

Thank you for participating in this important study.

Please read [this](#) important information about your survey.

INSTRUCTIONS

- 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.
- Questions marked with a star are compulsory; often this is because your response will alter the path of the survey, so that unnecessary questions are skipped.
- 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 doctor 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).



► **What is your ID number?**

OR

What is your email address?

LOGIN

1. What is your date of birth? 📅
(dd/mm/yyyy)

< RESUME LATER >

0% Complete

