New Young Cohort Main Survey 2

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

Thank you for participating in this important study.

Please read this important information about your survey.

What is your ID number?

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, tailoring it so that unnecessary content is 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 for you to talk to.
- If you feel distressed now and would like someone to talk to, you could ring Lifeline on 131 114 (local call).

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LOGIN

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

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

RESUME LATER

0% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

Are you living overseas?

- Yes
- No

RESUME LATER

2% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

Do you need to update your contact details?

Please let us know your new details if you move, change your name or email address.

Your details

Title		Home Phone	
Given Names		Work Phone	
Preferred Name		Mobile	
Family Name		Email	
Maiden Name			

Postal Address

Building address or C\- details	
Address	
Suburb	
State	
Postcode	

Residential Address

Building address or C\- details	
Address	
Suburb	
State	
Postcode	

Please check the box for any details that you'd like to change.

- ☐ Name(s)
- ☐ Email & Phone information
- ☐ Address

RESUME LATER

2% Complete

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Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

Thanks for submitting your personal details.

The survey for our research starts here. Please click the next arrow to continue.

RESUME LATER

14% Complete

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WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

Women's health is about you and your life

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

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

2 **Where do you get information about your health?**
(Mark all that apply)

- ☐ School, University, TAFE, work
- ☐ Friends
- ☐ Internet
- ☐ Journal articles, textbooks, books
- ☐ Mother / father / sister / brother or other family member
- ☐ Nurse
- ☐ Doctor
- ☐ Family planning or sexual health clinic
- ☐ Youth or community services (e.g. mother's group)
- ☐ Other health professionals
- ☐ TV / radio, magazines, poster / leaflet
- ☐ **None of these**

3 **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

RESUME LATER

14% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

4 **In the last 12 months, have you had any of the following:**
(Mark one on each line)

	Never	Rarely	Sometimes	Often
Allergies, hay fever, sinusitis	O	O	O	O
Breathing difficulties	O	O	O	O
Skin problems	O	O	O	O

RESUME LATER

15% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

5 **In the last 12 months, have you had any of the following:**

(Mark one on each line)

	Never	Rarely	Sometimes	Often
Headaches / migraines	O	O	O	O
Severe tiredness	O	O	O	O
Stiff or painful joints	O	O	O	O
Back pain	O	O	O	O
Problems with one or both feet	O	O	O	O

RESUME LATER

17% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

6 **In the last 12 months, have you had any of the following:**
(Mark one on each line)

	Never	Rarely	Sometimes	Often
Difficulty sleeping	O	O	O	O
Depression	O	O	O	O
Episodes of intense anxiety (eg panic attacks)	O	O	O	O
Other mental health problems	O	O	O	O
Palpitations (feeling that your heart is racing or fluttering in your chest)	O	O	O	O

RESUME LATER

18% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

7 **In the last 12 months, have you had any of the following:**
(Mark one on each line)

	Never	Rarely	Sometimes	Often
Vaginal discharge or irritation	O	O	O	O
Premenstrual tension	O	O	O	O
Irregular periods	O	O	O	O
Heavy periods	O	O	O	O
Severe period pain	O	O	O	O

RESUME LATER

20% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

8 **In the last 12 months, have you had any of the following:**
(Mark one on each line)

	Never	Rarely	Sometimes	Often
Urine that burns or stings	O	O	O	O
Leaking urine	O	O	O	O
Constipation	O	O	O	O
Haemorrhoids (piles)	O	O	O	O
Other bowel problems	O	O	O	O

RESUME LATER

22% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

Women's health is about coping with common problems

9 **Have you ever been diagnosed with or treated for:**

(Mark all that apply)

- ☐ Depression
- ☐ Anxiety disorder
- ☐ Post-traumatic stress disorder *(PTSD)*
- ☐ Anorexia
- ☐ Bulimia
- ☐ Other eating disorder
- ☐ Bipolar disorder
- ☐ Obsessive Compulsive Disorder
- ☐ Borderline Personality Disorder
- ☐ Other major mental illness (please specify) _____
- ☐ **None of these conditions**

RESUME LATER

24% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

10 **Have you ever been diagnosed with or treated for:**

(Mark all that apply)

- ☐ Insulin dependent (Type 1) diabetes Non-
- ☐ insulin dependent (Type 2) diabetes Heart
- ☐ disease
- ☐ Hypertension (high blood pressure)
- ☐ Low iron (iron deficiency or anaemia)
- ☐ Asthma
- ☐ Bronchitis
- ☐ Endometriosis
- ☐ Thrombosis
- ☐ Polycystic Ovary Syndrome
- ☐ Skin cancer
- ☐ Other major physical illness (please specify) _____
- ☐ **None of these conditions**

RESUME LATER

25% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

11 **Have you ever been diagnosed with or treated for:**

(Mark all that apply)

- ☐ Urinary tract infection
- ☐ Thrush or yeast infection
- ☐ Chlamydia
- ☐ Gonorrhoea
- ☐ Genital herpes
- ☐ Genital warts (HPV)
- ☐ Hepatitis B or C
- ☐ **None of these conditions**

RESUME LATER

25% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

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

	Yes	No
A chiropractor	O	O
An osteopath	O	O
A massage therapist	O	O
An acupuncturist	O	O
A naturopath/herbalist	O	O
Another alternative health practitioner (eg aromatherapist, homeopath, reflexologist, iridologist)	O	O
A midwife	O	O
A counsellor or other mental health worker	O	O
A community nurse, practice nurse or nurse practitioner	O	O
A physiotherapist	O	O

RESUME LATER

26% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

13 **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
Vitamins/minerals	O	O	O	O
Yoga or meditation	O	O	O	O
Herbal medicines	O	O	O	O
Aromatherapy oils	O	O	O	O
Chinese medicines	O	O	O	O
Other alternative therapies	O	O	O	O

RESUME LATER

29% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

Women's health is about reproductive health

14 **Have you ever had vaginal sex?**

This means penis in vagina sex.

- (•) Yes
- ( ) No
- ( ) I prefer not to answer

RESUME LATER

31% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

15 **How old were you when you first had vaginal sex?**
(Age in years)

☐ years old

16 **Thinking about the LAST TIME you had vaginal sex, did you use any of the following?**
(Mark all that apply)

- ☐ The Pill
- ☐ Condoms
- ☐ Implanon
- ☐ Mirena
- ☐ Other contraceptive
- ☐ **None**

RESUME LATER

32% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

17 **Have you ever become pregnant by accident?**

(Mark one only)

- Yes
- No
- I prefer not to answer

RESUME LATER

33% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

Women's health is about using health services

18 **Within the last two years, have you had:**
(Mark one on each line)

	Yes	No
A Pap test?	○	○
Your blood pressure checked?	○	○
Your skin checked (eg spots, lesions, moles)?	○	○
Your weight checked by a health professional	○	○

RESUME LATER

33% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

19 **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

RESUME LATER

35% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

Women's health is about lifestyle choices

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

- Daily
- At least weekly (but not daily)
- Less often than weekly
- Not at all

RESUME LATER

35% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

21 **If you smoke daily, on average how many cigarettes do you smoke EACH DAY?**
(Type the number in the box)

☐ cigarettes per day

22 **If you smoke, but not daily, on average how many cigarettes do you smoke PER WEEK?**
(Type the number in the box)

☐ cigarettes per week

RESUME LATER

37% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

23 **At what age did you start smoking tobacco?**
Type the number in the box

years old

RESUME LATER

37% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

24 In your lifetime, would you have smoked at least 100 cigarettes (or equivalent)?

Yes	No
○	○

RESUME LATER

36% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

25 **Have you ever smoked DAILY?**

(Mark one only)

- Yes
- No

RESUME LATER

38% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

26 **At what age did you start smoking DAILY?**
Type the number in the box

☐ years old

27 **At what age did you finally stop smoking DAILY?**
(TYPE age in the box)

☐ years old

RESUME LATER

39% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

28 **At what age did you stop smoking?**
(TYPE age in the box)

☐ years old

RESUME LATER

40% Complete

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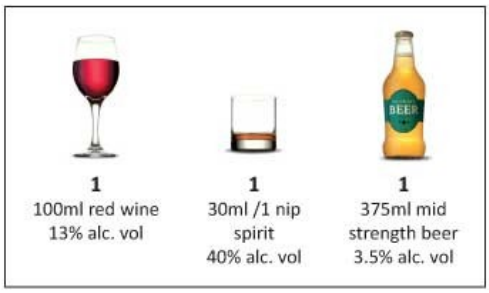
WOMEN'S HEALTH OF AUSTRALIA SURVEY

29 **At what age did you first have a standard drink of alcohol?**

(Mark one only)



- I have never drunk alcohol
- I started drinking alcohol at age

RESUME LATER

40% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

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

- I never drink alcohol
- 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

RESUME LATER

41% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

31 **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

32 **How often do you have five or more standard 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

RESUME LATER

41% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

Remember that any information you give us is kept confidential

The following questions ask 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)

RESUME LATER

42% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

33 **Have you tried Marijuana/Cannabis? [-]**
(pot, grass, weed, ya(r)ndi, rope, mull, dope, skunk, bhang, ganja, hash, chronic, reefer, joint, cone or spliff).

(Mark all that apply)

- ☐ In the last 12 months
- ☐ More than 12 months ago
- ☐ Never

34 **Have you tried any other illicit drugs? [-]**
(Ice, Speed, GHB, Amphetamines, LSD, Natural Hallucinogens, Tranquilisers, Ketamine, Cocaine, Ecstasy, Inhalants, Heroin or Barbiturates)

(Mark all that apply)

- ☐ In the last 12 months
- ☐ More than 12 months ago
- ☐ Never

RESUME LATER

43% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

35 **At what age did you first use Marijuana/Cannabis?**

☐ years old

36 **At what age did you first use any other illicit drug?**

☐ years old

RESUME LATER

44% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

37 **Thinking about the last 6 months, how frequently do you read the following information on food labels?**
(Mark one on each line)

	Always	Often	Occasionally	Rarely	Never
Nutrition information/panel	O	O	O	O	O
Information on ingredients (eg ingredient lists, quantity of ingredients)	O	O	O	O	O

38 **How many MEALS (including breakfast, lunch and dinner) do you usually eat in a typical day, including evenings?**
(Mark one only)

- O None
- O One
- O Two
- O Three
- O Four
- O Five

39 **How many SNACKS do you usually eat in a typical day, including evenings?**
(Mark one only)

- O None
- O One
- O Two
- O Three
- O Four
- O Five

RESUME LATER

44% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

40 **How many days per week do you usually have something to eat for breakfast?**
(That is, not long after you get up in the morning)
(Mark one only)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

41 **How many pieces of fresh fruit do you usually eat per day?**
(Count 1/2 cup of diced fruit, berries or grapes as one piece)
(Mark one only)

- I don't eat fruit
- Less than 1 piece of fruit per day
- 1 piece of fruit per day
- 2 pieces of fruit per day
- 3 pieces of fruit per day
- 4 or more pieces of fruit per day

42 **How many serves of vegetables do you usually eat each day?**
(A serve = half a cup of cooked vegetables or a cup of salad vegetables)
(Mark one only)

- None
- Less than one serve
- 1 serve
- 2 serves
- 3 serves
- 4 serves
- 5 serves or more

RESUME LATER

46% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

43 **Do you EXCLUDE any of the following food groups from your diet?**
(Mark all that apply)

- ☐ Red meat (beef, lamb, pork)
- ☐ Fish
- ☐ Poultry
- ☐ Eggs
- ☐ Milk and milk products
- ☐ I do not exclude any of these food groups

RESUME LATER

47% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

44 **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
Cola drinks - not diet (eg Coke™)	○	○	○	○	○	○	○	○	○	○
Diet cola drinks (eg Diet Coke™)	○	○	○	○	○	○	○	○	○	○
Other carbonated drinks - not diet (eg fizzy / soft drinks)	○	○	○	○	○	○	○	○	○	○
Other diet carbonated drinks (eg diet lemonade)	○	○	○	○	○	○	○	○	○	○
Non-carbonated cordials, fruit or sport drinks - not diet	○	○	○	○	○	○	○	○	○	○
Non-carbonated diet cordials, fruit or sport drinks	○	○	○	○	○	○	○	○	○	○
Milk or soya milk (including flavoured varieties)	○	○	○	○	○	○	○	○	○	○
Fruit or vegetable juices	○	○	○	○	○	○	○	○	○	○
Tea	○	○	○	○	○	○	○	○	○	○
	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**
Herbal tea	○	○	○	○	○	○	○	○	○	○
Coffee	○	○	○	○	○	○	○	○	○	○
Water (including soda or plain mineral water)	○	○	○	○	○	○	○	○	○	○

RESUME LATER

48% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

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

45 **Please state HOW MANY TIMES you did each type of activity LAST WEEK.**

Only count activities that lasted for 10 minutes or more.
*(If you did **not** do an activity, please type "0")*

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

RESUME LATER

51% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

46 **Please state the TOTAL TIME you spent altogether doing each type of activity LAST WEEK.**

Add up all the times you spent in each activity to get the total time for each activity.

	Hours	Minutes
Walking briskly (for recreation or exercise, or to get from place to place)		
Moderate leisure activity (like social tennis, moderate exercise classes, recreational swimming, dancing)		
Vigorous leisure activity (that makes you breathe harder or puff and pant like aerobics, competitive sport, vigorous cycling, running, swimming)		
Vigorous household or garden chores (that make you breathe harder or puff and pant)		

RESUME LATER

54% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

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

Yes	No
○	○

RESUME LATER

55% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

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 the next question.

48 **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
Told me that I was ugly, stupid or crazy, or that I wasn't good enough or that no one would ever want me	☐	☐	☐
Followed me or harassed me around my neighbourhood / work	☐	☐	☐
Tried to turn my family, friends or children against me or tried to convince them I was crazy	☐	☐	☐
Kicked, bit, slapped or hit me with a fist or tried to hit me with something	☐	☐	☐
Forced me to take part in unwanted sexual activity	☐	☐	☐
Tried to keep me from seeing or talking to my family, friends or children, or didn't want me to socialise	☐	☐	☐
Pushed, grabbed, shoved, shook or threw me	☐	☐	☐
Blamed me for causing their violent behaviour	☐	☐	☐
Harassed me over the telephone, email, Facebook or internet	☐	☐	☐
Used a knife or gun or other weapon or beat me up	☐	☐	☐
Became upset if dinner / housework wasn't done when they thought it should be	☐	☐	☐
Refused to let me work outside the home or took my wallet and left me stranded	☐	☐	☐

RESUME LATER

55% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

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 the next question.

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

- Yes
- No

RESUME LATER

59% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

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 the next question.

50 **This question asks about situations that you may have experienced with people other than your current or past partners, including family members, friends, fellow students, work colleagues or strangers.**
(Mark as many as apply on each line)

Someone not my partner:	**In the last 12 months**	**More than 12 months ago**	**Never**
Told me that I was ugly, stupid or crazy, or that I wasn't good enough or that no one would ever want me	☐	☐	☐
Followed me or harassed me around my neighbourhood / work	☐	☐	☐
Tried to turn my family, friends or children against me or tried to convince them I was crazy	☐	☐	☐
Kicked, bit, slapped or hit me with a fist or tried to hit me with something	☐	☐	☐
Forced me to take part in unwanted sexual activity	☐	☐	☐
Pushed, grabbed, shoved, shook or threw me	☐	☐	☐
Blamed me for causing their violent behaviour	☐	☐	☐
Harassed me over the telephone, email, Facebook or internet	☐	☐	☐
Used a knife or gun or other weapon or beat me	☐	☐	☐
Refused to let me work outside the home or took my wallet and left me stranded	☐	☐	☐

RESUME LATER

60% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

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)

RESUME LATER

63% Complete

The University of Newcastle Australia

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WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

51

Mark as many as apply on each line	Yes, in the last 12 months	Yes, more than 12 months ago	Never
Have you been feeling that life isn't worth living?	☐	☐	☐
Have you deliberately hurt yourself or done anything that you knew might have harmed or even killed you?	☐	☐	☐

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).

RESUME LATER

64% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

52 **In the past 4 weeks:**

(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
About how often did you feel tired out for no good reason?	O	O	O	O	O
About how often did you feel nervous?	O	O	O	O	O
About how often did you feel so nervous that nothing could calm you down?	O	O	O	O	O
About how often did you feel hopeless?	O	O	O	O	O
About how often did you feel restless or fidgety?	O	O	O	O	O
About how often did you feel so restless you could not sit still?	O	O	O	O	O
About how often did you feel depressed?	O	O	O	O	O
About how often did you feel that everything is an effort?	O	O	O	O	O
About how often did you feel so sad that nothing could cheer you up?	O	O	O	O	O
About how often did you feel worthless?	O	O	O	O	O

If you would like some help with any of the symptoms listed above, a link to MoodGYM, an interactive website, will be provided at the end of the survey.

RESUME LATER

65% Complete

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WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

Women's health is about coping with stress

53 **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
Own health	O	O	O	O	O	O
Health of family members	O	O	O	O	O	O
Work / employment	O	O	O	O	O	O
Living arrangements	O	O	O	O	O	O
Study	O	O	O	O	O	O
Money	O	O	O	O	O	O
Relationship with parents	O	O	O	O	O	O
Relationship with partner / spouse	O	O	O	O	O	O
Relationship with other family members	O	O	O	O	O	O
Relationship with friends	O	O	O	O	O	O
Motherhood / Children	O	O	O	O	O	O

RESUME LATER

68% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

Women's health is about pregnancy

54 **Are you currently pregnant?**

(Mark one only)

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

RESUME LATER

71% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

55 **How many times have you been pregnant?**
(Please type "0" if you have never been pregnant)

☐ times

RESUME LATER

72% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

56 **How many times have you had each of the following pregnancy outcomes?**

(Type the number. Please type "0" for any of these you have not experienced.) **Twins count as 2.**

Live births	
Stillbirths	
Miscarriages	
Abortions or terminations (for personal reasons)	
Abortions or terminations (for medical reasons)	
Ectopic pregnancies (tubal pregnancies)	

RESUME LATER

73% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

57 When did your live births occur?

	When (*month*)	When (*year*)	Weeks Pregnant	Did your baby receive any breast milk? (*Tick if yes*)
Live birth 1				
Live birth 2				

RESUME LATER

77% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

58 **This question is about breastfeeding:**

	How many complete months was your baby breastfed?	Are you currently breastfeeding?
Live birth 1		
Live birth 2		

RESUME LATER

79% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

59 When did your stillbirths (20 or more weeks pregnant) occur? Twins count as 2.

	When (*month*)	When (*year*)
1		
2		

60 When did your miscarriages (before 20 weeks pregnant) occur?

	When (*month*)	When (*year*)
1		
2		

61 When did your abortions / terminations (for personal reasons) occur?

	When (*month*)	When (*year*)
1		
2		

62 When did your abortions / terminations (for medical reasons), not including ectopic pregnancy occur?

	When (*month*)	When (*year*)
1		
2		

63 When did your ectopic pregnancies (tubal pregnancy) occur?

	When (*month*)	When (*year*)
1		
2		

RESUME LATER

81% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

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

cms

65 **How much do you weigh without clothes or shoes?**
If you are preghant now, write in the weight you were in the month prior to pregnancy.

(If you are not sure, please estimate)

kgs

RESUME LATER

86% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

Women's health is about considering diversity

66 **Are you of Aboriginal or Torres Strait Islander origin?**
(Mark all that apply)

- ☐ No
- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐

67 **In which country were you born?**
(Mark one only)

-- Select One --

68 **What is the highest level of education you have completed?**
(Mark one only)

- ○ Year 10 or below
- ○ Year 11 or equivalent
- ○ Year 12 or equivalent
- ○ Certificate I / II
- ○ Certificate III / IV
- ○ Advanced Diploma / Diploma
- ○ Bachelor degree
- ○ Graduate diploma / Graduate certificate
- ○ Postgraduate degree

69 **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

RESUME LATER

87% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

Women's health is about juggling time

70 **In a usual week, how many hours do you spend doing paid work?**

-- Select One -- Hours

71 **In a usual week, how many hours do you spend studying?**

Hours

-- Select One --

72 **In a usual week, how many hours do you spend doing work without pay?**

-- Select One -- Hours

73 **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

RESUME LATER

88% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

74 **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

75 **What is your current relationship status?**
(Mark the response that best suits your current circumstances)

- ○ I am single
- ○ I am in a relationship (not living together)
- ○ I am living with a partner
- ○ I am engaged
- ○ I am married
- ○ I am divorced
- ○ I am separated
- ○ I am widowed

76 **What are your living arrangements?**
(Mark all that apply)

- ☐ I live alone
- ☐ I live with one or both parents
- ☐ I live with other adults
- ☐ I live with my male partner
- ☐ I live with my female partner
- ☐ I live with children

77 **What is your residential postcode?**

RESUME LATER

90% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

78 **When you are 40, would you like to be in:**
(Mark one only)

- Full-time paid employment
- Part-time paid employment
- Full-time unpaid work in the home
- Self-employment / own business

79 **When you are 40, would you like to be:**
(Mark one only)

- Married
- In a stable relationship but not married
- Single (not in a stable relationship)

80 **When you are 40, would you like to have:**
(Mark one only)

- No children
- 1 child
- 2 children
- 3 or more children

81 **When you are 40, would you like to have more educational qualifications than you have now?**
(Mark one only)

- Yes
- No
- Not sure

RESUME LATER

92% Complete

WHoA! Women's Health of Australia

WOMEN'S HEALTH OF AUSTRALIA SURVEY

82 In a seven day week, on how many DAYS would you say you are AT WORK (paid or unpaid)?

Number of days

83 On average, on days when you are AT WORK (paid or unpaid), how many hours per day do you work?

Number of hours

RESUME LATER

93% Complete

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WOMEN'S HEALTH OF AUSTRALIA SURVEY

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.

84 **Please estimate how much time you spent SITTING in each of the following activities on your last WORKING day and on your last NON-WORKING day (weekend day or day off).**

	WORK DAY		NON-WORK DAY	
	hours	minutes	hours	minutes
For TRANSPORT (eg in car, bus, train etc)	☐	☐	☐	☐
At WORK (eg sitting at a desk or using a computer)	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐
Using a computer at home (email, games, information, chatting)	☐	☐	☐	☐
Other leisure activities (socializing, movies etc, but NOT including TV or computer use)	☐	☐	☐	☐

85 **What is your waist measurement?**

If you are pregnant now, write in your waist measurement for the month prior to your pregnancy.
Please measure your waist while in your underwear. Find the top of your hip bone and the bottom of your ribs. Breathe out normally. Place the tape measure midway between these points and wrap it around your waist. Check your measurement. Write the measurement to the nearest centimetre.

☐ cm

86 **Have we missed anything?**

If you have anything else you would like to tell us, please type in the box below.

87 **Did someone help you fill in this survey?**

(Mark one only)

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

RESUME LATER

94% Complete

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

RESUME LATER

96% Complete

Help us keep in touch!

It would be helpful if you could give us details of **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.

What is their full name?

What is their relationship to you?

- Relative
- Friend
- Other (please specify)

What is their email address?

What is their phone number?

Building name / C\- instructions:

Unit / Street address:

Suburb:

State:

- ACT
- NSW
- NT
- QLD
- SA
- TAS
- VIC
- WA

Postcode:

RESUME LATER

98% Complete

THANK YOU FOR TAKING PART IN THIS SURVEY

For more information on the Australian Logitudinal Study on Women's Health:

WHoA!
Women's Health of Australia

www.alswh.org.au

Visit the MoodGYM website for mental health information and coping strategies

For a copy of the information statement that contains some important information regarding your participation, click here.

To review the prize draw Terms and Conditions, click here.