PATH Through Life Project

Wave 4 (2011)

20+ cohort

Self completion questionnaire
7 What is your gender?
- Female
- Male

8 In what suburb are you currently living? (Only if living in Australia) ________________________________

9 Postcode (only if living in Australia) _____

10 Could you please tell me your current age in years? _____

11 Are you currently in a relationship with someone?
- Yes, living with the person you are married to
- Yes, living with a partner (but not married to them)
- Yes, in a relationship with someone but not living with them
- No, not in a relationship with anyone

12 What is your current marital status?
- Married-first and only marriage
- Remarried-second or later marriage
- Separated from someone you have been married to
- Divorced
- Widowed
- Have never married

13 How many times have you been married or lived in a de facto relationship? Apart from your current relationship, which you should include, only include relationships that lasted for 6 months or more.

If Q13 = 0 go to Q16.
If Q13 = 1 and currently married or living with a partner go to Q15

14 How long have you been separated from your (previous) partner? _____ Years _____ Months

If NOT currently married or living with a partner go to Q16

15 How long have you been living with your current partner? _____ Years _____ Months
16 Have you completed any further education since your last interview?  
☐ Yes  ☐ No

If you have not completed any further education go to Q18

17 What was the highest qualification that you completed since your last interview?

☐ School certificate (or equivalent)
☐ Higher school certificate (or equivalent)
☐ Trade certificate/apprenticeship
☐ Technician's certificate/advanced certificate
☐ Certificate other than above
☐ Associate diploma
☐ Undergraduate diploma
☐ Bachelor's degree
☐ Post graduate diploma/certificate
☐ Higher degree

If have NOT completed 'Technician's certificate/advanced certificate' or 'Certificate other than above' or 'Associate diploma' or 'Trade certificate/apprenticeship' go to Q18

18 How long does that certificate or diploma take to complete, studying full time?

☐ Less than 1 semester or 1/2 year
☐ One semester to less than 1 year
☐ One year to less than 3 years
☐ Three years or more

19 Are you presently studying? If No, tick "None of the above". If yes, what qualification are you working toward?

Please choose all that apply:

☐ Trade certificate/apprenticeship
☐ Technician's certificate/advanced certificate
☐ Certificate other than above
☐ Undergraduate diploma
☐ Bachelor's degree
☐ Post graduate diploma/certificate
☐ Higher degree
☐ None of the above
If NOT currently studying at all go to Q22.
If NOT studying for 'Technician's certificate/advanced certificate' or 'Certificate other than above' or 'Associate diploma' or 'Trade certificate/apprenticeship' go to Q21

20 How long does that certificate or diploma take to complete, studying full time?
- ○Less than 1 semester or 1/2 year
- ○One semester to less than 1 year
- ○One year to less than 3 years
- ○Three years or more

21 Are you studying?
- ○Full-time
- ○Part-time

22 How would you describe your current employment status?
- ○Employed full-time
- ○Employed part-time, looking for full-time work
- ○Employed part-time
- ○Unemployed, looking for work
- ○Not in the labour force
- ○In employment BUT currently on long-term LEAVE (maternity, long-service leave, long-term leave without pay)

23 Has your employment situation, occupation or level changed at all since your last interview?
- ○Yes
- ○No

If UNemployed, looking for work go to Q32
If NOT in the labour force go to Q34
If employed but on long term leave go to Q35

24 Which of the following best describes your main career job?
- ○Manager or administrator (directors, EL1, principals)
- ○Upper professional (doctors, teachers, registered nurses, lawyers, ITs)
- ○Middle professional (ASO 5-6, shop/small business owner)
- ○Tradesperson or related worker
- ○Advanced clerical or service worker (secretary, personal assistant)
- ○Intermediate clerical, sales or service worker (ASO 3-4, sales supervisor, receptionist)
- ○Intermediate production or transport worker (bus/truck drivers)
- ○Labourer or related worker
- ○Other
25 Are You:
- Employed by a government agency
- Employed by a profit-making business
- Employed by another organisation
- Self-employed/in business or practice for yourself
- Working without pay in a family business

If NOT employed by a government agency go to Q28
If Self-employed or working without pay in family business go to Q31

26 Are you employed in the commonwealth or a state government? Commonwealth State

If employed by state government go to Q28

27 What level are you employed at (or acting in)?:
- ASO1-2
- ASO3-4
- ASO5-6
- EL1
- EL2
- SES
- Other

28 Which of the following best describes the position you hold within your business or organisation?
- Managerial position
- Supervisory position
- Non-management position

29 In your main job are you:
- Permanently employed
- Fixed term contract
- Casually employed

30 About how many people are employed in the entire business, corporation or organisation for which you work?
- 1-9
- 10-24
- 25+
- Don't know

If NOT self-employed or working without pay in family business go to Q51

31 Not counting yourself or any partners, about how many people are usually employed in your business, practice or farm on a regular basis? (Enter '0' if no paid employees).

_____ (Go to Q51)
32 At any time in the LAST FOUR WEEKS have you looked for a job in any of the ways listed?
1. Written, phoned or applied in person for work
2. Answered a newspaper or internet advertisement for a job
3. Checked the touchscreens at Centrelink or vacancy listings on online job sites
4. Been registered with Job Network or other employment agencies
5. Advertised or tendered for work
6. Contacted friends or relatives for work
   •  Yes  No

33 If you had found a job, could you have started last week?  Yes  No

34 Have you ever been employed in the past?  Yes  No

If you are currently unemployed looking for work and have never been employed go to Q51
If you are not in the labour force and have never been employed go to Q50

35 Which of the following best describes your main career job?
   ○ Manager or administrator (directors, EL1, principals)
   ○ Upper professional (doctors, teachers, registered nurses, lawyers, ITs)
   ○ Middle professional (ASO 5-6, shop/small business owner)
   ○ Tradesperson or related worker
   ○ Advanced clerical or service worker (secretary, personal assistant)
   ○ Intermediate clerical, sales or service worker (ASO 3-4, sales supervisor, receptionist)
   ○ Intermediate production or transport worker (bus/truck drivers)
   ○ Labourer or related worker
   ○ Other

36 Were you:
   • Employed by a government agency
   • Employed by a profit-making business
   • Employed by another organisation
   • Self-employed/in business or practice for yourself
   • Working without pay in a family business

If NOT employed by a government agency go to Q39
If Self-employed or working without pay in family business go to Q42
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>37 Were you employed in the commonwealth or a state government?</td>
<td>Commonwealth, State</td>
</tr>
<tr>
<td>If employed by state government go to Q39</td>
<td></td>
</tr>
<tr>
<td>38 What level were you employed at (or acting in)?</td>
<td>ASO1-2, ASO3-4, ASO5-6, EL1, EL2, SES, Other</td>
</tr>
<tr>
<td>39 Which of the following best describes the position you held within</td>
<td>Managerial position, Supervisory position, Non-management position</td>
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<tr>
<td>your business or organisation?</td>
<td></td>
</tr>
<tr>
<td>40 In your main job were you:</td>
<td>Permanently employed, Fixed term contract, Casually employed</td>
</tr>
<tr>
<td>41 About how many people were employed in the entire business,</td>
<td>1-9, 10-24, 25+, Don't know</td>
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<tr>
<td>corporation or organisation for which you worked?</td>
<td></td>
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<tr>
<td>If you were NOT Self-employed or working without pay in family</td>
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<tr>
<td>business go to Q51</td>
<td></td>
</tr>
<tr>
<td>42 Not counting yourself or any partners, about how many people</td>
<td></td>
</tr>
<tr>
<td>were usually employed in your business, practice or farm on a regular</td>
<td>0, 1-9, 10-24, 25+, Don't know</td>
</tr>
<tr>
<td>basis (Enter '0' if no paid employees).</td>
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<tr>
<td>43 How long is it since you last worked for pay, in any job or business</td>
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<td>for two weeks or more?</td>
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<tr>
<td>Less than 3 months</td>
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<td>3 months or more but less than 6 months</td>
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<td>6 months or more but less than 12 months</td>
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<td>12 months or more but less than 2 years</td>
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<td>2 years or more but less than 5 years</td>
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<tr>
<td>5 years or more but less than 10 years</td>
<td></td>
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<tr>
<td>10 years or more</td>
<td></td>
</tr>
<tr>
<td>Have never worked for 2 weeks or more</td>
<td></td>
</tr>
</tbody>
</table>
If NOT 'In employment BUT currently on long-term LEAVE' go to Q51

44 What is the main reason that you are not currently in work?
- Maternity leave
- Pregnancy – but not maternity leave
- Prefer to be home with children – but not maternity leave
- Have problems finding appropriate child care
- Cannot find job with suitable hours
- Cannot find job to suit my skills
- Cannot find a job nearby
- Partner does not want me to work
- Studying
- Poor health
- Caring responsibility (but not for children)
- On long term leave - long service leave
- On long term leave without pay
- Don’t need to or want to work

45 Do you currently receive pay/salary from your employer?  ○Yes  ○No

46 Do you intend to return to work?  ○Yes  ○No

If you do NOT intend to return to work go to Q51

47 When do you expect to return to work?
- 0-6 months
- 7-12 months
- 1-2 years
- 2-5 years
- more than 5 years
- Don't know

48 Do you intend to return to the same employer?  ○Yes  ○No
If you do NOT intend to return to the same employer go to Q51

49 Do you intend to return to the same position?  ○Yes  ○No  ○Don’t know (Go to Q51)

50 What is your main activity if you are not in the work force?

- ○Home duties or caring for children
- ○Studying
- ○Caring for an aged or disabled person
- ○Voluntary work
- ○Other

51 Do you have any children? (This includes adopted or step children and those not living with you). We would appreciate it if you would include any of your children who were born at 20 weeks or more but who may have died.

- ○Yes  ○No

If you don’t have any children go to Q56

52 How many children do you have who are now living? ______

If no living children go to Q56

53 Can you please tell me the age of each child, starting with the oldest child? If your child is less than one year enter 0.

<table>
<thead>
<tr>
<th>Yrs</th>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
<th>Child 6</th>
<th>Child 7</th>
<th>Child 8</th>
<th>Child 9</th>
<th>Child 10</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
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</tbody>
</table>

54 Does this child live with you:

<table>
<thead>
<tr>
<th>Lives with</th>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
<th>Child 6</th>
<th>Child 7</th>
<th>Child 8</th>
<th>Child 9</th>
<th>Child10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
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<td>Part-time</td>
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<td>Not at all</td>
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</table>
56 Have you experienced the death of a child (excluding miscarriage) since your last interview? (A miscarriage is defined as the loss of a baby under 20 weeks).
   ○ Yes ○ No

If you are a male and have children go to Q63
If you are a male and do NOT have children go to Q65

57. Have you had a miscarriage since your last interview? ○ Yes ○ No

58 Have you had an abortion since your last interview? ○ Yes ○ No

If you have NOT had a miscarriage OR abortion but have other children go to Q61
If you have NOT had a miscarriage OR abortion and do NOT have other children go to Q65

59 How many miscarriages or abortions have you had? (Enter 99 if you don't wish to answer) ______

60 What was the year of the last miscarriage or abortion? (Enter 9999 if you don't wish to answer) ______

61 Since your last interview, have you had any unintentional pregnancies where you kept your baby?
   ○ Yes ○ No

If no unintentional pregnancies go to Q63

62 What year was this? First _____ Second _____

<table>
<thead>
<tr>
<th>Is this child your:</th>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
<th>Child 6</th>
<th>Child 7</th>
<th>Child 8</th>
<th>Child 9</th>
<th>Child 10</th>
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<tbody>
<tr>
<td>Natural child</td>
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<td>Stepchild</td>
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<tr>
<td>Adopted child</td>
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<td>Other</td>
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</tbody>
</table>

63 Have you been working full or part-time during the periods in between/since having your children?
- Yes, full-time
- Yes, part-time
- No

If you have not been working since having children go to Q65

64 Who looks after your children when you are at work?
- Partner
- Relative or friend
- Childcare centre
- Family day care
- After school care
- I work while my children are at school
- Other

65 To what extent are you responsible for household tasks? (These include such activities as preparing meals, shopping for household items, cleaning, washing clothes and gardening).
- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

If you do not have children go to Q67

66 To what extent are you responsible for childcare in your household? (Children’s care includes activities such as making meals, organizing activities, supervising homework, discipline).
- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)
67 To what extent are you responsible for financial management in your household? (Financial management includes paying bills, saving, planning investments or priorities in money use).
- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

68 To what extent are you responsible for providing the money for your household?
- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

69/70 Are you or your partner currently pregnant?  Yes  No
- If female and NOT currently pregnant go to Q72
- If male and your partner is NOT currently pregnant go to Q80

71 When is the baby due?
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

- If you do NOT have children go to Q73

72 Would you like to have more children?  Yes  No
- If you are female and you have children go to Q74
- If you are male and you currently have children go to Q80

73 Would you like to have children?  Yes  No
If male go to Q80

74 Have you ever tried to become pregnant for more than one year without achieving a pregnancy?

• Yes  No

If NO to Q74 go to Q84

75 Is this currently a problem for you? Yes  No

76 Have you ever sought medical assessment or help for infertility problems? Yes  No

77 What is the longest period of time you have tried to become pregnant? years ______ months _____

If female go to Q84

80 Have you ever experienced a problem with infertility for more than 1 year? Yes  No

If NO to Q80 go to Q84

81 Is this currently a problem for you? Yes  No

82 Have you ever sought medical assessment or help for infertility problems? Yes  No

83 How long was this a problem for you? years _____ months _____

84 The next few questions ask for your views about your health, how you feel and how well you are able to do your usual activities on a typical day. If you are unsure about how to answer a question, please give the best answer you can.

In general, would you say your health is:

• Excellent  Very good  Good  Fair  Poor
85 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?

Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- ☐ Yes - limited a lot  ☐ Yes - limited a little  ☐ No - not limited at all

86 Climbing several flights of stairs?

- ☐ Yes - limited a lot  ☐ Yes - limited a little  ☐ No - not limited at all

87 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 your physical health?

Have you accomplished less than you would like as a result of your physical health?

- ☐ Yes  ☐ No

88 Were you limited in the kind of work or other activities as a result of your physical health?

- ☐ Yes  ☐ No

89 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)?

Have you accomplished less than you would like as a result of any emotional problems?

- ☐ Yes  ☐ No

90 Did you not do work or other activities as carefully as usual as a result of any emotional problems?

- ☐ Yes  ☐ No

91 During the PAST 4 WEEKS, how much did pain interfere with your normal work (including both work outside the home and housework)?

Please choose only one of the following:

- ☐ Not at all  ☐ A little bit  ☐ Moderately  ☐ Quite a bit  ☐ Extremely
92 The next few questions are about how you feel and how things have been with you during the PAST 4 WEEKS. 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 have you felt calm and peaceful?

- 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

93 How much of the time during the PAST 4 WEEKS did you have a lot of energy?

- 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

94 How much of the time during the PAST 4 WEEKS have you felt down?

- 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

95 How much of the time during the PAST 4 WEEKS has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
96 In the PAST 4 WEEKS, for how many days were you *totally unable* to carry out your usual activities or work because of any health condition? 

__________ days

97 In the PAST 4 WEEKS, for how many days did you *cut back or reduce* your usual activities or work because of any health condition? (*not* counting the days that you were totally unable) 

__________ days

98 We would now like to ask you some questions about smoking (tobacco).

Do you currently smoke?  ○Yes  ○No

*If do NOT currently smoke go to Q104*

99 Do you smoke cigarettes:

○At least once a day  ○Less than once a day  ○Don't smoke cigarettes

*If smoke less than once a day go to Q101*  
*If don't smoke cigarettes got to Q115*

100 How many cigarettes do you usually smoke in one day?  __________

*If smoke at least once a day go to Q102*

101 How many cigarettes do you usually smoke over a ONE MONTH period?  __________

102 At what age did you start smoking?  __________

103 On average, how many cigarettes would you have smoked each day over the time you have been smoking?  __________

*If currently smoke cigarettes less than once a day go to Q115*  
*If currently smoke cigarettes at least once a day go to Q110*

104 Have you smoked at all over the LAST MONTH?  ○Yes  ○No

*If NOT smoked in the last month go to Q106*

105 Approximately how many cigarettes have you smoked in the LAST MONTH?  __________
106 Have you ever smoked regularly?  ○Yes  ○No

If have NEVER smoked regularly go to Q115

107 At what age did you start smoking?  ________

108 At what age did you stop smoking? ________

109 On average, how many cigarettes would you have smoked each day over the time you were smoking?  :__________

If DON’T currently smoke at least once a day go to Q115

110 How soon after you wake up do you smoke your first cigarette?
   ○Within 5 minutes  ○6-30 minutes  ○31-60 minutes  ○After 60 minutes

111 Do you find it difficult to refrain from smoking in places where it is forbidden eg church, at the library, in the cinema etc?
   •  ○Yes  ○No

112 Which cigarette would you hate most to give up? ○The first one in the morning  ○All others

113 Do you smoke more frequently during the first hours after waking than during the rest of the day?
   •  ○Yes  ○No

114 Do you smoke if you are so ill that you are in bed most of the day?  ○Yes  ○No
115 These next questions are concerned with your alcohol consumption.

How often do you have a drink containing alcohol?

- [ ] Not in the last year
- [ ] Monthly or less
- [ ] 2-3 times a month
- [ ] Once a week
- [ ] 2-3 times a week
- [ ] 4-6 times a week
- [ ] Every day

If have drunk alcohol in the last year go to Q117

116 Have you ever drunk alcohol?  [ ] Yes  [ ] No

If you have not drunk in the last year but have drunk alcohol previously go to Q125
If you have never drunk alcohol go to Q131

117 How many standard drinks do you have on a typical day when you are drinking?

- [ ] 1 or 2
- [ ] 3 or 4
- [ ] 5 or 6
- [ ] 7 to 9
- [ ] 10 or more

If male go to Q119

118 How often do you have 5 or more standard drinks on one occasion?

- [ ] Not in the last year
- [ ] Monthly or less
- [ ] 2-3 times a month
- [ ] Once a week
- [ ] 2-3 times a week
- [ ] 4-6 times a week
- [ ] Every day

If female go to Q120
119 How often do you have 7 or more standard drinks on one occasion?
- Not in the last year
- Monthly or less
- 2-3 times a month
- Once a week
- 2-3 times a week
- 4-6 times a week

120 How often during the last year have you found that you were not able to stop drinking once you had started?
- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

121 How often during the last year have you failed to do what was normally expected from you because of your drinking?
- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

122 How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

123 How often during the last year have you had a feeling of guilt or regret after drinking?
- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

124 How often during the last year have you been unable to remember what happened the night before because you had been drinking?
- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

125 Have you or someone else been injured as a result of your drinking?
- No
- Yes, but not in the last year
- Yes, during the last year

126 Has a relative, friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?
- No
- Yes, but not in the last year
- Yes, during the last year
127 Think back to when your regular drinking was at its highest level. The next two questions are about the time you were drinking at your highest level over a period of three months or longer?

How often did you have a drink containing alcohol?
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

128 How many standard drinks did you have on a typical day when you were drinking?
- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

129 How many years did you drink at the highest level indicated in the previous 2 questions? ______

130 How old were you when you had your first alcoholic drink? ______

131 Have you ever tried marijuana/hash?
- Yes
- No

*If you have NEVER tried marijuana go to Q137*

132 Have you used marijuana/hash in the PAST 12 MONTHS?
- Yes
- No

*If you haven’t used marijuana in the last 12 months go to Q137*

133 How often do you use marijuana/hash?
- Once a week or more
- Two or three times a month
- Once a month
- Every 1-4 months
- Once or twice a year
- No longer use

134 How long has it been since you last used marijuana/hash? Please estimate.
- Weeks_______ Days_______

135 In the last year have you ever used marijuana/hash more than you meant to?
- Yes
- No
136 Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?
- [ ] Yes
- [ ] No

137 Have you ever tried any of the following?
Please choose all that apply:
- [ ] Ecstasy (pills, E, eccy, XTC, MDMA)
- [ ] Amphetamines for non-medical purposes (speed, go-e, whiz, rev, crystal, meth, crystal meth, ice, shabu, glass, batu, uppers, ox-blood, liquid speed)
- [ ] None of the above

*If you have NEVER tried ecstasy or amphetamines go to Q143
*If you have never tried ecstasy but have tried amphetamines go to Q141

138 Have you used ecstasy in the PAST 12 MONTHS?
- [ ] Yes
- [ ] No

*If you have NOT used ecstasy in the last 12 months and have never tried amphetamines go to Q143
*If you have NOT used ecstasy in the last 12 months and tried amphetamines go to Q141

139 How often do you currently use Ecstasy?
- [ ] Every day
- [ ] Once a week
- [ ] About once a month
- [ ] Every few months
- [ ] Once or twice a year
- [ ] Less often
- [ ] Don't currently use

140 How long has it been since you last took ecstasy? Please estimate:
- years _____ months _____ weeks _____

*If you have NEVER tried amphetamines go to Q143

141 Have you used amphetamines for non-medical purposes in the PAST 12 MONTHS?
- [ ] Yes
- [ ] No
If you have not used amphetamines in the last 12 months go to Q143

142 How often do you currently use amphetamines?

- Every day
- Once a week
- About once a month
- Every few months
- Once or twice a year
- Less often
- Don’t currently use

143 The next few screens of questions are about how you have been feeling over the last two weeks, four weeks or one year. As you read each question, note carefully whether it refers to two weeks, four weeks or one year. Some of the questions are very similar but have been included because we want to be able to compare our results to other studies that have used the same questions.

Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Little interest or pleasure in doing things?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling down, depressed or hopeless?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble falling or staying asleep, or sleeping too much?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling tired or having little energy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor appetite or overeating?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling bad about yourself- that you are a failure or have let yourself or your family down?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble concentrating on things such as reading the newspaper or watching television?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoughts that you would be better off dead or of hurting yourself in some way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

144 In the LAST 4 WEEKS, have you had an anxiety attack- suddenly feeling fear or panic?

- Yes
- No

If NO to Q144 got to Q149
145 Has this ever happened before?  ☐ Yes ☐ No

146 Do some of these attacks come suddenly out of the blue - that is, in situations where you don't expect to be nervous or uncomfortable?  

☐ Yes ☐ No

147 Do these attacks bother you a lot or are you worried about having another attack?  

☐ Yes ☐ No

148 During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, nausea or upset stomach?  

☐ Yes ☐ No

149 Over the LAST 4 WEEKS how often have you been bothered by any of the following?  

Feeling nervous, anxious, on edge, or worrying a lot about different things?  

• ☐ Not at all ☐ Several days ☐ More than half the days

If NOT AT ALL to Q149 go to Q151

150 Over the last 4 weeks have you been bothered by:

<table>
<thead>
<tr>
<th>Feeling restless so it is hard to sit still</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting tired very easily</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Muscle tension, aches, or soreness</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Trouble falling asleep or staying asleep</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Trouble concentrating on things, such as reading a book or watching TV</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Becoming easily annoyed or irritable</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

151 Next are some specific questions about your health and how you have been feeling in the LAST 4 WEEKS.

In the LAST 4 WEEKS:

<table>
<thead>
<tr>
<th>Have you felt keyed up or on edge?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been worrying a lot?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been irritable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had difficulty relaxing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been sleeping poorly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>Have you had headaches or neckaches?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had any of the following: trembling, tingling, dizzy spells,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sweating, diarrhoea, or needing to pass water more often than usual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been worried about your health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had difficulty falling asleep?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been lacking energy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you lost interest in things?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you lost confidence in yourself?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt hopeless?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had difficulty concentrating?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you lost weight (due to poor appetite)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been waking early?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt slowed up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you tended to feel worse in the mornings?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

152 In the LAST YEAR have you ever:

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt that life is hardly worth living?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thought that you really would be better off dead?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thought about taking your own life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thought that taking your life was the only way out of your problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Made plans to take your own life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempted to take your own life?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

153 The following questions ask you to think about yourself and other people. Please respond to each question by using your own current beliefs and experiences, NOT what you think is true in general, or what might be true for other people. Please base your responses on how you’ve been feeling recently. Use the rating scale to find the number that best matches how you feel. There are no right or wrong answers: we are interested in what you think and feel.

<table>
<thead>
<tr>
<th>Question</th>
<th>1-Not at all true for me</th>
<th>2</th>
<th>3</th>
<th>4-Somewhat true for me</th>
<th>5</th>
<th>6</th>
<th>7-Very true for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>These days the people in my life would be better off if I were gone.</td>
<td></td>
<td></td>
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<tr>
<td>These days the people in my life would be happier without me.</td>
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<tr>
<td>These days I think I have failed the people in my life.</td>
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<tr>
<td>These days I think I contribute to the well-being of the people in my life.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>These days I feel like a burden on the people in my life.</td>
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</tr>
</tbody>
</table>
### 154 Please read each item below and indicate to what extent you feel the statement describes you. Rate each statement using the scale below and indicate your responses.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1-Not at all true for me</th>
<th>2</th>
<th>3</th>
<th>4-Somewhat true for me</th>
<th>5</th>
<th>6</th>
<th>7-Very true for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>These days I think the people in my life wish they could be rid of me.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>These days I think I make things worse for the people in my life.</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>These days, other people care about me.</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>These days, I feel disconnected from other people.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>These days, I feel that there are people I can turn to in times of need.</td>
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<td></td>
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<tr>
<td>These days, I am close to other people.</td>
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<tr>
<td>These days, I have at least one satisfying interaction every day.</td>
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</tr>
</tbody>
</table>

### 155 In the LAST YEAR, have you ever done any of the following to deliberately hurt yourself?

<table>
<thead>
<tr>
<th>Action</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taken an overdose of medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cut yourself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banged your head or fist against something</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denied yourself a necessity, such as food, as a punishment?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 156 Have you ever in your life been markedly depressed; that is, for several weeks or more, you felt sad, lost interest in things and felt lacking in energy?

- Yes  
- No
157 Did this occur some time during the past 4 years, since we last interviewed you?

- Yes
- No

158 Did you see a counsellor or a doctor for depression some time during the last 4 years.

- Yes
- No

159 The next group of questions are about your RELATIONSHIPS with other people.

<table>
<thead>
<tr>
<th>Question</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do friends make you feel cared for?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do they express interest in how you are</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>doing?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>How often do friends make too many demands on</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>you?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>How often do they criticise you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do friends create tensions or arguments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do family make you feel cared for?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do family express interest in how you are doing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do they make too many demands on you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do family criticise you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do they create tensions or arguments with you?</td>
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<td></td>
</tr>
</tbody>
</table>

160

If NOT currently married or living with a partner go to Q162

<table>
<thead>
<tr>
<th>Question</th>
<th>A lot</th>
<th>Some</th>
<th>A little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much does your partner understand the way you feel about things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much can you depend on your partner to be there when you really need them?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much does your partner show concern for your feelings and problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much can you trust your partner to keep promises to you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much can you open up to your partner about things that are really important to you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much tension is there between you and your partner?</td>
<td></td>
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</tr>
</tbody>
</table>
162 Considering the people to whom you are related either by birth or marriage (including your spouse or partner, but excluding dependent children under 16 years):

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3 or 4</th>
<th>5 to 8</th>
<th>9 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many relatives do you see or hear from at least once a month?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many relatives do you feel at ease with that you can talk about private matters?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many relatives do you feel close to such that you can call them for help?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

163 Considering all of your friends:

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3 or 4</th>
<th>5 to 8</th>
<th>9 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many of your friends do you see or hear from at least once a month?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many of your friends do you feel at ease with that you can talk about private matters?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many of your friends do you feel close to such that you can call them for help?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

If NOT currently married or living with a partner go to Q167

164 Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

<table>
<thead>
<tr>
<th>Item</th>
<th>Always agree</th>
<th>Almost always agree</th>
<th>Occasionally disagree</th>
<th>Frequently disagree</th>
<th>Almost always disagree</th>
<th>Always disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philosophy of life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aims, goals &amp; things believed important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of time spent together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
165 How often would you say the following events occur between you and your partner?

<table>
<thead>
<tr>
<th>Event</th>
<th>Never</th>
<th>Less than once a month</th>
<th>Once or twice a week</th>
<th>Once a day</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a stimulating exchange of ideas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calmly discuss something together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work together on a project</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

166 The numbered circles below represent different degrees of happiness in most relationships. The middle point, “happy” represents the degree of happiness of most relationships. Please mark the numbered circle that best describes the happiness, all things considered, of your relationship.

- [ ] Extremely unhappy
- [ ] fairly unhappy
- [ ] A little unhappy
- [ ] Happy
- [ ] Very happy
- [ ] Extremely happy
- [ ] Perfect

167 Now we would like to ask you about extremely stressful or upsetting EVENTS that sometimes occur to people.

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you ever have direct combat experience in a war?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you ever involved in a life threatening accident?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you ever involved in a fire, flood or other natural disaster?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you ever witness someone badly injured or killed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you ever raped? (that is, someone had sexual intercourse with you when you did not want to, by threatening you, or using some degree of force?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you sexually molested (that is, someone touched or felt your genitals when you did not want them to)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you seriously physically attacked or assaulted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been threatened with a weapon, held captive, or kidnapped?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been tortured or been the victim of terrorists?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you experienced any other extremely stressful or upsetting event?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If NO to ALL of the stressful events listed above go to Q169
Please consider the following reactions that sometimes occur after a traumatic event. The following questions are concerned with your personal reactions to the traumatic event which happened to you. Please indicate whether or not you have experienced any of the following AT LEAST TWICE IN THE PAST WEEK.

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upsetting thoughts or memories about the event that have come into your mind against your will.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Upsetting dreams about the event.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Acting or feeling as though the event were happening again.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Feeling upset by reminders of the event.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bodily reactions (such as fast heartbeat, stomach churning, sweating, dizziness) when reminded of the event.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Difficulty falling asleep.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Irritability or outbursts of anger.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Heightened awareness of potential dangers to yourself and others.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Being jumpy or being startled at something unexpected.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Now we would like you to focus on the LAST 6 MONTHS. Have any of the following life events or problems happened to you during the last six months?

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>You yourself suffered a serious illness, injury or an assault.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A serious illness, injury or assault happened to a close relative.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Your parent, child or partner died.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A close family friend or another relative (aunt, cousin, grandparent) died.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>You broke off a steady relationship.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>You had a serious problem with a close friend, neighbour or relative.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>You had a crisis or serious disappointment in your work or career.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>You thought you would soon lose your job.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If NOT currently married or living with a partner go to Q171

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your partner thought he/she would soon lose their job.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Your partner had a crisis or serious disappointment in his/her work or career.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>You had a separation due to marital difficulties.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

You became unemployed or you were seeking work unsuccessfully for more than one month. | ☐   | ☐  |
| You were sacked from your job.                                        | ☐   | ☐  |
| You had a major financial crisis.                                     | ☐   | ☐  |
| You had problems with the police and a court appearance.              | ☐   | ☐  |
| Something you valued was lost or stolen.                              | ☐   | ☐  |
172 Has anything ever happened in your life, or is currently happening (e.g., an illness, a disability, family or job problems) that has not been covered in the interview but is currently causing you to feel very stressed or worried?
  • ☐ Yes  ☐ No

If NO to Q172 go to Q174

173 Could you briefly describe this problem?
  __________________________________________________________
  __________________________________________________________

174 Have you or your family had to go without things you really needed in the LAST YEAR because you were short of money?
  • ☐ yes, often  ☐ Yes, sometimes  ☐ No

175 Over the LAST YEAR did any of the following happen to you because of a shortage of money?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pawned or sold something</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Went without meals</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Was unable to heat home</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asked for help from welfare/community organizations.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

176 How many people, including yourself, usually live in your household. (If you have children who live part-time with you please include them)

If live alone go to Q178
177 Do any of the following people live in your household?
- [ ] spouse / partner
- [ ] Any of your children
- [ ] A parent or parent-in-law
- [ ] A grandparent
- [ ] A brother or sister
- [ ] A son-in-law or daughter-in-law
- [ ] A grandchild
- [ ] Other relatives
- [ ] Someone who is not a relative
- [ ] Other

178 Do you currently live:
- [ ] In a home that you are purchasing (alone or with a partner/spouse)
- [ ] In a home that you own outright (alone or with a partner/spouse)
- [ ] In a privately rented home (alone or with a partner/spouse)
- [ ] In rented public (government) housing (alone or with a partner/spouse)
- [ ] In your parents or other relatives home.
- [ ] In rented group accommodation
- [ ] Other

179 What is the main source of income of your family (considering yourself, your partner and/or others)?
- [ ] My own income
- [ ] My partner’s income
- [ ] My own and partner’s income equally
- [ ] Other

180 What is your own personal main source of income?
- [ ] Wage or salary
- [ ] Government pension, allowance or benefit, Austudy
- [ ] Child support
- [ ] Superannuation/annuity
- [ ] Own business or share in a partnership
- [ ] Investments
- [ ] Other income
- [ ] No income
181 Before tax is taken out, what is the present income of your household? For this question, a household can be a person living alone or a group of people (including family, spouse/partner, children, group household) who usually live together and share or pool resources (eg money, food) in some way.

- No more than $300 per week (around $16,000 annual)
- More than $300 per week but no more than $575 per week (around $30,000 annual)
- More than $575 per week but no more than $1075 per week (around $56,000 annual)
- More than $1075 but no more than $1700 per week (around $88,000 annual)
- More than $1700 but no more than $2400 per week (around $125,000 annual)
- More than $2400
- Don’t know / Refused

182 Apart from Medicare, are you currently covered by private health insurance?

- No
- Yes – hospital cover only
- Yes – extras cover only
- Yes – both hospital and extras cover

183 The next few questions ask about your WORK SITUATION.

If you are NOT currently working go to Q194

<table>
<thead>
<tr>
<th>Question</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a choice in deciding how you do your job?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you have a choice in deciding what you do at work?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have a good deal of say in decisions about work.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have a say in my own work speed.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My working time can be flexible.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have a say in choosing with whom I work.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have a great deal of say in planning my work environment.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does your job provide you with a variety of interesting things?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you have the possibility of learning new things through your work?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does your work demand a high level of skill or expertise?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does your job require you to take initiative?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you have to work very fast?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you have to work very intensively?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you have enough time to do everything?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do different groups at work demand things from you that you think are hard to combine?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
184 How secure do you feel about your job or career future in your current workplace?
- ☐ Not at all secure  ☐ Moderately secure  ☐ Secure  ☐ Extremely secure

185 If you lost your present job, how difficult do you think it would be to get another job (with the same pay and same hours)?
- ☐ Not at all difficult  ☐ Moderately difficult  ☐ Difficult  ☐ Extremely difficult

186 How far do these statements reflect your work situation:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Slightly agree</th>
<th>Slightly disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I get paid fairly for the things I do in my job</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>When I get home, I can easily relax and “switch off” work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>People close to me say I sacrifice too much for my job</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I get help and support from my colleagues</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I get help and support from my (line) manager</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

187 Mental violence or workplace bullying refers to isolation of a team member, underestimation of work performance, threatening, talking behind one’s back or other pressurizing.

Have you experienced such bullying:
- ☐ Never
- ☐ Yes, currently
- ☐ Yes, previously in this workplace
- ☐ Yes, previously in another workplace
- ☐ Cannot say

188 In the PAST 12 MONTHS, have you been persistently subjected to any of the following:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threats to your professional status (eg persistent attempts to belittle and undermine your work, unjustified criticism)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Threats to your personal standing (eg, destructive innuendo and sarcasm, making inappropriate jokes about you)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Isolation (eg withholding necessary information from you, freezing you out)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Overwork (eg, undue pressure to produce work, setting impossible deadlines)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Destabilisation (eg, shifting goalposts without telling you)?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
189 How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)?

190 Have you experienced a work-related injury or illness in the PAST 12 MONTHS?  ○Yes  ○No

191 What was your most recent work-related injury or illness?
- ○Fracture
- ○Chronic joint or muscle condition
- ○Sprain/strain
- ○Cut/open wound
- ○Crushing injury/internal organ damage
- ○Superficial injury
- ○Stress or other mental condition
- ○Burns
- ○Other

192 In the LAST 4 WEEKS have you stayed away from your work (or school or place of study) for more than half a day because of any illness or injury that you had?
- ○Yes  ○No

*If you have had NO days away from work in the last 4 weeks go to Q194*

193 How many days in the LAST 4 WEEKS have you stayed away from your work (or school, or place of study)?
- _____ days (paid sick leave)  _____ days (unpaid sick leave)

194 Have you ever been involved with handling pesticide (mixing, spraying, or loading) during your work?
- ○Yes  ○No  ○Don't know

195 The next few screens have questions about your PERSONALITY and how you react in certain circumstances.

How strongly do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is really no way I can solve some of the problems I have.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sometimes I feel that I'm being pushed around in life.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Statements</td>
<td>Strongly agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------</td>
<td>----------</td>
<td>------------------</td>
</tr>
<tr>
<td>I have little control over the things that happen to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can do just about anything I really set my mind to do.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I often feel helpless in dealing with the problems of life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What happens to me in the future mostly depends on me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is little I can do to change many of the important things in my life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

196 People think and do many different things when they feel sad, blue or depressed. Please read each of the items below and indicate whether you never, sometimes, often or always think or do each one when you feel sad, down or depressed. Please indicate what you generally do, not what you think you should do.

<table>
<thead>
<tr>
<th>Statements</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think about how alone I feel.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think about my feelings of fatigue and achiness.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think about how hard it is to concentrate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think about how passive and unmotivated I feel.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think, &quot;Why can't I get going?&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think about a recent situation, wishing it had gone better.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think about how sad I feel.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think about all my shortcomings, failings, faults and mistakes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think about how I don't feel up to doing anything.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think, &quot;Why can't I handle things better?&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

197 In the following six questions please indicate how you have felt and conducted yourself over the PAST 6 MONTHS.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you have difficulty getting things in order when you have to do a task that requires organisation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you have problems remembering appointments or obligations?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When you have a task that requires a lot of thought, how often do you avoid or delay getting started?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How often do you feel overly active and compelled to do things, like you were driven by a motor?

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

198 Each of the following items is a statement that a person may either agree or disagree with. Indicate how much you agree or disagree with each statement. Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, don’t worry about being ‘consistent’ in your responses.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very false for me</th>
<th>Somewhat false for me</th>
<th>Somewhat true for me</th>
<th>Very true for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person's family is the most important thing in life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Even if something bad is about to happen to me, I rarely experience fear or nervousness.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I go out of my way to get things I want.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I'm doing well at something, I love to keep at it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I'm always willing to try something new if I think it will be fun.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How I dress is important to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I get something I want, I feel excited and energised.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criticism or scolding hurts me quite a bit.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I want something I usually go all-out to get it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will often do things for no other reason than that they might be fun.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It's hard for me to find the time to do things such as get a haircut.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I see a chance to get something I want I move on it right away.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

199

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very false for me</th>
<th>Somewhat false for me</th>
<th>Somewhat true for me</th>
<th>Very true for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel pretty worried or upset when I think or know somebody is angry at me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I see an opportunity for something I like I get excited right away.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I often act on the spur of the moment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I think something unpleasant is going to happen I usually get pretty ‘worked-up’.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I often wonder why people act the way they do.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When good things happen to me, it affects me strongly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I feel worried when I think I have done poorly at something important.

<table>
<thead>
<tr>
<th>Very false for me</th>
<th>Somewhat false for me</th>
<th>Somewhat true for me</th>
<th>Very true for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

I crave excitement and new sensations.

<table>
<thead>
<tr>
<th>Very false for me</th>
<th>Somewhat false for me</th>
<th>Somewhat true for me</th>
<th>Very true for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

When I go after something, I use a 'no holds barred' approach.

<table>
<thead>
<tr>
<th>Very false for me</th>
<th>Somewhat false for me</th>
<th>Somewhat true for me</th>
<th>Very true for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

I have very few fears compared to my friends.

<table>
<thead>
<tr>
<th>Very false for me</th>
<th>Somewhat false for me</th>
<th>Somewhat true for me</th>
<th>Very true for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

It would excite me to win a contest.

<table>
<thead>
<tr>
<th>Very false for me</th>
<th>Somewhat false for me</th>
<th>Somewhat true for me</th>
<th>Very true for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

I worry about making mistakes.

<table>
<thead>
<tr>
<th>Very false for me</th>
<th>Somewhat false for me</th>
<th>Somewhat true for me</th>
<th>Very true for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

200 Please indicate how much you agree with the following statements as they apply to you over the LAST MONTH. If a particular situation has not occurred recently, answer according to how you think you would have felt.

<table>
<thead>
<tr>
<th>Not true at all</th>
<th>Rarely true</th>
<th>Sometimes true</th>
<th>Often true</th>
<th>True nearly all the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to adapt when changes occur</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have at least one close and secure relationship which helps me when I’m stressed.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>When there are no clear solutions to my problems, sometimes fate or God can help.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I can deal with whatever comes my way.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Past successes give me confidence in dealing with new challenges and difficulties</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I try to see the humorous side of things when I am faced with problems.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Having to cope with stress can make me stronger.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I tend to bounce back after illness, injury, or other hardships.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Good or bad, I believe that most things happen for a reason</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I give my best effort, no matter what the outcome may be.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I believe I can achieve my goals, even if there are obstacles.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Even when things look hopeless, I don’t give up.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>During times of stress/crisis, I know where to turn for help.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Statement</td>
<td>Not true at all</td>
<td>Rarely true</td>
<td>Sometimes true</td>
<td>Often true</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>-------------</td>
<td>----------------</td>
<td>------------</td>
</tr>
<tr>
<td>Under pressure, I stay focussed and think clearly.</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I prefer to take the lead in solving problems, rather than letting others make all the decisions.</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am not easily discouraged by failure.</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I think of myself as a strong person when dealing with life’s challenges and difficulties.</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I can make unpopular or difficult decisions that affect other people, if it is necessary.</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am able to handle unpleasant or painful feelings like sadness, fear and anger.</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>In dealing with life’s problems, sometimes you have to act on a hunch, without knowing why.</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have a strong sense of purpose in life.</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel in control of my life.</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I like challenges.</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I work to attain my goals, no matter what roadblocks I encounter along the way.</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I take pride in my achievements</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

202 Below are some statements with which you may agree or disagree. Please be open and honest in your responding.

In most ways my life is close to ideal.

- ○ Strongly disagree
- ○ Disagree
- ○ Slightly disagree
- ○ Neither agree or disagree
- ○ Slightly agree
- ○ Agree
- ○ Strongly agree
203 The conditions of my life are excellent.
- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree or disagree
- Slightly agree
- Agree
- Strongly agree

204 I am satisfied with my life.
- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree or disagree
- Slightly agree
- Agree
- Strongly agree

205 So far, I have gotten the important things I want in life.
- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree or disagree
- Slightly agree
- Agree
- Strongly agree
206 If I could live my life over, I would change almost nothing.
- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree or disagree
- Slightly agree
- Agree
- Strongly agree

207 The next few questions ask about HEALTH SERVICES you may have used over the PAST 12 MONTHS.

In the past 12 months have you been admitted for at least one night to any hospital (apart from uncomplicated childbirth)?
- Yes
- No

If NOT admitted to hospital in the last 12 months go to Q210

208 Were you admitted to hospital for a physical illness or injury?
- Yes
- No

209 Were you admitted to hospital for nerves or for your mental health (that is for things such as stress, anxiety, depression or dependence on alcohol or drugs)?
- Yes
- No

210 In the PAST 12 MONTHS (apart from any time in hospital), have you seen any of the following types of doctors or health professionals for your own MENTAL HEALTH?

<table>
<thead>
<tr>
<th>Professional Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatrist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other professional providing specialist mental health services including social worker, counsellor, occupational therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complementary/alternative therapist such as herbalist or naturopath</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

211 In the PAST 12 MONTHS did you use the internet to get help or information for problems with your mental health?
- Yes
- No
212 In the PAST 12 MONTHS did you use a telephone counselling service (such as Lifeline) for problems with your mental health?

- ☐ Yes ☐ No

If NOT admitted to hospital for a mental health problem and you have NOT sought help from the health professionals listed in Q210 go to Q220.

213 Considering your mental health care in the PAST 12 MONTHS, which of the following forms of help did you receive?

<table>
<thead>
<tr>
<th>Form of Help</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about mental health and emotional problems, its treatment, and available services</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Medicine or tablets</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Counselling including psychotherapy, cognitive behaviour therapy or help to talk through your problems</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you did not receive information on mental health go to Q215

214 You mentioned you received information about mental illness, its treatments and available services: Do you think you got as much of this kind of help as you needed?

- ☐ Yes ☐ No (Go to Q216)

215 You mentioned you did not receive information about mental illness, its treatments and available services: Do you think you needed this type of help?

- ☐ Yes ☐ No

If you did not receive medicine or tablets go to Q217

216 You mentioned you received medicine or tablets: Do you think you got as much of this kind of help as you needed?

- ☐ Yes ☐ No (Go to Q218)

217 You mentioned you did not receive medicine or tablets: Do you think you needed this type of help?

- ☐ Yes ☐ No

If you did not receive counselling or therapy go to Q219
<table>
<thead>
<tr>
<th>Question</th>
<th>Text</th>
</tr>
</thead>
</table>
| 218 | You mentioned you received counselling or a talking therapy: Do you think you got as much of this kind of help as you needed?  
• Yes  
• No (Go to Q225) |
| 219 | You mentioned you did not receive counselling or a talking therapy: Do you think you needed this type of help?  
• Yes  
• No (Go to Q225) |
| 220 | You mentioned that you didn't receive any assistance for a mental health reason in a hospital or from any health professional. Were there any types of help you think you needed during the last 12 months for your mental health but did not get?  
• Yes  
• No |
| 221 | If you answered NO to Q220 go to Q224  
221 Do you think you needed information about mental health and emotional problems, its treatment, and available services?  
• Yes  
• No |
| 222 | 222 Do you think you needed medicine or tablets?  
• Yes  
• No |
| 223 | 223 Do you think you needed counselling including psychotherapy, cognitive behaviour therapy or help to talk through your problems?  
• Yes  
• No |
| 224 | 224 Which is the main reason that you didn’t need any help?  
• I didn’t have any serious problems with my mental health  
• I preferred to manage myself  
• I didn’t think anything could help  
• I didn’t know where to get help  
• I was afraid to ask for help or what other people would think of me  
• I couldn’t afford the money  
• I asked but didn’t get the help  
• I got help from another source |
225 In the LAST MONTH have you taken or used any medications (including herbal remedies) for:

- [ ] Anxiety
- [ ] Depression
- [ ] Both anxiety and depression
- [ ] Neither

If you have NOT taken medications for anxiety or depression go to Q230

226 What are the names of the medications you took for anxiety or depression in the last months? *(Listed alphabetically down columns)*

Please choose all that apply:

<table>
<thead>
<tr>
<th>Alapam</th>
<th>Eleva</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegon</td>
<td>Ethedep</td>
</tr>
<tr>
<td>Alprax</td>
<td>Escitalopram</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>Esipram</td>
</tr>
<tr>
<td>Amira</td>
<td>Esitalo</td>
</tr>
<tr>
<td>Anafranil</td>
<td>Extine</td>
</tr>
<tr>
<td>Antenex</td>
<td>Faverin</td>
</tr>
<tr>
<td>Aropax</td>
<td>Fluhexal</td>
</tr>
<tr>
<td>Ativan</td>
<td>Fluoxebell</td>
</tr>
<tr>
<td>Aurorix</td>
<td>Frisium</td>
</tr>
<tr>
<td>Auscap</td>
<td>Hypericum / St John’s Wort</td>
</tr>
<tr>
<td>Avanza</td>
<td>Kalma</td>
</tr>
<tr>
<td>Axit</td>
<td>Kava</td>
</tr>
<tr>
<td>Buspar</td>
<td>Lexam</td>
</tr>
<tr>
<td>Celapram</td>
<td>Lexapro</td>
</tr>
<tr>
<td>Celica</td>
<td>Lexionotan</td>
</tr>
<tr>
<td>Clazil</td>
<td>Loxan</td>
</tr>
<tr>
<td>Cipramil</td>
<td>Localate</td>
</tr>
<tr>
<td>Citalobell</td>
<td>Lumin</td>
</tr>
<tr>
<td>Clomipramine</td>
<td>Luvox</td>
</tr>
<tr>
<td>Clobemix</td>
<td>Magnesium supplements</td>
</tr>
<tr>
<td>Concorz</td>
<td>Magnesium</td>
</tr>
<tr>
<td>Cymbalta</td>
<td>Maosig</td>
</tr>
<tr>
<td>Depran</td>
<td>Mirtrazapine</td>
</tr>
<tr>
<td>Diazepam</td>
<td>Mirtazon</td>
</tr>
<tr>
<td>Dothep</td>
<td>Moclobemide</td>
</tr>
<tr>
<td>Ducene</td>
<td>Mohexal</td>
</tr>
<tr>
<td>Edronax</td>
<td>Movox</td>
</tr>
<tr>
<td>Efexor</td>
<td>Murelax</td>
</tr>
<tr>
<td>Nardil</td>
<td>Parnate</td>
</tr>
<tr>
<td>Paroxetine</td>
<td>Paxtine</td>
</tr>
<tr>
<td>Placil</td>
<td>Pristiq</td>
</tr>
<tr>
<td>Prothiaden</td>
<td>Prozac</td>
</tr>
<tr>
<td>Ranzepam</td>
<td>Remeron</td>
</tr>
<tr>
<td>Rescue remedy</td>
<td>Risperdal</td>
</tr>
<tr>
<td>Serapax</td>
<td>Seroquel</td>
</tr>
<tr>
<td>Sertra</td>
<td>Sertraline</td>
</tr>
<tr>
<td>Sertraline</td>
<td>Setrona</td>
</tr>
<tr>
<td>Sinequan</td>
<td>Surmontil</td>
</tr>
<tr>
<td>Talam</td>
<td>Talam</td>
</tr>
<tr>
<td>Talohexal</td>
<td>Tofranil</td>
</tr>
<tr>
<td>Tolerade</td>
<td>Tolvone</td>
</tr>
<tr>
<td>Tolvon</td>
<td>Valdoxan</td>
</tr>
<tr>
<td>Valium</td>
<td>Vitamin B complex</td>
</tr>
</tbody>
</table>
| Voxam | }
227 What other medication for anxiety or depression have you taken in the last month?
____________________________________________________________

228 How often do you usually take medications for anxiety or depression?
☐ Every day (6-7 days per week) ☐ Most days (4-5 days per week) ☐ 1-3 days per week ☐ Less than once a week

229 For how long have you taken medications for anxiety or depression this regularly?
☐ Less than one month ☐ 1 month to less than 3 months ☐ 3 months to less than 6 months ☐ 6 months or more

230 The next group of questions ask about your SLEEP habits and any problems you may have with sleep.

The first few questions relate to your usual sleep habits during the PAST MONTH ONLY. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

During the past month, what time have you usually gone to bed?
• Hours _____ Minutes _____

231 During the PAST MONTH, how long (in minutes) has it taken you to fall asleep each night? (Enter 88 if don’t know).
_____ 

232 During the PAST MONTH, what time have you usually got up in the morning? (Enter 88 if don’t know).
• Hours _____ Minutes _____

233 During the PAST MONTH, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) (Enter 88 if don’t know).
• Hours _____ Minutes _____

234 Please rate the current (LAST 2 WEEKS) severity of the following problems:
Please choose the appropriate response for each item:

<table>
<thead>
<tr>
<th>Item</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty falling asleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty staying asleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems waking up too early</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

235 On the overall, do you think that you suffer from insomnia or sleep problems?  
- Yes  - No

If you answered NO to Q235 go to Q240
236 How satisfied / dissatisfied are you with your current sleep pattern?  
- Very satisfied  - Satisfied  - Moderately satisfied  - Dissatisfied  - Very dissatisfied

237 How noticeable to others do you think your sleep problem is in terms of your quality of life?  
- Not at all noticeable  - A little  - Somewhat  - Much  - Very much noticeable

238 How worried/distressed are you about your current sleep problem?  
- Not at all worried  - A little  - Somewhat  - Much  - Very much worried

239 To what extent do you consider your sleep problem to currently interfere with your daily functioning (eg daytime fatigue, mood, ability to function at work/daily chores, concentration, memory etc)?  
- Not at all interfering  - A little  - Somewhat  - Much  - Very much interfering
240 How often do you have nightmares?
- Never
- Less than once a week
- 1-2 times a week
- 3-4 times a week
- 5-6 times a week
- Every night

241 Do you snore?  
- Yes
- No
- Don't know

If you do NOT snore go to Q243

242 Do you snore heavily?  
- Yes
- No
- Don't know

243 Have you been told that you stop breathing/or gasp for air during your sleep?  
- Yes
- No

244 Have you ever been diagnosed with sleep apnea by a specialist?  
- Yes
- No

If you have not been diagnosed with sleep apnea go to Q245

245 What treatment was used?
- Lifestyle & behavioural change (e.g. weight reduction, reducing alcohol or smoking)
- Use devices to keep your airway open at night
- Nasal “CPAP” mask and pump
- Surgery
- Other

If you did NOT indicate ‘other’ above go to Q247

246 What other treatment was used?: __________________________________________________________

247 How likely are you to doze off or fall asleep while sitting and reading?
- No chance of dozing
- Slight chance of dozing
- Moderate chance of dozing
- High chance of dozing
248 How likely are you to doze off or fall asleep while sitting inactive in a public place (theatre or meeting)?

☐ No chance of dozing  ☐ Slight chance of dozing  ☐ Moderate chance of dozing  ☐ High chance of dozing

249 How likely are you to doze off or fall asleep while in a car, while stopped for a few minutes in traffic?

☐ No chance of dozing  ☐ Slight chance of dozing  ☐ Moderate chance of dozing  ☐ High chance of dozing

250 In the LAST MONTH have you taken or used any pills or medications (including herbal remedies) to help you sleep?

• ☐ Yes  ☐ No

If you have NOT taken medication to help you sleep go to Q255

251 What are the names of the sleeping pills or medications you took in the last month? (Listed alphabetically down columns)

Please choose all that apply:

☐ Aloderm  ☐ Camomile or sleepytime tea  ☐ Chloral hydrate  ☐ Circasin  ☐ Complete sleep  ☐ Dormizol  ☐ Dozile  ☐ Halcion  ☐ Hypnodorm  ☐ Hypnovel  ☐ Imovane  ☐ Imrest  ☐ Magnesium / calcium supplements  ☐ Midazolam  ☐ Mogadon  ☐ Nervatona  ☐ Normison  ☐ Precedex  ☐ Restavite  ☐ Restful sleep  ☐ Snuzaid  ☐ Somidem  ☐ Stildem  ☐ Stilnox  ☐ Temaze  ☐ Temtabs  ☐ Unisom Sleepgels  ☐ Valerian  ☐ Zolpibell  ☐ Zolpidem  ☐ OTHER

If you DID NOT indicate 'other' above go to Q253

252 What other medications have you taken in the last month to help you sleep?

_______________________________________________________

253 How often do you usually take sleeping pills or medications?

☐ Every day (6-7 days per week)  ☐ Most days (4-5 days per week)  ☐ 1-3 days per week  ☐ Less than once a week

If you take medication to help you sleep less than once a week go to Q255
254 For how long have you taken sleeping pills or medications this regularly?
☐ Less than one month ☐ 1 month to less than 3 months ☐ 3 months to less than 6 months ☐ 6 months or more

255 We are interested in knowing any problems that you may have been having with PAIN. (This is referring to physical pain).

During the PAST WEEK, how often did you experience pain?
☐ All days ☐ 5 to 6 days ☐ 3 to 4 days ☐ 1-2 days ☐ No days

If you have had pain on NO days in the last week go to Q258

256 For how long did the pain typically last?
☐ 0 to 1 hour ☐ 1 to 2 hours ☐ 2 to 3 hours ☐ Half the day ☐ All day

257 Please indicate on a scale of zero to ten with 0 being no pain and 10 being severe pain. How severe was the pain you had in the past week?
☐ 0 - No pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 - Severe pain

258 In the LAST MONTH have you taken or used any pain relievers such as aspirin, codeine, panadol or herbal remedies?
☐ Yes ☐ No

If you have not taken pain relievers go to Q263

259 What are the names of the pain relievers you took in the last month? (Listed alphabetically down columns).

Please choose all that apply:

- Alka-Seltzer
- Aspalgin
- Aspirin
- Aspro
- Capadex
- Chemist's Own
  Dolased analgesic/pain relief
- Chemist's Own
  Ibuprofin + codeine
- Chemist's Own Pain tablets/tabsules
- Codalgin
- Codalgin forte
- Codapane
- Codapane forte
- Codeine
- Codiphen
- Codis
- Codox
- Codral pain relief
- Codral forte
- Comfarol forte
- Comfarol
- Disprin
- Disprin Forte
- Dola forte
- Doloxene
- Duatrol
- Durotram
- Dymadon
- Ecotrin
- Endone
- Febridol
- Febridol Plus
- Fiorinal
- Lodam
- Lyrica
- Maxydol
- Mersydol
- Mersydol forte
- Nurophen plus
- Painstop night time pain relief

- Panadeine
- Panadeine forte
- Panadol
- Panadol extra
- Panafen plus
- Panalgesic
- Panama
- Paracetamol (any brand)
- Paradex
- Paralgin
- Parmol
- Perfalgan

- Prodeine
- Proadone
- ProVen plus
- Solprin
- Tensodeine
- Tramadol
- Tramahexal
- Tramal
- Tramado
- Veganin
- Zydol

- OTHER

If you DID NOT indicate ‘other’ above go to Q261

260 What other pain relievers have you taken in the last month?

__________________________________________________________

261 How often do you usually take pain relievers?

☐ Every day (6-7 days per week) ☐ Most days (4-5 days per week) ☐ 1-3 days per week ☐ Less than once a week

If you have taken pain relievers less than once a week go to Q263

262 For how long have you taken pain relievers this regularly?

☐ Less than one month ☐ 1 month to less than 3 months ☐ 3 months to less than 6 months ☐ 6 months or more

263 Have you had any HEAD INJURIES since your last interview?  ☐ Yes  ☐ No

If you have NOT had a head injury go to Q275
264 As a result of a head injury *since your last interview*:  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- did you visit a hospital emergency department? 
- were you admitted to hospital? 
- did you seek medical assistance from a General Practitioner for a head injury? 

265 *Since your last interview* have you had a **serious head injury**, that interfered with your memory, made you lose consciousness or caused a blood clot in your brain? 

- [ ] Yes 
- [ ] No 
- [ ] Don't know

If you have NOT had a serious head injury as described go to Q275.

266 The next questions on head injury refer to the period *since your last interview*.

How many head injuries have you had? *(Enter 88, if don't know)* ______

If ONE head injury go to Q269

267 How old were you when you had the FIRST head injury *since your last interview*? ______

268 How old were you when you had the LAST head injury? ______ (Go to Q270)

269 How old were you when you had this injury? _____

270 For the next few questions on head injury, please consider the most severe or worst head injury *since your last interview* that caused the greatest disruption to your life.

What was the cause of this injury? 
- [ ] Traffic accident 
- [ ] Sport 
- [ ] Assault 
- [ ] Fall 
- [ ] Other 
- [ ] Don't know

271 Is there a period after the injury that you cannot remember at all? 
- [ ] Yes 
- [ ] No 
- [ ] Not sure

If you CAN remember period after injury go to Q273

272 How long was that period? 
- [ ] Less than 1 hour 
- [ ] About 1 hour 
- [ ] Up to 1 day 
- [ ] Up to 1 week 
- [ ] More than 1 week 
- [ ] No idea
273 Did you lose consciousness following the head injury?  ○Yes  ○No  ○Not sure

If you did NOT lose consciousness go to Q275

274 For how long did you lose consciousness?
○Less than 15 minutes  ○About 15 minutes  ○Up to 1 hour  ○Up to 1 day  ○More than 1 day  ○No idea

275 How much do you weigh without your clothes and shoes? Enter Kilograms or stones and pounds (Please try to answer even if it is an approximate value)
• Kgs _____  OR  Stones____ and  Pounds _____

276 Here is a list of medical problems. Have you been told by your doctor that you suffer from any of the following?

<table>
<thead>
<tr>
<th>Medical Problem</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Asthma</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Chronic bronchitis</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Emphysema</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Diabetes</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

If you DO NOT have diabetes go to Q 279

277 What type of diabetes do you have?
• ☐Type I (or juvenile diabetes)  ☐Type II diabetes  ☐Don't know

278 What treatment do you use to control your diabetes?

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet and exercise</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Tablets</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Insulin</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

279 Do you suffer from a thyroid disorder?  ○Yes  ○No

If you DO NOT have a thyroid disorder go to Q281

280 Were you told whether your thyroid disorder is due to:
• ☐Increased function  ☐Reduced function  ☐Don’t know
281 Do you suffer from arthritis?  ○Yes  ○No

If you DO NOT have arthritis go to Q284

282 Were you told what type of arthritis you suffer from any of the following?
   ○Osteoarthritis  ○Rheumatoid arthritis  ○Gout  ○Other  ○Don't know

283 What other type of arthritis do you suffer from? ___________________________

284 Do you suffer from Parkinson's Disease?  ○Yes  ○No

285 Since your last interview have you suffered a heart problem that led to hospital admission, hospital emergency contact or consultation with a specialist?
   •  ○Yes  ○No  ○Don't know

286 Since your last interview, have you been told by your doctor that you suffer from a heart problem?
   •  ○Yes  ○No  ○Don't know

If you HAVE NOT been told you have a heart problem go to Q289

287 Were you told that your heart problem was a:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>myocardial infarction or heart attack?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>angina</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>heart failure</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>atrial fibrillation</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other / Don't know</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

288 Have you had a brain infection since your last interview?  ○Yes  ○No

289 Have you suffered a stroke since your last interview? (Sudden numbness or weakness of face, arm or leg, especially on one side of the body; sudden confusion, trouble speaking or understanding, trouble seeing in one or both eyes, trouble walking, dizziness, loss of balance or coordination. These symptoms lasted more than than 24 hours).
   •  ○Yes  ○No  ○Don't know
If you have not suffered a stroke go to Q292

290

Was the diagnosis of stroke confirmed by a specialist (eg. Neurologist)?

Yes  No

Did the event result in hospital admission?

Yes  No

Was the stroke associated with bleeding in the brain?

Yes  No

291 When was the stroke (year)? (enter 9999 if unknown) _____________

292 Have you suffered from a Transient Ischemic Attack (TIA or ministroke) since your last interview? (Sudden onset of symptoms similar to a stroke. Most symptoms disappear within an hour but may persist for up to 24 hours).

- Yes  No  Don't know

If you have not suffered a TIA go to Q294

293

Was the diagnosis of TIA or ‘mini-stroke’ confirmed by a specialist (eg. Neurologist)?

Yes  No

Did the event result in hospital admission?

Yes  No

294 Has your doctor told you that you suffer from high blood pressure?  Yes  No  Uncertain

If you do not suffer from high blood pressure go to Q296

295 Are you currently taking any tablets for high blood pressure?  Yes  No

296 Have you ever been diagnosed with cancer or leukemia?

- No  Yes, cancer  Yes, leukemia  Yes, both  Don't know

If you have NEVER had cancer or leukemia go to Q300

297 Have you had any of the following treatments for cancer?

- Surgery  Chemotherapy  Radiation  Other  Don't know
If you have NOT had chemotherapy or radiation go to Q300
If you have NOT had chemotherapy but HAVE had radiation go to Q299

298 In what year did you last have chemotherapy? (Enter 9999 if don't know) ________

If you have NOT had radiation go to Q300

299 In what year did you last have radiation? (Enter 9999 if don't know) ________

300 Have you ever been diagnosed with any other chronic or serious disabling illness? If 'yes' please briefly describe.
:________________________________________________________________________________________
________________________________________________________________________________________

301 In the LAST MONTH have you taken any vitamin or mineral supplements?  
☐ Yes  ☐ No

If you have NOT taken vitamins or minerals go to Q306

302 What kind of vitamin or mineral was this? (Listed alphabetically down columns)
Please choose all that apply:
• □ B group vitamins
• □ Calcium
• □ Echinacea
• □ Evening primrose oil or starflower oil
• □ Fish oil
• □ Folate
• □ Glucosamine
• □ Iron
• □ Multivitamins
• □ Vitamin C
• □ Vitamin D
• □ Vitamin E
• □ OTHER

If you DID NOT tick ‘Other’ go to Q304

303 What other vitamin or mineral have you taken in the last month? _____________________________
304 How often do you usually take vitamins or minerals?
- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week

If you take vitamins and minerals less than once a week go to Q306

305 For how long have you taken vitamins or minerals regularly?
- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

306 In the last month have you taken or used any medications (including herbal remedies) to lower your cholesterol?
- Yes
- No

307 In the last month have you taken or used any other type of medication not asked about previously? (Excluding contraception and hormone replacement therapy).
- Yes
- No

If you have not used any other medications AND are female go to Q309
If you have not used any other medications AND are male go to Q318

308 What types of medication did you take or use? (Excluding contraception and hormone replacement therapy).

______________________________

309 Are you taking contraceptive pills or using contraceptive implants or injections?
- Yes
- No

If CURRENTLY using contraceptives as described above go to Q311

310 Did you ever take contraceptive pills or use contraceptive implants or injections?
- Yes
- No

If have NEVER used contraceptives go to Q315

311 At what age did you start? (Enter 99 if don’t know) _______
312 For how many years altogether have you taken/did you take contraceptive pills or used/use contraceptive implants or injections? (Enter 99 if don’t know)

313 Which pill or implant are you using / did you use? (Listed alphabetically down columns)

Please choose all that apply:

- Brenda-35ED
- Brevinor
- Diane-35D
- Depo-provera
- Depo-ralovera
- Estelle-35D
- Femoden-ED
- Implanon implant
- Juliet-35ED
- Leveln ED
- Levonell-1 (or 2)
- Locilan 28
- Loette
- Logynon ED
- Marvelon 28
- Microgynon (any variety)
- Microlevlen ED
- Microlut
- Micronor
- Minulet
- Mirena
- Monofeme
- Nordette
- Noriday 28
- Norimin
- Norinyl-1
- NorLevo-1
- Postinor-1 (or 2)
- Qlaira
- Trifeme
- Triphasil
- Triquilar ED
- Valette
- Yasmin
- Yaz

If did NOT tick ‘Other’ above go to Q315

314 What other contraceptive are you using / have you used? ______________________________________

315 We would like to know more about your periods and menopause. Which of the following best describes you?

- I am still having regular periods.
- My periods are irregular and I think it might be due to menopause.
- My periods have stopped entirely due to a hysterectomy
- My periods have stopped entirely due to menopause.
- My periods have stopped entirely due to another reason
- Other (e.g. using medication/injections that have stopped you having a period for a certain time, pregnancy)

316 Have you ever had hormone replacement therapy (HRT)? ☐Yes ☐No

Q318 The next group of questions ask about PHYSICAL ACTIVITY.
How often do you take part in sports or activities that are mildly energetic, moderately energetic or vigorous?

<table>
<thead>
<tr>
<th></th>
<th>3 times a week or more</th>
<th>Once or twice a week</th>
<th>About 1-3 times a month</th>
<th>Never/hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework).</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing).</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

318 Please give the average number of hours or minutes per week you spend in such sports or activities. (Please enter 0 in hours and minutes if not undertaken at all (Enter 99 to refuse)

<table>
<thead>
<tr>
<th></th>
<th>Hours</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mildly energetic (e.g. walking, weeding)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately energetic (e.g. dancing, cycling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vigorous (e.g. running, squash)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

321 The following questions are very similar to the questions about physical activity that you have just completed. These are more specific and will allow comparison of this data with other studies.

In the LAST WEEK, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places? (Enter 0 if not at all)

_____

If you entered 0 for Q321 go to Q323

322 What do you estimate was the total time that you spent walking in this way in the last week?)

• ____ Minutes _____ Hours

323 In the LAST WEEK, how many times did you do any vigorous gardening or heavy work around the yard, which made you breath harder or puff and pant? (Enter 0 if not at all)

_____
324 What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the LAST WEEK?

- _____ Minutes _____ Hours

325 The next questions exclude household chores, gardening or yardwork:

In the LAST WEEK, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (e.g., jogging, cycling, aerobics, competitive tennis). (Enter 0 if not at all)

_____

If you entered 0 for Q325 go to Q327

326 What do you estimate was the total time that you spent doing this vigorous physical activity in the LAST WEEK?

- _____ Minutes _____ Hours

327 In the LAST WEEK how many times did you do any other more moderate physical activities that you have not already mentioned? (e.g., gentle swimming, social tennis, golf). (Enter 0 if not at all)

_____

If you entered 0 for Q327 go to Q329

328 What do you estimate was the total time that you spent doing these activities in the LAST week?

- _____ Minutes _____ Hours

329 Please indicate whether you have undertaken any of the following activities in the LAST 6 MONTHS.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all</th>
<th>Once or twice</th>
<th>4-5 times</th>
<th>6 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read scientific books or magazines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read about special subjects on my own</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solved maths or chess puzzles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Done troubleshooting of software packages on a PC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sketched, drawn or painted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practised a musical instrument</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gone to recitals, concerts, or musicals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read literature</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended religious services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participated in club activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helped others with their personal problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worked as a volunteer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussed politics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenced others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
330 Do you play (or have you ever played) a musical instrument?  ○Yes  ○No

If you have NEVER played a musical instrument go to Q335

331 At what age did you first start regularly learning to play a musical instrument? ________

332 Which instruments did/do you play?

________________________________________________________________________

333 For how many years have you played any musical instrument? (Enter 99 if don’t know) ________

334 On average, in the years you played a musical instrument, how much would you have practiced?
  ○1hr per month or less  ○1hr per week  ○1-7hrs per week  ○More than an hour per day

335 About how much time do you spend reading each day, including online?
  ○None
  ○Less than one hour
  ○One to less than two hours
  ○Two to less than three hours
  ○Three or more hours
  ○Don’t know

336 Thinking of the LAST YEAR, how often do you read newspapers, including online?
  ○Every day or almost every day
  ○Several times a week
  ○Several times a month
  ○Several times a year
  ○Once a year or less
  ○Don’t know
337 During the PAST YEAR, how often did you read magazines, including online?
- Every day or almost every day
- Several times a week
- Several times a month
- Several times a year
- Once a year or less
- Don't know

338 During the PAST YEAR, how often did you read books?
- Every day or almost every day
- Several times a week
- Several times a month
- Several times a year
- Once a year or less
- Don't know

339 During the PAST YEAR, how often did you play games like checkers or other board games, cards, puzzles, word games, mind teasers, or any other similar games? This includes any online games.
- Every day or almost every day
- Several times a week
- Several times a month
- Several times a year
- Once a year or less
- Don't know

340 During the PAST YEAR, how often did you write letters or emails?
- Every day or almost every day
- Several times a week
- Several times a month
- Several times a year
- Once a year or less
- Don't know
341 During the PAST YEAR, how often did you involve in online social network activities like facebook/twitter?

- ❌ Every day or almost every day
- ❌ Several times a week
- ❌ Several times a month
- ❌ Several times a year
- ❌ Once a year or less
- ❌ Don’t know

342 In LAST 10 YEARS, did you ever keep a diary, journal or blog?  Yes  No  Don’t know

If you have NEVER kept a diary go to Q344

343 For how many years did you do this? _______________

344 In the LAST 10 YEARS, how many times did you visit a museum?

- ❌ Never
- ❌ 1-2 times
- ❌ 3-9 times
- ❌ 10-19 times
- ❌ More than 20 times
- ❌ Don’t know

345 In the LAST 10 YEARS, how many times did you attend a concert, play, or musical?

- ❌ Never
- ❌ 1-2 times
- ❌ 3-9 times
- ❌ 10-19 times
- ❌ More than 20 times
- ❌ Don’t know
346 In the LAST 10 YEARS, how often did you visit a library or use an online library service?
- Every day or almost every day
- Several times a week
- Several times a month
- Several times a year
- Once a year or less
- Don’t know

347 This section is about some of the foods you usually eat. Record about how often you usually eat these foods.

How many serves of vegetables do you usually eat each day?
- 1 serve or less
- 2-3 serves
- 4-5 serves
- 6 serves or more
- Don’t eat vegetables

348 How many serves of fruit do you usually eat each day?
- 1 serve or less
- 2-3 serves
- 4-5 serves
- 6 serves or more
- Don’t eat vegetables

349 How often do you drink fruit juices such as orange, grapefruit or tomato? (Answer one choice only)
- ___ per day
- ___ per week (if less than daily)
- ___ per month if less than weekly)
- ___ Rarely or never (enter 1 in box)
<table>
<thead>
<tr>
<th>Question</th>
<th>Frequency Options</th>
</tr>
</thead>
</table>
| 350 Not including juice, how often do you eat fruit? (Answer one choice only) | • ___ per day  
• ___ per week (if less than daily)  
• ___ per month if less than weekly)  
• ___ Rarely or never (enter 1 in box) |
| 351 How often do you eat chips, french fries, wedges, fried potatoes or crisps? (Answer one choice only) | • ___ per day  
• ___ per week (if less than daily)  
• ___ per month if less than weekly)  
• ___ Rarely or never (enter 1 in box) |
| 352 How often do you eat potatoes? (Answer one choice only) | • ___ per day  
• ___ per week (if less than daily)  
• ___ per month if less than weekly)  
• ___ Rarely or never (enter 1 in box) |
| 353 How often do you eat salad? (Salad includes mixed green salad and other mixtures of raw vegetables.) (Answer one choice only) | • ___ per day  
• ___ per week (if less than daily)  
• ___ per month if less than weekly)  
• ___ Rarely or never (enter 1 in box) |
| 354 Not counting potatoes and salad, how often do you eat cooked vegetables? (Answer one choice only) | • ___ per day  
• ___ per week (if less than daily)  
• ___ per month if less than weekly)  
• ___ Rarely or never (enter 1 in box) |