

women's
health
australia



*Fourth survey
for
mid-age women*

March 2004

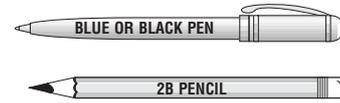
How to complete this survey

This is the fourth “main” survey for mid-age women.

As the purpose of the project is to look at changes over time, some of the questions are the same as those in previous surveys.

INSTRUCTIONS:

- Use a black/blue pen or pencil, preferably 2B
- Erase or correct mistakes
- Do not fold or bend this survey



Please MARK LIKE THIS:

Please answer every question you can. If you are unsure about how to answer a question, mark the response for the closest answer to how you feel.

Please write any comments or important information on page 26.
We are not able to read comments written elsewhere throughout the survey.

EXAMPLE 1:

In general, would you say your health is:

(Mark one only)

- Excellent
- Very good
- Good - *You would mark this one if you think your health is good*
- Fair
- Poor

EXAMPLE 2:

What is your postcode?

(PRINT clearly in the boxes)

2 3 0 8

**If you need help to answer any questions, please ring
1800 068 081 (This is a FREECALL number)**

- ★ If you are concerned about any of your health experiences and would like some help, please contact:
 - Your nearest Women’s Health Centre or Community Health Centre;
 - Your general practitioner for advice about who would be the best person in your community for you to talk to.
- ★ If you feel distressed NOW and would like someone to talk to, you could ring **Lifeline** on **131114** (local call).

women's health *is about how you are feeling*

The questions on the first page ask only about **NOW** - how your health is **NOW** and about how your health limits certain activities **NOW**.

Q1 In general, would you say your health is:
(Mark one only)

- Excellent
- Very good
- Good
- Fair
- Poor

Q2 Compared to one year ago, how would you rate your health in general now?
(Mark one only)

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

Q3 The following questions are about activities you might do during a typical day.
Does **YOUR HEALTH NOW LIMIT YOU** in these activities? If so, how much?
(Mark one on each line)

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

**The questions on this page and the next one ask about your health
IN THE LAST FOUR WEEKS.**

Q4 During the **PAST FOUR WEEKS**, have you had any of the following problems with your work (including your work outside the home and housework) or other regular daily activities **AS A RESULT OF YOUR PHYSICAL HEALTH?**

(Mark one on each line)

		yes	no
a	Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
b	Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
c	Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>
d	Had difficulty performing the work or other activities (eg it took extra effort)	<input type="radio"/>	<input type="radio"/>

Q5 During the **PAST FOUR WEEKS**, have you had any of the following problems with your work or other regular daily activities **AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?**

(Mark one on each line)

		yes	no
a	Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
b	Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
c	Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input type="radio"/>

Q6 During the **PAST FOUR WEEKS**, to what extent have your **PHYSICAL HEALTH OR EMOTIONAL PROBLEMS** interfered with your normal social activities with family, friends, neighbours or groups? (Mark one only)

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

Q7 How much **BODILY** pain have you had during the **PAST 4 WEEKS?** (Mark one only)

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

Q8 During the **PAST FOUR WEEKS**, how much did **PAIN** interfere with your normal work (including both work outside the home and housework)? (Mark one only)

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

Q9

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

(Mark one on each line)

		all of the time	most of the time	a good bit of the time	some of the time	a little of the time	none of the time
<i>a</i>	Did you feel full of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>b</i>	Have you been a very nervous person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>c</i>	Have you felt so down in the dumps that nothing could cheer you up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>d</i>	Have you felt calm and peaceful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>e</i>	Did you have a lot of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>f</i>	Have you felt down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>g</i>	Did you feel worn out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>h</i>	Have you been a happy person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>i</i>	Did you feel tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10

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

(Mark one only)

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

Q11

How **TRUE** or **FALSE** is **EACH** of the following statements for you?

(Mark one on each line)

		definitely true	mostly true	don't know	mostly false	definitely false
<i>a</i>	I seem to get sick a little easier than other people	<input type="radio"/>				
<i>b</i>	I am as healthy as anybody I know	<input type="radio"/>				
<i>c</i>	I expect my health to get worse	<input type="radio"/>				
<i>d</i>	My health is excellent	<input type="radio"/>				

women's health *is about using health services*

Q12 How many times have you consulted the following people for YOUR OWN HEALTH in the LAST 12 MONTHS?

(Mark one on each line)

	none	once or twice	3 or 4 times	5 or 6 times	7 - 12 times	13 - 24 times	25 or more times
a A family doctor or another General Practitioner (GP)	<input type="radio"/>						
b A hospital doctor (eg in outpatients or casualty)	<input type="radio"/>						
c A specialist doctor	<input type="radio"/>						

Q13 Have you consulted the following people for YOUR OWN HEALTH in the LAST TWELVE MONTHS? (Mark all that apply)

- a** Dentist
- b** Physiotherapist
- c** Counsellor/Psychologist/Social worker
- d** Pharmacist
- e** Optician
- f** Dietitian
- g** Naturopath/Herbalist
- h** Acupuncturist
- i** Podiatrist
- j** Chiropractor
- k** Osteopath
- l** Massage therapist
- m** Other alternative health practitioner
- n** None of these people

Q14 When you go to a General Practitioner:

(Mark one on each line)

	always	most of the time	sometimes	rarely or never
a Do you go to the same place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Do you usually see the same doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 How would you rate the cost to you of your LAST visit to a General Practitioner? (Mark one only)

no cost to me	good	fair	poor	don't know
<input type="radio"/>				

Q16 In the previous 12 months, has your GP talked to you about making LIFESTYLE changes that might improve your health, such as diet, weight management, exercise, alcohol, smoking, etc? (Mark one only)

Have not visited a GP for 12 months Yes No Don't know

Q17 What is your date of birth?

D	D
---	---

Day

M	M
---	---

Month

1	9	Y	Y
---	---	---	---

Year

Q18 Do you have a Health Care Card? (Mark one only)

This is a card that entitles you to discounts and assistance with medical expenses.
This is not the same as a Medicare card.

- Yes No

Q19a Do you have private health insurance for HOSPITAL COVER? (Mark one only)

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

Q19b Do you have private health insurance for ANCILLARY services (eg dental, physiotherapy)? (Mark one only)

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

Q20 When did you last have:
(Mark one on each line)

in the
last 2 years

2 - 5 years
ago

more than
5 years ago

never

don't
know

a A Pap test?

b A mammogram?

Q21 Have you EVER had an abnormal result from:
(Mark one on each line)

yes

no

don't
know

a A Pap test?

b A mammogram?

Q22 In the PAST THREE YEARS, have you: (Mark all that apply)

YES

a Had your breasts examined by a doctor?

b Carried out *regular monthly* breast self examination?

c Had your blood pressure checked by a doctor?

d Had your cholesterol checked by a doctor?

e None of the above

Q23 Are you **CURRENTLY** taking: (Mark all that apply)

YES

- a The oral contraceptive pill?
- b Hormone Replacement Therapy (HRT)?

Q24 Have you: (Mark one on each line)

	yes	no	
a Had a hysterectomy?	<input type="radio"/>	<input type="radio"/>	If YES, go to Q27
b Had a period or menstrual bleeding in the last 12 months?	<input type="radio"/>	<input type="radio"/>	If NO, go to Q26
c Had a period or menstrual bleeding in the last 3 months?	<input type="radio"/>	<input type="radio"/>	

Q25 Compared with 12 months ago, are your periods: (Mark one only)

- Less frequent
- About the same
- More frequent
- Changeable

Q26 If you have reached menopause, at what age did your periods completely stop?
(Please print the age in the box.)

years

- Not applicable

Q27 Thinking about your own health care, how would you rate the following:
(Mark one on each line)

	excellent	very good	good	fair	poor	don't know
a Access to medical specialists if you need them	<input type="radio"/>					
b Access to a hospital if you need it	<input type="radio"/>					
c Access to medical care in an emergency	<input type="radio"/>					
d Access to after-hours medical care	<input type="radio"/>					
e Access to a GP who bulk bills	<input type="radio"/>					
f Access to a female GP	<input type="radio"/>					
g Hours when a GP is available	<input type="radio"/>					
h Number of GPs you have to choose from	<input type="radio"/>					
i Ease of seeing the GP of your choice	<input type="radio"/>					
j How long you wait to get a GP appointment	<input type="radio"/>					
k The outcomes of your medical care (how much you are helped)	<input type="radio"/>					
l Ease of obtaining a mammogram	<input type="radio"/>					
m Ease of obtaining a Pap test	<input type="radio"/>					
n Availability of medical information or advice by phone	<input type="radio"/>					
o Services available for getting doctors' prescriptions filled	<input type="radio"/>					
p Access to a counselling service if you need it	<input type="radio"/>					
q Access to a Women's Health Centre or a Family Planning Centre	<input type="radio"/>					
r Access to advice from health professionals about lifestyle changes	<input type="radio"/>					

Q28 If you have ever given birth to a child, please write the year of each birth in the box.
(If you had twins, please write the date twice.)

Y Y Y Y	Y Y Y Y	Y Y Y Y	Y Y Y Y
Y Y Y Y	Y Y Y Y	Y Y Y Y	Y Y Y Y

Never given birth

Q29 During the PAST FOUR WEEKS, have you taken any medications: (Mark all that apply)

		A recommended or prescribed by a doctor	B any other medication
<i>a</i>	For nerves/anxiety/worries	<input type="radio"/>	<input type="radio"/>
<i>b</i>	For stress (<i>difficulty coping</i>)	<input type="radio"/>	<input type="radio"/>
<i>c</i>	To help you sleep	<input type="radio"/>	<input type="radio"/>
<i>d</i>	For tiredness/fatigue	<input type="radio"/>	<input type="radio"/>
<i>e</i>	For depression	<input type="radio"/>	<input type="radio"/>
<i>f</i>	For menopausal symptoms	<input type="radio"/>	<input type="radio"/>
<i>g</i>	For high blood pressure	<input type="radio"/>	<input type="radio"/>
<i>h</i>	For high cholesterol	<input type="radio"/>	<input type="radio"/>
<i>i</i>	For heart problems	<input type="radio"/>	<input type="radio"/>
<i>j</i>	For arthritis	<input type="radio"/>	<input type="radio"/>
<i>k</i>	For diabetes or blood sugar	<input type="radio"/>	<input type="radio"/>
<i>l</i>	For asthma	<input type="radio"/>	<input type="radio"/>
<i>m</i>	For digestive/bowel problems	<input type="radio"/>	<input type="radio"/>
<i>n</i>	For skin problems (<i>eg allergy or eczema</i>)	<input type="radio"/>	<input type="radio"/>
<i>o</i>	For headache	<input type="radio"/>	<input type="radio"/>
<i>p</i>	For backache	<input type="radio"/>	<input type="radio"/>
<i>q</i>	For other pain	<input type="radio"/>	<input type="radio"/>
<i>r</i>	For any other chronic (long-term) illness or condition	<input type="radio"/>	<input type="radio"/>
<i>s</i>	None of these	<input type="radio"/>	<input type="radio"/>

Q30 During the PAST FOUR WEEKS, how many different types of vitamin, mineral or herbal products or supplements have you taken? (Mark one only)

- None One Two or three Four or more

Q31 In the last 12 months have you: (Mark all that apply)

YES

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

Q32 In the **PAST THREE YEARS**, have you been diagnosed or treated for:
(Mark all that apply)

**YES, IN THE
PAST 3 YEARS**

- a** Arthritis/rheumatism
- b** Diabetes (*high blood sugar*)
- c** Impaired glucose tolerance
- d** Heart disease (*including heart attack, angina*)
- e** Hypertension (*high blood pressure*)
- f** Stroke
- g** Thrombosis (*a blood clot*)
- h** Low iron level (*iron deficiency or anaemia*)
- i** Asthma
- j** Bronchitis/emphysema
- k** Osteoporosis
- l** Breast cancer
- m** Cervical cancer
- n** Bowel cancer
- o** Skin cancer (*including melanoma*)
- p** Other cancer (*please specify on the line below at option v*)
- q** Depression
- r** Anxiety/nervous disorder
- s** Other psychiatric disorder
- t** Chronic Fatigue Syndrome
- u** Sexually transmitted infection (*eg genital herpes or warts, chlamydia*)
- v** Other major illness or disability (*please specify on line*)

- w** None of these conditions

Q33 Do you have any of these sleeping problems? (Mark all that apply)

YES

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

Q34 During the past month, how often have you had trouble staying awake whilst driving, eating meals or engaging in social activity? (Mark one only)

- Never
- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

Q35 In the **PAST THREE YEARS**, have you had any of the following operations or procedures? (Mark *all that apply*)

YES, IN THE PAST 3 YEARS

- a** Hysterectomy
- b** Both ovaries removed
- c** Repair of prolapsed vagina, bladder or bowel
- d** Endometrial ablation (*removal of the lining of the uterus*)
- e** Joint replacement (*eg hip, knee*)
- f** Mastectomy (*removal of one or both breasts*)
- g** Lumpectomy (*removal of lump from breast*)
- h** Removal of skin cancer
- i** Any cancer surgery (*other than skin or breast*)
- j** Chemotherapy or radiotherapy for any cancer
- k** Breast biopsy (*taking a sample of breast tissue*)
- l** Hysteroscopy (*investigative procedure to examine the uterus*)
- m** Cholecystectomy (*gall bladder removed*)
- n** Gastroscopy/colonoscopy
- o** None of these

Q36 Have you **EVER** had a **Caesarean birth**? (Mark *one only*)

- Yes No

Q37 Compared with when you were in your twenties, how good are you at: (Mark *one on each line*)

		much better now	somewhat better now	about the same	somewhat worse now	much worse now
a	Remembering the name of a person just introduced to you?	<input type="radio"/>				
b	Recalling telephone numbers or other numbers that you use on a daily or weekly basis?	<input type="radio"/>				
c	Recalling where you put objects (<i>such as keys</i>) in your home?	<input type="radio"/>				
d	Remembering specific facts from a newspaper or magazine article you have just finished reading?	<input type="radio"/>				
e	Remembering the item(s) you intend to buy when you arrive at the shops?	<input type="radio"/>				
f	In general, how would you describe your memory compared to when you were in your twenties?	<input type="radio"/>				

Q38 In the **LAST 12 MONTHS**, have you had any of the following:

(Mark one on each line in column A.

For all that apply also answer columns B and C.)

		A				B	C
		never	rarely	sometimes	often	For the problems you had, did you seek help?	If you did seek help, please mark if you were NOT satisfied with that help.
		▼	▼	▼	▼	▼	▼
<i>a</i>	Allergies, hay fever, sinusitis	<input type="radio"/>	<input type="radio"/>				
<i>b</i>	Breathing difficulty	<input type="radio"/>	<input type="radio"/>				
<i>c</i>	Indigestion/heartburn	<input type="radio"/>	<input type="radio"/>				
<i>d</i>	Chest pain	<input type="radio"/>	<input type="radio"/>				
<i>e</i>	Headaches/migraines	<input type="radio"/>	<input type="radio"/>				
<i>f</i>	Severe tiredness	<input type="radio"/>	<input type="radio"/>				
<i>g</i>	Stiff or painful joints	<input type="radio"/>	<input type="radio"/>				
<i>h</i>	Back pain	<input type="radio"/>	<input type="radio"/>				
<i>i</i>	Urine that burns or stings	<input type="radio"/>	<input type="radio"/>				
<i>j</i>	Haemorrhoids (<i>piles</i>)	<input type="radio"/>	<input type="radio"/>				
<i>k</i>	Other bowel problems	<input type="radio"/>	<input type="radio"/>				
<i>l</i>	Vaginal discharge or irritation	<input type="radio"/>	<input type="radio"/>				
<i>m</i>	Menstrual problems	<input type="radio"/>	<input type="radio"/>				
<i>n</i>	Hot flushes	<input type="radio"/>	<input type="radio"/>				
<i>o</i>	Night sweats	<input type="radio"/>	<input type="radio"/>				
<i>p</i>	Eyesight problems	<input type="radio"/>	<input type="radio"/>				
<i>q</i>	Hearing problems	<input type="radio"/>	<input type="radio"/>				
<i>r</i>	Depression	<input type="radio"/>	<input type="radio"/>				
<i>s</i>	Poor memory	<input type="radio"/>	<input type="radio"/>				
<i>t</i>	Episodes of intense anxiety (<i>eg panic attacks</i>)	<input type="radio"/>	<input type="radio"/>				
<i>u</i>	Palpitations (<i>feeling that your heart is racing or fluttering in your chest</i>)	<input type="radio"/>	<input type="radio"/>				

Q39 In the **PAST WEEK**, have you been feeling that life isn't worth living? (Mark one only)

- Yes No

Q40 In the **PAST 6 MONTHS**, have you **EVER** deliberately hurt yourself or done anything that you knew might have harmed or even killed you? (Mark one only)

- Yes No

If you answered YES to either of the last 2 questions, you might like to talk to someone about how you are feeling. You could ring Lifeline on 131114 (local call).

Q41 In the last month, have you accidentally wet yourself (leaked urine)?

(Mark one only)

- Yes No → **If NO, go to Q42**

How often did you wet yourself (leak urine) in the last month when you:

(Mark one on each line in column A.
For all that apply, answer column B.)

		A				B	
		never	rarely	some-times	often	drops, or just a little	more than just drops
<i>a</i>	Coughed, laughed or sneezed?	<input type="radio"/>	<input type="radio"/>				
<i>b</i>	Stood from a sitting position?	<input type="radio"/>	<input type="radio"/>				
<i>c</i>	Bent down to pick something up?	<input type="radio"/>	<input type="radio"/>				
<i>d</i>	Walked up or down stairs?	<input type="radio"/>	<input type="radio"/>				
<i>e</i>	Lifted something heavy?	<input type="radio"/>	<input type="radio"/>				
<i>f</i>	Engaged in sexual intercourse?	<input type="radio"/>	<input type="radio"/>				
<i>g</i>	Played sport or exercised?	<input type="radio"/>	<input type="radio"/>				
<i>h</i>	Were on your way to the toilet?	<input type="radio"/>	<input type="radio"/>				
<i>i</i>	Put your key in the door?	<input type="radio"/>	<input type="radio"/>				
<i>j</i>	Stepped into water or had your hands in water?	<input type="radio"/>	<input type="radio"/>				
<i>k</i>	Had to wait to use the toilet?	<input type="radio"/>	<input type="radio"/>				
<i>l</i>	Delayed going to the toilet immediately, when you first felt the need to urinate?	<input type="radio"/>	<input type="radio"/>				
<i>m</i>	Sitting quietly in a chair?	<input type="radio"/>	<input type="radio"/>				
<i>n</i>	Leaked urine without realising it at the time?	<input type="radio"/>	<input type="radio"/>				

Q42 Do you regularly **NEED** help with daily tasks because of long-term illness, disability or frailty (eg personal care, getting around, preparing meals, etc)?

(Mark one only)

- Yes No

Q43 What is your postcode?

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

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

women's health *is about coping with stress*

Q44 Over the LAST TWELVE MONTHS, how stressed have you felt about the following areas of your life:

(Mark one on each line)

		not applicable	not at all stressed	somewhat stressed	moderately stressed	very stressed	extremely stressed
<i>a</i>	Own health	<input type="radio"/>					
<i>b</i>	Health of family members	<input type="radio"/>					
<i>c</i>	Work/Employment	<input type="radio"/>					
<i>d</i>	Living arrangements	<input type="radio"/>					
<i>e</i>	Study	<input type="radio"/>					
<i>f</i>	Money	<input type="radio"/>					
<i>g</i>	Relationship with parents	<input type="radio"/>					
<i>h</i>	Relationship with partner/spouse	<input type="radio"/>					
<i>i</i>	Relationship with children	<input type="radio"/>					
<i>j</i>	Relationship with other family members	<input type="radio"/>					

Q45 How much do you agree or disagree with each of the following statements?

(Mark one on each line)

		disagree strongly	disagree	disagree slightly	agree slightly	agree	agree strongly
<i>a</i>	At home, I feel I have control over what happens in most situations	<input type="radio"/>					
<i>b</i>	I feel that what happens in my life is often determined by factors beyond my control	<input type="radio"/>					
<i>c</i>	Over the next 5 - 10 years I expect to have more positive than negative experiences	<input type="radio"/>					
<i>d</i>	I often have the feeling that I am being treated unfairly	<input type="radio"/>					
<i>e</i>	In the past 10 years my life has been full of changes without my knowing what will happen next	<input type="radio"/>					
<i>f</i>	I gave up trying to make big improvements or changes in my life a long time ago	<input type="radio"/>					

Q46 How often do you currently smoke cigarettes or any tobacco products? (Mark *one only*)

- Daily → **Go to Q47**
- At least weekly (but not daily) → **Go to Q48**
- Less often than weekly
- Not at all

→ **Go to Q49**

Q47 If you smoke daily, on average how many cigarettes do you smoke EACH DAY?

PRINT the number in the box

--	--	--

cigarettes per day → **Go to Q51**

Q48 If you smoke, but not daily, on average how many cigarettes do you smoke PER WEEK?

PRINT the number in the box

--	--	--

cigarettes per week

Q49 Have you ever smoked DAILY? (Mark *one only*)

- Yes
- No → **If NO, go to Q52**

Q50 At what age did you finally stop smoking daily?

PRINT age in the box

--	--

years old

Q51 At what age did you start smoking daily?

PRINT age in the box

--	--

years old

Q52 Below is a list of the ways you might have felt or behaved. Please indicate how often you have felt this way DURING THE LAST WEEK.

(Mark *one on each line*)

		rarely or none of the time (less than 1 day)	some or a little of the time (1 - 2 days)	occasionally or a moderate amount of the time (3 - 4 days)	most or all of the time (5 - 7 days)
<i>a</i>	I was bothered by things that don't usually bother me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>b</i>	I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>c</i>	I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>d</i>	I felt that everything I did was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>e</i>	I felt hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>f</i>	I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>g</i>	My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>h</i>	I was happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>i</i>	I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>j</i>	I could not "get going"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>k</i>	I felt terrific	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q53 Which of the following events have you experienced?
(Mark all that apply)

		A yes, in the last 12 months	B yes, more than 12 months ago
<i>a</i>	Major personal illness	<input type="radio"/>	<input type="radio"/>
<i>b</i>	Major personal injury or involvement in a serious accident	<input type="radio"/>	<input type="radio"/>
<i>c</i>	Major personal achievement	<input type="radio"/>	<input type="radio"/>
<i>d</i>	Birth of a grandchild	<input type="radio"/>	<input type="radio"/>
<i>e</i>	Major surgery (<i>not including dental work</i>)	<input type="radio"/>	<input type="radio"/>
<i>f</i>	Going through menopause	<input type="radio"/>	<input type="radio"/>
<i>g</i>	Major decline in health of spouse or partner	<input type="radio"/>	<input type="radio"/>
<i>h</i>	Major decline in health of other close family member or close friend	<input type="radio"/>	<input type="radio"/>
<i>i</i>	Starting a new, close personal relationship	<input type="radio"/>	<input type="radio"/>
<i>j</i>	Infidelity of spouse or partner	<input type="radio"/>	<input type="radio"/>
<i>k</i>	Break-up of a close personal relationship	<input type="radio"/>	<input type="radio"/>
<i>l</i>	Divorce	<input type="radio"/>	<input type="radio"/>
<i>m</i>	Major conflict with teenage or older children	<input type="radio"/>	<input type="radio"/>
<i>n</i>	Child or other family member leaving home (<i>due to marriage, to attend university, etc</i>)	<input type="radio"/>	<input type="radio"/>
<i>o</i>	Death of spouse or partner	<input type="radio"/>	<input type="radio"/>
<i>p</i>	Death of a child	<input type="radio"/>	<input type="radio"/>
<i>q</i>	Death of other close family member	<input type="radio"/>	<input type="radio"/>
<i>r</i>	Death of close friend	<input type="radio"/>	<input type="radio"/>
<i>s</i>	Changing your type of work/hours/conditions/responsibilities at work	<input type="radio"/>	<input type="radio"/>
<i>t</i>	Retirement	<input type="radio"/>	<input type="radio"/>
<i>u</i>	Your spouse or partner retiring from work	<input type="radio"/>	<input type="radio"/>
<i>v</i>	Being made redundant	<input type="radio"/>	<input type="radio"/>
<i>w</i>	Your spouse/partner being made redundant	<input type="radio"/>	<input type="radio"/>
<i>x</i>	Decreased income	<input type="radio"/>	<input type="radio"/>
<i>y</i>	Moving house	<input type="radio"/>	<input type="radio"/>
<i>z</i>	Natural disaster (<i>fire, flood, drought, earthquake, etc</i>) or house fire	<input type="radio"/>	<input type="radio"/>
<i>aa</i>	Major loss or damage to personal property	<input type="radio"/>	<input type="radio"/>
<i>bb</i>	Being robbed	<input type="radio"/>	<input type="radio"/>
<i>cc</i>	Being pushed, grabbed, shoved, kicked or hit	<input type="radio"/>	<input type="radio"/>
<i>dd</i>	Being forced to take part in unwanted sexual activity	<input type="radio"/>	<input type="radio"/>
<i>ee</i>	Legal troubles or involved in a court case	<input type="radio"/>	<input type="radio"/>
<i>ff</i>	Family member/close friend being arrested/in gaol	<input type="radio"/>	<input type="radio"/>
<i>gg</i>	You or a family member involved in problem gambling	<input type="radio"/>	<input type="radio"/>
<i>hh</i>	None of these events	<input type="radio"/>	<input type="radio"/>

Q54 Thinking about your current approach to life, please indicate how much you think each statement describes you:

(Mark one on each line)

		strongly disagree	disagree	neutral	agree	strongly agree
<i>a</i>	In uncertain times, I usually expect the best	<input type="radio"/>				
<i>b</i>	If something can go wrong for me, it will	<input type="radio"/>				
<i>c</i>	I'm always optimistic about my future	<input type="radio"/>				
<i>d</i>	I hardly ever expect things to go my way	<input type="radio"/>				
<i>e</i>	I rarely count on good things happening to me	<input type="radio"/>				
<i>f</i>	Overall, I expect more good things to happen to me than bad	<input type="radio"/>				

Q55 In the past month:

(Mark one on each line)

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

Q56 Are your parents still living?

(Mark one on each line)

		still living	deceased	don't know
<i>a</i>	Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>b</i>	Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following sections are about other health habits, time use and your relationships.

Often, there are no "right" or "wrong" answers – we are interested only in your opinion or feelings.

If you feel uncomfortable about answering a question, just leave it and go on to the next one, but please try to finish the survey if you can.

You may like to take a break now and do the second part later.

women's health *is about healthy weight and shape*

Q57 a How much do you weigh? (no clothes or shoes)

kgs **OR** stones pounds

b How tall are you without shoes?

cm **OR** feet inches

Q58 In the **LAST THREE YEARS**, have you: (Mark one on each line)

		yes	no
a	Lost 5 kg or more on purpose?	<input type="radio"/>	<input type="radio"/>
b	Lost 5 kg or more for any other reason?	<input type="radio"/>	<input type="radio"/>
c	Gained 5 kg or more?	<input type="radio"/>	<input type="radio"/>

Q59 How often do you usually drink alcohol? (Mark one only)

- I never drink alcohol → **Go to Q62**
- I drink rarely
- Less than once a week
- On 1 or 2 days a week
- On 3 or 4 days a week
- On 5 or 6 days a week
- Every day

Q60 On a day when you drink alcohol, how many drinks do you usually have? (Mark one only)

- 1 or 2 drinks per day
- 3 or 4 drinks per day
- 5 to 8 drinks per day
- 9 or more drinks per day

Q61 How often do you have five or more drinks of alcohol on one occasion? (Mark one only)

- Never
- Less than once a month
- About once a month
- About once a week
- More than once a week

Q62 How many serves of vegetables do you usually eat each day? (Mark one only)

A serve = half a cup of cooked vegetables or a cup of salad vegetables

- None
- 1 serve
- 2 - 3 serves
- 4 serves
- 5 serves or more

Q63 How many serves of fruit do you usually eat each day? (Mark one only)

A serve = one medium piece or two small pieces of fruit or one cup of diced pieces

- None
- 1 serve
- 2 - 3 serves
- 4 serves
- 5 serves or more

Q64 How many glasses/cups of non-alcoholic drinks do you usually have each day (eg juice, tea, coffee, water, milk etc)? (Mark one only)

- 0 - 2 glasses
- 3 - 5 glasses
- 6 - 8 glasses
- 9 or more glasses

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.

Q65 How many hours EACH DAY do you typically spend sitting down while doing things like visiting friends, driving, reading, watching television or working at a desk or computer?

a On a usual WEEK DAY

 hours

b On a usual WEEKEND DAY

 hours

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

Q66 How many times did you do each type of activity LAST WEEK?

Only count the number of times when the activity lasted for 10 minutes or more.
(If you did **not** do an activity, please write "0" in the box.)

a Walking briskly (for recreation or exercise, or to get from place to place)

 times

b Moderate leisure activity (like social tennis, moderate exercise classes, recreational swimming, dancing)

 times

c Vigorous leisure activity (that makes you breathe harder or puff and pant like aerobics, competitive sport, vigorous cycling, running, swimming)

 times

d Vigorous household or garden chores (that make you breathe harder or puff and pant)

 times

Q67 If you add up all the times you spent in each activity LAST WEEK, how much time did you spend ALTOGETHER doing each type of activity?

(If you did **not** do an activity, please write "0" in the box.)

a Walking briskly (for recreation or exercise, or to get from place to place)

 hours minutes

b Moderate leisure activity (like social tennis, moderate exercise classes, recreational swimming, dancing)

 hours minutes

c Vigorous leisure activity (that makes you breathe harder or puff and pant like aerobics, competitive sport, vigorous cycling, running, swimming)

 hours minutes

d Vigorous household or garden chores (that make you breathe harder or puff and pant)

 hours minutes

women's health *is about how you spend your time*

Q68 In the **LAST WEEK**, how much time in total did you spend doing the following things?
(Mark one on each line)

		I don't do this activity	1 - 15 hours	16 - 24 hours	25 - 34 hours	35 - 40 hours	41 - 48 hours	49 hours or more
a	Paid work (full-time, part-time, casual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Home duties (own/family home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Work without pay (eg family business)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Looking for work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Unpaid voluntary work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Active leisure (eg walking, exercise, sport)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Passive leisure (eg TV, listening to music, reading, relaxing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Studying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q69 Managing time is often difficult.

How often do you feel:

(Mark one on each line)

		every day	a few times a week	about once a week	about once a month	never
a	That you are rushed, pressured, too busy?	<input type="radio"/>				
b	That you have time on your hands that you don't know what to do with?	<input type="radio"/>				

Q70 Do you regularly provide (unpaid) care for grandchildren or other people's children?

(Mark one only)

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

Q71 Do you regularly provide care or assistance (eg personal care, transport) to any other person because of their long-term illness, disability or frailty?

(Mark one on each line)

		yes	no
a	For someone who lives with you	<input type="radio"/>	<input type="radio"/>
b	For someone who lives elsewhere	<input type="radio"/>	<input type="radio"/>

If NO to both, go to Q75

Q72 How many people with a long-term illness, disability or frailty do you regularly provide care for? (Mark one only)

- One person
- Two people
- More than two people

Q73 How often in total do you provide this care or assistance? (Mark one only)

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

Q74 How much time do you usually spend providing such care or assistance on each occasion? (Mark one only)

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

Q75 Are you happy with your share of the following tasks and activities? (Mark one on each line)

		happy the way it is	would like other household members to do more	would prefer another arrangement	not applicable (don't do this)
<i>a</i>	Domestic work (shopping, cooking, cleaning, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>b</i>	Child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>c</i>	Caring for another adult (who is elderly/disabled/sick)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>d</i>	Other household work (gardening, home/car maintenance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q76 What do you think about the neighbourhood that you live in? How much do you agree with the following statements? (Mark one on each line)

		strongly disagree	disagree	neutral	agree	strongly agree
<i>a</i>	I would be really sorry if I had to move away from the people in my neighbourhood	<input type="radio"/>				
<i>b</i>	I have a lot in common with people in my neighbourhood	<input type="radio"/>				
<i>c</i>	I generally trust my neighbours to look out for my property	<input type="radio"/>				
<i>d</i>	I am good friends with many people in this neighbourhood	<input type="radio"/>				
<i>e</i>	I like living where I live	<input type="radio"/>				
<i>f</i>	My neighbours treat me with respect	<input type="radio"/>				
<i>g</i>	Children are safe walking around the neighbourhood during the day	<input type="radio"/>				
<i>h</i>	People in my neighbourhood are very willing to help each other out	<input type="radio"/>				
<i>i</i>	It is safe to walk around the neighbourhood at night	<input type="radio"/>				

women's health *is about the kinds of work you do and your plans for the future*

Q77 Do you normally do any of the following kinds of paid work? (Mark all that apply)

YES

- a Paid shift work
- b Paid work at night
- c Paid work from home
- d Self employment
- e Paid work in more than one job
- f Casual paid work (work in a job which doesn't provide holiday pay or sick leave)
- g Paid work involving none of the above
- h I don't do any paid work

Q78 We would like to know YOUR and YOUR PARTNER'S main occupation NOW: (Mark one in each column)

A
self

B
partner

Manager or administrator (eg magistrate, farm manager, media producer, school principal)	<input type="checkbox"/>	<input type="checkbox"/>
Professional (eg registered nurse, allied health professional, teacher, artist)	<input type="checkbox"/>	<input type="checkbox"/>
Associate professional (eg office manager, branch manager, shop manager, retail buyer, youth worker, police officer)	<input type="checkbox"/>	<input type="checkbox"/>
Tradesperson or related worker (eg cook, dressmaker, hairdresser, gardener, florist)	<input type="checkbox"/>	<input type="checkbox"/>
Advanced clerical or service worker (eg credit officer, radio despatcher, personal assistant, flight attendant, law clerk)	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate clerical, sales or service worker (eg accounts clerk, checkout supervisor, data entry operator, child care worker, nursing assistant, hospitality worker)	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate production or transport worker (eg machine operator, bus driver)	<input type="checkbox"/>	<input type="checkbox"/>
Elementary clerical, sales or service worker (eg filing/mail clerk, parking inspector, sales assistant, telemarketer, housekeeper)	<input type="checkbox"/>	<input type="checkbox"/>
Labourer or related worker (eg cleaner, factory worker, kitchen hand, fast food cook)	<input type="checkbox"/>	<input type="checkbox"/>
No paid job	<input type="checkbox"/>	<input type="checkbox"/>
Don't know or no partner		<input type="checkbox"/>

Q79 How do you manage on the income you have available? (Mark one only)

- It is impossible
- It is difficult all the time
- It is difficult some of the time
- It is not too bad
- It is easy

Q80 Are there people who do NOT live with you who are dependent on your household income? (Mark one only)

- No
- Yes, one
- Yes, more than one

Q81 Do you consider yourself to be completely retired from the paid workforce, partly retired, or not retired at all? (Mark one only)

- I am not retired at all (currently working or planning to return to work) → **Go to Q83**
- I am partially retired (have cut down on hours of work or changed type of job as a way of retiring gradually) → **Go to Q83**
- I am completely retired from paid work (within the last 20 years) → **Go to Q82**
- I gave up paid work over 20 years ago (and do not intend to return to work) → **Go to Q82**
- I have never been in paid work → **Go to Q86**

Q82 When did you retire or give up work? (Print year in the box)

Y	Y	Y	Y
---	---	---	---

→ **Go to Q86**

Q83 At what age do you expect to retire (completely) from the paid workforce? (Print age, in whole years, in the box)

--	--

- Do not expect to ever retire
- Don't know

Q84 You have said when you expect to retire, but if you had the choice, at what age would you like to retire (completely) from the paid workforce? (Print age, in whole years, in the box)

--	--

- Do not want to ever retire
- Don't know

Q85 Indicate how important each of the following might be in your decision about when to retire (completely) from the workforce: (Mark one on each line)

		not important	of limited importance	important	very important	don't know
a	Reaching the eligibility age for an old age (or service) pension	<input type="radio"/>				
b	The ability to access other government pensions or benefits	<input type="radio"/>				
c	The ability to access superannuation funds	<input type="radio"/>				
d	Being retrenched or made redundant	<input type="radio"/>				
e	The stresses and pressures of your job	<input type="radio"/>				
f	A declining interest in work	<input type="radio"/>				
g	Financial security	<input type="radio"/>				
h	The number of people for whom you need to provide financial support	<input type="radio"/>				
i	When your partner retires	<input type="radio"/>				
j	Your personal health or physical abilities	<input type="radio"/>				
k	The need to care for your spouse or another family member	<input type="radio"/>				
l	The desire for a different lifestyle	<input type="radio"/>				

Q86 If you are retired, what are the sources of your retirement funding?

OR

If you are not retired, or have never been in paid work, what do you expect to be the sources for funding your retirement?

(Mark all that apply)

- a** Age pension/Service pension/Widow's pension/War Widow's pension
- b** Other government pension or allowance
- c** Lump sum superannuation payout
- d** A pension or annuity purchased with superannuation or some other funds
- e** Income from savings and investments (*such as shares and property*)
- f** Income from a business
- g** Income or pension from your spouse/partner
- h** Financial support from family
- i** Other sources (*please specify on page 26*)
- j** Don't know

women's health *is about you and your life*

Q87 These questions are about getting on with other people:

(Mark one on each line)

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

Q88 What is your present marital status? (Mark one only)

- Married (*registered*)
- De facto relationship (*opposite sex*)
- De facto relationship (*same sex*)
- Separated
- Divorced
- Widowed
- Never married

Q89 How many people live with you now? (Mark all that apply)

<i>a</i>	No one, I live alone	<input type="radio"/>	one	two	three or more
<i>b</i>	Partner or spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>c</i>	Children under 16 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>d</i>	Children 16 - 18 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>e</i>	Children over 18 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>f</i>	Your parents or in-laws	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>g</i>	Other adult relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>h</i>	Other adults (<i>not family members</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q90 People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kind of support available to you if you need it?

(Mark one on each line)

	none of the time	a little of the time	some of the time	most of the time	all of the time
<i>a</i> Someone to help you if you are confined to bed	<input type="radio"/>				
<i>b</i> Someone you can count on to listen to you when you need to talk	<input type="radio"/>				
<i>c</i> Someone to give you good advice about a crisis	<input type="radio"/>				
<i>d</i> Someone to take you to the doctor if you need it	<input type="radio"/>				
<i>e</i> Someone who shows you love and affection	<input type="radio"/>				
<i>f</i> Someone to have a good time with	<input type="radio"/>				
<i>g</i> Someone to give you information to help you understand a situation	<input type="radio"/>				
<i>h</i> Someone to confide in or talk to about yourself or your problems	<input type="radio"/>				
<i>i</i> Someone who hugs you	<input type="radio"/>				
<i>j</i> Someone to get together with for relaxation	<input type="radio"/>				
<i>k</i> Someone to prepare your meals if you are unable to do it yourself	<input type="radio"/>				
<i>l</i> Someone whose advice you really want	<input type="radio"/>				
<i>m</i> Someone to do things with to help you get your mind off things	<input type="radio"/>				
<i>n</i> Someone to help with daily chores if you are sick	<input type="radio"/>				
<i>o</i> Someone to share your most private worries and fears with	<input type="radio"/>				
<i>p</i> Someone to turn to for suggestions about how to deal with a personal problem	<input type="radio"/>				
<i>q</i> Someone to do something enjoyable with	<input type="radio"/>				
<i>r</i> Someone who understands your problems	<input type="radio"/>				
<i>s</i> Someone to love and make you feel wanted	<input type="radio"/>				

CONSENT

Mid 4 - 2004

I consent to the researchers 'matching' the information provided in this survey with that provided in previous surveys so that any changes in my health can be noted.

Signature

Date

HELP US KEEP IN TOUCH!

Sometimes we lose touch with our participants. It would be helpful if you could give us details of a relative or friend who will be able to help us find you.

Name:

Address:
Postcode:

Phone (home): Relationship to you:

Name:

Address:
Postcode:

Phone (home): Relationship to you:

Please complete this box if you have filled in this survey on someone else's behalf. This helps us to keep our records as accurate as possible.

Your name:

Relationship to participant:

Reason:

Thank you for taking the time to fill in this survey.

OFFICE USE ONLY - DO NOT DETACH

*Thank you for taking
the time to complete this survey.*

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

*Don't forget to sign the consent
and post this back to us!*

women's
health
australia



*Fourth survey for
mid-age women*

March 2004

OFFICE USE ONLY - DO NOT DETACH



Australian Longitudinal Study on Women's Health

The University of Newcastle, Callaghan NSW 2308.

Phone: 02 4923 6872 email: whasec@newcastle.edu.au

Web: <http://www.newcastle.edu.au/centre/wha>