

PATH Through Life Study

WAVE 5 40S+ COHORT – ONLINE SELF COMPLETE QUESTIONNAIRE

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ONLINE SELF COMPLETE QUESTIONNAIRE

PATHID_W5_____

Date:_____

Q1 **What is your gender?** (Please select one) Male (1) Female (2) Other not specified (3)

If 'Other not specified' please go to Q1A to choose from the following. Otherwise please go to Q2

Q1A If 'Intersex/Unspecified', please choose from the following

- Intersex / Indeterminate (1)
- Trans male (2)
- Trans female (3)
- Transgender not elsewhere classified (4)
- Non-binary (5)
- Another gender (6)

Q2 **In what suburb are you currently living?** (Only if living in Australia) _____

Q3A **Postcode** (Only if living in Australia) _____

Q3B **Which of the following best describes your home?**

- House / townhouse (1)
- Flat / unit / apartment (2)
- Independent unit in retirement accommodation (3)
- Residential aged care home – 'low care' (hostel) (4)
- Residential aged care home – 'high care' (nursing home) (5)
- Granny flat (6)
- Other _____ (7)

Q4 **What is your current age?** _____ **Years**
_____ **Months**

Q5 **Are you currently in a relationship with someone?**

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

Q6 What is your current marital status?

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

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 answered "0" to number of times married or lived in de facto relationship please go to Q10.
If you answered "1" to number of times married or lived in de facto relationship AND are still in this relationship please go to Q9*

Q8 How long have you been separated/divorced/widowed from your (previous) partner?

_____ Years (1) _____ Months (2)

If not currently living with a spouse or partner please go to Q10

Q9 How long have you been living with your current partner?

_____ Years (1) _____ Months (2)

Q10 Would you currently consider yourself to be:

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

Q11 Have you completed any further education since your last interview (<insert date of last interview>)? Yes (1) No (2)

If you have not COMPLETED any further education since your last interview please go to Q14

Q12 What was the highest qualification that you completed since your last interview (<insert date of last interview>)?

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

If you have NOT completed Technician's certificate/advanced certificate, Certificate other than above, Trade certificate/apprenticeship, or Associate diploma go to Q14

Q13 How long does that certificate or diploma take to complete, studying full time?

- Less than 1 semester or 1/2 year (1)
- One semester to less than 1 year (2)
- One year to less than 3 years (3)
- Three years or more (4)

Q14 Are you presently studying? If No, tick "None of the above". If yes, what qualification are you working toward? Please choose all that apply:

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

If 'None of the above' go to Q17.

If you are NOT currently doing a Technician's certificate/advanced certificate, Certificate other than above, Trade certificate/apprenticeship, or Associate diploma go to Q16

Q15 How long does that certificate or diploma take to complete, studying full time?

- Less than 1 semester or 1/2 year (1)
- One semester to less than 1 year (2)
- One year to less than 3 years (3)
- Three years or more (4)

Q16 Are you studying full-time or part-time?

- Full-time (1)
- Part-time (2)

Q17 What is your current employment status?

- Employed full-time (1)
- Employed part-time, looking for full-time work (2)
- Employed part-time (3)
- Unemployed, looking for work (4)
- Not in the labour force (5)
- In employment BUT currently on long-term LEAVE (maternity, long-service leave, long-term leave without pay) (6)

If 'Unemployed, looking for work', or 'Not in the labour force' go to Q18.

Q17A What is your job title? If more than one job, record title of main job. For public servants, record official designation, e.g. ASO3, as well as occupation. For armed service personnel, state rank as well as occupation.

Q17B What are your main duties or activities? (free text)

Q18 Has your employment situation, occupation or level changed at all since your last interview (<insert date of last interview>)?

- Yes (1) No (2)

If 'Unemployed, looking for work', go to Q20

If 'Not in the labour force' go to Q22

If 'In employment BUT currently on long-term LEAVE' go to Q23

Q19 In your main job are you:

- Permanently employed (1)
 Fixed term contract (2)
 Casually employed (3)

Q20 At any time in the LAST FOUR WEEKS have you looked for a job in any of the ways listed? (please select all that apply)

- Written, phoned or applied in person for work
 Answered a newspaper or internet advertisement for a job
 Checked the touchscreens at Centrelink or vacancy listings on online job sites
 Been registered with Job Network or other employment agencies
 Advertised or tendered for work
 Contacted friends or relatives for work
 None of the above

If you have NOT looked for a job in last 4 weeks go to Q22

Q21 If you had found a job, could you have started last week? Yes (1) No (2)

Q22 Have you ever been employed in the past?

- Yes (1) No (2)

If you have never been employed in the past, go to Q36

Q23 About how many people are/were employed in the entire business, corporation or organisation for which you work?

- 1-9
- 10-24
- 25+

Q24 Do you consider yourself to be completely retired from the paid workforce, partly retired or not retired at all? (Partly retired means working in a reduced capacity: i.e. significantly less hours or in a less demanding role and with a view to transitioning into retirement)

- Yes, completely retired
- Yes, partly retired
- Not retired at all

If you answered 'Yes, completely retired', go to Q26.

If you answered 'Yes, partly retired', go to Q25.

If you answered 'Not retired at all' and are working full-time or part-time, go to Q32

If you answered 'Not retired at all' and you are unemployed looking for work go to Q36

If you answered 'Not retired at all' and you are not in the workforce go to Q36

Q25 In what sense do you consider yourself partly retired?

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

Q26 How old were you when you retired (either partly or completely)? (Enter 88 if unsure) _____

Q27 What is the *main* reason you chose to retire (either partly or completely) or you left your last job?

- Last job was temporary (1)
- Retrenched/laid off/made redundant/business closed down (2)
- Unsatisfied with job (3)
- Reached appropriate age for retirement (4)
- Own illness, disability or injury (5)
- Relative's illness, disability or injury (6)
- To have children (7)
- To look after family/home (8)
- To pursue other activities (9)
- Other (specify) _____ (10)

If you are partly retired, and working either part-time or full-time, go to Q32.

If you are unemployed, looking for work, go to Q36.

Q28 Did you make any changes to your working arrangements to prepare for retirement?

- Taken up part-time work instead of full-time work (1)
- Taken up casual or occasional work (2)
- Changed employer (3)
- Changed to a different line of work (4)
- Reduced duties/responsibility/intensity (less demanding) (5)
- Work more hours from home (6)
- Undertaken (more) contract work (7)
- Changed from working for self to working for someone else (8)
- Changed from working for someone else to working for self (9)
- No (10)

Q29 Were you working part-time in your last job before you retired?

- Yes – part-time (1)
- No – full-time (2)

Q30 In considering your decision to retire, who was involved (either by providing advice, information or helping you to choose)? (Please select all that apply)

- Partner/spouse (1)
- Child/ren (2)
- Sibling/s (3)
- Other family member/s (4)
- Friend/s (5)
- Lawyer (6)
- Financial adviser (7)
- Accountant (8)
- Work colleague/s (9)
- Work manager/boss (10)
- Other (specify) _____ (11)
- No one else was involved (12)

Q31 In considering your decision to retire, to what extent did other people have input into the decision?

- Not at all (1)
- A little (2)
- Fairly involved (3)
- Very involved (4)

Q32 Have you ever previously completely retired from the workforce with no intention at the time of ever being in paid work again?

- Yes (1)
- No (2)

Q33 Have you ever made a decision to come out of retirement?

- Yes (1)
- No (2)

If you answered 'No', and you are completely retired, go to Q36

If you answered 'No', and you are partly retired, go to Q34

Q33A What reasons did you have for coming out of retirement? (Please select all that apply)

- Financial need (1)
- Bored/needed something to do (2)
- Interesting opportunity came up (3)
- Employer/business asked back (4)
- Own health improved (5)
- No longer needed to care for partner/family member (6)
- Death of partner (7)
- Separation/divorce from partner (8)
- Wishes/views of partner towards your own retirement decision (9)
- Other (specify) _____ (10)
- Have never previously retired from the labour force (11)

Q33B Of those, what was the *main* reason for coming out of retirement? (Only one response is allowed)

- Financial need (1)
- Bored/needed something to do (2)
- Interesting opportunity came up (3)
- Employer/business asked back (4)
- Own health improved (5)
- No longer needed to care for partner/family member (6)
- Death of partner (7)
- Separation/divorce from partner (8)
- Wishes/views of partner towards your own retirement decision (9)
- Other (specify) _____ (10)
- Have never previously retired from the labour force (11)

If you are completely retired, go to Q36

Q34 At what age (or age range) do you intend to retire/give up all paid work?

- Specify age _____ (1)
- Specify age range _____ (2)
- Don't know what age (3)
- Don't know whether will retire (4)
- No intention to retire (5)

Q34A What factors will influence your decision about when you intend to permanently give up all paid work?
(select all that apply)

1. Reaching the eligibility age for an age (or service) pension
2. Ability to access other government pensions or benefits
3. Ability to access superannuation funds
4. Being retrenched or made redundant
5. Job too stressful or pressured
6. Declining interest in work
7. Financial security

8. Retirement of partner
9. Personal health or physical abilities
10. Need to care for partner or family member
11. Spouse/partner's income will enable me to retire
12. Spend more time with partner/family
13. Have more personal/leisure time
14. Wishes/views of spouse/partner towards your own retirement decision
15. Other (specify)
16. Do not know

Q34B Of those, what is the main factor that will influence your decision about when you intend to permanently give up all paid work? (Only one response is allowed)

1. Reaching the eligibility age for an age (or service) pension
2. Ability to access other government pensions or benefits
3. Ability to access superannuation funds
4. Being retrenched or made redundant
5. Job too stressful or pressured
6. Declining interest in work
7. Financial security
8. Retirement of partner
9. Personal health or physical abilities
10. Need to care for partner or family member
11. Spouse/partner's income will enable me to retire
12. Spend more time with partner/family
13. Have more personal/leisure time
14. Wishes/views of spouse/partner towards your own retirement decision
15. Other
16. Do not know

Q35 What do you expect all your sources of personal income to be after you permanently give up work? (Please select all that apply)

1. Government pension or allowance
2. Superannuation/Annuity/Allocated Pension
3. Dividends or interest
4. Rental property income
5. Own unincorporated business income
6. Workers' compensation
7. Other
8. No personal income
9. Do not know

If you are currently employed (part-time or full-time) go to Q37

Q36 What is your main activity IF you are not in the work force?

- Home duties or caring for children (1)
- Studying (2)
- Caring for an aged or disabled person (3)
- Voluntary work (4)
- Other (5)

Q37 Were you, or are you currently, a member of the Australian Defence Force?

- Yes (1)
- No (2)

If have never been in the Defence Forces go to Q49

Q38 Please indicate which service.

- Army (1)
- Air Force (2)
- Navy (3)

Q39 What is your current Australian Defence Force employment status?

- Active Regular (1)
- Active Reserve (2)
- Ex-Serving/Inactive Reserve (3)

Q40 What is your total length of service (years)? _____

Q41 What was your most recent rank? _____

Q42 What was your most recent role (e.g. combat engineer, logistics officer)? _____

Q43 Were you ever deployed overseas with the Australian Defence Force?

- Yes (1)
- No (2)

If you answered 'No' (never deployed overseas), please go to Q49.

Q44 Please list the overseas location(s) (and year/s of deployment) where you have served (e.g. Iraq, 1991).

[TEXT ENTRY] _____

Q45 Please indicate the total number of months served across all previous overseas deployments.

[TEXT ENTRY] _____

Q46 Were you exposed to combat while deployed overseas?

- Yes (1)
- No (2)

Q47 What percentage of your service overseas was warlike?

- Less than 10%
- 10-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- Over 90%

Q48 Please indicate the frequency with which you experienced or witnessed traumatic events during overseas deployment

- Never
- Rarely (1 time)
- Occasionally (2-5 times)
- Often (6-10 times)
- Very often (11+ times)

Q49 In the last 12 months, did you do any unpaid voluntary work for an organisation, club or association?

- Yes (1)
- No (2)

If you answered 'No', please go to Q52.

Q50 How often did you do voluntary work?

- At least once a week (1)
- At least once a fortnight (2)
- Several times a year (3)
- Less regularly (4)

Q51 On average, how many hours per week did you do any voluntary work? _____ hours per week

Q52 Please indicate your Father's (or male caregiver's) highest level of education.

- Postgraduate degree
- Graduate diploma or certificate
- Bachelor or honours degree
- Advanced diploma or diploma
- Certificate III or IV
- Short cycle tertiary education
- Trade certification or other advanced training
- Upper secondary education (Years 11-12)
- Lower secondary education (Years 7-10)
- Did not attend High School
- Do not know
- Not applicable

Q53 Please indicate your Mother's (or female caregiver's) highest level of education.

- Postgraduate degree
- Graduate diploma or certificate
- Bachelor or honours degree
- Advanced diploma or diploma
- Certificate III or IV
- Short cycle tertiary education
- Trade certification or other advanced training
- Upper secondary education (Years 11-12)
- Lower secondary education (Years 7-10)
- Did not attend High School
- Do not know
- Not applicable

Q54 Did you attend a high school / secondary school for at least one year, at any time?

- Yes (1) No (2)

If you answered 'No', please go to Q62

We are also interested in the quality of your high school education. Please think about your high school (secondary school) experience.

Q55 Compared with the average school (in Australia or the country in which you grew up), how would you rate the overall quality of your high school?

- Excellent
- Better than average
- About average
- Below average
- Very poor

Please think about your high school (secondary school) experience. Please rate your agreement with the following items.

Q56 Overall, if there was something I didn't understand, my teachers would help me during class.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q57 The classrooms and grounds at my high school were well kept.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q58 The school informed my parents of my performance and behaviour.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q59 My high school was well regarded in the community.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

Q60 Please select approximately how many students from your high school went on to study at University.

- 0-10% (1)
- 11-30% (2)
- 31-50% (3)
- more than 50% (4)
- Not applicable

We are also interested in the subjects you studied at high school. Please click all subjects that apply to you.

Q61A Please select the English subjects that you studied at high school (select all that apply).

- English
- English as a second language (ESL)
- English Literature
- None of the above
- Not applicable

Q61B Please select the Mathematics subjects that you studied at high school (select all that apply).

- Applied Mathematics
- Calculus
- Geometry & Trigonometry
- Maths in Practice
- None of the above
- Not applicable

Q61C Please select the Society and Environment, Social Sciences or 'Humanities' subjects that you studied at high school (select all that apply).

- History
- Geography
- Politics and Social Studies
- Economics
- Legal Studies
- Accounting
- Business Studies
- Secretarial Studies
- Tourism and Hospitality
- Religious Studies
- None of the above
- Not applicable

Q61D Please select the Science subjects that you studied at high school (select all that apply).

- Chemistry
- Physics
- Biology / Human Biology
- General Science
- Psychology
- Other Science
- None of the above
- Not applicable

Q61E Please select the Arts subjects that you studied at high school (select all that apply).

- Creative and Visual Arts
- Performing Arts
- Music
- None of the above
- Not applicable

Q61F Please select the Languages subjects that you studied at high school (select all that apply).

- French
- German
- Indonesian
- Italian
- Japanese
- Other [please specify] _____
- None of the above
- Not applicable

Q61G Please select the Technology subjects that you studied at high school (select all that apply).

- Technical Studies
- Home Science
- Food/Catering
- Agriculture
- Child Studies
- None of the above
- Not applicable

Q61H Please select the Health and Physical Education subjects that you studied at high school (select all that apply).

- Physical Education
- Health Studies
- Outdoor Education
- None of the above
- Not applicable

Q61I Please list any other subjects you studied in high school that were not listed above: _____

We would like to ask some questions relating to female contraception and reproductive health.

If you are male, please go to Q86

Q62 Are you taking contraceptive pills or using contraceptive implants or injections?

- Yes (go to Q65)
- No

Q63 Have you stopped using contraception *since the last interview*?

- Yes, I have stopped since the last interview (go to Q64)
- No, I have not used contraception for more than 4 years (go to Q67)

Q64 In what year did you stop using contraception? _____

Go to Q67

Q65 What contraceptive or implant are you currently using?

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

If NOT 'other' go to Q67

Q66 What other contraceptive are you using? _____

Q67. Which of the following best describes you?

- I am still having regular periods.
- My periods are now irregular and I think it might be due to menopause.
- My periods have stopped entirely due to a hysterectomy.
- My periods have stopped entirely due to menopause.
- My periods have stopped entirely due to another reason, please specify_____.
- Other (using medication/injections that have stopped you having a period for a certain time, pregnancy)
- I have never had periods.

If you answered 'I am still having regular periods', or 'I have never had periods', go to Q76

If you answered 'My periods are now irregular and I think it might be due to menopause', go to Q68

If you answered 'My periods have stopped entirely due to a hysterectomy', go to Q71

If you answered 'My periods have stopped entirely due to menopause', or 'My periods have stopped entirely due to another reason', or 'Other', go to Q69

Q68 How would you describe the regularity of your periods?

_____ (go to Q76)

Q69 At what age did your periods cease? _____ years

Q70 Have you had a hysterectomy at some time after experiencing natural menopause?

- Yes
- No (go to Q75)

Q71 At what age did you have this operation? _____ years

Q72 What was the reason for having a hysterectomy? (please tick all that apply to you)

- Cancer (of the cervix, uterus, ovaries, fallopian tubes)
- Abnormal bleeding
- Uterine fibroids
- Uterine prolapse
- Pelvic pain
- Other (please specify) _____
- I don't know why

Q73 Was an oophorectomy (removal of one or both ovaries) also performed during your hysterectomy?

- Yes, both ovaries were removed
- Yes, one ovary was removed
- Yes, but I don't know how many ovaries were removed
- No, both of my ovaries were conserved
- I don't know

Q74 Did you have the lining of your uterus removed (endometrial ablation)?

- Yes
- No

Q75 Please list any other gynaecological procedures you have undergone in recent years.

Which of the following symptoms apply to you at this time?

Q76A Hot flushes, sweating (episodes of sweating)

- None Mild Moderate Severe Very severe

Q76B Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)

- None Mild Moderate Severe Very severe

Q76C Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)

- None Mild Moderate Severe Very severe

Q76D Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)

- None Mild Moderate Severe Very severe

Q76E Irritability (feeling nervous, inner tension, feeling aggressive)

- None Mild Moderate Severe Very severe

Q76F Anxiety (inner restlessness, feeling panicky)

- None Mild Moderate Severe Very severe

Q76G Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)

- None Mild Moderate Severe Very severe

Q76H Sexual problems (change in sexual desire, in sexual activity and satisfaction)

- None Mild Moderate Severe Very severe

Q76I Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)

- None Mild Moderate Severe Very severe

Q76J Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)

- None Mild Moderate Severe Very severe

Q76K Joint and muscular discomfort (pain in the joints, rheumatoid complaints)

- None Mild Moderate Severe Very severe

Q77 How would you describe the impact of these symptoms on your ability to engage in day-to-day activities at work?

- The symptoms have had no impact
- Somewhat negative impact
- Moderately negative impact
- Very negative impact
- I am not currently employed

If you are not currently employed, please go to question Q80

Q78 Have you been required to reduce your workload because of these symptoms?

- Yes
- No

Q79 Have you considered withdrawing from work because of these symptoms?

- Yes
- No

Q80 Have you ever had Hormone Replacement Therapy (HRT)?

- Yes
- No

If you answered 'No' go to Q86

If you answered 'Yes' and your periods have not stopped entirely go to Q82

If yes and periods stopped entirely, go to Q81

Q81 Did you start taking HRT:

- Before your periods stopped
- After your periods stopped

Q82 Are you still having hormone replacement therapy?

- Yes
- No

Q83 How long have you been on/were you on hormone replacement therapy? (If less than 1 year, enter 1).

_____ years

Q84 Which hormone replacement medications are you on / were you on for the longest time? (Listed alphabetically down columns).

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

If not 'other' go to Q86.

Q85 What other HRT are/were you on? _____

This section is about some of the foods you usually eat. Record about how often you usually eat these foods.

Q86 How many serves of vegetables do you usually eat each day? A standard serve is approximately half a cup of cooked vegetables, or 1 cup green leafy vegetables or raw salad.

- 1 serve or less (1)
- 2-3 serves (2)
- 4-5 serves (3)
- 6 serves or more (4)
- Don't eat vegetables (5)

Q87 How many serves of fruit do you usually eat each day? A standard serve is approximately 1 medium apple, pear, banana or orange, or 1 cup diced or canned fruit.

- 1 serve or less (1)
- 2-3 serves (2)
- 4-5 serves (3)
- 6 serves or more (4)
- Don't eat fruit (5)

Q88 How often do you drink fruit juices such as orange, grapefruit or tomato? (Answer one choice only)

- _____ Per day (1)
- _____ Per week (if less than daily) (2)
- _____ Per month (if less than weekly) (3)
- _____ Rarely or never (enter 1 in box) (4)

Q89 How often do you eat chips, french fries, wedges, fried potatoes or crisps? (Answer one choice only)

- _____ Per day (1)
- _____ Per week (if less than daily) (2)
- _____ Per month (if less than weekly) (3)
- _____ Rarely or never (enter 1 in box) (4)

Q90 How often do you eat potatoes? (Answer one choice only)

- _____ Per day (1)
- _____ Per week (if less than daily) (2)
- _____ Per month (if less than weekly) (3)
- _____ Rarely or never (enter 1 in box) (4)

Q91 How often do you eat salad? (Salad includes mixed green salad and other mixtures of raw vegetables.)(Answer one choice only)

- _____ Per day (1)
- _____ Per week (if less than daily) (2)
- _____ Per month if less than weekly) (3)
- _____ Rarely or never (enter 1 in box) (4)

Q92 How often do you eat green leafy vegetables (spinach, lettuce, kale)?

- Less than 2 servings per week
- 2 to 5 servings per week
- 6 or more servings per week

Q93 How often do you eat other vegetables?

- Less than 5 servings per week
- 5 to 6 servings per week
- 7 or more servings per week

Q94 How often do you eat berries (e.g. blueberries, strawberries)?

- Less than 1 serving per week
- Less than 2 serving per week
- More than 2 servings per week

Q95 How often do you eat nuts?

- Less than 1 serving per month
- Less than 5 servings per week
- More than 5 servings per week

Q96 Is olive oil the primary cooking oil that you use?

- Yes
- No

Q97 How much butter or margarine do you use?

- Less than 1 tablespoon per day
- 1 to 2 tablespoons per day
- More than 2 tablespoons per day

Q98 How many servings of cheese you eat per week?

- Less than 1 serving per week
- 1 to 6 servings per week
- 7 or more servings per week

Q99 How many servings of whole grains (e.g. brown rice, multigrain bread, whole grain pasta, oats, barley, quinoa etc.) do you eat per week?

- Less than 1 serving per day
- 1 to 2 servings per day
- 3 or more servings per day

Q100 How often do you eat beans?

- Less than 1 meal per week
- 1 to 3 meals per week
- More than 3 meals per week

Q101 How often do you eat poultry (not fried)?

- Less than 1 meal per week
- Less than 2 meals per week
- More than 2 meals per week

Q102 How often do you eat red meat and meat products?

- Less than 4 meals per week
- 4 to 6 meals per week
- More than 6 meals per week

Q103 How often do you eat fast fried foods?

- Less than once per week
- 1 to 3 meals per week
- 4 or more meals per week

Q104 How many servings of pastries or sweets do you eat per week?

- Less than 5 servings per week
- 5 to 6 servings per week
- 7 or more servings per week

Q105 How many glasses of wine (red or white) do you drink?

- I never drink wine
- Less than one glass per day
- One glass per day
- More than one glass per day

Q106 Not counting potatoes and salad, how often do you eat cooked vegetables? (Answer one choice only)

- _____ Per day (1)
- _____ Per week (if less than daily) (2)
- _____ Per month if less than weekly) (3)
- _____ Rarely or never (enter 1 in box) (4)

Q107 How often do you eat smoked fish or seafood (such as smoked salmon, oysters, trout or others)?

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)

Q108 How often do you eat sushi or sashimi (containing raw fish or seafood including shellfish)?

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)

Q109 How often do you eat raw oysters, raw clams or other raw fish (not including raw fish in sushi)?

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)

Q110 How often do you eat fish sticks or fried fish (including fried seafood or shellfish)?

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)

Q111 How often do you eat all other fish or seafood (including shellfish) that was not fried, smoked, or raw?

- Never (1)
- 1-6 times per year (2)
- 7-11 times per year (3)
- 1 time per month (4)
- 2-3 times per month (5)
- 1 time per week (6)
- 2 times per week (7)
- 3-4 times per week (8)
- 5-6 times per week (9)
- 1 time per day (10)
- 2 or more times per day (11)

Q112 How much coffee do you drink each day?

- I never drink coffee (1)
- < 1 cup (2)
- 1 cup (3)
- 2 cups
- 3 cups
- 4 cups
- More than 4 cups per day

Q113 How much caffeinated tea (e.g. black tea, green tea) do you drink each day?

- I never drink tea (1)
- < 1 cup (2)
- 1 cup (3)
- 2 cups
- 3 cups
- 4 cups
- More than 4 cups per day

Q114 Have you been told by a medical professional that you are vitamin d deficient?

- Yes (1)
- No (2)

Q115 Have you ever been involved with mixing, applying or loading any pesticides, herbicides, weed killers, fumigants or fungicides?

- Yes, as part of my occupation (1)
- Yes, in a domestic or leisure setting (2)
- Yes, both (3)
- No (4)
- Don't know (5)

If you answered 'No' or 'Don't know', go to Q117

Q116A Over what duration have you been involved with mixing, applying or loading any pesticides, herbicides, weed-killers, fumigants or fungicides AS PART OF YOUR OCCUPATION?

- 20 years or more (1)
- Less than 20 years (2)

Q116B During this time, how frequently have you been involved with mixing, applying or loading any pesticides, herbicides, weed-killers, fumigants or fungicides AS PART OF YOUR OCCUPATION?

- 10 or more times/days per year (1)
- Less than 10 times/days per year (2)

Q117 How often (if at all) do you eat labelled organic food from each of the following types

	Most of the time (2)	Occasionally (1)	Never (too expensive) (0)	Never (I'm not interested in organic products) (0)	Never (products not available) (0)	Never (I avoid such products) (0)	Never (for no specific reason) (0)	Don't know (0)
Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy-based products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dairy products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meat and fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grains and legumes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breads and cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable oils and condiments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ready-to-eat meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee, tea and herbal tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biscuits, chocolate, sugar and marmalade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietary supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q118 The next group of questions ask about PHYSICAL ACTIVITY. How often do you take part in sports or activities that are mildly energetic, moderately energetic or vigorous?

	3 times a week or more (1)	Once or twice a week (2)	About 1-3 times a month (3)	Never/hardly ever (4)
Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework). (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming). (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing). (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q119 Please give the average number of hours or minutes per week you spend in such sports or activities. (Please enter 0 in hours and minutes if not undertaken at all (Enter 88 to refuse).

	Hours (1)	Minutes (2)
Mildly energetic (e.g. walking, weeding) (1)		
Moderately energetic (e.g. dancing, cycling) (2)		
Vigorous (e.g. running, squash) (3)		

If you do not work either full-time or part-time, please go to Q121

Q120 We would like to know the type and amount of physical activity involved in your work. Please indicate which best corresponds to your present activities from the following four possibilities.

- Sedentary occupation. You spend most of your time sitting (such as in an office) (1)
- Standing occupation. You spend most of your time standing or walking. However, your work does not require intense physical efforts (e.g. shop assistant, hairdresser, guard, etc.) (2)
- Physical work. This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, cleaner, nurse, sports instructor, electrician, carpenter, etc.) (3)
- Heavy manual work. This involves very vigorous physical activity including handling of very heavy objects (e.g. docker, miner, bricklayer, construction worker, etc.) (4)

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.

Q121 In the LAST WEEK, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places? (Enter 0 if not at all) _____

If '0' go to Q123

Q122 What do you estimate was the total time that you spent walking in this way in the LAST WEEK?

_____ Hours _____ Minutes

Q123 In the LAST WEEK, how many times did you do any vigorous gardening or heavy work around the yard, which made you breathe harder or puff and pant? (Enter 0 if not at all)

If '0' go to Q125

Q124 What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the LAST WEEK?

_____ Hours _____ Minutes

The next questions exclude household chores, gardening or yardwork:

Q125 In the LAST WEEK, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (eg jogging, cycling, aerobics, competitive tennis). (Enter 0 if not at all) _____

If '0' go to Q127

Q126 What do you estimate was the total time that you spent doing this vigorous physical activity in the LAST WEEK?

_____ Hours _____ Minutes

Q127 In the LAST WEEK how many times did you do any other more moderate physical activities that you have not already mentioned? (eg gentle swimming, social tennis, golf). (Enter 0 if not at all)

If '0' go to Q129

Q128 What do you estimate was the total time that you spent doing these activities in the LAST WEEK?

_____ Hours _____ Minutes

Q129 Now think about all of the time you spend sitting during each day while at home, at work, while getting from place to place or during your spare time. This may include time spent visiting friends, driving, reading,

watching television, or working at a desk or computer? How many hours do you spend sitting on a usual week day (work and leisure together)?

_____ Hours _____ Minutes

Q130 How many of these hours (in Question above) on a usual week day do you spend sitting at work only?

_____ Hours _____ Minutes

Q131 How many hours do you spend sitting on a usual weekend day?

_____ Hours _____ Minutes

Q132 Please indicate whether you have undertaken any of the following activities in the LAST 6 MONTHS.

	Not at all (1)	Once or twice (2)	4 or 5 times (3)	6 or more times (4)
Read scientific books or magazines (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read about special subjects on my own (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solved maths or chess puzzles (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done troubleshooting of software packages on a PC (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sketched, drawn or painted (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practised a musical instrument (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone to recitals, concerts, or musicals (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read literature (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended religious services (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in club activities (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped others with their personal problems (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked as a volunteer (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussed politics (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influenced others (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been on the committee of a group (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Led a group in accomplishing some goal (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q134 Thinking of the LAST YEAR, how often do you read newspapers, including online?

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

Q135 During the PAST YEAR, how often did you read magazines, including online?

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

Q136 During the PAST YEAR, how often did you read books?

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

Q137 During the PAST YEAR, how often did you play games like checkers or other board games, cards, puzzles, word games, mind teasers, or any other similar games? This includes any online games.

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

Q138 During the PAST YEAR, how often did you write letters or emails?

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

Q139 During the PAST YEAR, how often did you get involved in online social networking sites (e.g. facebook / twitter)?

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

If you answered 'Once a year or less', or 'Don't know', go to Q141

Q140 Over the PAST YEAR, approximately how many hours per week did you spend using online social networking sites (e.g. facebook / twitter)? _____

Q141 In LAST 10 YEARS, did you ever keep a diary, journal or blog?

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

If '0' go to Q143

Q142 For how many years did you do this? _____

Q143 In the LAST 10 YEARS, how many times did you visit a museum?

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

Q144 In the LAST 10 YEARS, how many times did you attend a concert, play, or musical?

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

Q145 In the LAST 10 YEARS, how often did you visit a library or use an online library service?

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

Q146 To what extent are you responsible for household tasks? (These include such activities as preparing meals, shopping for household items, cleaning, washing clothes and gardening).

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

Q147 To what extent are you responsible for financial management in your household? (Financial management includes paying bills, saving, planning investments or priorities in money use).

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

Q148 To what extent are you responsible for providing the money for your household?

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

Q149 Have you or your family had to go without things you really needed in the LAST YEAR because you were short of money?

- Yes, often (1)
- Yes, sometimes (2)
- No (3)

Q150 Over the LAST YEAR did any of the following happen to you because of a shortage of money?

	Yes (1)	No (2)
Pawned or sold something (1)	<input type="radio"/>	<input type="radio"/>
Went without meals (2)	<input type="radio"/>	<input type="radio"/>
Was unable to heat home (3)	<input type="radio"/>	<input type="radio"/>
Asked for help from welfare/community organizations. (4)	<input type="radio"/>	<input type="radio"/>

Q151 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 Q153

Q152 Do any of the following people live in your household?

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

Q153 Do you currently live:

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

Q154 What is the main source of income of your family (considering yourself, your partner and/or others)?

- My own income (1)
- My partner's income (2)
- My own and partner's income equally (3)
- Other (4)

Q155 What is your own personal main source of income?

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

Q156 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.)

- No more than \$300 per week (i.e. no more than around \$16,000 annual) (1)
- More than \$300 per week but no more than \$649 per week (i.e. no more than around \$34,000 annual) (2)
- More than \$650 per week but no more than \$999 per week (i.e. no more than around \$52,000 annual) (3)
- More than \$1000 but no more than \$1749 per week (i.e. no more than around \$91,000 annual) (4)
- More than \$1750 but no more than \$2,999 per week (i.e. no more than around \$156,000 annual) (5)
- More than \$3000 per week (6)
- Don't know / Refused (7)

Q157 Apart from Medicare, are you currently covered by private health insurance?

- No (1)
- Yes – hospital cover only (2)
- Yes – extras cover only (otherwise known as general treatment or ancillary) (3)
- Yes – both hospital and extras cover (4)
- Don't know (5)

If you are NOT currently employed (full or part-time) go to Q166

Q158 The next few questions ask about your work situation

	Often (1)	Sometimes (2)	Rarely (3)	Never (4)
Do you have a choice in deciding how you do your job? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have a choice in deciding what you do at work? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others take decisions concerning my work (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good deal of say in decisions about work (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a say in my own work speed (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My working time can be flexible (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can decide when to take a break (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a say in choosing with whom I work (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a great deal of say in planning my work environment (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have to do the same thing over and over again? (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your job provide you with a variety of interesting things? (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your job boring? (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have the possibility of learning new things through your work? (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your work demand a high level of skill or expertise? (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your job require you to take initiative? (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have to work very fast? (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have to work very intensively? (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have enough time to do everything? (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do different groups at work demand things from you that you think are hard to combine? (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q159 How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)?

Q160 How secure do you feel about your job or career future in your current workplace?

- Not at all secure (1)
- Moderately secure (2)
- Secure (3)
- Extremely secure (4)

Q161 How likely is it that you will lose your present job during the next couple of years?

- Not at all likely (1)
- Somewhat likely (2)
- Very likely (3)

Q162 If you lost your present job, how difficult do you think it would be to get another job (with the same pay and same hours)?

- Not at all difficult (1)
- Somewhat difficult (2)
- Difficult (3)
- Extremely difficult (4)

Q163 Which of these best describes your current work schedule in your (main) job?

- A regular daytime schedule (1)
- A regular evening shift (2)
- A regular night shift (3)
- A rotating shift (changes from days to evenings to nights) (4)
- Split shift (two distinct periods each day) (5)
- On call (6)
- Irregular schedule (7)
- Other (8)

Q164 In the LAST 4 WEEKS have you stayed away from your work (or school or place of study) for more than half a day because of any illness or injury that you had?

- Yes (1)
- No (2)

If you answered 'No' go to Q166

Q165 How many days in the LAST 4 WEEKS have you stayed away from your work (or place of study)

_____ [Number of days paid sick leave] _____ [Number of days unpaid sick leave]

Q166 Do you provide childcare for your grandchild/ren so that their parents can work? (Grandchildren includes any children for whom you fill a grandparent role)

- Yes (1)
- No (2)

If you answered 'No' go to Q168

Q167 How many hours per week (on average) do you provide such childcare or babysitting?

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

If not 'only in school holidays' go to Q168

Q167A Approximately how many days would you care for your grandchildren over a year? _____ [Days]

Q168 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)

- Yes (1)
- No (2)

If you answered 'No', go to Q175

Q169 How long have you been providing this assistance?

- Less than 6 months (1)
- 6 months to less than 1 year (2)
- 1 to less than 2 years (3)
- 2 to less than 5 years (4)
- More than 5 years (5)

Q170 How many hours per week, on average, do you spend providing assistance?

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

Q171 Are you the “primary carer” for someone? That is, the person who provides the most care for an individual, including help in two of the following areas – mobility, help with communication or self-care)?

- Yes (1)
- No (2)

If not primary carer or you care for someone for less than 10 hours/week go to Q175

Q172 Does the person you care for live:

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

Q173 Is the main person you care for your:

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

Q174 Does the main person you care for require care because of:

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

If not ‘other’ go to Q175

Q174A Why does this person need care?

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.

Q175 In general, would you say your health is

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

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?

Q176 Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

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

Q177 Climbing several flights of stairs?

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

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?

Q178A Have you accomplished less than you would like as a result of your physical health?

- Yes (1) No (2)

Q178B Were you limited in the kind of work or other activities as a result of your physical health?

- Yes (1) No (2)

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)?

Q179A Have you accomplished less than you would like as a result of any emotional problems?

- Yes (1) No (2)

Q179B Did you not do work or other activities as carefully as usual as a result of any emotional problems?

- Yes (1) No (2)

Q180 During the PAST 4 WEEKS, how much did pain interfere with your normal work (including both work outside the home and housework)? Please choose only one of the following:

- Not at all (1)
- A little bit (2)
- Moderately (3)
- Quite a bit (4)
- Extremely (5)

The next few questions are about how you feel and how things have been with you during the PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling.

Q181 How much of the time during the PAST 4 WEEKS have you felt calm and peaceful?

- All of the time (1)
- Most of the time (2)
- A good bit of the time (3)
- Some of the time (4)
- A little of the time (5)
- None of the time (6)

Q182 How much of the time during the PAST 4 WEEKS did you have a lot of energy?

- All of the time (1)
- Most of the time (2)
- A good bit of the time (3)
- Some of the time (4)
- A little of the time (5)
- None of the time (6)

Q183 How much of the time during the PAST 4 WEEKS have you felt down?

- All of the time (1)
- Most of the time (2)
- A good bit of the time (3)
- Some of the time (4)
- A little of the time (5)
- None of the time (6)

Q184 How much of the time during the PAST 4 WEEKS has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc)?

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time (5)

Q185A In the PAST 4 WEEKS, for how many days were you totally unable to carry out your usual activities or work because of any health condition?_____

Q185B In the PAST 4 WEEKS, for how many days did you cut back or reduce your usual activities or work because of any health condition? (not counting the days that you were totally unable)_____

Q186 The next few screens 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?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Little interest or pleasure in doing things? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself- that you are a failure or have let yourself or your family down? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things such as reading the newspaper or watching television? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or of hurting yourself in some way? (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q187 In the LAST 4 WEEKS, have you had an anxiety attack- suddenly feeling fear or panic?

Yes (1) No (2)

If 'No' go to Q189

Q188

	Yes (1)	No (2)
Has this ever happened before? (1)		
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? (2)		
Do these attacks bother you a lot or are you worried about having another attack? (3)		
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? (4)		

Q189 Over the LAST 4 WEEKS how often have you been bothered by any of the following? Feeling nervous, anxious, on edge, or worrying a lot about different things?

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

If 'Not at all' go to Q191

Q190 Over the last 4 weeks have you been bothered by:

	Not at all (1)	Several days (2)	More than half the days (3)
Feeling restless so it is hard to sit still (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting tired very easily (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle tension, aches, or soreness (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep or staying asleep (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading a book or watching TV (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q191 Next are some specific questions about your health and how you have been feeling in the LAST 4 WEEKS. In the LAST 4 WEEKS:

	No (1)	Yes (2)
Have you felt keyed up or on edge? (1)	<input type="radio"/>	<input type="radio"/>
Have you been worrying a lot? (2)	<input type="radio"/>	<input type="radio"/>
Have you been irritable? (3)	<input type="radio"/>	<input type="radio"/>
Have you had difficulty relaxing? (4)	<input type="radio"/>	<input type="radio"/>
Have you been sleeping poorly? (5)	<input type="radio"/>	<input type="radio"/>
Have you had headaches or neckaches? (6)	<input type="radio"/>	<input type="radio"/>
Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea, or needing to pass water more often than usual? (7)	<input type="radio"/>	<input type="radio"/>
Have you been worried about your health? (8)	<input type="radio"/>	<input type="radio"/>
Have you had difficulty falling asleep? (9)	<input type="radio"/>	<input type="radio"/>
Have you been lacking energy? (10)	<input type="radio"/>	<input type="radio"/>
Have you lost interest in things? (11)	<input type="radio"/>	<input type="radio"/>
Have you lost confidence in yourself? (12)	<input type="radio"/>	<input type="radio"/>
Have you felt hopeless? (13)	<input type="radio"/>	<input type="radio"/>
Have you had difficulty concentrating? (14)	<input type="radio"/>	<input type="radio"/>
Have you lost weight (due to poor appetite)? (15)	<input type="radio"/>	<input type="radio"/>
Have you been waking early? (16)	<input type="radio"/>	<input type="radio"/>
Have you felt slowed up? (17)	<input type="radio"/>	<input type="radio"/>
Have you tended to feel worse in the mornings? (18)	<input type="radio"/>	<input type="radio"/>

Q192 In the LAST YEAR have you ever:

	No (1)	Yes (2)
Felt that life is hardly worth living? (1)	<input type="radio"/>	<input type="radio"/>
Thought that you really would be better off dead? (2)	<input type="radio"/>	<input type="radio"/>
Thought about taking your own life? (3)	<input type="radio"/>	<input type="radio"/>
Thought that taking your life was the only way out of your problems? (4)	<input type="radio"/>	<input type="radio"/>
Made plans to take your own life? (5)	<input type="radio"/>	<input type="radio"/>
Attempted to take your own life? (6)	<input type="radio"/>	<input type="radio"/>

Q193 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?

	Yes (1)	No (2)
You yourself experienced a serious illness, injury or an assault. (1)	<input type="radio"/>	<input type="radio"/>
A serious illness, injury or assault happened to a close relative. (2)	<input type="radio"/>	<input type="radio"/>
Your parent, child or partner died. (3)	<input type="radio"/>	<input type="radio"/>
A close family friend or another relative (aunt, cousin, grandparent) died. (4)	<input type="radio"/>	<input type="radio"/>
You broke off a steady relationship. (5)	<input type="radio"/>	<input type="radio"/>
You had a serious problem with a close friend, neighbour or relative. (6)	<input type="radio"/>	<input type="radio"/>
You had a crisis or serious disappointment in your work or career. (7)	<input type="radio"/>	<input type="radio"/>
You thought you would soon lose your job. (8)	<input type="radio"/>	<input type="radio"/>

If you are NOT currently married or living with a partner go to Q195

Q194

	Yes (1)	No (2)
Your partner thought he/she would soon lose their job. (1)		
Your partner had a crisis or serious disappointment in his/her work or career. (2)		
You had a separation due to marital difficulties. (3)		

Q195

	Yes (1)	No (2)
You became unemployed or you were seeking work unsuccessfully for more than one month (1)		
You were sacked from your job. (2)		
You had a major financial crisis. (3)		
You had problems with the police and a court appearance. (4)		
Something you valued was lost or stolen. (5)		

Q199B Suppose you had \$100 in a ‘no-fees’ savings account and the interest rate was 2% per year. After 5 years, how much do you think you would have in the account if you left the money to grow?

- More than \$102
- Exactly \$102
- Less than \$102
- Do not Know
- Refuse to Answer

Q199C Imagine that the interest rate on your savings account was 1% per year and inflation was 2% per year. After 1 year, how much would you be able to buy with the money in this account?

- More than today
- Exactly the same
- Less than today
- Do not Know
- Refuse to Answer

Q199D Buying a single company’s stock usually provides a safer return than a stock mutual fund.

- True
- False
- Do not Know
- Refuse to Answer

Q199E If interest rates rise, what will typically happen to bond prices?

- They will rise
- They will fall
- They will stay the same
- There is no relationship between bond prices and the interest rate
- Do not know
- Refuse to answer

Q200A How often do you have someone (like a family member, friend, hospital/clinic worker or caregiver) help you read medical materials?

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

Q200B How often do you have problems learning about your medical conditions because of difficulty understanding written information?

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

Q200C How confident are you filling out medical forms by yourself?

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

Q201 I procrastinate when it comes to making important decisions.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q202 I postpone decision-making whenever possible

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q203 I do not seek advice from others when I make decisions

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q204 I need the assistance of other people when making important decisions.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q205 I feel confident about my ability to make decisions.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q206 I feel inferior to most people in making decisions

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q207 I feel very anxious when I need to make decisions

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q208 I feel as if I'm under tremendous time pressure when making decisions.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q209 When making decisions I like to collect lots of information.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q210 I weigh the pros and cons of each option before I make a decision

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q211 I often make decisions on the spur of the moment

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q212 I make impulsive decisions.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q213 When making decisions, I tend to rely on my intuition

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q214 When making decisions, I rely upon my instincts.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q215 My friends or family seek my advice when they have to make important decisions.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q216 Others seek my help in making their decisions

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q217 Whenever I make a choice, I try to get information about how the other alternatives turned out.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q218 If I make a choice and it turns out well, I still feel like something of a failure if I find out that another choice would have turned out even better

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly Disagree

Q219 For each of the following statements, please indicate the likelihood that you would engage in the described activity or behavior if you were to find yourself in that situation. Provide a rating from *Extremely Unlikely* to *Extremely Likely*, using the following scale:

	Extremely unlikely (1)	Moderately unlikely (2)	Somewhat unlikely (3)	Not sure (4)	Somewhat likely (5)	Moderately likely (6)	Extremely likely (7)
Admitting that your tastes are different from those of a friend							
Investing 10% of your annual income in a moderate growth mutual fund							
Taking some questionable deductions on your income tax return							
Passing off somebody else's work as your own							
Investing 5% of your annual income in a very speculative stock							
Betting a day's income on the outcome of a sporting event							
Revealing a friend's secret to someone else							
Driving a car without wearing a seat belt							
Investing 10% of your annual income in a new business venture							
Speaking your mind about an unpopular issue							
Sunbathing without sunscreen							
Walking home alone at night in an unsafe area of town							
Moving to a city far away from your extended family							

People often see some risk in situations that contain uncertainty about what the outcome or consequences will be and for which there is the possibility of negative consequences. However, riskiness is a very personal and intuitive notion, and we are interested in your gut level assessment of how risky each situation or behavior is.

Q220 For each of the following statements, please indicate how risky you perceive each situation. Provide a rating from *Not at all Risky* to *Extremely Risky*, using the following scale:

	Not at all risky (1)	Slightly risky (2)	Somewhat risky (3)	Moderately risky (4)	Risky (5)	Very risky (6)	Extremely risky (7)
Admitting that your tastes are different from those of a friend							
Investing 10% of your annual income in a moderate growth mutual fund							
Taking some questionable deductions on your income tax return							
Passing off somebody else's work as your own							
Investing 5% of your annual income in a very speculative stock							
Betting a day's income on the outcome of a sporting event							
Revealing a friend's secret to someone else							
Driving a car without wearing a seat belt							
Investing 10% of your annual income in a new business venture							
Speaking your mind about an unpopular issue							
Sunbathing without sunscreen							
Walking home alone at night in an unsafe area of town							
Moving to a city far away from your extended family							

Q221 Have you ever talked to anyone about your goals, values, beliefs or your preferences about specific medical treatment in case you became seriously ill or unable to make your own decisions?

- Yes (1)
- No (2)

If you answered 'No', go to Q223

Q222 Who did you talk to about this? (Select all that apply)

- Doctor (1)
- Nurse (2)
- Other healthcare professional (3)
- Spouse/partner (4)
- Child (5)
- Other family member (6)
- Friend (7)
- Other person (please specify) _____ (8)

Q223 Have you ever written down your goals, values and beliefs or your preferences about specific medical treatment in case you became seriously ill or unable to make your own decisions?

- Yes (1)
- No (2)

If you answered 'No' go to Q225

Q224 When did you do this? (what year) _____

Q225 Have you ever signed a legal document to appoint someone to make HEALTHCARE decisions on your behalf if you were unable to make your own decisions?

- Yes (1)
- No (2)

If you answered 'No' go to Q227

Q226 When did you do this? (what year) _____

Q227 Have you ever signed a legal document to appoint someone to make FINANCIAL decisions on your behalf if you were unable to make your own decisions?

- Yes (1)
- No (2)

Q228 Have you ever made a will?

- Yes (1)
- No (2)

Q229 In the time since your most recent PATH survey (<insert date of last interview>), have you ever been required to make FINANCIAL decisions for someone else, due to their inability to make these decision/s?

- Yes
- No

If you answered 'No' go to Q233

Q230 Who did you make FINANCIAL decisions for? (Select all that apply)

- Parent (1)
- Spouse/partner (2)
- Child (3)
- Sibling (4)
- Other family member (5)
- Friend (6)
- Other person (please specify) _____ (7)

Q231 In what capacity were you making FINANCIAL decisions for someone else, on their behalf?

- Under a temporary legal authorisation (e.g. General Power of Attorney)
- Under an ongoing legal authorisation (e.g. Enduring Power of Attorney)
- Under an appointed authorisation (e.g. Financial Administration Order from a court or tribunal)
- Existing arrangement (e.g. as a joint signatory on a bank account with spouse/partner)
- Informal arrangement (e.g. informal family agreement)
- The person asked me to make the decision or make the transaction for them (e.g. by sharing their bank account personal identification number)
- Don't know

Q232 With respect to the FINANCIAL decision/s you made for someone else, please rate your level of agreement with the following statements

	Strongly disagree (1)	Disagree (2)	Unsure (3)	Agree (4)	Strongly agree (5)
I have received clear information about my role and responsibilities as a financial decision-maker					
I found it stressful to make decisions for someone else					
Being the decision-maker for someone else exposed me to arguments and/or conflict with others					

Q233 In the time since your most recent PATH survey (<insert date of last interview>), have you been faced with a significant FINANCIAL decision? For example the purchase or sale of a house (or other valuable asset), or a major decision about your savings or investments?

- No (go to Question 243)
- Yes, once (go to Question 235)
- Yes, more than once (go to Question 234)

Q234 Briefly describe what the most recent of these significant financial decisions was
 _____ (go to Question 236)

Q235 Briefly describe what this decision was _____ (go to Question 236)

Q236 Overall, how involved did you feel that you were in the decision?

- Not at all involved (1)
- A little (2)
- Fairly involved (3)
- Very involved (4)

Q237 Think about the other people who were involved in the decision. (Tick all that apply).

- Spouse or partner (1)
- Child/children (2)
- Other family members (3)
- Friend/s (4)
- Financial Adviser (5)
- Accountant (6)
- Other professional (7)
- Other person (specify) (8)
- None

If 'None' go to Q240

Q238 Of the people who were involved with you in the decision, who was the person who was most actively involved?

- Spouse or partner (1)
- Child/children (2)
- Other family members (3)
- Friend/s (4)
- Financial Adviser (5)
- Accountant (6)
- Other professional (7)
- Other person (specify)_____ (8)

Q239 Thinking about *just this person's* involvement in the decision-making, how involved were they in:

	Not at all	A little	Fairly involved	Very involved
Identifying that a decision needed to be made				
Providing information or helping in the search for information				
Helping you understand your options				
Helping you to choose or decide				
Helping to put the decision into practice				

Q240 Overall how satisfied were you with the way that the decision was made? (The process of making the decision)

- Very satisfied (1)
- Somewhat satisfied (2)
- Neither satisfied nor dissatisfied (3)
- Somewhat dissatisfied (4)
- Very dissatisfied (5)

Q241 Overall how satisfied were you with how the decision turned out? (The outcome of the decision)

- Very satisfied (1)
- Somewhat satisfied (2)
- Neither satisfied nor dissatisfied (3)
- Somewhat dissatisfied (4)
- Very dissatisfied (5)

Q242. Overall, when you think about how much involvement there was from others in this decision, would you have liked:

- Less involvement from others (1)
- More involvement from others (2)
- It was about the right amount of involvement from others (3)

Q243 In the time since your most recent PATH survey (<insert date of last interview>), have you been faced with a significant decision about your own health or healthcare? For example a decision about undertaking medical investigations (e.g. colonoscopy), having an operation or starting/stopping a course of treatment (e.g. chemotherapy, hormone replacement therapy)?

- No (go to Q252)
- Yes, once (go to Question Q244B)
- Yes, more than once (go to Question Q244A)

Q244A Briefly describe what the most recent of these significant health decisions was
_____ (go to Question Q245)

Q244B Briefly describe what this decision was _____ (go to Question Q245)

Q245 Overall, how involved did you feel that you were in the decision?

- Not at all involved (1)
- A little (2)
- Fairly involved (3)
- Very involved (4)

Q246 Think about the other people who were involved in the decision. (Tick all that apply)

- Doctor (1)
- Nurse (2)
- Other healthcare professional (3)
- Spouse or partner (4)
- Child/children (5)
- Other family members (6)
- Friend/s (7)
- Spiritual Adviser (8)
- Other person (specify) _____ (9)
- None (10)

If 'None' go to Q249

Q247 Of the people who were involved with you in the decision, who was the person who was most actively involved?

- Doctor (1)
- Nurse (2)
- Other healthcare professional (3)
- Spouse or partner (4)
- Child/children (5)
- Other family members (6)
- Friend/s (7)
- Spiritual Adviser (8)
- Other person (specify) _____ (9)

Q248 Thinking about *just this person's* involvement in the decision-making, how involved were they in:

	Not at all	A little	Fairly involved	Very involved
Identifying that a decision needed to be made				
Providing information or helping in the search for information				
Helping you understand your options				
Helping you to choose or decide				
Helping to put the decision into practice				

Q249 Overall how satisfied were you with the way that the decision was made? (The process of making the decision)

- Very satisfied (1)
- Somewhat satisfied (2)
- Neither satisfied nor dissatisfied (3)
- Somewhat dissatisfied (4)
- Very dissatisfied (5)

Q250 Overall how satisfied were you with how the decision turned out? (The outcome of the decision)

- Very satisfied (1)
- Somewhat satisfied (2)
- Neither satisfied nor dissatisfied (3)
- Somewhat dissatisfied (4)
- Very dissatisfied (5)

Q251 Overall, when you think about how much involvement there was from others in this decision, would you have liked:

- Less involvement from others (1)
- More involvement from others (2)
- It was about the right amount of involvement from others (3)

Q252 The next group of questions are about your RELATIONSHIPS with other people.

	Often (1)	Sometimes (2)	Rarely (3)	Never (4)
How often do friends make you feel cared for? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do they express interest in how you are doing? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do friends make too many demands on you? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do they criticise you? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do friends create tensions or arguments with you? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do family make you feel cared for? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do family express interest in how you are doing? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do they make too many demands on you? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do family criticise you? (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do they create tensions or arguments with you? (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you are NOT married or living with a partner go to Q255

Q253

	A lot (1)	Some (2)	A little (3)	Not at all (4)
How much does your partner understand the way you feel about things? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much can you depend on your partner to be there when you really need them? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much does your partner show concern for your feelings and problems? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much can you trust your partner to keep promises to you? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much can you open up to your partner about things that are really important to you? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much tension is there between you and your partner? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q254

	Often (1)	Sometimes (2)	Rarely (3)	Never (4)
How often do you have an unpleasant disagreement with your partner? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do things become tense when the two of you disagree? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does your partner say cruel or angry things during a disagreement? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do the two of you both refuse to compromise during disagreements? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q255 Considering the people to whom you are related either by birth or marriage (including your spouse or partner, but excluding dependent children under 16 years):

	0 (1)	1 (2)	2 (3)	3 or 4 (4)	5 to 8 (5)	9 or more (6)
How many relatives do you see or hear from at least once a month? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many relatives do you feel at ease with that you can talk about private matters? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many relatives do you feel close to such that you can call them for help? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q256 Considering all of your friends:

	0 (1)	1 (2)	2 (3)	3 or 4 (4)	5 to 8 (5)	9 or more (6)
How many friends do you see or hear from at least once a month? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many friends do you feel at ease with that you can talk about private matters? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many friends do you feel close to such that you can call them for help? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you are NOT married or living with a partner go to Q260

Q257 Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always agree (1)	Almost always agree (2)	Occasionally disagree (3)	Frequently disagree (4)	Almost always disagree (5)	Always disagree (6)
Philosophy of life (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aims, goals & things believed important (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of time spent together (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q258 How often would you say the following events occur between you and your partner?

	Never (1)	Less than once a month (2)	Once or twice a month (3)	Once or twice a week (4)	Once a day (5)	More often (6)
Have a stimulating exchange of ideas (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calmly discuss something together (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work together on a project (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q259 The numbered circles below represent different degrees of happiness in most relationships. The middle point, “happy” represents the degree of happiness of most relationships. Please mark the numbered circle that best describes the happiness, all things considered, of your relationship.

- Extremely unhappy (1)
- fairly unhappy (2)
- A little unhappy (3)
- Happy (4)
- Very happy (5)
- Extremely happy (6)
- Perfect (7)

Q260 The next questions are about how you feel about different aspects of your life. For each one indicate how often you feel that way

	Hardly ever (1)	Some of the time (2)	Often (3)
How often do you feel that you lack companionship? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q261 The next few screens have questions about your PERSONALITY and how you react in certain circumstances. How strongly do you agree or disagree with the following statements?

	Strongly agree (1)	Agree (2)	Disagree (3)	Strongly disagree (4)
There is really no way I can solve some of the problems I have. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel that I'm being pushed around in life. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have little control over the things that happen to me. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can do just about anything I really set my mind to do. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel helpless in dealing with the problems of life. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What happens to me in the future mostly depends on me. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is little I can do to change many of the important things in my life. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q262 In the following six questions please indicate how you have felt and conducted yourself over the PAST 6 MONTHS.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have difficulty getting things in order when you have to do a task that requires organisation? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have problems remembering appointments or obligations? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you have a task that requires a lot of thought, how often do you avoid or delay getting started? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel overly active and compelled to do things, like you were driven by a motor? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q263 As a child I was [or had]:

	Not at all or very slightly(1)	Mildly (2)	Moderately (3)	Quite a bit (4)	Very much (5)
Concentration problems, easily distracted (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous, fidgety (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inattentive, daydreaming (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temper outbursts, tantrums (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble with stick-to-it-iveness, not following through, failing to finish things started (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moody ups and downs (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing control of myself (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q264 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.

	Very false for me (1)	Somewhat false for me (2)	Somewhat true for me (3)	Very true for me (4)
A person's family is the most important thing in life. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even if something bad is about to happen to me, I rarely experience fear or nervousness. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I go out of my way to get things I want. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm doing well at something, I love to keep at it. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm always willing to try something new if I think it will be fun. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How I dress is important to me. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get something I want, I feel excited and energised. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criticism or scolding hurts me quite a bit. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want something I usually go all-out to get it. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will often do things for no other reason than that they might be fun. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's hard for me to find the time to do things such as get a hair cut. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I see a chance to get something I want I move on it right away. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q265

	Very false for me (1)	Somewhat false for me (2)	Somewhat true for me (3)	Very true for me (4)
I feel pretty worried or upset when I think or know somebody is angry at me. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see an opportunity for something I like I get excited right away. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often act on the spur of the moment. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I think something unpleasant is going to happen I usually get pretty 'worked-up'. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often wonder why people act the way they do. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When good things happen to me, it affects me strongly. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worried when I think I have done poorly at something important. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I crave excitement and new sensations. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I go after something, I use a 'no holds barred' approach. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have very few fears compared to my friends. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would excite me to win a contest. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about making mistakes. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q266 Please indicate how much you agree with the following statements as they apply to you over the LAST MONTH. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not true at all (1)	Rarely true (2)	Sometimes true (3)	Often true (4)	True nearly all the time (5)
I am able to adapt when changes occur (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have at least one close and secure relationship which helps me when I'm stressed. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When there are no clear solutions to my problems, sometimes fate or God can help. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can deal with whatever comes my way. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past successes give me confidence in dealing with new challenges and difficulties (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to see the humorous side of things when I am faced with problems. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to cope with stress can make me stronger. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to bounce back after illness, injury, or other hardships. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good or bad, I believe that most things happen for a reason (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I give my best effort, no matter what the outcome may be. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can achieve my goals, even if there are obstacles. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even when things look hopeless, I don't give up. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During times of stress/crisis, I know where to turn for help. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under pressure, I stay focussed and think clearly. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to take the lead in solving problems, rather than letting others make all the decisions. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not easily discouraged by failure. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think of myself as a strong person when dealing with life's challenges and difficulties. (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can make unpopular or difficult decisions that affect other people, if it is necessary. (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am able to handle unpleasant or painful feelings like sadness, fear and anger. (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In dealing with life's problems, sometimes you have to act on a hunch, without knowing why. (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a strong sense of purpose in life. (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel in control of my life. (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like challenges. (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I work to attain my goals, no matter what roadblocks I encounter along the way. (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take pride in my achievements (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q267 Below are some statements with which you may agree or disagree. Please be open and honest in your responding. In most ways my life is close to ideal.

- Strongly disagree (1)
- Disagree (2)
- Slightly disagree (3)
- Neither agree or disagree (4)
- Slightly agree (5)
- Agree (6)
- Strongly agree (7)

Q268 The conditions of my life are excellent.

- Strongly disagree (1)
- Disagree (2)
- Slightly disagree (3)
- Neither agree or disagree (4)
- Slightly agree (5)
- Agree (6)
- Strongly agree (7)

Q269 I am satisfied with my life.

- Strongly disagree (1)
- Disagree (2)
- Slightly disagree (3)
- Neither agree or disagree (4)
- Slightly agree (5)
- Agree (6)
- Strongly agree (7)

Q270 So far, I have gotten the important things I want in life.

- Strongly disagree (1)
- Disagree (2)
- Slightly disagree (3)
- Neither agree or disagree (4)
- Slightly agree (5)
- Agree (6)
- Strongly agree (7)

Q271 If I could live my life over, I would change almost nothing.

- Strongly disagree (1)
- Disagree (2)
- Slightly disagree (3)
- Neither agree or disagree (4)
- Slightly agree (5)
- Agree (6)
- Strongly agree (7)

To what extent do you agree with the following statements?

Q272 Many opportunities await me in the future.

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

Q273 Most of my life still lies ahead of me.

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

Q274 My future seems infinite to me.

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

Q275 I have the sense that time is running out.

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

Q276 As I get older, I begin to experience that time is limited.

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

We are now going to ask some questions about smoking, drinking alcohol and drug taking. Please remember that your answers will be kept private and you can refuse to answer any of them.

Q277 We would now like to ask you some questions about smoking (tobacco). Do you currently smoke?

- Yes (1) No (2)

If 'No' go to Q285

Q278 Do you smoke cigarettes:

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

If 'Don't smoke cigarettes' go to Q285

If 'less than once a day' go to Q280

Q279 How many cigarettes do you usually smoke in one day? _____

If smoke cigarettes at least once a day go to Q281

Q280 How many cigarettes do you usually smoke over a ONE MONTH period? _____

Q281 At what age did you start smoking? _____

**Q282 On average, how many cigarettes would you have smoked each day over the time you have been smoking?
_____**

If you currently smoke cigarettes at least once a day, go to Q289

If you currently smoke less than once a day, go to Q285

Q283 Have you smoked at all over the LAST MONTH? Yes (1) No (2)

If "No" go to Q289

Q284 Approximately how many cigarettes have you smoked in the LAST MONTH? _____

Q285 Have you ever smoked regularly? Yes (1) No (2)

If "No" go to Q289

If previously smoked regularly but no longer do so, go to Q286

Q286 At what age did you start smoking? _____

Q287 At what age did you stop smoking? _____

Q288 On average, how many cigarettes would you have smoked each day over the time you were smoking?

To ‘vape’ is to use a device such as a vape-pen, an e-cigarette, an e-hookah, or e-vaporizer to inhale a mist or vapor into the lungs.

Q289 Have you ever vaped? Yes (1) No (2)

If “No” go to Q292

Q290 On how many occasions (if any) have you vaped NICOTINE during the last 30 days?

- 0
- 1-2
- 3-5
- 6-9
- 10-19
- 20-30
- 40 or more

Q291 On how many occasions (if any) have you vaped just FLAVORING, without any nicotine or marijuana in it during the last 30 days?

- 0
- 1-2
- 3-5
- 6-9
- 10-19
- 20-30
- 40 or more

Q292 These next questions are concerned with your alcohol consumption. How often do you have a drink containing alcohol?

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

If you have drunk alcohol in the last year go to Q294

Q293 Have you ever drunk alcohol? Yes (1) No (2)

If you have NEVER drunk alcohol go to Q308

If you have previously drunk alcohol go to Q304

Q294 How many standard drinks do you have on a typical day when you are drinking?

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

If male go to Q296

Q295 How often do you have 5 or more standard drinks on one occasion?

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

If female go to Q297

Q296 How often do you have 7 or more standard drinks on one occasion?

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

Q297 How often during the last year have you found that you were not able to stop drinking once you had started?

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

Q298 How often during the last year have you failed to do what was normally expected from you because of your drinking?

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

Q299 How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?

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

Q300 How often during the last year have you had a feeling of guilt or regret after drinking?

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

Q301 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

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

Q302 Have you or someone else been injured as a result of your drinking?

- No (1)
- Yes, but not in the last year (2)
- Yes, during the last year (3)

Q303 Has a relative, friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- No (1) Yes, but not in the last year (2) Yes, during the last year (3)

If you have drunk alcohol in the last year go to Q305

Q304 Think back to when your regular drinking was at its highest level. The next two questions are about the time you were drinking at your highest level over a period of three months or longer? How often did you have a drink containing alcohol?

- Monthly or less (1)
 2 to 4 times a month (2)
 2 to 3 times a week (3)
 4 or more times a week (4)

Q305 How many standard drinks did you have on a typical day when you were drinking?

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

Q306 How many years did you drink at the highest level indicated in the previous 2 questions? _____

Q307 How old were you when you had your first alcoholic drink? _____

Q308 Please indicate your reasons for not drinking? (You can have more than one answer)

- I do not like the taste/smell (1)
 Alcohol damages people's health (2)
 I do not like the effect alcohol has on me (3)
 I have seen bad influence of alcohol on other people (4)
 One of my parents has/had a drink problem (5)
 My friends do not drink (6)
 I drive and alcohol is dangerous for driving (7)
 I look after my weight and alcohol has a high caloric value (8)
 I am an active person and alcohol harms physical fitness (9)
 I am afraid of becoming dependent on alcohol (10)
 My family disapproves of drinking (11)
 Alcoholic drinks cost a lot of money (12)
 Alcohol could affect my work/studies (13)
 My religion disapproves of alcohol use (14)
 Other _____ (15)

If you have previously drunk alcohol but completely given up, go to Q309. If you have never drunk alcohol go to Q311

Q309 Why did you give up drinking alcohol? (You can have more than one answer)

- I had problems with drink-driving (1)
- I was spending too much money on alcohol (2)
- Alcohol was damaging my health (3)
- I was too dependent on alcohol (4)
- My family/friends disapproved of my drinking (5)
- Drinking was damaging my relationships with other people (6)
- I was overweight and needed to cut out drinking (7)
- Drinking was interfering too much with my work/studies (8)
- I gave up for religious reasons (9)
- I saw the bad influence of alcohol on other people (10)
- One of my parents had a drink problem (11)
- I did not like the taste/smell (12)
- Alcohol damages people's health (13)
- I did not like the effect alcohol had on me (14)
- (women only) I gave up drinking when I became pregnant (15)
- Other _____ (16)

Q310 Please indicate if any of the following have influenced your drinking? (You can have more than one answer)

- I do not like the taste/smell (1)
- Alcohol damages people's health (2)
- I do not like the effect alcohol has on me (3)
- I have seen bad influence of alcohol on other people (4)
- One of my parents has/had a drink problem (5)
- My friends do not drink (6)
- I drive and alcohol is dangerous for driving (7)
- I look after my weight and alcohol has a high caloric value (8)
- I am an active person and alcohol harms physical fitness (9)
- I am afraid of becoming dependent on alcohol (10)
- My family disapproves of drinking (11)
- Alcoholic drinks cost a lot of money (12)
- Alcohol could affect my work/studies (13)
- My religion disapproves of alcohol use (14)
- Other _____ (15)

Q311 Have you ever tried marijuana/hash? Yes (1) No (2)

If 'No' go to Q317

Q312 Have you used marijuana/hash in the PAST 12 MONTHS? Yes (1) No (2)

If 'No' go to Q317

Q313 How often do you use marijuana/hash?

- Once a week or more (1)
- Two or three times a month (2)
- Once a month (3)
- Every 1-4 months (4)
- Once or twice a year (5)
- No longer use (6)

Q314 How long has it been since you last used marijuana/hash? Please estimate.

_____ Weeks (1) _____ Days (2)

Q315 In the last year have you ever used marijuana/hash more than you meant to?

- Yes (1)
- No (2)

Q316 Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?

- Yes (1)
- No (2)

Q317 Have you ever tried any of the following? Please choose all that apply:

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

If you have NEVER tried Ecstasy OR amphetamines go to Q323

If you have tried amphetamines but NOT ecstasy go to Q321

Q318 Have you used ecstasy in the PAST 12 MONTHS? Yes (1) No (2)

If 'No' go to Q320

Q319 How often do you currently use Ecstasy?

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

Q320 How long has it been since you last took ecstasy? Please estimate.

_____ Years (1) _____ Months (2) _____ Weeks (3)

If you have NEVER tried amphetamines go to Q323

Q321 Have you used amphetamines for non-medical purposes in the PAST 12 MONTHS?

- Yes (1) No (2)

If 'No' go to Q323

Q322 How often do you currently use amphetamines?

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

Q323 The next group of questions ask about your SLEEP habits and any problems you may have with sleep. The first few questions relate to your usual sleep habits during the PAST MONTH ONLY. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. During the past month, WHAT TIME have you usually gone to bed?

_____ Hours (1) _____ Minutes (2)

Q324 During the PAST MONTH, how long (in minutes) has it taken you to fall asleep each night? (Enter 666 if don't know).

Q325 During the PAST MONTH, what time have you usually got up in the morning? (Enter 66 if don't know).

_____ Hours (1) _____ Minutes (2)

Q326 During the PAST MONTH, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) (Enter 66 if don't know).

_____ Hours (1) _____ Minutes (2)

Q327 Please rate the current (LAST TWO WEEKS) severity of the following problems. Please choose the appropriate response for each item:

	None (1)	Mild (2)	Moderate (3)	Severe (4)	Very severe (5)
Difficulty falling asleep (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty staying asleep (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems waking up too early (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q328 On the overall, do you think that you have insomnia or sleep problems?

Yes (1) No (2)

If 'No' go to Q333

Q329 How satisfied / dissatisfied are you with your current sleep pattern?

- Very satisfied (1)
- Satisfied (2)
- Moderately satisfied (3)
- Dissatisfied (4)
- Very dissatisfied (5)

Q330 How noticeable to others do you think your sleep problem is in terms of your quality of life?

- Not at all noticeable (1)
- A little (2)
- Somewhat (3)
- Much (4)
- Very much noticeable (5)

Q331 How worried/distressed are you about your current sleep problem?

- Not at all worried (1)
- A little (2)
- Somewhat (3)
- Much (4)
- Very much worried (5)

Q332 To what extent do you consider your sleep problem to currently interfere with your daily functioning (eg daytime fatigue, mood, ability to function at work/daily chores, concentration, memory etc)?

- Not at all interfering (1)
- A little (2)
- Somewhat (3)
- Much (4)
- Very much interfering (5)

Q333 How often do you have nightmares?

- Never (1)
- Less than once a week (2)
- 1-2 times a week (3)
- 3-4 times a week (4)
- 5-6 times a week (5)
- Every night (6)

Q334-Q340 As compared to when you were in high school or college, how would you describe your ability to perform the following tasks involving memory?

	Much better now (1)	Somewhat better now (2)	About the same (3)	Somewhat poorer now (4)	Much poorer now (5)
Remembering the name of a person just introduced to you (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recalling telephone numbers or postcodes that you use on a daily or weekly basis (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recalling where you have put objects (such as keys) in your home or office (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembering specific facts from a newspaper or magazine article you have just finished reading (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembering the item(s) you intended to buy when you arrive at the grocery store or pharmacy (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you describe your memory as compared to when you were in high school? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q340 The following questions relate to your expectations about ageing. If you are not sure, go ahead and check the box that you think BEST corresponds with your feelings.

	Definitely true (1)	Somewhat true (2)	Somewhat false (3)	definitely false (4)
When people get older, they need to lower their expectations of how healthy they can be (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The human body is like a car: when it gets old, it gets worn out (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having more aches and pains is an accepted part of aging (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Every year that people age, their energy levels go down a little more (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect that as I get older I will spend less time with friends and family (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being lonely is just something that happens when people get old (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people get older they worry more (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's normal to be depressed when you are old (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect that as I get older I will become more forgetful (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It an accepted part of aging to have trouble remembering names (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetfulness is a natural occurrence just from growing old (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is impossible to escape the mental slowness that happens with aging (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q341 In the LAST MONTH have you taken or used any medications (including herbal remedies) for:

- Anxiety (1)
- Depression (2)
- Both Anxiety and depression (3)
- Neither (4)

If 'No' to taking medication for anxiety and/or depression go to Q345

Q342 What are the names of the medications you took for anxiety or depression in the last months? (Listed alphabetically down columns) Please choose all that apply: (see over page)

- Alapam (1)
- Allegron (2)
- Alprax (3)
- Alprazolam (4)
- Amira (5)
- Anafranil (6)
- Antenex (7)
- Aropax (8)
- Ativan (9)
- Aurorix (10)
- Auscap (11)
- Avanza (12)
- Axit (13)
- Buspar (14)
- Celapram (15)
- Celica (16)
- Ciazil (17)
- Cipramil (18)
- Citalobell (19)
- Clomipramine (20)
- Clobemix (21)
- Concorz (22)
- Cymbalta (23)
- Deptran (24)
- Diazepam (25)
- Dothep (26)
- Ducene (27)
- Edronax (28)
- Efexor (29)
- Eleva (30)
- Endep (31)
- Escitalopram (32)
- Esipram (33)
- Esitalo (34)
- Extine (35)
- Faverin (36)
- Fluohehexal (37)
- Fluoxebell (38)
- Frisium (39)
- Hypericum / St John's Wort (40)
- Kalma (41)
- Kava (42)
- Lexam (43)

- Lexapro (44)
- Lexotan (45)
- Lovan (46)
- Loxalate (47)
- Lumin (48)
- Luvox (49)
- Magnesium supplements (50)
- Maosig (51)
- Mirtrazapine (52)
- Mirtazon (53)
- Moclobemide (54)
- Mohexal (55)
- Movox (56)
- Nardil (57)
- Nervatona (58)
- Parnate (59)
- Paroxetine (60)
- Paxtine (61)
- Placil (62)
- Pristiq (63)
- Prothiaden (64)
- Prozac (65)
- Ranzepam (66)
- Remeron (67)
- Rescue remedy (68)
- Risperdal (69)
- Serapax (70)
- Seroquel (71)
- Sertra (72)
- Sertraline (73)
- Setrona (74)
- Sinequan (75)
- Surmontil (76)
- Talam (77)
- Talohexal (78)
- Tofranil (79)
- Tolerade (80)
- Tolvon (81)
- Valdoxan (82)
- Valium (83)
- Vitamin B complex (84)
- Xanax (85)
- Zactin (86)
- Zoloft (87)
- Zyprexa (88)
- OTHER (89) _____

Q343 How often do you usually take medications for anxiety or depression?

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

If 'less than once a week' go to Q345

Q344 For how long have you taken medications for anxiety or depression this regularly?

- Less than one month (1)
- 1 month to less than 3 months (2)
- 3 months to less than 6 months (3)
- 6 months or more (4)

Q345 In the LAST MONTH have you taken or used any medications (including herbal remedies) for attention deficit disorder?

- Yes (1) No (2)

If you answered 'No' go to Q347

Q346 What are the names of the medications you took for attention deficit disorder in the LAST MONTH? (Listed alphabetically down columns). Please choose all that apply:

- Adderall ()
- Adderall XR ()
- Adzenys XR ODT ()
- Aventyl ()
- Biphentin ()
- Catapres ()
- Concerta ()
- Daytrana ()
- Dexedrine ()
- Dexmethylphenidate ()
- Dextroamphetamine ()
- Effexor ()
- Elavil ()
- Evekeo ()
- Focalin ()
- Focalin XR ()
- Kapvay ()
- Intuniv ()
- Intuniv XR ()
- Lexapro ()
- Metadate CD ()
- Metadate ER ()
- Methylin ()

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- Methylin ER ()
- Methylphenidate ()
- Norpramin ()
- Pamelor ()
- ProCentra ()
- Quillivant XR ()
- Ritalin ()
- Ritalin LA ()
- Ritalin SR ()
- Spansule ()
- Strattera ()
- Tenex ()
- Tofranil ()
- Vyvanse ()
- Wellbutrin ()
- Zenedi ()
- Zoloft ()

Q347 In the LAST MONTH have you taken or used any pills or medications (including herbal remedies) to help you sleep?

- Yes (1) No (2)

If 'No' go to Q351

Q348 What are the names of the sleeping pills or medications you took in the last month? (Listed alphabetically down columns) Please choose all that apply:

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

Q349 How often do you usually take sleeping pills or medications?

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

If Less than once a week go to Q351

Q350 For how long have you taken sleeping pills or medications this regularly?

- Less than one month (1)
- 1 month to less than 3 months (2)
- 3 months to less than 6 months (3)
- 6 months or more (4)

Q351 In the LAST MONTH have you taken or used any pain relievers such as aspirin, codeine, panadol or herbal remedies?

- Yes (1)
- No (2)

If 'No' go to Q355

Q352 What are the names of the pain relievers you took in the last month? (Listed alphabetically down columns). Please choose all that apply: (See over page)

- Alka-Seltzer (1)
- Aspalgin (2)
- Aspirin (3)
- Aspro (4)
- Capadex (5)
- Celebrex (6)
- Chemist's Own Dolased analgesic/pain relief (7)
- Chemist's Own Ibuprofen + codeine (8)
- Chemist's Own Pain tablets/tabsules (9)
- Codalgin (10)
- Codalgin forte (11)
- Codapane (12)
- Codapane forte (13)
- Codeine (14)
- Codiphen (15)
- Codis (16)
- Codox (17)
- Codral pain relief (18)
- Codral forte (19)
- Comfarol forte (20)
- Di-gesic (21)
- Disprin (22)
- Disprin Forte (23)
- Dolaforte (24)
- Doloxene (25)
- Duatrol (26)
- Durotram (27)
- Dymadon (28)
- Ecotrin (29)
- Endone (30)
- Febridol (31)
- Febridol Plus (32)
- Fiorinal (33)
- Lodam (34)
- Lyrica (35)
- Maxydol (36)
- Mersyndol (37)
- Mersyndol forte (38)
- Nurophen plus (39)
- Painstop night time pain relief (40)
- Panadeine (41)
- Panadeine forte (42)
- Panadol (43)
- Panadol extra (44)
- Panadol osteo (45)
- Panafen plus (46)

- Panalgesic (47)
- Panama (48)
- Paracetamol (any brand) (49)
- Paradex (50)
- Paralgin (51)
- Parmol (52)
- Perfalgan (53)
- Prodeine (54)
- Proladone (55)
- ProVen plus (56)
- Solprin (57)
- Tensodeine (58)
- Tramadol (59)
- TramaHexal (60)
- Tramal (61)
- Tramedo (62)
- Veganin (63)
- Zydol (64)
- OTHER (65) _____

Q353 How often do you usually take pain relievers?

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

If 'Less than once a week' go to Q355

Q354 For how long have you taken pain relievers this regularly?

- Less than one month (1)
- 1 month to less than 3 months (2)
- 3 months to less than 6 months (3)
- 6 months or more (4)

Q355 Have you had any HEAD INJURIES since your last interview (<insert date of last interview>)?

- Yes (1) No (2)

If 'No' go to Q367

Q356 As a result of a head injury since your last interview (<insert date of last interview>):

	Yes (1)	No (2)
did you visit a hospital emergency department? (1)	<input type="radio"/>	<input type="radio"/>
were you admitted to hospital? (2)	<input type="radio"/>	<input type="radio"/>
did you seek medical assistance from a General Practitioner for a head injury? (3)	<input type="radio"/>	<input type="radio"/>

Q357 Since your last interview (<insert date of 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?

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

If 'No' go to Q367

The next questions on head injury refer to the period since your last interview (<insert date of last interview>).

Q358 How many head injuries have you had? (Enter 66, if don't know)

If ONE head injury go to Q361

Q359 How old were you when you had the FIRST head injury since your last interview?

Q360 How old were you when you had the LAST head injury?

If MORE than one injury go to Q362

Q361 How old were you when you had this injury?

Q362 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?

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

Q363 Is there a period after the injury that you cannot remember at all?

- Yes (1)
- No (2)
- Not sure (3)

If 'No' go to Q365

Q364 How long was that period?

- Less than 1 hour (1)
- About 1 hour (2)
- Up to 1 day (3)
- Up to 1 week (4)
- More than 1 week (5)
- No idea (6)

Q365 Did you lose consciousness following the head injury?

- Yes (1)
- No (2)
- Not sure (3)

If 'No' go to Q367

Q366 For how long did you lose consciousness?

- Less than 15 minutes (1)
- About 15 minutes (2)
- Up to 1 hour (3)
- Up to 1 day (4)
- More than 1 day (5)
- No idea (6)

Q367 How much do you weigh without your clothes and shoes? Enter Kilograms or stones and pounds (Please try to answer even if it is an approximate value)

_____ Kgs OR _____ stones _____ pounds

Q368 How tall are you? _____centimetres OR _____ feet _____ inches

Q369 Here is a list of medical problems. Have you been told by your doctor that you have any of the following?

	Yes (1)	No (2)
Epilepsy (1)	<input type="radio"/>	<input type="radio"/>
Asthma (2)	<input type="radio"/>	<input type="radio"/>
Chronic bronchitis (3)	<input type="radio"/>	<input type="radio"/>
Emphysema (4)	<input type="radio"/>	<input type="radio"/>
Diabetes (5)	<input type="radio"/>	<input type="radio"/>
Kidney Disease (6)	<input type="radio"/>	<input type="radio"/>

If 'No' to diabetes go to Q372

Q370 What type of diabetes do you have?

- Type I (or juvenile diabetes) (1)
- Type II diabetes (2)
- Other (eg gestational diabetes) (3)
- Don't know (4)

Q371 What treatment do you use to control your diabetes?

	Yes (1)	No (2)
Diet and exercise (1)	<input type="radio"/>	<input type="radio"/>
Tablets (2)	<input type="radio"/>	<input type="radio"/>
Insulin (3)	<input type="radio"/>	<input type="radio"/>

Q372 Do you have a thyroid disorder?

- Yes (1) No (2)

If 'No' go to Q374

Q373 Were you told whether your thyroid disorder is due to:

- Increased function (1)
- Reduced function (2)
- Don't know (3)

Q374 Do you have arthritis?

- Yes (1) No (2)

If 'No' go to Q376

Q375 Which of the following types of arthritis were you told you have?

- Osteoarthritis (1)
 Rheumatoid arthritis (2)
 Gout (3)
 Other (enter below) (4) _____
 Don't know (5)

Q376 Do you have Parkinson's Disease?

- Yes (1) No (2)

Q377 Since your last interview (<insert date of last interview>) have you had a heart problem that led to hospital admission, hospital emergency contact or consultation with a specialist?

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

Q378 Since your last interview (<insert date of last interview>), have you been told by your doctor that you have a heart problem?

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

If 'No' or 'Don't know' go to Q380

Q379 Were you told that your heart problem was a:

	Yes (1)	No (2)
myocardial infarction or heart attack? (1)	<input type="radio"/>	<input type="radio"/>
angina (2)	<input type="radio"/>	<input type="radio"/>
heart failure (3)	<input type="radio"/>	<input type="radio"/>
atrial fibrillation (4)	<input type="radio"/>	<input type="radio"/>
Other / Don't know (5)	<input type="radio"/>	<input type="radio"/>

Q380 Have you had a brain infection since your last interview (<insert date of last interview>)?

- Yes (1) No (2)

Q381 Have you had a stroke since your last interview? (Sudden numbness or weakness of face, arm or leg, especially on one side of the body; sudden confusion, trouble speaking or understanding, trouble seeing in one or both eyes, trouble walking, dizziness, loss of balance or coordination. These symptoms lasted more than than 24 hours).

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

If 'No' or 'Don't know' go to Q384

Q382

	Yes (1)	No (2)
Was the diagnosis of stroke confirmed by a specialist (eg. Neurologist)? (1)	<input type="radio"/>	<input type="radio"/>
Did the event result in hospital admission? (2)	<input type="radio"/>	<input type="radio"/>
Was the stroke associated with bleeding in the brain? (3)	<input type="radio"/>	<input type="radio"/>

Q383 **When was the stroke (year)?** (enter your best guess or 6666 if unknown) _____

Q384 **Have you had 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).

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

If 'No' or 'Don't know' go to Q386

Q385

	Yes (1)	No (2)
Was the diagnosis of TIA or 'mini-stroke' confirmed by a specialist (eg. Neurologist)? (1)	<input type="radio"/>	<input type="radio"/>
Did the event result in hospital admission? (2)	<input type="radio"/>	<input type="radio"/>

Q386 **Has your doctor told you that you have high blood pressure?**

- Yes (1) No (2) Uncertain (3)

If 'No' or 'uncertain' go to Q388

Q387 Are you currently taking any tablets for high blood pressure?

- Yes (1) No (2)

Q388 Has a doctor ever told you that you have high cholesterol?

- Yes (1) No (2)

Q389 Have you ever been diagnosed with cancer or leukemia?

- No (1)
 Yes, cancer (2)
 Yes, leukaemia (3)
 Yes, both (4)
 Don't know (5)

If 'No' to either cancer or leukaemia go to Q393

Q390 Have you had any of the following treatments for cancer?

- Surgery (1)
 Chemotherapy (2)
 Radiation (3)
 Other (4)
 Don't know (5)

If NO chemotherapy go to Q392

Q391 In what year did you last have chemotherapy? If more than one year enter year when you had most of the chemotherapy. (Enter 6666 if don't know)

If NO radiation go to Q393

Q392 In what year did you last have radiation? If more than one year enter year when you had most of the radiation. (Enter 6666 if don't know)

Q393 Have you ever been diagnosed with any other chronic or serious disabling illness? If "yes" please briefly describe. _____

Q394 Did / does your natural or biological mother have a problem with memory loss, confusion, dementia, or hardening of the arteries?

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

Q395 Did / does your natural or biological father have a problem with memory loss, confusion, dementia, or hardening of the arteries?

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

Q396 Did / do any of your natural or biological siblings have a problem with memory loss, confusion, dementia, or hardening of the arteries?

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

Q397 In the LAST MONTH have you taken any vitamin or mineral supplements?

- Yes (1) No (2)

If 'No' go to Q401

Q398 What kind of vitamin or mineral was this? (Listed alphabetically down columns) Please choose all that apply.

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

Q399 How often do you usually take vitamins or minerals?

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

If 'Less than once a week' go to Q401

Q400 For how long have you taken vitamins or minerals regularly?

- Less than one month (1)
- 1 month to less than 3 months (2)
- 3 months to less than 6 months (3)
- 6 months or more (4)

Q401 In the last month have you taken or used any medications (including herbal remedies) to lower your cholesterol?

- Yes (1)
- No (2)

Q402 Do you take omega 3 supplements?

- Yes, I take Fish oils (1)
- Yes, I take omega 3 supplements that are not fish oils (eg. Flaxseed, hemp) (2)
- No, I do not take omega 3 supplements. (3)

Q403 In the last month have you taken or used any other type of medication not asked about previously?

- Yes (1)
- No (2)

If 'NO' go to Q405

Q404 What types of medication did you take or use? (Excluding contraception and hormone replacement therapy).

Many areas of Australia have been impacted by bushfires during the 2019-2020 fire season and the negative effects of fire such as reduced air quality. Some areas still remain under threat of fire. The following questions ask about your experiences with these fires:

Q405 Was the area in which you live or work put on alert because of the threat of fire?

- Yes (1)
- No (2)

Q406 Was the area in which you were temporarily located put on alert because of the threat of fire? (ie. Holiday accommodation, travelling, visiting relatives)

- Yes (1)
- No (2)

Q407 Were you evacuated from your home, workplace or other accommodation because of the threat of fire?

- Yes (1)
- No (2)

Q408 Did you change plans/activities because of the threat of fire, eg. Stay home from work, cancel excursions, reduce physical activity?

- Yes (1)
- No (2)

Q409 Did you change plans/activities because of the effects of fire such as smoke inhalation, eg. Stay home from work, cancel excursions, reduce physical activity?

- Yes (1)
- No (2)

Q410 Were you personally involved in fighting bushfires threatening your own home or neighbourhood?

- Yes (1)
- No (2)

Q411a Apart from defending your own home and neighbourhood, did you do any work (paid or voluntary) in response to the bushfires? (e.g. fighting fires, keeping order, dealing with health effects, restoring power, caring for persons or animals affected by fire).

- Yes (1)
- No (2)

Q411b If yes, what work were you doing? *Tick all that apply*

- Firefighting as your paid profession (1)
- Voluntary firefighting secondary to your usual profession (2)
- Construction as a result of fire damage (3)
- Environmental or asset damage assessment (4)
- Media, journalism or communications (5)
- Keeping order (security, traffic control) (6)
- Evacuating people or goods from fire threatened areas (7)
- Restoring power or phone lines (8)
- Caring for persons affected by fires (9)
- Caring for animals affected by fires (10)
- Logistics (delivering supplies) (11)
- Other (please specify:<free text>)

Q412 Were buildings in your suburb/town damaged or destroyed by fire?

- Yes (1)
- No (2)

Q413 Was your own home, possessions or workplace damaged or destroyed?

- Yes (1)
- No (2)

Q414 Did any relative or friend have their home, possessions or workplace damaged or destroyed?

- Yes (1)
- No (2)

Q415 Did you suffer any injury or other health issues due to the fires, or effects of fires such as smoke inhalation? *Please tick all that apply*

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- Yes, asthma attack or respiratory issue (1)
- Yes, other injury or health issue (1)
- No (2)

Q416 Did any relative or friend suffer any injury or other health issues due to the fires or effects of fires such as smoke inhalation? *Please tick all that apply*

- Yes, asthma attack or respiratory issue (1)
- Yes, other injury or health issue (1)
- No (2)

Q417 Did any animals you own suffer as a result of the fires?

- Yes (1)
- No (2)

Q418 Did you feel very frightened or upset during the period of the fires?

- Yes (1)
- No (2)

Q419 Did you seek help for emotional distress or other mental health problems relating to the fires?

- Yes (1)
- No (2)

If yes, skip to Q420B.

Q420a. Do you feel the need to seek professional help for emotional distress and/or other mental health problems relating to the fires?

- Yes (1)
- No (2)

Q420b. Do you feel that there is a need for professional help for someone else you know well, for emotional distress and/or other mental health problems relating to the fires?

- Yes, a family member (1)
- Yes, someone else I know well (2)
- No (3)

Q421 Did you feel well prepared for the current bushfire threat?

- Yes (1)
- No (2)

Q422 Did you have any other major loss associated with the fires that you would like to tell us about?

<text box>

The next three questions ask about your previous experience of bushfires, prior to the latest bushfire season in 2019/2020.

Q423 Since your last interview in 2012/2013 and prior to the latest bushfire season in 2019/2020, did you do any work (paid or voluntary) in response to bushfires? (e.g. fighting fires, keeping order, dealing with health effects, restoring power, caring for persons or animals affected by fire)?

- Yes (1)
- No (2)

Q424 Since your last interview in 2012/2013 and prior to the latest bushfire season in 2019/2020, have you been evacuated from your home, workplace or other accommodation because of the threat of fire?

- Yes (1)
- No (2)

Q425 Since your last interview in 2012/2013 and prior to the latest bushfire season in 2019/2020, have you been injured or suffered a major loss as a result of bushfires?

- Yes (1)
- No (2)

Q426-435 Please consider the following reactions that sometimes occur following such an event. The following questions are concerned with your personal reactions to the bushfires. Please indicate whether or not you have experienced any of the following at least twice in the past week.

	Yes (1)	No (2)
Upsetting thoughts or memories about the bushfires that have come into your mind against your will. (1)	<input type="radio"/>	<input type="radio"/>
Upsetting dreams about the bushfires. (2)	<input type="radio"/>	<input type="radio"/>
Acting or feeling as though the bushfires were happening again. (3)	<input type="radio"/>	<input type="radio"/>
Feeling upset by reminders of the bushfires. (4)	<input type="radio"/>	<input type="radio"/>
Bodily reactions (such as fast heartbeat, stomach churning, sweating, dizziness) when reminded of the bushfires. (5)	<input type="radio"/>	<input type="radio"/>
Difficulty falling asleep. (6)	<input type="radio"/>	<input type="radio"/>
Irritability or outbursts of anger. (7)	<input type="radio"/>	<input type="radio"/>
Difficulty concentrating. (8)	<input type="radio"/>	<input type="radio"/>
Heightened awareness of potential dangers to yourself and others. (9)	<input type="radio"/>	<input type="radio"/>
Being jumpy or being startled at something unexpected. (10)	<input type="radio"/>	<input type="radio"/>

Q436-443 Please indicate how much you agree with the following statements as they apply to you.

	Not at all true of me (1)	Somewhat true of me (2)	Mostly true of me (3)	Exactly true of me (4)
I think I am able to manage my feelings pretty well in difficult and challenging situations. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a natural hazard/disaster situation I would be able to cope with my anxiety and fear. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I seem to be able to stay calm in most difficult situations. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel reasonably confident in my own ability to deal with stressful situations that I might find myself in. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When necessary, I can talk myself through challenging situations. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I found myself in a natural hazard/disaster situation I would know how to manage my own response to the situation. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know which strategies I could use to calm myself in a natural hazard/disaster situation. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good idea of how I would likely respond in an emergency situation. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q444-449 Please indicate how often you have used any of the following as a result of the bushfires during periods of reduced air quality.

	Never(1)	Some of the time(2)	Most of the time(3)	All of the time (4)
Wearing a face mask of at least P2/N95 filtration (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using air filtration devices or recycling air conditioners at home (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using air filtration devices or recycling air conditioners at work (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying inside my home (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding usual outdoor physical activity (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying outside areas with hazardous air quality (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q450-462 Have you experienced any positive effects as a result of the bushfires?

	None (1)	A little (2)	A moderate amount (3)	A lot (4)
Opportunity to give back to others in need (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater sense of life priorities (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of community resilience (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater connection with nature (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater public awareness and discussion on environmental issues (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to spend more time with family or friends (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased face to face interaction with others (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to learn and be resourceful (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to emotionally support others (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of care and support from local community (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of care and support from the wider community (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding of how to better prepare for future bushfire events (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to rebuild and improve infrastructure (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q463 Is there anything else you would like to tell us about your bushfire experience?

<free text>

The following questions relate to your thoughts, feelings and actions relating to the Coronavirus Disease 2019 (COVID-19) pneumonia, which is referred to below as ‘Coronavirus disease’.

Q464-469.

	Very little (0)	(2)	(3)	(4)	Very much (5)
<u>To what extent are you concerned about Coronavirus disease?</u> (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>How likely is it that you could become infected with Coronavirus disease?</u> (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>If you did become infected with Coronavirus disease, to what extent are you concerned that you will become severely ill?</u> (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>To what extent has the threat of Coronavirus disease influenced your decisions to be around people?</u> (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>To what extent has the threat of Coronavirus disease influenced your travel plans?</u> (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>To what extent has the threat of Coronavirus disease influenced your use of safety behaviours (e.g. hand sanitiser)?</u> (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q470. What is your current postcode? (Only if living in Australia)

*If any of these questions have caused you distress you can let the research team know and they will provide you with assistance on 1300 917 295 or info@pathstudy.org.au. Alternatively, if at any stage during the study you become distressed or require additional support from someone not involved in the research, please call: **Lifeline** on **13 11 14** (24 hours, 7 days a week) or for website chat support <https://www.lifeline.org.au/get-help/online-services/crisis-chat>.*

Thank you for your time.