

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

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

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0% Complete



▶ Are you living overseas?

Yes

No



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
Given names
Preferred name
Family name
Maiden name
Home phone
Work phone
Mobile
Email

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





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▶ Title

▶ Given names

▶ What is your preferred name?

▶ Family name

▶ Maiden name



4% Complete



▶ Email:

▶ Confirm email:

▶ Mobile:

▶ Home phone:

▶ Work phone:

< RESUME LATER >

7% Complete



Residential Address Details

▶ **Building name / C\ instructions:**

▶ **Unit / street address:**

▶ **Suburb:**

▶ **State:**

ACT

NSW

NT

QLD

SA

TAS

VIC

WA

▶ **Postcode:**



9% Complete



▶ Is your residential address the same as your postal address? *(Tick the box if Yes)*



Thanks for submitting your personal details.

The survey for our research starts here.



▶ Which of the following prompted you to do this survey?

Email invitation / reminder

SMS / text message

Newsletter

Mailed invitation / reminder

Facebook

Phone call

Other social media (Please specify)

Other (Please specify)



20% Complete



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

► In general, would you say your health is:

(Mark *one only*)

Excellent

Very good

Good

Fair

Poor

► 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

► 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
VIGOROUS activities, such as running, lifting heavy objects, participating in strenuous sports			
MODERATE activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf			
Lifting or carrying groceries			
Climbing SEVERAL flights of stairs			
Climbing ONE flight of stairs			
Bending, kneeling or stooping			
Walking MORE THAN ONE kilometre			
Walking HALF a kilometre			
Walking 100 metres			

Bathing or dressing yourself			
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RESUME LATER



21% Complete



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The next seven questions ask about your health **IN THE LAST FOUR WEEKS**.

▶ **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
Cut down on the amount of time you spent on work or other activities		
Accomplished less than you would like		
Were limited in the kind of work or other activities		
Had difficulty performing the work or other activities (eg it took extra effort)		

▶ **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
Cut down on the amount of time you spent on work or other activities		
Accomplished less than you would like		
Didn't do work or other activities as carefully as usual		

▶ **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

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▶ **How much BODILY pain have you had during the PAST FOUR WEEKS?**

(Mark *one only*)

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

▶ **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



31% Complete

► 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
Did you feel full of life?						
Have you been a very nervous person?						
Have you felt so down in the dumps that nothing could cheer you up?						
Have you felt calm and peaceful?						
Did you have a lot of energy?						
Have you felt down?						
Did you feel worn out?						
Have you been a happy person?						
Did you feel tired?						

► During the PAST FOUR WEEKS, how much of the time have 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

► 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 seem to get sick a little easier than other people					
I am as healthy as anybody I know					
I expect my health to get worse					

My health is excellent



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33% Complete



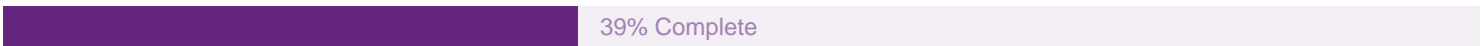
Powered by DatStat

▶ **Have you ever been sexually active?**

(Mark *one only*)

Yes

No



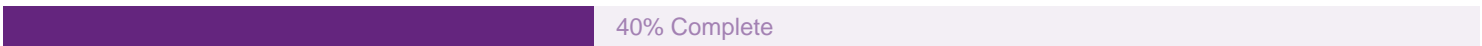
▶ **Have you ever had vaginal sex?**

This means penis in vagina sex.

Yes

No

I prefer not to answer



▶ **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



41% Complete



▶ How often do you currently smoke cigarettes or any tobacco products?

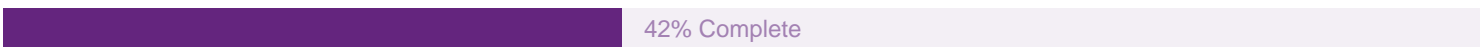
(Mark *one only*)

Daily

At least weekly (but not daily)

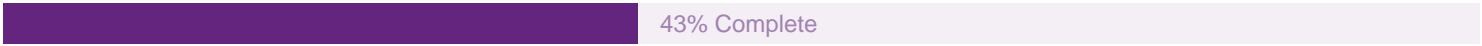
Less often than weekly

Not at all



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

cigarettes per day



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

Yes	No

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