

Centre for Mental Health Research
The PATH Through Life Questionnaire 20+ Wave 3
Self-completion
1-5-07

Respondent's ID: _____ Date of last interview: _____

Date _____

Q2. Gender: 1. Male 2. Female

Q3a. Suburb where you are currently living _____ Q3b. Postcode _____

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

Q5. Are you currently in a relationship with someone?

- 1. Yes, living with the person you are married to
- 2. Yes, living with a partner (but not married to them)
- 3. Yes, in a relationship with someone but not living with them
- 4. No, not in a relationship with anyone
- 5. Refused

Q6. What is your current marital status?

- 1. Married-first and only marriage
- 2. Remarried-second or later marriage
- 3. Separated from someone you have been married to
- 4. Divorced
- 5. Widowed
- 6. Have never married
- 7. Refused

Q7. How many times have you been married or lived in a de facto relationship? Apart from your current relationship, only include relationships that lasted for 6 months or more. (Enter 9 for "refuse/don't know")

If married or living with partner and only had one relationship go to Q9a,b

If never been married or lived in de facto relationship go to Q10.

Q8a,b. How long have you been separated from your (previous) partner? (Enter 99 for Refusal)

_____ years _____ months

If not currently married or living in with a partner go to Q10.

Q9a,b. How long have you been living with your current partner? (Enter 99 for Refusal)

_____ years _____ months

Q10. I am now going to ask you some questions about your education. Since your last interview, have you completed any educational qualification?

1. No 2. Yes 3. Refused

If you have not completed any educational qualification since the last interview go to Q12

Q11. 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
11. Refused

If you have NOT completed a technicians certificate, other certificate or associate diploma go to Q12.

Q11a. How long does that certificate or diploma take to complete, studying full time?

1. Less than 1 semester or 1/2 year
2. One semester to less than 1 year
3. One year to less than 3 years
4. Three years or more
5. Refused

Q12. Are you presently studying?

If NOT presently studying tick "None of the above" and go to Q13.

If yes, What qualification are you working toward?

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
10. Refused

If you have NOT completed a technicians certificate, other certificate or associate diploma go to Q12B

Q12a. How long does that certificate or diploma take to complete, studying full time?

- 1. Less than 1 semester or 1/2 year
- 2. One semester to less than 1 year
- 3. One year to less than 3 years
- 4. Three years or more
- 5. *Refused*

Q12b. Are you studying? 1. Full-time 2. Part-time 3. *Refused*

Q13. 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
- 6. *Refused*

If you are unemployed and looking for work go to Q13b

If you are not in labour force go to Q13c

Q13a1. What is your job title? (If more than one job, record title of main job. For public servants, record official designation, eg. ASO3, as well as occupation. For armed service personnel, state rank as well as occupation.)

.....

.....

Q13a2. What are your main duties or activities?

.....

.....

If currently employed go to Q13e

Q13b. At any time in the LAST FOUR WEEKS have you looked for a job in any of the ways listed?

- Written, phoned or applied in person for work**
 - Answered a newspaper advertisement for a job**
 - Checked factory of Commonwealth Employment Service noticeboards**
 - Been registered with any other employment agency**
 - Advertised or tendered for work**
 - Contacted friends or relatives for work**
1. No 2. Yes 3. *Refused*

If you have NOT looked for a job go to Q13c

Q13b1 If you had found a job, could you have started last week?

- 1. No
- 2. Yes
- 3. *Refused*

Q13c. Have you ever been employed in the past?

1. Yes 2. No 3. Refused

If you have NEVER been employed in the past go to Q14

Q13d1. What was your last MAIN job title? For public servants, record official designation, eg. ASO3, as well as occupation. for armed service personnel, state rank as well as occupation.)

.....
.....

Q13d2. What were your main duties or activities?

.....
.....

Q13e. Are/Were you

- 1. Employed by a government agency
- 2. Employed by a profit-making business
- 3. Employed by another organisation
- 4. Self-employed/in business or practice for yourself
- 5. Working without pay in a family business
- 6. Refused

If self-employed or working without pay go to Q13g

Q13f. Which of the following best describes the position you hold/held within your business or organisation?

- 1. Managerial position
- 2. Supervisory position
- 3. Non-management position
- 4. Refused

Q13g. About how many people are/were employed in the entire business, corporation or organisation for which you work?

1. 1-9 2. 10-24 3. 25+ 4. Refused

If employed by government, profit-making business or other organisation go to Q14

Q13h. Not counting yourself or any partners, about how many people are/were usually employed in your business, practice or farm on a regular basis? (Enter '0' if no paid employees).

If currently employed go to Q14

Q13k. How long is it since you last worked for pay, in any job or business for *two weeks or more*?

1. Less than 3 months
2. 3 months or more but less than 6 months
3. 6 months or more but less than 12 months
4. 12 months or more but less than 2 years
5. 2 years or more but less than 5 years
6. 5 years or more but less than 10 years
7. 10 years or more
8. *Have never worked for 2 weeks or more*
9. *Refused*

If unemployed and looking for work go to Q14

Q13n. What is your *main* activity if you are not in the work force?

1. Home duties or caring for children
2. Studying
3. Caring for an aged or disabled person
5. Voluntary work
6. Other
7. *Refused*

Q14. Do you have any children? (This includes adopted or step children and those not living with you). We would appreciate it if you would include any of your children who were born at 20 weeks or more but who may have died.

1. Yes 2. No 3. *Refused*

If you do NOT have any children go to Q18

Q15. How many children do you have who are now living? (Enter 99 for Refused) _____

If have NO children who are now living go to Q16

Can you please tell me the following? (start from oldest child) (Enter 99 for age if refuse)

	Child Number									
	1	2	3	4	5	6	7	8	9	10
15a1 Age of child –Years										
a2 Months (If < 1 year)										
15b Does this child live with you:										
Full-time										
Part-time										
Not at all										
<i>Refuse</i>										
15c Is this child your –										
Natural child										
Stepchild										
Adopted child										
Other										
<i>Refuse</i>										

Q16 Have you experienced the death of a child (excluding miscarriage) since your last interview? (A miscarriage is defined as the loss of a baby under 20 weeks).

1. Yes 2. No 3. Refused

If you have **NOT** had a child die since the last interview go to Q18

Q17. How many children have you had who have died since your last interview? (Enter 9 for refusal) _____

Can you please tell me the following? (start from first child to have died) (Enter 99 for age if refused)

	1	2	3	4	5
17a How old was she/he when she/he died? -					
Years					
Months(If < 1 year)					
17b Was this child your –					
Natural child					
Stepchild					
Adopted child					
Other					
Refuse					

If you are **male** go to Q19

Q18. Have you had a miscarriage since your last interview?

1. Yes 2. No 3. Refused

Q18a. Have you had an abortion since your last interview?

1. Yes 2. No 3. Refused

If neither miscarriage or abortion go to Q18d

Q18b. How many miscarriages or abortions have you had? (Enter 99 if you don't wish to answer)

Q18c What was the year of the last miscarriage or abortion? (Enter 9999 if you don't wish to answer)

Q18d. Have you had a baby who you adopted out since your last interview?

1. Yes 2. No 3. Refused

If have not had a baby adopted out since last interview go to Q18f

Q18e. What year was that? _____

If you have **NO** children go to Q19

Q18f. Since your last interview, have you had any unintentional pregnancies where you kept your baby?

1. Yes 2. No 3. Refused

If no unintentional pregnancies where you kept the baby go to Q19

Q18g,h. What year(s) was (were) that?(those?)

First: _____ Second _____

If you are male and not married or living with a partner go to Q20

Q19 Are you / is your partner currently pregnant?

1. Yes, I am/my partner is pregnant
2. No, I am not/my partner is not pregnant
3. Refused

If NOT currently pregnant go to B2(just before Q20)

Q19A. When is the baby due?

- January February March April May June
 July August September October November December
 Refused

Q20 If you are **male** go to Q 20f

	Yes	No	Refused
Q20a. Would you like to have more children?	1	2	3
<i>If never had children: Would you like to have children?</i>			
Q20b. Have you ever tried to become pregnant for more than one year without achieving a pregnancy?	1	2	3
<i>If NO problems getting pregnant go to Q21</i>			
Q20c. Is this currently a problem for you?	1	2	3
Q20d. Have you ever sought medical assessment or help for infertility problems?	1	2	3
Q20e. What is the longest period of time you have tried to become pregnant? (Enter 99 to refuse)yrsmths	

If you are **female** go to Q21

	Yes	No	Refused
Q20f. Would you like to have more children?	1	2	3
<i>If never had children: Would you like to have children?</i>			
Q20g. Have you ever experienced a problem with infertility for more than 1 year?	1	2	3
<i>If NO problems with fertility go to Q21</i>			
Q20h. Is this currently a problem for you?	1	2	3
Q20i. Have you ever sought medical assessment or help for infertility problems?	1	2	3
Q20j. For how long was this a problem? (Enter 99 to refuse)yrsmths	

Q33. 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 3. Refused

The next group of questions ask about work difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Over the last 4 weeks how much difficulty have you had doing work due to health conditions. Work includes paid, and unpaid work such as household chores and volunteering, and study.

	No days	Few days	Some days	Most days	All days	Refused
Q34. How often were you unable to do any paid work, housework, volunteering or study due to health conditions?	1	2	3	4	5	6
Q35. When you did work, how often did you have to work for a shorter period than you normally would?	1	2	3	4	5	6
Q36. On the days that you did work, how often did you have to change the way your paid work, housework, volunteering or study is usually done due to health conditions?	1	2	3	4	5	6
Q37. When you did work, how often were the tasks you do more difficult or effortful to perform than is usual for you?	1	2	3	4	5	6

Note: In the above questions 'few days' is approximately less than a week, 'some days' is approx. 1-2 weeks, 'most days' is approx 3 weeks.

We are interested in knowing any problems that you may have been having with pain.

Q38. 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
 6 Refused

If had NOT suffered pain on any days go to Q42a

Q39. 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
 6 Refused

Q40. 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	1	2	3	4	5	6	7	8	9	10	Refused
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No pain Severe pain

Q41. What type of pain did you experience? (e.g., migraine, back pain, arthritis, surgery)

.....

The next few questions ask about head injury.
As a result of a head injury *since your last interview*:

Q42a. did you visit a hospital emergency department?

1. Yes 2. No 3. Refused

Q42b. were you admitted to hospital?

1. Yes 2. No 3. Refused

Q42c. did you seek medical assistance from a General Practitioner for a head injury?

1. Yes 2. No 3. Refused

Q43. 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
4. Refused

If NO serious head injury since last interview go to Q44a

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

Q43a. How many head injuries have you had? (Enter 88, if don't know, 99 to refuse)

If ONE head injury go to Q43d

Q43b. How old were you when you had the first head injury since your last interview?
(Enter 99 to refuse) _____

Q43c How old were you when you had the last head injury? (Enter 99 to refuse).

If more than one head injury go to Q43e.

Q43d. How old were you when you had this injury? (Enter 99 to refuse). _____

Q43e. For the next few questions on head injury, please consider the most severe or worst head injury *since your last interview* that caused the greatest disruption to your life.

What was the cause of this injury?

- 1 Traffic accident
- 2 Sport
- 3 Assault
- 4 Fall
- 5 Other
- 6 Don't know
- 7 Refused

Q43f. Is there a period after the injury that you cannot remember at all?

- 1 Yes 2 No 3 Not sure 4 Refused

If NO period that can't remember go to Q43g

Q43f1. 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
- 7 Refused

Q43g Did you lose consciousness following the head injury?

- 1 Yes 2 No 3 Not sure 4 Refused

If DID NOT lose consciousness go to Q44a

Q43g1 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
- 7 Refused

Q44a-c How much do you weigh without your clothes and shoes? (Please try to answer even if it is an approximate value).

_____Kgs OR

_____ stone _____ pounds

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

Q45. In general, would you say your health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Refused

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?

Q46. 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
- 4 Refused

Q47. Climbing several flights of stairs?

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

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*?

Q48. Have you accomplished less than you would like as a result of your physical health?

- 1 Yes
- 2 No
- 3 Refused

Q49. Were you limited in the kind of work or other activities as a result of your physical health?

- 1 Yes
- 2 No
- 3 Refused

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)*?

Q50. Have you accomplished less than you would like as a result of any emotional problems?

- 1 Yes
- 2 No
- 3 Refused

Q51. Did you not do work or other activities as carefully as usual as a result of any emotional problems?

- 1 Yes
- 2 No
- 3 Refused

Q52. During the *past 4 weeks*, how much did *pain* interfere with your normal work (including both work outside the home and housework)?

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- 6 *Refused*

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.

Q53. How much of the time during the past 4 weeks *have you felt calm and peaceful*?

- 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
- 7 *Refused*

Q54. How much of the time during the past 4 weeks *did you have a lot of energy*?

- 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
- 7 *Refused*

Q55. 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
- 7 *Refused*

Q56. 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
- 6 *Refused*

Q57. In the last month have you taken any vitamin or mineral supplements?

- 1 Yes 2 No 3 Refused

If HAVE NOT taken vitamins go to Q58

Q57a. What kind of vitamin or mineral was this? *(Listed alphabetically down columns)*

- | | |
|---|--|
| 1 <input type="checkbox"/> B group vitamins | 7 <input type="checkbox"/> Glucosamine |
| 2 <input type="checkbox"/> Calcium | 8 <input type="checkbox"/> Iron |
| 3 <input type="checkbox"/> Echinacea | 9 <input type="checkbox"/> Multivitamins |
| 4 <input type="checkbox"/> Evening primrose or starflower oil | 10 <input type="checkbox"/> Vitamin C |
| 5 <input type="checkbox"/> Fish Oil | 11 <input type="checkbox"/> Vitamin E |
| 6 <input type="checkbox"/> Folate | 12 <input type="checkbox"/> Other |

If did not tick "Other" go to Q57c

Q57b: What other vitamin or mineral have you taken in the last month?

.....

Q57c. 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
5 Refused

If take vitamins less than once a week go to Q58

Q57d. 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
5 Refused

Q58. In the last month have you taken or used any pills or medications (including herbal remedies) to help you sleep?

- 1 Yes 2 No 3 Refused

If HAVE NOT taken sleep medication go to Q59

Q58a. What are the names of the sleeping pills or medications you took in the last month? (Listed alphabetically down columns)

- | | | |
|---|--|---|
| 1 <input type="checkbox"/> Alodorm | 11 <input type="checkbox"/> Magnesium and/or calcium supplements | 21 <input type="checkbox"/> Stilnox |
| 2 <input type="checkbox"/> Camomile or sleepytime tea | 12 <input type="checkbox"/> Mogadon | 22 <input type="checkbox"/> Temaze |
| 3 <input type="checkbox"/> Chloral hydrate | 13 <input type="checkbox"/> Nervatona | 23 <input type="checkbox"/> Temtabs |
| 4 <input type="checkbox"/> Dormizol | 14 <input type="checkbox"/> Normison | 24 <input type="checkbox"/> Unisom Sleepytabs |
| 5 <input type="checkbox"/> Dozile | 15 <input type="checkbox"/> Precedex | 25 <input type="checkbox"/> Valerian |
| 6 <input type="checkbox"/> Halcion | 16 <input type="checkbox"/> Relaxa-Tabs | 26 <input type="checkbox"/> Valium |
| 7 <input type="checkbox"/> Hypnodorm | 17 <input type="checkbox"/> Restavit Tablets | 27 <input type="checkbox"/> Xanax |
| 8 <input type="checkbox"/> Hypnovel | 18 <input type="checkbox"/> Serepax | 28 <input type="checkbox"/> Other |
| 9 <input type="checkbox"/> Imovane | 19 <input type="checkbox"/> Snuzaid Gels | |
| 10 <input type="checkbox"/> Imrest | 20 <input type="checkbox"/> Somidem | |

If did not tick "Other" go to Q58c

Q58b: What other medications have you taken in the last month to help you sleep?

.....

Q58c. 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
- 5 Refused

If take sleep medication less than once a week go to Q59

Q58d. 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
- 5 Refused

Q59. In the last month have you taken or used any pain relievers such as aspirin, codeine, panadol or herbal remedies?

- 1 Yes
- 2 No
- 3 Refused

If HAVE NOT taken pain relievers go to Q60

Q59a. What are the names of the pain relievers you took in the last month? (*Listed alphabetically down columns*)

- | | | |
|---|--|--|
| 1 <input type="checkbox"/> Advil | 10 <input type="checkbox"/> Diclofenic | 19 <input type="checkbox"/> Nurofen or Nurofen Plus |
| 2 <input type="checkbox"/> Aspalgin | 11 <input type="checkbox"/> Disprin | 20 <input type="checkbox"/> Panadeine or Panadeine Forte |
| 3 <input type="checkbox"/> Aspirin or Aspro | 12 <input type="checkbox"/> Dymadon | 21 <input type="checkbox"/> Panadol or paracetamol |
| 4 <input type="checkbox"/> Brufen | 13 <input type="checkbox"/> Ibuprofen | 22 <input type="checkbox"/> Panafen or Panafen plus |
| 5 <input type="checkbox"/> Cartia | 14 <input type="checkbox"/> Indocid | 23 <input type="checkbox"/> Panamax |
| 6 <input type="checkbox"/> Celebrex | 15 <input type="checkbox"/> Mersyndol | 24 <input type="checkbox"/> Ponstan |
| 7 <input type="checkbox"/> Codeine | 16 <input type="checkbox"/> Mobic | 25 <input type="checkbox"/> Solprin |
| 8 <input type="checkbox"/> Codis | 17 <input type="checkbox"/> Naprogesic | 26 <input type="checkbox"/> Voltarin |
| 9 <input type="checkbox"/> Codril | 18 <input type="checkbox"/> Naprosyn | 27 <input type="checkbox"/> <i>Other</i> |

If did not tick "Other" go to Q59c

Q59b: What other pain relievers have you taken in the last month?

.....

Q59c. 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
- 5 *Refused*

If take pain relievers less than once a week go to Q60

Q59d. 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
- 5 *Refused*

Q60. 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
- 5 *Refused*

If HAVE NOT taken medication for anxiety or depression go to Q61

Q60a. What are the names of the medications you took for anxiety or depression in the last month? (Listed alphabetically down columns)

- | | | |
|---------------------------------------|--|---|
| 1 <input type="checkbox"/> Anafranil | 14 <input type="checkbox"/> Extine | 27 <input type="checkbox"/> Rescue Remedy |
| 2 <input type="checkbox"/> Aropax | 15 <input type="checkbox"/> Fluoxebell | 28 <input type="checkbox"/> Prozac |
| 3 <input type="checkbox"/> Ativan | 16 <input type="checkbox"/> Frisium | 29 <input type="checkbox"/> Serapax |
| 4 <input type="checkbox"/> Avanza | 17 <input type="checkbox"/> Hypericum/St John's Wort | 30 <input type="checkbox"/> Stilnox |
| 5 <input type="checkbox"/> Buspar | 18 <input type="checkbox"/> Lexapro | 31 <input type="checkbox"/> Tofranil |
| 6 <input type="checkbox"/> Cipramil | 19 <input type="checkbox"/> Lexotan | 32 <input type="checkbox"/> Tryptanol |
| 7 <input type="checkbox"/> Citalopram | 20 <input type="checkbox"/> Lovan | 33 <input type="checkbox"/> Valium |
| 8 <input type="checkbox"/> Deptran | 21 <input type="checkbox"/> Luvox | 34 <input type="checkbox"/> Vitamin B complex |
| 9 <input type="checkbox"/> Diazepam | 22 <input type="checkbox"/> Magnesium supplements | 35 <input type="checkbox"/> Xanax |
| 10 <input type="checkbox"/> Ducene | 23 <input type="checkbox"/> Mirtazapine | 36 <input type="checkbox"/> Zamhexal |
| 11 <input type="checkbox"/> Edronax | 24 <input type="checkbox"/> Mirtazon | 37 <input type="checkbox"/> Zoloft |
| 12 <input type="checkbox"/> Efexor | 25 <input type="checkbox"/> Nervatona | 38 <input type="checkbox"/> Other |
| 13 <input type="checkbox"/> Endep | 26 <input type="checkbox"/> Prothiaden | |

If did not tick "Other" go to Q60c

Q60b: What other medication for anxiety or depression have you taken in the last month?

.....

Q60c. 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
- 5 Refused

If taking medication for anxiety or depression less than once a week go to Q61

Q61d. 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
- 5 Refused

Q61. In the last month have you taken or used any medications (including herbal remedies) to enhance your memory?

- 1 Yes 2 No 3 Refused

If HAVE NOT taken medication to help your memory go to Q62

Q61a. What are the names of the medications you took in the last month?

- 1 Bacopa
- 2 Gingko biloba
- 3 Glutamine
- 4 Guarana
- 5 Vitamin E
- 6 Other

If did not tick "Other" go to Q61c

Q61b: What other medication to enhance your memory have you taken in the last month?

.....

Q61c. How often do you usually take medications to enhance your memory?

- 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
- 5 Refused

If take medication to help your memory less than once a week go to Q62

Q61d. For how long have you taken such 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
- 5 Refused

Q62. In the last month have you taken or used any medications (including herbal remedies) to lower your cholesterol?

- 1 Yes
- 2 No
- 3 Refused

If HAVE NOT taken medication to lower your cholesterol go to Q63

Q62a. What are the names of the medications you took for lowering your cholesterol in the last month? (Listed alphabetically down columns)

- | | | |
|---|--|--|
| 1 <input type="checkbox"/> Ausgem | 12 <input type="checkbox"/> Lipex | 23 <input type="checkbox"/> Pro-activ |
| 2 <input type="checkbox"/> Caduet | 13 <input type="checkbox"/> Lipidil | 24 <input type="checkbox"/> Psyllum Husk |
| 3 <input type="checkbox"/> Cholesterol Control | 14 <input type="checkbox"/> Lipitor | 25 <input type="checkbox"/> Questran Lite |
| 4 <input type="checkbox"/> Cholstat | 15 <input type="checkbox"/> Lipostat | 26 <input type="checkbox"/> Simvabell, Simva or Simvahexal |
| 5 <input type="checkbox"/> Colestid Granules | 16 <input type="checkbox"/> Liprachel | 27 <input type="checkbox"/> Simvastatin, any brand |
| 6 <input type="checkbox"/> Crestor | 17 <input type="checkbox"/> Logicol | 28 <input type="checkbox"/> Soy Lecithin |
| 7 <input type="checkbox"/> Ezetrol | 18 <input type="checkbox"/> Lopid | 29 <input type="checkbox"/> Vastin |
| 8 <input type="checkbox"/> Gemfibrozil, any brand | 19 <input type="checkbox"/> Metamucil | 30 <input type="checkbox"/> Vytorin |
| 9 <input type="checkbox"/> Gemhexal | 20 <input type="checkbox"/> Nicotinic acid | 31 <input type="checkbox"/> Zimstat |
| 10 <input type="checkbox"/> Jezil | 21 <input type="checkbox"/> Policosanol-5 | 32 <input type="checkbox"/> Zocor |
| 11 <input type="checkbox"/> Lescol | 22 <input type="checkbox"/> Pravachol | 33 <input type="checkbox"/> Other |
| 12 <input type="checkbox"/> Lipazil | 23 <input type="checkbox"/> Pravastatin, any brand | |

If did not tick "Other" go to Q62c

Q62b: What other medication to lower your cholesterol have you taken in the last month?

.....

Q62c. How often do you usually take medications to lower your cholesterol?

- 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
- 5 Refused

If take medication to lower your cholesterol less than once a week go to Q63

Q62d. For how long have you taken such 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
- 5 Refused

Q63. In the last month have you taken or used any other type of medication? (Excluding contraception and hormone replacement therapy).

- 1 Yes
- 2 No
- 3 Refused

If HAVE NOT taken any other medication go to Q64

Q63a. What types of medication did you take or use? (Excluding contraception and hormone replacement therapy).

.....

If male go to Q68

Q64 Are you taking contraceptive pills or using contraceptive implants or injections?

- 1 Yes
- 2 No
- 3 Refused

If currently using contraceptive pills, implants or injections go to Q65a

Q65 Did you ever take contractive pills or use contraceptive implants or injections?

- 1 Yes
- 2 No
- 3 Refused

If have NEVER used contraceptive pills, implants or injections go to Q66

Q65a At what age did you start? (Enter 99 to refuse) _____

Q65b For how many years altogether have you taken/did you take contraceptive pills or used/use contraceptive implants or injections? (Enter 99 to refuse)

Q65c Which pill or implant are you using / did you use? (Listed alphabetically down columns)

1. Brenda-35 ED	12. Locilan 28 Day	23. Monofeme
2. Brevinor	13. Loette	24. Nordette
3. Dianne 35 ED	14. Logynon ED	25. Noriday 25
4. Depo-Provera	15. Marvelon 28	26. Norimin, any
5. Depo-Ralovera	16. Microgynon, any	27. Norinyl-1
6. Estelle 35 ED	17. Microlevlen	28. Postinor-2
7. Femoden ED	18. Microlut	29. Trifeme
8. Implanton Implant	19. Micronor	30. Triphasil
9. Juliet 35 ED	20. Microval	31. Triquilar ED
10. Levlen ED	21. Minulet	32. Yasmin
11. Levonelle-2	22. Mirena	33. <i>Other</i>

If did not tick "other" go to Q66

Q65d. What other contraceptive are you using/ have you used?

.....

Q66. We would like to know more about your periods and menopause. Which of the following best describes you?

1. I am still having regular periods.
2. My periods are irregular and I think it might be due to menopause.
3. My periods have stopped entirely.
4. Other (e.g. using medication/injections that have stopped you having a period for a certain time)
5. *Refused*

If still having periods go to Q67

If your periods have stopped entirely go to Q66b

Q66a. How would you describe the regularity of your periods?

.....

If answered "other" to Q66 go to Q67

Q66b. At what age did your periods cease? (Enter 99 to refuse) _____

Q66c. What caused your periods to cease?

- 1 Natural menopause 2 Hysterectomy 3 Other 4 *Refused*

If experienced natural menopause go to Q66d

If had a hysterectomy go to Q66d2

Q66c1 What caused your periods to stop?

.....

If answered "Other" to Q66c go to Q67

Q66d. Have you had a hysterectomy at some time after experiencing natural menopause?

1. Yes 2. No 3. Refused

Q66d1. At what age did you have this operation? (Enter 99 to refuse)

_____ years

Q66d2. Were both ovaries removed when you had your hysterectomy?

1. Yes 2. No 3. Refused

Q66d3. Did you have the lining of your uterus removed (endometrial ablation)?

1. Yes 2. No 3. Refused

Q67. Have you ever had hormone replacement therapy (HRT)?

- 1 Yes 2 No 3. Refused

If have NEVER had HRT go to Q68

If have had HRT and your periods have NOT completely stopped go to Q67b

Q67a. Did you start taking HRT:

1. before your periods stopped
2. after your periods stopped
3. Refused

Q67b. Are you still having hormone replacement therapy?

- 1 Yes 2 No 3 Refused

Q67c. How long have you been on/were you on hormone replacement therapy? (If less than 1 year, enter 1). (Enter 99 to refuse)

_____ years

Q67d. Which hormone replacement medications are you on/ medication were you on for the longest time? (Listed alphabetically down columns).

1. Angiliq 1/2	12. Estrobalance	20. Ogen
2. Climera	13. Femoston	21. Ovestin Tablets
3. Climen	14. Femtran	22. Ovestin cream/pessaries
4. Dermestril	15. Harmony	23. Premarin Tablets
5. Duphaston	16. Kliogest	24. Premia
6. Estalis Continuous	17. Kliovance	25. Progynova
7. Estalis Sequi	18. Livial	26. Promensil
8. Estracombi	19. Menoeze	27. Sandrena
9. Estraderm, Estraderm MX	17. Menorest	28. Trisequens
10. Estradot	18. Natragen cream	29. Zumenon
11. Estrofem	19. Oestradiol Implants	30. Other

If did not tick "Other" go to Q68.

Q67d1. What other HRT are/were you on?

.....

Q68. We would now like to ask you some questions about smoking (tobacco).

Do you currently smoke? 1 Yes
2 No
3 Refused

If DO NOT currently smoke go to Q68b

Q68a. Do you smoke cigarettes:

1 At least once a day?
2 Less than once a day?
3 Don't smoke cigarettes
4 Refused

If smoke at least once a day go to Q68a1

If smoke less than once a day go to Q68a2

If don't smoke cigarettes go to Q69

Q68a1. How many cigarettes do you usually smoke in one day? (Enter 999 to refuse) _____

If smoke at least once a day go to Q68a3

Q68a2. How many cigarettes do you usually smoke over a one month period? (Enter 999 to refuse) _____

Q68a3. At what age did you start smoking? (Enter 99 to refuse) _____

Q68a4. On average, how many cigarettes would you have smoked each day over the time you have been smoking? (Enter 999 to refuse) _____

If currently smoke go to Q69

Q68b. Have you smoked at all over the last month?

1 Yes
2 No
3 Refused

If have not smoked in the last month go to Q68c

Q68b1. Approximately how many cigarettes have you smoked in the last month? (Enter 99 to refuse) _____

Q68c. Have you ever smoked regularly? 1 Yes 2 No 3 Refused

If have never smoked regularly go to Q69

Q68c1. At what age did you start smoking? (Enter 99 to refuse) _____

Q68c2. At what age did you stop smoking? (Enter 99 to refuse) _____

Q68c3. On average, how many cigarettes would you have smoked each day over the time you were smoking? (Enter 999 to refuse) _____

Q69. These next questions are concerned with your alcohol consumption. 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
- 8 Refused

If HAVE drunk alcohol in the last year go to Q70

Q69a. Have you ever drunk alcohol? 1 Yes 2 No 3 Refused

If have previously drunk alcohol go to Q77. If have NEVER drunk alcohol go to Q82

Q70. 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
- 6 Refused

If male go to Q71b

Q71a. 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
- 8 Refused

If female go to Q72

Q71b. 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
- 8 *Refused*

Q72. 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
- 6 *Refused*

Q73. 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
- 6 *Refused*

Q74. 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
- 6 *Refused*

Q75. 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
- 6 *Refused*

- Q76. 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
 - 6 *Refused*

- Q77. 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
 - 4 *Refused*

- Q78. 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
 - 4 *Refused*

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?*

- Q79. 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
 - 5 *Refused*

- Q80. 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
 - 6 *Refused*

- Q81. How many years did you drink at the highest level indicated in Q79 and Q80?**
(Enter 99 to refuse) _____

- Q82. Have you ever tried marijuana/hash?** 1 Yes 2 No *Refused*

If have NEVER tried marijuana go to Q83

- Q82a. How old were you the first time you actually used marijuana/hash?**
1. Under 16 2. 16-17 3. 18-19 4. 20-24 5. 25 or more 6. *Refused*

Q82b. Have you used marijuana/hash in the past 12 months?

- 1 Yes 2 No 3 Refused

If have NOT used marijuana in the last 12 months go to Q83

Q82b1. How often do you use marijuana/hash?

- 1 Once a week or more
2 Once a month
3 Every 1-4 months
4 Once or twice a year
5 No longer use
6 Refused

Q82b2. In the last year have you ever used marijuana/hash more than you meant to?

- 1 Yes 2 No 3 Refused

Q82b3. Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?

- 1 Yes 2 No 3 Refused

Q83. Have you ever tried any of the following?

1. Ecstasy (*pills, E, eccy, XTC, MDMA*)
2. Amphetamines for non-medical purposes (*speed, go-ee, whiz, rev, crystal, meth, crystal meth, ice, shabu, glass, batu, uppers, ox-blood, liquid speed*)
3. None of the above
4. Refused

If have tried amphetamines but NOT ecstasy go to Q83b

If have NOT used either ecstasy or amphetamines go to Q84

Q83a1. How old were you when you first tried ecstasy? _____ Years

Q83a2. Have you used ecstasy in the past 12 months?

- 1 Yes 2 No 3 Refused

If have NOT used ecstasy in the last 12 months go to Q83a4

Q83a3. How often do you currently use Ecstasy?

- 1 Every day
2 Once a week
3 About once a month
4 Every few months
5 Once or twice a year
6 Less often
7 Don't currently use
8 Refused

Q83a4. How long has it been since you last took ecstasy? Please estimate:

___ years ___ months ___ weeks.

If have NOT tried amphetamines go to Q84

Q83b. Have you used amphetamines for non-medical purposes in the past 12 months?

- 1 Yes 2 No 3 Refused

If have NOT used amphetamines in the last 12 months go to Q84

Q83b1. How often do you currently use amphetamines?

- 1 Every day
2 Once a week
3 About once a month
4 Every few months
5 Once or twice a year
6 Less often
7 Don't currently use
8 Refused

Q84. We would now like to ask you about your gambling activities. These includes:

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

Would you play any of these, alone or in combination, more than once a month?

- 1 Yes 2 No 3 Refused

If NOT played any of the above go to Q85

Q84a. Over the last year, thinking about any of the sorts of gambling listed, on approximately how many days *each month* would you gamble? (Enter 99 to refuse)

_____ days per month

Q84b. Of the following gambling activities, which one have you *played the most* in the last 12 months?

- 1 Poker machines/gaming machines
- 2 Horse or greyhound races (excluding sweeps)
- 3 Instant scratch tickets
- 4 Lotto or other lottery games
- 5 Keno at a club, hotel, casino or other place
- 6 Tables games e.g. blackjack/roulette at a casino
- 7 Bingo at a club or hall
- 8 A sporting event such as football, cricket or tennis
- 9 Casino games on the internet
- 10 Cards or mahjong for money
- 11 Refused

Q84c. Thinking specifically about the form of gambling that you did *most*, in the last 12 months, on approximately how many days each month would you gamble? (Enter 99 to refuse)

_____ days per month

If the gambling activity played the most was scratch tickets or lottery games go to Q85.

Q84d At each gambling session, for how long do you usually play? (Enter 99 to refuse)

_____ hours _____ minutes

Q85. Now we would like to ask you about extremely stressful or upsetting events that sometimes occur to people. We want to know if any of these have occurred *since your last interview*.

Did you have direct combat experience in a war?

1 Yes

2 No

3 *Refused*

If have NOT experienced this since last interview go to Q86

Q85a. Briefly, what was the most stressful or upsetting experience of this sort that happened to you?

.....
.....

Q86. Were you involved in a life threatening accident?

1 Yes 2 No 3 Refused

If have NOT experienced this since last interview go to Q87

Q86a. Briefly, what was the most stressful or upsetting experience of this sort that happened to you?

.....
.....

Q87. Were you involved in a fire, flood or other natural disaster since your last interview?

1 Yes 2 No 3 Refused

If have NOT experienced this since last interview go to Q88

Q87a. Briefly, what was the most stressful or upsetting experience of this sort that happened to you?

.....
.....

Q88. Did you witness someone badly injured or killed?

1 Yes 2 No 3 Refused

If have NOT experienced this since last interview to Q89

Q88a. Briefly, what was the most stressful or upsetting experience of this sort that happened to you?

.....
.....

Q89. Were you raped? (that is, someone had sexual intercourse with you when you did not want to, by threatening you, or using some degree of force?)

1 Yes 2 No 3 Refused

If have NOT experienced this since last interview go to Q90

Q89a. Briefly, what was the most stressful or upsetting experience of this sort that happened to you?

.....
.....

Q90. Were you sexually molested (that is, someone touched or felt your genitals when you did not want them to)?

1 Yes 2 No 3 Refused

If have NOT experienced this since last interview go to Q91

Q90a. Briefly, what was the most stressful or upsetting experience of this sort that happened to you?

.....
.....

Q91. Were you seriously physically attacked or assaulted since your last interview?

1 Yes 2 No 3 Refused

If have NOT experienced this since last interview go to Q92

Q91a. Briefly, what was the most stressful or upsetting experience of this sort that happened to you?

.....
.....

Q92. Have you been threatened with a weapon, held captive, or kidnapped?

1 Yes 2 No 3 Refused

If have NOT experienced this since last interview go to Q93

Q92a. Briefly, what was the most stressful or upsetting experience of this sort that happened to you?

.....
.....

Q93. Have you been tortured or the victim of terrorists?

1 Yes 2 No 3 Refused

If have NOT experienced this since last interview go to Q94

Q93a. Briefly, what was the most stressful or upsetting experience of this sort that happened to you?

.....
.....

Q94. Have you experienced any other extremely stressful or upsetting event?

1 Yes 2 No 3 Refused

If have NOT experienced this since last interview go to Q95

Q94a. Briefly, what was the most stressful or upsetting experience of this sort that happened to you?

.....
.....

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?

Q95. You yourself suffered a serious illness, injury or an assault.

1 Yes 2 No 3 Refuse

Q96. A serious illness, injury or assault happened to a close relative.

1 Yes 2 No 3 Refused

Q97. Your parent, child or partner died.

1 Yes 2 No 3 Refused

Q98. A close family friend or another relative (aunt, cousin, grandparent) died.

1 Yes 2 No 3 Refused

Q99. You broke off a steady relationship

1 Yes 2 No 3 Refused

Q100. You had a serious problem with a close friend, neighbour or relative.

1 Yes 2 No 3 Refused

Q101. You had a crisis or serious disappointment in your work or career.

1 Yes 2 No 3 Refused

Q102. You thought you would soon lose your job.

1 Yes 2 No 3 Refused

If NOT currently married or living with a partner go to Q106

Q103. Your partner thought he/she would soon lose their job.

1 Yes 2 No 3 Refused

Q104. Your partner had a crisis or serious disappointment in his/her work or career.

1 Yes 2 No 3 Refused

Q105. You had a separation due to marital difficulties.

1 Yes 2 No 3 Refused

Q106. You became unemployed or you were seeking work unsuccessfully for more than one month. 1 Yes 2 No 3 Refused

Q107. You were sacked from your job. 1 Yes 2 No 3 Refused

Q108. You had a major financial crisis. 1 Yes 2 No 3 Refused

Q109. You had problems with the police and a court appearance. 1 Yes 2 No 3 Refused

Q110. Something you valued was lost or stolen. 1 Yes 2 No 3 Refused

Q111. Has anything ever happened in your life, or is currently happening (eg an illness, a disability, family or job problems) that has *not* been covered in the interview but is *currently* causing you to feel very stressed or worried?

1 Yes 2 No 3 Refused

If experiencing no other stress go to Q112

Q111a. Could you briefly describe this problem?

.....
.....

Q112. 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 4 Refused

Q113a-d. Over the *last year* did any of the following happen to you *because of a shortage of money*?

a. Pawned or sold something 1 Yes 2 No 3 Refused

b. Went without meals 1 Yes 2 No 3 Refused

c. Was unable to heat home 1 Yes 2 No 3 Refused

d. Asked for help from welfare/community organizations. 1 Yes 2 No 3 Refused

Q114. How many people, *including yourself*, usually live in your household? (If you have children who live part-time with you please include them) (*Enter 99 to refuse*)

If you live alone go to Q116

Q115. Do any of the following people live in your household? (tick as many boxes as apply)

- a. spouse / partner
- b. any of your children
- c. A parent or parent-in-law
- d. A grandparent
- e. A brother or sister
- f. A son-in-law or daughter-in-law
- g. A grandchild
- h. Other relatives
- i. Someone who is not a relative
- j. Other
- k. *Refused*

Q116. 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
- 8 *Refused*

Q117. What is the main source of income of your family (considering yourself, your partner and/or others)?

- 1 My own income
- 2 My partner's income
- 3 My own and partner's income equally
- 4 Other
- 5 *Refused*

Q118. 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
- 9. *Refused*

Q119. 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

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

Q120. How often do friends make you feel cared for?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Refused

Q121. How often do they express interest in how you are doing?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Refused

Q122. How often do friends make too many demands on you?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Refused

Q123. How often do they criticise you?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Refused

Q124. How often do friends create tensions or arguments with you?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Refused

Q125. How often do family make you feel cared for?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Refused

Q126. How often do family express interest in how you are doing?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Refused

Q127. How often do they make too many demands on you?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Refused

Q128. How often do family criticise you?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Refused

Q129. How often do they create tensions or arguments with you?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Refused

If NOT currently married or living with a partner go to Q140.

Q130. How much does your partner understand the way you feel about things?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- 5 Refused

Q131. How much can you depend on your partner to be there when you really need them?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- 5 Refused

Q132. How much does your partner show concern for your feelings and problems?

1 A lot 2 Some 3 A little 4 Not at all 5 Refused

Q133. How much can you trust your partner to keep promises to you?

1 A lot 2 Some 3 A little 4 Not at all 5 Refused

Q134. How much can you open up to your partner about things that are really important to you?

1 A lot 2 Some 3 A little 4 Not at all 5 Refused

Q135. How much tension is there between you and your partner?

1 A lot 2 Some 3 A little 4 Not at all 5 Refused

Q136. How often do you have an unpleasant disagreement with your partner?

1 A lot 2 Some 3 A little 4 Not at all 5 Refused

Q137. How often do things become tense when the two of you disagree?

1 A lot 2 Some 3 A little 4 Not at all 5 Refused

Q138. How often does your partner say cruel or angry things during a disagreement?

1 A lot 2 Some 3 A little 4 Not at all 5 Refused

Q139. How often do the two of you both refuse to compromise during disagreements?

1 A lot 2 Some 3 A little 4 Not at all 5 Refused

Q140. The following questions ask about your social networks. 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):

How many relatives do you see or hear from at least once a month?

0	1	2	3 or 4	5 to 8	9 or more	Refused
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Q141. How many relatives do you feel at ease with that you can talk about private matters?

0	1	2	3 or 4	5 to 8	9 or more	Refused
---	---	---	--------	--------	-----------	---------

Q142. How many relatives do you feel close to such that you can call them for help?

0	1	2	3 or 4	5 to 8	9 or more	Refused
---	---	---	--------	--------	-----------	---------

Considering all of your friends:

Q143. How many of your friends do you see or hear from at least once a month?

0	1	2	3 or 4	5 to 8	9 or more	Refused
---	---	---	--------	--------	-----------	---------

Q144. How many of your friends do you feel at ease with that you can talk about private matters?

0	1	2	3 or 4	5 to 8	9 or more	Refused
---	---	---	--------	--------	-----------	---------

Q145. How many of your friends do you feel close to such that you can call them for help?

0	1	2	3 or 4	5 to 8	9 or more	Refused
---	---	---	--------	--------	-----------	---------

If NOT currently married or living with a partner go to Q153

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.

	Always agree	Almost always agree	Occasionally disagree	Frequently disagree	Almost always disagree	Always disagree	Refused
Q146. Philosophy of life	5	4	3	2	1	0	6
Q147. Aims, goals & things believed important	5	4	3	2	1	0	
Q148. Amount of time spent together	5	4	3	2	1	0	

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

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often	Refused
Q149. Have a stimulating exchange of ideas	0	1	2	3	4	6	7
Q150. Calmly discuss something together	0	1	2	3	4	6	7
Q151. Work together on a project	0	1	2	3	4	6	7

Q152. 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 click in the numbered circle that best describes the happiness, all things considered, of your relationship.

0○ 1○ 2○ 3○ 4○ 5○ 6○ 7○

 Extremely unhappy Fairly unhappy A little Unhappy Happy Very Happy Extremely Happy Perfect Refused

The next few questions ask about your work situation. If NOT currently employed go to Q79

Q153. Do you have a choice in deciding how you do your job?

1○Often 2○Sometimes 3○Rarely 4○Never 5○Refused

Q154. Do you have a choice in deciding what you do at work?

1○Often 2○Sometimes 3○Rarely 4○Never 5○Refused

Q155. Other take decisions concerning my work.

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q156. I have a good deal of say in decisions about work.

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q157. I have a say in my own work speed.

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q158. My working time can be flexible.

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q159. I can decide when to take a break.

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q160. I have a say in choosing with whom I work.

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q161. I have a great deal of say in planning my work environment.

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q162. Do you have to do the same thing over and over again?

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q163. Does your job provide you with a variety of interesting things?

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q164. Is your job boring?

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q165. Do you have the possibility of learning new things through your work?

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q166. Does your work demand a high level of skill or expertise?

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q167. Does your job require you to take initiative?

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q168. Do you have to work very fast?

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q169. Do you have to work very intensively?

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q170. Do you have enough time to do everything?

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q171. Do different groups at work demand things from you that you think are hard to combine?

1 Often 2 Sometimes 3 Rarely 4 Never 5 Refused

Q172. In your main job are you:

- 1 Permanently employed
- 2 Fixed term contract
- 3 Casually employed
- 4 *Refused*

If NOT "fixed term contract" go to Q173

Q172a-b. How long is that contract? (Enter 99 to refuse)

- a. _____ Years
- b. _____ Months

Q173. How steady is your work in your main job?

- 1 Regular and steady
- 2 Seasonal
- 3 Frequent layoffs
- 4 Both seasonal and layoffs
- 5 Other
- 6 *Refused*

If did not tick "Other" go to Q174

Q173a. Briefly describe how secure and regular your main job is?

.....

.....

Q174. How secure do you feel about your job or career future in your current workplace?

- 1 Not at all secure
- 2 Moderately secure
- 3 Secure
- 4 Extremely secure
- 5 *Refused*

Q175. If you lost your present job, how difficult do you think it would be to get another job (with the same pay and same hours)?

- 1 Not at all difficult
- 2 Moderately difficult
- 3 Difficult
- 4 Extremely difficult
- 5 *Refused*

Q176. During the last year, how often were you in a situation where you faced job loss or layoff?

- 1 Never
- 2 faced the possibility once
- 3 Faced the possibility more than once
- 4 Constantly
- 5 Actually laid off
- 6 *Refused*

Q177. How likely is it that you will lose your present job during the next couple of years?

- 1 Not very likely
- 2 Somewhat likely
- 3 Very likely
- 4 Refused

Q178. How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)? (Enter 999 to refuse) _____ hours

If NOT currently employed or studying go to Q180

Q179. In the last 4 weeks have you stayed away from your work (or school or place of study) for more than half a day because of any illness or injury that you had?

- 1 Yes
- 2 No
- 3 Refused

If have NOT stayed away from work or place of study go to Q180

179a,b. How many days in the last 4 weeks have you stayed away from your work (or school, or place of study)? (Enter 99 to refuse)

- a. _____ days (Paid sick leave)
- b. _____ days (unpaid sick leave)

If no living children under 5 go to Q181

Q180. Have you been working full or part-time during the periods in between/since having your children?

- 1 Yes, full-time
- 2 Yes, part-time
- 3 No
- 4 Refused

If have NOT worked since having children go to Q181

Q180a. Who looks after your children when you are at work?

- 1 Partner
- 2 Relative or friend
- 3 Childcare centre
- 4 Family Day Care
- 5 Other
- 6 Refused

Q181. How old were you when you first lived away from your parents or parent figure? (Enter 00 if not applicable, 99 to refuse). _____ years old

Q182. How old were you the first time you had sexual intercourse? (Enter 00 if not applicable, 99 to refuse). _____ years old

Q183. How old were you when you first lived with a partner? (Enter 00 if not applicable, 99 to refuse) _____ years old

If no natural children go to Q185.

Q184. How old were you when your first child was born? (Enter 99 to refuse)

_____ years old

Q185. Would you currently consider yourself to be predominantly:

- 1 Heterosexual (sexual preference for opposite sex)
- 2 Homosexual
- 3 Bisexual
- 4 Don't know
- 5 *Refused*

Q186. 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).

- 1 Fully responsible (100%)
- 2 75% responsible
- 3 50% responsible
- 4 25% responsible
- 5 Not at all responsible (0%)
- 6 *Refused*

If no children 18 or less go to Q188

Q187 To what extent are you responsible for childcare in your household? (Children's care includes activities such as making meals, organizing activities, supervising homework, discipline).

- 1 Fully responsible (100%)
- 2 75% responsible
- 3 50% responsible
- 4 25% responsible
- 5 Not at all responsible (0%)
- 6 *Refused*

Q188. 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).

- 1 Fully responsible (100%)
- 2 75% responsible
- 3 50% responsible
- 4 25% responsible
- 5 Not at all responsible (0%)
- 6 *Refused*

Q189. To what extent are you responsible for providing the money for your household?

- 1 Fully responsible (100%)
- 2 75% responsible
- 3 50% responsible
- 4 25% responsible
- 5 Not at all responsible (0%)
- 6 *Refused*

We would now like to ask you some questions about which hand you prefer to use for a number of activities. For activities that require both hands, the hand we want to know about is indicated in brackets.

		Always use right hand	Mostly use right hand	Use either hand equally	Mostly use left hand	Always use left hand	<i>Refused</i>
Q190	Writing	1	2	3	4	5	6
Q191	Drawing	1	2	3	4	5	6
Q192	Throwing	1	2	3	4	5	6
Q193	Scissors	1	2	3	4	5	6
Q194	Toothbrush	1	2	3	4	5	6
Q195	Knife - without fork	1	2	3	4	5	6
Q196	Spoon	1	2	3	4	5	6
Q197	Broom (upper hand, i.e. hand on top surface of the broom)	1	2	3	4	5	6
Q198	Striking match (holds match)	1	2	3	4	5	6
Q199	Opening box (holds lid)	1	2	3	4	5	6

	No	Yes	Don't know	Refused
Q200. Does your biological mother write with her left hand?	1	2	3	4
Q201. Does your biological father write with his left hand?	1	2	3	4

Q202. How many of your brothers or sisters write with their left hand? (Enter 99 to refuse)

Q203. How many of your brothers or sisters write with their *right* hand? (Enter 99 to refuse)

If no natural children go to Q206.

Q204. How many of your biological children write with their left hand? (Enter 99 to refuse)

Q205. Does the other parent of your biological children write with their left hand?

1. No 2. Yes 3. Don't know 4. Refused

Testing

We are now going to do some measures of physical health and memory. I have a card here on which I will write the results of some of the testing. When we get everyone's results we will send you the average results for this age group so that you can see how you went.

First, I am going to take your blood pressure. I'll just position your arm. (Take blood pressure reading preferably in the sitting position 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.

Q207a-e

- a. SYSTOLIC READING
- b. DIASTOLIC READING
- c. PULSE

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

- d. The respondent was? 1 Seated 2 Lying down 3 Refused/not asked
- e. Which arm was used? 1 Left 2 Right 3 Refused/not asked

Q208a-g. We are now going to test your vision. First of all, I'll find the best place for you to view the chart. Find a good position for the eye chart to obtain the best light. Keep the chart covered until you are ready to do the test. Do not have the light coming from behind the chart. The eye chart needs to be about 3 metres away from you so I will use this ribbon to measure the distance to you. Move either the chart or the Respondent to get the correct distance. The chart should be at about eye level. If you normally wear glasses for distance vision please put them on. Uncover the chart. (change screen).

Mark any letter that is *incorrect*.

- a. all OK P
- b. all OK T U
- c. all OK A N X
- d. all OK F D H R
- e. all OK N U P T F
- f. all OK Z A X N F D
- g. all OK H N T P U Z A

Q209a-e. Now I am going to take your blood pressure again. Retighten cuff. I will now inflate the cuff again. Press button.

- a. SYSTOLIC READING
- b. DIASTOLIC READING
- c. PULSE

- d. The respondent was? 1 Seated 2 Lying down 3 Refused/no asked
- e. Which arm was used? 1 Left 2 Right 3 Refused/not asked

Result displayed. Record on Contact Sheet.

Your average systolic blood pressure was "bpsys" and your average diastolic pressure was "bpdias". Record results on card.

Q210. We are now going to try a very different task. Let's suppose you were going shopping tomorrow. I'm going to read a list of items for you to buy. Listen carefully, and when I've finished I want you to say back as many of the items as you can. It doesn't matter what order you say them in - just tell me as many as you can. Are you ready?

Before proceeding, make sure that Respondent understands the task. Then read stimulus words at a rate of approximately one word per second, reading down the list. If necessary, prompt with Are you ready to recall?

After recalling as many items as they can, say Thanks for that.

Result displayed. Record on Contact Sheet.

Q211. I would now like to test your hand strength. Stand and demonstrate as you say the following. First of all, using the hand you write with, put your fingers through this opening here and your thumb around the black plastic moulding here.

Now, you stand and hold the grip meter in the hand you write with, as I've shown. Put your arm down by your side. Now squeeze your fingers and thumb together as hard as you can. Record first measurement and move the lever to zero.

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

Q212. Now let's try that again using the same hand.

Record second measurement.

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

Q213. 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.

Result displayed. Record on Contact Sheet.

Q214. I am now going to ask you to do a task that can't be done on the computer. First I will give you this sheet. Give Respondent Showcard C and use the printed instructions to explain the task. (Couldn't comprehend/other=888, Refused/Not asked=999)

_____ Number correct

I'll ask you to stand to do the next few tests.

Q215. Firstly, I'd like to take your waist measurement. Take waist measurement. (Greater than 150cms=777 Refused=888 Not asked=999)

_____ cms

Record on card

Q216a-b. We would now like to measure your lung capacity. (Insert the cardboard tube and push the switch to the FEV position). I'm going to take 3 measures so that we can average them for a more accurate reading.

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)

a. ____FEV

b. ____FVC

Q217a-b. Turn spirometer to 'OFF' position before turning it to FEV position for second reading. **Would you mind doing that again please?** If the Respondent complains of breathlessness or dizziness, wait for them to get their breath back before going on.

a. ___ FEV b. ___ FVC

Q218a-b. Turn spirometer to 'OFF' position before turning it to FEV position for third reading. **And just once more?** Again, if Respondent complains of breathlessness or dizziness, pause for them to get their breath back. If you have already had to before the second reading, do not continue with the third reading.

a. ___ FEV b. ___ FVC

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

Now I am going to say some numbers. When I stop I want you to say them backwards. For example, if I say 7-1-9, what would you say? Pause for respondent to respond. If respondent responds correctly (9-1-7) say, That's right and proceed to item 1. If respondent fails the example, say, No, you would say 9-1-7. I said 7-1-9, so to say it backwards you would say 9-1-7. Now try these numbers. Remember, you are to say them backwards. 3-4-8.

Whether respondent succeeds or fails with the second example (3-4-8) proceed to item 1. Give no help on this second example or on any of the items to follow.

Read at a rate of one number per second

Result displayed. Record on Contact Sheet.

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

Q224. 1 Right 2 Left 3 Ambidextrous 4 Don't know

Pick up one pin at a time with your (right/left) hand from the (right/left) cup. Starting with the top hole, place each pin in the (right/left)-hand row. Demonstrate by placing one pin in top hole. Now you may insert a few pins for practice. If during the testing time you drop a pin, do not stop to pick it up. Simply continue by picking another pin out of the cup.

Correct any errors and answer any questions. When respondent has inserted 3 or 4 and appears to understand the task, say Stop. Now take out the practice pins and place them back in the (right/left) cup.

Q225. When I say 'Begin', place as many pins as you can in the (right/left) - hand row starting with the top hole. Work as rapidly as you can until I say 'Stop'.

Use stopwatch to time for 30 seconds then say 'Stop'. Record number of pegs inserted.

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

___ Number correct

Q226. Now, I would like you to do this again using the other hand. Repeat test.

_____ Number correct

Q227. For this part of the test I would like you to use both hands at the same time. Pick up a pin from the right-hand cup with your right hand and at the same time pick up a pin from the left-hand cup with your left hand, and place the pins down the rows. Begin with the top hole of both rows.

Demonstrate. Then replace the pins used for demonstration. Now you may insert a few pins with both hands to practice. After 3 or 4 pairs of pins have been correctly inserted, say: Stop. Take out the practice pins and put them back in the proper cups.

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

Record total number of pairs inserted.

_____ Number correct

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

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

Ready? Begin!

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

Q228a-d.

a. _____ Number of circles joined (Max 25) (numeric/2 digits)

b. _____ Total time (secs) (numeric/3 digits)

c. _____ Errors (max 5) (numeric/1 digits)

d. 1 Completed 2 Discontinued 3 Not tested

On this page [point] are some numbers letters. Begin at number 1 [point to 1] and draw a line from 1 to A [point to A], A to 2 [point to 2], 2 to B [point to B], B to 3 [point to 3], 3 to C [point to C], and so on, in order, until you reach the end [point to circle marked "end"]. Remember, first you have a number [point to 1], then a letter [point to A], then a number [point to 2], then a letter [point to B]. Draw the lines as fast as you can. Ready? Begin. *If the subject completes the sample item correctly and shows that they know what to do, say, "Good! Let's try the next one." And give the test proper.*

*If the Respondent makes a mistake, point out the error and explain it. If necessary guide the Respondent's hand through the trail, with pencil upside down. Then say: "Now you try it." Always, when turning to the test proper, say **On this page are more numbers and letters. Do this the same way: begin at number 1 [point to 1] and draw a line from 1 to A [point to A] A to 2 [point to 2], 2 to B [point to B], B to 3 [point to 3], 3 to C [point to C], and so on, in order. Remember, work as fast as you can.***

Ready? Begin!

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

Q229a-d.

- a. ___ Number of circles joined (Max 25)
- b. ___ Total time (secs)
- c. ___ Errors (max 5)
- d. 1 Completed 2 Discontinued 3 Not tested

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

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

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

Q230. Call out the numbers of the faces that you have already seen. *If the respondent calls out fewer than 12 faces, encourage them to continue 'guessing' until a total of 12 choices is made. If respondent calls out more than 12 faces, ask them to eliminate the choices about which they are least confident until the total is reduced to 12.*

- | | | | | |
|----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 |
| <input type="checkbox"/> 21 | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> Refused | | | | |

Result displayed. Record on Contact Sheet.

Is respondent able to complete Spot-the-Word?

Go to next screen then give computer back to respondent

Yes No

If 'No' go to Q291

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.

END OF TESTING

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

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?

Q291. Little interest or pleasure in doing things?

1 Not at all 2 Several days 3 More than half the days 4 Nearly every day 5
Refused

Q292. Feeling down, depressed or hopeless?

1 Not at all 2 Several days 3 More than half the days 4 Nearly every day 5
Refused

Q293. Trouble falling or staying asleep, or sleeping too much?

1 Not at all 2 Several days 3 More than half the days 4 Nearly every day 5
Refused

Q294. Feeling tired or having little energy?

1 Not at all 2 Several days 3 More than half the days 4 Nearly every day 5
Refused

Q295. Poor appetite or overeating?

1 Not at all 2 Several days 3 More than half the days 4 Nearly every day 5
Refused

Q296. Feeling bad about yourself- that you are a failure or have let yourself or your family down?

1 Not at all 2 Several days 3 More than half the days 4 Nearly every day 5
Refused

Q297. Trouble concentrating on things such as reading the newspaper or watching television?

1 Not at all 2 Several days 3 More than half the days 4 Nearly every day 5
Refused

Q298. 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?

1 Not at all 2 Several days 3 More than half the days 4 Nearly every day 5 *Refused*

Q299. Thoughts that you would be better off dead or of hurting yourself in some way?

1 Not at all 2 Several days 3 More than half the days 4 Nearly every day 5 *Refused*

Q300. In the last FOUR weeks, have you had an anxiety attack- suddenly feeling fear or panic?

1 No 2 Yes 3 *Refused*

If have NOT had an anxiety attack go to Q301

Q300a. Has this ever happened before? 1 No 2 Yes 3 *Refused*

Q300b. 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 No 2 Yes 3 *Refused*

Q300c. Do these attacks bother you a lot or are you worried about having another attack?

1 No 2 Yes 3 *Refused*

Q300d. 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 No 2 Yes 3 *Refused*

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

Q301. 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
4 *Refused*

If answered "Not at all" to above go to Q302

Over the last 4 weeks have you been bothered by:

Q301a. Feeling restless so it is hard to sit still

1 Not at all 2 Several days 3 More than half the days 4 *Refused*

Q301b. Getting tired very easily

1 Not at all 2 Several days 3 More than half the days 4 *Refused*

Q301c. Muscle tension, aches, or soreness

1 Not at all 2 Several days 3 More than half the days 4 *Refused*

Q301d. Trouble falling asleep or staying asleep

1 Not at all 2 Several days 3 More than half the days 4 *Refused*

Q301e. Trouble concentrating on things, such as reading a book or watching

TV.

1 Not at all 2 Several days 3 More than half the days 4 *Refused*

Q301f. Becoming easily annoyed or irritable

1 Not at all 2 Several days 3 More than half the days 4 *Refused*

Q302-319. The following scale consists of a number of words that describe different feelings or emotions. Please read each item and indicate to what extent you have been feeling this way in the last 4 weeks.

Attentive	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Strong	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Inspired	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Afraid	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Alert	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Upset	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Active	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Guilty	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Nervous	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Excited	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Proud	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Jittery	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Ashamed	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Scared	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Enthusiastic	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Distressed	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Determined	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused
Interested	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely	6 <input type="radio"/> Refused

Q320-337. Next are some specific questions about your health and how you have been feeling in the last 4 weeks. In the last 4 weeks:

Have you felt keyed up or on edge? 1 No 2 Yes 3 Refused

Have you been worrying a lot? 1 No 2 Yes 3 Refused

Have you been irritable? 1 No 2 Yes 3 Refused

Have you had difficulty relaxing? 1 No 2 Yes 3 Refused

Have you been sleeping poorly? 1 No 2 Yes 3 Refused

Have you had headaches or neckaches? 1 No 2 Yes 3 Refused

**Have you had any of the following:
trembling, tingling, dizzy spells, sweating,
diarrhoea or needing to pass water more often
than usual?**

1 No 2 Yes 3 Refused

Have you been worried about your health?

1 No 2 Yes 3 Refused

Have you had difficulty falling asleep?

1 No 2 Yes 3 Refused

Have you been lacking energy?

1 No 2 Yes 3 Refused

Have you lost interest in things?

1 No 2 Yes 3 Refused

Have you lost confidence in yourself?

1 No 2 Yes 3 Refused

Have you felt hopeless?

1 No 2 Yes 3 Refused

Have you had difficulty concentrating?

1 No 2 Yes 3 Refused

Have you lost weight (due to poor appetite)?

1 No 2 Yes 3 Refused

Have you been waking early?

1 No 2 Yes 3 Refused

Have you felt slowed up?

1 No 2 Yes 3 Refused

Have you tended to feel worse in the mornings?

1 No 2 Yes 3 Refused

In the LAST YEAR have you ever:

Q338. Felt that life is hardly worth living?

1 No 2 Yes 3 Refused

**Q339. Thought that you really would be better off
dead?**

1 No 2 Yes 3 Refused

Q340. Thought about taking your own life?

1 No 2 Yes 3 Refused

**Q341. Thought that taking your life was the only
way out of your problems**

1 No 2 Yes 3 Refused

If answered 'No' to "Thought about taking your own life" go to Q351.

In the LAST YEAR have you ever:

Q341a. Made plans to take your own life?

1 No 2 Yes 3 Refused

Q341b. Attempted to take your own life?

1 No 2 Yes 3 Refused

In the last year, have you ever done any of the following to deliberately hurt yourself?

Q342. Taken an overdose of medication

1 No 2 Yes 3 Refused

Q343. Cut yourself

1 No 2 Yes 3 Refused

Q344. Banged your head or fist against

something.

1 No

2 Yes

3 Refused

Q345. In the last year have you ever denied yourself a necessity, such as food, as a punishment?

1 No

2 Yes

3 Refused

Q346. 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

3 Refused

If never been markedly depressed go to Q356

Q346a. Did this occur some time during the past 4 years, since we last interviewed you?

1 Yes

2 No

3 Refused

Q346b. Did you see a counsellor or a doctor for depression some time during the last 4 years.

1 Yes

2 No

3 Refused

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

Q347. There is really no way I can solve some of the problems I have.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

5 Refused

Q348. Sometimes I feel that I'm being pushed around in life.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

5 Refused

Q349. I have little control over the things that happen to me.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

5 Refused

Q350. I can do just about anything I really set my mind to do.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

5 Refused

Q351. I often feel helpless in dealing with the problems of life.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

5 Refused

Q352. What happens to me in the future mostly depends on me.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

5 Refused

Q353. There is little I can do to change many of the important things in my life.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

5 Refused

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

Q354. I think about how alone I feel.

1 Never 2 Sometimes 3 Often 4 Always 5 *Refused*

Q355. I think about my feelings of fatigue and achiness.

1 Never 2 Sometimes 3 Often 4 Always 5 *Refused*

Q356. I think about how hard it is to concentrate.

1 Never 2 Sometimes 3 Often 4 Always 5 *Refused*

Q357. I think about how passive and unmotivated I feel.

1 Never 2 Sometimes 3 Often 4 Always 5 *Refused*

Q358. I think, "Why can't I get going?"

1 Never 2 Sometimes 3 Often 4 Always 5 *Refused*

Q359. I think about a recent situation, wishing it had gone better.

1 Never 2 Sometimes 3 Often 4 Always 5 *Refused*

Q360. I think about how sad I feel.

1 Never 2 Sometimes 3 Often 4 Always 5 *Refused*

Q361. I think about all my shortcomings, failings, faults and mistakes.

1 Never 2 Sometimes 3 Often 4 Always 5 *Refused*

Q362. I think about how I don't feel up to doing anything.

1 Never 2 Sometimes 3 Often 4 Always 5 *Refused*

Q363. I think, "Why can't I handle things better?"

1 Never 2 Sometimes 3 Often 4 Always 5 *Refused*

We are interested in how people respond to difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events.

Obviously, different events bring out different responses, but think about what you usually do when you are under a lot of stress.

What do YOU usually do when YOU experience a stressful event?

	I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot	Refused
Q364. I concentrate my efforts on Doing something about it.	1	2	3	4	5
Q365. I try to come up with a strategy about what to do.	1	2	3	4	5
Q366. I try to see it in a different light, to make it seem more positive.	1	2	3	4	5

Q367. I accept the reality of the fact that it has happened.	1	2	3	4	5
Q368. I make jokes about it.	1	2	3	4	5
Q369. I try to find comfort in my religion or spiritual beliefs.	1	2	3	4	5
Q370. I try to get emotional support from others	1	2	3	4	5
Q371. I try to get advice or help from other people about what to do.	1	2	3	4	5
Q372. I turn to work or other activities to take my mind off things.	1	2	3	4	5
Q373. I say to myself “this isn’t real”.	1	2	3	4	5
Q374. I say things to let my unpleasant feelings escape.	1	2	3	4	5
Q375. I use alcohol or other drugs to make myself feel better.	1	2	3	4	5
Q376. I give up trying to deal with it.	1	2	3	4	5
Q377. I criticise myself.	1	2	3	4	5
Q378. I learn to live with it.	1	2	3	4	5
Q379. I take action to try to make the situation better.	1	2	3	4	5
Q380. I think hard about what steps to take.	1	2	3	4	5
Q381. I look for something good in what has happened.	1	2	3	4	5
Q382. I make fun of the situation.	1	2	3	4	5
Q383. I pray or mediate.	1	2	3	4	5
Q384. I get comfort and understanding from someone.	1	2	3	4	5
Q385. I get help and advice from other people.	1	2	3	4	5
Q386. I do something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	1	2	3	4	5
Q387. I refuse to believe that it has happened.	1	2	3	4	5
Q388. I express my negative feelings.	1	2	3	4	5
Q389. I use alcohol or other drugs to help me get through it.	1	2	3	4	5
Q390. I give up the attempt to cope.	1	2	3	4	5
Q391. I blame myself for things that have happened	1	2	3	4	5

Q392-415. Each of the following items is a statement that a person may either agree or disagree with. Indicate how much you agree or disagree with each statement. Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, don't worry about being 'consistent' in your responses.

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

How I dress is important to me.

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

Criticism or scolding hurts me quite a bit.

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 Refused

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 *Refused*

I often act on the spur of the moment.

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 *Refused*

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 *Refused*

I often wonder why people act the way they do.

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 *Refused*

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 *Refused*

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 *Refused*

I crave excitement and new sensations.

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 *Refused*

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

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 *Refused*

I have very few fears compared to my friends.

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 *Refused*

It would excite me to win a contest.

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 *Refused*

I worry about making mistakes.

1 Very false for me 2 Somewhat false for me 3 Somewhat true for me 4 Very true for me
5 *Refused*

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

Q416. In most ways my life is close to ideal.

1 Strongly disagree 2 Disagree 3 Slightly disagree 4 Neither agree nor disagree
5 Slightly agree 6 Agree 7 Strongly agree 8 *Refused*

Q417. The conditions of my life are excellent.

1○Strongly disagree 2○Disagree 3○Slightly disagree 4○Neither agree not disagree
5○Slightly agree 6○Agree 7○Strongly agree 8 ○Refused

Q418. I am satisfied with my life.

1○Strongly disagree 2○Disagree 3○Slightly disagree 4○Neither agree not disagree
5○Slightly agree 6○Agree 7○Strongly agree 8 ○Refused

Q419. So far, I have gotten the important things I want in life.

1○Strongly disagree 2○Disagree 3○Slightly disagree 4○Neither agree not disagree
5○Slightly agree 6○Agree 7○Strongly agree 8 ○Refused

Q420. If I could live my life over, I would change almost nothing.

1○Strongly disagree 2○Disagree 3○Slightly disagree 4○Neither agree not disagree
5○Slightly agree 6○Agree 7○Strongly agree 8 ○Refused

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

Q421. Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework).

1○3 times a week or more 2○Once or twice a week 3○About 1-3 times a month
4○Never/hardly ever 5 ○Refused

Q422. Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).

1○3 times a week or more 2○Once or twice a week 3○About 1-3 times a month
4○Never/hardly ever 5 ○Refused

Q423. Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing).

1○3 times a week or more 2○Once or twice a week 3○About 1-3 times a month
4○Never/hardly ever 5 ○Refused

Please give the average number of hours or minute 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)

Q424. Mildly energetic (e.g. walking, weeding)

 hours
minutes

Q425. Moderately energetic (e.g. dancing, cycling)

 hours
minutes

Q426. Vigorous (e.g. running, squash)

 hours
minutes

Q427-Q442

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

	Not at	Once or	4-5	6 or	Refused
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	all	twice	times	more times	
Read scientific books or magazines	1	2	3	4	5
Read about special subjects on my own	1	2	3	4	5
Solved maths or chess puzzles	1	2	3	4	5
Done troubleshooting of software packages on a PC	1	2	3	4	5
Sketched, drawn or painted	1	2	3	4	5
Practised a musical instrument	1	2	3	4	5
Gone to recitals, concerts, or musicals	1	2	3	4	5
Read literature	1	2	3	4	5
Attended religious services	1	2	3	4	5
Participated in club activities	1	2	3	4	5
Helped others with their personal problems	1	2	3	4	5
Worked as a volunteer	1	2	3	4	5
Discussed politics	1	2	3	4	5
Influenced others	1	2	3	4	5
Been on the committee of a group	1	2	3	4	5
Led a group in accomplishing some goal	1	2	3	4	5