

**The PATH Through Life Questionnaire**  
**20+ Wave 1**  
**1999**

B Enter your ID number

C. Rate gender of Respondent.

Male

Female

To start with, I will ask you some questions about your education, employment, and your family. Then I will give the questionnaire to you for you to complete. These next questions ask about your health, what medications you take and your smoking and drinking habits and the support you receive from others. This will take about 25 minutes.

Then you will come to an instruction to give the questionnaire back to me and I will do some physical testing and get you to complete some tasks.

Following this, I will return the questionnaire to you to complete the rest of the questionnaire. This usually takes an additional 40 minutes. Finally, I will get you to do a Reaction Time task and to take a cheek swab for genetic analysis.

Do you have any questions before we begin?

First, a few general questions.

1. What was your age at your last birthday?  years

2. Do you mind me asking your date of birth?

3. How many times have you been married or lived in a de facto relationship?  
*(Enter 0 if Respondent has never been married or lived in a de facto relationship)*

4. What is your current marital status?  Married  De facto  
 Separated  Divorced  
 Widowed  Never married

**5. I am now going to ask you some questions about your education.  
What is the highest level of schooling you have completed?**

- Some primary
- All of primary
- Some of secondary
- Three/four years of secondary (intermediate, school certificate level)
- Five/six years of secondary (leaving, higher school certificate)

**6. What is the highest level of post secondary/tertiary education you have completed?**

- 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 1,2, 6,7,8 or 9 go to Q7*

**6A. 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

**7. Are you presently studying for any of the following?**

- Trade certificate/apprenticeship
- Technician's certificate/advanced certificate
- Certificate other than above
- Associate diploma
- Undergraduate diploma
- Bachelor's degree
- Post graduate diploma/certificate
- Higher degree
- None of the above

*If 1,2,6,7,or 8 go to Q7B.*

*If 'None of these' go to Q8*

**7A. 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

**7B. Are you studying?**  Full-time  
 Part-time

**8. How would you describe your current employment status?**

- 1  Employed full-time
- 2  Employed part-time, looking for full-time work
- 3  Employed part-time
- 4  Unemployed, looking for work
- 5  Not in the labour force

*If 1,2, or 3 go to 8B*

*If 4 go to Q8C*

**8A. What is your main activity if you are not in the work force?**

- Home duties or caring for children
- Retired or voluntarily out of work force
- Studying
- Caring for an aged or disabled person
- Recovering from illness
- Voluntary work
- Other

*Go to Q8C*

**8B. What is your usual or main job?**

*Go to Q9*

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**8C. If you have been employed in the past, what was your main or usual job?**

**9. Is English your first language?**  Yes  
 No

*If 'Yes' go to Q10*

9A. How old were you when you started to learn English?  years

10. Do you have any children? (This includes adopted or step children and those not living with you?)

- Yes  
No

If 'No' go to Q11

10A. How many children do you have?

	Child number									
	1	2	3	4	5	6	7	8	9	10
10b Age of child - Years										
Months(If < 1 year)										
10c Does this child live with you:										
Full-time										
Part-time										
Not at all										
10d Is this child your - natural child										
adopted child										
step child										
other										

I am now going to give the questionnaire to you to complete the next group of questions. If you have any questions or concerns, please ask me.

Please try to answer all the questions.

Here is a list of medical problems. Do you have any of the following?

- |  |  |  |
|--|--|--|
| 11. Heart trouble                            | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No                                |
| 12. Cancer                                   | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No                                |
| 13. Arthritis                                | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No                                |
| 14. Diabetes                                 | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No                                |
| 15. Epilepsy                                 | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No                                |
| 16. Cataracts, glaucoma or other eye disease | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes | <input type="checkbox"/> No<br><input type="checkbox"/> No |
| 17. Thyroid disorder                         | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No                                |
| 18. Asthma, chronic bronchitis or emphysema  | <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No                                |

19. Have you ever suffered a stroke, ministroke or TIA (Transient Ischemic Attack)?

Yes

No

Could you tell me how tall you are?

20a.   cms

OR

20b-c.  feet.  inches

How much do you weigh without your clothes and shoes

21a.  kgs

OR

21b-c.  stones  pounds

22. How would you describe your racial group? Caucasian/white

Asian

Other

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.

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

Excellent

Very good

Good

Fair

Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

24. Does your health now limit you in *moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

Yes - limited a lot

Yes - limited a little

No - not limited at all

25. Does your health now limit you in climbing *several* flights of stairs?

Yes - limited a lot

Yes - limited a little

No - not limited at all

**During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of *your physical health*?**

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

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

**During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of any *emotional problems (such as feeling depressed or anxious)*?**

**28. Have you *accomplished less than you would like* as a result of any *emotional problems*?**  Yes  No

**29. Did you not do work or other activities as *carefully* as usual as a result of any *emotional problems*?**  Yes  No

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

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

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

**32. How much of the time during the past 4 weeks *have you felt calm and peaceful*?**

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

**33. How much of the time during the past 4 weeks *did you have a lot of energy*?**

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

34. How much of the time during the past 4 weeks *have you felt down*?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

35. How much of the time during the past 4 weeks has your *physical health or emotional problems interfered with your social activities* (like visiting with friends, relatives, etc)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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

- Yes
- No

*If 'No' go to Q37*

36A1-8. What kind of vitamin or mineral was this?

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Vitamin C     | 2 <input type="checkbox"/> B group vitamins                   |
| 3 <input type="checkbox"/> Vitamin E     | 4 <input type="checkbox"/> Echinacea                          |
| 5 <input type="checkbox"/> Calcium       | 6 <input type="checkbox"/> Evening primrose or starflower oil |
| 7 <input type="checkbox"/> Multivitamins | 8 <input type="checkbox"/> Other                              |

*If 1-7 go to Q36B*

Which other vitamins or minerals have you taken in the last month?

36A9.

36A10.

36A11.

**36B. How often do you usually take vitamins or minerals?**

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

*If 'Less than once a week' go to Q37*

**36C. For how long have you taken vitamins or minerals regularly?**

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

**37. In the last month have you taken or used any pills or medications (including herbal remedies) to help you sleep?**

- Yes
- No

*If 'No' go to Q38*

**37A1-8. What are the names of the sleeping pills or medications you took in the last month?**

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| 1 <input type="checkbox"/> Ducene  | 2 <input type="checkbox"/> Euhypnos  |
| 3 <input type="checkbox"/> Mogadon | 4 <input type="checkbox"/> Normison  |
| 5 <input type="checkbox"/> Serapax | 6 <input type="checkbox"/> Tryptanol |
| 7 <input type="checkbox"/> Valium  | 8 <input type="checkbox"/> Other     |

*If 1-7 go to Q37B*

**Which other sleeping pills or medications have you taken in the last month?**

37A9.

37A10.

37A11.

**37B. How often do you usually take sleeping pills or medications?**

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

*If 'Less than once a week' go to Q38*



**37C. For how long have you taken sleeping pills or medications this regularly?**

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

**38. In the last month have you taken or used any pain relievers such as aspirin, codeine, panadol or herbal remedies?**

- Yes
- No

*If 'No' go to Q39*

**38A1-12. What are the names of the pain relievers you took in the last month?**

- |   |  |  |
|---|--|--|
| 1 <input type="checkbox"/> Aspirin/Aspro      | 2 <input type="checkbox"/> Codral                  | 3 <input type="checkbox"/> Disprin             |
| 4 <input type="checkbox"/> Dymadon            | 5 <input type="checkbox"/> Panadeine               | 6 <input type="checkbox"/> Panadol/paracetamol |
| 7 <input type="checkbox"/> Codeine            | 8 <input type="checkbox"/> Diclofenac              | 9 <input type="checkbox"/> Brufen or Nurofen   |
| 10 <input type="checkbox"/> Orudis or Oruvail | 11 <input type="checkbox"/> Naprosyn or Naprogesic | 12 <input type="checkbox"/> Other              |

*If 1-11 go to Q38B*

**Which other pain relievers have you taken in the last month?**

38A13.

38A14.

38A15.

**38B. How often do you usually take pain relievers?**

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

*If 'Less than once a week' go to Q39*

**38C. For how long have you taken pain relievers this regularly?**

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

**39. In the last month have you taken or used any medications (including herbal remedies) for anxiety?**

- Yes
- No

*If 'No' go to Q40*

**39A1-8. What are the names of the medications you took in the last month?**

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| 1 <input type="checkbox"/> Ducene  | 2 <input type="checkbox"/> Euhypnos  |
| 3 <input type="checkbox"/> Mogadon | 4 <input type="checkbox"/> Normison  |
| 5 <input type="checkbox"/> Serapax | 6 <input type="checkbox"/> Tryptanol |
| 7 <input type="checkbox"/> Valium  | 8 <input type="checkbox"/> Other     |

*If 1-7 go to Q39B*

**Which other pills or medications have you taken for anxiety in the last month?**

**39A9.**

**39A10.**

**39A11.**

**39B. How often do you usually take medications for anxiety?**

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

*If 'Less than once a week' go to Q40*

**39C. For how long have you taken medications for anxiety this regularly?**

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

**40. In the last month have you taken or used any medications (including herbal remedies) for depression?**

- Yes
- No

*If 'No' go to Q41*

**40A1-9. What are the names of the medications you took in the last month?**

- |                                    |   |                                     |
|------------------------------------|---|-------------------------------------|
| 1 <input type="checkbox"/> Zoloft  | 2 <input type="checkbox"/> Prozac                         | 3 <input type="checkbox"/> Aropax   |
| 4 <input type="checkbox"/> Efexor  | 5 <input type="checkbox"/> Serzone                        | 6 <input type="checkbox"/> Cipramal |
| 7 <input type="checkbox"/> Aurorix | 8 <input type="checkbox"/> St John's Wort or<br>Hypericum | 9 <input type="checkbox"/> Other    |

*If 1-8 go to Q40B*

**Which other pills or medications have you taken for depression in the last month?**

**40A10.**

**40A11.**

**40A12.**

**40B. How often do you usually take medications for depression?**

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

*If 'Less than once a week' go to Q41*

**40C. For how long have you taken medications for depression this regularly?**

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

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

- Yes
- No

*If 'No' go to Q42*

**41A1-4. What are the names of the medications you took in the last month?**

- 1  Glutamine
- 2  Gingko
- 3  Vitamin E
- 4  Other

*If 1-3 go to Q41B*

**Which other medications have you taken to enhance your memory in the last month?**

41A5.

41A6.

41A7.

**41B. How often do you usually take medications to enhance your memory?**

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

*If 'Less than once a week' go to Q42*

**41C. For how long have you taken such medications this regularly?**

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

**42. In the last month have you taken or used any other type of medication?**  
*(Excluding contraceptive pills and hormone replacement therapy).*

- Yes
- No

*If 'No' go to Q43*

**42A. What types of medication did you take or use?** *(Excluding contraceptive pills and hormone replacement therapy).*

*The next few questions are for women only. Men go to Q47*

**43. How old were you when you periods or menstrual cycle started?**  
*(If you have never had a menstrual cycle enter 00).*

years

**44. Are you taking any contraceptive pills?**  Yes  
 No

*If 'No' go to Q44D*

44A. At what age did you first start?  years

44B. For how many years altogether have you taken contraceptive pills?

years

44C1-16. Which pill are you currently taking?

- |                                       |  |  |
|---------------------------------------|--|--|
| 1 <input type="checkbox"/> Brenda-35  | 2 <input type="checkbox"/> Brevinor        | 3 <input type="checkbox"/> Diane-35      |
| 4 <input type="checkbox"/> Femoded ED | 5 <input type="checkbox"/> Marvelon 28     | 6 <input type="checkbox"/> Mycrogynon 30 |
| 7 <input type="checkbox"/> Minulet 28 | 8 <input type="checkbox"/> Nordette        | 9 <input type="checkbox"/> Triphasil     |
| 10 <input type="checkbox"/> Triquilar | 11 <input type="checkbox"/> Locilan 28 Day | 12 <input type="checkbox"/> Microlut     |
| 13 <input type="checkbox"/> Miconor   | 14 <input type="checkbox"/> Microval       | 15 <input type="checkbox"/> Noriday      |
| 16 <input type="checkbox"/> Other     |  |  |

*If 1-15 go to Q45*

44C17. What other contraceptive pill are you currently taking?

*Go to Q45*

44D. Did you ever take contraceptive pills?

- Yes  
 No

*If 'No' go to Q45*

44E. At what age did you first start?  years

44F. For how many years altogether did you take contraceptive pills?

years

44G1-16. Which pills did you take?

- |                                       |  |  |
|---------------------------------------|--|--|
| 1 <input type="checkbox"/> Brenda-35  | 2 <input type="checkbox"/> Brevinor        | 3 <input type="checkbox"/> Diane-35      |
| 4 <input type="checkbox"/> Femoded ED | 5 <input type="checkbox"/> Marvelon 28     | 6 <input type="checkbox"/> Mycrogynon 30 |
| 7 <input type="checkbox"/> Minulet 28 | 8 <input type="checkbox"/> Nordette        | 9 <input type="checkbox"/> Triphasil     |
| 10 <input type="checkbox"/> Triquilar | 11 <input type="checkbox"/> Locilan 28 Day | 12 <input type="checkbox"/> Microlut     |
| 13 <input type="checkbox"/> Miconor   | 14 <input type="checkbox"/> Microval       | 15 <input type="checkbox"/> Noriday      |
| 16 <input type="checkbox"/> Other     |  |  |

*If 1-15 go to Q45*

**44G17. What other contraceptive pill did you take?**

**45. Have you ceased having your periods entirely?**

- Yes  
 No

*If 'No' go to Q46*

**45A. At what age did your periods cease?**  years

**45B. What was the cause of menopause?**

- Natural menopause  
 Hysterectomy  
 Other

**46. Have you ever had hormone replacement therapy (HRT)?**

- Yes  
 No

*If 'No' go to Q47*

**46A. How long have you had hormone replacement therapy?**  
*(If less than 1 year, enter 1).*

 years

**46B. Are you still having hormone replacement therapy?**

- Yes  
 No

**46C1-9. Which hormone replacement medications are you taking/have you taken?**

- |  |                                       |
|--|---------------------------------------|
| 1 <input type="checkbox"/> Climara     | 2 <input type="checkbox"/> Estraderm  |
| 3 <input type="checkbox"/> Femoston    | 4 <input type="checkbox"/> Kliogest   |
| 5 <input type="checkbox"/> Menoprem    | 6 <input type="checkbox"/> Menorest   |
| 7 <input type="checkbox"/> Provelle-14 | 8 <input type="checkbox"/> Trisequens |
| 9 <input type="checkbox"/> Other       |                                       |

*If 1- 8 go to Q47*

**46C10. Which other type of HRT are you taking/have you taken?**

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

47. Do you currently smoke? Yes  
No

*If 'No' go to Q47C*

- 47A. Do you smoke cigarettes: At least once a day?  
Less than once a day?  
Don't smoke cigarettes

*If 'Less than once a day' or 'Don't smoke cigarettes', go to Q48*

- 47B. How many cigarettes do you usually smoke in one day?

*Go to Q48*

- 47C. Have you ever smoked regularly? Yes  
No

**These next questions are concerned with your alcohol consumption.**

48. How often do you have a drink containing alcohol?

- Never
- Not in the last year
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

*If 'Never' go to Q48A*

*If 'Not in the last year' go to Q48B*

*If you have marked any of the other answers, go to Q49*

48A1-17. Please indicate your reasons for not drinking? (*You can have more than one answer*)

- 1 I do not like the taste/smell
- 2 Alcohol damages health
- 3 I do not like the effects of alcohol
- 4 I have seen bad examples of what alcohol can do
- 5 One of my parents had/has a drink problem
- 6 My friends do not drink
- 7 I drive & alcohol is dangerous for driving
- 9 I'm on a diet & alcohol has a high calorie value
- 10 I'm afraid of becoming dependent on alcohol
- 11 Alcoholic drinks cost a lot of money
- 12 My religion disapproves of alcohol use
- 13 I'm a sportsperson & alcohol harms physical fitness
- 14 My family disapproves

- 15  Alcohol could affect my studies/work
- 16  I have had problems with alcohol in the past
- 17  Other

*If 1-16, go to Q60*

**48A19. What other reasons do you have for not drinking?**

*Go to Q60*

**48B1-12. Why did you give up drinking alcohol?**

- 1  I had problems with drink-driving
- 2  I was overweight and needed to cut out drinking
- 3  Alcohol was damaging my health
- 4  I was too dependent on alcohol
- 5  My family/friends disapproved of my drinking
- 7  Drinking was damaging my relationships with other people
- 8  I was spending too much money on alcohol
- 9  Drinking was interfering too much with my work/studies
- 10  I gave up for religious reasons
- 11  I saw the bad effects of alcohol on other people
- 12  Other

*If 1-11, go to Q56*

**48B14. What other reasons caused you to give up alcohol?**

*Go to Q56*

**49. How many standard drinks do you have on a typical day when you are drinking? Ask 'interviewer' for Showcard A which explains what we mean by "a standard drink".**

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

**50. How often do you have 6 or more standard drinks on one occasion?**

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily



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

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

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

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

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

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

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

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

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

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

**56. Have you or someone else been injured as a result of your drinking?**

- No
- Yes, but not in the last year
- Yes, during the last year

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

- No
- Yes, but not in the last year
- Yes, during the last year

**Think back to when your regular drinking was at its highest level. The next two questions are about the time you were *drinking at your highest level over a period of three months or longer?***

**58. How often did you have a drink containing alcohol?**

- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

**59. How many standard drinks did you have on a typical day when you were drinking at this highest level?**

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

**60. Have you ever tried marijuana/hash?**

- Yes
- No

*If 'No' go to Q61*

**60A. How old were you the first time you actually used marijuana/hash?**

- Under 16
- 16-17
- 18-19
- 20 or more

**60B. Have you used marijuana/hash in the past 12 months?  Yes  No**

*If 'No' go to Q61*

**60C. How often do you use marijuana/hash?**

- Once a week or more
- Once a month
- Every 1-4 months
- Once or twice a year
- Less often, no longer use

**60D. In the last year have you ever used marijuana/hash more than you meant to?**

- Yes
- No

**60E. Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?**

- Yes
- No

**61. Have you ever had a serious head injury where you became unconscious for more than 15 minutes?**

- Yes
- Uncertain
- No

*If 'Uncertain' or 'No' go to Q62*

**61A. Has this happened to you:**

- Once?
- More than once?
- Uncertain

*If 'More than once' or 'Uncertain' go to Q61C*

**61B. How old were you when you had this injury? (Enter '88' if unknown)**

years old

*Go to Q62*

**61C. How many head injuries have you had where you became unconscious for more than 15 minutes? (Enter '88' if uncertain)**

**61C1. How old were you when you had the first injury?** (*Enter '88' if uncertain*)

years old

**61C2. How old were you when you had the last injury?** (*Enter '88' if uncertain*)

years old

**62. Have you ever suffered from high blood pressure?**

- Yes
- No
- Uncertain

**62A. Are you currently taking any tablets for high blood pressure?**

- Yes
- No
- Uncertain

**In some of the following questions we refer to your "partner". By this, we mean your husband or wife or de facto partner.**

**Have any of the following life events or problems happened to you during the last six months?**

- 63. You yourself suffered a serious illness, injury or an assault.**  Yes  No
- 64. A serious illness, injury or assault happened to a close relative.**  Yes  No
- 65. Your parent, child or partner died.**  Yes  No
- 66. A close family friend or another relative (aunt, cousin, grandparent) died.**  Yes  No
- 67. You broke off a steady relationship.**  Yes  No
- 68. You had a serious problem with a close friend, neighbour or relative.**  Yes  No
- 69. You had a crisis or serious disappointment in your work or career.**  Yes  No
- 70. You thought you would soon lose your job.**  Yes  No
- 71. Your partner thought he/she would soon lose his/her job.**  Yes  No

72. **You partner had a crisis or serious disappointment in his/her work or career.** Yes No
73. **You had a separation due to marital difficulties.** Yes No
74. **You became unemployed or you were seeking work unsuccessfully for more than one month.** Yes No
75. **You were sacked from your job.** Yes No
76. **You had a major financial crisis.** Yes No
- 77A. **You had problems with the police and a court appearance.** Yes No
- 77B. **Something you valued was lost or stolen.** Yes No
78. **Have you or your family had to go without things you really needed in the last year because you were short of money?**
- Yes, often  
Yes, sometimes  
No

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

79. **How often do friends make you feel cared for?**
- Often Sometimes Rarely Never
80. **How often do they express interest in how you are doing?**
- Often Sometimes Rarely Never
81. **How often do friends make too many demands on you?**
- Often Sometimes Rarely Never
82. **How often do they criticise you?**
- Often Sometimes Rarely Never
83. **How often do friends create tensions or arguments with you?**
- Often Sometimes Rarely Never
84. **How often do family make you feel cared for?**
- Often Sometimes Rarely Never

**85. How often do family express interest in how you are doing?**

Often      Sometimes      Rarely      Never

**86. How often do they make too many demands on you?**

Often      Sometimes      Rarely      Never

**87. How often do family criticise you?**

Often      Sometimes      Rarely      Never

**88. How often do they create tensions or arguments with you?**

Often      Sometimes      Rarely      Never

*If you are unmarried or not living in a de facto relationship, go to Q99*

**89. How much does your partner understand the way you feel about things?**

A lot      Some      A little      Not at all

**90. How much can you depend on your partner to be there when you really need them?**

A lot      Some      A little      Not at all

**91. How much does your partner show concern for your feelings and problems?**

A lot      Some      A little      Not at all

**92. How much can you trust your partner to keep promises to you?**

A lot      Some      A little      Not at all

**93. How much can you open up to your partner about things that are really important to you?**

A lot      Some      A little      Not at all

**94. How much tension is there between you and your partner?**

A lot      Some      A little      Not at all

95. How often do you have an unpleasant disagreement with your partner?  
 Often       Sometimes     Rarely       Never
96. How often do things become tense when the two of you disagree?  
 Often       Sometimes     Rarely       Never
97. How often does your partner say cruel or angry things during a disagreement?  
 Often       Sometimes     Rarely       Never
98. How often do the two of you both refuse to compromise during disagreements?  
 Often       Sometimes     Rarely       Never

**TESTING**

We are now going to do some measures of physical health and memory. The main reason for doing these tasks is to get an idea of how younger people perform relative to people at older ages.

**These measures will take about 20 minutes to do.**

If necessary, suggest that the respondent, at this stage, move to a position where they will be able to do the eye test comfortably.

**First, I am going to take your blood pressure twice in the next five minutes or so. I'll just position your arm.** (Take blood pressure reading preferably in the sitting position, and preferably using the left arm).

**I'll now just put the cuff around your arm.** (The arm should be unrestricted by clothing, so roll up the sleeve.) Ensure that 'Inflation pre-set' is on 170).

**The cuff will now automatically inflate when I press this button. Just remain calm and still.**

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

- |      |                   |                      |
|------|-------------------|----------------------|
| 100. | SYSTOLIC READING  | <input type="text"/> |
| 101. | DIASTOLIC READING | <input type="text"/> |
| 102. | PULSE             | <input type="text"/> |

103. The respondent was?       Seated       Lying down       *refused/not asked*
104. Which arm was used?       Left       Right       *refused/not asked*

**104F.** Once the cuff has automatically deflated say **that's great. I am going to leave the cuff on now to make it easier to take your blood pressure again in a minute.** (Loosen cuff but do not remove).

NB. If Respondent complains of pain, remove cuff and do not retest.

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

**Start at the top and read down. Keep both eyes open. Mark those incorrect**

- 105a-b.    none    P  
 106a-c.    none    T        U  
 107a-d.    none    A        N        X  
 108a-e.    none    F        D        H        T  
 109a-f.    none    N        U        P        T        F  
 110a-g.    none    Z        A        X        N        F        D  
 111a-h.    none    H        N        T        P        U        Z        A

**Now I am going to take your blood pressure again.** Retighten cuff. **The cuff will now automatically inflate when I press the button.**

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

112.    SYSTOLIC READING    


  
 113.    DIASTOLIC READING    


  
 114.    PULSE    


115.    The respondent was?    Seated    Lying down    *refused/not asked*  
 116.    Which arm was used?    Left    Right    *refused/not asked*

**That's great. I will take the cuff off now.**

**We are now going to try a very different task.**

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

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



**118. I would now like to test your hand strength. First of all, using the hand you write with, put your fingers through this opening here and your thumb around the black plastic moulding here, like this (demonstrate).**

**Now squeeze your fingers and thumb together. Good.**

**Now, still holding the grip meter in the hand you write with, put your arm down by your side. (demonstrate if necessary). Now squeeze your fingers and thumb together as hard as you can. Record first measurement.**

Kgs (*Refused=88 Not asked=99*)

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

Record second measurement.

Kgs (*Refused=88 Not asked=99*)

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

**I am now going to ask you to do another task.**

**First I will give you this sheet.** Give Respondent Showcard B and use the printed instructions to explain the task.

(Remember, the screen will turn off while you are doing this. When you have finished, press the "ON" button to get back to this screen.)

Number correct

**We would now like to measure your lung capacity.** (Insert the cardboard tube and push the switch to the FEV position). **I'm going to take 3 measures so that we can average them for a more accurate reading. I'll ask you to stand to do this. Breathe in until your lungs are completely full. Now, seal your lips around the mouthpiece and blow out as hard and fast as possible until you cannot push anymore out.** Record the first measure displayed under FEV. Now, push the switch upwards to the FVC position and record reading under FVC.

*(No reading=777, Refused=888, Not asked=999)*

**123.**  FEV

**124.**  FVC

Turn spirometer to 'OFF' position before turning it to FEV position for second reading. **Would you mind doing that again please?** If the Respondent complains of breathlessness or dizziness, wait for them to get their breath back before going on.

*(No reading=777, Refused=888, Not asked=999)*

**125.**  FEV

**126.**  FVC

Turn spirometer to 'OFF' position before turning it to FEV position for third reading. **And just once more?** Again, if Respondent complains of breathlessness or dizziness, pause for them to get their breath back. If you have already done this for second reading, do not continue.

(No reading=777, Refused=888, Not asked=999)

127.

FEV

128.  FVC

**Now I am going to say some numbers. When I stop I want you to say them backwards. For example, if I say 7-1-9, what would say?**

Pause for Respondent to respond. If Respondent responds correctly (9-1-7) say, **That's right** and proceed to item 1. If Respondent fails the example, say,

**No, you would say 9-1-7. I said 7-1-9, so to say it backwards you would say 9-1-7. Now try these numbers. Remember, you are to say them backwards. 3-4-8.** Whether Respondent succeeds or fails with the second example (3-4-8) proceed to item 1. Give no help on this second example or on any of the items to follow.

Read at a rate of one number per second

*Discontinue after failure on both trials of any item. Mark remainder "Incorrect".*

**I am now going to give you another questionnaire to complete. This section starts with a task which looks at your knowledge of words. After this there will be some more questions asking about how you are feeling and how you cope with problems and how you spend your time.**

The 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 say 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.

**Practice**

END OF TESTING

*If you are male and neither married or living in a de facto relationship, go to Q207*

**206. Do you mind me asking if you are/your partner is pregnant at the moment?**

Yes, I am pregnant/my partner is pregnant

No, I am not pregnant/my partner is not pregnant

**206A. When is the baby due?**

January

February

March

April

May

June

July

August

September

October

November

December

*If you do not have children 4 years old or less, go to Q208*

**207. Have you been working full or part-time during the periods in between/since having your children?**

- Yes, full-time
- Yes, part-time
- No

*If 'No' go to Q208*

**207A. Who looks after your children when you are at work?**

- Partner
- Relative or friend
- Childcare centre
- Family Day Care
- Other

*If 'Other' go to Q207A1; otherwise go to Q208*

**207A1. Please specify who looks after your children when you are at work.**

-----
-------

**208. To what extent are you responsible for household tasks? (These include such activities as preparing meals, shopping for household items, cleaning, washing clothes and gardening).**

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

*If you don't have any children, go to Q210*

**209. To what extent are you responsible for childcare in your household? (Children's care include activities such as making meals, organising activities, supervising homework, discipline).**

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

**210. 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%)

**211. 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%)

**212 The next questions are about your childhood, up to the age of 16 years.**

**How affectionate was your father (or father figure) towards you?**

- A lot
- Somewhat
- A little
- Not at all
- No father figure

*If 'No father figure' go to Q215*

**213. Did your father (or father figure) suffer from nervous or emotional trouble or depression?**  Yes  No

**214. Did your father (or father figure) have trouble with drinking or other drug use?**  Yes  No

**215. How affectionate was your mother (or mother figure) towards you?**

- A lot
- Somewhat
- A little
- Not at all
- No mother figure

*If 'No mother figure' go to Q218*

**216. Did your mother (or mother figure) suffer from nervous or emotional trouble or depression?**  Yes  No

**217. Did your mother (or mother figure) have trouble with drinking or other drug use?**  Yes  No

**218. How much conflict and tension was there in your household while you were growing up?**  A lot  Some  A little  None

**219. Did your parents divorce or permanently separate when you were a child?**  Yes  No

**220A1-15. Which of the following applied to your childhood?** (*When we say "parent" we mean "parent or parent figure"*).

- 1  I had a happy childhood
- 2  My parents did their best for me
- 3  I was neglected
- 4  I had a strict, authoritarian or regimented upbringing
- 5  I grew up in poverty or financial hardship
- 6  I was verbally abused by a parent
- 7  I suffered humiliation, ridicule, bullying or mental cruelty from a parent
- 9  I witnessed physical or sexual abuse of others in my family
- 10  I was physically abused by a parent - punched, kicked, hit or beaten with an object, or needed medical treatment
- 11  I received too much physical punishment - hitting, smacking etc.
- 12  I was sexually abused by a parent
- 13  Other type of mistreatment
- 14  I had a normal upbringing

*If 13 go to Q220A16, otherwise go to Q221*

**220A16. In what other way were you mistreated by your parents?**

**221. How old were you when you first lived away from your parents or parent figure?** *(Enter 99 if not applicable).*

years old

**222. How old were you the first time you had sexual intercourse?**  
*(Enter 99 if not applicable).*

years old

**223. How old were you when you first lived with a partner?**  
*(Enter 99 if not applicable).*

years old

*If you don't have any children, go to Q225*

**224. How old were you when your first child was born?**

years old

**225. Would you currently consider yourself to be predominantly:**

- Heterosexual
- Homosexual
- Bisexual
- Don't know

**The following scale consists of a number of words that describe different feelings or emotions. Please read each item and indicate to what extent you have been feeling this way in *the past month*.**

- |                                 |   |                                   |                                     |                                      |                                    |
|---------------------------------|---|-----------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| <b>226.</b><br><b>Disgusted</b> | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>227.</b><br><b>Attentive</b> | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>228.</b><br><b>Strong</b>    | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>229.</b><br><b>Scornful</b>  | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>230.</b><br><b>Irritable</b> | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>231.</b><br><b>Inspired</b>  | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>232.</b><br><b>Afraid</b>    | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>233.</b><br><b>Alert</b>     | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>234.</b><br><b>Upset</b>     | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>235.</b><br><b>Angry</b>     | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>236.</b><br><b>Active</b>    | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>237.</b><br><b>Guilty</b>    | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>238.</b><br><b>Nervous</b>   | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |

- |                              |   |                                   |                                     |                                      |                                    |
|------------------------------|---|-----------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| <b>239.<br/>Excited</b>      | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>240.<br/>Hostile</b>      | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>241.<br/>Proud</b>        | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>242.<br/>Jittery</b>      | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>243.<br/>Ashamed</b>      | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>244.<br/>Scared</b>       | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>245.<br/>Enthusiastic</b> | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>246.<br/>Distressed</b>   | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>247.<br/>Determined</b>   | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>248.<br/>Interested</b>   | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| <b>249.<br/>Loathing</b>     | <input type="checkbox"/> Very slightly<br>or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |

**Next are some specific questions about your health and how you have been feeling *in the past month.***

**In the past month:**

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| <b>250. Have you felt keyed up or on edge?</b> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <b>251. Have you been worrying a lot?</b>      | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <b>252. Have you been irritable?</b>           | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <b>253. Have you had difficulty relaxing?</b>  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <b>254. Have you been sleeping poorly?</b>     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |



255. Have you had headaches or neckaches? No Yes
256. Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass water more often than usual? No Yes
257. Have you been worried about your health? No Yes
258. Have you had difficulty falling asleep? No Yes
259. Have you been lacking energy? No Yes
260. Have you lost interest in things? No Yes
261. Have you lost confidence in yourself? No Yes
262. Have you felt hopeless? No Yes
263. Have you had difficulty concentrating? No Yes
264. Have you lost weight (due to poor appetite)? No Yes
265. Have you been waking early? No Yes
266. Have you felt slowed up? No Yes
267. Have you tended to feel worse in the mornings? No Yes
- 

268. During the past 12 months, was there ever a time when you felt sad, down, or depressed for two weeks or more in a row?

- Yes  
No  
I was on medication/anti-depressants

*If 'No' or 'on medication' go to Q269*

268A. For the next few questions, please think of *the two-week period* during the past 12 months when these feelings were worst. During that time did the feelings of being sad, down or depressed usually last:

- All day long  
Most of the day  
About half the day  
Less than half the day

*If 'Less than half the day' go to Q269*

**268B. During those two weeks, did you feel this way:**

- Every day
- Almost every day
- Less often

**268C. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?**

- Yes  No

**268D. Thinking about those same two weeks, did you feel more tired out or have less energy than is usual for you?**

- Yes  No

**268E. Did you *gain* or *lose* weight without trying, or did you *stay about the same*?**

- Gain
- Lose
- Both lost and gained
- Stayed about the same
- Was on a diet

*If 'Stayed about the same' or 'Was on a diet', go to Q268F*

**About how much did you lose/you gain/your weight change?**

**268E1.**   kgs

OR

**268E2.**   pounds

**268F. Did you have more trouble falling asleep than you usually do during those two weeks?**

- Yes
- No

*If 'No' go to Q268G*

**268F1. Did that happen:**

- Every night
- Nearly every night
- Less often

**268G. During those two weeks, did you have a lot more trouble concentrating than usual?**

- Yes
- No



**269.** *During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you please?*

- Yes
- No
- I was on medication/anti-depressants

*If 'No' or 'on medication' go to Q270*

**269A.** For the next few questions, please think of the *two-week period* during the past 12 months when you had the *most complete* loss of interest in things. During that two-week period, did the loss of interest usually last:

- All day long
- Most of the day
- About half the day
- Less than half the day

*If 'Less than half the day' go to Q270*

**269B.** Did you feel this way:

- Every day
- Almost every day
- Less often

**269C.** During those two weeks, did you feel more tired out or have less energy than is usual for you?

- Yes  No

**269D.** Did you *gain* or *lose* weight without trying, or did you *stay about the same*?

- Gain
- Lose
- Both lost and gained
- Stayed about the same
- Was on a diet

*If 'Stayed about the same' or 'Was on a diet', go to Q269E*

---

**About how much did you gain/you lost/your weight change?**

**269D1.**   kgs

OR

**269D2.**   pounds

---

**269E.** Did you have more trouble falling asleep than you usually do during those two weeks?

- Yes
- No

*If 'No', go to Q269F*

**269E1. Did that happen:**             Every night  
    Nearly every night  
    Less often

**269F. During those two weeks, did you have a lot more trouble concentrating than usual?**  
  
 Yes  
 No

**269G. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?**  
  
 Yes  
 No

**269H. Did you think a lot about death - either your own, someone else's, or death in general during those two weeks?**  
  
 Yes  
 No

**269I. To review, you had two weeks in a row during the past 12 months when you lost interest in most things. About how many weeks altogether did you feel this way during the past 12 months?**

weeks (*If all year, enter 52*)

**Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?**

**269J.**  
 January       February       March       April       May       June  
 July       August       September       October       November       December

**269K.**                                     1998     1999

**269L. Did you tell a doctor about these problems?**       Yes     No

**269M. Did you tell any other professional (such as a psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?**  
  
 Yes     No

**269N. Did you take medication or use drugs or alcohol more than once for these problems?**  
  
 Yes     No

**269O. How much did these problems interfere with your life or activities?**

A lot      Some      A little      Not at all

**270. In the last year have you ever:**  
felt that life is hardly worth living?      No    Yes

**271. thought that you really would be better off dead?**      No    Yes

**272. thought about taking your own life?**      No    Yes

*If 'No' to Q272 go to Q273*

**272A In the last year have you ever:**  
made plans to take your own life?      No    Yes

**272B. attempted to take your own life?**      No    Yes

**273. During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense or anxious?**

Yes

No

*If 'Yes' go to Q274A*

**274. People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?**

Yes

No

*If 'No' go to Q275*

**274A. Has this period ended?**      Ended  
   Is still going on

*If 'Is still going on' go to Q274B3*

**How many months or years did it go on before it ended?**

*(If more than one year, just enter number of years.)*

**274B1.**       months

OR

**275B2.**       years

*Go to Q274C*

**274B3. How many months or years has it been going on?**  
(If more than one year, just enter number of years.)

months

OR

**274B4.**  years

**274C. During that period, was/is your worry stronger than in other people?**

Yes

No

**274D. Did/do you worry most days?**

Yes  No

**274E. Did/do you usually worry about *one* particular thing, such as your job security or the failing health of a loved one, or *more than one* thing?**

One thing

More than one thing

**274F. Did/do you find it difficult to stop worrying?**

Yes  No

**274G. Did/do you ever have different worries on your mind at the same time?**

Yes  No

**274H. How often was/is your worry so strong that you couldn't put it out of your mind no matter how hard you tried?**

Often

Sometimes

Rarely

Never

**274I. How often did/do you find it difficult to control your worry?**

Often

Sometimes

Rarely

Never

**274J. What sort of things did/do you mainly worry about?**

**When you were worried or anxious, were/are you also:**

**274K. Restless?**  Yes  No

**274L. Were/are you keyed up or on edge?**  Yes  No

**274M. Were/are you more irritable than usual?**  Yes  No

274N. Did/does your heart pound or race? Yes No

274O. Were/are you easily tired? Yes No

274P. Did/do you have trouble falling asleep or staying asleep?  
Yes No

274Q. Did/do you feel dizzy or lightheaded? Yes No

*If you answered 'No' to Q274K to Q274Q, go to Q275*

274R. Did/do you tell a doctor about these problems?  
Yes No

274S. Did/do you tell any other professional (such as a psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?  
Yes No

274T. Did/do you take medication or use drugs or alcohol more than once for these problems?  
Yes No

274U. How much did the worry or anxiety interfere with your life or activities?  
A lot Some A little Not at all

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

275 Your sleep length: No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change

276. Social activity: No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change

277. Mood: No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change



278. **Weight:** No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change

279. **Appetite:** No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change

280. **Energy level:** No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change

**In which month of the year do you:**

**Feel best**

281.

January February March April May June  
July August September October November December  
There is no  
difference

**Feel worst**

282.

January February March April May June  
July August September October November December  
There is no  
difference

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

Yes  
No

*If 'No' go to Q284*

283A. **Did you see a counsellor or a doctor for it at the time?**

Yes  
No

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

**There is really no way I can solve some of the problems I have.**

Strongly agree    Agree    Disagree    Strongly disagree

**285. Sometimes I feel that I'm being pushed around in life.**

Strongly agree    Agree    Disagree    Strongly disagree

**286. I have little control over the things that happen to me.**

Strongly agree    Agree    Disagree    Strongly disagree

**287. I can do just about anything I really set my mind to do.**

Strongly agree    Agree    Disagree    Strongly disagree

**288. I often feel helpless in dealing with the problems of life.**

Strongly agree    Agree    Disagree    Strongly disagree

**289. What happens to me in the future mostly depends on me.**

Strongly agree    Agree    Disagree    Strongly disagree

**290. There is little I can do to change many of the important things in my life.**

Strongly agree    Agree    Disagree    Strongly disagree

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

**291. I think about how alone I feel.**

Never    Sometimes    Often    Always

**292. I think about my feelings of fatigue and achiness.**

Never    Sometimes    Often    Always

**293. I think about how hard it is to concentrate.**

Never    Sometimes    Often    Always

**294. I think about how passive and unmotivated I feel.**

Never    Sometimes    Often    Always

**295. I think, "Why can't I get going?"**

Never    Sometimes    Often    Always

296. I think about a recent situation, wishing it had gone better. Never Sometimes Often Always
297. I think about how sad I feel. Never Sometimes Often Always
298. I think about all my shortcomings, failings, faults and mistakes. Never Sometimes Often Always
299. I think about how I don't feel up to doing anything. Never Sometimes Often Always
300. I think, "Why can't I handle things better?" Never Sometimes Often Always

301. The next 3 questions ask about your attitude to religion.  
How often did you attend regular religious services during the year?

- Never  
A few times a year  
Once a month  
More than once a month  
Once a week  
More than once a week

302. Aside from how often you attended religious services, do you consider yourself to be?

- Against religion  
Not at all religious  
Only slightly religious  
Fairly religious  
Deeply religious

303. How much is religion a source of strength and comfort to you?

- None  
A little  
Somewhat  
A great deal

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

304. Does your mood often go up and down? Yes No

305. Do you take much notice of what people think? Yes No
306. Are you a talkative person? Yes No
307. Do you ever feel 'just miserable' for no reason? Yes No
308. Would being in debt worry you? Yes No
309. Are you rather lively? Yes No
310. Are you an irritable person? Yes No
311. Would you take drugs which may have strange or dangerous effects? Yes No
312. Do you enjoy meeting new people? Yes No
313. Are your feelings easily hurt? Yes No
314. Do you prefer to go your own way rather than act by the rules? Yes No
315. Can you usually let yourself go and enjoy yourself at a lively party? Yes No
316. Do you often feel 'fed-up'? Yes No
317. Do good manners and cleanliness matter much to you? Yes No
318. Do you usually take the initiative in making new friends? Yes No
319. Would you call yourself a nervous person? Yes No
320. Do you think marriage is old-fashioned and should be done away with? Yes No
321. Can you easily get some life into a rather dull party? Yes No
322. Are you a worrier? Yes No
323. Do you enjoy cooperating with others? Yes No
324. Do you tend to keep in the background on social occasions? Yes No
325. Does it worry you if you know there are mistakes in your work? Yes No

326. Would you call yourself tense or 'highly-strung'? Yes No
327. Do you think people spend too much time safeguarding their future with savings and insurance? Yes No
328. Do you like mixing with people? Yes No
329. Do you worry too long after an embarrassing experience? Yes No
330. Do you try not to be rude to people? Yes No
331. Do you like plenty of bustle and excitement around you? Yes No
332. Do you suffer from "'nerves'"? Yes No
333. Would you like other people to be afraid of you? Yes No
334. Are you mostly quiet when you are with other people? Yes No
335. Do you often feel lonely? Yes No
336. Is it better to follow society's rules than go your own way? Yes No
337. Do other people think of you as being very lively? Yes No
338. Are you often troubled about feelings of guilt? Yes No
339. Can you get a party going? Yes No

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.

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

- Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

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

- Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

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

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**344. When I'm doing well at something, I love to keep at it.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**345. I'm always willing to try something new if I think it will be fun.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**346. How I dress is important to me.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**347. When I get something I want, I feel excited and energised.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**348. Criticism or scolding hurts me quite a bit.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**349. When I want something I usually go all-out to get it.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**350. I will often do things for no other reason than that they might be fun.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**351. It's hard for me to find the time to do things such as get a hair cut.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**352. If I see a chance to get something I want I move on it right away.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**353. I feel pretty worried or upset when I think or know somebody is angry at me.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**354. When I see an opportunity for something I like I get excited right away.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**355. I often act on the spur of the moment.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**356. If I think something unpleasant is going to happen I usually get pretty 'worked-up'.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**357. I often wonder why people act the way they do.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**358. When good things happen to me, it affects me strongly.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**359. I feel worried when I think I have done poorly at something important.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**360. I crave excitement and new sensations.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

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

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**362. I have very few fears compared to my friends.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**363. It would excite me to win a contest.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

**364. I worry about making mistakes.**

Very false for me    Somewhat false for me    Somewhat true for me    Very true for me

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

**365. Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework).**

3 times a week or more    Once or twice a week    About 1-3 times a month    Never/hardly ever

**366. Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).**

3 times a week or more    Once or twice a week    About 1-3 times a month    Never/hardly ever

**367. Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing).**

3 times a week or more    Once or twice a week    About 1-3 times a month    Never/hardly ever

**Please give the average number of hours per week you spend in such sports or activities.**

**368.** Mildly energetic (e.g. walking, weeding)     hours

**369.** Moderately energetic (e.g. dancing, cycling)     hours

**370.** Vigorous (e.g. running, squash)     hours

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

**371.** Made or repaired clothes    Yes    No





372. Fixed mechanical things or appliances Yes No
373. Built things with wood Yes No
374. Driven a truck or tractor Yes No
375. Used metalwork or machine tools Yes No
376. Worked on cars, bicycles or motorbikes Yes No
377. Taken an engineering, woodwork or car mechanics course Yes No
378. Worked in the garden Yes No
379. Cooked meals Yes No
380. Read scientific books or magazines Yes No
381. Worked in a laboratory Yes No
382. Worked on a scientific project Yes No
383. Read about special subjects on my own Yes No
384. Solved maths or chess puzzles Yes No
385. Done troubleshooting of software packages on a PC Yes No
386. Taken a science course Yes No
387. Followed science shows on TV or radio Yes No
388. Participated in a science fair or conference Yes No
389. Sketched, drawn or painted Yes No
390. Gone to or acted in plays Yes No
391. Played in a band, group, or orchestra Yes No
392. Practised a musical instrument Yes No
393. Gone to recitals, concerts, or musicals Yes No
394. Taken portrait photographs Yes No
395. Read literature Yes No
396. Read or written poetry Yes No

397. Taken an art course Yes No
398. Written letters to friends Yes No
399. Attended religious services Yes No
400. Belonged to clubs Yes No
401. Helped others with their personal problems Yes No
402. Taken care of children Yes No
403. Gone to parties or pubs Yes No
404. Gone dancing Yes No
405. Attended meetings or conferences Yes No
406. Worked as a volunteer Yes No
407. Discussed politics Yes No
408. Influenced others Yes No
409. Operated your own service or business Yes No
410. Taken part in a sales conference Yes No
411. Been on the committee of a group Yes No
412. Supervised the work of others Yes No
413. Met important people Yes No
414. Led a group in accomplishing some goal Yes No
415. Organized a club, group or gang Yes No
416. Typed papers or letters for yourself or for others Yes No
417. Added, subtracted, multiplied, and divided numbers in business or bookkeeping Yes No
418. Operated fax machines, PCs and printers Yes No
419. Kept detailed records of expenses Yes No
420. Filed letters, reports, records, etc. Yes No

- 421. Written business letters Yes No
- 422. Taken a business course Yes No
- 423. Taken a bookkeeping course Yes No
- 424. Done a lot of paperwork in a short time Yes No

**425. CONGRATULATIONS! You have reached the end of the questionnaire. Thank you for your patience and perseverance in getting to the end.**

**Could you please indicate on the sliding scale your feelings about the questionnaire? (Just mark the line where you think is appropriate).**


} \_\_\_\_\_ {


Very Negative
Neutral
Very positive

**Would you like to make any comments about the questionnaire?**

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