Sixth survey for the women of the 1973-78 cohort

2012

How to complete this survey

This is the sixth survey for the women of the 1973-78 cohort.
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. Researchers will be comparing the information provided in this survey with that of surveys you have completed in the past.

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 answer the survey for the time period indicated even if you are pregnant or your circumstances are unusual in some way (unless the question states otherwise).

Please read the instructions above each question carefully. Some require you to answer only those options which are applicable to you. Other questions require you to mark one answer on each line. The questions may also refer to different time periods.

INSTRUCTIONS: **- Use a black / blue biro**
- Do not fold or bend this survey

Cross the boxes like this:

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 ☐

Print clearly in the boxes like this:

What is your postcode?
(PRINT clearly in the boxes)

2	3	0	8

Correct mistakes like this:

When you go to a General Practitioner:
(*Mark one on each line*)

	Always	Most of the time	Some-times	Rarely or never
Do you go to the same place?	☐	☒	☒	☐

If you make a mistake simply scribble it out and clearly mark the correct answer with a cross

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, you may like to 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 to talk to.*

* *If you feel distressed now and would like someone to talk to, you could ring Lifeline on 13 11 14(local call).*

Q1 **How many times have you consulted the following people for *your own health* in the *last 12 months*?** *(Mark one on each line)*

		None	1-2 times	3-4 times	5-6 times	7-9 times	10-12 times	More than 12 times
a	A family doctor or another General Practitioner (GP)	☐	☐	☐	☐	☐	☐	☐
b	A specialist doctor	☐	☐	☐	☐	☐	☐	☐
c	A dentist	☐	☐	☐	☐	☐	☐	☐

Q2 **Have you consulted the following services for *your own health* in the *last 12 months*?** *(Mark one on each line)*

		Yes	No
a	A hospital doctor (eg in outpatients or casualty)	☐	☐
b	A midwife	☐	☐
c	A counsellor or other mental health worker	☐	☐
d	A chiropractor	☐	☐
e	An osteopath	☐	☐
f	A massage therapist	☐	☐
g	An acupuncturist	☐	☐
h	A naturopath / herbalist	☐	☐
i	Another alternative health practitioner (eg aromatherapist, homeopath, reflexologist, iridologist)	☐	☐
j	A community nurse, practice nurse or nurse practitioner	☐	☐
k	A physiotherapist	☐	☐

Q3 **How often have you used the following therapies for *your own health* in the *last 12 months*?** *(Mark one on each line)*

		Never	Rarely	Sometimes	Often
a	Vitamins / minerals	☐	☐	☐	☐
b	Yoga or meditation	☐	☐	☐	☐
c	Herbal medicines	☐	☐	☐	☐
d	Aromatherapy oils	☐	☐	☐	☐
e	Chinese medicines	☐	☐	☐	☐
f	Other alternative therapies	☐	☐	☐	☐

Q4 **Have you been admitted to hospital in the *last 12 months* for any of these reasons?** *(Mark one on each line)*

		Yes	No
a	Normal childbirth	☐	☐
b	Problems during pregnancy	☐	☐
c	All other reasons	☐	☐

Q5 **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?	☐	☐	☐	☐
b	Do you usually see the same doctor?	☐	☐	☐	☐

Q6 **Here are some questions about your *most recent visit* to a General Practitioner. In terms of your *satisfaction*, how would you rate each of the following?**
(Mark one on each line)

		Excellent	Very good	Good	Fair	Poor
a	The amount of time you spent with the doctor	☐	☐	☐	☐	☐
b	The doctor's explanation of your problem and treatment	☐	☐	☐	☐	☐
c	The doctor's interest in how you felt about having the tests, treatment or the advice given	☐	☐	☐	☐	☐
d	Your opportunity to ask all the questions you wanted	☐	☐	☐	☐	☐
e	The technical skills (thoroughness, carefulness, competence) of the doctor	☐	☐	☐	☐	☐
f	The personal manner (courtesy, respect, sensitivity, friendliness) of the doctor	☐	☐	☐	☐	☐
g	The cost to you of the visit	☐	☐	☐	☐	☐
	Mark here if No Cost →	☐				

Q7 **In general, do you prefer to see a female doctor?** *(Mark one only)*

Yes, always ☐
Yes, but only for certain things ☐
No ☐
Don't care ☐

Q8 **Thinking about *your own health care*, how would you rate the following now?**
(Mark one on each line)

		Excellent	Very good	Good	Fair	Poor	Don't know
a	Access to medical specialists if you need them	☐	☐	☐	☐	☐	☐
b	Access to a hospital if you need it	☐	☐	☐	☐	☐	☐
c	Access to after-hours medical care	☐	☐	☐	☐	☐	☐
d	Access to a GP who bulk bills	☐	☐	☐	☐	☐	☐
e	Access to a female GP	☐	☐	☐	☐	☐	☐
f	Hours when a GP is available	☐	☐	☐	☐	☐	☐
g	Number of GPs you have to choose from	☐	☐	☐	☐	☐	☐
h	Ease of seeing the GP of your choice	☐	☐	☐	☐	☐	☐
i	Ease of obtaining a Pap test	☐	☐	☐	☐	☐	☐
j	Access to Women's Health or Family Planning services	☐	☐	☐	☐	☐	☐
k	Access to maternal and child health services	☐	☐	☐	☐	☐	☐

Q9 **Do you have a Health Care Card?** *This is a card that entitles you to discounts and assistance with medical expenses. This is not the same as a Medicare card. (Mark one only)*

Yes ☐
No ☐

Q10 **Do you have private health insurance for ***hospital cover*****? If not, mark the main reason why.** *(Mark one only)*

- Yes ☐
- 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 – another reason ☐

Q11 **Do you have private health insurance for ***ancillary services*** (eg dental, physiotherapy)? If not, mark the main reason why.** *(Mark one only)*

- Yes ☐
- 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 – another reason ☐

Q12 **In the ***last 3 years*****, have you been diagnosed or treated for:** *(Mark all that apply)*

	Please record conditions related to pregnancy (gestational diabetes, hypertension during pregnancy, antenatal depression and postnatal depression) in the section relating to pregnancy later in the survey.	**Yes, in the last 3 years**
a	Insulin dependent (Type I) diabetes	☐
b	Non-insulin dependent (Type 2) diabetes	☐
c	Heart disease	☐
d	Hypertension (high blood pressure)	☐
e	Low iron (iron deficiency or anaemia)	☐
f	Asthma	☐
g	Bronchitis	☐
h	Depression	☐
i	Anxiety disorder	☐
j	Endometriosis	☐
k	Thrombosis	☐
l	Polycystic Ovary Syndrome	☐
m	Urinary tract infection	☐
n	Chlamydia	☐
o	Genital herpes	☐
p	Genital warts (HPV)	☐
q	Hepatitis B or C	☐
r	Skin cancer	☐
s	Other cancer *(Please specify on page 26)*	☐
t	Other major physical illness *(Please specify on page 26)*	☐
u	Other major mental illness *(Please specify on page 26)*	☐
v	Other sexually transmitted infection *(Please specify on page 26)*	☐
w	Other *(Please specify on page 26)*	☐
x	**None of these conditions**	☐

Q13 **In the *last 12 months*, have you had any of the following:**
(Mark one on each line. For all that apply, also answer column B.)

		A				B
		Never	Rarely	Some-times	Often	If yes, did you seek help for this problem? Mark here if you did seek help
a	Allergies, hay fever, sinusitis	☐	☐	☐	☐	☐
b	Headaches / migraines	☐	☐	☐	☐	☐
c	Severe tiredness	☐	☐	☐	☐	☐
d	Indigestion (heart burn)	☐	☐	☐	☐	☐
e	Breathing difficulties	☐	☐	☐	☐	☐
f	Stiff or painful joints	☐	☐	☐	☐	☐
g	Back pain	☐	☐	☐	☐	☐
h	Problems with one or both feet	☐	☐	☐	☐	☐
i	Urine that burns or stings	☐	☐	☐	☐	☐
j	Leaking urine	☐	☐	☐	☐	☐
k	Constipation	☐	☐	☐	☐	☐
l	Haemorrhoids (piles)	☐	☐	☐	☐	☐
m	Other bowel problems	☐	☐	☐	☐	☐
n	Vaginal discharge or irritation	☐	☐	☐	☐	☐
o	Premenstrual tension	☐	☐	☐	☐	☐
p	Irregular periods	☐	☐	☐	☐	☐
q	Heavy periods	☐	☐	☐	☐	☐
r	Severe period pain	☐	☐	☐	☐	☐
s	Skin problems	☐	☐	☐	☐	☐
t	Difficulty sleeping	☐	☐	☐	☐	☐
u	Depression	☐	☐	☐	☐	☐
v	Episodes of intense anxiety (eg panic attacks)	☐	☐	☐	☐	☐
w	Other mental health problems	☐	☐	☐	☐	☐
x	Palpitations (feeling that your heart is racing or fluttering in your chest)	☐	☐	☐	☐	☐

Q14 What is your postcode?

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

Mark here if living overseas ☐

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

Q15 When you are outside on a typical summer day, how often do you do the following things to protect yourself from the sun? *(Mark one on each line)*

		Never	Rarely	Some-times	Usually	Always
a	Wear a hat	☐	☐	☐	☐	☐
b	Wear clothing that protects your skin	☐	☐	☐	☐	☐
c	Wear sunglasses	☐	☐	☐	☐	☐
d	Stay in the shade when outdoors	☐	☐	☐	☐	☐
e	Apply sunscreen to face	☐	☐	☐	☐	☐
f	Apply sunscreen to exposed body parts	☐	☐	☐	☐	☐

Q16 When did you last have:

(Mark one on each line)

		Less than 2 years ago	2 to less than 3 years ago	3-5 years ago	More than 5 years ago	Never	Not sure
a	A Pap test?	☐	☐	☐	☐	☐	☐
b	Your blood pressure checked?	☐	☐	☐	☐	☐	☐
c	Your skin checked (eg spots, lesions, moles)?	☐	☐	☐	☐	☐	☐

Q17 Please write down the names of all your medications, vitamins, supplements or herbal therapies that you have taken in the *last 4 weeks*. Where possible, copy names from packets.

(Please write in block letters)

None ☐

a **h**

b **i**

c **j**

d **k**

e **l**

f **m**

g **n**

The following questions ask only about ***now*** – how your health is now and about how your health limits certain activities now.

Q18 In general, would you say your health is: *(Mark one only)*

Excellent ☐

Very good ☐

Good ☐

Fair ☐

Poor ☐

Q19 **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 as one year ago ☐
- Somewhat worse now than one year ago ☐
- Much worse now than one year ago ☐

Q20 **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
a	Vigorous activities such as running, lifting heavy objects, participating in strenuous sports	☐	☐	☐
b	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☐	☐	☐
c	Lifting or carrying groceries	☐	☐	☐
d	Climbing several flights of stairs	☐	☐	☐
e	Climbing one flight of stairs	☐	☐	☐
f	Bending, kneeling or stooping	☐	☐	☐
g	Walking more than one kilometre	☐	☐	☐
h	Walking half a kilometre	☐	☐	☐
i	Walking 100 metres	☐	☐	☐
j	Bathing or dressing yourself	☐	☐	☐

Q21 **During the *past 4 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	☐	☐
b	Accomplished less than you would like	☐	☐
c	Were limited in the kind of work or other activities	☐	☐
d	Had difficulty performing the work or other activities *(for example it took extra effort)*	☐	☐

Q22 **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)?** *(Mark one on each line)*

		Yes	No
a	Cut down on the amount of time you spent on work or other activities	☐	☐
b	Accomplished less than you would like	☐	☐
c	Didn't do work or other activities as carefully as usual	☐	☐

Q23 **During the *past 4 weeks*, to what extent has 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 ☐

Q24 **How much *bodily* pain have you had during the *past 4 weeks*?** *(Mark one only)*

- None ☐
- Very mild ☐
- Mild ☐
- Moderate ☐
- Severe ☐
- Very severe ☐

Q25 **During the *past 4 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 ☐

Q26 **For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the *past 4 weeks*:** *(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
a	Did you feel full of life?	☐	☐	☐	☐	☐	☐
b	Have you been a very nervous person?	☐	☐	☐	☐	☐	☐
c	Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐
d	Have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
e	Did you have a lot of energy?	☐	☐	☐	☐	☐	☐
f	Have you felt down?	☐	☐	☐	☐	☐	☐
g	Did you feel worn out?	☐	☐	☐	☐	☐	☐
h	Have you been a happy person?	☐	☐	☐	☐	☐	☐
i	Did you feel tired?	☐	☐	☐	☐	☐	☐

Q27 **During the *past 4 weeks*, how much of the time has your *physical health or emotional problems* interfered with your social activities (like visiting 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 ☐

Q28 **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
a	I seem to get sick a little easier than other people	☐	☐	☐	☐	☐
b	I am as healthy as anybody I know	☐	☐	☐	☐	☐
c	I expect my health to get worse	☐	☐	☐	☐	☐
d	My health is excellent	☐	☐	☐	☐	☐

Q29 Have you and your partner (current or previous) ever had problems with fertility - that is, tried unsuccessfully for 12 months or more to get pregnant? *(Mark one only)*

- No, have never tried to get pregnant ☐
- No, have had no problem with fertility ☐
- Yes, but have not sought help / treatment ☐
- Yes, and have sought help / treatment ☐

Q30 Have you ever had any of the following operations or procedures?
(Mark one on each line)

		Yes	No
a	Hysterectomy	☐	☐
b	One ovary removed	☐	☐
c	Both ovaries removed	☐	☐
d	Repair of prolapsed vagina, bladder or bowel	☐	☐
e	Lumpectomy (*removal of lump from breasts)*	☐	☐
f	Breast biopsy *(taking a sample of breast tissue)*	☐	☐
g	Cholecystectomy *(gall bladder removed)*	☐	☐
h	Gastric banding	☐	☐
i	Cosmetic surgery	☐	☐

Q31 Do any of the following apply to you? *(Mark one on each line)*

		Yes	No
a	I am pregnant now / have recently had a baby	☐	☐
b	I am trying to become pregnant	☐	☐
c	I have had a tubal ligation	☐	☐
d	My partner has had a vasectomy	☐	☐
e	I cannot have children	☐	☐
f	My partner cannot have children	☐	☐
g	My partner has a low or zero sperm count	☐	☐
h	I have no male sexual partners now	☐	☐
i	I am using / have used In Vitro Fertilisation (IVF)	☐	☐
j	I am using / have used fertility hormones (eg Clomid)	☐	☐

Q32 What forms of contraception do you use now? *(Mark all that apply)*

a	I use a combined oral contraceptive pill (The Pill)	☐
b	I use a progestogen only oral contraceptive pill (The Mini Pill)	☐
c	I use the oral contraceptive pill but I don't know what type	☐
d	I use condoms	☐
e	I use emergency contraception (eg morning after pill)	☐
f	I use an implant (eg Implanon)	☐
g	I use the withdrawal method	☐
h	I use a copper intrauterine device (IUD)	☐
i	I use a progestogen intrauterine device (IUD) (eg Mirena)	☐
j	I use an injection (eg Depo-provera)	☐
k	I use a safe period method (eg natural family planning, rhythm method, Billings method, body temperature method, periodic abstinence)	☐
l	I use a vaginal ring (eg Nuvaring)	☐
m	I use another method of contraception	☐
n	**I don't use contraception**	☐

Q33 **Are you currently pregnant?** *(Mark <u>one only</u>)*

- No ☐
- Less than 3 months ☐
- 3 to 6 months ☐
- More than 6 months ☐
- Don't know ☐

Q34 **Have you ever been pregnant?**

Yes ☐
No ☐ — If no, **go to Q47**

Q35 **How many times have you had each of the following**: *(Mark <u>one on each line</u>)*

		None	One	Two	Three	Four	5 or more
a	Live birth	☐	☐	☐	☐	☐	☐
b	Stillbirth	☐	☐	☐	☐	☐	☐
c	Miscarriage	☐	☐	☐	☐	☐	☐
d	Termination (abortion) for medical reasons (eg fetal abnormalities)	☐	☐	☐	☐	☐	☐
e	Termination (abortion) for other reasons	☐	☐	☐	☐	☐	☐
f	Ectopic pregnancy (tubal pregnancy)	☐	☐	☐	☐	☐	☐

Q36 **For your ***<u>most recent</u>* pregnancy, were you**: *(Mark <u>one on each line</u>)*

		Never	Yes, during pregnancy	Yes, following birth	Yes, both during pregnancy and following birth
a	Given any information about emotional well being during pregnancy and early parenthood (eg about depression, anxiety, parenting stress)?	☐	☐	☐	☐
b	Asked any questions by a midwife, GP, child health nurse or other professional about your emotional well being (eg given a questionnaire to complete)?	☐	☐	☐	☐

Q37 **Have you ever given birth?**

Yes ☐
No ☐ — If no, **go to 47**

Q38 **If you have ever given birth, please write the date of each birth in the box.**
(*If you had twins, please write the date twice.*)

1st D D M M Y Y Y Y	2nd D D M M Y Y Y Y	3rd D D M M Y Y Y Y
4th D D M M Y Y Y Y	5th D D M M Y Y Y Y	6th D D M M Y Y Y Y
7th D D M M Y Y Y Y	8th D D M M Y Y Y Y	9th D D M M Y Y Y Y

Q39 Did you experience any of the following? *(Mark <u>all that apply on each line</u>)*

		Never experi-enced this	1st Child	2nd Child	3rd Child	4th Child	5th Child	6th Child	7th Child	8th Child	9th Child
a	Premature birth	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b	Stillbirth	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c	Caesarean section before going into labour	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d	Induction of labour (via gel or drip)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e	Caesarean section after labour started	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
f	Labour lasting more than 36 hours	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
g	Gas or injection for pain relief	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
h	Epidural or spinal block	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
i	Episiotomy (cut to perineum)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
j	A vaginal tear requiring stitches	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
k	Instrumental delivery (forceps / vacuum)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
l	Emotional distress during labour	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
m	A low birth weight baby (weighing less than 2500 grams or 5 ½ pounds)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
n	A high birth weight (weighing more than 4000 grams or 8 ½ pounds)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
o	Baby requiring admission to special care / Neonatal Intensive Care Unit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
p	Death of a live-born baby within the first month	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q40 Were you diagnosed or treated for: *(Mark <u>all that apply on each line</u>)*

		Never experi-enced this	1st Child	2nd Child	3rd Child	4th Child	5th Child	6th Child	7th Child	8th Child	9th Child
a	Antenatal depression?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b	Postnatal depression?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c	Antenatal anxiety?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d	Postnatal anxiety?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e	Gestational diabetes?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
f	Hypertension (high blood pressure) during pregnancy?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

The following questions are about breastfeeding.

Q41 **Have you ever breastfed?**

Yes ☐

No ☐ — If no, **go to Q43**

Q42

		1st Child	2nd Child	3rd Child	4th Child	5th Child	6th Child	7th Child	8th Child	9th Child
a	Mark which of your children had at least one breastfeed	☐	☐	☐	☐	☐	☐	☐	☐	☐
b	Write the number of complete months each child was breastfed (if zero write 0)									
c	Mark which child or children you are currently breastfeeding	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q43 **At the time of the birth of your last child were you employed (even if you were on leave)?**

(Mark <u>one only</u>)

Yes ☐

No ☐

Q44 **If you went back to paid work after the birth of your last child, how soon did you go back?**

(Please write the number of MONTHS in the boxes)

Months

Not applicable ☐

Q45 **If you did NOT go back to paid work after the birth of your last child:**

(Mark <u>one on each line</u>)

		Yes	No
a	Are you currently on maternity leave?	☐	☐
b	Are you planning to go back to paid work?	☐	☐

Q46 **Thinking about the birth of your last child:** *(Mark <u>one on each line</u>)*

		Yes	No
a	Did you take <u>paid</u> maternity leave?	☐	☐
b	Did you take <u>unpaid</u> maternity leave?	☐	☐

Q47 **Do you have children living with you (your own, your partner's, fostered etc)?** *(Mark <u>one only</u>)*

Yes ☐

No ☐ — If no, **go to Q51**

Q48 **If you have children living with you (your own, your partner's, fostered etc), how many are:**
(Mark <u>one on each line</u>)

		None	One	Two	Three	Four or more
a	Under 12 months?	☐	☐	☐	☐	☐
b	12 months - 5 years?	☐	☐	☐	☐	☐
c	6 - 12 years?	☐	☐	☐	☐	☐
d	13 - 16 years?	☐	☐	☐	☐	☐

Most parents need someone to care for their children when they cannot.
Formal child care includes before and / or after school care, long day care, family day care, occasional care and preschool. *Informal child care* includes care by family, friends (paid or unpaid) and a paid babysitter.

Q49 **Whether you use child care or not, please answer the following questions.**

	(Mark one on each line)	Yes	No	Don't know
a	Is formal child care located in an area convenient to you?	☐	☐	☐
b	Are formal child care places available to you?	☐	☐	☐
c	Is the cost of formal child care a problem for you?	☐	☐	☐
d	Is informal child care available to you?	☐	☐	☐

Q50 **In a normal week, how often do you usually use child care?** *(Mark one on each line)*

		Do not use this type of child care	Less than 5 hrs	5-10 hrs	11-20 hrs	21-30 hrs	31-40 hrs	More than 40 hrs
a	Formal care	☐	☐	☐	☐	☐	☐	☐
b	Informal care	☐	☐	☐	☐	☐	☐	☐

Q51 **How tall are you without shoes?**
(If you are not sure, please estimate)

cms

Q52 **How much do you weigh without clothes or shoes?** ***If you are pregnant now, write in the weight you were in the month prior to pregnancy.***
(If you are not sure, please estimate)

kgs

Q53 **Have you used any of these methods to lose weight or to control your weight or shape in the *last twelve months*?** *(Mark one on each line)*

		Yes	No
a	Commercial weight loss programs (eg Weight Watchers®, Lite n' Easy®, Sureslim®, Jenny Craig®)	☐	☐
b	Meal replacements or slimming products (eg OPTIFAST®, Herbalife®)	☐	☐
c	Exercise	☐	☐
d	Cut down on the size of meals or between meal snacks	☐	☐
e	Cut down on fats (low fat) and / or sugars	☐	☐
f	Low glycaemic index (GI) diet	☐	☐
g	Diet book diets (eg Atkins, Zone, CSIRO diet, Liver Cleansing diet)	☐	☐
h	Laxatives, diuretics or diet pills (eg Xenical®, Reductil®)	☐	☐
i	Fasting	☐	☐
j	Smoking	☐	☐
k	Other	☐	☐

Q54 **How much would you *like* to weigh *now*?** *(Mark one only)*

Happy as I am ☐
1 – 5 kg more ☐
Over 5 kg more ☐
1 – 5 kg less ☐
6 – 10 kg less ☐
Over 10 kg less ☐

Q55 **In the past month, how dissatisfied have you felt about:** *(Mark one on each line)*

		Not at all dissatisfied		Slightly dissatisfied		Moderately dissatisfied		Markedly Dissatisfied
a	Your weight	☐	☐	☐	☐	☐	☐	☐
b	Your shape	☐	☐	☐	☐	☐	☐	☐

Q56 **How often do you currently smoke cigarettes or any tobacco products?** *(Mark one only)*

Daily ☐ — **go to Q57a**

At least weekly (but not daily) ☐ — **go to Q57b**

Less often than weekly ☐

Not at all ☐

go to Q58

Q57 a **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 Q61**

b **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

Q58 **In your lifetime, would you have smoked at least 100 cigarettes (or equivalent)?** *(Mark one only)*

Yes ☐ **No** ☐ — If no, **go to Q63**

Q59 **Have you ever smoked daily?** *(Mark one only)*

Yes ☐ **No** ☐ — If no, **go to Q63**

Q60 **At what age did you finally stop smoking daily?** *(Write age in boxes)*

☐☐ years old

Q61 **Have you tried to quit smoking in the last six months?** *(Mark one only)*

Yes ☐ **No** ☐

Q62 **Have you ever been advised by a doctor to quit smoking?** *(Mark one only)*

Yes ☐ **No** ☐

Q63 **How often do you usually drink alcohol?** *(Mark one only)*

I never drink alcohol ☐ — **go to Q66**

Less than once a month ☐

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 ☐

Q64 **On a day when you drink alcohol, how many standard 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 ☐

Q65 **How often do you have five or more standard drinks of alcohol on one occasion?**
(Mark one only)

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

***Remember* that any information you give us is kept confidential.**

Q66 **The following question asks about the use of drugs for *non-medicinal* purposes. We want to know about general patterns of use. Please do not give details of specific instances of use.** *(Mark all that apply)*

		In the last 12 months	More than 12 months ago	Never
a	Have you tried Marijuana? (cannabis, hash, grass, dope, pot, 'yandi')	☐	☐	☐
b	Have you tried any other illicit drugs? (amphetamines, LSD, natural hallucinogens, tranquilisers, cocaine, ecstasy, inhalants, heroin or barbiturates)	☐	☐	☐

The next question is about the amount of physical activity you did ***last week*.**

Q67 **Please state *how many times* you did each type of activity and *how much time you spent altogether* doing each type of activity *last week*.**
Only count activities that lasted for 10 minutes or more; add up all the times you spent in each activity to get the total time for each activity.
*(If you did **not** do an activity, please write "0" in the boxes)*

		Number of times	Total time in this activity: hours	Total time in this activity: minutes
a	**Walking briskly** (for recreation or exercise, or to get from place to place)			
b	**Moderate leisure activity** (like social tennis, moderate exercise classes, recreational swimming, dancing)			
c	**Vigorous leisure activity** (that makes you breathe harder or puff and pant like aerobics, competitive sport, vigorous cycling, running, swimming)			
d	**Vigorous household or garden chores** (that make you breathe harder or puff and pant)			

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.

Q68 **In total, how much time 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		minutes
b	On a usual **weekend day**		hours		minutes

Q69 **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
a	In uncertain times, I usually expect the best	☐	☐	☐	☐	☐
b	If something can go wrong for me, it will	☐	☐	☐	☐	☐
c	I'm always optimistic about my future	☐	☐	☐	☐	☐
d	I hardly ever expect things to go my way	☐	☐	☐	☐	☐
e	I rarely count on good things happening to me	☐	☐	☐	☐	☐
f	Overall, I expect more good things to happen to me than bad	☐	☐	☐	☐	☐

Q70 **Over the *last 12 months*, on average, how often did you drink the following?**
(Mark one on each line)

		Never	Less than once per month	1 to 3 times per month	1 time per week	2 times per week	3 to 4 times per week	5 to 6 times per week	1 time per day	2 times per day	3 or more times per day
a	Cola drinks - not diet (eg Coke)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b	Diet cola drinks (eg Diet Coke™)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c	Other carbonated drinks – not diet (eg fizzy / soft drinks)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d	Other diet carbonated drinks (eg diet lemonade)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e	Non-carbonated cordials, fruit or sport drinks- not diet	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
f	Non-carbonated diet cordials, fruit or sport drinks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
g	Milk or soya milk (including flavoured varieties)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
h	Fruit or vegetable juices	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
i	Tea	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
j	Herbal tea	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
k	Coffee	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
l	Water (including soda or plain mineral water)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q71 **Do you regularly *need* help with daily tasks because of long-term illness or disability (eg help with personal care, getting around, preparing meals etc)?** *(Mark one only)*

Yes ☐ **No** ☐

Q72 **Do you regularly *provide* unpaid 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	☐	☐	If no to both, **go to O76**
b	For someone who lives elsewhere	☐	☐	

Q73 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 ☐

Q74 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 ☐

Q75 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 ☐

Q76 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
a	Someone to help you if you are confined to bed	☐	☐	☐	☐	☐
b	Someone you can count on to listen to you when you need to talk	☐	☐	☐	☐	☐
c	Someone to give you good advice about a crisis	☐	☐	☐	☐	☐
d	Someone to take you to the doctor if you need it	☐	☐	☐	☐	☐
e	Someone who shows you love and affection	☐	☐	☐	☐	☐
f	Someone to have a good time with	☐	☐	☐	☐	☐
g	Someone to give you information to help you understand a situation	☐	☐	☐	☐	☐
h	Someone to confide in or talk to about yourself or your problems	☐	☐	☐	☐	☐
i	Someone who hugs you	☐	☐	☐	☐	☐
j	Someone to get together with for relaxation	☐	☐	☐	☐	☐
k	Someone to prepare your meals if you are unable to do it yourself	☐	☐	☐	☐	☐
l	Someone whose advice you really want	☐	☐	☐	☐	☐
m	Someone to do things with to help you get your mind off things	☐	☐	☐	☐	☐
n	Someone to help with daily chores if you are sick	☐	☐	☐	☐	☐
o	Someone to share your most private worries and fears with	☐	☐	☐	☐	☐
p	Someone to turn to for suggestions about how to deal with a personal problem	☐	☐	☐	☐	☐
q	Someone to do something enjoyable with	☐	☐	☐	☐	☐
r	Someone who understands your problems	☐	☐	☐	☐	☐
s	Someone to love and make you feel wanted	☐	☐	☐	☐	☐

Q77 **Have you experienced any of the following events?** *(Mark all that apply)*

		A Yes – In the last 12 months	B Yes – More than 12 months ago
a	Major personal illness	☐	☐
b	Major personal injury	☐	☐
c	Major surgery (not including dental work)	☐	☐
d	Having a child with a disability or serious illness	☐	☐
e	Getting married	☐	☐
f	Divorce	☐	☐
g	Separation	☐	☐
h	Death of partner	☐	☐
i	Death of a parent	☐	☐
j	Death of a child	☐	☐
k	Natural disaster (fire, flood, drought, earthquake etc) or house fire	☐	☐
l	Being robbed	☐	☐
m	Involvement in a serious accident	☐	☐
n	Being pushed, grabbed, shoved, kicked or hit	☐	☐
o	Being forced to take part in unwanted sexual activity	☐	☐
p	**None of these events**	☐	

Q78 **In the *past week*, have you been feeling that life isn't worth living?** *(Mark one only)*

Yes ☐ **No** ☐

Q79 **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 13 11 14 (local call).

Q80 **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)
a	I was bothered by things that don't usually bother me	☐	☐	☐	☐
b	I had trouble keeping my mind on what I was doing	☐	☐	☐	☐
c	I felt depressed	☐	☐	☐	☐
d	I felt that everything I did was an effort	☐	☐	☐	☐
e	I felt hopeful about the future	☐	☐	☐	☐
f	I felt fearful	☐	☐	☐	☐
g	My sleep was restless	☐	☐	☐	☐
h	I was happy	☐	☐	☐	☐
i	I felt lonely	☐	☐	☐	☐
j	I could not 'get going'	☐	☐	☐	☐
k	I felt terrific	☐	☐	☐	☐

Q81 **Next are some specific questions about your health and how you have been feeling in the *past month*.** *(Mark one on each line)*

		Yes	No
a	Have you felt keyed up or on edge?	☐	☐
b	Have you been worrying a lot?	☐	☐
c	Have you been irritable?	☐	☐
d	Have you had difficulty relaxing?	☐	☐
e	Have you been sleeping poorly?	☐	☐
f	Have you had headaches or neck aches?	☐	☐
g	Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass urine more often than usual?	☐	☐
h	Have you been worried about your health?	☐	☐
i	Have you had difficulty falling asleep?	☐	☐

Q82 **Over the *last 12 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
a	Own health	☐	☐	☐	☐	☐	☐
b	Health of family members	☐	☐	☐	☐	☐	☐
c	Work / employment	☐	☐	☐	☐	☐	☐
d	Living arrangements	☐	☐	☐	☐	☐	☐
e	Study	☐	☐	☐	☐	☐	☐
f	Money	☐	☐	☐	☐	☐	☐
g	Relationship with parents	☐	☐	☐	☐	☐	☐
h	Relationship with partner / spouse	☐	☐	☐	☐	☐	☐
i	Relationship with other family members	☐	☐	☐	☐	☐	☐
j	Relationship with friends	☐	☐	☐	☐	☐	☐
k	Motherhood / children	☐	☐	☐	☐	☐	☐

Q83 **Have you ever had a partner or spouse?** *(Mark one only)*

Yes ☐ **No** ☐ — If no, **go to Q86**

Q84 **Have you ever been in a violent relationship with a partner / spouse?** *(Mark one only)*

Yes ☐ **No** ☐ **I prefer not to answer** ☐

The following questions ask about difficult situations you may have experienced.
Some people prefer not to answer questions of this nature.
If this is true for you, please go to Question 86.

Q85 **This question asks about situations you may have experienced with *current or past* partners.**
(Mark as many as apply on each line)

	My Partner:	In the last 12 months	More than 12 months ago	Never
a	Told me that I wasn't good enough	☐	☐	☐
b	Kept me from medical care	☐	☐	☐
c	Followed me	☐	☐	☐
d	Tried to turn my family, friends and children against me	☐	☐	☐
e	Locked me in the bedroom	☐	☐	☐
f	Slapped me	☐	☐	☐
g	Forced me to take part in unwanted sexual activity	☐	☐	☐
h	Told me that I was ugly	☐	☐	☐
i	Tried to keep me from seeing or talking to my family	☐	☐	☐
j	Threw me	☐	☐	☐
k	Hung around outside my house	☐	☐	☐
l	Blamed me for causing their violent behaviour	☐	☐	☐
m	Harassed me over the telephone	☐	☐	☐
n	Shook me	☐	☐	☐
o	Harassed me at work	☐	☐	☐
p	Pushed, grabbed or shoved me	☐	☐	☐
q	Used a knife or gun or other weapon	☐	☐	☐
r	Became upset if dinner / housework wasn't done when they thought it should be	☐	☐	☐
s	Told me that I was crazy	☐	☐	☐
t	Told me that no one would ever want me	☐	☐	☐
u	Took my wallet and left me stranded	☐	☐	☐
v	Hit or tried to hit me with something	☐	☐	☐
w	Did not want me to socialise with my female friends	☐	☐	☐
x	Refused to let me work outside the home	☐	☐	☐
y	Kicked me, bit me or hit me with a fist	☐	☐	☐
z	Tried to convince my friends, family or children that I was crazy	☐	☐	☐
aa	Told me that I was stupid	☐	☐	☐
bb	Beat me up	☐	☐	☐

If you feel distressed about any experiences of violence and abuse and would like some help to deal with this, please consider contacting one of the following:
**** 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 to talk to***
**** A Lifeline counsellor on 13 11 14 (local call).***

Q86 Please read each statement below and indicate how much the statement applied to you *over the past week*. *(Mark one on each line)*

		Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of the time	Applied to me very much, or most of the time
a	I was aware of dryness of my mouth	☐	☐	☐	☐
b	I experienced breathing difficulty (eg excessively rapid breathing, breathlessness in the absence of physical exertion)	☐	☐	☐	☐
c	I experienced trembling (eg in the hands)	☐	☐	☐	☐
d	I was worried about situations in which I might panic and make a fool of myself	☐	☐	☐	☐
e	I felt I was close to panic	☐	☐	☐	☐
f	I was aware of the action of my heart in the absence of physical exertion (eg sense of heart rate increase, heart missing a beat)	☐	☐	☐	☐
g	I felt scared without any good reason	☐	☐	☐	☐

The following questions ask about how you use your time.

Q87 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?	☐	☐	☐	☐	☐
b	That you have time on your hands that you don't know what to do with?	☐	☐	☐	☐	☐

Q88 In a usual week, how much time in total do 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	Active leisure (eg walking, exercise, sport)	☐	☐	☐	☐	☐	☐	☐
b	Passive leisure (eg TV, music, reading, relaxation)	☐	☐	☐	☐	☐	☐	☐
c	Full-time permanent paid work	☐	☐	☐	☐	☐	☐	☐
d	Part-time permanent paid work	☐	☐	☐	☐	☐	☐	☐
e	Casual paid work	☐	☐	☐	☐	☐	☐	☐
f	Work without pay (eg family business)	☐	☐	☐	☐	☐	☐	☐
g	Studying	☐	☐	☐	☐	☐	☐	☐
h	Unpaid voluntary work	☐	☐	☐	☐	☐	☐	☐
i	Home duties (own / family home)	☐	☐	☐	☐	☐	☐	☐
j	Looking after your / your partner's children	☐	☐	☐	☐	☐	☐	☐

Q89 **Are you currently unemployed *and actively seeking work*?** *(Mark one only)*

- No ☐
- Yes, unemployed for less than 6 months ☐
- Yes, unemployed for 6 months or more ☐

Q90 **Do you normally do any of the following kinds of paid work?** *(Mark all that apply)*

a	I don't do any paid work	☐	**go to Q92**
b	Paid shift work	☐	
c	Paid work with irregular hours	☐	
d	Paid work on short-term contract (less than one year)	☐	
e	Paid work in more than one job	☐	
f	Paid work at night	☐	
g	Paid work from home	☐	
h	Self employment	☐	
i	**None of the above**	☐	

Q91 **How secure or insecure do you feel about your paid job or jobs?**
(Mark one only)

- I worry all the time about losing my job ☐
- Sometimes I worry about losing my job ☐
- I rarely or never worry about losing my job ☐
- Don't know ☐

Q92 **Are you happy with the number of hours of paid work you do?**
(Mark one only, even if you have no paid work)

- Yes, happy as is ☐
- No, would like to do more ☐
- No, would like to do less ☐

Q93 **We would like to know your main occupation *now*** *(Mark one only)*

Manager or administrator (eg magistrate, farm manager, general manager, director of nursing**,** school principal)	☐
Professional (eg scientist, doctor, registered nurse, allied health professional, teacher, artist)	☐
Associate professional (eg technician, manager, youth worker, police officer)	☐
Tradesperson or related worker (eg hairdresser, gardener, florist)	☐
Advanced clerical or service worker (eg secretary, personal assistant, flight attendant, law clerk)	☐
Intermediate clerical, sales or service worker (eg typist, word processing / data entry operator, receptionist, child care worker, nursing assistant, hospitality worker)	☐
Intermediate production or transport worker (eg sewing machinist, machine operator, bus driver)	☐
Elementary clerical, sales or service worker (eg filing / mail clerk, parking inspector, sales assistant, telemarketer, housekeeper)	☐
Labourer or related worker (eg cleaner, factory worker, general farm hand, kitchen hand)	☐
No paid job	☐

Q94 **a** **What is the average gross (before tax) income that you receive each week, including pensions, allowances and financial support from parents?**

b **What is the average gross (before tax) income of your household each week (eg you and your partner, or you and your parents sharing a house?)**
*(Mark **one** for **yourself** and **one** for your **household**)*

	a. Self	b. Household
No income	☐	☐
$1-$119 ($1-$6,239 annually)	☐	☐
$120-$299 ($6,240-$15,599 annually)	☐	☐
$300-$499 ($15,600-$25,999 annually)	☐	☐
$500-$699 ($26,000-$36,399 annually)	☐	☐
$700-$999 ($36,400-$51,999 annually)	☐	☐
$1,000-$1,499 ($52,000-$77,999 annually)	☐	☐
$1,500-$1,999 ($78,000-$103,999 annually)	☐	☐
$2,000-$2,499 ($104,000-$129,999 annually)	☐	☐
$2,500-$2,999 ($130,000-$155,999 annually)	☐	☐
$3,000 or more ($156,000 or more annually)	☐	☐
Don't know	☐	☐
Don't want to answer	☐	☐
I live alone (household income is the same as mine)		☐

Q95 **How many people (including yourself) are dependent on this household income?** *(Write number in boxes)*

Q96 **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 ☐

Q97 **What is the highest qualification you have completed?** *(Mark one only)*

- No formal qualifications ☐
- Year 10 or equivalent (eg School Certificate) ☐
- Year 12 or equivalent (eg Higher School Certificate) ☐
- Trade / apprenticeship (eg hairdresser, chef) ☐
- Certificate / diploma (eg child care, technician) ☐
- University degree ☐
- Higher university degree (eg Grad Dip, Masters, PhD) ☐

Q98 **Which one of the following best describes your housing situation?** *(Mark one only)*

- Private rental (including rent paid to real estate agents) ☐
- State Department of Housing public rental ☐
- Housing that comes with employment (eg Department of Defence, Department of Education, mining company etc) ☐
- Owned home (with or without mortgage) ☐
- Living with parents / in-laws ☐

Q99 **Which of these most closely describes your sexual orientation?** *(Mark one only)*

- I am exclusively heterosexual ☐
- I am mainly heterosexual ☐
- I am bisexual ☐
- I am mainly homosexual (lesbian) ☐
- I am exclusively homosexual (lesbian) ☐
- I don't know ☐
- I don't want to answer ☐

Q100 **What is your present marital status?** *(Mark one only)*

- Never married ☐
- Married ☐
- De facto (opposite sex) ☐
- De facto (same sex) ☐
- Separated ☐
- Divorced ☐
- Widowed ☐

Q101 **Who lives with you?** *(Mark all that apply)*

a	No one, I live alone	☐
b	Partner / spouse	☐
c	Own children	☐
d	Someone else's children	☐
e	Parents	☐
f	Other adults	☐

Q102 **In general, how satisfied are you with what you have achieved in each of the following areas of your life?** *(Mark one on each line)*

		Not applicable	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
a	Work	☐	☐	☐	☐	☐
b	Career	☐	☐	☐	☐	☐
c	Study	☐	☐	☐	☐	☐
d	Family relationships	☐	☐	☐	☐	☐
e	Partner / closest personal relationship	☐	☐	☐	☐	☐
f	Friendships	☐	☐	☐	☐	☐
g	Social activities	☐	☐	☐	☐	☐
h	Motherhood / children	☐	☐	☐	☐	☐

Q103 **What is your date of birth?**
(Write date in boxes)

D D M M **19** Y Y

Q104 **Did someone help you fill in this survey?** *(Mark <u>one only</u>)*

No ☐
Yes, but I told them the answers I wanted ☐
Yes, but the helper answered for me using his / her own judgement ☐

Q105 **What was the MAIN reason for your needing help to fill in this survey?** *(Please describe)*

_____

Have we missed anything?

If you have anything else you would like to tell us, please write on the lines below. You may also like to take a moment to check you have not missed any questions or pages.

Thank you for taking the time to complete this survey.

If you need help to answer any of the questions, you can contact us by telephoning 1800 068 081 (Freecall)

When you have completed the survey, please sign the next page and send the survey back to us as soon as possible. We will detach the consent form and store it in a separate locked room.

Consent

I agree to the research team following health and other records relating to me, including hospital and health service use records and cancer registers and other chronic conditions registers as described to me in the accompanying brochure. I also understand this means I agree to Medicare releasing information concerning services provided to me under Medicare, The Department of Veterans' Affairs, the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme, including past information, for the duration of the study, as outlined in the enclosed letter.
(Mark one only)

Yes ☐ **No** ☐

Please sign below and send the completed survey back to us in the envelope supplied as soon as possible. We will detach the consent form and store it in a separate locked room.

Signature: **Date:** **/ /**

What is your Maiden Name? *(Please print in the boxes)*

Help us keep in touch

Sometimes we lose touch with our participants. It would be helpful if you could give us your mobile phone number and email address.

Mobile

Email

It would be helpful also, if you could give us details of **parents, a relative or friend** who will be able to help us find you, after checking that the relative or friend is happy for you to provide these details.

Name:

Address:

Town / Suburb State Postcode

Phone: **(** **)** **Relationship to you:**

Name:

Address:

Town / Suburb State Postcode

Phone: **(** **)** **Relationship to you:**

women's health australia

the australian longitudinal study on women's health

Please post this back in the Reply Paid envelope provided.

Please let us know your new details if you move, change your name or your telephone number.

Freecall Number: 1800 068 081

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