Centre for Mental Health Research  
The PATH Through Life Questionnaire  
40+ Wave 2 - 2004

Respondent's ID: __________

Q1. Could you please tell me your current age in years   __________

Q2. 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

Q3. 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

Q4. How many times have you been married or lived in a de facto relationship? Also, 
   only include past relationships that lasted for 6 months or more.  
   __________ If Q2=1 or 2 + Q4=1 \rightarrow 6  
   If Q4=0 \rightarrow 7

Q5. How long have you been separated from your (previous) partner?  
   _____ years   _____ months

Q6. How long have you been living with your current partner?  
   _____ years   _____ months

Q7. I am now going to ask you some questions about your education. What is the 
   highest level of schooling you have completed?  
   ☐ Some primary  
   ☐ All of primary  
   ☐ Some of secondary  
   ☐ Three/four years of secondary (intermediate, school certificate level)  
   ☐ Five/six years of secondary (leaving, higher school certificate)

Q8. What is the highest level of post secondary/tertiary education you have completed?  
   ☐ Trade certificate/apprenticeship \rightarrow 9  
   ☐ Technician's certificate/advanced certificate \rightarrow 9  
   ☐ Certificate other than above \rightarrow 8A  
   ☐ Associate diploma \rightarrow 8A  
   ☐ Undergraduate diploma \rightarrow 8A  
   ☐ Bachelor's degree \rightarrow 9  
   ☐ Post graduate diploma/certificate \rightarrow 9  
   ☐ Higher degree \rightarrow 9  
   ☐ None of the above \rightarrow 9
Q8A. How long does that certificate or associate/undergraduate 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

Q9. Are you presently studying for any of the following?
☐ Trade certificate/apprenticeship → 9B
☐ Technician's certificate/advanced certificate → 9B
☐ Certificate other than above → 9A
☐ Associate diploma → 9A
☐ Undergraduate diploma → 9A
☐ Bachelor's degree → 9B
☐ Post graduate diploma/certificate → 9B
☐ Higher degree → 9B
☐ None of the above → 10

Q9A. How long does that other certificate or associate/undergraduate 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

Q9B. Are you studying?
☐ Full-time
☐ Part-time

Q10. How would you describe your current employment status?
☐ Employed full-time → 10A
☐ Employed part-time, looking for full-time work → 10A
☐ Employed part-time → 10A
☐ Unemployed, looking for work → 10B
☐ Not in the labour force → 10C

Q10A. What is your job title?  (If more than one job, record title of main job. For public servants, record official designation, eg. ASO3, as well as occupation. For armed service personnel, state rank as well as occupation.)

Q10A1. What are your main duties or activities?

Q10B. At any time in the LAST FOUR WEEKS have you looked for a job in any of the ways listed?
☐ Written, phoned or applied in person for work
☐ Answered a newspaper advertisement for a job
☐ Checked factory of Commonwealth Employment Service noticeboards
☐ Been registered with any other employment agency
☐ Advertised or tendered for work
☐ Contacted friends or relatives for work
☐ No (→ 10D)  ☐ Yes (→ 10B1)
Q10B1. If you had found a job, could you have started last week?
- No  ➔ 10D
- Yes  ➔ 10D

Q10C. What is your main activity if you are not in the work force?
- Home duties or caring for children
- Retired or voluntarily out of work force
- Studying
- Caring for an aged or disabled person
- Recovering from illness
- Voluntary work
- Other

Q10D. Have you ever been employed in the past?
- Yes  ➔ 10E
- No  ➔ 11

Q10E. What was your last MAIN job title? For public servants, record official designation, eg. ASO3, as well as occupation. For armed service personnel, state rank as well as occupation.

Q10E1. What were your main duties or activities?

Q10F. Are/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 ➔ 10I
- Working without pay in a family business ➔ 10I

Q10G. Which of the following best describes the position you hold/held within your business or organisation?
- Managerial position
- Supervisory position
- Non-management position

Q10H. About how many people are/were employed in the entire business, corporation or organisation for which you work?
- 1-9
- 10-24
- 25+

Q10I. 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).

_ _ _ _ _
If currently employed OR have never been employed, go to Q11

Q10J. How long is it since you last worked for pay, in any job or business for two weeks or more?
- Less than 3 months
- 3 months or more but less than 6 months
- 6 months or more but less than 12 months
- 12 months or more but less than 2 years
- 2 years or more but less than 5 years
- 5 years or more but less than 10 years
- 10 years or more but less than 20 years
- 20 years or more
- Have never worked for 2 weeks or more

Q11. Which of the following best describes your region of birth?
- Australia - NSW or ACT
- New Zealand
- Australia – Victoria
- Other Oceania/Pacific Island
- Australia – QLD
- Europe or Great Britain
- Australia – SA
- Asia
- Australia - WA, Southern part
- North America
- Australia - WA, Northern part
- South America
- Australia – Tasmania
- Africa
- Australia - Northern Territory
- Other

Q12. 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 full-term but who may have died.
- Yes \(\Rightarrow 13\)
- No \(\Rightarrow 15\)

Q13. How many children do you have who are now living? \(\underline{\hspace{1cm}}\) If 0 \(\Rightarrow 14\)

<table>
<thead>
<tr>
<th>Child Number</th>
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<th>4</th>
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<th>7</th>
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<tbody>
<tr>
<td>13a. Age of child - Years</td>
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<td>13b. Does this child live with you:</td>
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<td>13c. Is this child your - natural child</td>
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<td>other</td>
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</tbody>
</table>

Q14. How many children have you had who are not now living? \(\underline{\hspace{1cm}}\) If 0 \(\Rightarrow 15\)
Q14A. How old was this child when they died?  □
(If child less than 12 months enter 00)
Q14B. Was this child your natural child, step child or adopted child?
- Natural
- Step
- Adopted
- Other

If male go to Q16
Q15. Have you had any miscarriages?  □Yes  □No

If ‘yes’ Q15A. How many miscarriages have you had?  □□□□□
Q15B. What was the year of the last miscarriage?  □□□□

Here is a list of medical problems. Do you have any of the following?
16. Heart trouble  □Yes  □No
17. Cancer  □Yes  □No
18. Arthritis  □Yes  □No
19. Thyroid disorder  □Yes  □No
20. Epilepsy  □Yes  □No
21. Cataracts, glaucoma or other eye disease  □Yes  □No
22. Asthma, chronic bronchitis or emphysema  □Yes  □No
23. Diabetes  □Yes  □No

If ‘Yes’ to Q23
What treatment do you use to control your diabetes?
Q23A. Diet and exercise  □Yes  □No
Q23B. Tablets  □Yes  □No
Q23C. Insulin  □Yes  □No

Q24. Have you ever suffered from high blood pressure?
- Yes
- No
- Uncertain

If ‘yes’ Q24A. Are you currently taking any tablets for high blood pressure?
- Yes  □No

Q25. Have you ever been diagnosed with a brain tumour?
- Yes  □No

If ‘yes’ Q25A Were you diagnosed with a brain tumour in the last 4 years?
- Yes  □No

Q26. Have you ever had a brain infection such as meningitis or a brain abscess?
- Yes  □No

If ‘yes’ Q26A. Have you had a brain infection in the last 4 years?
- Yes  □No

Q27. Have you ever suffered a stroke, ministroke or TIA (Transient Ischemic Attack)?
- Yes  □No

If ‘Yes’ Q27A. Have you suffered a stroke, ministroke or TIA in the last 4 years?
- Yes  □No
Q28 The next few questions ask about head injury.

As a result of a head injury:
  a) have you ever visited a hospital emergency department?
      ○ Yes ○ No
  b) have you ever been admitted to hospital?
      ○ Yes ○ No
  c) have you ever sought medical assistance from a General Practitioner for a head injury?
      ○ Yes ○ No

Q29 Have you ever had a serious head injury, that interfered with your memory, made you lose consciousness or caused a blood clot in your brain?
      ○ Yes → 29A
      ○ No → 30
      ○ Don’t know → 30

Q29A. How many head injuries have you had?  

JUMP TO Q29D IF Q29A=1

Q29B. How old were you when you had the first head injury?  

Q29C How old were you when you had the last head injury?  

JUMP TO Q29E

Q29D. How old were you when you had this injury?  

Q29E. For the next few questions on head injury, please consider the most severe or worst head injury that caused the greatest disruption to your life.

What was the cause of this injury?
  1 ○ Traffic accident
  2 ○ Sport
  3 ○ Assault
  4 ○ Fall
  5 ○ Other
  6 ○ Don’t know

JUMP TO Q30 IF Q29E=7

Q29F. Is there a period after the injury that you cannot remember at all?
      ○ Yes ○ No ○ Not sure

JUMP TO Q29G IF Q29F not ‘yes’

Q29F1. 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

Q29G Did you lose consciousness following the head injury?
      ○ Yes
      ○ No
      ○ Not sure

JUMP TO Q30 IF Q29G = not ‘yes’
Q29G1  For how long did you lose consciousness?
- About 15 minutes
- About 15 minutes
- Up to 1 hour
- Up to 1 hour
- More than 1 day
- No idea

Q30  Could you tell me how tall you are?  (Please try to answer even if it is an approximate value).

[ ] _ _ _ _ _ _ _ _ cms OR [ ] _ _ _ _ feet. [ ] _ _ inches

Q31  How much do you weigh without your clothes and shoes?  (Please try to answer even if it is an approximate value).

[ ] _ _ _ _ kgs OR [ ] _ _ _ _ stones [ ] _ _ pounds

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.

Q32. In general, would you say your health is:
- Excellent
- Very good
- Good
- Fair
- Poor

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?

Q33. Does your health now limit you in 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

Q34. Does your health now limit you in climbing several flights of stairs?
- Yes - limited a lot
- Yes - limited a little
- No - not limited at all

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?

Q35. Have you accomplished less than you would like as a result of your physical health?  
- Yes
- No

Q36. Were you limited in the kind of work or other activities as a result of your physical health?  
- Yes
- No

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)?

Q37. Have you accomplished less than you would like as a result of any emotional problems?  
- Yes
- No
Q38. Did you not do work or other activities as carefully as usual as a result of any emotional problems? ☑ Yes ☐ No

Q39. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely

The next few questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

Q40. 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

Q41. 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

Q42. 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

Q43. 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

Q44. In the last month, have you taken any vitamins or mineral supplements?

☐ Yes
☐ No 45
Q44A. What kind of vitamin or mineral was this?
- Vitamin C
- B group vitamins
- Vitamin E
- Echinacea
- Calcium
- Evening primrose or starflower oil
- Multivitamins
- Other ………………………………..

Q44B. 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

Q44C. 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

Q45. In the last month have you taken or used any pills or medications (including herbal remedies) to help you sleep?
- Yes
- No

Q45A. What are the names of the sleeping pills or medications you took in the last month?
- Alodorm
- Dozile
- Ducene
- Euhypnos
- Mogadon
- Nocturne
- Normison
- Relaxa-Tabs
- Restavit Tablets
- Serapax
- Temaze
- Temtabs
- Unisom Sleepytabs
- Valium
- Xanaz
- Valerian
- Camomile or “sleepytime” tea
- Magnesium and/or calcium supplements
- Nervatona
- Other ………………………………..

Q45B. 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

Q45C. 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

Q46. In the last month have you taken or used any pain relievers such as aspirin, codeine, paracetamol or herbal remedies?
- Yes
- No
Q46A. What are the names of the pain relievers you took in the last month?
- Aspirin/Aspro
- Codral
- Disprin
- Panadeine
- Dymadon
- Panadol/paracetamol
- Codeine
- Diclofenac
- Brufen or Nurofen
- Orudis or Oruvail
- Naprosyn or Naprogesic
- Other ……………………………………………

Q46B. 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 → 47

Q46C. 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

Q47. In the last month have you taken or used any medications (including herbal remedies) for anxiety?
- Yes
- No → 48

Q47A. What are the names of the medications you took in the last month?
- Alepam
- Antenex
- Alprax
- Alprazolam(any brand)
- Euhypnos
- Kalma
- Ducene
- Aropax
- Mogadon
- Muralax
- Normison
- Oxtetine
- Serapax
- Temaze
- Valium
- Valpram
- Xanaze
- Vitamin B complex
- Magnesium supplements
- Hypericum or St John’s Wort
- Nervatona
- Other ……………………………………………

Q47B. How often do you usually take medications for anxiety?
- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week → 48

Q47C. For how long have you taken medications for anxiety this regularly?
- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

Q48. In the last month have you taken or used any medications (including herbal remedies) for depression?
- Yes
- No → 49
Q48A. What are the names of the medications you took for depression in the last month?

☐ Arima ☐ Aropax ☐ Aurorix
☐ Celapram ☐ Cipramil ☐ Clomipramine (any brand)
☐ Clohemix ☐ Dothep ☐ Efexor
☐ Endep ☐ Fluohexal ☐ Fluoxetene (any brand)
☐ Lovan ☐ Maosig ☐ Moclobemide (any brand)
☐ Mohexal ☐ Oxetine ☐ Paroxetine (any brand)
☐ Paxtine ☐ Prothiaden ☐ Prozac
☐ Sinequan ☐ Serzone ☐ Talohexal
☐ Tryptanol ☐ Zactin ☐ Zoloft
☐ St John's Wort or ☐ S-Adenosylmethionine (SAMe)
Hyericum
☐ Other …………………………………………………………………

Q48B. How often do you usually take medications for 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

Q48C. For how long have you taken medications for 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

Q49. In the last month have you taken or used any medications (including herbal remedies) to enhance your memory?

☐ Yes
☐ No

Q49A. What are the names of the medications you took in the last month?

☐ Glutamine
☐ Gingko biloba
☐ Vitamin E
☐ Guarana
☐ Bacopa
☐ Other ………………………………………………………

Q49B. How often do you usually take medications to enhance your memory?
☐ Every day (6-7 days per week)
☐ Most days (4-5 days per week)
☐ 1-3 days per week
☐ Less than once a week

Q49C. For how long have you taken such 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
Q50. In the last month have you taken or used any other type of medication? (Excluding contraceptive pills and hormone replacement therapy).
   ☐ Yes
   ☐ No  ➔ 51

Q50A. What types of medication did you take or use? (Excluding contraceptive pills and hormone replacement therapy).

If male go to Q55

Q51. How old were you when your periods or menstrual cycle started? (If you have never had a menstrual cycle enter 00). ________ years

Q52. Are you taking any contraceptive pills?  ☐ Yes
   ☐ No  ➔ 52D

Q52A. At what age did you first start? ________ years

Q52B. For how many years altogether have you taken contraceptive pills? ________ years

Q52C. Which pill are you currently taking?
   ☐ Brenda-35  ☐ Brevinor  ☐ Diane-35
   ☐ Femoded ED  ☐ Improvil  ☐ Levlen ED
   ☐ Locilan 28 Day  ☐ Loette  ☐ Logynon ED
   ☐ Marvelon  ☐ Miconor  ☐ Microlevlen ED
   ☐ Microlut  ☐ Microval  ☐ Minulet 28
   ☐ Monofeme  ☐ Mycrogynon 30  ☐ Nordette
   ☐ Noriday  ☐ Norimin  ☐ Sequilar ED
   ☐ Synphasic  ☐ Trifeme  ☐ Triphasil
   ☐ Triquilar  ☐ Other  …………………………………………
   ➔ 53

Q52D. Did you ever take contraceptive pills?  ☐ Yes
   ☐ No  ➔ 53

Q52E. At what age did you first start? ________ years

Q52F. For how many years altogether did you take contraceptive pills? ________ years
Q52G. Which pills did you take?
☐ Brenda-35 ☐ Brevnor ☐ Diane-35
☐ FemodEd ED ☐ Improvil ☐ Levlen ED
☐ Locilan 28 Day ☐ Loette ☐ Logynon ED
☐ Marvelon ☐ Miconor ☐ Microlevlen ED
☐ Microlut ☐ Microval ☐ Minulet 28
☐ Monofeme ☐ Myicrogynon 30 ☐ Nordette
☐ Noriday ☐ Norimin ☐ Sequilar ED
☐ Synphasic ☐ Trifeme ☐ Triphasis
☐ Sandrena ☐ Triquilar ☐ Other …………………………………

Q53. Have you ceased having your periods entirely?  ○ Yes  ○ No  → 54
Q53A. At what age did your periods cease?  _______ years
Q53B. What was the cause of menopause?  ○ Natural menopause
○ Hysterectomy
○ Other

Q54. Have you ever had hormone replacement therapy (HRT)?  ○ Yes  ○ No  → 55
Q54A. How long have you had hormone replacement therapy?
(If less than 1 year, enter 1).  _______ years
Q54B. Are you still having hormone replacement therapy?  ○ Yes  ○ No
Q54C. Which hormone replacement medications are you taking/have you taken?
☐ Climara  ☐ Climen  ☐ Dermestril
☐ Estalis  ☐ Estracombi  ☐ Estraderm
☐ Estroferm  ☐ Femoston  ☐ Femtran
☐ Kliogest  ☐ Kliovance  ☐ Menoprem
☐ Menorest  ☐ Ovestin  ☐ Provelle-14
☐ Trisequens  ☐ Other …………………………………

Q55. We would now like to ask you some questions about smoking (tobacco).
Do you currently smoke?  ○ Yes  ○ No  → 55C
Q55A. Do you smoke cigarettes:
○ At least once a day?  → 55B
○ Less than once a day?  → 55B1
○ Don't smoke cigarettes  → 56
Q55B. How many cigarettes do you usually smoke in one day?  _______  → 56
Q55B1. How many cigarettes do you usually smoke over a one month period?  _______  → 56
Q55C. Have you smoked at all over the last month?  ○Yes  ○No  →55D

Q55C1. Approximately how many cigarettes have you smoked in the last month?  

Q55D. Have you ever smoked regularly?  ○Yes  ○No

Q56. 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  → 57
   ○2 to 4 times a month  → 57
   ○2 to 3 times a week  → 57
   ○4 or more times a week  → 57

Q56A. Have you ever drunk alcohol?  ○Yes  → 64
   ○No  → 68A1

Q57. 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

Q58. How often do you have 6 or more standard drinks on one occasion?
   ○Never
   ○Less than monthly
   ○Monthly
   ○Weekly
   ○Daily or almost daily

Q59. 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

Q60. 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
Q61. 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

Q62. 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

Q63. 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

Q64. 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

Q65. 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

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?

Q66. 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

Q67. How many standard drinks did you have on a typical when you were drinking?
   - 1 or 2
   - 3 or 4
   - 5 or 6
   - 7 to 9
   - 10 or more

If you drink alcohol 2 or more times a week → 69
If you have always been an occasional drinker (monthly or less) → 68B1
If you don’t currently drink but used to drink 2 or more times a week → 68C
If you currently drink monthly or less but drank more than this in the past → 68D
Q68A1. Please indicate your reasons for not drinking? *(You can have more than one answer).*

- ☐ do not like the taste/smell
- ☐ Alcohol damages people's health
- ☐ do not like the effect alcohol has on me
- ☐ have seen bad influence of alcohol on other people
- ☐ One of my parents has/had a drink problem
- ☐ My friends do not drink
- ☐ drive & alcohol is dangerous for driving
- ☐ look after my weight and alcohol has a high calorie value
- ☐ I am an active person & alcohol harms physical fitness
- ☐ I am afraid of becoming dependent on alcohol
- ☐ My family disapproves of drinking
- ☐ Alcoholic drinks cost a lot of money
- ☐ Alcohol could affect my work/studies
- ☐ My religion disapproves of alcohol use
- ☐ Other  ..........................................................

Q68B1. Please indicate if any of the following have influenced your drinking? *(You can have more than one answer).*

- ☐ do not like the taste/smell
- ☐ Alcohol damages people's health
- ☐ do not like the effect alcohol has on me
- ☐ have seen bad influence of alcohol on other people
- ☐ One of my parents has/had a drink problem
- ☐ My friends do not drink
- ☐ drive & alcohol is dangerous for driving
- ☐ look after my weight and alcohol has a high calorie value
- ☐ I am an active person & alcohol harms physical fitness
- ☐ I'm afraid of becoming dependent on alcohol
- ☐ My family disapproves of drinking
- ☐ Alcoholic drinks cost a lot of money
- ☐ Alcohol could affect my work/studies
- ☐ My religion disapproves of alcohol use
- ☐ Other  ..........................................................

Q68C1. Why did you give up drinking alcohol? *(You can have more than one answer).*

- ☐ had problems with drink-driving
- ☐ was spending too much money on alcohol
- ☐ Alcohol was damaging my health
- ☐ was too dependent on alcohol
- ☐ My family/friends disapproved of my drinking
- ☐ Drinking was damaging my relationships with other people
- ☐ was overweight and needed to cut out drinking
- ☐ Drinking was interfering too much with my work/studies
- ☐ gave up for religious reasons
- ☐ saw the bad influence of alcohol on other people
- ☐ One of my parents had a drink problem
- ☐ did not like the taste/smell
- ☐ Alcohol damages people's health
□ I did not like the effect alcohol had on me
□ (women only) I gave up drinking when I became pregnant
□ Other  ........................................................................

Q68D1. Why did you cut down on your drinking? (You can have more than one answer).
□ had problems with drink-driving
□ was spending too much money on alcohol
□ Alcohol was damaging my health
□ was too dependent on alcohol
□ My family/friends disapproved of my drinking
□ Drinking was damaging my relationships with other people
□ was overweight and needed to cut out drinking
□ Drinking was interfering too much with my work/studies
□ cut down for religious reasons
□ saw the bad influence of alcohol on other people
□ One of my parents had a drink problem
□ did not like the taste/smell
□ Alcohol damages people's health
□ did not like the effect alcohol had on me
□ (women only) I cut down my drinking when I became pregnant
□ Other  ........................................................................

Q69. Have you ever tried marijuana/hash?  ○ Yes
□ No  →70

Q69A. How old were you the first time you actually used marijuana/hash?
□ Under 16  ○16-17  ○18-19  ○20-24  ○25 or more

Q69B. Have you used marijuana/hash in the past 12 months?  ○ Yes
□ No  →70

Q69C. How often do you use marijuana/hash?
□ Once a week or more
□ Once a month
□ Every 1-4 months
□ Once or twice a year
□ No longer use

Q69D. In the last year have you ever used marijuana/hash more than you meant to?
□ Yes
□ No

Q69E. Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?  ○ Yes
□ No

Q70. Have you ever tried any of the following?
1. □ Ecstasy (pills, E, ecce, XTC, MDMA)  →70A
2. □ Amphetamines for non-medical purposes (speed, go-ee, whiz, rev, crystal, meth, crystal meth, ice, shabu, glass, batu, uppers, ox-blood, liquid speed)  →70B
3. □ None of the above  →71

Q70A. Have you used ecstasy in the past 12 months?  ○ Yes
□ No  →70B
Q70A1. 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

*JUMP TO Q71 If haven’t used amphetamines.*

Q70B. Have you used amphetamines for non-medical purposes in the past 12 months?
- Yes
- No

Q70B1. 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

Q71. We would now like to ask you about your gambling activities. These includes:
1. Playing poker machines/gaming machines
2. Betting on horse or greyhound races (excluding sweeps)
3. Bought instant scratch tickets
4. Playing lotto or any other lottery games such as Tattslotto, Powerball, the pools, 2 million jackpot lottery, Tatts 2, Tatts Keno
5. Playing keno at a club, hotel, casino or other place
6. Playing table games such as blackjack or roulette at a casino
7. Playing bingo at a club or hall
8. Betting on a sporting event like football, cricket or tennis
9. Playing casino games on the internet
10. Playing games like cards or mahjong for money

Would you play any of these, alone or in combination, more than once a month?
- Yes
- No

Q71A. Over the last year, thinking about any of the sorts of gambling listed, on approximately how many days each month would you gamble?

[ ] days per month
Q71B. Of the following gambling activities, which one have you played the most in the last 12 months?
- Poker machines/gaming machines
- Horse or greyhound races (excluding sweeps)
- Instant scratch tickets
- Lotto or other lottery games
- Keno at a club, hotel, casino or other place
- Tables games e.g. blackjack/roulette at a casino
- Bingo at a club or hall
- A sporting event such as football, cricket or tennis
- Casino games on the internet
- Cards or mahjong for money

Q71C. Thinking specifically about the form of gambling that you did most, in the last 12 months, on approximately how many days each month would you gamble? _____ days per month

JUMP to Q72 if play lotto or scratchies the most.

Q71D. At each gambling session, for how long do you usually play?

_____ hours  _____ minutes

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

Q72. Did you ever have direct combat experience in a war?  ☐ Yes ☐ No

If ‘yes’ Q72A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

........................................................................................................................................

........................................................................................................................................

Q72B. Did this occur some time during the last 4 years?  ☐ Yes ☐ No

Q73. Were you ever involved in a life threatening accident?  ☐ Yes ☐ No

If ‘yes’ Q73A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

........................................................................................................................................

........................................................................................................................................

Q73B. Did this occur some time during the last 4 years?  ☐ Yes ☐ No

Q74. Were you ever involved in a fire, flood or other natural disaster?  ☐ Yes ☐ No

If ‘yes’ Q74A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

........................................................................................................................................

........................................................................................................................................

Q74B. Did this occur some time during the last 4 years?  ☐ Yes ☐ No
Q75. Did you ever witness someone badly injured or killed?  ○Yes  ○No

If ‘yes’ Q75A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

Q75B. Did this occur some time during the last 4 years?  ○Yes  ○No

Q76. 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?)  ○Yes  ○No

If ‘yes’ Q76A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

Q76B. Did this occur some time during the last 4 years?  ○Yes  ○No

Q77. Were you ever sexually molested (that is, someone touched or felt your genitals when you did not want them to)?  ○Yes  ○No

If ‘yes’ Q77A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

Q77B. Did this occur some time during the last 4 years?  ○Yes  ○No

Q78. Were you ever seriously physically attacked or assaulted? ○Yes  ○No

If ‘yes’ Q78A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

Q78B. Did this occur some time during the last 4 years?  ○Yes  ○No

Q79. Have you ever been threatened with a weapon, held captive, or kidnapped?  ○Yes  ○No

If ‘yes’ Q79A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

Q79B. Did this occur some time during the last 4 years?  ○Yes  ○No
Q80. Have you ever been tortured or the victim of terrorists?  ○Yes  ○No
If ‘yes’ Q80A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

Q80B. Did this occur some time during the last 4 years?  ○Yes  ○No

Q81. Have you ever experienced any other extremely stressful or upsetting event?  ○Yes  ○No
If ‘yes’ Q81A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

Q81B. Did this occur some time during the last 4 years?  ○Yes  ○No

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?

Q82. You yourself suffered a serious illness, injury or an assault.  ○Yes  ○No
Q83. A serious illness, injury or assault happened to a close relative.  ○Yes  ○No
Q84. Your parent, child or partner died.  ○Yes  ○No
Q85. A close family friend or another relative (aunt, cousin, grandparent) died.  ○Yes  ○No
Q86. You broke off a steady relationship  ○Yes  ○No
Q87. You had a serious problem with a close friend, neighbour or relative.  ○Yes  ○No
Q88. You had a crisis or serious disappointment in your work or career.  ○Yes  ○No
Q89. You thought you would soon lose your job.  ○Yes  ○No
If not married or living with a partner go to Q93
Q90. Your partner thought he/she would soon lose their job.  ○Yes  ○No
Q91. Your partner had a crisis or serious disappointment in his/her work or career.  ○Yes  ○No
Q92. You had a separation due to marital difficulties.  ○Yes  ○No

Q93. You became unemployed or you were seeking work unsuccessfully for more than one month.  ○Yes  ○No
Q94. You were sacked from your job.  ○Yes  ○No
Q95. You had a major financial crisis.  ○Yes  ○No
Q96. You had problems with the police and a court appearance.  ○Yes  ○No
Q97. Something you valued was lost or stolen.  ○Yes  ○No

Q98. Has anything ever happened in your life, or is currently happening (eg 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 ‘yes’, Q98A. Could you briefly describe this problem?
Q99. 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

Q100A-D. Over the last year did any of the following happen to you because of a shortage of money?
  Pawned or sold something  ○ Yes  ○ No
  Went without meals  ○ Yes  ○ No
  Was unable to heat home  ○ Yes  ○ No
  Asked for help from welfare/community organizations  ○ Yes  ○ No

Q101. What is your 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

Q102. 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

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

Q103. How often do friends make you feel cared for?
  ○ Often  ○ Sometimes  ○ Rarely  ○ Never

Q104. How often do they express interest in how you are doing?
  ○ Often  ○ Sometimes  ○ Rarely  ○ Never

Q105. How often do friends make too many demands on you?
  ○ Often  ○ Sometimes  ○ Rarely  ○ Never

Q106. How often do they criticise you?
  ○ Often  ○ Sometimes  ○ Rarely  ○ Never

Q107. How often do friends create tensions or arguments with you?
  ○ Often  ○ Sometimes  ○ Rarely  ○ Never

Q108. How often do family make you feel cared for?
  ○ Often  ○ Sometimes  ○ Rarely  ○ Never

Q109. How often do family express interest in how you are doing?
  ○ Often  ○ Sometimes  ○ Rarely  ○ Never

Q110. How often do they make too many demands on you?
  ○ Often  ○ Sometimes  ○ Rarely  ○ Never

Q111. How often do family criticise you?
  ○ Often  ○ Sometimes  ○ Rarely  ○ Never

Q112. How often do they create tensions or arguments with you?
Often  Sometimes  Rarely  Never

If not married or living with a partner go to Q123.
Q113. How much does your partner understand the way you feel about things?
   O A lot  O Some  O A little  O Not at all
Q114. How much can you depend on your partner to be there when you really need them?
   O A lot  O Some  O A little  O Not at all
Q115. How much does your partner show concern for your feelings and problems?
   O A lot  O Some  O A little  O Not at all
Q116. How much can you trust your partner to keep promises to you?
   O A lot  O Some  O A little  O Not at all
Q117. How much can you open up to your partner about things that are really important to you?
   O A lot  O Some  O A little  O Not at all
Q118. How much tension is there between you and your partner?
   O A lot  O Some  O A little  O Not at all
Q119. How often do you have an unpleasant disagreement with your partner?
   O Often  O Sometimes  O Rarely  O Never
Q120. How often do things become tense when the two of you disagree?
   O Often  O Sometimes  O Rarely  O Never
Q121. How often does your partner say cruel or angry things during a disagreement?
   O Often  O Sometimes  O Rarely  O Never
Q122. How often do the two of you both refuse to compromise during disagreements?
   O Often  O Sometimes  O Rarely  O Never

Q123. Do you have a dog, cat or other pet that you can touch or talk to?
   O Yes
   O No  →150

Q123A. What kind of pet or pets do you have?
   ☐ cat
   ☐ dog
   ☐ bird
   ☐ fish
   ☐ other pet  …………………………

Q123B. Are you the main carer for your pet?  O Yes  O No

If you are not currently employed, go to Q150

The next few questions ask about your work situation.
Q124. Do you have a choice in deciding how you do your job?
   O Often  O Sometimes  O Rarely  O Never
Q125. Do you have a choice in deciding what you do at work?
○ Often ○ Sometimes ○ Rarely ○ Never
Q126. Other take decisions concerning my work.
○ Often ○ Sometimes ○ Rarely ○ Never
Q127. I have a good deal of say in decisions about work.
○ Often ○ Sometimes ○ Rarely ○ Never
Q128. I have a say in my own work speed.
○ Often ○ Sometimes ○ Rarely ○ Never
Q129. My working time can be flexible.
○ Often ○ Sometimes ○ Rarely ○ Never
Q130. I can decide when to take a break.
○ Often ○ Sometimes ○ Rarely ○ Never
Q131. I have a say in choosing with whom I work.
○ Often ○ Sometimes ○ Rarely ○ Never
Q132. I have a great deal of say in planning my work environment.
○ Often ○ Sometimes ○ Rarely ○ Never
Q133. Do you have to do the same thing over and over again?
○ Often ○ Sometimes ○ Rarely ○ Never
Q134. Does your job provide you with a variety of interesting things?
○ Often ○ Sometimes ○ Rarely ○ Never
Q135. Is your job boring?
○ Often ○ Sometimes ○ Rarely ○ Never
Q136. Do you have the possibility of learning new things through your work?
○ Often ○ Sometimes ○ Rarely ○ Never
Q137. Does your work demand a high level of skill or expertise?
○ Often ○ Sometimes ○ Rarely ○ Never
Q138. Does your job require you to take initiative?
○ Often ○ Sometimes ○ Rarely ○ Never
Q139. Do you have to work very fast?
○ Often ○ Sometimes ○ Rarely ○ Never
Q140. Do you have to work very intensively?
○ Often ○ Sometimes ○ Rarely ○ Never
Q141. Do you have enough time to do everything?
○ Often ○ Sometimes ○ Rarely ○ Never
Q142. Do different groups at work demand things from you that you think are hard to combine?
○ Often ○ Sometimes ○ Rarely ○ Never
Q143. In your main job are you:
○ Permanently employed
○ Fixed term contract
○ Casually employed

Q143a-b. How long is that contract? ___________ Years ___________ Months

Q144. How steady is your work in your main job?
○ Regular and steady
○ Seasonal
○ Frequent layoffs
○ Both seasonal and layoffs
○ Other …………………………………
Q145. How secure do you feel about your job or career future in your current workplace?
   - Not at all secure
   - Moderately secure
   - Secure
   - Extremely secure

Q146. 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

Q147. During the last year, how often were you in a situation where you faced job loss or layoff?
   - Never
   - Faced the possibility once
   - Faced the possibility more than once
   - Constantly
   - Actually laid off

Q148. How likely is it that you will lose your present job during the next couple of years?
   - Not very likely
   - Somewhat likely
   - Very likely

Q149. How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)?
   - ___________

JUMP TO Q151 IF NOT STUDYING OR WORKING

Q150. 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 ➔ 151

JUMP to Q151 IF Q150 = No

150A-B. 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)

If gender = male and not married or living with a partner go to Q152

Q151. Do you mind me asking if you/your partner are/is pregnant at the moment?
   - Yes, I am/my partner is pregnant
   - No, I am not/my partner is not pregnant  ➔ Q152

Q151A. When is the baby due?
   - January
   - February
   - March
   - April
   - May
   - June
   - July
   - August
   - September
   - October
   - November
   - December
Q152. Have you been working full or part-time during the periods in between/since having your children?  
- Yes, full-time
- Yes, part-time
- No (go to Q153)

Q152A. Who looks after your children when you are at work?  
- Partner
- Relative or friend
- Childcare centre
- Family Day Care
- Other …………………………………

Q153. How old were you when you first lived away from your parents or parent figure?  
(Enter 00 if not applicable). __________ years old

Q154. How old were you the first time you had sexual intercourse?  
(Enter 00 if not applicable). __________ years old

Jump to q156 if never married or lived with partner.

Q155. How old were you when you first lived with a partner? __________ years old

If no children go to q157

Q156. How old were you when your first child was born? __________ years old

Q157. Would you currently consider yourself to be predominantly:  
- Heterosexual (sexual preference for opposite sex)
- Homosexual
- Bisexual
- Don't know

Q158. 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 no children under 18 years go to Q160

Q159. To what extent are you responsible for childcare in your household?  (Children's care include activities such as making meals, organising activities, supervising homework, discipline).  
- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)
Q160. To what extent are you responsible for financial management in your household? (Financial management includes paying bills, saying, planning investments or priorities in money use).

- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

Q161. 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%)
Testing by Interviewer (Q162 to Q184)
We are now going to do some measures of physical health and memory.
The main reason for doing these tasks is to get an idea of how our three age groups compare. I have a card here on which I will write the results of some of the testing. When we get everyone's results we will send you the average results for this age group so that you can see how you went. These measures will take about 30 minutes to do.
First, I am going to take your blood pressure twice in the next five minutes or so. I'll just position your arm. (Take blood pressure reading preferably in the sitting position, and preferably using the left arm). I'll now just put the cuff around your arm. (The arm should be unrestricted by clothing, so roll up the sleeve.) Ensure that 'Inflation pre-set' is on 170. The cuff will now automatically inflate when I press this button. Just remain calm and still.

Q162a-e.

SYSTOLIC READING
DIASTOLIC READING
PULSE

Malfunction=777, Refused=888, Not asked=999

The respondent was?  ○Seated  ○Lying down  ○refused/no asked
Which arm was used?  ○Left  ○Right  ○refused/not asked

Once the cuff has automatically deflated say that's great. I am going to leave the cuff on now to make it easier to take your blood pressure again in a minute. (Loosen cuff but do not remove). If R complains of pain, remove cuff and do not retest.

Q163. We are now going to test your vision. First of all, I'll find the best place for you to view the chart. Find a good position for the eye chart to obtain the best light. Keep the chart covered until you are ready to do the test. Do not have the light coming from behind the chart. The eye chart needs to be about 3 metres away from you so I will use this ribbon to measure the distance to you. Move either the chart or the Respondent to get the correct distance. The chart should be at about eye level. If you normally wear glasses for distance vision please put them on. Uncover the chart. (change screen).

Mark any letter that is incorrect.

☐all OK  ☐P
☐all OK  ☐T  ☐U
☐all OK  ☐A  ☐N  ☐X
☐all OK  ☐F  ☐D  ☐H  ☐T
☐all OK  ☐N  ☐U  ☐P  ☐T  ☐F
☐all OK  ☐Z  ☐A  ☐X  ☐N  ☐F  ☐D
☐all OK  ☐H  ☐N  ☐T  ☐P  ☐U  ☐Z  ☐A

Q164a-e. Now I am going to take your blood pressure again. Retighten cuff. I will now inflate the cuff again. Press button.

SYSTOLIC READING
DIASTOLIC READING
PULSE

The respondent was?  ○Seated  ○Lying down  ○refused/not asked
Which arm was used?  ○Left  ○Right  ○refused/not asked
That's great. I will take the cuff off now, thank you.
Your average systolic blood pressure was ? and your average diastolic pressure was ?.
A blood pressure reading of greater than 140 over 90 is considered to be above the desirable level for an adult. Your blood pressure falls ???.

Record results on card.

Q165. We are now going to try a very different task. Let's suppose you were going shopping tomorrow. I'm going to read a list of items for you to buy. Listen carefully, and when I've finished I want you to say back as many of the items as you can. It doesn't matter what order you say them in - just tell me as many as you can. Are you ready? Before proceeding, make sure that Respondent understands the task. Then read stimulus words at a rate of approximately one word per second, reading down the list.

If necessary, prompt with Are you ready to recall? After recalling as many items as they can, say Thanks for that.

Immediate recall score=____________

Q166. I would now like to test your hand strength. Stand and demonstrate as you say the following. First of all, using the hand you write with, put your fingers through this opening here and your thumb around the black plastic moulding here. Now, you stand and hold the grip meter in the hand you write with, as I've shown. Put your arm down by your side. Now squeeze your fingers and thumb together as hard as you can. Record first measurement and move the lever to zero.

___ Kgs (Refused=88 Not asked=99) Record on card.

Q167. Now let's try that again using the same hand.

Record second measurement.

___ Kgs (Refused=88 Not asked=99) Record on card.

Q168. I read some shopping items to your earlier. I'd like you to tell me all the items you can from the shopping list, starting now.

Delayed recall score=________________

Q169. I am now going to ask you to do a task that can't be done on the computer. First I will give you this sheet. Give Respondent Showcard C and use the printed instructions to explain the task.

___ Number correct

Refused/Not asked=999 Couldn't comprehend/other=888

Q170a-b. We would now like to measure your lung capacity. (Insert the cardboard tube and push the switch to the FEV position). I'm going to take 3 measures so that we can average them for a more accurate reading. I'll ask you to stand to do this. Breathe in until your lungs are completely full. Now, seal your lips around the mouthpiece and blow out as hard and fast as possible until you cannot push anymore out. Record the first measure displayed under FEV. Now, push the switch upwards to the FVC position and record reading under FVC.
Q171a-b. Turn spirometer to 'OFF' position before turning it to FEV position for second reading. **Would you mind doing that again please?** If the Respondent complains of breathlessness or dizziness, wait for them to get their breath back before going on.

Q172a-b. Turn spirometer to ‘OFF’ position before turning it to FEV position for third reading. **And just once more?** Again, if Respondent complains of breathlessness or dizziness, pause for them to get their breath back. If you have already had to before the second reading, do not continue with the third reading.

Your average Forced Vital Capacity (or FVC) is _______ while your Forced Expired Volume in 1 second (or FEV) is ________. Record results on card.

Q173-177. **Now I am going to say some numbers. When I stop I want you to say them backwards.** For example, if I say 7-1-9, what would you say? Pause for respondent to respond. If respondent responds correctly (9-1-7) say, **That's right** and proceed to item 1. If respondent fails the example, say, **No, you would say 9-1-7. I said 7-1-9, so to say it backwards you would say 9-1-7.** Now try these numbers. **Remember, you are to say them backwards.** 3-4-8. Whether respondent succeeds or fails with the second example (3-4-8) proceed to item 1. Give no help on this second example or on any of the items to follow. **Read at a rate of one number per second**

Digit backwards score = __________

I am now going to ask you to do another task. This is a exercise to see how quickly and accurately you can work with your hands. Before you begin each part of the test, you will be told what to do and then you will have an opportunity to practice. Be sure you understand exactly what to do. Firstly, could you tell me which is your preferred or dominant hand? (**Do first test with dominant hand or right hand if ambidextrous**).

Q178. **Right**  **Left**  **Ambidextrous**  **Don’t know**

Pick up one pin at a time with your (right/left) hand from the (right/left) cup. **Starting with the top hole, place each pin in the (right/left)-hand row. Demonstrate by placing one pin in top hole.** Now you may insert a few pins for practice. If during the testing time you drop a pin, do not stop to pick it up. Simply continue by picking another pin out of the cup. **Correct any errors and answer any questions.** When respondent has inserted 3 or 4 and appears to understand the task, say **Stop.** Now take out the practice pins and place them back in the (right/left) cup.

Q179. When I say 'Begin', place as many pins as you can in the (right/left) - hand row starting with the top hole. **Work as rapidly as you can until I say 'Stop'.** **Use stopwatch to time for 30 seconds then say 'Stop'.** Record number of pegs inserted.
Number correct  Refused/Not asked=99  Couldn't comprehend/other=88

Q180. Now, I would like you to do this again using the other hand. Repeat test.

Number correct  Refused/Not asked=99  Couldn't comprehend/other=88

Q181. For this part of the test I would like you to use both hands at the same time. Pick up a pin from the right-hand cup with your right hand and at the same time pick up a pin from the left-hand cup with your left hand, and place the pins down the rows. Begin with the top hole of both rows. Demonstrate. Then replace the pins used for demonstration. Now you may insert a few pins with both hands to practice. After 3 or 4 pairs of pins have been correctly inserted, say: Stop. Take out the practice pins and put them back in the proper cups.

Then say: When I say 'Begin', place as many pins as you can with both hands, starting with the top hole of both rows. Work as rapidly as you can until I say 'Stop'. Are you ready? Begin. Time for 30 seconds then say, 'Stop'. Record total number of pairs inserted.

Place Trailmaking Sheet Part A Sample on the table in front of the Respondent. Give the respondent a pencil. Say: On this page [point] are some numbers. Begin at number 1 [point to 1] and draw a line from 1 to 2 [point to 2], 2 to 3 [point to 3], 3 to 4 [point to 4] and so on, in order, until you reach the end [point to circle marked "end"]. Draw the lines as fast as you can. Ready? Begin. If the subject completes the sample item correctly and shows that they know what to do, say, "Good! Let's try the next one." And give the test proper. If the Respondent makes a mistake, point out the error and explain it. If necessary guide the Respondent's hand through the trail, with pencil upside down. Then say:"Now you try it."

Always, when turning to the proper test, say: On this page are numbers from 1 to 25. Do this the same way: Begin at number 1 [point] and draw a line from 1 to 2 [point to 2], 2 to 3 [point to 3], 3 to 4 [point to 4] and so on, in order, until you reach the end [point]. Draw the lines as fast as you can.

Ready? Begin!

Start timing as soon as the instruction is given to begin. Watch closely to catch errors. Call errors to the Respondent's attention immediately and have them proceed from the point the mistake occurred. Do not stop timing. Record the time taken to complete the test. Also record the number of errors. If Respondent makes 5 errors or exceeds 300 seconds (5 minutes) discontinue the test. At the end, say That's fine. (Enter 99, 999 or 9 if not tested).

Q182.

<table>
<thead>
<tr>
<th>Number of circles joined (Max 25)</th>
<th>Total time (secs)</th>
<th>Errors (max 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed</td>
<td>Discontinued</td>
<td>Not tested</td>
</tr>
</tbody>
</table>
On this page are some numbers and letters. Begin at number 1, and draw a line from 1 to A, A to 2, 2 to B, B to 3, 3 to C, and so on, in order, until you reach the end.

Remember, first you have a number, then a letter, then a number, then a letter. Draw the lines as fast as you can. Ready? Begin. If the subject completes the sample item correctly and shows that they know what to do, say, "Good! Let's try the next one." And give the test proper. If the Respondent makes a mistake, point out the error and explain it. If necessary guide the Respondent's hand through the trail, with pencil upside down. Then say: "Now you try it." Always, when turning to the test proper, say:

Start timing as soon as the instruction is given to begin. Watch closely to catch errors. Call errors to the Respondent's attention immediately and have them proceed from the point the mistake occurred. Do not stop timing. Record the time taken to complete the test. Also record the number of errors. If Respondent makes 5 errors or exceeds 300 seconds (5 minutes) discontinue the test. At the end, say That's fine. (Enter 99, 999 or 9 if not tested).

Q183.

☐ Number of circles joined (Max 25)
☐ Total time (secs)
☐ Errors (max 5)

☑ Completed ☐ Discontinued ☐ Not tested

Now, I am going to show you some faces. You will have 45 seconds to look at them. I want you to study the faces carefully so that you will be able to recognise them when I show them to you a second time along with faces you haven't seen before.

Here are the faces. Please study them carefully and try to remember them. Show respondent Showcard D for 45 seconds.

After 45 secs say: Now I'm going to show you a set of 25 faces. You've already seen 12 of them. I want you to tell me which faces you've seen before. Show Showcard E and say:

Q184. Call out the numbers of the faces that you have already seen. If the respondent calls out fewer than 12 faces, encourage them to continue 'guessing' until a total of 12 choices is made. If respondent calls out more than 12 faces, ask them to eliminate the choices about which they are least confident until the total is reduced to 12.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15
☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20
☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ Refused

32
This next measure looks at your knowledge of words. You will be asked to decide which of two items, such as 'bread' and 'glot', is a real word and which is an invented item; 'bread', of course, is the real word. Each of the pairs of items below contains one real word and one nonsense word invented so as to look like a word but having no meaning. Please mark the item in each pair that you think is a real word. Some will be common words, most will be uncommon and some will be rarely used.
If you are unsure, guess. You will probably be right more often than you think. Before you begin the main test try the following word pairs.
Practice

END OF TESTING

The next series 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?
Q245. Little interest or pleasure in doing things?
   ○ Not at all  ○ Several days  ○ More than half the days  ○ Nearly every day
Q246. Feeling down, depressed or hopeless?
   ○ Not at all  ○ Several days  ○ More than half the days  ○ Nearly every day
Q247. Trouble falling or staying asleep, or sleeping too much?
   ○ Not at all  ○ Several days  ○ More than half the days  ○ Nearly every day
Q248. Feeling tired or having little energy?
   ○ Not at all  ○ Several days  ○ More than half the days  ○ Nearly every day
Q249. Poor appetite or overeating?
   ○ Not at all  ○ Several days  ○ More than half the days  ○ Nearly every day
Q250. Feeling bad about yourself- that you are a failure or have let yourself or your family down?
   ○ Not at all  ○ Several days  ○ More than half the days  ○ Nearly every day
Q251 Trouble concentrating on things such as reading the newspaper or watching television?
   ○ Not at all  ○ Several days  ○ More than half the days  ○ Nearly every day
Q252. 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?
   ○ Not at all  ○ Several days  ○ More than half the days  ○ Nearly every day
Q253. Thoughts that you would be better off dead or of hurting yourself in some way?
   ○ Not at all  ○ Several days  ○ More than half the days  ○ Nearly every day
Q254. In the last FOUR weeks, have you had an anxiety attack- suddenly feeling fear or panic?
   ○ No  ➔ Q255
   ○ Yes
Q254a. Has this ever happened before?  ○ No  ○ Yes
Q254b. 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?
   ○ No  ○ Yes
Q254c. Do these attacks bother you a lot or are you worried about having another attack?  ○ No  ○ Yes

Q254d. 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?  ○ No  ○ Yes

Over the last 4 weeks how often have you been bothered by any of the following?

Q255. Feeling nervous, anxious, on edge, or worrying a lot about different things?
○ Not at all  ➔ Q256
○ Several days
○ More than half the days

Over the last 4 weeks have you been bothered by:

Q255a. Feeling restless so it is hard to sit still
○ Not at all  ○ Several days  ○ More than half the days

Q255b. Getting tired very easily
○ Not at all  ○ Several days  ○ More than half the days

Q255c. Muscle tension, aches, or soreness
○ Not at all  ○ Several days  ○ More than half the days

Q255d. Trouble falling asleep or staying asleep
○ Not at all  ○ Several days  ○ More than half the days

Q255e. Trouble concentrating on things, such as reading a book or watching TV.
○ Not at all  ○ Several days  ○ More than half the days

Q255f. Becoming easily annoyed or irritable
○ Not at all  ○ Several days  ○ More than half the days

Q256-279. The following scale consists of a number of words that describe different feelings or emotions. Please read each item and indicate to what extent you have been feeling this way in the last 4 weeks.

Disgusted ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Attentive ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Strong ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Scornful ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Irritable ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Inspired ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Afraid ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Alert ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Upset ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Angry ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Active ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Guilty ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Nervous ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Excited ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Hostile ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Proud ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Jittery ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Ashamed ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Scared ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Enthusiastic ○ Very slightly or not at all  ○ A little  ○ Moderately  ○ Quite a bit  ○ Extremely
Next are some specific questions about your health and how you have been feeling in the last 4 weeks. In the last 4 weeks:

Have you felt keyed up or on edge?  No  Yes
Have you been worrying a lot?  No  Yes
Have you been irritable?  No  Yes
Have you had difficulty relaxing?  No  Yes
Have you been sleeping poorly?  No  Yes
Have you had headaches or neckaches?  No  Yes

Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass water more often than usual?  No  Yes
Have you been worried about your health?  No  Yes
Have you had difficulty falling asleep?  No  Yes
Have you been lacking energy?  No  Yes
Have you lost interest in things?  No  Yes
Have you lost confidence in yourself?  No  Yes
Have you felt hopeless?  No  Yes
Have you had difficulty concentrating?  No  Yes
Have you lost weight (due to poor appetite)?  No  Yes
Have you been waking early?  No  Yes
Have you felt slowed up?  No  Yes
Have you tended to feel worse in the mornings?  No  Yes

In the LAST YEAR have you ever:
Q298. Felt that life is hardly worth living?  No  Yes
Q299. Thought that you really would be better off dead?  No  Yes
Q300. Thought about taking your own life?  No  Yes

If Q300=No, go to Q301.

In the LAST YEAR have you ever:
Q300a. Made plans to take your own life?  No  Yes
Q300b. Attempted to take your own life?  No  Yes

The purpose of the next few questions is to find out how your mood and behaviour change over time. To what degree do the following change with the seasons?

Q301. Your sleep length:
No change
Slight change
Moderate change
Marked change
Extremely marked change

Q302. Social activity:
No change
Slight change
Moderate change
Marked change
Extremely marked change
Q303. Mood:
- No change
- Slight change
- Moderate change
- Marked change
- Extremely marked change

Q304. Weight:
- No change
- Slight change
- Moderate change
- Marked change
- Extremely marked change

Q305. Appetite:
- No change
- Slight change
- Moderate change
- Marked change
- Extremely marked change

Q306. Energy level:
- No change
- Slight change
- Moderate change
- Marked change
- Extremely marked change
In which month of the year do you:

Q307. Feel best
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- There is no difference

Q308. Feel worst
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- There is no difference

Q309. 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 (If ‘No’—Q310)

Q309A. Did this occur some time during the past 4 years, since we last interviewed you?
- Yes
- No

Q309B. Did you see a counsellor or a doctor for depression some time during the last 4 years.
- Yes
- No

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

Q310. There is really no way I can solve some of the problems I have.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

Q311. Sometimes I feel that I’m being pushed around in life.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

Q312. I have little control over the things that happen to me.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

Q313. I can do just about anything I really set my mind to do.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

Q314. I often feel helpless in dealing with the problems of life.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

Q315. What happens to me in the future mostly depends on me.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

Q316. There is little I can do to change many of the important things in my life.
- Strongly agree
- Agree
- Disagree
- Strongly disagree

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.

Q317. I think about how alone I feel.
- Never
- Sometimes
- Often
- Always

Q318. I think about my feelings of fatigue and achiness.
- Never
- Sometimes
- Often
- Always

Q319. I think about how hard it is to concentrate.
- Never
- Sometimes
- Often
- Always

Q320. I think about how passive and unmotivated I feel.
- Never
- Sometimes
- Often
- Always
Q321. I think, "Why can't I get going?"
   ○Never  ○Sometimes  ○Often  ○Always

Q322. I think about a recent situation, wishing it had gone better.
   ○Never  ○Sometimes  ○Often  ○Always

Q323. I think about how sad I feel.
   ○Never  ○Sometimes  ○Often  ○Always

Q324. I think about all my shortcomings, failings, faults and mistakes.
   ○Never  ○Sometimes  ○Often  ○Always

Q325. I think about how I don't feel up to doing anything.
   ○Never  ○Sometimes  ○Often  ○Always

Q326. I think, "Why can't I handle things better?"
   ○Never  ○Sometimes  ○Often  ○Always

The next few questions ask about your attitude to religion.
Q327. How often did you attend regular religious services during the year?
      ○Never
      ○A few times a year
      ○Once a month
      ○More than once a month
      ○Once a week
      ○More than once a week

Q328. Aside from how often you attended religious services, do you consider yourself to be?
      ○Against religion
      ○Not at all religious
      ○Only slightly religious
      ○Fairly religious
      ○Deeply religious

Q329. How much is religion a source of strength and comfort to you?
      ○None
      ○A little
      ○Somewhat
      ○A great deal

Q330. Do you have any spiritual beliefs, that are not associated with a religion, but which are a source of strength and comfort to you?
      ○Yes  ○No
      If ‘yes’ Q330A. Could you briefly describe these beliefs?

Q331-Q366. Here are some questions concerning the way you behave, feel and act. Decide for each question whether 'YES' or 'NO' represents your usual way of acting or feeling. Work quickly, and don't spend too much time over any question.

   Does your mood often go up and down?  ○Yes  ○No
   Do you take much notice of what people think?  ○Yes  ○No
   Are you a talkative person?  ○Yes  ○No
   Do you ever feel 'just miserable' for no reason?  ○Yes  ○No
   Would being in debt worry you?  ○Yes  ○No
   Are you rather lively?  ○Yes  ○No
   Are you an irritable person?  ○Yes  ○No
Would you take drugs which may have strange or dangerous effects?  

Do you enjoy meeting new people?  

Are your feelings easily hurt?  

Do you prefer to go your own way rather than act by the rules?  

Can you usually let yourself go and enjoy yourself at a lively party?  

Do you often feel 'fed-up'?  

Do good manners and cleanliness matter much to you?  

Do you usually take the initiative in making new friends?  

Would you call yourself a nervous person?  

Do you think marriage is old-fashioned and should be done away with?  

Can you easily get some life into a rather dull party?  

Are you a worrier?  

Do you enjoy cooperating with others?  

Do you tend to keep in the background on social occasions?  

Does it worry you if you know there are mistakes in your work?  

Would you call yourself tense or 'highly-strung'?  

Do you think people spend too much time safeguarding their future with savings and insurance?  

Do you like mixing with people?  

Do you worry too long after an embarrassing experience?  

Do you try not to be rude to people?  

Do you like plenty of bustle and excitement around you?  

Do you suffer from "nerves"?  

Would you like other people to be afraid of you?  

Are you mostly quiet when you are with other people?  

Do you often feel lonely?  

Is it better to follow society's rules than go your own way?  

Do other people think of you as being very lively?  

Are you often troubled about feelings of guilt?  

Can you get a party going?  

Q367-390. 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.

A person's family is the most important thing in life.

Even if something bad is about to happen to me, I rarely experience fear or nervousness.

I go out of my way to get things I want.

When I'm doing well at something, I love to keep at it.
I'm always willing to try something new if I think it will be fun.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

How I dress is important to me.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

When I get something I want, I feel excited and energised.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

Criticism or scolding hurts me quite a bit.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

When I want something I usually go all-out to get it.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

It's hard for me to find the time to do things such as get a hair cut.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

If I see a chance to get something I want I move on it right away.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

I feel pretty worried or upset when I think or know somebody is angry at me.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

When I see an opportunity for something I like I get excited right away.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

I often act on the spur of the moment.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

If I think something unpleasant is going to happen I usually get pretty 'worked-up'.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

I often wonder why people act the way they do.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

When good things happen to me, it affects me strongly.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

I feel worried when I think I have done poorly at something important.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

I crave excitement and new sensations.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

When I go after something, I use a 'no holds barred' approach.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

I have very few fears compared to my friends.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

It would excite me to win a contest.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

I worry about making mistakes.
○ Very false for me  ○ Somewhat false for me  ○ Somewhat true for me  ○ Very true for me

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

Q391. In most ways my life is close to ideal.
○ Strongly disagree  ○ Disagree  ○ Slightly disagree  ○ Neither agree nor disagree
○ Slightly agree  ○ Agree  ○ Strongly agree

Q392. The conditions of my life are excellent.
○ Strongly disagree  ○ Disagree  ○ Slightly disagree  ○ Neither agree nor disagree
○ Slightly agree  ○ Agree  ○ Strongly agree
Q393. I am satisfied with my life.
○ Strongly disagree ○ Disagree ○ Slightly disagree ○ Neither agree nor disagree
○ Slightly agree ○ Agree ○ Strongly agree
Q394. So far, I have gotten the important things I want in life.
○ Strongly disagree ○ Disagree ○ Slightly disagree ○ Neither agree nor disagree
○ Slightly agree ○ Agree ○ Strongly agree
Q395. If I could live my life over, I would change almost nothing.
○ Strongly disagree ○ Disagree ○ Slightly disagree ○ Neither agree nor disagree
○ Slightly agree ○ Agree ○ Strongly agree

How often do you take part in sports or activities that are mildly energetic, moderately energetic or vigorous?

Q396. Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework).
○ 3 times a week or more ○ Once or twice a week ○ About 1-3 times a month ○ Never/hardly ever
Q397. Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).
○ 3 times a week or more ○ Once or twice a week ○ About 1-3 times a month ○ Never/hardly ever
Q398. Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing).
○ 3 times a week or more ○ Once or twice a week ○ About 1-3 times a month ○ Never/hardly ever

Q399-401. Please give the average number of hours per week you spend in such sports or activities. (Please enter ‘0’ in hours and minutes if not undertaken at all.)

Mildly energetic (e.g. walking, weeding) ___ hours ___ minutes
Moderately energetic (e.g. dancing, cycling) ___ hours ___ minutes
Vigorous (e.g. running, squash) ___ hours ___ minutes

Q402-455. Please indicate whether you have undertaken any of the following activities in the last 6 months.

Made or repaired clothes ○ Yes ○ No
Fixed mechanical things or appliances ○ Yes ○ No
Built things with wood ○ Yes ○ No
Driven a truck or tractor ○ Yes ○ No
Used metalwork or machine tools ○ Yes ○ No
Worked on cars, bicycles or motorbikes ○ Yes ○ No
Taken an engineering, woodwork or car mechanics course ○ Yes ○ No
Worked in the garden ○ Yes ○ No
Cooked meals ○ Yes ○ No
Read scientific books or magazines ○ Yes ○ No
Worked in a laboratory ○ Yes ○ No
Worked on a scientific project ○ Yes ○ No
Read about special subjects on my own ○ Yes ○ No
Solved maths or chess puzzles ○ Yes ○ No
Done troubleshooting of software packages on a PC ○Yes ○No
Taken a science course ○Yes ○No
Followed science shows on TV or radio ○Yes ○No
Participated in a science fair or conference ○Yes ○No
Sketched, drawn or painted ○Yes ○No
Gone to or acted in plays ○Yes ○No
Played in a band, group, or orchestra ○Yes ○No
Practised a musical instrument ○Yes ○No
Gone to recitals, concerts, or musicals ○Yes ○No
Taken portrait photographs ○Yes ○No
Read literature ○Yes ○No
Read or written poetry ○Yes ○No
Taken an art course ○Yes ○No
Written letters to friends ○Yes ○No
Attended religious services ○Yes ○No
Belonged to clubs ○Yes ○No
Helped others with their personal problems ○Yes ○No
Taken care of children ○Yes ○No
Gone to parties or pubs ○Yes ○No
Gone dancing ○Yes ○No
Attended meetings or conferences ○Yes ○No
Worked as a volunteer ○Yes ○No
Discussed politics ○Yes ○No
Influenced others ○Yes ○No
Operated your own service or business ○Yes ○No
Taken part in a sales conference ○Yes ○No
Been on the committee of a group ○Yes ○No
Supervised the work of others ○Yes ○No
Met important people ○Yes ○No
Led a group in accomplishing some goal ○Yes ○No
Organized a club, group or gang ○Yes ○No
Typed papers or letters for yourself or for others ○Yes ○No
Added, subtracted, multiplied, and divided numbers in business or bookkeeping ○Yes ○No
Operated fax machines, PCs and printers ○Yes ○No
Kept detailed records of expenses ○Yes ○No
Filed letters, reports, records, etc. ○Yes ○No
Written business letters ○Yes ○No
Taken a business course ○Yes ○No
Taken a bookkeeping course ○Yes ○No
Done a lot of paperwork in a short time ○Yes ○No

In January 2003, the Canberra region experienced bushfires. The following questions ask about your experiences with these fires:

Q456. Was the area in which you live or work put on alert because of the threat of fire? ○Yes ○No
Q457. Were you evacuated from your home or workplace because of the threat of fire? ○Yes ○No
Q458. Were you personally involved in fighting bushfires threatening your own home or neighbourhood?

- [ ] Yes
- [ ] No

Q459. Apart from defending your own home and neighbourhood, did you do any work involving the bushfires or their effects? (e.g. fighting fires, keeping order, dealing with health effects, restoring power, caring for victims).

- [ ] Yes
- [ ] No

Q460. Were buildings in your suburb damaged or destroyed by fire?

- [ ] Yes
- [ ] No

Q461. Were your own home, possessions or workplace damaged or destroyed?

- [ ] Yes
- [ ] No

Q462. Did any relative or friend have their home, possessions or workplace damaged or destroyed?

- [ ] Yes
- [ ] No

Q463. Did you suffer any injury due to the fires?

- [ ] Yes
- [ ] No

Q464. Did any relative or friend die or suffer injury due to the fires?

- [ ] Yes
- [ ] No

Q465. Did you own any animal that suffered as a result of the fires?

- [ ] Yes
- [ ] No

Q466. Did you feel very frightened or upset during the period of the fires?

- [ ] Yes
- [ ] No

Q467-476. Please consider the following reactions that sometimes occur following such an event. The following questions are concerned with your personal reactions to the bushfires. Please indicate whether or not you have experienced any of the following at least twice in the past week.

Upsetting thoughts or memories about the bushfires that have come into your mind against your will.
- [ ] Yes
- [ ] No

Upsetting dreams about the bushfires.
- [ ] Yes
- [ ] No

Acting or feeling as though the bushfires were happening again.
- [ ] Yes
- [ ] No

Feeling upset by reminders of the bushfires.
- [ ] Yes
- [ ] No

Bodily reactions (such as fast heartbeat, stomach churning, sweating, dizziness) when reminded of the bushfires.
- [ ] Yes
- [ ] No

Difficulty falling asleep.
- [ ] Yes
- [ ] No

Irritability or outbursts of anger.
- [ ] Yes
- [ ] No

Difficulty concentrating.
- [ ] Yes
- [ ] No

Heightened awareness of potential dangers to yourself and others.
- [ ] Yes
- [ ] No

Being jumpy or being startled at something unexpected.
- [ ] Yes
- [ ] No

CONGRATULATIONS! You have reached the end of the questionnaire. Thank you for your patience and perseverance in getting to the end. Would you like to make any comments about the questionnaire?

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