

**Centre for Mental Health Research**  
**The PATH Through Life Questionnaire**  
*40+ Wave 3 - 29-5-2008*

Date of completion of this questionnaire

Respondent's ID: \_\_\_\_\_ Date of last interview: \_\_\_\_\_

**Q2. Gender:** 1.  Male      2.  Female

**Q3a. Suburb** \_\_\_\_\_ **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

**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

**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.**

\_\_\_\_\_

*If married or living with a partner and only had one relationship go to Q9a,b  
If never been married or lived with a partner go to Q10.*

**Q8a,b. How long have you been separated from your (previous) partner?**

\_\_\_\_\_ 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?**

\_\_\_\_\_ 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

*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

*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

**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***

*If you are NOT currently studying for a technicians certificate, other certificate or associate diploma go to 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

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

**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

*If employed, full or part-time go to Q13a1*

**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 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.)

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**Q13a2. What are your main duties or activities?**

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*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

*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

**Q13c. Have you ever been employed in the past?**

1.  Yes      2.  No

*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.)

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**Q13d2. What were your main duties or activities?**

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**Q13e. Are (or 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

*If self-employed or working without pay go to Q13h*

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

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

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

1.  1-9      2.  10-24      3.  25+

*Go to Q\_new\_2a*

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

\_\_\_\_\_

**Q\_new 2a. Do you consider yourself to be completely retired from the paid workforce, partly retired or not retired at all?**

1. Completely retired
2. Partly retired
3. Not retired at all

*If completely retired go to Q\_new\_2c*

*If not retired at all and working full-time go to Q14*

*If not retired at all and working part-time go to Q\_new\_2f*

*If not retired at all and unemployed looking for work go to Q14*

*If not retired at all but not in the workforce go to Q13n*

**Q\_new 2b In what sense do you consider yourself partly retired?**

1. You work fewer hours
2. You work in a less demanding job or a job with fewer responsibilities
3. You work in a completely different line of work
4. You work only casually or occasionally
5. You work for yourself
6. You work more from home
7. You do voluntary or charity work
8. Currently looking for part-time work
9. Plan to look for part-time work in the future
10. Other

**Q\_new 2c How old were you when you retired, either partly or completely \_\_\_\_\_ years**

**Q\_new 2d. What is the main reason you chose to retire (either partly or completely) or you left your last job?**

1.  Last job was temporary
2.  Retrenched/laid off/made redundant/business closed down
3.  Unsatisfied with job
4.  Reached appropriate age for retirement
5.  Own illness, disability or injury
6.  Relative's illness, disability or injury
7.  To have children
8.  To look after family / home
9.  To pursue other activities

*If working full-time but partly retired and Q\_New\_2b=2,3 or 5 go to Q\_new\_2h*

*If working full-time but partly retired and Q\_New\_2b=1,4,6,7,8, 9 or 10 go to Q14*

*If unemployed, looking for work go to Q14.*

*If employed part-time go to Q\_new\_2f.*

**Q\_new 2e. Were you working part-time in your last job before you retired?**

1.  Yes – part-time
2.  No – full-time

*Go to Q13n*

**Q\_new 2f Have you previously been employed full-time? (If 'no' mark 'mostly or always worked part-time...'. If 'yes' say: Was this:**

1.  less than 12 months ago
2.  1 to less than 2 years ago
3.  2 to less than 5 years ago
4.  5 to less than 10 years ago
5.  10 years or more ago
6.  mostly or always worked part-time in working life

**Q\_new 2g. Is your current part-time work in the same field as your main career job?**

1.  Yes
2.  No

*If current job the same as main career go to Q14*

**Q\_new 2h. Which of the following best describes your main career job (Show participant Showcard)**

1.  Manager or administrator (directors, EL1, principals)
2.  Upper Professional (doctors, teachers, registered nurses, lawyers, ITs)
3.  Middle professional (ASO 5-6, shop/small business owner)
4.  Tradespersons or related worker
5.  Advanced clerical or service worker (secretary,
6.  Intermediate clerical, sales or service worker (ASO 3-4, sales supervisor, receptionist
7.  Intermediate Production or transport worker (bus/truck drivers
8.  Elementary clerical, sales or service worker (ASO 1-2, sales assistant
9.  Labourer or related worker
10.  Other

*If employed or 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

**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

*If you have not had any children go to B1*

**Q15. How many children do you have who are now living?** \_\_\_\_\_

*If you don't have any living children go to Q16*

**Can you please tell me the following? (start from oldest child)**

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

*If you have not experienced the death of a child go to B1*

**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
<b>17a</b> Age of child -					
Years					
Months(If < 1 year)					
<b>17b</b> Was this child your –					
Natural child					
Stepchild					
Adopted child					
Other					
Refuse					

**B1**

If male and not living with a partner go to B2

**Q19 Are you / your partner currently pregnant?**

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

(If not pregnant go to B2 )

**Q19A. When is the baby due?**

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

**B2**

If male go to Q 20f

- |   |          |          |
|---|----------|----------|
| <b>Q20a. Would you like to have had more children?</b>  | Yes      | No       |
| If you do not have any children, would you like to have had children?                                     | 1        | 2        |
| <b>Q20b. Have you ever tried to become pregnant for more than one year without achieving a pregnancy?</b> | 1        | 2        |
| <i>If no problems getting pregnant go to Q21</i>  | 1        | 2        |
| <b>Q20d. Have you ever sought medical assessment or help for infertility problems?</b>                    | 1        | 2        |
| <b>Q20e. What is the longest period of time you have tried to become pregnant?</b>                        | .....yrs | ....mths |

If female go to Q21

- |   |          |          |
|---|----------|----------|
| <b>Q20f. Would you like to have had more children?</b>                                  | Yes      | No       |
| If you do not have any children, would you like to have had children?                   | 1        | 2        |
| <b>Q20g. Have you ever experienced a problem with infertility for more than 1 year?</b> | 1        | 2        |
| <i>If never experienced a problem with infertility go to Q21</i>                        | 1        | 2        |
| <b>Q20i. Have you ever sought medical assessment or help for infertility problems?</b>  | 1        | 2        |
| <b>Q20j. For how long was this a problem?</b>   | .....yrs | ....mths |

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

21. Heart trouble 1.  Yes 2.  No  
22. Cancer 1.  Yes 2.  No  
23. Arthritis 1.  Yes 2.  No  
24. Thyroid disorder 1.  Yes 2.  No  
25. Epilepsy 1.  Yes 2.  No  
26. Cataracts, glaucoma  
or other eye disease 1.  Yes 2.  No  
27. Asthma, chronic bronchitis  
or emphysema 1.  Yes 2.  No  
28. Diabetes 1.  Yes 2.  No

If you *do not* have heart trouble go to Q28a

**Q21a. Have you suffered a heart problem that led to hospital admission, hospital emergency contact or consultation with a specialist in the last 4 years?**

- 1  Yes 2  No 3  Don't know

If 'No' to above question go to Q28

**Q21a1-a3. Were you told that your heart trouble was a:**

- myocardial infarction or heart attack? 1  Yes 2  No  
angina 1  Yes 2  No  
heart failure 1  Yes 2  No

If you *do not* have diabetes go to Q29

**What treatment do you use to control your diabetes?**

- Q28a. Diet and exercise 1  Yes 2  No  
Q28b. Tablets 1  Yes 2  No  
Q28c. Insulin 1  Yes 2  No

**Q29. Have you suffered from high blood pressure *since your last interview*?**

- 1  Yes 2  No 3  Uncertain

If you are *not* suffering from high blood pressure go to Q30

**Q29a. Are you currently taking any tablets for high blood pressure?**

- 1  Yes 2  No

**Q30. Have you been diagnosed with a brain tumour *since your last interview*?**

- 1  Yes 2  No

**Q31. Have you had a brain infection such as meningitis or a brain abscess *since your last interview*?**

- 1  Yes 2  No

**Q32. Have you ever suffered a stroke? (*Sudden* numbness or weakness of face, arm or leg, especially on one side of the body; sudden confusion, trouble speaking or understanding, trouble seeing in one or both eyes, trouble walking, dizziness, loss of balance or coordination,. These symptoms lasted *more than 24 hours*.)**

- 1  Yes 2  No 3  Don't know

*If you have not, or don't know if you have suffered a stroke go to Q33*

**Q32a. Was the diagnosis of stroke confirmed by a specialist (Neurologist or geriatrician)?**

1  Yes      2  No

**Q32b. Did the event result in hospital admission?**

1  Yes      2  No

**Q32c. Was the stroke associated with bleeding in the brain?**

1  Yes      2  No

**Q32d. Did this stroke occur in the last 4 years?**

1  Yes      2  No

**Q33. Have you ever suffered from a Transient Ischemic Attack (TIA or ministroke)?**

(Sudden onset of symptoms similar to a stroke. Most symptoms disappear within an hour but may persist for up to 24 hours).

1  Yes      2  No      3  Don't know

*If you have not, or don't know if you have suffered a TIA go to Q34*

**Q33a. Was the diagnosis of TIA or 'mini-stroke' confirmed by a specialist (Neurologist or geriatrician)?**

1.  Yes      2.  No

**Q33b. Did the event result in hospital admission?**

1.  Yes      2.  No

**Q33c. Did this TIA or 'ministroke' occur in the last 4 years?**

1.  Yes      2.  No

**This questionnaire asks 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
<b>Q34. How often were you unable to do any paid work, housework, volunteering or study due to health conditions?</b>	1	2	3	4	5
<b>Q35. When you did work, how often did you have to work for a shorter period than you normally would?</b>	1	2	3	4	5
<b>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?</b>	1	2	3	4	5
<b>Q37. When you did work, how often were the tasks you do more difficult or effortful to perform than is usual for you?</b>	1	2	3	4	5

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? (In these questions we are interested in *physical* pain only.)

- 1  All days
- 2  5 to 6 days
- 3  3 to 4 days
- 4  1-2 days
- 5  No days

If have not experienced pain in the last week 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
<i>No pain</i>					<i>Severe pain</i>					

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

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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

Q42b. were you admitted to hospital?

- 1.  Yes
- 2.  No

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

- 1.  Yes
- 2.  No

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

If have not or don't know if you have had a serious head injury go to Q44a-c

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

Q43a. How many head injuries have you had? \_\_\_\_\_

If you have had one head injury go to Q43d

Q43b. How old were you when you had the first head injury *since your last interview*?

\_\_\_\_\_

Q43c How old were you when you had the last head injury?. \_\_\_\_\_

Go to Q43e.

Q43d. How old were you when you had this injury? \_\_\_\_\_

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

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

- 1  Yes
- 2  No
- 3  Not sure

If 'No' or 'not sure' 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

Q43g Did you lose consciousness following the head injury?

- 1  Yes
- 2  No
- 3  Not sure

If 'No' or 'not sure' 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

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**      \_\_\_\_\_ stones      \_\_\_\_\_ pounds

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

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

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

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

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

Q47. Climbing *several flights of stairs*? 1  Yes - limited a lot  
2  Yes - limited a little  
3  No - not limited at all

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

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

- 1  Yes
- 2  No

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

- 1  Yes
- 2  No

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

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

- 1  Yes
- 2  No

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

- 1  Yes
- 2  No

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

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

**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

**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

**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

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

- 1  Yes
- 2  No

*If have not taken vitamins or minerals 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 not '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

If '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

**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

If have not taken sleeping 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 not '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

If '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

**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

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 *not* '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

If '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

**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

If have *not* taken medications for anxiety or depressions 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"/> Zolofit           |
| 12 <input type="checkbox"/> Efexor    | 25 <input type="checkbox"/> Nervatona                | 38 <input type="checkbox"/> <i>Other</i>      |
| 13 <input type="checkbox"/> Endep     | 26 <input type="checkbox"/> Prothiaden               |   |

If *not* '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

*If '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

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

- 1  Yes
- 2  No

*If have not taken medications for 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 not '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

*If '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

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

- 1  Yes
- 2  No

*If have not taken medications 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"/> Liprachol              | 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"/> Lipid                  | 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"/> <i>Other</i>                   |
| 12 <input type="checkbox"/> Lipazil               | 23 <input type="checkbox"/> Pravastatin, any brand |  |

*If not '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

*If '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

**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

*If not taken any other medications 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

*If currently using contraceptives go to Q65a*

**Q65. Have you stopped using contraception since the last interview ?**

- 1.  Yes, I have stopped since the last interview.
- 2.  No, I am still using contraception
- 3.  No, I have not used contraception for more than 4 years

*If have not used contraception since your last interview go to Q66*

*If still using contraception go to Q65b*

**Q65a. In what year did you stop using contraception?** \_\_\_\_\_

*Go to Q66*

**What contraceptive or implant are you currently using?**

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 not 'other' go to Q66*

**Q65d. What other contraceptive are you using?**

.....

**We would now like to ask some more questions relating to women's health.**

**Q66. 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

*If still having periods at all go to Q\_new\_66e1;*

*If your periods have stopped entirely go to Q66b*

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

\_\_\_\_\_ *Go to Q\_new\_66e1*

**Q66b. At what age did your periods cease?**

\_\_\_ years

**Q66c. What caused your periods to cease? 1  Natural menopause**

2  Hysterectomy

3  Other

*If 'natural menopause' go to Q66d*

*If 'hysterectomy' go to Q66d2*

**Q66c1 What caused your periods to stop?**

\_\_\_\_\_ *Go to Q\_new\_66e1*

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

1.  Yes

2.  No

**Q66d1. At what age did you have this operation?**

\_\_\_\_\_ years

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

1.  Yes 2.  No

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

1.  Yes 2.  No

**Q\_new\_66e1. Which of the following symptoms apply to you at this time?**

**Hot flushes, sweating (episodes of sweating)**

None  Mild  Moderate  Severe  Very severe

**E2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)**

None  Mild  Moderate  Severe  Very severe

**E3. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)**

None  Mild  Moderate  Severe  Very severe

**E4 Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)**

None  Mild  Moderate  Severe  Very severe

**E5 Irritability (feeling nervous, inner tension, feeling aggressive)**

None  Mild  Moderate  Severe  Very severe

**E6 Anxiety (inner restlessness, feeling panicky)**

None  Mild  Moderate  Severe  Very severe

**E7 Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)**

None  Mild  Moderate  Severe  Very severe

**E8 Sexual problems (change in sexual desire, in sexual activity and satisfaction)**

None  Mild  Moderate  Severe  Very severe

**E9 Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)**

None  Mild  Moderate  Severe  Very severe

**E10 Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)**

None  Mild  Moderate  Severe  Very severe

**E11 Joint and muscular discomfort (pain in the joints, rheumatoid complaints)**

None  Mild  Moderate  Severe  Very severe

**Q67. Have you ever had hormone replacement therapy (HRT)? (Include herbal or natural remedies).**

1  Yes 2  No

If not on HRT go to Q68

If periods have not stopped entirely go to Q67b

**Q67a. Did you start taking HRT:**

- 1.  before your periods stopped
- 2.  after your periods stopped

**Q67b. Are you still having hormone replacement therapy?**

- 1  Yes
- 2  No

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

\_\_\_\_\_ years

**Q67d. Which hormone replacement medications are you on / 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. <i>Other</i>

If not '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

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

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? \_\_\_\_\_**

Go to Q68a3

**Q68a2. How many cigarettes do you usually smoke over a one month period? \_\_\_\_\_**

**Q68a3.** At what age did you start smoking? \_\_\_\_\_

**Q68a4.** On average, how many cigarettes would you have smoked each day over the time you have been smoking? \_\_\_\_\_

*Go to Q69*

**Q68b.** Have you smoked at all over the last month? 1  Yes 2  No

*If have not smoked at all over the last month go to Q68c*

**Q68b1.** Approximately how many cigarettes have you smoked in the last month?  
\_\_\_\_\_

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

*If you have never smoked regularly go to Q69*

**Q68c1.** At what age did you start smoking? \_\_\_\_\_

**Q68c2.** At what age did you stop smoking? \_\_\_\_\_

**Q68c3.** On average, how many cigarettes would you have smoked each day over the time you were smoking? \_\_\_\_\_

**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

*If drunk alcohol in the last year go to Q70*

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

*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

*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

*If female go to Q72*

**Q71b. How often do you have 7 or more standard drinks on one occasion?**

8.  Not in the last year

9.  Monthly or less

10.  2-3 times a month

11.  Once a week

12.  2-3 times a week

13.  4-6 times a week

14.  Every day

**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

**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

**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

**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

**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

**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

**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

**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

**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

**Q81. How many years did you drink at the highest level indicated in Q79 and Q80?**

\_\_\_\_\_

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

*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.

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

- 1  Yes
- 2  No

*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

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

- 1  Yes
- 2  No

**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**

**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*

*If you have tried amphetamines but not ecstasy go to Q83b*

*If you have not tried ecstasy or amphetamines go to Q85*

**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

*If you 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

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

\_\_\_\_ years      \_\_\_\_ months      \_\_\_\_ weeks.

*If have not used amphetamines go to Q85*

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

1  Yes      2  No

*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

**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

*If 'NO' 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

*If 'NO' 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

*If 'NO' 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

*If 'NO' go 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

*If 'NO' 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

*If 'NO' 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

*If 'NO' 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

*If 'NO' 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

*If 'NO' 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

*If 'NO' go to Q95*

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

---

**Q95. 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?**

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

1  Yes      2  No

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

1  Yes      2  No

**Q97. Your parent, child or partner died.**

1  Yes      2  No

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

1  Yes      2  No

**Q99. You broke off a steady relationship**

1  Yes      2  No

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

1  Yes      2  No

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

1  Yes      2  No

**Q102. You thought you would soon lose your job.**

1  Yes      2  No

*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

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

1  Yes      2  No

**Q105. You had a separation due to marital difficulties.**

1  Yes      2  No

**Q106. You became unemployed or you were seeking work unsuccessfully for more than one month.**

1  Yes      2  No

**Q107. You were sacked from your job.**

1  Yes      2  No

**Q108. You had a major financial crisis.**

1  Yes      2  No

**Q109. You had problems with the police and a court appearance.**

1  Yes      2  No

**Q110. Something you valued was lost or stolen.**

1  Yes      2  No

**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

*If no other current 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

**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 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| b. Went without meals                                   | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| c. Was unable to heat home                              | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| d. Asked for help from welfare/community organizations. | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |

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

*If you live alone go to Q116*

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

- spouse / partner
- any of your children
- A parent or parent-in-law
- A grandparent
- A brother or sister
- A son-in-law or daughter-in-law
- A grandchild
- Other relatives
- Someone who is not a relative
- Other

**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

**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

**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

**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

**Q\_new\_3. Apart from Medicare, are you currently covered by private health insurance?**

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

**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

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

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

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

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

**Q123. How often do they criticise you?**

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

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

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

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

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

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

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

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

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

**Q128. How often do family criticise you?**

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

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

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

*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

**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

**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

**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

**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

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

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

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

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

**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

**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

**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

**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
---	---	---	--------	--------	-----------

**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
---	---	---	--------	--------	-----------

**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
---	---	---	--------	--------	-----------

**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
---	---	---	--------	--------	-----------

**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
---	---	---	--------	--------	-----------

**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
---	---	---	--------	--------	-----------

*If not currently married or living with a partner go to B3*

**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
<b>Q146. Philosophy of life</b>	1	2	3	4	5	6
<b>Q147. Aims, goals &amp; things believed important</b>	1	2	3	4	5	6

<b>Q148. Amount of time spent together</b>	1	2	3	4	5	6
--	---	---	---	---	---	---

**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
<b>Q149. Have a stimulating exchange of ideas</b>	1	2	3	4	5	6
<b>Q150. Calmly discuss something together</b>	1	2	3	4	5	6
<b>Q151. Work together on a project</b>	1	2	3	4	5	6

**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.**

1                      2                      3                      4                      5                      6                      7  
 Extremely      Fairly      A little      Happy      Very      Extremely      Perfect  
 unhappy      unhappy      Unhappy                      Happy      Happy

**B3**

*If not currently employed go to B4*

**Q153. The next few questions ask about your work situation.**

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

1  Often      2  Sometimes      3  Rarely      4  Never

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

1  Often      2  Sometimes      3  Rarely      4  Never

**Q155. Others take decisions concerning my work.**

1  Often      2  Sometimes      3  Rarely      4  Never

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

1  Often      2  Sometimes      3  Rarely      4  Never

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

1  Often      2  Sometimes      3  Rarely      4  Never

**Q158. My working time can be flexible.**

1  Often      2  Sometimes      3  Rarely      4  Never

**Q159. I can decide when to take a break.**

1  Often      2  Sometimes      3  Rarely      4  Never

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

1  Often      2  Sometimes      3  Rarely      4  Never

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

1  Often      2  Sometimes      3  Rarely      4  Never

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

1  Often      2  Sometimes      3  Rarely      4  Never

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

1  Often      2  Sometimes      3  Rarely      4  Never

**Q164. Is your job boring?**

- 1  Often    2  Sometimes    3  Rarely    4  Never

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

- 1  Often    2  Sometimes    3  Rarely    4  Never

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

- 1  Often    2  Sometimes    3  Rarely    4  Never

**Q167. Does your job require you to take initiative?**

- 1  Often    2  Sometimes    3  Rarely    4  Never

**Q168. Do you have to work very fast?**

- 1  Often    2  Sometimes    3  Rarely    4  Never

**Q169. Do you have to work very intensively?**

- 1  Often    2  Sometimes    3  Rarely    4  Never

**Q170. Do you have enough time to do everything?**

- 1  Often    2  Sometimes    3  Rarely    4  Never

**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

**Q172. In your main job are you:**

- 1  Permanently employed  
2  Fixed term contract  
3  Casually employed

*If not a fixed term contract go to Q173*

**Q172a-b. How long is that contract?**

- 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

*If not '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

**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

**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

**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

**Q178. How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)?** \_\_\_\_ hours

**B4**

*If not currently employed or studying go to B5*

**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

*If have not stayed away from work or study go to Q\_new\_4*

**179a,b. How many days in the last 4 weeks have you stayed away from your work (or school, or place of study)?**  
a. \_\_\_\_ days (Paid sick leave)      b. \_\_\_\_ days (unpaid sick leave)

**Q\_new\_4. Do you provide childcare or babysitting for your grandchild/ren so that their parent/s can work? (Grandchildren includes any children for whom you fill a grandparent role)**  
1  Yes      2  No

*If do not provide childcare go to Q\_new\_5*

**Q\_new\_4a. How many hours per week (on average) do you provide such childcare or babysitting?**

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

*If not 'only in school holidays' go to Q\_new\_5*

**Q\_new\_4b: Approximately how many days would you care for your grandchildren over a year?**  
\_\_\_\_\_ days

**Q\_new\_5. Do you provide care or informal assistance to a person with a disability, or a medical condition or to a person who is elderly? (Informal assistance includes help with activities such as personal care, housework, communication, meal preparation, paperwork, property maintenance or transport)**

- 1  Yes      2  No

*If do not provide care go to Q\_new\_6*

**Q\_new\_5a. How long have you been providing this assistance?**

- 1  less than 6 mths  
2  6 mths to less than 1 year  
3  1 to less than 2 years  
4  2 to less than 5 years  
5  more than 5 years

**Q\_new\_5b. How many hours per week, on average, do you spend providing assistance?**

- 1  Less than 2 hours  
2  2 to less than 5 hours  
3  5 to less than 10 hours  
4  10 to less than 15 hours  
5  15 to less than 20 hours  
6  20 to less than 30 hours  
7  30 or more hours

**Q\_new\_5c. Are you the "primary carer" for someone? That is, the person who provides the most care for an individual, include help in two of the following areas - mobility, help with communication or self-care)?**

- 1  Yes      2  No

*If not primary carer or you care for someone for less than 10 hours/week go to Q\_new\_6.*

**Q\_new\_5c1. Does the person you care for live:**

- 1  in the same house as you?  
2  in an adjacent house/unit to you?  
3  in another house that you have to travel to?

**Q\_new\_5c2. Is the main person you care for your:**

- 1  spouse  
2  parent or parent-in-law  
3  child  
4  grandchild  
5  cousin, sibling or other relative  
6  friend  
7  neighbour  
8  other

**Q\_new\_5c3. Does the main person you care for require care because of:**

- 1  a physical disability or chronic illness  
2  frailty  
3  a mental illness  
4  memory problems, problems with managing finances or managing daily activities  
5  other

If not 'other' go to Q\_new\_6

**Q\_new\_5c4. Why does this person need care?**

---

**Q\_new\_6. Do you ever do any voluntary work?**

1  Yes      2  No

If do not do voluntary work go to Q180

**Q\_new\_6a. How many hours per week, on average, are you engaged in voluntary work?**

\_\_\_\_\_ hours

**B5**

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

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 .....

**Q181. How old were you when you first lived away from your parents or parent figure?**

\_\_\_\_\_ years old

**Q182. How old were you the first time you had sexual intercourse? (Enter 00 if not applicable)**

\_\_\_\_\_ years old

**Q183. How old were you when you first lived with a partner? (Enter 00 if not applicable)**

\_\_\_\_\_ years old

If no natural children go to Q185.)

**Q184. How old were you when your first child was born? \_\_\_\_\_ 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

**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%)

*If no living children younger than 18 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%)

**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%)

**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%)

**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 <b>right</b> hand	Mostly use <b>right</b> hand	Use either hand <b>equally</b>	Mostly use <b>left</b> hand	Always use <b>left</b> hand
<b>Q190</b>	<b>Writing</b>	1	2	3	4	5
<b>Q191</b>	<b>Drawing</b>	1	2	3	4	5
<b>Q192</b>	<b>Throwing</b>	1	2	3	4	5
<b>Q193</b>	<b>Scissors</b>	1	2	3	4	5
<b>Q194</b>	<b>Toothbrush</b>	1	2	3	4	5
<b>Q195</b>	<b>Knife - without fork</b>	1	2	3	4	5
<b>Q196</b>	<b>Spoon</b>	1	2	3	4	5
<b>Q197</b>	<b>Broom (upper hand, i.e. hand on</b>	1	2	3	4	5



**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 

Numeric/3 digits
------------------
- b. DIASTOLIC READING 

Numeric/3 digits
------------------
- c. PULSE 

Numeric/3 digits
------------------

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

- 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

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

**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 

Numeric/3 digits
------------------
- b. DIASTOLIC READING 

Numeric/3 digits
------------------
- c. PULSE 

Numeric/3 digits
------------------

- 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

That's great. I will take the cuff off now, thank you.

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.**

**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.**

**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 (SDMT) and use the printed instructions to explain the task. Time task for 90 seconds. (Couldn't comprehend/other=888, Refused/Not asked=999)

\_\_\_\_\_ Number correct after 90 seconds

**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

**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**

**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)

b. \_\_\_\_\_ Total time (secs)

c. \_\_\_\_\_ Errors (max 5)

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 |                             |                             |                             |                             |

**This next measure looks at your knowledge of words. You will be asked to decide which of two items, such as 'bread' and 'glot', is a real word and which is an invented item; 'bread', of course, is the real word. Each of the pairs of items below contains one real word and one nonsense word invented so as to look like a word but having no meaning. Please mark the item in each pair that you think is a real word. Some will be common words, most will be uncommon and some will be rarely used.**

**If you are unsure, guess. You will probably be right more often than you think. Before you begin the main test try the following word pairs.**

**Practice**

**END OF TESTING**

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

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

**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

**Q292. Feeling down, depressed or hopeless?**

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

**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

**Q294. Feeling tired or having little energy?**

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

**Q295. Poor appetite or overeating?**

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

**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

**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

**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

**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

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

1  No    2  Yes

If you have not had an anxiety attack go to Q301

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

**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

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

1  No    2  Yes

**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

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

If '*Not at all anxious*' 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

**Q301b. Getting tired very easily**

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

**Q301c. Muscle tension, aches, or soreness**

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

**Q301d. Trouble falling asleep or staying asleep**

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

**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

**Q301f. Becoming easily annoyed or irritable**

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

**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.**

<b>Attentive</b>	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
<b>Strong</b>	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
<b>Inspired</b>	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
<b>Afraid</b>	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
<b>Irritable</b>	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
<b>Alert</b>	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
<b>Upset</b>	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
<b>Active</b>	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
<b>Guilty</b>	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
<b>Nervous</b>	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
<b>Excited</b>	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
<b>Proud</b>	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
<b>Jittery</b>	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
<b>Ashamed</b>	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
<b>Hostile</b>	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
<b>Scared</b>	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

- Enthusiastic** 1  Very slightly or not at all 2  A little 3  Moderately 4  Quite a bit 5  Extremely
- Distressed** 1  Very slightly or not at all 2  A little 3  Moderately 4  Quite a bit 5  Extremely
- Determined** 1  Very slightly or not at all 2  A little 3  Moderately 4  Quite a bit 5  Extremely
- Interested** 1  Very slightly or not at all 2  A little 3  Moderately 4  Quite a bit 5  Extremely

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

- Q320. Have you felt keyed up or on edge?** 1  No 2  Yes
- Q321. Have you been worrying a lot?** 1  No 2  Yes
- Q322. Have you been irritable?** 1  No 2  Yes
- Q323. Have you had difficulty relaxing?** 1  No 2  Yes
- Q324. Have you been sleeping poorly?** 1  No 2  Yes
- Q325. Have you had headaches or neckaches?** 1  No 2  Yes
- Q326. 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
- Q327. Have you been worried about your health?** 1  No 2  Yes
- Q328. Have you had difficulty falling asleep?** 1  No 2  Yes
- Q329. Have you been lacking energy?** 1  No 2  Yes
- Q330. Have you lost interest in things?** 1  No 2  Yes
- Q331. Have you lost confidence in yourself?** 1  No 2  Yes
- Q332. Have you felt hopeless?** 1  No 2  Yes
- Q333. Have you had difficulty concentrating?** 1  No 2  Yes
- Q334. Have you lost weight (due to poor  
appetite)?** 1  No 2  Yes
- Q335. Have you been waking early?** 1  No 2  Yes
- Q336. Have you felt slowed up?** 1  No 2  Yes
- Q337. Have you tended to feel worse in the  
mornings?** 1  No 2  Yes

*In the LAST YEAR have you ever:*

- Q338. Felt that life is hardly worth living? 1  No 2  Yes
- Q339. Thought that you really would be better off dead? 1  No 2  Yes
- Q340. Thought about taking your own life? 1  No 2  Yes
- Q341. Thought that taking your life was the only way out of your problems 1  No 2  Yes

*If have not thought about taking your own life go to Q342.*

**In the LAST YEAR have you ever:**

- Q341a. Made plans to take your own life? 1  No 2  Yes
- Q341b. Attempted to take your own life? 1  No 2  Yes

**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
- Q343. Cut yourself 1  No 2  Yes
- Q344. Banged your head or fist against something. 1  No 2  Yes

Q345. In the last year have you ever denied yourself a necessity, such as food, as a punishment? 1  No 2  Yes

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

*If you have not ever been markedly depressed go to Q347*

Q346a. Did this occur some time during the past 4 years, since we last interviewed you? 1  Yes 2  No

Q346b. Did you see a counsellor or a doctor for depression some time during the last 4 years. 1  Yes 2  No

**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

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

- 1  Strongly agree 2  Agree 3  Disagree 4  Strongly disagree

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

- 1  Strongly agree 2  Agree 3  Disagree 4  Strongly disagree

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

- 1  Strongly agree 2  Agree 3  Disagree 4  Strongly disagree

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

- 1  Strongly agree 2  Agree 3  Disagree 4  Strongly disagree

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

- 1  Strongly agree 2  Agree 3  Disagree 4  Strongly disagree

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

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
- Q355. I think about my feelings of fatigue and achiness.**  
 1  Never    2  Sometimes    3  Often    4  Always
- Q356. I think about how hard it is to concentrate.**  
 1  Never    2  Sometimes    3  Often    4  Always
- Q357. I think about how passive and unmotivated I feel.**  
 1  Never    2  Sometimes    3  Often    4  Always
- Q358. I think, "Why can't I get going?"**  
 1  Never    2  Sometimes    3  Often    4  Always
- Q359. I think about a recent situation, wishing it had gone better.**  
 1  Never    2  Sometimes    3  Often    4  Always
- Q360. I think about how sad I feel.**  
 1  Never    2  Sometimes    3  Often    4  Always
- Q361. I think about all my shortcomings, failings, faults and mistakes.**  
 1  Never    2  Sometimes    3  Often    4  Always
- Q362. I think about how I don't feel up to doing anything.**  
 1  Never    2  Sometimes    3  Often    4  Always
- Q363. I think, "Why can't I handle things better?"**  
 1  Never    2  Sometimes    3  Often    4  Always

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
<b>Q364. I concentrate my efforts on Doing something about it.</b>	1	2	3	4
<b>Q365. I try to come up with a strategy about what to do.</b>	1	2	3	4
<b>Q366. I try to see it in a different light, to make it seem more positive.</b>	1	2	3	4
<b>Q367. I accept the reality of the fact that it has happened.</b>	1	2	3	4
<b>Q368. I make jokes about it.</b>	1	2	3	4
<b>Q369. I try to find comfort in my religion or spiritual beliefs.</b>	1	2	3	4
<b>Q370. I try to get emotional support from others</b>	1	2	3	4

Q371. I try to get advice or help from other people about what to do.	1	2	3	4
Q372. I turn to work or other activities to take my mind off things.	1	2	3	4
Q373. I say to myself “this isn’t real”.	1	2	3	4
Q374. I say things to let my unpleasant feelings escape.	1	2	3	4
Q375. I use alcohol or other drugs to make myself feel better.	1	2	3	4
Q376. I give up trying to deal with it.	1	2	3	4
Q377. I criticise myself.	1	2	3	4
Q378. I learn to live with it.	1	2	3	4
Q379. I take action to try to make the situation better.	1	2	3	4
Q380. I think hard about what steps to take.	1	2	3	4
Q381. I look for something good in what has happened.	1	2	3	4
Q382. I make fun of the situation.	1	2	3	4
Q383. I pray or mediate.	1	2	3	4
Q384. I get comfort and understanding from someone.	1	2	3	4
Q385. I get help and advice from other people.	1	2	3	4
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
Q387. I refuse to believe that it has happened.	1	2	3	4
Q388. I express my negative feelings.	1	2	3	4
Q389. I use alcohol or other drugs to help me get through it.	1	2	3	4
Q390. I give up the attempt to cope	1	2	3	4
Q391. I blame myself for things that have happened	1	2	3	4

In the following six questions please indicate how you have felt and conducted yourself over the *past six months*.

**Q\_new\_7a . How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?**

Never       Rarely       Sometimes       Often       Very often

**Q\_new\_7b. How often do you have difficulty getting things in order when you have to do a task that requires organisation?**

Never       Rarely       Sometimes       Often       Very often

**Q\_new\_7c. How often do you have problems remembering appointments or obligations?**

Never       Rarely       Sometimes       Often       Very often

**Q\_new\_7d. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?**

Never     Rarely     Sometimes     Often     Very often

**Q\_new\_7e. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?**

Never     Rarely     Sometimes     Often     Very often

**Q\_new\_7f. How often do you feel overly active and compelled to do things, like you were driven by a motor?**

Never     Rarely     Sometimes     Often     Very often

**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.**

**Q392. 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

**Q393. 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

**Q394. 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

**Q395. 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

**Q396. 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

**Q397. 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

**Q398. 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

**Q399. 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

**Q400. 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

**Q401. 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

**Q402. 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

**Q403. 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

**Q404. 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

**Q405. 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

**Q406. 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

**Q407. 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

**Q408. 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

**Q409. 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

**Q410. 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

**Q411. 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

**Q412. 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

**Q413. 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

**Q414. 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

**Q415. 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

**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 not disagree  
5  Slightly agree 6  Agree 7  Strongly agree

**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

**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

**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

**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

**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

**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

**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

**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.)**

**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

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

**Q\_new\_8a. In the last week, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places?**

\_\_\_\_\_ times

**Q\_new\_8b.** What do you estimate was the total time that you spent walking in this way in the last week?

\_\_\_\_\_Minutes      \_\_\_\_\_hours

**Q\_new\_8c.** In the last week, how many times did you do any vigorous gardening or heavy work around the yard, which made you breath harder or puff and pant?

\_\_\_\_\_ times

**Q\_new\_8d .** What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the last week?

\_\_\_\_\_Minutes      \_\_\_\_\_hours

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

**Q\_new\_8e.** In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (eg jogging, cycling, aerobics, competitive tennis)

\_\_\_\_\_ times

**Q\_new\_8f.** What do you estimate was the total time that you spent doing this vigorous physical activity in the last week?

\_\_\_\_\_Minutes      \_\_\_\_\_hours

**Q\_new\_8g.** In the last week, how many times did you do any other more moderate physical activities that you have not already mentioned? (eg gentle swimming, social tennis, golf).

\_\_\_\_\_ times

**Q\_new\_8h.** What do you estimate was the total time that you spent doing these activities in the last week?

\_\_\_\_\_Minutes      \_\_\_\_\_hours

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

	Not at all	Once or twice	4-5 times	6 or more times
Q427. Read scientific books or magazines	1	2	3	4
Q428. Read about special subjects on my own	1	2	3	4
Q429. Solved maths or chess puzzles	1	2	3	4
Q430. Done troubleshooting of software packages on a PC	1	2	3	4
Q431. Sketched, drawn or painted	1	2	3	4
Q432. Practised a musical instrument	1	2	3	4
Q433. Gone to recitals, concerts, or musicals	1	2	3	4

<b>Q434. Read literature</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Q435. Attended religious services</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Q436. Participated in club activities</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Q437. Helped others with their personal problems</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Q438. Worked as a volunteer</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Q439. Discussed politics</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Q440. Influenced others</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Q441. Been on the committee of a group</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Q442. Led a group in accomplishing some goal</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**You have nearly completed the interview. Please give the questionnaire back to interviewer.**