

Centre for Mental Health Research
The PATH Through Life Questionnaire
60+ Wave 3

Date of completion of this questionnaire _____

PATH 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
- 5. Married or have a partner but NOT living together as one is in a hostel/nursing home/hospital.

Q6. What is your current marital status?

- 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 *which you should include*, only include relationships that lasted for 6 months or more.

If you are living with a spouse or partner, (or your current spouse / partner is living in a nursing home or hostel) and you have had only one such relationship go to Q9a.

If you have never been married or lived in a de facto relationship go to Q10

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

_____ years _____ months

If you are not currently living with a spouse or partner go to Q10.

Q9a,b. How long have you been living with your current partner?

_____ years _____ months

Q10. 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 either full or part-time go to Q11a

Q10a Have you worked for pay, in any job or business for two weeks or more since the last PATH interview 4 years ago?

1. Yes
2. No

If you have not worked for 2 weeks or more since your last interview go to Q14

Q10a1. 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

If not currently employed go to Q12a

Q11a. 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.)

Q11b. What are your main duties or activities?

If currently employed, either full or part-time go to Q13

Q12a. 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.)

Q12b. What were your main duties or activities?

Q13. 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 in family business go to Q13c

Q13a. 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

Q13b. 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 Q14.*

Q13c. 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).

Q14. 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 currently employed and not retired at all go to Q16

If not in the labour force but not retired at all go to Q15

If completely retired go to Q14b

Q14a 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

Q14b How old were you when you retired, either partly or completely? _____ years

Q14c. 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 employed full-time and partly retired go to Q16

If working part-time go to Q14d1

Q14d. Were you working part-time in your last job before you retired?

1. Yes – part-time
2. No – full-time

If you were working full-time before you retired, go to Q15

Q14d1 Have you previously been employed full-time? If 'no' mark '6. 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

Q14d2. Is / was your part-time work in the same field as your main career job?

1. Yes
2. No

If your part-time work is in the same field as your main career job go to Q16

Q14d3. Which of the following best describes your main career job?

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 full or part time go to Q16

Q15. 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
- 4. Voluntary work
- 5. Other

Q16. Do you have any children? (This includes adopted or step children and those not living with you). We would appreciate it if you would include any of your children who were born full-term but who may have died.

- 1. Yes
- 2. No

If you are male and have no children go to Q18e

If you are female and have no children go to Q18a

Q16a. How many children do you have who are now living? _____

Q17 Have you experienced the death of a child (excluding miscarriage) *since your last interview*? (A miscarriage is defined as the loss of a baby under 20 weeks).

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

If you are male and have not experienced the death of a child go to Q18e

If you are female and have not experienced the death of a child go to Q18a

Q17a. 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
17c Age of child -					
Years					
Months(If < 1 year)					
17d Was this child your –					
Natural child					
Stepchild					
Adopted child					
Other					
Refuse					

If you are male go to Q 18e

Q18a. Would you like to have had more children?

If you do not have any children, would you like to have had children? 1. Yes 2. No

Q18b. Have you ever tried to become pregnant for more than one year without achieving a pregnancy? 1. Yes 2. No

If no problems getting pregnant go to Q19

Q18c. Have you ever sought medical assessment or help for infertility problems? 1. Yes 2. No

Q18d. What is the longest period of time you have tried to become pregnant? ___ years ___ months

If you are female go to Q19

Q18e. Would you like to have had more children?
If you do not have any children, would you like to have had children? 1. Yes 2. No

Q18f. Have you ever experienced a problem with infertility for more than 1 year? 1. Yes 2. No

If never experienced a problem with infertility go to Q19

Q18g. Have you ever sought medical assessment or help for infertility problems? 1. Yes 2. No

Q18h. For how long was this a problem? ___ years ___ months

Q19-23. Here is a list of medical problems. Have you been told by your doctor that you suffer from any of the following?

Epilepsy	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Asthma	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Chronic bronchitis	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Emphysema	1 <input type="radio"/> Yes	2 <input type="radio"/> No
Diabetes	1 <input type="radio"/> Yes	2 <input type="radio"/> No

If you do not have diabetes go to Q24

What treatment do you use to control your diabetes?

Q23a. Diet and exercise 1 Yes 2 No

Q23b. Tablets 1 Yes 2 No

Q23c. Insulin 1 Yes 2 No

Q24. Thyroid disorder 1 Yes 2 No

If you do not have a thyroid disorder go to Q25

Q24a. Were you told whether your thyroid disorder is due to:

1. Increased function
2. Reduced function
3. Don't know

Q25. Arthritis 1 Yes 2 No

If you do not have arthritis go to Q26

Q25a. Were you told what type of arthritis you suffer from:

1. Osteoarthritis
2. Rheumatoid arthritis
3. Gout
4. Other _____
5. Don't know

Q26. Parkinson's Disease 1 Yes 2 No

If you do not have Parkinson's Disease go to Q27

Q26a. What year were you diagnosed with Parkinson's Disease? _____

Q26b. Are you on medication for Parkinson's Disease?

- 1 Yes 2 No

If you are not on medication for Parkinson's Disease go to Q27

Q26b1. Is this medication:

- | | | |
|----------------------|--------------|-----------------|
| 1. Akineton | 7. Kinson | 13. Permax |
| 2. Apomine injection | 8. Krypton | 14. Sifrol |
| 3. Artane | 9. Levohexal | 15. Sinemet |
| 4. Cogentin | 10. Madopar | 16. Stalevo |
| 5. Duodopa | 11. Neupro | 17. Symmetrel |
| 6. Eldepryl | 12. Parlodel | 18. Other _____ |

Q27. Since your last interview have you suffered a heart problem that led to hospital admission, hospital emergency contact or consultation with a specialist?

- 1 Yes 2 No 3 Don't know

Q28. Since your last interview, have you been told by your doctor that you suffer from a heart problem?

- 1 Yes 2 No 3 Don't know

If your doctor has not told you that you have a heart problem go to Q29

Q28a-d. Were you told that your heart problem was a:

- | | | |
|-----------------------------------------------|-----------------------------|----------------------------|
| myocardial infarction or heart attack? | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| angina | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| heart failure | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |
| atrial fibrillation | 1 <input type="radio"/> Yes | 2 <input type="radio"/> No |

Q29 Were you diagnosed with a brain tumour since your last interview?

- 1 Yes 2 No

If not diagnosed with a brain tumour go to Q30

Q29a was this tumour:

1 Malignant (cancer) 2 Benign 3 Don't know

Q30. Have you had a brain infection *since your last interview*?

1 Yes 2 No

Q31. Have you suffered a stroke *since your last interview*? (Sudden numbness or weakness of face, arm or leg, especially on one side of the body; sudden confusion, trouble speaking or understanding, trouble seeing in one or both eyes, trouble walking, dizziness, loss of balance or coordination,. These symptoms lasted *more than 24 hours*.)

1 Yes 2 No 3 Don't know

If you have not had a stroke since your last interview go to Q32

Q31a. When was the stroke (year)? _____

Q31b. Was the diagnosis of stroke confirmed by a specialist (Neurologist or geriatrician)?

1 Yes 2 No

Q31c. Did the event result in hospital admission?

1 Yes 2 No

Q31d. Was the stroke associated with bleeding in the brain?

1 Yes 2 No

Q32. Have you suffered from a Transient Ischemic Attack (TIA or ministroke) *since your last interview*? (Sudden onset of symptoms similar to a stroke. Most symptoms disappear within an hour but may persist for up to 24 hours).

1 Yes 2 No 3 Don't know

If you have not had a TIA since your last interview go to Q33

Q32a. Was the diagnosis of TIA or 'mini-stroke' confirmed by a specialist (Neurologist or geriatrician)?

1. Yes 2. No

Q32b. Did the event result in hospital admission?

1. Yes 2. No

Q33. Has your doctor told you that you suffer from high blood pressure?

1 Yes 2 No 3 Uncertain

If you don't suffer from high blood pressure go to Q34

Q33a. Are you currently taking any tablets for high blood pressure?

1 Yes 2 No

Q33b. How good is the control of your blood pressure with the treatment?

1 Excellent 2 Satisfactory 3 Not good 4 Uncertain

Q34. When getting up suddenly from a lying position, do you experience faintness, dizziness, lightheadedness, nausea or blackout?

1 Yes 2 No

Q35. Do you feel your balance is: 1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

Q36. How fearful/nervous of falling are you? 1 Not at all
2 A little bit
3 Moderately
4 Quite a lot
5 Extremely

Q37. How many falls did you have in the past year? _____

Q38. Can you tell me how you would rate your hearing on the following scale:

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

Q39. Have you ever been diagnosed with cancer or leukemia?

1. No
2. Yes, cancer
3. Yes, leukemia
4. Yes, both
5. Don't know

If you have never been diagnosed with cancer or leukemia go to Q52

If you have been diagnosed with a cancer but not leukemia go to Q40

Q39a. What was the treatment for leukemia?

1. Surgery 2. Chemotherapy 3. Radiation 4. Don't know

Q39b. What year did you have this treatment? _____

If you have not been diagnosed with cancer go to Q52

Where was / is this cancer?

Q40. Brain 1. No 2. Yes 3. Don't know

If you have not had brain cancer go to Q41a

Q40a What was the treatment for this brain cancer?

1. Surgery 2. Chemotherapy 3. Radiation

Q40b What year did you have this treatment? _____

Q41. Skin 1. No 2. Yes 3. Don't know

If you have not had skin cancer go to Q42

- Q41a Was the skin cancer a**
1. Keratoma (sun spot)
 2. SCC (squamous cell carcinoma)
 3. BCC (basal cell carcinoma)
 4. Melanoma
 5. Don't know
 6. Refused

Q41b. What was the treatment?

1. Surgery 2. Chemotherapy 3. Radiation

Q41d. What year did you have this treatment? _____

Q42. Lungs 1. No 2. Yes 3. Don't know

If you have not had lung cancer go to Q43

Q42a What was the treatment for this lung cancer?

1. Surgery 2. Chemotherapy 3. Radiation

Q42b What year did you have this treatment? _____

Q43. Breast 1. No 2. Yes 3. Don't know

If you have not had breast cancer go to Q44

Q43a What was the treatment for this breast cancer?

1. Surgery 2. Chemotherapy 3. Radiation

Q43b What year did you have this treatment? _____

Q44. Uterus 1. No 2. Yes 3. Don't know

If you have not had uterine cancer go to Q45a

Q44a What was the treatment for this uterine cancer?

1. Surgery 2. Chemotherapy 3. Radiation

Q44b What year did you have this treatment? _____

Q45. Ovary 1. No 2. Yes 3. Don't know

If you have not had ovarian cancer go to Q46

Q45a What was the treatment for this ovarian cancer?

1. Surgery 2. Chemotherapy 3. Radiation

Q45b What year did you have this treatment? _____

Q46. Prostate 1. No 2. Yes 3. Don't know

If you have not had prostate cancer go to Q47

Q46a What was the treatment for this prostate cancer?

1. Surgery 2. Chemotherapy 3. Radiation

Q46b What year did you have this treatment? _____

Q47. Stomach 1. No 2. Yes 3. Don't know

If you have not had stomach cancer go to Q48

Q47a What was the treatment for this stomach cancer?

1. Surgery 2. Chemotherapy 3. Radiation

Q47b What year did you have this treatment? _____

Q48. Colon 1. No 2. Yes 3. Don't know

If you have not had colon cancer go to Q49

Q48a What was the treatment for this colon cancer?

1. Surgery 2. Chemotherapy 3. Radiation

Q48b What year did you have this treatment? _____

Q49. Small Bowel 1. No 2. Yes 3. Don't know

If you have not had small bowel cancer go to Q50a

Q49a What was the treatment for this small bowel cancer?

1. Surgery 2. Chemotherapy 3. Radiation

Q49b What year did you have this treatment? _____

Q50. Lymph nodes (lymphoma) 1. No 2. Yes 3. Don't know

If you have not had lymphoma go to Q51

Q50a What was the treatment for this lymphatic cancer?

1. Surgery 2. Chemotherapy 3. Radiation

Q50b What year did you have this treatment? _____

Q51. Other cancer 1. No 2. Yes 3. Don't know

If you have not had another type of cancer go to Q52

Q51a What other cancer have you had? _____

Q51b What was the treatment for this cancer?

1. Surgery 2. Chemotherapy 3. Radiation

Q33c What year did you have this treatment? _____

Q52. How many adult teeth are you missing (excluding those you may have lost in an accident or in orthodontic procedures, e.g. removal of wisdom teeth)?:

- 1. None
- 2. One to five
- 3. Less than a quarter (6-8)
- 4. Less than half (9-16)
- 5. More than half (>16 but not All)
- 6. All
- 7. Don't know

Pass computer to participant

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

Q53. 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
- 6 Refused

If have not experienced pain in the last week go to Q54

Q53a. 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

Q53b. 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
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No pain

Severe pain

Q53c. What type of pain did you experience? (e.g., migraine, back pain, arthritis, surgery)

The next few questions ask about head injury.

As a result of a head injury *since your last interview*:

Q54. did you visit a hospital emergency department?

1. Yes 2. No

Q55. were you admitted to hospital?

1. Yes 2. No

Q56. did you seek medical assistance from a General Practitioner for a head injury?

1. Yes 2. No

Q57. 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 you have not had a serious head injury since your last interview, go to Q58

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

Q57a. How many head injuries have you had? _____ (enter 99 if don't know)

If you have had one head injury since your last interview go to Q57d

Q57b. How old were you when you had the first head injury since your last interview?

Q57c How old were you when you had the last head injury?. _____ Go to Q57e

Q57d. How old were you when you had this injury? _____

Q57e. 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

Q57f. Is there a period after the injury that you cannot remember at all?

- 1 Yes 2 No 3 Not sure

If there was not a period in which you did not remember or you are unsure go to Q57g

Q57f1. 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

Q57g Did you lose consciousness following the head injury?

- 1 Yes
- 2 No
- 3 Not sure

If you did not lose consciousness or you are unsure go to Q58

Q57g1 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

Q58a-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

Q59. Do you snore?

- 1 Yes
- 2 No
- 3 Don't know

If you do not snore go to Q60

Q59a. Do you snore heavily?

- 1 Yes
- 2 No
- 3 Don't know

Q60. Have you been told that you stop breathing/or gasp for air during your sleep?

- 1 Yes
- 2 No

Q61. Have you ever been diagnosed with sleep apnea by a specialist?

- 1 Yes
- 2 No

If you have not been diagnosed with sleep apnea, go to Q61b

Q61a. What treatment was used?

- 1. Lifestyle & behavioural change(eg. weight reduction, reducing alcohol or smoking)
- 2. Use devices to keep your airway open at night
- 3. Nasal "CPAP" mask and pump
- 4. Surgery
- 5. Other _____

Q61b. How likely are you to doze off or fall asleep while sitting and reading?

- | | | | |
|--------------------------|--------------------------|---------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> |
| No chance of dozing | Slight chance of dozing | Moderate chance of dozing | High chance of dozing |

Q61c. How likely are you to doze off or fall asleep while sitting inactive in a public place (theatre or meeting)?

- | | | | |
|--------------------------|--------------------------|---------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> |
| No chance of dozing | Slight chance of dozing | Moderate chance of dozing | High chance of dozing |

Q61d. How likely are you to doze off or fall asleep while in a car, while stopped for a few minutes in traffic?

- | | | | |
|--------------------------|--------------------------|---------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> |
| No chance of dozing | Slight chance of dozing | Moderate chance of dozing | High chance of dozing |

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.

Q62. 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?

Q63. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

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

Q64. 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

Q65. Lifting or carrying groceries?

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

- Q66. Climbing *several* flights of stairs? 1 Yes - limited a lot
2 Yes - limited a little
3 No - not limited at all
- Q67. Climbing *one* flight of stairs? 1 Yes - limited a lot
2 Yes - limited a little
3 No - not limited at all
- Q68. Bending, kneeling or stooping? 1 Yes - limited a lot
2 Yes - limited a little
3 No - not limited at all
- Q69. Walking *more than one* kilometre? 1 Yes - limited a lot
2 Yes - limited a little
3 No - not limited at all
- Q70. Walking half a kilometre? 1 Yes - limited a lot
2 Yes - limited a little
3 No - not limited at all
- Q71. Walking 100 metres? 1 Yes - limited a lot
2 Yes - limited a little
3 No - not limited at all
- Q72. Does your health now limit you in bathing or dressing yourself?
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*?

- Q73. Have you *accomplished less than you would like* as a result of *your physical health*? 1 Yes 2 No
- Q74. 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)*?

- Q75. Have you *accomplished less than you would like* as a result of any *emotional problems*? 1 Yes 2 No
- Q76. Did you not do work or other activities as *carefully* as usual as a result of any *emotional problems*? 1 Yes 2 No

Q77. 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.

Q78. 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

Q79. 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

Q80. 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

Q81. 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

Do you have a problem doing any of the following activities:

Q82. Do you have any difficulty using a map to figure out how to get around in a strange place?

- 1. Yes
- 2. No
- 3. Can't do
- 4. Don't do

If you have no difficulty using a map go to Q83

Q82a. Is that because of a:

1. Health problem
2. Memory problem
3. Health and memory problem
4. Other

Q83. Do you have any difficulty preparing a hot meal?

1. Yes
2. No
3. Can't prepare meals
4. Don't prepare meals

If you have no difficulty preparing a hot meal go to Q84

Q83a. Is that because of a:

1. Health problem
2. Memory problem
3. Health and memory problem
4. Other

Q83b. Does anyone help you prepare hot meals?

1. Yes
2. No

Q84. Do you have any difficulty shopping for groceries?

1. Yes
2. No
3. Can't shop for groceries
4. Don't shop for groceries

If you have no difficulty shopping for groceries go to Q85

Q84a. Is that because of a:

1. Health problem
2. Memory problem
3. Health and memory problem
4. Other

Q84b. Does anyone help you shop for groceries?

1. Yes
2. No

Q85. Do you have any difficulty making telephone calls?

1. Yes
2. No
3. Can't make phone calls
4. Don't make phone calls

If you have no difficulty making phone calls go to Q86

Q85a. Is that because of a:

1. Health problem
2. Memory problem
3. Health and memory problem
4. Other

Q85b. Does anyone help you make telephone calls?

1. Yes
2. No

Q86. Do you have any difficulty taking medications?

1. Yes
2. No
3. Can't take medications
4. Don't take medication

If you have difficulty or can't take medications go to Q86b

If you have no difficulty taking medications go to Q87

Q86a. Do you think you would have any difficulty taking medications if you needed to do so?

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

If you would not have problems taking medication if you had to go to Q87

Q86b. Is that because of a:

1. Health problem
2. Memory problem
3. Health and memory problem
4. Other

If you don't currently take medication go to Q87

Q86c. Does anyone help you take medications?

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

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

Q104 Using that definition, do you consider yourself a current driver?

1. Yes
2. No

If you are not a current driver go to Q105

Q104a. On average, would you say that you personally drive:

1. one or fewer days per week
2. two or three days per week
3. four or five days per week
4. six or more days per week

Q104b. How many kilometres would you drive in an average week?

1. 5 to 50 kilometres per week
2. 51 to 150 kilometres per week
3. 151 to 200 kilometres per week
4. More than 200 kilometres per week

Q104c. How many more years do you expect to drive? _____ *Go to Q106*

Q105. Have you ever driven a car?

1. Yes
2. No

If you have never driven a car go to Q108

Q105a. Did you stop driving:

1. in the last 12 months?
2. between 1 and 3 years ago?
3. over three years ago?

Q106. How many years driving experience do you have? _____

Q107. How many crashes have you had in the last five years? _____
(enter 0 if none)

If you have not had any crashes go to Q108

Q107a. Was anyone injured in a crash that occurred while you were driving in the last five years?

1. Yes
2. No

Q108. In the last month have you taken any vitamin or mineral supplements?

1. Yes
2. No

If you have not taken vitamins or minerals go to Q109

Q108a. 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 _____ |

Q108b. How often do you usually take vitamins or minerals?

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

If take less than once a week go to Q109

Q108c. 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

Q109. In the last month have you taken or used any pills or medications (including herbal remedies) to help you sleep?

- 1 Yes
- 2 No

If you have not taken medication to help you sleep go to Q110

Q109a. 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 | |

Q109b. 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 take less than once a week go to Q110

Q109c. 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

Q110. 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 you have not used pain relievers go to Q111

Q110a. 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"/> <u>Other</u> _____ |

Q110b. 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 take less than once a week go to Q111

Q110c. 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

Q111. In the last month have you taken or used any medications (including herbal remedies) for:

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

If you have not taken anything for anxiety or depression go to Q112

Q111a. What are the names of the medications you took for anxiety or depression in the last month? (*Listed alphabetically down columns*)

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

Q111b. How often do you usually take medications for anxiety or depression?

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

If take less than once a week go to Q112

Q111c. 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

Q112. In the last month have you taken or used any medications (including herbal remedies) to enhance your memory?

- 1 Yes
- 2 No

If you have not taken anything to help your memory go to Q113

Q112a. 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 _____

Q112b. 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 take less than once a week go to Q113

Q112c. 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

Q113. In the last month have you taken or used any medications (including herbal remedies) to lower your cholesterol?

- 1 Yes
- 2 No

If you have not taken any medication to lower your cholesterol go to Q114.

Q113a. 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"/> Lopid | 29 <input type="checkbox"/> Vastin |
| 8 <input type="checkbox"/> Gemfibrozil, any brand | 19 <input type="checkbox"/> Metamucil | 30 <input type="checkbox"/> Vytorin |
| 9 <input type="checkbox"/> Gemhexal | 20 <input type="checkbox"/> Nicotinic acid | 31 <input type="checkbox"/> Zimstat |
| 10 <input type="checkbox"/> Jezil | 21 <input type="checkbox"/> Policosanol-5 | 32 <input type="checkbox"/> Zocor |
| 11 <input type="checkbox"/> Lescol | 22 <input type="checkbox"/> Pravachol | 33 <input type="checkbox"/> Other _____ |
| 12 <input type="checkbox"/> Lipazil | 23 <input type="checkbox"/> Pravastatin, any brand | |

Q113b. 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 take less than once a week go to Q114

Q113c. 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

Q114. 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 you are female and have not used any other medication go to Q115

If you are male and have not used any other medication go to Q116

Q114a. What types of medication did you take or use? (Include any blood pressure medication. Excluding contraception and hormone replacement therapy).

.....

If you are male go to Q116

Q115. Have you ever had hormone replacement therapy (HRT)? (Include herbal or natural remedies).

1 Yes 2 No

If you have never had HRT go to Q116

Q115a. Did you start taking HRT:

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

Q115b. Are you still having hormone replacement therapy?

1 Yes 2 No

Q115c. How long have you been on/were you on hormone replacement therapy? (If less than 1 year, enter 1).

_____ years

Q115d. Which hormone replacement medications are you on / were you on for the longest time? (Listed alphabetically down columns).

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

Q116. We would now like to ask you some questions about smoking (tobacco).

Do you currently smoke? 1 Yes
 2 No

If you do not currently smoke go to Q116b

Q116a. Do you smoke cigarettes:

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

If you smoke less than once a day go to Q116a2

If you don't smoke cigarettes go to Q117

Q116a1. How many cigarettes do you usually smoke in one day? ____

Go to Q116a3

Q116a2. How many cigarettes do you usually smoke over a one month period?

Q116a3. At what age did you start smoking? _____

Q116a4. On average, how many cigarettes would you have smoked each day over the time you have been smoking? _____ *Go to Q117*

Q116b. Have you smoked at all over the last month? 1 Yes 2 No

If you have not smoked at all over the last month go to Q116c

Q116b1. Approximately how many cigarettes have you smoked in the last month?

Q116c. Have you ever smoked regularly? 1 Yes 2 No

If you have never smoked regularly go to Q117

Q116c1. At what age did you start smoking? _____

Q116c2. At what age did you stop smoking? _____

Q116c3. On average, how many cigarettes would you have smoked each day over the time you were smoking? _____

Q117. 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 you have drunk alcohol any time in the last year go to Q118

Q117a. Have you ever drunk alcohol? 1 Yes 2 No

If you have ever drunk alcohol go to Q125

If you have never drunk alcohol go to Q130

Q118. How many standard drinks do you have on a typical day when you are drinking?

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

If you are male go to Q119b

Q119a. How often do you have 5 or more standard drinks on one occasion?

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

If you are female go to Q120

Q119b. How often do you have 7 or more standard drinks on one occasion?

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

Q120. 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

Q121. 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

Q122. 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

Q123. 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

Q124. 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

Q125. 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

Q126. 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?*

Q127. 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

Q128. 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

Q129. How many years did you drink at the highest level indicated in Q127 and Q128?

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

Q130. Did you ever have direct combat experience in a war? Yes No

If 'yes'

Q130a. How old were you when you were last in this situation? _____

Q131. Were you ever involved in a life threatening accident? Yes No

If 'yes'

Q131a. How old were you when you were last in this situation? _____

Q132. Were you ever involved in a fire, flood or other natural disaster?
 Yes No

If 'yes'

Q131a. How old were you when you were last in this situation? _____

Q133. Did you ever witness someone badly injured or killed? Yes No

If 'yes'

Q133a. How old were you when you were last in this situation? _____

Q134. Were you ever raped? (that is, someone had sexual intercourse with you when you did not want to, by threatening you, or using some degree of force?)

Yes No

If 'yes'

Q134a. How old were you when you were last in this situation? _____

Q135. Were you ever sexually molested (that is, someone touched or felt your genitals when you did not want them to)?

Yes No

If 'yes'

Q135a. How old were you when you were last in this situation? _____

Q136. Were you ever seriously physically attacked or assaulted? Yes No

If 'yes'

Q136a. How old were you when you were last in this situation? _____

Q137. Have you ever been threatened with a weapon, held captive, or kidnapped?

Yes No

If 'yes'

Q137a. How old were you when you were last in this situation? _____

Q138. Have you ever been tortured or the victim of terrorists? Yes No

If 'yes'

Q138a. How old were you when you were last in this situation? _____

Q139. Have you ever experienced any other extremely stressful or upsetting event?

Yes No

If 'yes'

Q139a. How old were you when you were last in this situation? _____

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?

Q140. You yourself suffered a serious illness, injury or an assault. 1 Yes 2 No

Q141. A serious illness, injury or assault happened to a close relative. 1 Yes 2 No

Q142. Your parent, child or partner died. 1 Yes 2 No

Q143. A close family friend or another relative (aunt, cousin, grandparent) died. 1 Yes 2 No

- Q144. You broke off a steady relationship 1 Yes 2 No
- Q145. You had a serious problem with a close friend, neighbour or relative. 1 Yes 2 No
- Q146. You had a crisis or serious disappointment in your work or career. 1 Yes 2 No
- Q147. You thought you would soon lose your job. 1 Yes 2 No

If *not* currently married or living with a partner go to Q151. However, do complete the following questions if your current spouse / partner is living in a nursing home or hostel.

- Q148. Your partner thought he/she would soon lose their job. 1 Yes 2 No
- Q149. Your partner had a crisis or serious disappointment in his/her work or career. 1 Yes 2 No
- Q150. You had a separation due to marital difficulties. 1 Yes 2 No
- Q151. You became unemployed or you were seeking work unsuccessfully for more than one month. 1 Yes 2 No
- Q152. You were sacked from your job. 1 Yes 2 No
- Q153. You had a major financial crisis. 1 Yes 2 No
- Q154. You had problems with the police and a court appearance. 1 Yes 2 No
- Q155. Something you valued was lost or stolen. 1 Yes 2 No

Q156. 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* currently stressful event in your life go to Q157

Q156a. Could you briefly describe this problem?

Q157. 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

Q158a-d. Over the *last year* did any of the following happen to you *because of a shortage of money*?

- a. Pawned or sold something 1 Yes 2 No
- b. Went without meals 1 Yes 2 No
- c. Was unable to heat home 1 Yes 2 No
- d. Asked for help from welfare/community organizations. 1 Yes 2 No

Q158e. Has the current economic slowdown impacted on your financial security?
1 Yes 2 No

If the current economic slowdown has not impacted on you go to Q159

Q158ei. Is this causing you any anxiety or distress?

- 1 Yes 2 No

Q158eii. Has this caused you to change your plans for retirement?

1. Yes, I have delayed my retirement
2. Yes, I am seeking *part-time* employment after retiring
3. Yes, I am seeking *full-time* employment after retiring
4. No

Q159. 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 Q160

Q159a. Do any of the following people live in your household? (tick as many boxes as apply)

1. spouse / partner
2. any of your children
3. A parent or parent-in-law
4. A grandparent
5. A brother or sister
6. A son-in-law or daughter-in-law
7. A grandchild
8. Other relatives
9. Someone who is not a relative
10. Other

Q160. 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

Q160a. Do you own a house or unit elsewhere? 1 Yes 2 No

Q161. 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

Q162. What is your *own personal* main source of income?

1. Wage or salary
2. Government pension, allowance or benefit, Austudy
3. Child support
4. Superannuation/annuity
5. Own business or share in a partnership
6. Investments
7. Other income
8. No income

If you have no personal income go to Q165

Q163. Do you receive the aged pension from Centrelink or service pension from the Department of Veteran's Affairs?

- 1 Yes 2 No

If you do not receive an aged or service pension go to Q164

Q163a. Is this a full or part pension? 1 Full 2 Part

Q163b. Is your pension your only source of income? 1 Yes 2 No

Q164. 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

Q165. 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.

Q166. How often do friends make you feel cared for?

- 1 Often 2 Sometimes 3 Rarely 4 Never

Q167. How often do they express interest in how you are doing?

- 1 Often 2 Sometimes 3 Rarely 4 Never

Q168. How often do friends make too many demands on you?

- 1 Often 2 Sometimes 3 Rarely 4 Never

Q169. How often do they criticise you?

- 1 Often 2 Sometimes 3 Rarely 4 Never

Q170. How often do friends create tensions or arguments with you?

- 1 Often 2 Sometimes 3 Rarely 4 Never

- Q171. How often do family make you feel cared for?**
 1 Often 2 Sometimes 3 Rarely 4 Never
- Q172. How often do family express interest in how you are doing?**
 1 Often 2 Sometimes 3 Rarely 4 Never
- Q173. How often do they make too many demands on you?**
 1 Often 2 Sometimes 3 Rarely 4 Never
- Q174. How often do family criticise you?**
 1 Often 2 Sometimes 3 Rarely 4 Never
- Q175. How often do they create tensions or arguments with you?**
 1 Often 2 Sometimes 3 Rarely 4 Never

If not married or living with a partner go to Q186. However, do complete the following questions if your current spouse / partner is living in a nursing home or hostel.

- Q176. How much does your partner understand the way you feel about things?**
 1 A lot 2 Some 3 A little 4 Not at all
- Q177. 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
- Q178. How much does your partner show concern for your feelings and problems?**
 1 A lot 2 Some 3 A little 4 Not at all
- Q179. How much can you trust your partner to keep promises to you?**
 1 A lot 2 Some 3 A little 4 Not at all
- Q180. 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
- Q181. How much tension is there between you and your partner?**
 1 A lot 2 Some 3 A little 4 Not at all
- Q182. How often do you have an unpleasant disagreement with your partner?**
 1 A lot 2 Some 3 A little 4 Not at all
- Q183. How often do things become tense when the two of you disagree?**
 1 A lot 2 Some 3 A little 4 Not at all
- Q184. 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
- Q185. 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

The following questions ask about your social networks. Considering the people to whom you are related either by birth or marriage (including your spouse, but excluding dependant children under 16 years.)

- Q186. How many relatives do you see or hear from at least once a month?**
 1. None 2. One 3. Two 4. Three or four 5. Five to eight 6. Nine or more
- Q187. How many relatives do you feel at ease with; that you can talk about private matters?**
 1. None 2. One 3. Two 4. Three or four 5. Five to eight 6. Nine or more
- Q188. How many relatives do you feel close to, such that you can call them for help?**
 1. None 2. One 3. Two 4. Three or four 5. Five to eight 6. Nine or more

Considering all your friends:

- Q189. How many of your friends do you see or hear from at least once a month?**
 1. None 2. One 3. Two 4. Three or four 5. Five to eight 6. Nine or more

Q190. How many of your friends do you feel at ease with; that you can talk about private matters?

1. None 2. One 3. Two 4. Three or four 5. Five to eight 6. Nine or more

Q191. How many of your friends do you feel close to, such that you can call them for help?

1. None 2. One 3. Two 4. Three or four 5. Five to eight 6. Nine or more

If not married or living with a partner go to Q199. However, do complete the following questions if your current spouse / partner is living in a nursing home or hostel.

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.

Q192 Philosophy of life

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> | 6. <input type="radio"/> |
| Always agree | Almost always agree | Occasionally disagree | Frequently disagree | Almost always disagree | Always disagree |

Q193. Aims, goals and things believed important

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> | 6. <input type="radio"/> |
| Always agree | Almost always agree | Occasionally disagree | Frequently disagree | Almost always disagree | Always disagree |

Q194. Amount of time spent together.

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> | 6. <input type="radio"/> |
| Always agree | Almost always agree | Occasionally disagree | Frequently disagree | Almost always disagree | Always disagree |

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
Q195. Have a stimulating exchange of ideas	1	2	3	4	5	6
Q196. Calmly discuss something together	1	2	3	4	5	6
Q197. Work together on a project	1	2	3	4	5	6

Q198. The scale below represents different degrees of happiness in most relationships. The middle point “happy” represents the degree of happiness of most relationships. Please indicate which number best describes the happiness, all things considered, of your relationship.

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> | 6. <input type="radio"/> | 7. <input type="radio"/> |
| Extremely
unhappy | Fairly
unhappy | A little
unhappy | Happy | Very happy | Extremely
happy | Perfect |

Q199. Do you provide childcare or babysitting for your grandchild/ren so that their parent/s can work? (Grandchildren includes any children for whom you fill a grandparent role)

- 1 Yes 2 No

If you do not provide any childcare for your grandchildren go to Q200

Q199a. 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 more regularly than ‘only in school holidays’ go to Q200

Q199. Approximately how many days would you care for your grandchildren over a year?
_____ days

Q200. Do you provide care or informal assistance to a person with a disability, or a medical condition or to a person who is elderly? (Informal assistance includes help with activities such as personal care, housework, communication, meal preparation, paperwork, property maintenance or transport)

- 1 Yes 2 No

If you do not provide care for disabled or elderly person go to Q201

Q200a. 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

Q200b. 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

Q200c. 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 you provide care for less than 10 hours a week and are not the primary caregiver go to Q201.

Q200c1. 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?

Q200c2. 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

Q200c3. 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 reason for care is not 'other' go to Q201

Q200c4. Why does this person need care?

Q201. Do you ever do any voluntary work?

- 1 Yes 2 No

If you do not do any voluntary work, go to Q202

Q201a. How many hours per week, on average, are you engaged in voluntary work?

_____ hours

Q202. 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%)

Q203. 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%)

Q204. 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 right hand	Mostly use right hand	Use either hand equally	Mostly use left hand	Always use left hand
Q206	Writing	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>
Q207	Drawing	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>
Q208	Throwing	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>
Q209	Scissors	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>
Q210	Toothbrush	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>
Q211	Knife - without fork	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>
Q212	Spoon	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>
Q213	Broom (upper hand, i.e. hand on top surface of the broom)	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>
Q214	Striking match (holds match)	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>
Q215	Opening box (holds lid)	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>

Q216 Were you forced to change when you were at school from writing with your left hand to writing with you right hand?

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

For the following questions if you know that your relative was left handed but was forced to write with the right hand, please choose left.

Q217. Does / did your biological mother write with her left hand?

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

Q218. Does / did your biological father write with his left hand?

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

Q219. How many of your brothers or sisters write with their left hand?

(Enter 88 if don't know)

Q220. How many of your brothers or sisters write with their *right* hand?

(Enter 88 if don't know)

If you do not have any children skip Q221 and Q222

Q221. How many of your biological children write with their left hand? *(Enter 88 if don't know)*

Q222. Does the other parent of your biological children write with their left hand?

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

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.

MMSE

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.**

Q246a-e.

SYSTOLIC READING
DIASTOLIC READING
PULSE

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

The participant was? 1 Seated 2 Lying down 3 refused/no asked

Which arm was used? 1 Left 2 Right 3 refused/not asked

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

Q248. 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 Participant to get the correct distance. The chart should be at about eye level. **If you normally wear glasses for distance vision please put them on. Uncover the chart.** (*change screen*).

Mark any letter that *is incorrect*.

all OK P

all OK T U

all OK A N X

all OK F D H T

all OK N U P T F

all OK Z A X N F D

all OK H N T P U Z A

Q249. Do you wear prescription glasses? 1. Yes 2. No

Q250. How would you rate your distance vision while walking outside without glasses?

- 1. Very poor
- 2. Poor
- 3. Fair
- 4. Good
- 5. Very good

Do / did you have any of the following eye-related problems / procedures?

Q251. Cataracts?

- 1. No
- 2. Yes, right eye
- 3. Yes, left eye
- 4. Yes, both eyes

Q252. Cataract surgery?

- 1. No
- 2. Yes, right eye
- 3. Yes, left eye
- 4. Yes, both eyes

Q253. Glaucoma?

- 1. No
- 2. Yes, right eye
- 3. Yes, left eye
- 4. Yes, both eyes

Q254. Macular degeneration?

- 1. No
- 2. Yes, right eye
- 3. Yes, left eye
- 4. Yes, both eyes

Q255. Short-sightedness:

- 1. Yes
- 2. No

Q256. Long sightedness

- 1. Yes
- 2. No

Q257. Visual field loss:

- 1. Yes
- 2. No

Q258. Astigmatism:

- 1. Yes
- 2. No

**Q259. Congenital or acquired
blindness (one eye):**

- 1. Yes
- 2. No

Q260. Other

- 1. Yes
- 2. No

If participant does not have an 'other' eye disorder go to Q261

Q260a: What other eye condition have you or do you have?_____

Q261. Can you read ordinary newspaper print (with glasses if worn)?

- 1. Yes
- 2. No

Q263. 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 Participant understands the task. Then read stimulus words at a rate of *approximately one word per second*, reading down the list.

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

Immediate recall score=_____

Q264. 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.

Q265. Now let's try that again using the same hand.
Record second measurement.

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

Q266. I read some shopping items to your earlier. I'd like you to tell me all the items you can from the shopping list, starting now.

Delayed recall score=_____

Q267. 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 Participant Showcard C and use the printed instructions to explain the task.

Number correct

Refused/Not asked=999

Couldn't comprehend/other=888

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

Q268. Firstly, I'd like to take your waist measurement. Take waist measurement. (*Greater than 150cms=777 Refused=888 Not asked=999*)

Q269a-b. We would now like to measure your lung capacity. (Insert the cardboard tube and push the switch to the FEV position). I'm going to take 3 measures so that we can average them for a more accurate reading. I'll ask you to stand to do this. Breathe in until your lungs are completely full. Now, seal your lips around the mouthpiece and blow out as hard and fast as possible until you cannot push anymore out. Record the first measure displayed under FEV. Now, push the switch upwards to the FVC position and record reading under FVC.

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

Q270a-b. Turn spirometer to 'OFF' position before turning it to FEV position for second reading. **Would you mind doing that again please?** If the Participant complains of breathlessness or dizziness, wait for them to get their breath back before going on.

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

Q271a-b. Turn spirometer to 'OFF' position before turning it to FEV position for third reading. **And just once more?** Again, if Participant 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.

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

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

Q272-276. 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 participant to respond. If participant responds correctly (9-1-7) say, **That's right** and proceed to item 1. If participant 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 participant succeeds or fails with the second example (3-4-8) proceed to item 1. Give no help on this second example or on any of the items to follow.
Read at a rate of one number per second.

Digit backwards score = _____

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

Q277. 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 participant 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.

Q278. When I say 'Begin', place as many pins as you can in the (right/left) - hand row starting with the top hole. **Work as rapidly as you can until I say 'Stop'.** Use stopwatch to time for 30 seconds then say 'Stop'. Record number of pegs inserted.

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

Q279. Now, I would like you to do this again using the other hand. Repeat test.

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

Q280. 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 Refused/Not asked=99 *Couldn't comprehend/other=88*

I am now going to show you some pictures and I would like you to tell me the name of the objects.

Now I'm going to take your blood pressure again one final time. Replace cuff and tighten. I will now inflate the cuff again.

Q295a-e.

SYSTOLIC READING
DIASTOLIC READING
PULSE

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

The participant was? 1 Seated 2 Lying down 3 *refused/no asked*

Which arm was used? 1 Left 2 Right 3 *refused/not asked*

Record results on card _____

Q296. Place Trailmaking Sheet Part A Sample on the table in front of the Participant. Give the participant 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 Participant makes a mistake, point out the error and explain it. If necessary guide the Participant'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 Participant'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 Participant 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).

Q296a-d.

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

Q297. 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 Participant makes a mistake, point out the error and explain it. If necessary guide the Participant'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 Participant'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 Participant 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).

Q297a-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'm going to say a letter of the alphabet and ask you to think of as many words as you can starting with this letter, not including numbers, places or peoples' names. You have 60 seconds for this task. Now, how many words can you think of starting with the letter "'F'?" Start timing and write words on 'Q298 Word Sheet'. When 60 seconds are up tell them to stop. If they want to stop before 60 seconds is up encourage them to keep trying.

Q298 Number of 'F' words"

Now, how many words can you think of starting with the letter "'A'"? Start timing and write words on 'Q298 Word Sheet'. When 60 seconds are up tell them to stop. Count number of words and enter in space below.

Q299 Number of 'A' words"

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 participant 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:

Q300. Call out the numbers of the faces that you have already seen. If the participant calls out fewer than 12 faces, encourage them to continue 'guessing' until a total of 12 choices is made. If participant 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?

Q365. Little interest or pleasure in doing things?

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

Q366. Feeling down, depressed or hopeless?

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

Q367. 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

Q368. Feeling tired or having little energy?

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

Q369. Poor appetite or overeating?

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

Q370. 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

Q371. 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

Q372. 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

Q373. 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

Q374. 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 in the last 4 weeks go to Q375

Q374a. Has this ever happened before? 1 No 2 Yes

Q374b. 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

Q374c. Do these attacks bother you a lot or are you worried about having another attack?

1 No 2 Yes

Q374d. 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?

Q375. Feeling nervous, anxious, on edge, or worrying a lot about different things?

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

If you have not been feeling anxious at all go to Q376

Over the last 4 weeks have you been bothered by:

Q375a. Feeling restless so it is hard to sit still

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

Q375b. Getting tired very easily

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

Q375c. Muscle tension, aches, or soreness

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

Q375d. Trouble falling asleep or staying asleep

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

Q375e. 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

Q375f. Becoming easily annoyed or irritable

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

Q376-395. The following scale consists of a number of words that describe different feelings or emotions. Please read each item and indicate to what extent you have been feeling this way in the last 4 weeks.

Attentive	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Strong	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Inspired	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Afraid	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Irritable	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
Alert	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Upset	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Active	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Guilty	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Nervous	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely

Excited	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Proud	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Jittery	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Ashamed	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Hostile	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
Scared	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Enthusiastic	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Distressed	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Determined	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely
Interested	1 <input type="radio"/> Very slightly or not at all	2 <input type="radio"/> A little	3 <input type="radio"/> Moderately	4 <input type="radio"/> Quite a bit	5 <input type="radio"/> Extremely

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

- Q396. Have you felt keyed up or on edge? 1 No 2 Yes
- Q397. Have you been worrying a lot? 1 No 2 Yes
- Q398. Have you been irritable? 1 No 2 Yes
- Q399. Have you had difficulty relaxing? 1 No 2 Yes
- Q400. Have you been sleeping poorly? 1 No 2 Yes
- Q401. Have you had headaches or neckaches? 1 No 2 Yes
- Q402. 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
- Q403. Have you been worried about your health? 1 No 2 Yes
- Q404. Have you had difficulty falling asleep? 1 No 2 Yes
- Q405. Have you been lacking energy? 1 No 2 Yes
- Q406. Have you lost interest in things? 1 No 2 Yes
- Q407. Have you lost confidence in yourself? 1 No 2 Yes
- Q408. Have you felt hopeless? 1 No 2 Yes
- Q409. Have you had difficulty concentrating? 1 No 2 Yes
- Q410. Have you lost weight (due to poor
appetite)? 1 No 2 Yes
- Q411. Have you been waking early? 1 No 2 Yes
- Q412. Have you felt slowed up? 1 No 2 Yes
- Q413. Have you tended to feel worse in the
mornings? 1 No 2 Yes

In the LAST YEAR have you ever:

- Q414. Felt that life is hardly worth living? 1 No 2 Yes
- Q415. Thought that you really would be better off
dead? 1 No 2 Yes

Q416. Thought about taking your own life? 1 No 2 Yes

Q417. Thought that taking your life was the only way out of your problems? 1 No 2 Yes

If you have not thought of taking your own life go to Q418

In the LAST YEAR have you ever:

Q417a. Made plans to take your own life? 1 No 2 Yes

Q417b. 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?

Q418. Taken an overdoses of medication. 1 No 2 Yes

Q419. Cut yourself. 1 No 2 Yes

Q420. Banged your head or fist against something? 1 No 2 Yes

Q421. In the last year have you ever denied yourself a necessity, such as food, as a punishment? 1 No 2 Yes

Q422. Have you *ever in your life* been markedly depressed; that is, for several weeks or more, you felt sad, lost interest in things and felt lacking in energy?
1 Yes 2 No

If you have never been markedly depressed go to Q423

Q422a. Did this occur some time during the past 4 years, since we last interviewed you? 1 Yes 2 No

Q422b. 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?

Q423. There is really no way I can solve some of the problems I have.
1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree

Q424. Sometimes I feel that I'm being pushed around in life.
1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree

Q425. I have little control over the things that happen to me.
1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree

Q426. I can do just about anything I really set my mind to do.
1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree

Q427. I often feel helpless in dealing with the problems of life.
1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree

Q428. What happens to me in the future mostly depends on me.
1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree

Q429. 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.

- Q430. I think about how alone I feel.**
 1 Never 2 Sometimes 3 Often 4 Always
- Q431. I think about my feelings of fatigue and achiness.**
 1 Never 2 Sometimes 3 Often 4 Always
- Q432. I think about how hard it is to concentrate.**
 1 Never 2 Sometimes 3 Often 4 Always
- Q433. I think about how passive and unmotivated I feel.**
 1 Never 2 Sometimes 3 Often 4 Always
- Q434. I think, "Why can't I get going?"**
 1 Never 2 Sometimes 3 Often 4 Always
- Q435. I think about a recent situation, wishing it had gone better.**
 1 Never 2 Sometimes 3 Often 4 Always
- Q436. I think about how sad I feel.**
 1 Never 2 Sometimes 3 Often 4 Always
- Q437. I think about all my shortcomings, failings, faults and mistakes.**
 1 Never 2 Sometimes 3 Often 4 Always
- Q438. I think about how I don't feel up to doing anything.**
 1 Never 2 Sometimes 3 Often 4 Always
- Q439. 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
Q440. I concentrate my efforts on Doing something about it.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q441. I try to come up with a strategy about what to do.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q442. I try to see it in a different light, to make it seem more positive.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q443. I accept the reality of the fact that it has happened.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q444. I make jokes about it.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q445. I try to find comfort in my religion or spiritual beliefs.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q446. I try to get emotional support from others	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q447. I try to get advice or help from other people about what to do.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q448. I turn to work or other activities to take my mind off things.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q449. I say to myself "this isn't real".	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>

Q450. I say things to let my unpleasant feelings escape.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q451. I use alcohol or other drugs to make myself feel better.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q452. I give up trying to deal with it.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q453. I criticise myself.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q454. I learn to live with it.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q455. I take action to try to make the situation better.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q456. I think hard about what steps to take.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q457. I look for something good in what has happened.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q458. I make fun of the situation.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q459. I pray or meditate.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q460. I get comfort and understanding from someone.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q461. I get help and advice from other people.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q462. I do something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q463. I refuse to believe that it has happened.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q464. I express my negative feelings	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q465. I use alcohol or other drugs to help me get through it.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q466. I give up the attempt to cope.	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>
Q467. I blame myself for things that have happened	1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>

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

Q468. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?

1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often

Q469. How often do you have difficulty getting things in order when you have to do a task that requires organisation?

1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often

Q470. How often do you have problems remembering appointments or obligations?

1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often

Q471. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?

1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often

Q472. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?

1. Never 2. Rarely 3. Sometimes 4. Often 5. Very often

Q473. How often do you feel overly active and compelled to do things, like you were driven by a motor?

1. Never 2. Rarely 3. Sometimes 4. Often 5. 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.

Q474. 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

Q475. 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

Q476. 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

Q477. 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

Q478. 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

Q479. 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

Q480. 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

Q481. 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

Q482. 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

Q483. 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

Q484. 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

Q485. 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

Q486. 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

Q487. 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

Q488. 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

Q489. 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

Q490. 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

Q491. 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

Q492. 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

Q493. 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

Q494. 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

Q495. 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

Q496. 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

Q497. 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.

Q498. In most ways my life is close to ideal.

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

Q499. The conditions of my life are excellent.

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

Q500. I am satisfied with my life.

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

Q501. So far, I have gotten the important things I want in life.

1○Strongly disagree 2○Disagree 3○Slightly disagree 4○Neither agree nor disagree
5○Slightly agree 6○Agree 7○Strongly agree

Q502. If I could live my life over, I would change almost nothing.

1○Strongly disagree 2○Disagree 3○Slightly disagree 4○Neither agree nor 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?

Q526. 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

Q527. 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

Q528. 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 minutes per week you spend in such sports or activities. (Please enter '0' in hours and minutes if not undertaken at all.)

Q529. Mildly energetic (e.g. walking, weeding)

 hours
minutes

Q530. Moderately energetic (e.g. dancing, cycling)

 hours
minutes

Q531. 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.

Q532. 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

If no times go to Q533

Q532a-b. What do you estimate was the total time that you spent walking in this way in the last week?

_____Minutes _____hours

Q533. 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

If no times go to Q534

Q533a-b . What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the last week?

_____Minutes _____hours

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

Q534. 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

If no times go to Q535

Q534a-b. What do you estimate was the total time that you spent doing this vigorous physical activity in the last week?

_____Minutes _____hours

Q535. 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

If no times go to Q536

Q535a-b. 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
Q536. Read scientific books or magazines	1	2	3	4
Q537. Read about special subjects on my own	1	2	3	4
Q538. Solved maths or chess puzzles	1	2	3	4
Q539. Done troubleshooting of software packages on a PC	1	2	3	4
Q540. Sketched, drawn or painted	1	2	3	4

Q541. Practised a musical instrument	1	2	3	4
Q542. Gone to recitals, concerts, or musicals	1	2	3	4
Q543. Read literature	1	2	3	4
Q544. Attended religious services	1	2	3	4
Q545. Participated in club activities	1	2	3	4
Q546. Helped others with their personal problems	1	2	3	4
Q547. Worked as a volunteer	1	2	3	4
Q548. Discussed politics	1	2	3	4
Q549. Influenced others	1	2	3	4
Q550. Been on the committee of a group	1	2	3	4
Q551. Led a group in accomplishing some goal	1	2	3	4

**The PATH Through Life Project
Self-completion paper questionnaire**

Please note that there are questions on both sides of the paper

Below are situations where you have to use your memory or intelligence. Now we want you to remember what you were like, at the time of your last PATH interview and to compare it with what you are like now."

Note the importance of comparing your present performance with 4 years ago. So if, at the time of your last interview, you always forgot where you had left things, and you still do, you would choose 'not much change.'

Circle number or place a cross in the circle

Q87 Remembering things about family and friends e.g. birthdays, occupations, addresses

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> |
| Much improved | A bit improved | Not much change | A bit worse | Much worse |

Q88 Remembering things that have happened recently

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> |
| Much improved | A bit improved | Not much change | A bit worse | Much worse |

Q89 Recalling conversations a few days later

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> |
| Much improved | A bit improved | Not much change | A bit worse | Much worse |

Q90 Remembering your address and telephone number

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> |
| Much improved | A bit improved | Not much change | A bit worse | Much worse |

Q91 Remembering what day and month it is

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> |
| Much improved | A bit improved | Not much change | A bit worse | Much worse |

Q92 Remembering where things are usually kept

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> |
| Much improved | A bit improved | Not much change | A bit worse | Much worse |

Q93 Remembering where to find things which have been put in a different place to usual

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> |
| Much improved | A bit improved | Not much change | A bit worse | Much worse |

Q94 Knowing how to work familiar machines around the house

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> |
| Much improved | A bit improved | Not much change | A bit worse | Much worse |

Q95 Learning to use a new gadget or machine around the house

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> |
| Much improved | A bit improved | Not much change | A bit worse | Much worse |

Q96 Learning new things in general

1. Much improved 2. A bit improved 3. Not much change 4. A bit worse 5. Much worse

Q97 Following a story in a book or on TV

1. Much improved 2. A bit improved 3. Not much change 4. A bit worse 5. Much worse

Q98 Making decisions on everyday matters

1. Much improved 2. A bit improved 3. Not much change 4. A bit worse 5. Much worse

Q99 Handling money for shopping

1. Much improved 2. A bit improved 3. Not much change 4. A bit worse 5. Much worse

Q100 Handling financial matters e.g. the pension, dealing with the bank

1. Much improved 2. A bit improved 3. Not much change 4. A bit worse 5. Much worse

Q101 Handling other everyday arithmetic problems e.g. knowing how much food to buy, knowing how long between visits from family or friends

1. Much improved 2. A bit improved 3. Not much change 4. A bit worse 5. Much worse

Q102 Using your intelligence to understand what's going on and to reason things through

1. Much improved 2. A bit improved 3. Not much change 4. A bit worse 5. Much worse

To what extent do you agree with the following statements?

Q503. If someone does me a favour, I feel obligated to repay them in some way.

1. = Strongly disagree 2. 3. 4. 5. 6. 7 . = Strongly agree

Q504. If someone does something for me, I feel required to do something for them

1. = Strongly disagree 2. 3. 4. 5. 6. 7 . = Strongly agree

Q505. If someone gives me a gift, I feel obligated to get them a gift.

1. = Strongly disagree 2. 3. 4. 5. 6. 7 . = Strongly agree

Q506. I feel uncomfortable when someone does me a favour that I know I won't be able to return.

1. = Strongly disagree 2. 3. 4. 5. 6. 7 . = Strongly agree

To what extent do you agree with the following statements?

Q507. Many opportunities await me in the future.

1. = Very untrue 2. 3. 4. 5. 6. 7. = Very true

Q508. Most of my life still lies ahead of me.

1. = Very untrue 2. 3. 4. 5. 6. 7. = Very true

Q509. My future seems infinite to me.

1. = Very untrue 2. 3. 4. 5. 6. 7. = Very true

Q510. I have the sense that time is running out.

1. = Very untrue 2. 3. 4. 5. 6. 7. = Very true

Q511. As I get older, I begin to experience that time is limited.

1. = Very untrue 2. 3. 4. 5. 6. 7. = Very true

To what extent do you agree with the following statements?

Q512. When I hear two sides of an argument, I often agree with both.

1 = Strongly disagree 2. 3. 4. = neither agree nor disagree 5. 6. 7. = Strongly agree

Q513. My world is full of contradictions that cannot be resolved.

1 = Strongly disagree 2. 3. 4. = neither agree nor disagree 5. 6. 7. = Strongly agree

Q514. For most important issues, there is one right answer.

1 = Strongly disagree 2. 3. 4. = neither agree nor disagree 5. 6. 7. = Strongly agree

Q515. There are always two sides to everything, depending on how you look at it.

1 = Strongly disagree 2. 3. 4. = neither agree nor disagree 5. 6. 7. = Strongly agree

Here are a number of personality traits that may or may not apply to you. Please indicate the extent to which each pair of traits applies to you. You should rate the extent to which the *pair* of traits applies to you, even if one characteristic applies more strongly than the other.

I see myself as:

Q516. Extraverted, enthusiastic

1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>	6. <input type="radio"/>	7. <input type="radio"/>
Disagree strongly	Disagree moderately	Disagree a little	Neither agree or disagree	Agree a little	Agree moderately	Agree strongly

Q517. Critical, quarrelsome

1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>	6. <input type="radio"/>	7. <input type="radio"/>
Disagree strongly	Disagree moderately	Disagree a little	Neither agree or disagree	Agree a little	Agree moderately	Agree strongly

Q518. Dependable, self disciplined

1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>	6. <input type="radio"/>	7. <input type="radio"/>
Disagree strongly	Disagree moderately	Disagree a little	Neither agree or disagree	Agree a little	Agree moderately	Agree strongly

Q519. Anxious, easily upset

1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>	6. <input type="radio"/>	7. <input type="radio"/>
Disagree strongly	Disagree moderately	Disagree a little	Neither agree or disagree	Agree a little	Agree moderately	Agree strongly

Q520. Open to new experiences, complex

1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>	6. <input type="radio"/>	7. <input type="radio"/>
Disagree strongly	Disagree moderately	Disagree a little	Neither agree or disagree	Agree a little	Agree moderately	Agree strongly

Q521. Reserved, quiet

1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>	6. <input type="radio"/>	7. <input type="radio"/>
Disagree strongly	Disagree moderately	Disagree a little	Neither agree or disagree	Agree a little	Agree moderately	Agree strongly

Q522. Sympathetic, warm

1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>	6. <input type="radio"/>	7. <input type="radio"/>
Disagree strongly	Disagree moderately	Disagree a little	Neither agree or disagree	Agree a little	Agree moderately	Agree strongly

Q523. Disorganised, careless

1. <input type="radio"/>	2. <input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>	6. <input type="radio"/>	7. <input type="radio"/>
Disagree strongly	Disagree moderately	Disagree a little	Neither agree or disagree	Agree a little	Agree moderately	Agree strongly

Q524. Calm, emotionally stable

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> | 6. <input type="radio"/> | 7. <input type="radio"/> |
| Disagree
strongly | Disagree
moderately | Disagree
a little | Neither agree
or disagree | Agree a
little | Agree
moderately | Agree
strongly |

Q525. Conventional, uncreative

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|
| 1. <input type="radio"/> | 2. <input type="radio"/> | 3. <input type="radio"/> | 4. <input type="radio"/> | 5. <input type="radio"/> | 6. <input type="radio"/> | 7. <input type="radio"/> |
| Disagree
strongly | Disagree
moderately | Disagree
a little | Neither agree
or disagree | Agree a
little | Agree
moderately | Agree
strongly |