or living with a partner go to Q184

**Q167-Q172**

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

**Q173-Q176**

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

**Q177-Q179 Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.**

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

**Q180-Q182 How often would you say the following events occur between you and your partner?**

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

**Q183 The numbered circles below represent different degrees of happiness in most relationships. The middle point, “happy” represents the degree of happiness of most relationships. Please mark the numbered circle that best describes the happiness, all things considered, of your relationship.**

- 1.  Extremely unhappy
- 2.  Fairly unhappy
- 3.  A little unhappy
- 4.  Happy
- 5.  Very happy
- 6.  Extremely happy
- 7.  Perfect

**Q184-Q186 The next questions are about how you feel about different aspects of your life. For each one indicate how often you feel that way.**

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q187-Q189 Considering the people to whom you are related either by birth or marriage (including your spouse or partner, but excluding dependent children under 16 years):**

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

**Q190-Q192 Considering all of your friends:**

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

**Q193-Q200 Now we would like you to focus on the LAST 6 MONTHS. Have any of the following life events or problems happened to you during the last six months**

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

*If you are not married or living with a partner go to Q204*

**Q201-Q203**

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

**Q204-Q208**

	Yes	No
You became unemployed or you were seeking work unsuccessfully for more than one month	<input type="radio"/>	<input type="radio"/>
You were sacked from your job.	<input type="radio"/>	<input type="radio"/>
You had a major financial crisis.	<input type="radio"/>	<input type="radio"/>

	Yes	No
You had problems with the police and a court appearance.	<input type="radio"/>	<input type="radio"/>
Something you valued was lost or stolen.	<input type="radio"/>	<input type="radio"/>

**Q209 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 you have no other current stressful events you wish to report go to Q210*

**Q209A Could you briefly describe this problem?**

\_\_\_\_\_

**Q210 Have you experienced the death of a child since your last interview?**

- 1.  Yes      2.  No

**Q211. 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 you do NOT provide childcare for grandchildren so parents can work go to Q212*

**Q211a. 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
- 8  Only in school holidays**

*If you provide childcare on a weekly basis go to Q212*

**Q211b. Approximately how many days would you care for your grandchildren over a year?**

\_\_\_\_\_ days

**Q212. 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 you do NOT provide care for someone with a disability or medical condition go to Q213*

**Q212a. 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

**Q212b. How many hours per week, on average, 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

**Q212c. Are you the "primary carer" for someone? That is, the person who provides the most care for an individual, including help in two of the following areas - mobility, help with communication or self-care)?**

- 1  Yes      2  No

*If you provide care for less than 10 hours per week and you are not the primary carer go to Q213*

**Q212c1. 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?

**Q212c2. Is the main person you care for your:**

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

**Q212c3. Does the main person you care for require care because of:**

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

**If "other": Q212c4. Why does this person need care?**

---

**Q213-Q219 The next few screens have questions about your PERSONALITY and how you react in certain circumstances.**

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

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



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

**Q220-Q225 In the following six questions please indicate how you have felt and conducted yourself over the PAST 6 MONTHS.**

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

**Q226-Q233 As a child I was (or had):**

	Not at all or very slightly	Mildly	Moderately	Quite a bit	Very much
concentration problems, easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous, fidgety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inattentive, daydreaming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
temper outbursts, tantrums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
trouble with stick-to-it-tiveness, not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

following through, failing to finish things  
started

moody ups and downs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
losing control of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q234-Q245 Each of the following items is a statement that a person may either agree or disagree with. Indicate how much you agree or disagree with each statement. Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, don't worry about being 'consistent' in your responses.**

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

**Q246-Q257**

	Very false for me	Somewhat false for me	Somewhat true for me	Very true for me
I feel pretty worried or upset when I think or know somebody is angry at me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see an opportunity for something I like I get excited right away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often act on the spur of the moment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very false for me	Somewhat false for me	Somewhat true for me	Very true for me
If I think something unpleasant is going to happen I usually get pretty 'worked-up'.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often wonder why people act the way they do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When good things happen to me, it affects me strongly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worried when I think I have done poorly at something important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I crave excitement and new sensations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I go after something, I use a 'no holds barred' approach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have very few fears compared to my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would excite me to win a contest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about making mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q258-Q270 Please indicate how much you agree with the following statements as they apply to you over the LAST MONTH. If a particular situation has not occurred recently, answer according to how you think you would have felt.**

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

	<b>Not true at all</b>	<b>Rarely true</b>	<b>Sometimes true</b>	<b>Often true</b>	<b>True nearly all the time</b>
I give my best effort, no matter what the outcome may be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can achieve my goals, even if there are obstacles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even when things look hopeless, I don't give up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During times of stress/crisis, I know where to turn for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q271-Q282**

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

**Q283–Q287 Please indicate how you're feeling NOW:**

	<b>Not at all</b>	<b>Somewhat</b>	<b>Moderately</b>	<b>A lot</b>	<b>Extremely</b>
I feel hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel discouraged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe things will continue to be bad in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe there will be no solution to my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The future looks bleak.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

**Q288 In most ways my life is close to ideal.**

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

**Q289 The conditions of my life are excellent.**

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

**Q290 I am satisfied with my life.**

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

**Q291 So far, I have gotten the important things I want in life.**

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

**Q292 If I could live my life over, I would change almost nothing.**

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

**Q293-Q304 The following questions relate to your expectations about ageing. If you are not sure, go ahead and check the box that you think BEST corresponds with your feelings.**

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

**Q305-Q310 As compared to when you were in high school or college, how would you describe your ability to perform the following tasks involving memory?**

	Much better now	Somewhat better now	About the same	Somewhat poorer now	Much poorer now
Remembering the name of a person just introduced to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recalling telephone numbers or postcodes that you use on a daily or weekly basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recalling where you have put objects (such as keys) in your home or office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Remembering specific facts from a newspaper or magazine article you have just finished reading.

Remembering the item(s) you intended to buy when you arrive at the grocery store or pharmacy

In general, how would you describe your memory as compared to when you were in high school?

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

**Q311 In the past 12 months have you been admitted for at least one night to any hospital (apart from uncomplicated childbirth)?**

- 1.  Yes      2.  No

*If you have NOT been admitted to a hospital in the past 12 months go to Q312*

**Q311A Were you admitted to hospital for a physical illness or injury?** 1.  Yes      2.  No

**Q311B Were you admitted to hospital for nerves or for your mental health (that is for things such as stress, anxiety, depression or dependence on alcohol or drugs)?**

1.  Yes      2.  No

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

	Yes	No
Q312 General practitioner	<input type="radio"/>	<input type="radio"/>
Q313 Psychiatrist	<input type="radio"/>	<input type="radio"/>
Q314 Psychologist	<input type="radio"/>	<input type="radio"/>
Q315 Mental health nurse	<input type="radio"/>	<input type="radio"/>
Q316 Other professional providing specialist mental health services including social worker, counsellor, occupational therapist	<input type="radio"/>	<input type="radio"/>
Q317 Complementary/alternative therapist such as herbalist or naturopath	<input type="radio"/>	<input type="radio"/>

**Q318 In the PAST 12 MONTHS did you use the internet to get help or information for problems with your mental health?**

- 1.  Yes      2.  No

**Q319 In the PAST 12 MONTHS did you use a telephone counselling service (such as Lifeline) for problems with your mental health?**

- 1.  Yes      2.  No

*If you answered NO to admission to a hospital for your mental health in the past 12 months and you have NOT received advice from ANY of the health professionals listed above go to Q323*

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

	Yes	No
Q320 Information about mental health and emotional problems, its treatment, and available services	<input type="radio"/>	<input type="radio"/>

Yes No

Q321 Medicine or tablets

Q322 Counselling including psychotherapy, cognitive behaviour therapy or help to talk through your problems

*If you did NOT receive information about mental health go to Q320B*

**Q320A You mentioned you received information about mental illness, its treatments and available services: Do you think you got as much of this kind of help as you needed?**

1.  Yes      2.  No      Go to Q321A

**Q320B You mentioned you did not receive information about mental illness, its treatments and available services: Do you think you needed this type of help?**

1.  Yes      2.  No

*If you did NOT receive medication for mental health go to Q321B*

**Q321A You mentioned you received medicine or tablets: Do you think you got as much of this kind of help as you needed?**

1.  Yes      2.  No      Go to Q322A

**Q321B You mentioned you did not receive medicine or tablets: Do you think you needed this type of help?**

1.  Yes      2.  No

*If you did NOT receive counselling for your mental health go to Q328*

**Q322A You mentioned you received counselling or a talking therapy: Do you think you got as much of this kind of help as you needed?**

1.  Yes      2.  No      Go to Q328

**Q322B You mentioned you did not receive counselling or a talking therapy: Do you think you needed this type of help?**

1.  Yes      2.  No

*If you answered YES to admission to a hospital for your mental health in the past 12 months or you have received advice from ANY of the health professionals listed above go to Q328*

**Q323 You mentioned that you didn't receive any assistance for a mental health reason in a hospital or from any health professional. Were there any types of help you think you needed during the last 12 months for your mental health but did not get?**

1.  Yes      2.  No

*If you didn't need any help for your mental health over the last 12 months go to Q327*

**Q324 Do you think you needed information about mental health and emotional problems, its treatment, and available services?**

1.  Yes      2.  No

**Q325 Do you think you needed medicine or tablets?** 1.  Yes      2.  No

**Q326 Do you think you needed counselling including psychotherapy, cognitive behaviour therapy or help to talk through your problems?**

1.  Yes      2.  No

*If you did need help over the last 12 months go to Q328*



**Q327 What is the main reason that you didn't need any help?**

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

**Q328 In the LAST MONTH have you taken or used any medications (including herbal remedies) for:**

- 1.  Anxiety
- 2.  Depression
- 3.  Both anxiety and depression
- 4.  Neither

*If you don't take medication for anxiety or depression go to q329*

**Q328A1- What are the names of the medications you took for anxiety or depression in the last months? (Listed alphabetically down columns)**

Please choose **all** that apply: *See over page*

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

**Q328B How often do you usually take medications for anxiety or 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 take less than once a week go to Q329*

**Q328C For how long have you taken medications for anxiety or 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

The next group of questions ask about your SLEEP habits and any problems you may have with sleep. The first few questions relate to your usual sleep habits during the PAST MONTH ONLY. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. During the past month:

**Q329A-B WHAT TIME** have you usually gone to bed?

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

**Q330 During the PAST MONTH, how long (in minutes) has it taken you to fall asleep each night? (Enter 888 if don't know).**

\_\_\_\_\_

**Q331A-B During the PAST MONTH, what time have you usually got up in the morning? (Enter 88 if don't know).**

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

**Q332A-B During the PAST MONTH, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) (Enter 88 if don't know).**

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

**Q333-Q335 Please rate the current (LAST TWO WEEKS) severity of the following problems. Please choose the appropriate response for each item:**

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

**Q336 On the overall, do you think that you suffer from insomnia or sleep problems?**

1.  Yes
2.  No

*If you don't think you have sleep problems go to Q337*

**Q336A How satisfied / dissatisfied are you with your current sleep pattern?**

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

**Q336B How noticeable to others do you think your sleep problem is in terms of your quality of life?**

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

**Q336C How worried/distressed are you about your current sleep problem?**

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

**Q336D To what extent do you consider your sleep problem to currently interfere with your daily functioning (eg daytime fatigue, mood, ability to function at work/daily chores, concentration, memory etc)?**

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

**Q337 How often do you have nightmares?**

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

**Q338 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 you don't take medication to help you sleep go to Q339*

**Q338A What are the names of the sleeping pills or medications you took in the last month? (Listed alphabetically down columns)**

Please choose **all** that apply: See over page

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

**Q338B 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 you take less than once a week go to Q339*

**Q338C 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

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

**Q339 During the PAST WEEK, how often did you experience pain?**

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

*If you have NOT experienced pain in the last week go to Q340*

**Q339A For how long did the pain typically last?**

1.  0 to 1 hour
2.  1 to 2 hours
3.  2 to 3 hours
4.  Half the day
5.  All day

**Q339B Please indicate on a scale of zero to ten with 0 being no pain and 10 being severe pain. How severe was the pain you had in the past week?**

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

**Q340** 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 have NOT used pain relievers in the last month go to Q341*

**Q340A** What are the names of the pain relievers you took in the last month? (*Listed alphabetically down columns*).

Please choose **all** that apply: *See over page*

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

**Q340B 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 you take less than once a week go to Q341

**Q340C 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

**Q341 Have you had any HEAD INJURIES since your last interview?** 1.  Yes 2.  No

If you have not had any head injuries since your last interview go to Q350

**Q342-Q344 As a result of a head injury since your last interview:**

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

**Q345 Since your last interview have you had a serious head injury, that *interfered with your memory, made you lose consciousness or caused a blood clot in your brain*?**

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

If Q345 you have NOT had a head injury that interfered with your memory etc go to Q350.

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

**Q346 How many head injuries have you had? (Enter 88, if don't know) \_\_\_\_\_**

If you have had ONE head injury since your last interview go to Q346C

**Q346A How old were you when you had the FIRST head injury since your last interview? \_\_\_\_\_**

**Q346B How old were you when you had the LAST head injury? \_\_\_\_\_**

If you have had MORE than one head injury since your last injury go to Q347

**Q346C How old were you when you had this injury? \_\_\_\_\_**

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

**Q347 What was the cause of this injury?**

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



**Q348 Is there a period after the injury that you cannot remember at all?**

1.  Yes      2.  No      3.  Not sure

*If there was NOT a period when you can't remember or you are not sure go to Q349*

**Q348A 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

**Q349 Did you lose consciousness following the head injury?**

1.  Yes      2.  No      3.  Not sure

*If there was NOT a period when you lost consciousness or you are not sure go to Q350*

**Q349A 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

**Q350 How much do you weigh without your clothes and shoes? Enter Kilograms or stones and pounds  
(Please try to answer even if it is an approximate value)**

- Kgs \_\_\_\_\_ OR      Stones \_\_\_\_\_ and      Pounds \_\_\_\_\_

**Q351-Q354 Here is a list of medical problems. Have you been told by your doctor that you suffer from any of the following?**

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

**Q355 Have you been told by a doctor that you suffer from diabetes (at a time when you were not pregnant)?**

1.  Yes      2.  No

*If you do NOT have diabetes go to Q356*

**Q355A How old were you when you were first told you had diabetes? (enter 99 if don't know)**

\_\_\_\_\_

**Q355B What type of diabetes do you have?**

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

**Q355C-E What treatment do you use to control your diabetes?**

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

**Q356 Have any of your family members been diagnosed with diabetes?**

1.  Yes      2.  No      3.  Not sure

*If no family members have been diagnosed with diabetes or you are not sure go to Q357*

**Q356A-H Please indicate which family member and their age at diagnosis in the following table:**

	Age at diagnosis?		
	Less than 30	30 or older	Don't know
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q357 Do you suffer from kidney disease?**

1.  No  
 2.  Yes, managed with diet  
 3.  Yes, managed with diet and medication  
 4.  Yes, managed with diet, medication and dialysis

**Q358 Do you suffer from a thyroid disorder?**      1.  Yes      2.  No

*If you do NOT suffer from thyroid disease go to Q359*

**Q358A Were you told whether your thyroid disorder is due to:**

- 1.  Increased function      2.  Reduced function      3.  Don't know

**Q359 Do you suffer from arthritis?**      1.  Yes      2.  No

*If you do not have arthritis go to Q360*

**Q359A-E Were you told what type of arthritis you suffer from any of the following?**

- A  Osteoarthritis      B  Rheumatoid arthritis      C  Gout      D  Other      E  Don't know

**IF "Other" Q359F What other type of arthritis do you suffer from?** \_\_\_\_\_

**Q360 Do you suffer from Parkinson's Disease?**      1.  Yes      2.  No

**Q361A Since your last interview have you suffered a heart problem that led to hospital admission, hospital emergency contact or consultation with a specialist?**

- 1.  Yes    2.  No    3.  Don't know

**Q361B** Since your last interview, have you been told by your doctor that you suffer from a heart problem?

- 1.  Yes    2.  No    3.  Don't know

*If you have NOT been told that you suffer from a heart problems or you don't know go to Q362*

**Q361C-G** Were you told that your heart problem was a:

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

**Q362** Have you had a brain infection since your last interview?    1.  Yes    2.  No

**Q363** Have you suffered a stroke since your last interview? (Sudden numbness or weakness of face, arm or leg, especially on one side of the body; sudden confusion, trouble speaking or understanding, trouble seeing in one or both eyes, trouble walking, dizziness, loss of balance or coordination. These symptoms lasted more than than 24 hours).

- 1.  Yes    2.  No    3.  Don't know

*If you have NOT suffered a stroke since your last interview or you don't know go to Q364*

**Q363A-C**

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

**Q363D** When was the stroke (year)? (enter your best guess or 9999 if unknown) \_\_\_\_\_

**Q364** If you suffered a stroke but NOT in the last 4 years what was the year of your first stroke? (enter 0 if no stroke)

\_\_\_\_\_ [

**Q365** Have you suffered from a Transient Ischemic Attack (TIA or ministroke) since your last interview? (Sudden onset of symptoms similar to a stroke. Most symptoms disappear within an hour but may persist for up to 24 hours).

- 1.  Yes    2.  No    3.  Don't know

*If you have NOT suffered a TIA since your last interview or you don't know go to Q366*

**Q365A-C**

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

**Q366** Has your doctor told you that you suffer from high blood pressure?

1.  Yes      2.  No      3.  Uncertain

*If you have NOT been told that you have high blood pressure go to Q367*

**Q366A** Are you currently taking any tablets for high blood pressure? 1.  Yes      2.  No

**Q367** Have you ever been diagnosed with cancer or leukemia?

1.  No  
2.  Yes, cancer  
3.  Yes, leukemia  
4.  Yes, both  
5.  Don't know

*If you have NEVER been diagnosed with cancer or leukemia or you don't know go to Q368*

**Q367A-E** Have you had any of the following treatments for cancer?

- Surgery       Chemotherapy       Radiation       Other       Don't know

*If no chemotherapy go to Q368*

**Q367F** In what year did you last have chemotherapy?( *Enter 9999 if don't know*) \_\_\_\_\_

*If no radiation go to Q368*

**Q367G** In what year did you last have radiation? (*Enter 9999 if don't know*) \_\_\_\_\_

**Q368** Have you ever been diagnosed with any other chronic or serious disabling illness? If 'yes' please briefly describe.

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

**Q369** When getting up suddenly from a lying position, do you experience faintness, dizziness, lightheadedness, nausea or blackout?

1.  Yes      2.  No

**Q370.** Do you feel your balance is:

1  Excellent  
2  Very good  
3  Good  
4  Fair  
5  Poor

**Q371** How fearful/nervous of falling are you?

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

**Q372.** How many falls did you have in the past year? \_\_\_\_\_

**Q373. Can you tell me how you would rate your hearing (with a hearing aid if you use one) 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).

**Q374 Do you currently use a hearing aid?**

1.  Never,
2.  Sometimes (less than 4 hours a day)
3.  Often (more than 4 hours a day)

*If you never use a hearing aid go to Q375*

**Q374A How much does your hearing aid help you?**

1.  Hearing aid no use at all
2.  Hearing aid is some help
3.  Hearing aid is quite helpful
4.  Hearing aid is a great help
5.  Hearing is perfect with a hearing aid

**Q375. Do you wear prescription glasses?** 1.  Yes                      2.  No

**Q376 At the present time, would you say your eyesight using both eyes (with glasses if worn) is:**

1.  Excellent
2.  Good
3.  Poor
4.  Very poor
5.  Completely blind

**Q377 How much difficulty do you have, even with glasses, reading ordinary print in newspapers? Would you say you have:**

1.  No difficulty at all
2.  A little difficulty
3.  Moderate difficulty
4.  Extreme difficulty
5.  Stopped doing this because of eyesight
6.  Stopped doing this for other reasons or not interested

Q378 Have you ever had a general anaesthetic? 1.  Yes 2.  No

If you have NEVER had a general anaesthetic go to Q379

Q378A How many general anaesthetics have you had in your life? (Try to estimate if unsure.) \_\_\_\_\_

Q378B How many general anaesthetics have you had in the last 5 years? (Enter 0 if none) \_\_\_\_\_

Q378C How long ago did you have the most recent general anaesthetic?

\_\_\_\_\_ Years \_\_\_\_\_ Months

Q378D What type of operation did you have with your LAST GENERAL anaesthetic?

- coronary bypass surgery (1)
- abdominal surgery (bowel, stomach, bladder, kidney, uterus, gallbladder) (2)
- thoracic surgery (cardiac, lungs, liver) (3)
- hip replacement or pelvic surgery (4)
- brain surgery (open skull) (5)
- arm, hand, foot, leg fracture (6)
- removal of skin lesions (7)
- cosmetic surgery (8)
- prostate operation (9)
- gynaecological operation (10)
- arthroscopy (knee, shoulder, hip, hand, foot joints) (11)
- colonoscopy or oesophagoscopy (12)
- Laparoscopy (abdominal cavity) (13)
- back surgery (including neck) (14)
- eye surgery (15)
- mouth and face surgery (including dental) (16)
- ear and nose surgery (17)
- other (Please specify) (18) \_\_\_\_\_

Q379 Have any of your family members been diagnosed with dementia? 1.  Yes 2.  No

If NO family members have been diagnosed with dementia or you don't know go to Q380

Q379A-h Please indicate which family member and their age at diagnosis in the following table:

	Age at diagnosis?		
	Less than 60	60 or more	Don't know
Father			
Mother			
Brother			
Brother			
Brother			
Sister			
Sister			
Sister			

Q380 In the LAST MONTH have you taken any vitamin or mineral supplements? 1.  Yes 2.  No

If you have not taken vitamins or minerals in the last month go to Q381

**Q380A What kind of vitamin or mineral was this? (Listed alphabetically down columns)**

Please choose **all** that apply:

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

**Q380B 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 take less than once a week go to Q381*

**Q380C 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

**Q381 In the last month have you taken or used any medications (including herbal remedies) to lower your cholesterol?**

- 1.  Yes
- 2.  No

**Q382 In the last month have you taken or used any other type of medication not asked about previously? (Excluding contraception and hormone replacement therapy).**

- 1.  Yes
- 2.  No

*If you have NOT taken another other medication go to Q383*

**Q382A What types of medication did you take or use? (Excluding contraception and hormone replacement therapy).**

\_\_\_\_\_

**Q383-Q385 The next group of questions ask about PHYSICAL ACTIVITY.**

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

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

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

**Q386 Mildly energetic (e.g. walking, weeding)** \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**Q387 Moderately energetic (e.g. dancing, cycling)** \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**Q388 Vigorous (e.g. running, squash)** \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**Q389 The following questions are very similar to the questions about physical activity that you have just completed. These are more specific and will allow comparison of this data with other studies.**

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

\_\_\_\_\_

*If you have NOT walked at all for at least 10 minutes in the last week go to Q390*

**Q389A-B What do you estimate was the total time that you spent walking in this way in the last week?)**

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

**Q390 In the LAST WEEK, how many times did you do any vigorous gardening or heavy work around the yard, which made you breath harder or puff and pant? (Enter 0 if not at all)**

\_\_\_\_\_

*If you have NOT done any vigorous gardening in the last week go to Q391*

**Q390A-B What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the LAST WEEK?**

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

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



**Q391** In the **LAST WEEK**, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (eg jogging, cycling, aerobics, competitive tennis). *(Enter 0 if not at all)*

\_\_\_\_\_

*If you have NOT done any vigorous physical activity in the last week go to Q392*

**Q391A-B** What do you estimate was the total time that you spent doing this vigorous physical activity in the **LAST WEEK**?

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

**Q392** In the **LAST WEEK** how many times did you do any other more moderate physical activities that you have not already mentioned? (eg gentle swimming, social tennis, golf). *(Enter 0 if not at all)*

\_\_\_\_\_

*If you have NOT done any moderate physical activity in the last week go to Q393*

**Q392A-B** What do you estimate was the total time that you spent doing these activities in the **LAST week**?

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

**Q393** Now think about all of the time you spend sitting during each day while at home, at work, while getting from place to place or during your spare time. This may include time spent visiting friends, driving, reading, watching television, or working at a desk or computer? How many hours do you spend sitting on a usual week day (work and leisure together)?

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

**Q394** How many hours do you spend sitting on a usual weekend day?

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

**Q395-Q410** Please indicate whether you have undertaken any of the following activities in the **LAST 6 MONTHS**.

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

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

**Q411 Do you play (or have you ever played) a musical instrument?**

1.  Yes                      2.  No

*If you have NEVER played a musical instrument go to Q412*

**Q411A At what age did you first start regularly learning to play a musical instrument? \_\_\_\_\_**

**Q411B Which instruments did/do you play? \_\_\_\_\_**

**Q411C For how many years have you played any musical instrument? (Enter 99 if don't know) \_\_\_\_\_**

**Q411D On average, in the years you played a musical instrument, how much would you have practiced?**

1.  1hr per month or less
2.  1hr per week
3.  1-7hrs per week
4.  More than an hour per day

**Q412 About how much time do you spend reading each day, including online?**

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

**Q413 Thinking of the LAST YEAR, how often do you read newspapers, including online?**

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

**Q414 During the PAST YEAR, how often did you read magazines, including online?**

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

**Q415 During the PAST YEAR, how often did you read books?**

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

**Q416 During the PAST YEAR, how often did you play games like checkers or other board games, cards, puzzles, word games, mind teasers, or any other similar games? This includes any online games.**

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

**Q417 During the PAST YEAR, how often did you write letters or emails?**

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

**Q418 During the PAST YEAR, how often did you involve in online social network activities like facebook/ twitter?**

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

**Q419 In LAST 10 YEARS, did you ever keep a diary, journal or blog?**

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

*If you have not kept a diary or blog in the last 10 years go to Q420*

**Q419A For how many years did you do this? \_\_\_\_\_**

**Q420 In the LAST 10 YEARS, how many times did you visit a museum?**

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

**Q421 In the LAST 10 YEARS, how many times did you attend a concert, play, or musical?**

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

**Q422 In the LAST 10 YEARS, how often did you visit a library or use an online library service?**

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

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

**Q423 How many serves of vegetables do you usually eat each day?**

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

**Q424 How many serves of fruit do you usually eat each day?**

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

**Q425 How often do you drink fruit juices such as orange, grapefruit or tomato? (Answer one choice only)**

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

**Q426 Not including juice, how often do you eat fruit? (Answer one choice only)**

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

**Q427 How often do you eat chips, french fries, wedges, fried potatoes or crisps? (Answer one choice only)**

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

**Q428 How often do you eat potatoes? (Answer one choice only)**

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

**Q429 How often do you eat salad? (Salad includes mixed green salad and other mixtures of raw vegetables.)(Answer one choice only)**

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

**Q430 Not counting potatoes and salad, how often do you eat cooked vegetables? (Answer one choice only)**

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

**Q431 How often do you eat smoked fish or seafood (such as smoked salmon, oysters, trout or others)?**

Never (1)

- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)
- Don't know/refuse (12)

**Q432 How often do you eat sushi or sashimi (containing raw fish or seafood including shellfish)?** Never (1)

- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)
- Don't know/refuse (12)

**Q433 How often do you eat raw oysters, raw clams or other raw fish (not including raw fish in sushi)?**

Never (1)

- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)
- Don't know/refuse (12)

**Q434. How often do you eat fish sticks or fried food (including fried seafood or shellfish)?**

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)
- Don't know/refuse (12)

**Q434 How often do you eat fish sticks or fried fish (including fried seafood or shellfish)?**

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)
- Don't know/refuse (12)

**Q435 How often do you eat all other fish or seafood (including shellfish) that was not fried, smoked, or raw?**

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day
- Don't know/refuse

