PATH 60+ wave 4 questionnaire
Self-completion

PATHID __________

Interviewer __________

Q1 What is your gender?  ○Male ○Female

Q2. In what suburb are you currently living? (Only if living in Australia) ______________

Q3A Postcode (only if living in Australia) ______

Q3B. Which of the following best describes your home?
  ○ House / townhouse
  ○ Flat / unit / apartment
  ○ Independent unit in retirement accommodation
  ○ Residential aged care home – low care (hostel)
  ○ Residential aged care home – high care (nursing home)
  ○ Granny flat
  ○ Other ____________________________

Q4 Could you please tell me your current age in years? ______

Q5 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
  ○ Married or have a partner but NOT living together as one is in a
    hostel/nursing home/hospital.

Q6 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

Q7 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 you have not been married or lived in a de facto relationship go to Q10
If you are currently married or living with a partner and have only been married or lived with a partner once go to Q9A

Q8A, Q8B How long have you been separated / divorced / widowed from your (previous) partner?

_____ Years _____ Months

If not married or living with a partner go to Q10

Q9A, Q9B How long have you been living with your current partner? _____ Years _____ Months
Q10 Have you completed any further education *since your last interview*?  

- Yes  
- No

*If you have NOT completed any education since your last interview go to Q11*

Q10A What was the highest qualification that you completed since your last interview?  

- 1 School certificate (or equivalent)  
- 2 Higher school certificate (or equivalent)  
- 3 Trade certificate/apprenticeship  
- 4 Technician's certificate/advanced certificate  
- 5 Certificate other than above  
- 6 Associate diploma  
- 7 Undergraduate diploma  
- 8 Bachelor's degree  
- 9 Post graduate diploma/certificate  
- 10 Higher degree

*If you did NOT complete a Trade certificate, tech or advanced certificate, other certificate or associate diploma go to Q11*

Q10A1 How long did 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

Q11 Are you presently studying? If No, tick "None of the above". If yes, what qualification are you working toward?  

Please choose all that apply:  

- 1 Trade certificate/apprenticeship  
- 2 Technician's certificate/advanced certificate  
- 3 Certificate other than above  
- 4 Associate diploma  
- 5 Undergraduate diploma  
- 6 Bachelor's degree  
- 7 Post graduate diploma/certificate  
- 8 Higher degree  
- 9 None of the above

*If you are not currently studying go to Q12*

*If you are not currently doing a Trade certificate, tech or advanced certificate, other certificate or associate diploma go to Q11B*

Q11A 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

Q11B Are you studying?  

- Full-time  
- Part-time  
- Refused

Q12 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 (long-service leave, long-term leave without pay)

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.

Q13. In general, would you say your health is:

1. Excellent
2. Very good
3. Good
4. Fair
5. 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?

Q14. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

1. Yes - limited a lot
2. Yes - limited a little
3. No - not limited at all

Q15. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

1. Yes - limited a lot
2. Yes - limited a little
3. No - not limited at all

Q16. Lifting or carrying groceries?

1. Yes - limited a lot
2. Yes - limited a little
3. No - not limited at all

Q17. Climbing several flights of stairs?

1. Yes - limited a lot
2. Yes - limited a little
3. No - not limited at all

Q18. Climbing one flight of stairs?

1. Yes - limited a lot
2. Yes - limited a little
3. No - not limited at all

Q19. Bending, kneeling or stooping?

1. Yes - limited a lot
2. Yes - limited a little
3. No - not limited at all

Q20. Walking more than one kilometre?

1. Yes - limited a lot
2. Yes - limited a little
3. No - not limited at all

Q21. Walking half a kilometre?

1. Yes - limited a lot
Q22. Walking 100 metres?  
1 ØYes - limited a lot  
2 ØYes - limited a little  
3 ØNo - not limited at all

Q23. Does your health now limit you in bathing or dressing yourself?  
1 ØYes - limited a lot  
2 ØYes - limited a little  
3 ØNo - 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?

Q24. Have you accomplished less than you would like as a result of your physical health?  
1 Ø Yes  
2 Ø No

Q25. Were you limited in the kind of work or other activities as a result of your physical health?  
1 Ø Yes  
2 Ø 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)?

Q26. Have you accomplished less than you would like as a result of any emotional problems?  
1 Ø Yes  
2 Ø No

Q27. Did you not do work or other activities as carefully as usual as a result of any emotional problems?  
1 Ø Yes  
2 Ø No

Q28. During the PAST 4 WEEKS, how much did pain interfere with your normal work (including both work outside the home and housework)?  
1 ØNot at all  
2 ØA little bit  
3 ØModerately  
4 ØQuite a bit  
5 ØExtremely

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.

Q29. How much of the time during the PAST 4 WEEKS have you felt calm and peaceful?  
1 ØAll of the time  
2 ØMost of the time  
3 ØA good bit of the time  
4 ØSome of the time  
5 ØA little of the time  
6 ØNone of the time

Q30. How much of the time during the past 4 weeks did you have a lot of energy?
Q31. How much of the time during the past 4 weeks have you felt down?
1 ☐ All of the time
2 ☐ Most of the time
3 ☐ A good bit of the time
4 ☐ Some of the time
5 ☐ A little of the time
6 ☐ None of the time

Q32. 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)?
1 ☐ All of the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ A little of the time
5 ☐ None of the time

Q33. 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

Q34. 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

Q35. 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%)

Q36. 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%)

Q37. 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%)
Do you have a problem doing any of the following activities:

Q38. Do you have any difficulty using a map to figure out how to get around in a strange place?
   1. ☐ Yes
   2. ☐ No
   3. ☐ Can’t do
   4. ☐ Don’t do

   If you have no difficulty using a map go to Q39

   Q38a. Is that because of a:
   1. ☐ Health problem
   2. ☐ Memory problem
   3. ☐ Health and memory problem
   4. ☐ Other

Q39. Do you have any difficulty preparing a hot meal?
   1. ☐ Yes
   2. ☐ No
   3. ☐ Can’t prepare meals
   4. ☐ Don’t prepare meals

   If you have no difficulty preparing a hot meal go to Q40

   Q39a. Is that because of a:
   1. ☐ Health problem
   2. ☐ Memory problem
   3. ☐ Health and memory problem
   4. ☐ Other
   5. ☐ Refused

   Q39b. Does anyone help you prepare hot meals?
   1. ☐ Yes
   2. ☐ No

Q40. Do you have any difficulty shopping for groceries?
   1. ☐ Yes
   2. ☐ No
   3. ☐ Can’t shop for groceries
   4. ☐ Don’t shop for groceries

   If you have no difficulty shopping for groceries go to Q41

   Q40a. Is that because of a:
   1. ☐ Health problem
   2. ☐ Memory problem
   3. ☐ Health and memory problem
   4. ☐ Other

   Q40b. Does anyone help you shop for groceries?
   1. ☐ Yes
   2. ☐ No

Q41. Do you have any difficulty making telephone calls?
   1. ☐ Yes
   2. ☐ No
   3. ☐ Can’t make phone calls
   4. ☐ Don’t make phone calls
If you have no difficulty making telephone calls go to Q42

Q41a. Is that because of a:
1. ☐ Health problem
2. ☐ Memory problem
3. ☐ Health and memory problem
4. ☐ Other

Q41b. Does anyone help you make telephone calls?
1. ☐ Yes
2. ☐ No

Q42. Do you have any difficulty taking medications?
1. ☐ Yes
2. ☐ No
3. ☐ Can’t take medications
4. ☐ Don’t take medication
If you have no difficulty taking medications go to Q43
If you have difficulty or can’t take medications go to Q42b

Q42a. Do you think you would have any difficulty taking medications if you needed to do so?
1. ☐ Yes
2. ☐ No
3. ☐ Don’t know
If you wouldn’t have problems taking medications if you had to OR if you don’t know go to Q43

Q42b. Is that because of a:
1. ☐ Health problem
2. ☐ Memory problem
3. ☐ Health and memory problem
4. ☐ Other
If q42=4 go to Q43

Q42c. Does anyone help you take medications?
1. ☐ Yes
2. ☐ No

Q43 Do you need any help with household duties or personal care which you cannot do on your own?

1. ☐ Yes 2. ☐ No
If you do not need any help go to Q44

Q43 A-E Who now helps you with household duties or personal care? (circle answer)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife/husband</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult child</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Neighbours or friends</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Private services</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Organised community</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>care program such as</td>
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<tr>
<td>home care, meals on</td>
<td></td>
<td></td>
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<tr>
<td>wheels etc</td>
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<td></td>
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</tbody>
</table>
Q43F What individual or organisation (of those listed above) is most important for your support at home?


For the purposes of the following questions, by current driver we mean someone who has driven a car within the last twelve months and someone who would drive a car today if they needed to.

Q44 Using that definition, do you consider yourself a current driver? 1. Yes 2. No

If you are NOT a current driver go to Q45

Q44a. On average, would you say that you personally drive:
   1. one or fewer days per week
   2. two or three days per week
   3. four or five days per week
   4. six or more days per week

Q44b. How many kilometres would you drive in an average week?
   1. 5 to 50 kilometres per week
   2. 51 to 150 kilometres per week
   3. 151 to 200 kilometres per week
   4. More than 200 kilometres per week

Q44c. How many more years do you expect to drive? ________

If you are a current driver go to Q46

Q45. Have you ever driven a car? 1. Yes 2. No

If you have never driven a car go to Q49

Q45a. Did you stop driving:
   1. in the last 12 months?
   2. between 1 and 3 years ago?
   3. over three years ago?

Q46. How many years driving experience do you have? ________

Q47 How many accidents have you been involved in when you were the driver, whether or not you were at fault. (enter 0 for no accidents, 99 to refuse)

   In the past 12 months: ________  In the past 5 years: ________

Q48 How many accidents have you been involved in when you were the driver where the police were called to the scene? (enter 0 for no accidents, 99 to refuse)

   In the past 12 months: ________  In the past 5 years: ________
We would now like to ask you some questions about smoking (tobacco).

Q49 Do you currently smoke?  
1. ○Yes  2. ○No

If you do NOT currently smoke, go to Q55

Q50 Do you smoke cigarettes:  
1. ○At least once a day  2. ○Less than once a day  3. ○Don’t smoke cigarettes

If you smoke less than once a day go to Q52  
If don’t smoke cigarettes go to Q66

Q51 How many cigarettes do you usually smoke in one day?  

If you smoke at least once a day go to Q53

Q52 How many cigarettes do you usually smoke over a ONE MONTH period?  

Q53 At what age did you start smoking?  

Q54 On average, how many cigarettes would you have smoked each day over the time you have been smoking?  

If you smoke at least once a day go to Q61  
If you smoke less than once a day go to Q66

Q55 Have you smoked at all over the LAST MONTH?  
1. ○Yes  2. ○No

If you have NOT smoked at all over the last month go to Q57

Q56 Approximately how many cigarettes have you smoked in the LAST MONTH?  

Q57 Have you ever smoked regularly?  
1. ○Yes  2. ○No

If you have never smoked regularly go to Q66

Q58 At what age did you start smoking?  

Q59 At what age did you stop smoking?  

Q60 On average, how many cigarettes would you have smoked each day over the time you were smoking?  

If you do NOT smoke at least once a day go to Q66

Q61 How soon after you wake up do you smoke your first cigarette?  
1. ○Within 5 minutes  2. ○6-30 minutes  3. ○31-60 minutes  4. ○After 60 minutes

Q62 Do you find it difficult to refrain from smoking in places where it is forbidden eg church, at the library, in the cinema etc?  
1. ○Yes  2. ○No
Q63 Which cigarette would you hate most to give up?

1. ☐ The first one in the morning  2. ☐ All others

Q64 Do you smoke more frequently during the first hours after waking than during the rest of the day?

1. ☐ Yes  2. ☐ No

Q65 Do you smoke if you are so ill that you are in bed most of the day?

1. ☐ Yes  2. ☐ No

These next questions are concerned with your alcohol consumption.

Q66 How often do you have a drink containing alcohol?

1. ☐ Not in the last year
2. ☐ Monthly or less
3. ☐ 2-3 times a month
4. ☐ Once a week
5. ☐ 2-3 times a week
6. ☐ 4-6 times a week
7. ☐ Every day

If you have drunk at all in the last year go to Q68

Q67 Have you ever drunk alcohol?

1. ☐ Yes  2. ☐ No

If you have EVER drunk alcohol go to Q76
If you have NEVER drunk alcohol go to Q82

Q68 How many standard drinks do you have on a typical day when you are drinking?

1. ☐ 1 or 2  2. ☐ 3 or 4  3. ☐ 5 or 6  4. ☐ 7 to 9  5. ☐ 10 or more

If you are male go to Q70

Q69 How often do you have 5 or more standard drinks on one occasion?

1. ☐ Not in the last year
2. ☐ Monthly or less
3. ☐ 2-3 times a month
4. ☐ Once a week
5. ☐ 2-3 times a week
6. ☐ 4-6 times a week
7. ☐ Every day

If you are female go to Q71
Q70 How often do you have 7 or more standard drinks on one occasion?

- 1. ● Not in the last year
- 2. ● Monthly or less
- 3. ● 2-3 times a month
- 4. ● Once a week
- 5. ● 2-3 times a week
- 6. ● 4-6 times a week
- 7. ● Every day

Q71 How often during the last year have you found that you were not able to stop drinking once you had started?

- 1. ● Never
- 2. ● Less than monthly
- 3. ● Monthly
- 4. ● Weekly
- 5. ● Daily or almost daily

Q72 How often during the last year have you failed to do what was normally expected from you because of your drinking?

- 1. ● Never
- 2. ● Less than monthly
- 3. ● Monthly
- 4. ● Weekly
- 5. ● Daily or almost daily

Q73 How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?

- 1. ● Never
- 2. ● Less than monthly
- 3. ● Monthly
- 4. ● Weekly
- 5. ● Daily or almost daily

Q74 How often during the last year have you had a feeling of guilt or regret after drinking?

- 1. ● Never
- 2. ● Less than monthly
- 3. ● Monthly
- 4. ● Weekly
- 5. ● Daily or almost daily

Q75 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- 1. ● Never
- 2. ● Less than monthly
- 3. ● Monthly
- 4. ● Weekly
- 5. ● Daily or almost daily

Q76 Have you or someone else been injured as a result of your drinking?

- 1. ● No
- 2. ● Yes, but not in the last year
- 3. ● Yes, during the last year

Q77 Has a relative, friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- 1. ● No
- 2. ● Yes, but not in the last year
- 3. ● Yes, during the last year
Q78 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?
1. Monthly or less
2. 2 to 4 times a month
3. 2 to 3 times a week
4. 4 or more times a week

Q79 How many standard drinks did you have on a typical day when you were drinking?
1. 1 or 2
2. 3 or 4
3. 5 or 6
4. 7 to 9
5. 10 or more

Q80 How many years did you drink at the highest level indicated in the previous 2 questions?

Q81 How old were you when you had your first alcoholic drink? ________

The next few screens of questions are about how you have been feeling over the last week, 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.

Q82-Q88 In the LAST 7 DAYS:

<table>
<thead>
<tr>
<th>The idea of getting things done was important to you</th>
<th>Not at all true</th>
<th>Slightly true</th>
<th>Somewhat true</th>
<th>Very true</th>
</tr>
</thead>
<tbody>
<tr>
<td>You had plans or goals for the future.</td>
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<tr>
<td>Someone has to tell you what to do each day.</td>
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<tr>
<td>Getting together with friends was important to you.</td>
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<tr>
<td>When good things happened, you got excited.</td>
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<tr>
<td>You put effort into the things that interested you.</td>
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<td></td>
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<tr>
<td>You had motivation, a drive, and desire to do things.</td>
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</tr>
</tbody>
</table>

Q89-Q97 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>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble falling or staying asleep, or sleeping too much?</td>
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</tr>
</tbody>
</table>
Feeling tired or having little energy?  
Poor appetite or overeating?  
Feeling bad about yourself - that you are a failure or have let yourself or your family down?  
Trouble concentrating on things such as reading the newspaper or watching television?  
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?  
Thoughts that you would be better off dead or of hurting yourself in some way?

Q98 In the LAST 4 WEEKS, have you had an anxiety attack - suddenly feeling fear or panic? 1. Yes 2. No

If you have NOT had an anxiety attack in the last 4 weeks, go to Q99

Q98A Has this ever happened before? 1. Yes 2. No

Q98B 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? 1. Yes 2. No

Q98C Do these attacks bother you a lot or are you worried about having another attack? 1. Yes 2. No

Q98D 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? 1. Yes 2. No

Q99 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?
• 1. Not at all 2. Several days 3. More than half the days

If you have NOT been bothered by nervousness etc in the last 4 weeks go to Q100

Q99A-F Over the last 4 weeks have you been bothered by:

Feeling restless so it is hard to sit still  
Getting tired very easily  
Muscle tension, aches, or soreness  
Trouble falling asleep or staying asleep  
Trouble concentrating on things, such as reading a book or watching TV

Not at all  
Several days  
More than half the days

Not at all  
Several days  
More than half the days

Not at all  
Several days  
More than half the days

Not at all  
Several days  
More than half the days

Not at all  
Several days  
More than half the days
### Questionnaire:

**Q100-Q117** 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>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you felt keyed up or on edge?</td>
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<td></td>
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<tr>
<td>Have you been worrying a lot?</td>
<td></td>
<td></td>
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<tr>
<td>Have you been irritable?</td>
<td></td>
<td></td>
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<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>
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<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, 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>

**Q119-Q124** 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>
Q125-Q136 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></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>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>These days the people in my life would be happier without me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>These days I think I have failed the people in my life.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<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>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>These days I feel like a burden on the people in my life.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<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>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>These days I think I make things worse for the people in my life.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>These days, other people care about me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>These days, I feel disconnected from other people.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>These days, I feel that there are people I can turn to in times of need.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>These days, I am close to other people.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>These days, I have at least one satisfying interaction every day.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Q137-Q141 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>0-Not at all like me</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4-Very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Things that scare most people do not scare me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I can tolerate a lot more pain than most people.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>People describe me as fearless.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The pain involved in dying frightens me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am not at all afraid to die.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Q142 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?
1. ☐ Yes 2. ☐ No

*If you have NEVER been markedly depressed go to Q143*

Q142A Did this occur some time during the past 4 years, since we last interviewed you?
1. ☐ Yes 2. ☐ No

Q142B Did you see a counsellor or a doctor for depression some time during the last 4 years.
1. ☐ Yes 2. ☐ No

Q143 Have you or your family had to go without things you really needed in the LAST YEAR because you were short of money?
- 1. ☐ yes, often 2. ☐ Yes, sometimes 3. ☐ No

Q144-Q147 Over the LAST YEAR did any of the following happen to you because of a shortage of money?

<table>
<thead>
<tr>
<th>Event</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>

Q148 How many people, including yourself, usually live in your household. (If you have children who live part-time with you please include them)

*If you live alone go to Q150*
Q149A-J 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

Q150 Do you currently live:
- [ ] 1. In a home that you are purchasing (alone or with a partner/spouse)
- [ ] 2. In a home that you own outright (alone or with a partner/spouse)
- [ ] 3. In a privately rented home (alone or with a partner/spouse)
- [ ] 4. In rented public (government) housing (alone or with a partner/spouse)
- [ ] 5. In your parents or other relatives home.
- [ ] 6. In rented group accommodation
- [ ] 7. Other

Q151 Do you own a house or unit elsewhere?  
1. [ ] Yes  
2. [ ] No

Q152 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

Q153 What is your own personal main source of income?
- [ ] 1. Wage or salary
- [ ] 2. Government pension, allowance or benefit, Austudy
- [ ] 3. Child support
- [ ] 4. Superannuation/annuity
- [ ] 5. Own business or share in a partnership
- [ ] 6. Investments
- [ ] 7. Other income
- [ ] 8. No income

*If your main personal income is from a wage or salary go to Q155*

Q154 Do you receive the aged pension from Centrelink or service pension from the Department of Veteran's Affairs?  
1. [ ] Yes  
2. [ ] No

*If you do NOT receive a Centrelink or service pension go to Q155*

Q154a. Is this a full or part pension?  
1. [ ] Full  
2. [ ] Part

Q154b. Is your pension your only source of income  
1. [ ] Yes  
2. [ ] No
Q155 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.

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

Q156 Apart from Medicare, are you currently covered by private health insurance?

1. No
2. Yes – hospital cover only
3. Yes – extras cover only
4. Yes – both hospital and extras cover

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

1. kitchen
2. puma
3. plorinum
4. cuticle
5. flonty
6. craxent
7. harrick
8. lap tess
9. levity
10. andrinand
11. xylophone
12. sofa

T43-T102. Mark correct words

1. broxic
2. oasis
3. bellissary
4. cyan
5. venady
6. monad
7. canticle
8. grammule
9. paraclete
10. broxic
11. pinnace
12. strummage
13. vellicle
14. sampler
15. plargen
16. savage
17. threnody
18. epigrot
19. paraclete
20. daffodil
21. mannerism
22. whitten
23. necromancy
24. ghoumic
25. clegger
26. minim
27. brastome
28. banshee
29. gobble
Q157-Q166 The next group of questions are about your RELATIONSHIPS with other people.

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

<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 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>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*If you are not married or living with a partner go to Q184*

**Q167-Q172**

<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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q173-Q176**

<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 you have an unpleasant disagreement with your partner?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do things become tense when the two of you disagree?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often does your partner say cruel or angry things during a disagreement?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do the two of you both refuse to compromise during disagreements?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q177-Q179 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>Philosophy of life</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>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>

Q180-Q182 How often would you say the following events occur between you and your partner?

<table>
<thead>
<tr>
<th>Have a stimulating exchange of ideas</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>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>

Q183 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.

- 1. ☐ Extremely unhappy
- 2. ☐ Fairly unhappy
- 3. ☐ A little unhappy
- 4. ☐ Happy
- 5. ☐ Very happy
- 6. ☐ Extremely happy
- 7. ☐ Perfect

Q184-Q186 The next questions are about how you feel about different aspects of your life. For each one indicate how often you feel that way.

<table>
<thead>
<tr>
<th>How often do you feel that you lack companionship?</th>
<th>Hardly ever</th>
<th>Some of the time</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you feel left out?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How often do you feel isolated from others?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Q187-Q189 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>

Q190-Q192 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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q193-Q200 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 you are not married or living with a partner go to Q204

Q201-Q203

<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>

Q204-Q208

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>You became unemployed or you were seeking work unsuccessfully for more than one month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You were sacked from your job.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You had a major financial crisis.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q209 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?

- 1. □ Yes  2. □ No

*If you have no other current stressful events you wish to report go to Q210*

Q209A Could you briefly describe this problem?

:________________________________________________________________________________________

Q210 Have you experienced the death of a child *since your last interview*?

1. □ Yes  2. □ No

Q211. Do you provide childcare or babysitting for your grandchild/ren *so that their parent's can work*? (Grandchildren includes any children for whom you fill a grandparent role)

1 □ Yes  2 □ No

*If you do NOT provide childcare for grandchildren so parents can work go to Q212*

Q211a. How many hours per week (on average) do you provide such childcare or babysitting?

1 □ Less than 2 hours  
2 □ 2 to less than 5 hours  
3 □ 5 to less than 10 hours  
4 □ 10 to less than 15 hours  
5 □ 15 to less than 20 hours  
6 □ 20 to less than 30 hours  
7 □ 30 or more hours  
8 □ *Only in school holidays*

*If you provide childcare on a weekly basis go to Q212*

Q211b. Approximately how many days would you care for your grandchildren over a year?

_________ days

Q212. Do you provide care or informal assistance to a person with a disability, or a medical condition or to a person who is elderly? (Informal assistance includes help with activities such as personal care, housework, communication, meal preparation, paperwork, property maintenance or transport)

1 □ Yes  2 □ No

*If you do NOT provide care for someone with a disability or medical condition go to Q213*

Q212a. How long have you been providing this assistance?

1 □ less than 6 mths  
2 □ 6 mths to less than 1 year  
3 □ 1 to less than 2 years  
4 □ 2 to less than 5 years  
5 □ more than 5 years
Q212b. How many hours per week, on average, do you spend providing assistance?
1 ☐ Less than 2 hours
2 ☐ 2 to less than 5 hours
3 ☐ 5 to less than 10 hours
4 ☐ 10 to less than 15 hours
5 ☐ 15 to less than 20 hours
6 ☐ 20 to less than 30 hours
7 ☐ 30 or more hours

Q212c. Are you the "primary carer" for someone? That is, the person who provides the most care for an individual, including help in two of the following areas - mobility, help with communication or self-care?  
1 ☐ Yes 2 ☐ No

If you provide care for less than 10 hours per week and you are not the primary carer go to Q213

Q212c1. Does the person you care for live:
1 ☐ in the same house as you?
2 ☐ in an adjacent house/unit to you?
3 ☐ in another house that you have to travel to?

Q212c2. Is the main person you care for your:
1 ☐ spouse
2 ☐ parent or parent-in-law
3 ☐ child
4 ☐ grandchild
5 ☐ cousin, sibling or other relative
6 ☐ friend
7 ☐ neighbour
8 ☐ other

Q212c3. Does the main person you care for require care because of:
1 ☐ a physical disability or chronic illness
2 ☐ frailty
3 ☐ a mental illness
4 ☐ memory problems, problems with managing finances or managing daily activities
5 ☐ other

If “other”: Q212c4. Why does this person need care?
____________________________________________________________________

Q213-Q219 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>I have little control over the things that happen to me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Statement</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 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>

**Q220-Q225** In the following six questions please indicate how you have felt and conducted yourself over the PAST 6 MONTHS.

<table>
<thead>
<tr>
<th>Question</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>
<tr>
<td>How often do you feel overly active and compelled to do things, like you were driven by a motor?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q226-Q233** As a child I was (or had):

<table>
<thead>
<tr>
<th>Condition</th>
<th>Not at all or very slightly</th>
<th>Mildly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>concentration problems, easily distracted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nervous, fidgety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inattentive, daydreaming</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>temper outbursts, tantrums</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>trouble with stick-to-it-tiveness, not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
following through, failing to finish things started

<table>
<thead>
<tr>
<th>mood</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>mood ups and downs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>angry</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>losing control of myself</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Q234-Q245 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>

Q246-Q257

<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>Statement</td>
<td>Very false for me</td>
<td>Somewhat false for me</td>
<td>Somewhat true for me</td>
<td>Very true for me</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</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>
<tr>
<td>I feel worried when I think I have done poorly at something important.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I crave excitement and new sensations.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>When I go after something, I use a 'no holds barred' approach.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have very few fears compared to my friends.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>It would excite me to win a contest.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I worry about making mistakes.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Q258-Q270 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>Statement</th>
<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>
<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>
<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>
<td>○</td>
</tr>
<tr>
<td>I can deal with whatever comes my way.</td>
<td>○</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>
<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>
<td>○</td>
</tr>
<tr>
<td>Having to cope with stress can make me stronger.</td>
<td>○</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>
<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>
<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>
<td>True nearly all the time</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------</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>
<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>
<td></td>
</tr>
<tr>
<td>Even when things look hopeless, I don’t give up.</td>
<td></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>
<td></td>
</tr>
<tr>
<td><strong>Q271-Q282</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Under pressure, I stay focused and think clearly.</td>
<td></td>
<td></td>
<td></td>
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<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>
<td></td>
</tr>
<tr>
<td>I am not easily discouraged by failure.</td>
<td></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>
<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>
<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>
<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>
<td></td>
</tr>
<tr>
<td>I have a strong sense of purpose in life.</td>
<td></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>
<td></td>
</tr>
<tr>
<td>I like challenges.</td>
<td></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>
<td></td>
</tr>
<tr>
<td>I take pride in my achievements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q283–Q287 Please indicate how you're feeling NOW:

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>A lot</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel hopeless.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel discouraged</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe things will continue to be bad in the future.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe there will be no solution to my problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The future looks bleak.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Q288 In most ways my life is close to ideal.
- 1. [ ] Strongly disagree
- 2. [ ] Disagree
- 3. [ ] Slightly disagree
- 4. [ ] Neither agree or disagree
- 5. [ ] Slightly agree
- 6. [ ] Agree
- 7. [ ] Strongly agree

Q289 The conditions of my life are excellent.
- 1. [ ] Strongly disagree
- 2. [ ] Disagree
- 3. [ ] Slightly disagree
- 4. [ ] Neither agree or disagree
- 5. [ ] Slightly agree
- 6. [ ] Agree
- 7. [ ] Strongly agree

Q290 I am satisfied with my life.
- 1. [ ] Strongly disagree
- 2. [ ] Disagree
- 3. [ ] Slightly disagree
- 4. [ ] Neither agree or disagree
- 5. [ ] Slightly agree
- 6. [ ] Agree
- 7. [ ] Strongly agree

Q291 So far, I have gotten the important things I want in life.
- 1. [ ] Strongly disagree
- 2. [ ] Disagree
- 3. [ ] Slightly disagree
- 4. [ ] Neither agree or disagree
- 5. [ ] Slightly agree
- 6. [ ] Agree
- 7. [ ] Strongly agree
Q292 If I could live my life over, I would change almost nothing.
• 1. Strongly disagree
• 2. Disagree
• 3. Slightly disagree
• 4. Neither agree or disagree
• 5. Slightly agree
• 6. Agree
• 7. Strongly agree

Q293-Q304 The following questions relate to your expectations about ageing. If you are not sure, go ahead and check the box that you think BEST corresponds with your feelings.

<table>
<thead>
<tr>
<th>When people get older, they need to lower their expectations of how healthy they can be</th>
<th>Definitely true (1)</th>
<th>Somewhat true (2)</th>
<th>Somewhat false (3)</th>
<th>Definitely false (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The human body is like a car: when it gets old, it gets worn out</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Having more aches and pains is an accepted part of aging</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Every year that people age, their energy levels go down a little more</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I expect that as I get older I will spend less time with friends and family</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Being lonely is just something that happens when people get old</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>As people get older they worry more</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>It’s normal to be depressed when you are old</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I expect that as I get older I will become more forgetful</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>It is an accepted part of aging to have trouble remembering names</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Forgetfulness is a natural occurrence just from growing old</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>It is impossible to escape the mental slowness that happens with aging</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Q305-Q310 As compared to when you were in high school or college, how would you describe your ability to perform the following tasks involving memory?

<table>
<thead>
<tr>
<th>Remembering the name of a person just introduced to you</th>
<th>Much better now</th>
<th>Somewhat better now</th>
<th>About the same</th>
<th>Somewhat poorer now</th>
<th>Much poorer now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recalling telephone numbers or postcodes that you use on a daily or weekly basis</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Recalling where you have put objects (such as keys) in your home or office.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Remembering specific facts from a newspaper or magazine article you have just finished reading.

Remembering the item(s) you intended to buy when you arrive at the grocery store or pharmacy

In general, how would you describe your memory as compared to when you were in high school?

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

Q311 In the past 12 months have you been admitted for at least one night to any hospital (apart from uncomplicated childbirth)?

1. ○ Yes 2. ○ No

If you have NOT been admitted to a hospital in the past 12 months go to Q312

Q311A Were you admitted to hospital for a physical illness or injury? 1. ○ Yes 2. ○ No

Q311B 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)?

1. ○ Yes 2. ○ No

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?

Q312 General practitioner

Q313 Psychiatrist

Q314 Psychologist

Q315 Mental health nurse

Q316 Other professional providing specialist mental health services including social worker, counsellor, occupational therapist

Q317 Complementary/alternative therapist such as herbalist or naturopath

Q318 In the PAST 12 MONTHS did you use the internet to get help or information for problems with your mental health?

1. ○ Yes 2. ○ No

Q319 In the PAST 12 MONTHS did you use a telephone counselling service (such as Lifeline) for problems with your mental health?

1. ○ Yes 2. ○ No

If you answered NO to admission to a hospital for your mental health in the past 12 months and you have NOT received advice from ANY of the health professionals listed above go to Q323

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

Q320 Information about mental health and emotional problems, its treatment, and available services
Q320A 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?
1. ☐ Yes 2. ☐ No  
Go to Q321A

Q320B You mentioned you did not receive information about mental illness, its treatments and available services: Do you think you needed this type of help?
1. ☐ Yes 2. ☐ No

If you did NOT receive information about mental health go to Q320B

Q321A You mentioned you received medicine or tablets: Do you think you got as much of this kind of help as you needed?
1. ☐ Yes 2. ☐ No  
Go to Q322A

Q321B You mentioned you did not receive medicine or tablets: Do you think you needed this type of help?
1. ☐ Yes 2. ☐ No

If you did NOT receive medication for mental health go to Q321B

Q322A You mentioned you received counselling or a talking therapy: Do you think you got as much of this kind of help as you needed?
1. ☐ Yes 2. ☐ No  
Go to Q328

Q322B You mentioned you did not receive counselling or a talking therapy: Do you think you needed this type of help?
1. ☐ Yes 2. ☐ No

If you answered YES to admission to a hospital for your mental health in the past 12 months or you have received advice from ANY of the health professionals listed above go to Q328

Q323 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?
1. ☐ Yes 2. ☐ No

If you didn’t need any help for your mental health over the last 12 months go to Q327

Q324 Do you think you needed information about mental health and emotional problems, its treatment, and available services?
1. ☐ Yes 2. ☐ No

Q325 Do you think you needed medicine or tablets? 1. ☐ Yes 2. ☐ No

Q326 Do you think you needed counselling including psychotherapy, cognitive behaviour therapy or help to talk through your problems?
1. ☐ Yes 2. ☐ No

If you did need help over the last 12 months go to Q328
Q327 What is the main reason that you didn’t need any help?

- 1. I didn’t have any serious problems with my mental health
- 2. I preferred to manage myself
- 3. I didn’t think anything could help
- 4. I didn’t know where to get help
- 5. I was afraid to ask for help or what other people would think of me
- 6. I couldn’t afford the money
- 7. I asked but didn’t get the help
- 8. I got help from another source

Q328 In the LAST MONTH have you taken or used any medications (including herbal remedies) for:

- 1. Anxiety
- 2. Depression
- 3. Both anxiety and depression
- 4. Neither

If you don’t take medication for anxiety or depression go to q329

Q328A1- 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:  See over page
• Alapam (1)
• Allegron (2)
• Alprax (3)
• Alprazolam (4)
• Amira (5)
• Anafranil (6)
• Antenex (7)
• Aropax (8)
• Ativan (9)
• Aurorix (10)
• Auscap (11)
• Avanza (12)
• Axit (13)
• Buspar (14)
• Celapram (15)
• Celica (16)
• Ciazil (17)
• Cipramil (18)
• Citalobell (19)
• Clomipramine (20)
• Clobemix (21)
• Concorz (22)
• Cymbalta (23)
• Deptran (24)
• Diazepam (25)
• Dothep (26)
• Ducene (27)
• Edronax (28)
• Efexor (29)
• Eleva (30)
• Endep (31)
• Escitalopram (32)
• Esipram (33)
• Esitalo (34)
• Extine (35)
• Faverin (36)
• Fluohexal (37)
• Fluoxebell (38)
• Frisium (39)
• Hypericum / St John’s Wort (40)
• Kalma (41)
• Kava (42)
• Lexam (43)
• Lexapro (44)
• Lexotan (45)
• Lovan (46)
• Loxalate (47)
• Lumin (48)
• Luvox (49)
• Magnesium supplements (50)
• Maosig (51)
• Mirtrazapine (52)
• Mirtazon (53)
• Moclobemide (54)
• Mohexal (55)
• Movox (56)
• Nardil (57)
• Nervatona (58)
• Paroxetine (60)
• Paxtine (61)
• Placil (62)
• Pristiq (63)
• Prothiaden (64)
• Prozac (65)
• Ranzepam (66)
• Remeron (67)
• Rescue remedy (68)
• Risperdal (69)
• Serapax (70)
• Seroquel (71)
• Sertra (72)
• Sertraline (73)
• Setrona (74)
• Sinequan (75)
• Surmontil (76)
• Talam (77)
• Talohexal (78)
• Tofranil (79)
• Tolerade (80)
• Tolvon (81)
• Valdoxan (82)
• Valium (83)
• Vitamin B complex (84)
• Xanax (85)
• Zactin (86)
• Zoloft (87)
• Zyprexa (88)
• OTHER (89)

Q328B How often do you usually take medications for anxiety or depression?
1. Every day (6-7 days per week)
2. Most days (4-5 days per week)
3. 1-3 days per week
4. Less than once a week

If take less than once a week go to Q329
Q328C For how long have you taken medications for anxiety or depression this regularly?
1. ☐ Less than one month
2. ☐ 1 month to less than 3 months
3. ☐ 3 months to less than 6 months
4. ☐ 6 months or more

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:

Q329A-B WHAT TIME have you usually gone to bed?

_______ Hours (1) _______ Minutes (2)

Q330 During the PAST MONTH, how long (in minutes) has it taken you to fall asleep each night? (Enter 888 if don’t know).

________

Q331A-B During the PAST MONTH, what time have you usually got up in the morning? (Enter 88 if don’t know).

_______ Hours (1) _______ Minutes (2)

Q332A-B 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 (1) _______ Minutes (2)

Q333-Q335 Please rate the current (LAST TWO WEEKS) severity of the following problems. Please choose the appropriate response for each item:

<table>
<thead>
<tr>
<th>Difficulty falling asleep (1)</th>
<th>None (1)</th>
<th>Mild (2)</th>
<th>Moderate (3)</th>
<th>Severe (4)</th>
<th>Very severe (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty staying asleep (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems waking up too early (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q336 On the overall, do you think that you suffer from insomnia or sleep problems?
1. ☐ Yes  2. ☐ No

*If you don’t think you have sleep problems go to Q337*

Q336A How satisfied / dissatisfied are you with your current sleep pattern?

☐ Very satisfied (1)
☐ Satisfied (2)
☐ Moderately satisfied (3)
☐ Dissatisfied (4)
☐ Very dissatisfied (5)
Q336B How noticeable to others do you think your sleep problem is in terms of your quality of life?
- Not at all noticeable (1)
- A little (2)
- Somewhat (3)
- Much (4)
- Very much noticeable (5)

Q336C How worried/distressed are you about your current sleep problem?
- Not at all worried (1)
- A little (2)
- Somewhat (3)
- Much (4)
- Very much worried (5)

Q336D 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 (1)
- A little (2)
- Somewhat (3)
- Much (4)
- Very much interfering (5)

Q337 How often do you have nightmares?
- Never (1)
- Less than once a week (2)
- 1-2 times a week (3)
- 3-4 times a week (4)
- 5-6 times a week (5)
- Every night (6)

Q338 In the LAST MONTH have you taken or used any pills or medications (including herbal remedies) to help you sleep?
1. Yes 2. No

*If you don't take medication to help you sleep go to Q339*

Q338A 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: *See over page*
☐ • Aloderm (1)  ☐ • Imovane (11)  ☐ • Snuzaid (21)
☐ • Camomile or sleepytime tea (2)  ☐ • Imrest (12)  ☐ • Somidem (22)
☐ • Chlora hydrate (3)  ☐ • Magnesium / calcium supplements (13)  ☐ • Stildem (23)
☐ • Circasin (4)  ☐ • Midazolam (14)  ☐ • Stilnox (24)
☐ • Complete sleep (5)  ☐ • Mogadon (15)  ☐ • Temaze (25)
☐ • Dormizol (6)  ☐ • Nervatona (16)  ☐ • Temtabs (26)
☐ • Dozile (7)  ☐ • Normison (17)  ☐ • Unisom Sleepgels (27)
☐ • Halcion (8)  ☐ • Precedex (18)  ☐ • Valerian (28)
☐ • Hypnodorm (9)  ☐ • Restavit (19)  ☐ • Zolpibell (29)
☐ • Hypnovel (10)  ☐ • Restful sleep (20)  ☐ • Zolpidem (30)
☐ • OTHER (31)__________

Q338B How often do you usually take sleeping pills or medications?
1. ☐ Every day (6-7 days per week)
2. ☐ Most days (4-5 days per week)
3. ☐ 1-3 days per week
4. ☐ Less than once a week

If you take less than once a week go to Q339

Q338C For how long have you taken sleeping pills or medications this regularly?
1. ☐ Less than one month
2. ☐ 1 month to less than 3 months
3. ☐ 3 months to less than 6 months
4. ☐ 6 months or more

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

Q339 During the PAST WEEK, how often did you experience pain?
1. ☐ All days
2. ☐ 5 to 6 days
3. ☐ 3 to 4 days
4. ☐ 1-2 days
5. ☐ No days

If you have NOT experienced pain in the last week go to Q340

Q339A For how long did the pain typically last?
1. ☐ 0 to 1 hour
2. ☐ 1 to 2 hours
3. ☐ 2 to 3 hours
4. ☐ Half the day
5. ☐ All day

Q339B 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
Q340 In the LAST MONTH have you taken or used any pain relievers such as aspirin, codeine, panadol or herbal remedies?
1. ☐ Yes  2. ☐ No

If have NOT used pain relievers in the last month go to Q341

Q340A What are the names of the pain relievers you took in the last month? *(Listed alphabetically down columns).*
Please choose all that apply: *See over page*
<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alka-Seltzer</td>
<td>1</td>
</tr>
<tr>
<td>Aspalgin</td>
<td>2</td>
</tr>
<tr>
<td>Aspirin</td>
<td>3</td>
</tr>
<tr>
<td>Aspro</td>
<td>4</td>
</tr>
<tr>
<td>Capadex</td>
<td>5</td>
</tr>
<tr>
<td>Celebrex</td>
<td>6</td>
</tr>
<tr>
<td>Chemist’s Own Dolased analgesic/pain relief</td>
<td>7</td>
</tr>
<tr>
<td>Chemist’s Own Ibuprofen + codeine</td>
<td>8</td>
</tr>
<tr>
<td>Chemist’s Own Pain tablets/tabsules</td>
<td>9</td>
</tr>
<tr>
<td>Codalgin</td>
<td>10</td>
</tr>
<tr>
<td>Codalgin forte</td>
<td>11</td>
</tr>
<tr>
<td>Codapane</td>
<td>12</td>
</tr>
<tr>
<td>Codapane forte</td>
<td>13</td>
</tr>
<tr>
<td>Codeine</td>
<td>14</td>
</tr>
<tr>
<td>Codiphen</td>
<td>15</td>
</tr>
<tr>
<td>Codis</td>
<td>16</td>
</tr>
<tr>
<td>Codox</td>
<td>17</td>
</tr>
<tr>
<td>Codral pain relief</td>
<td>18</td>
</tr>
<tr>
<td>Codral forte</td>
<td>19</td>
</tr>
<tr>
<td>Comfarol forte</td>
<td>20</td>
</tr>
<tr>
<td>Di-gesic</td>
<td>21</td>
</tr>
<tr>
<td>Disprin</td>
<td>22</td>
</tr>
<tr>
<td>Disprin Forte</td>
<td>23</td>
</tr>
<tr>
<td>Dolaforte</td>
<td>24</td>
</tr>
<tr>
<td>Doloxene</td>
<td>25</td>
</tr>
<tr>
<td>Duatrol</td>
<td>26</td>
</tr>
<tr>
<td>Durotram</td>
<td>27</td>
</tr>
<tr>
<td>Dymadon</td>
<td>28</td>
</tr>
<tr>
<td>Ecotrin</td>
<td>29</td>
</tr>
<tr>
<td>Endone</td>
<td>30</td>
</tr>
<tr>
<td>Febridol</td>
<td>31</td>
</tr>
<tr>
<td>Febridol Plus</td>
<td>32</td>
</tr>
<tr>
<td>Fiorinal</td>
<td>33</td>
</tr>
<tr>
<td>Lodam</td>
<td>34</td>
</tr>
<tr>
<td>Lyrica</td>
<td>35</td>
</tr>
<tr>
<td>Maxydol</td>
<td>36</td>
</tr>
<tr>
<td>Mersyndol</td>
<td>37</td>
</tr>
<tr>
<td>Mersyndol forte</td>
<td>38</td>
</tr>
<tr>
<td>Nurophen plus</td>
<td>39</td>
</tr>
<tr>
<td>Painstop night time pain relief</td>
<td>40</td>
</tr>
<tr>
<td>Panadeine</td>
<td>41</td>
</tr>
<tr>
<td>Panadeine forte</td>
<td>42</td>
</tr>
<tr>
<td>Panadol</td>
<td>43</td>
</tr>
<tr>
<td>Panadol extra</td>
<td>44</td>
</tr>
<tr>
<td>Panadol osteo</td>
<td>45</td>
</tr>
<tr>
<td>Panafen plus</td>
<td>46</td>
</tr>
<tr>
<td>Panalgesic</td>
<td>47</td>
</tr>
<tr>
<td>Panama</td>
<td>48</td>
</tr>
<tr>
<td>Paracetamol (any brand)</td>
<td>49</td>
</tr>
<tr>
<td>Paradex</td>
<td>50</td>
</tr>
<tr>
<td>Paralgin</td>
<td>51</td>
</tr>
<tr>
<td>Parmol</td>
<td>52</td>
</tr>
<tr>
<td>Perfalgan</td>
<td>53</td>
</tr>
<tr>
<td>Prodeine</td>
<td>54</td>
</tr>
<tr>
<td>Proladone</td>
<td>55</td>
</tr>
<tr>
<td>ProVen plus</td>
<td>56</td>
</tr>
<tr>
<td>Solprin</td>
<td>57</td>
</tr>
<tr>
<td>Tensodeine</td>
<td>58</td>
</tr>
<tr>
<td>Tramadol</td>
<td>59</td>
</tr>
<tr>
<td>Tramahexal</td>
<td>60</td>
</tr>
<tr>
<td>Tramal</td>
<td>61</td>
</tr>
<tr>
<td>Tramedo</td>
<td>62</td>
</tr>
<tr>
<td>Veganin</td>
<td>63</td>
</tr>
<tr>
<td>Zydol</td>
<td>64</td>
</tr>
<tr>
<td>OTHER</td>
<td>65</td>
</tr>
</tbody>
</table>
Q340B How often do you usually take pain relievers?
1. ○Every day (6-7 days per week)
2. ○Most days (4-5 days per week)
3. ○1-3 days per week
4. ○Less than once a week

If you take less than once a week go to Q341

Q340C For how long have you taken pain relievers this regularly?
1. ○Less than one month
2. ○1 month to less than 3 months
3. ○3 months to less than 6 months
4. ○6 months or more

Q341 Have you had any HEAD INJURIES since your last interview? 1. ○Yes 2. ○No

If you have not had any head injuries since your last interview go to Q350

Q342-Q344 As a result of a head injury since your last interview:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>did you visit a hospital emergency department?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>were you admitted to hospital?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>did you seek medical assistance from a General Practitioner for a head injury?</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Q345 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?
1. ○Yes 2. ○No 3. ○Don’t know

If Q345 you have NOT had a head injury that interfered with your memory etc go to Q350.

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

Q346 How many head injuries have you had? (Enter 88, if don’t know) ______

If you have had ONE head injury since your last interview go to Q346C

Q346A How old were you when you had the FIRST head injury since your last interview? ______

Q346B How old were you when you had the LAST head injury? ______

If you have had MORE than one head injury since your last injury go to Q347

Q346C How old were you when you had this injury? ______

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.

Q347 What was the cause of this injury?
1. ○Traffic accident
2. ○Sport
3. ○Assault
4. ○Fall
5. ○Other
6. ○Don’t know
Q348 Is there a period after the injury that you cannot remember at all?
1. ○ Yes  2. ○ No  3. ○ Not sure

*If there was NOT a period when you can’t remember or you are not sure go to Q349*

Q348A How long was that period?
1. ○ Less than 1 hour  
2. ○ About 1 hour  
3. ○ Up to 1 day  
4. ○ Up to 1 week  
5. ○ More than 1 week  
6. ○ No idea

Q349 Did you lose consciousness following the head injury?
1. ○ Yes  2. ○ No  3. ○ Not sure

*If there was NOT a period when you lost consciousness or you are not sure go to Q350*

Q349A For how long did you lose consciousness?
1. ○ Less than 15 minutes  
2. ○ About 15 minutes  
3. ○ Up to 1 hour  
4. ○ Up to 1 day  
5. ○ More than 1 day  
6. ○ No idea

Q350 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 _____

Q351-Q354 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></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>
</tbody>
</table>

Q355 Have you been told by a doctor that you suffer from diabetes (at a time when you were not pregnant)?

1. ○ Yes  2. ○ No

*If you do NOT have diabetes go to Q356*

Q355A How old were you when you were first told you had diabetes? (enter 99 if don’t know)

____________

Q355B What type of diabetes do you have?

- [ ] Type I (or juvenile diabetes)  
- [ ] Type II diabetes  
- [ ] Don’t know

Q355C-E What treatment do you use to control your diabetes?
Diet and exercise

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

Q356 Have any of your family members been diagnosed with diabetes?

1. ☐ Yes  2. ☐ No  3. ☐ Not sure

If no family members have been diagnosed with diabetes or you are not sure go to Q357

Q356A-H Please indicate which family member and their age at diagnosis in the following table:

<table>
<thead>
<tr>
<th>Age at diagnosis?</th>
<th>Less than 30</th>
<th>30 or older</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mother</td>
<td>☐</td>
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<tr>
<td>Sister</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Q357 Do you suffer from kidney disease?

1. ☐ No
2. ☐ Yes, managed with diet
3. ☐ Yes, managed with diet and medication
4. ☐ Yes, managed with diet, medication and dialysis

If you do NOT suffer from thyroid disease go to Q359

Q358 Do you suffer from a thyroid disorder?

1. ☐ Yes  2. ☐ No

If you do NOT suffer from thyroid disease go to Q359

Q358A Were you told whether your thyroid disorder is due to:

1. ☐ Increased function  2. ☐ Reduced function  3. ☐ Don’t know

Q359 Do you suffer from arthritis?

1. ☐ Yes  2. ☐ No

If you do not have arthritis go to Q360

Q359A-E Were you told what type of arthritis you suffer from any of the following?

A ☐ Osteoarthritis  B ☐ Rheumatoid arthritis  C ☐ Gout  D ☐ Other  E ☐ Don’t know

IF “Other” Q359F What other type of arthritis do you suffer from? ____________________________

Q360 Do you suffer from Parkinson’s Disease?

1. ☐ Yes  2. ☐ No

Q361A Since your last interview have you suffered a heart problem that led to hospital admission, hospital emergency contact or consultation with a specialist?
• 1. ○ Yes  2. ○ No  3. ○ Don't know

Q361B Since your last interview, have you been told by your doctor that you suffer from a heart problem?

• 1. ○ Yes  2. ○ No  3. ○ Don't know

If you have NOT been told that you suffer from a heart problems or you don't know go to Q362

Q361C-G Were you told that your heart problem was a:

<table>
<thead>
<tr>
<th>Heart Problem</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>

Q362 Have you had a brain infection since your last interview?  1. ○ Yes  2. ○ No

Q363 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).

• 1. ○ Yes  2. ○ No  3. ○ Don't know

If you have NOT suffered a stroke since your last interview or you don't know go to Q364

Q363A-C

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

Did the event result in hospital admission?  ○  ○

Was the stroke associated with bleeding in the brain?  ○  ○

Q363D When was the stroke (year)? (enter your best guess or 9999 if unknown) ___________

Q364 If you suffered a stroke but NOT in the last 4 years what was the year of your first stroke? (enter 0 if no stroke) ___________

Q365 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).

• 1. ○ Yes  2. ○ No  3. ○ Don't know

If you have NOT suffered a TIA since your last interview or you don't know go to Q366

Q365A-C

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

Did the event result in hospital admission?  ○  ○

Q366 Has your doctor told you that you suffer from high blood pressure?
1. ☐Yes  2. ☐No  3. ☐Uncertain

If you have NOT been told that you have high blood pressure go to Q367

Q366A Are you currently taking any tablets for high blood pressure?  1. ☐Yes  2. ☐No

Q367 Have you ever been diagnosed with cancer or leukemia?
   1. ☐No
   2. ☐Yes, cancer
   3. ☐Yes, leukemia
   4. ☐Yes, both
   5. ☐Don't know

If you have NEVER been diagnosed with cancer or leukemia or you don’t know go to Q368

Q367A-E Have you had any of the following treatments for cancer?
☐Surgery  ☐Chemotherapy  ☐Radiation  ☐Other  ☐Don't know

If no chemotherapy go to Q368

Q367F In what year did you last have chemotherapy? (Enter 9999 if don’t know) _______

If no radiation go to Q368

Q367G In what year did you last have radiation? (Enter 9999 if don’t know) _______

Q368 Have you ever been diagnosed with any other chronic or serious disabling illness? If 'yes' please briefly describe.
:________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Q369 When getting up suddenly from a lying position, do you experience faintness, dizziness, lightheadedness, nausea or blackout?
   1. ☐Yes  2. ☐No

Q370. Do you feel your balance is:
   1. ☐Excellent
   2. ☐Very good
   3. ☐Good
   4. ☐Fair
   5. ☐Poor

Q371 How fearful/nervous of falling are you?
   1. ☐Not at all
   2. ☐A little bit
   3. ☐Moderately
   4. ☐Quite a lot
   5. ☐Extremely

Q372. How many falls did you have in the past year?__________
Q373. Can you tell me how you would rate your hearing (with a hearing aid if you use one) on the following scale:

1.  Hearing is adequate for all purposes.
2.  Hearing is a slight inconvenience at times (eg cannot hear in groups or noisy environments).
3.  Hearing is a definite inconvenience (eg some words are missed in conversation; phone conversation is difficult).
4.  Hearing is a definite handicap (cannot participate in normal conversation or is virtually deaf).

Q374. Do you currently use a hearing aid?

1.  Never,
2.  Sometimes (less than 4 hours a day)
3.  Often (more than 4 hours a day)

If you never use a hearing aid go to Q375

Q374A. How much does your hearing aid help you?

1.  Hearing aid no use at all
2.  Hearing aid is some help
3.  Hearing aid is quite helpful
4.  Hearing aid is a great help
5.  Hearing is perfect with a hearing aid

Q375. Do you wear prescription glasses?

1.  Yes
2.  No

Q376. At the present time, would you say your eyesight using both eyes (with glasses if worn) is:

1.  Excellent
2.  Good
3.  Poor
4.  Very poor
5.  Completely blind

Q377. How much difficulty do you have, even with glasses, reading ordinary print in newspapers? Would you say you have:

1.  No difficulty at all
2.  A little difficulty
3.  Moderate difficulty
4.  Extreme difficulty
5.  Stopped doing this because of eyesight
6.  Stopped doing this for other reasons or not interested
Q378 Have you ever had a general anaesthetic?  1. ☑ Yes  2. ☐ No  
*If you have NEVER had a general anaesthetic go to Q379*

Q378A How many general anaesthetics have you had in your life? (Try to estimate if unsure.) ______

Q378B How many general anaesthetics have you had in the last 5 years? (Enter 0 if none) ______

Q378C How long ago did you have the most recent general anaesthetic?  
_______ Years  _______ Months

Q378D What type of operation did you have with your LAST GENERAL anaesthetic?  
☐ coronary bypass surgery (1)  
☐ abdominal surgery (bowel, stomach, bladder, kidney, uterus, gallbladder) (2)  
☐ thoracic surgery (cardiac, lungs, liver) (3)  
☐ hip replacement or pelvic surgery (4)  
☐ brain surgery (open skull) (5)  
☐ arm, hand, foot, leg fracture (6)  
☐ removal of skin lesions (7)  
☐ cosmetic surgery (8)  
☐ prostate operation (9)  
☐ gynaecological operation (10)  
☐ arthroscopy (knee, shoulder, hip, hand, foot joints (11)  
☐ colonoscopy or oesophagoscopy (12)  
☐ Laparoscopy (abdominal cavity) (13)  
☐ back surgery (including neck) (14)  
☐ eye surgery (15)  
☐ mouth and face surgery (including dental) (16)  
☐ ear and nose surgery (17)  
☐ other (Please specify) (18) __________________

Q379 Have any of your family members been diagnosed with dementia?  1. ☑ Yes  2. ☐ No  
*If NO family members have been diagnosed with dementia or you don’t know go to Q380*

Q379A-h Please indicate which family member and their age at diagnosis in the following table:

<table>
<thead>
<tr>
<th>Age at diagnosis?</th>
<th>Less than 60</th>
<th>60 or more</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
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<tr>
<td>Mother</td>
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<tr>
<td>Brother</td>
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<td>Sister</td>
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<td>Brother</td>
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<tr>
<td>Sister</td>
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</tbody>
</table>

Q380 In the LAST MONTH have you taken any vitamin or mineral supplements?  1. ☑ Yes  2. ☐ No  
*If you have not taken vitamins or minerals in the last month go to Q381*
Q380A What kind of vitamin or mineral was this? *(Listed alphabetically down columns)*
Please choose all that apply:

- • B group vitamins (1)
- • Calcium (2)
- • Echinacea (3)
- • Eveniing primrose oil or starflower oil (4)
- • Fish oil (5)
- • Folate (6)
- • Glucosamine (7)
- • Iron (8)
- • Multivitamins (9)
- • Vitamin C (10)
- • Vitamin D (11)
- • Vitamin E (12)
- • OTHER (13)________

Q380B How often do you usually take vitamins or minerals?

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

If take less than once a week go to Q381

Q380C For how long have you taken vitamins or minerals regularly?

1. ◆ Less than one month
2. ◆ 1 month to less than 3 months
3. ◆ 3 months to less than 6 months
4. ◆ 6 months or more

Q381 In the last month have you taken or used any medications (including herbal remedies) to lower your cholesterol?

1. ◆ Yes 2. ◆ No

Q382 In the last month have you taken or used any other type of medication not asked about previously? *(Excluding contraception and hormone replacement therapy).*

1. ◆ Yes 2. ◆ No

If you have NOT taken another other medication go to Q383

Q382A What types of medication did you take or use? *(Excluding contraception and hormone replacement therapy).*
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>Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework).</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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).</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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing).</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>
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</tbody>
</table>

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)

Q386 Mildly energetic (e.g. walking, weeding) _____ Hours _____ Minutes

Q387 Moderately energetic (e.g. dancing, cycling) _____ Hours _____ Minutes

Q388 Vigorous (e.g. running, squash) _____ Hours _____ Minutes

Q389 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 have NOT walked at all for at least 10 minutes in the last week go to Q390

Q389A-B What do you estimate was the total time that you spent walking in this way in the last week?

_____ Hours _____ Minutes

Q390 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)

_____ If you have NOT done any vigorous gardening in the last week go to Q391

Q390A-B What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the LAST WEEK?

_____ Hours _____ Minutes

The next questions exclude household chores, gardening or yardwork:
Q391 In the LAST WEEK, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (eg jogging, cycling, aerobics, competitive tennis). (Enter 0 if not at all)

_____

If you have NOT done any vigorous physical activity in the last week go to Q392

Q391A-B What do you estimate was the total time that you spent doing this vigorous physical activity in the LAST WEEK?

_____ Hours _____ Minutes

Q392 In the LAST WEEK how many times did you do any other more moderate physical activities that you have not already mentioned? (eg gentle swimming, social tennis, golf). (Enter 0 if not at all)

_____ _____ ______

If you have NOT done any moderate physical activity in the last week go to Q393

Q392A-B What do you estimate was the total time that you spent doing these activities in the LAST week?

_____ Hours _____ Minutes

Q393 Now think about all of the time you spend sitting during each day while at home, at work, while getting from place to place or during your spare time. This may include time spent visiting friends, driving, reading, watching television, or working at a desk or computer? How many hours do you spend sitting on a usual week day (work and leisure together)?

_____ Hours _____ Minutes

Q394 How many hours do you spend sitting on a usual weekend day?

_____ Hours _____ Minutes

Q395-Q410 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>
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<tr>
<td>Sketched, drawn or painted</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Practised a musical instrument</td>
<td></td>
<td></td>
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<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>
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<tr>
<td>Attended religious services</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Participated in club activities</td>
<td></td>
<td></td>
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<tr>
<td>Helped others with their personal problems</td>
<td></td>
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<tr>
<td>Worked as a volunteer</td>
<td></td>
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<tr>
<td>Discussed politics</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Influenced others</td>
<td></td>
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</tbody>
</table>
Been on the committee of a group

Led a group in accomplishing some goal

Q411 Do you play (or have you ever played) a musical instrument?
1. ☐ Yes  2. ☐ No

If you have NEVER played a musical instrument go to Q412

Q411A At what age did you first start regularly learning to play a musical instrument? ________

Q411B Which instruments did/do you play? ____________________________________________

Q411C For how many years have you played any musical instrument? (Enter 99 if don’t know) ________

Q411D On average, in the years you played a musical instrument, how much would you have practiced?
1. ☐ 1 hr per month or less
2. ☐ 1 hr per week
3. ☐ 1-7 hrs per week
4. ☐ More than an hour per day

Q412 About how much time do you spend reading each day, including online?
1. ☐ None
2. ☐ Less than one hour
3. ☐ One to less than two hours
4. ☐ Two to less than three hours
5. ☐ Three or more hours
6. ☐ Don’t know

Q413 Thinking of the LAST YEAR, how often do you read newspapers, including online?
1. ☐ Every day or almost every day
2. ☐ Several times a week
3. ☐ Several times a month
4. ☐ Several times a year
5. ☐ Once a year or less
6. ☐ Don’t know

Q414 During the PAST YEAR, how often did you read magazines, including online?
1. ☐ Every day or almost every day
2. ☐ Several times a week
3. ☐ Several times a month
4. ☐ Several times a year
5. ☐ Once a year or less
6. ☐ Don’t know

Q415 During the PAST YEAR, how often did you read books?
1. ☐ Every day or almost every day
2. ☐ Several times a week
3. ☐ Several times a month
4. ☐ Several times a year
5. ☐ Once a year or less
6. ☐ Don’t know
Q416 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.

1. ☐ Every day or almost every day
2. ☐ Several times a week
3. ☐ Several times a month
4. ☐ Several times a year
5. ☐ Once a year or less
6. ☐ Don't know

Q417 During the PAST YEAR, how often did you write letters or emails?

1. ☐ Every day or almost every day
2. ☐ Several times a week
3. ☐ Several times a month
4. ☐ Several times a year
5. ☐ Once a year or less
6. ☐ Don't know

Q418 During the PAST YEAR, how often did you involve in online social network activities like facebook/twitter?

1. ☐ Every day or almost every day
2. ☐ Several times a week
3. ☐ Several times a month
4. ☐ Several times a year
5. ☐ Once a year or less
6. ☐ Don't know

Q419 In LAST 10 YEARS, did you ever keep a diary, journal or blog?

1. ☐ Yes  2. ☐ No  3. ☐ Don't know

If you have not kept a diary or blog in the last 10 years go to Q420

Q419A For how many years did you do this? ________________

Q420 In the LAST 10 YEARS, how many times did you visit a museum?

1. ☐ Never
2. ☐ 1-2 times
3. ☐ 3-9 times
4. ☐ 10-19 times
5. ☐ More than 20 times
6. ☐ Don't know

Q421 In the LAST 10 YEARS, how many times did you attend a concert, play, or musical?

1. ☐ Never
2. ☐ 1-2 times
3. ☐ 3-9 times
4. ☐ 10-19 times
5. ☐ More than 20 times
6. ☐ Don't know

Q422 In the LAST 10 YEARS, how often did you visit a library or use an online library service?

1. ☐ Every day or almost every day
2. ☐ Several times a week
3. ☐ Several times a month
4. ☐ Several times a year
5. ☐ Once a year or less
6. ☐ Don't know
This section is about some of the foods you usually eat. Record about how often you usually eat these foods.

Q423 How many serves of vegetables do you usually eat each day?
- 1. 1 serve or less
- 2. 2-3 serves
- 3. 4-5 serves
- 4. 6 serves or more
- 5. Don’t eat vegetables

Q424 How many serves of fruit do you usually eat each day?
- 1. 1 serve or less
- 2. 2-3 serves
- 3. 4-5 serves
- 4. 6 serves or more
- 5. Don’t eat vegetables

Q425 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)

Q426 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)

Q427 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)

Q428 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)

Q429 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)

Q430 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)
Q431 How often do you eat smoked fish or seafood (such as smoked salmon, oysters, trout or others)?
Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)
  Don’t know/refuse (12)

Q432 How often do you eat sushi or sashimi (containing raw fish or seafood including shellfish)? Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)
  Don’t know/refuse (12)

Q433 How often do you eat raw oysters, raw clams or other raw fish (not including raw fish in sushi)?
Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)
  Don’t know/refuse (12)
Q434. How often do you eat fish sticks or fried food (including fried seafood or shellfish)?
- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)
- Don’t know/refuse (12)

Q434 How often do you eat fish sticks or fried fish (including fried seafood or shellfish)?
- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)
- Don’t know/refuse (12)

Q435 How often do you eat all other fish or seafood (including shellfish) that was not fried, smoked, or raw?
- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day
- Don’t know/refuse