

# PATH 60+ Wave 6 Participant Questionnaire

## Phone Call 1

Participant's Wave 6 PATH ID: \_\_\_\_\_

Interviewer initials: \_\_\_\_\_

### Demographics

Please note that you can refuse to answer any of these questions. Are you ready to begin?

Q1 What is your gender?  Male  Female  Another gender (please specify: \_\_\_\_\_)  
 Refused

Q2 Could you please tell me your current age in years? \_\_\_\_\_ [numerical 2]  Refused

Q3a In what suburb are you currently living in? (*Only if living in Australia*) \_\_\_\_\_ [optional]

Q3b Postcode (*only if living in Australia*) \_\_\_\_\_ [optional]

Q4 Which of the following best describes your home?

- House / townhouse
- Flat / unit / apartment
- Independent unit in retirement accommodation
- Residential aged care home – low care (hostel)
- Residential aged care home – high care (nursing home)
- Granny flat
- Other \_\_\_\_\_
- Refused

### Aged Care Transition

Ask this Module: If in Q4

Residential aged care home – low care (hostel) Residential aged care home – high care (nursing home)  
Other - if some sort of residential aged care is specified

is selected.

Q5 Did you move into residential aged care since your last interview?

- Yes
- No
- Refused

If Q5 = "No" or "Refused", go to Q6

**Q5a In what year (YYYY)?**

- Year: \_\_\_\_\_
- Don't know
- Refused*

**Q6 What types of services do you receive? <Allow multiple responses>**

- Cooking and meals
- Cleaning
- Activity program (outings, exercises etc)
- Medical / health care - nurse
- Medical / health care - doctor
- Medical / health care - physiotherapy
- Medical / health care - psychologist / counselling
- Medical / health care - medications
- Assisted or supportive living services
- Refused*

**Q7 Did you move into residential aged care with your spouse or partner? <Read out response options>**

- Yes, at the same time
- Yes, at a different time
- No, self only
- Refused*

	Q8 What were all the reasons you moved? <Allow for multiple responses>	Q9 Of those you selected, what was the main reason?
	Select all reasons:	Select only one:
Age or health problems	<input type="checkbox"/>	<input type="checkbox"/>
Mood, anxiety, depression (mental health)	<input type="checkbox"/>	<input type="checkbox"/>
Thinking or memory problems	<input type="checkbox"/>	<input type="checkbox"/>
Could not care for self	<input type="checkbox"/>	<input type="checkbox"/>
For spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>
Family thought it was a good idea	<input type="checkbox"/>	<input type="checkbox"/>
Closer to family/friends	<input type="checkbox"/>	<input type="checkbox"/>
Closer to medical or support services/facilities	<input type="checkbox"/>	<input type="checkbox"/>
Closer to non-medical/health services/facilities (e.g. volunteering, leisure)	<input type="checkbox"/>	<input type="checkbox"/>
More/better personal care at new home	<input type="checkbox"/>	<input type="checkbox"/>
More suitable for condition(s)	<input type="checkbox"/>	<input type="checkbox"/>
Safer environment	<input type="checkbox"/>	<input type="checkbox"/>
Family changes	<input type="checkbox"/>	<input type="checkbox"/>
House was too big	<input type="checkbox"/>	<input type="checkbox"/>
Could not get home based support	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>
-----	<input type="checkbox"/>	<input type="checkbox"/>
<i>Refused</i>	<input type="checkbox"/>	<input type="checkbox"/>

*Skip to Q12: If in Q4*

*Independent living - Residential aged care home*

*Nursing home - Residential aged care home or*

*Other - if some sort of residential aged care is specified*

*is selected.*

## Household Composition and Employment

**Q10 How many people, *including yourself, usually* live in your household. (If you have children who live part-time with you please include them)**

\_\_\_\_[numerical 2]

*If Q10= 1 go to Q12*

**Q11a-j Do any of the following people live in your household? <Allow multiple responses>**

- Spouse / partner
- Any of your children
- A parent or parent-in-law
- A grandparent
- A brother or sister
- A son-in-law or daughter-in-law
- A grandchild
- Other relatives
- Someone who is not a relative
- Other \_\_\_\_\_
- Refused*

**Q12 What is your current marital status?**

- Married-first and only marriage
- Remarried-second or later marriage
- Separated from someone you have been married to
- Divorced
- Widowed
- Have never married
- Refused*

*If participant is married, go to Q13a*

***If participant is widowed, say "I am sorry for your loss. I know these questions can be difficult to answer sometimes. If you are ready, we will move on."***

**Q13 Are you currently in a relationship with someone?**

- Yes
- No
- Refused*

*If Q13 = "No" or "Refused", go to Q15*

*If Q13 = "Yes" but lives with partner in residential aged care then go to Q15*

*If Q11 = "Spouse / partner", go to Q14*

**Q13a Which of the following best describes your spouse or partner's current residence?**

- House / townhouse
- Flat / unit / apartment
- Independent living - Residential aged care home
- Hostel - Residential aged care home
- Nursing home - Residential aged care home
- Special care (e.g. Dementia) - Residential aged care home
- Other - Residential aged care home
- Granny flat
- Other, please specify: \_\_\_\_\_
- Refused

If not living with current partner, go to Q15

**Q14a-b How long have you been *living with* your current partner?**

\_\_\_\_\_ Years [numerical 2] \_\_\_\_\_ Months [numerical 2]  Refused

**Q15 Have you completed any further education since your last interview?**  Yes  No  Refused

**Q16 Are you presently studying? If participant says no, tick "None of the above". If participant says yes, ask what qualification are you working toward?**

Please choose **all** that apply:

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

If Q16 = "None of the above" or "Refused" go to Q17

If Q16 = "Undergraduate diploma", "Bachelor's degree", "Post graduate diploma/certificate", or "Higher degree" go to Q16a

**Q16a Are you studying full-time or part-time?**  Full-time  Part-time  Refused

**Q17 How would you describe your current employment status?**

- Employed full-time
- Employed part-time, looking for full-time work
- Employed part-time
- Unemployed, looking for work
- Not in the labour force
- In employment BUT currently on long-term LEAVE (long-service leave, long-term leave without pay)
- Refused

**Q18 In the last 12 months, did you do any unpaid voluntary work for an organisation, club or association?**

- Yes (1)       No (2)       *Refused*

*If Q18= "No" or "Refused", go to Q19*

**Q18a What types of voluntary work do you do?**

- Fundraising or sales  
 Management or committee work  
 Teaching or instruction  
 Administration or clerical  
 Preparing and or serving food  
 Transporting people, meals or goods  
 Maintaining or repairing gardens  
 Befriending, listening or counselling  
 Coaching/refereeing or judging  
 Personal care  
 Artistic performance or media production  
 Other \_\_\_\_\_  
 *Refused*

**Q18b 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)  
 *Refused*

**Q18c On average, how many hours per week did you do any voluntary work?**

\_\_\_\_\_ hours per week       *Refused*

## TICS-M

**We are now going to do some exercises that involve your memory and concentration. Some of these will be easy and some will be harder. Just do the best you can.**

**So that we can hear each other as clearly as possible, please make sure that you have switched off any televisions or radios.**

**And please do not use or look at any papers, pens, calendars, phones or newspapers during these questions. No one can help you answer these questions either.**

**Are you ready?**

**Q19 What is your first name? <cross check with notes>**

- Correct
- Incorrect
- Refused*

**Q20 What is your last name? <cross check with notes>**

- Correct
- Incorrect
- Refused*

**Q21 What month is it?**

- Correct
- Incorrect
- Refused*

**Q22 What date in the month is it?**

- Correct
- Incorrect
- Refused*

**Q23 What year is it?**

- Correct
- Incorrect
- Refused*

**Q24 What day of the week is it?**

- Correct
- Incorrect
- Refused*

**Q25 What season is it?**

- Correct
- Incorrect
- Refused*

**Q26 What is your age? <cross check with notes>**

- Correct
- Incorrect
- Refused*

**Q27 What is your phone number? <cross check with notes>**

- Correct
- Incorrect
- Refused*

**Q28 Please count backwards from 20 to 1. <If the participant makes an error on their first trial, ask them to try again.>**

- Correct on first trial
- Correct on second trial
- Incorrect on both trials
- Refused*



**Q29 I'm going to read you a list of 10 words. Please listen carefully and try to remember them. When I am done, tell me as many as you can in any order. I am not allowed to repeat any of these words. Ready?**

**<Read words at a 1 second pace.>**

Cabin

Pipe

Elephant

Chest

Silk

Theatre

Watch

Whip

Pillow

Giant

Now tell me all the words you can remember

Record answers:

*Refused*

**Q30 Please take 7 away from 100. <Pause for a response>**

**Now continue to take 7 away from what you have left over until I ask you to stop. <No further prompts or instructions are given, except to "keep going".>**

**<Stop after 5 numbers.>**

	Correct	Incorrect
93	<input type="radio"/>	<input type="radio"/>
86	<input type="radio"/>	<input type="radio"/>
79	<input type="radio"/>	<input type="radio"/>
72	<input type="radio"/>	<input type="radio"/>



*Refused*

**Q31 What do people usually use to cut paper?**

- Correct = Scissors or shears
- Incorrect = Knife
- Refused*

**Q32 What number is in a dozen?**

- Correct = 12
- Incorrect
- Refused*

**Q33 What is the prickly green plant found in the desert?**

- Correct = Cactus
- Incorrect = Prickly pear, don't know
- Refused*

**Q34 What animal does wool come from?**

- Correct = Sheep, lamb
- Incorrect = Llama, alpaca, don't know
- Refused*
- Needed to spell 'wool'

**Q35 Please repeat this phrase: 'No ifs ands or buts' <Do not repeat this instruction.>**

- Correct = Must be exact
- Incorrect
- Refused*

**Q36 Please say this: 'Methodist Episcopal' <Do not repeat this instruction.>**

- Correct = Must be exact
- Incorrect
- Refused*

**Q37 What is the Prime minister's first name?**

- Correct = Scott, Must be exact
- Incorrect
- Refused*

**Q38 What is the Prime minister's last name?**

- Correct = Morrison, must be exact
- Incorrect
- Refused*

**Q39 What is the name of the Monarch of the Commonwealth?**

- Correct = Queen Elizabeth, Elizabeth II, Elizabeth of Windsor, Elizabeth Regina
- Partially correct = Queen or Elizabeth
- Incorrect
- Refused*

**Q40 Please tap five times on the phone. <If person is using a mobile phone, ask them to tap on something hard nearby such as a counter or table.> <Do not repeat this instruction.>**

- Correct = 5 taps are heard
- Partially correct = More or less than 5 taps are heard
- Incorrect = No taps are heard
- Refused*

**Q41 What is the opposite of 'West'?**

- Correct = East
- Incorrect
- Refused*
- Needed to spell 'West'

**Q42 What is the opposite of 'generous'?**

- Correct = Selfish, greedy, tight, mean, meagre, skimpy etc
- Incorrect = Not very nice, degenerate, don't know
- Refused*
- Needed to spell 'generous'

**Q43 Please repeat the list of 10 words I read earlier**

Record answers:

*Refused*

## Mental Health

The next few screens of questions are about how you have been feeling over the *last week, last 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.

**Q44-Q50 In the LAST 7 DAYS:**

	<b>Not at all true</b>	<b>Slightly true</b>	<b>Somewhat true</b>	<b>Very true</b>	<b>Refused</b>
The idea of getting things done was important to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You had plans or goals for the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone has to tell you what to do each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting together with friends was important to you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When good things happened, you got excited.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You put effort into the things that interested you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You had motivation, a drive, and desire to do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q51-Q59 Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?**

	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>	<b>Refused</b>
Little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	Several days	More than half the days	Nearly every day	Refused
Trouble falling or staying asleep, or sleeping too much?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating?	<input type="radio"/>	<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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things such as reading the newspaper or watching television?	<input type="radio"/>	<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?	<input type="radio"/>	<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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q60 In the LAST 4 WEEKS, have you had an anxiety attack- suddenly feeling fear or panic?**

1.  Yes    2.  No    3.  Refused

If Q60= "No", or "Refused" go to Q61

**Q60a Has this ever happened before?**    1.  Yes    2.  No    3.  Refused

**Q60b Do some of these attacks come *suddenly out of the blue*- that is, in situations where you don't expect to be nervous or uncomfortable?**

1.  Yes    2.  No    3.  Refused

**Q60c Do these attacks bother you a lot or are you worried about having another attack?**

1.  Yes    2.  No    3.  Refused

**Q60d During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, nausea or upset stomach?**

1.  Yes    2.  No    3.  Refused

**Q61 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?**

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

If Q61= "Not at all" or "Refused" go to Q62

**Q61a-f Over the last 4 weeks have you been bothered by:**

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

**Q62-Q79 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	Yes	Refused
Have you felt keyed up or on edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been worrying a lot?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had difficulty relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been sleeping poorly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had headaches or neckaches?	<input type="radio"/>	<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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been worried about your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had difficulty falling asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been lacking energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you lost interest in things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you lost confidence in yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had difficulty concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you lost weight (due to poor appetite)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been waking early?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt slowed up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you tended to feel worse in the mornings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The next few questions are quite personal and sensitive. Remember that you can refuse to answer any of these questions.**

**Q80-Q85 In the LAST YEAR have you ever:**

	No	Yes	Refused
Felt that life is hardly worth living?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes	Refused
Thought that you really would be better off dead?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thought about taking your own life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thought that taking your life was the only way out of your problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made plans to take your own life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attempted to take your own life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Personality

**Q86-Q92** 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	Agree	Disagree	Strongly disagree	Refused
There is really no way I can solve some of the problems I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel that I'm being pushed around in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have little control over the things that happen to me.	<input type="radio"/>	<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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel helpless in dealing with the problems of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What happens to me in the future mostly depends on me.	<input type="radio"/>	<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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q93-Q98** In the following six questions please indicate how you have felt and conducted yourself over the **PAST 6 MONTHS**.

	Never	Rarely	Sometimes	Often	Very often	Refused
How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	<input type="radio"/>	<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?	<input type="radio"/>	<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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Rarely	Sometimes	Often	Very often	Refused
When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	<input type="radio"/>	<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?	<input type="radio"/>	<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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Behaviour

**Q99-Q116** 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	Somewhat false for me	Somewhat true for me	Very true for me	Refused
I go out of my way to get things I want.	<input type="radio"/>	<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.	<input type="radio"/>	<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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get something I want, I feel excited and energised.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criticism or scolding hurts me quite a bit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want something I usually go all-out to get it.	<input type="radio"/>	<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.	<input type="radio"/>	<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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel pretty worried or upset when I think or know somebody is angry at me.	<input type="radio"/>	<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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often act on the spur of the moment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Very false for me	Somewhat false for me	Somewhat true for me	Very true for me	Refused
If I think something unpleasant is going to happen I usually get pretty 'worked-up'.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When good things happen to me, it affects me strongly.	<input type="radio"/>	<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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I crave excitement and new sensations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I go after something, I use a 'no holds barred' approach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would excite me to win a contest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about making mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q117-Q126 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	Rarely true	Sometimes true	Often true	True nearly all the time	Refused
I am able to adapt when changes occur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can deal with whatever comes my way.	<input type="radio"/>	<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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to cope with stress can make me stronger.	<input type="radio"/>	<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.	<input type="radio"/>	<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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under pressure, I stay focused and think clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not easily discouraged by failure.	<input type="radio"/>	<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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time	Refused
I am able to handle unpleasant or painful feelings like sadness, fear and anger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q127-Q131** Below are some statements with which you may agree or disagree. Please be open and honest in your responding.

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly Agree	Refused
In most ways my life is close to ideal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The conditions of my life are excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So far, I have gotten the important things I want in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I could live my life over, I would change almost nothing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Perspective and Memory

**Q132-Q143** The following questions relate to your expectations about ageing. If you are not sure, say what you think **BEST** corresponds with your feelings.

	Definitely true (1)	Somewhat true (2)	Somewhat false (3)	Definitely false (4)	Refused
When people get older, they need to lower their expectations of how healthy they can be	<input type="radio"/>	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having more aches and pains is an accepted part of aging	<input type="radio"/>	<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	<input type="radio"/>	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Being lonely is just something that happens when people get old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people get older they worry more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's normal to be depressed when you are old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect that as I get older I will become more forgetful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is an accepted part of aging to have trouble remembering names	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetfulness is a natural occurrence just from growing old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is impossible to escape the mental slowness that happens with aging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q144-Q148 Rate your agreement with each of the following statements on a scale of 1-7 where 1 = very untrue and 7 = very true**

	1 = very untrue	2	3	4	5	6	7 = very true	Refused
Many opportunities await me in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most of my life still lies ahead of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My future seems infinite to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the sense that time is running out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As I get older, I begin to experience that time is limited.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q149-Q153 Again, rate your agreement with each of the following statements on a scale of 1-7 where 1 = strongly agree and 7 = strongly disagree**

	1 = strongly agree	2	3	4	5	6	7 = strongly disagree	Refused
I answer the phone whenever it rings, even if I do not know who is calling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty ending a phone call, even if the caller is a telemarketer, someone I do not know, or someone I did not wish to call me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If something sounds too good to be true, it usually is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persons over the age of 65 are often targeted by con-artists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If a telemarketer calls me, I usually listen to what they have to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**Q154-Q159 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	Somewhat better now	About the same	Somewhat poorer now	Much poorer now	Refused
Remembering the name of a person just introduced to you	<input type="radio"/>	<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	<input type="radio"/>	<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.	<input type="radio"/>	<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.	<input type="radio"/>	<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	<input type="radio"/>	<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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Health

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:

**Q160a-b During the PAST MONTH, how many hours of actual sleep did you get each night?** (This may be different than the number of hours you spent in bed.) (Enter 88 if don't know).

\_\_\_\_\_ Hours (1)    \_\_\_\_\_ Minutes (2) [both numerical 2]     Refused

**Q161-Q163 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)	Refused
Difficulty falling asleep (1)	<input type="radio"/>	<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"/>	<input type="radio"/>
Problems waking up too early (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q164 Overall, do you think that you have insomnia or sleep problems?**

1.  Yes      2.  No      3.  Refused

**Q165 On a typical day, how many daytime naps do you take?**

1.  0  
 2.  1-2  
 3.  2-4  
 4.  Refused

**Q166 Have you had any HEAD INJURIES since your last interview?** 1.  Yes      2.  No      3.  Refused

If Q166= "No" or "Refused" go to Q169

**Q167 Is there a period after the injury that you cannot remember at all?**

1.  Yes      2.  No      3.  Not sure      4.  Refused

If Q167= "No", "Not sure" or "Refused" go to Q168

**Q167a How long was that period?**

1.  Less than 1 hour  
 2.  About 1 hour  
 3.  Up to 1 day  
 4.  Up to 1 week  
 5.  More than 1 week  
 6.  No idea  
 7.  Refused

**Q168 Did you lose consciousness following the head injury?**

1.  Yes      2.  No      3.  Not sure      4.  Refused

If Q168= "No", "Not sure" or "Refused" go to Q169

**Q168a For how long did you lose consciousness?**

1.  Less than 15 minutes  
 2.  About 15 minutes  
 3.  Up to 1 hour  
 4.  Up to 1 day

- 5.  More than 1 day
- 6.  No idea
- 7.  Refused

**Q169 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 \_\_\_\_\_ [numerical 3]      OR  
 Stones \_\_\_\_\_ [numerical 3] and Pounds \_\_\_\_\_ [numerical 2]  
 Refused

**Q170 Have you experienced unintentional weight loss of 4.5 kilograms or greater in the past year?**

- 1.  Yes
- 2.  No
- 3.  Not sure
- 4.  Refused

The next few questions are about recent medical or health problems you may have experienced since your last interview. We want to know about NEW events, not those you have previously told us about.

**Q171-Q174 Here is a list of medical problems. Have you been told by your doctor that you have any of the following?**

	Yes	No	Refused
Epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic bronchitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emphysema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q175a-k Do/did you have any of the following eye-related problems/procedures? (Please state all that apply)**

	Right eye	Left eye	Refused
Cataracts	[ ]	[ ]	[ ]
Cataract surgery	[ ]	[ ]	[ ]
Glaucoma	[ ]	[ ]	[ ]
Macular degeneration	[ ]	[ ]	[ ]
Any other conditions/procedures	[ ]	[ ]	[ ]

If other, please specify: \_\_\_\_\_

**Q176 (At a time when you were not pregnant) Have you been told by a doctor that you have diabetes?**

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

If Q176= "No" or "Refused" go to Q177

**Q176a How old were you when you were first told you had diabetes? (enter 99 if don't know)**

\_\_\_\_\_ [numerical 2]     Refused

**Q176b What type of diabetes do you have?**

Type I (or juvenile diabetes)       Type II diabetes       Don't know       Refused

**Q176c-e What treatment do you use to control your diabetes?**

	Yes	No	Refused
Diet and exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tablets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insulin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q177 Have any of your siblings been diagnosed with diabetes?**

1.  Yes      2.  No      3.  Not sure      4.  Refused

*If Q177= "No", "Not sure" or "Refused" go to Q178*

**Q177a How many of your brothers or sisters have been diagnosed with diabetes?**

- Number of brothers \_\_\_\_\_
- Number of sisters \_\_\_\_\_
- Refused

**Q178 Do you have kidney disease?**

- 1.  No
- 2.  Yes, managed with diet
- 3.  Yes, managed with diet and medication
- 4.  Yes, managed with diet, medication and dialysis
- 5.  Refused

**Q179 Do you have a thyroid disorder?** 1.  Yes      2.  No      3.  Refused

**Q180 Do you have arthritis?** 1.  Yes      2.  No      3.  Refused

**Q181 Do you have Parkinson's Disease?** 1.  Yes      2.  No      3.  Refused

**Q182a Since your last interview have you had a heart problem that led to hospital admission, hospital emergency contact or consultation with a specialist?**

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

**Q182b Since your last interview, have you been told by your doctor that you have a heart problem?**

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

*If Q182b= "No", "Don't know" or "Refused" go to Q183*

**Q182c-g Were you told that your heart problem was a:**

	Yes	No	Refused
myocardial infarction or heart attack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
atrial fibrillation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other / Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q183 Have you had a stroke since your last interview?**

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

If Q183= "No", "Don't know" or "Refused" go to Q184

**Q183a-c**

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

**Q183d What year did the stroke occur? (enter your best guess or 9999 if unknown)**

\_\_\_\_\_ [numerical 4]

**Q184 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).**

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

If Q184= "No", "Don't know" or "Refused" go to Q185

**Q184a-b**

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

**Q185 Has your doctor told you that you have high blood pressure?**

1.  Yes    2.  No    3.  Uncertain    4.  Refused

If Q185= "No", "Uncertain" or "Refused" go to Q186

**Q185a Are you currently taking any tablets for high blood pressure?**

1.  Yes    2.  No    3.  Refused

**Q186 Have you ever been diagnosed with cancer or leukemia?**

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

If Q186= "No", "Don't know" or "Refused" go to Q187

**Q186a-e Have you had any of the following treatments for cancer?**

- Surgery     Chemotherapy     Radiation     Other     Don't know     Refused



If "Chemotherapy" and "Radiation" not selected go to Q187

If "Chemotherapy" not selected but "Radiation" selected go to Q186g

**Q186f In what year did you last have chemotherapy? (Enter 9999 if don't know)**

\_\_\_\_\_ [numerical 4]  *Refused*

**Q186g In what year did you last have radiation? (Enter 9999 if don't know)**

\_\_\_\_\_ [numerical 4]  *Refused*

**Q187 Have you ever been diagnosed with any other chronic or serious disabling illness? If 'yes', can you please tell us what that was?**

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**Q188 When getting up suddenly from a lying position, do you experience faintness, dizziness, light-headedness, nausea or blackout?**

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

**Q189 Do you feel your balance is:**

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

**Q190 How fearful/nervous of falling are you?**

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

**Q191 How many falls did you have in the past year?** \_\_\_\_\_ [numerical 2]  *Refused*

**Q192 Can you tell me how you would rate your hearing on the following scale:**

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

**Q193 Do you currently use a hearing aid?**

1.  Never
2.  Sometimes (less than 4 hours a day)
3.  Often (more than 4 hours a day)
4.  *Refused*

If Q193= "Never" or "Refused" go to Q194

**Q193a How much does your hearing aid help you?**

1.  Hearing aid no use at all
2.  Hearing aid is some help
3.  Hearing aid is quite helpful
4.  Hearing aid is a great help
5.  Hearing is perfect with a hearing aid
6.  *Refused*

**Q194 Do you wear prescription glasses?** 1.  Yes                      2.  No                      3.  *Refused*

**Q195 At the present time, would you say your eyesight using both eyes (with glasses if worn) is:**

1.  Excellent
2.  Good
3.  Poor
4.  Very poor
5.  Completely blind
6.  *Refused*

**Q196 How much difficulty do you have, even with glasses, reading ordinary print in newspapers? Would you say you have:**

1.  No difficulty at all
2.  A little difficulty
3.  Moderate difficulty
4.  Extreme difficulty
5.  Stopped doing this because of eyesight
6.  Stopped doing this for other reasons or not interested
7.  *Refused*

**Q197 How many general anaesthetics have you had since your Wave 4 interview on xx/xx/xxxx (Enter 0 if none)**

\_\_\_\_\_ [numerical 2]                       *Refused*

**Q197a In one sentence, what was the most recent general anaesthetic for?**

<Free text>

**Q198 Since your last interview, have you consulted a doctor about problems with your memory or thinking?**

- Yes
- No
- Don't know

*Refused*

**Since your last interview, have you been told by a doctor that you have any of the following:**

**Q199 Alzheimer's disease?**

- Yes  
 No  
 *Refused*

**Q200 Vascular Dementia?**

- Yes  
 No  
 *Refused*

**Q201 Any other form of Dementia (not Alzheimer's Disease or Vascular Dementia)?**

- Yes  
 No  
 *Refused*

*If Q201 = "No" or "Refused", go to Q202*

**Q201a What type of Dementia?**

- Record answer: \_\_\_\_\_  
 Don't know  
 *Refused*

**Q202 Have any of your siblings been diagnosed with dementia?**

1.  Yes      2.  No      3.  *Refused*

*If Q202 = "No" or "Refused" go to Q203*

**Q202a How many of your brothers or sisters have been diagnosed with dementia?**

- Number of brothers \_\_\_\_\_  
 Number of sisters \_\_\_\_\_  
 *Refused*

**Q203 Have you ever been diagnosed with Autism? (other names include Autism Spectrum Disorder/Condition, Autistic Disorder, Asperger's Disorder/ Syndrome, Pervasive Developmental Disorder-Not Otherwise Specified and Childhood Disintegrative Disorder)**

1.  Yes      2.  No      3.  Not sure      4.  *Refused*

**Thank you for taking part in this interview today. Are you happy to be contacted again to take part in the second phone interview for this wave?**

- Yes (*confirm suitable date/time and book participant in for second phone interview.*)  
 No

## Phone Call 2

*Thank you for recently participating in the first phone interview. This is the second and final phone interview for this wave. Please note that you can refuse to answer any of these questions. Are you ready to begin?*

### Physical Activity

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.

**Q204** In general, would you say your health is:

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

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

**Q205** *Vigorous activities*, such as running, lifting heavy objects, participating in strenuous sports.

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

**Q206** *Moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

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

**Q207** Lifting or carrying groceries?

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

**Q208** Climbing *several* flights of stairs?

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

**Q209** Climbing *one* flight of stairs?

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

**Q210** Bending, kneeling or stooping?

- 1  Yes - limited a lot

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

**Q211 Walking more than one kilometre?**  
1  Yes - limited a lot  
2  Yes - limited a little  
3  No - not limited at all  
4  Refused

**Q212 Walking half a kilometre?**  
1  Yes - limited a lot  
2  Yes - limited a little  
3  No - not limited at all  
4  Refused

**Q213 Walking 100 metres?**  
1  Yes - limited a lot  
2  Yes - limited a little  
3  No - not limited at all  
4  Refused

**Q214 Does your health now limit you in bathing or dressing yourself?**  
1  Yes - limited a lot  
2  Yes - limited a little  
3  No - not limited at all  
4  Refused

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

**Q215 Have you accomplished less than you would like as a result of your physical health?**

- 1  Yes
- 2  No
- 3  Refused

**Q216 Were you limited in the kind of work or other activities as a result of your physical health?**

- 1  Yes
- 2  No
- 3  Refused

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

**Q217 Have you accomplished less than you would like as a result of any emotional problems?**

- 1  Yes
- 2  No
- 3  Refused

**Q218 Did you not do work or other activities as carefully as usual as a result of any emotional problems?**

- 1  Yes
- 2  No
- 3  Refused

**Q219 During the PAST 4 WEEKS, how much did pain interfere with your normal work (including both work outside the home and housework)?**

- 1  Not at all

- 2  A little bit
- 3  Moderately
- 4  Quite a bit
- 5  Extremely
- 6  *Refused*

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

**Q220** How much of the time during the **PAST 4 WEEKS** have you felt calm and peaceful?

- 1  All of the time
- 2  Most of the time
- 3  A good bit of the time
- 4  Some of the time
- 5  A little of the time
- 6  None of the time
- 7  *Refused*

**Q221** How much of the time during the past 4 weeks *did you have a lot of energy*?

- 1  All of the time
- 2  Most of the time
- 3  A good bit of the time
- 4  Some of the time
- 5  A little of the time
- 6  None of the time
- 7  *Refused*

**Q222** How much of the time during the past 4 weeks *have you felt down*?

- 1  All of the time
- 2  Most of the time
- 3  A good bit of the time
- 4  Some of the time
- 5  A little of the time
- 6  None of the time
- 7  *Refused*

**Q223** How much of the time during the past 4 weeks has your *physical health or emotional problems interfered with your social activities* (like visiting with friends, relatives, etc)?

- 1  All of the time
- 2  Most of the time
- 3  Some of the time
- 4  A little of the time
- 5  None of the time
- 6  *Refused*

**Q224** 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?

\_\_\_\_\_ days [numerical 2]       *Refused*

**Q225** 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)  
 \_\_\_\_\_ days [numerical 2]       *Refused*

**Q226-Q228** The next group of questions also 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	Once or twice a week	About 1-3 times a month	Never/hardly ever	<i>Refused</i>
Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework).	<input type="radio"/>	<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).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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, 99 if don't know*))

**Q229 Mildly energetic (e.g. walking, weeding)**

\_\_\_\_\_ Hours [num 3] \_\_\_\_\_ Minutes [num 2]       *Refused*

**Q230 Moderately energetic (e.g. dancing, cycling)**

\_\_\_\_\_ Hours [num 3] \_\_\_\_\_ Minutes [num 2]       *Refused*

**Q231 Vigorous (e.g. running, squash)**

\_\_\_\_\_ Hours [num 3] \_\_\_\_\_ Minutes [num 2]       *Refused*

**Q232** To what extent are you responsible for household tasks? (These include such activities as preparing meals, shopping for household items, cleaning, washing clothes and gardening).

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

**Q233 To what extent are you responsible for financial management in your household? (Financial management includes paying bills, saving, planning investments or priorities in money use).**

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

**Q234 To what extent are you responsible for providing the money for your household?**

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

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

**Q235 Do you have any difficulty using a map to figure out how to get around in a strange place?**

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

*If Q235 = "No", or "Refused" go to Q236*

**Q235a Is that because of a:**

- 1.  Health problem
- 2.  Memory problem
- 3.  Health and memory problem
- 4.  Other
- 5.  *Refused*

**Q236 Do you have any difficulty preparing a hot meal?**

- 1.  Yes
- 2.  No
- 3.  Can't prepare meals
- 4.  Don't prepare meals
- 5.  *Refused*

*If Q236 = "No", or "Refused" go to Q237*

**Q236a Is that because of a:**

- 1.  Health problem
- 2.  Memory problem
- 3.  Health and memory problem
- 4.  Other
- 5.  *Refused*



**Q236b Does anyone help you prepare hot meals?**

1.  Yes
2.  No
3.  *Refused*

**Q237 Do you have any difficulty shopping for groceries?**

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

*If Q237 = "No", or "Refused" go to Q238*

**Q237a Is that because of a:**

1.  Health problem
2.  Memory problem
3.  Health and memory problem
4.  Other
5.  *Refused*

**Q237b Does anyone help you shop for groceries?**

1.  Yes
2.  No
3.  *Refused*

**Q238 Do you have any difficulty making telephone calls?**

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

*If Q238 = "No", or "Refused" go to Q239*

**Q238a Is that because of a:**

1.  Health problem
2.  Memory problem
3.  Health and memory problem
4.  Other
5.  *Refused*

**Q238b Does anyone help you make telephone calls?**

1.  Yes
2.  No
3.  *Refused*

**Q239 Do you have any difficulty taking medications?**

1.  Yes
2.  No

- 3.  Can't take medications
- 4.  Don't take medication
- 5.  Refused

If Q239 = "No", or "Refused" go to Q240

If Q239 = "Yes", or "Can't take medication" go to Q239b

**Q239a Do you think you would have any difficulty taking medications if you needed to do so?**

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

If Q239a = "No", "Don't know" or "Refused" go to Q240

**Q239b Is that because of a:**

- 1.  Health problem
- 2.  Memory problem
- 3.  Health and memory problem
- 4.  Other
- 5.  Refused

If Q239 = "Don't take medication" go to Q240

**Q239c Does anyone help you take medications?**

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

Skip Q240-Q241: If in Q4 'Nursing home - Residential aged care home' is selected.

**Q240 Do you currently receive assistance at home with activities such as transport, cleaning, meal preparation or shopping?**

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

If Q240 = "No" or "Refused" go to Q242

**Q240a Is any of this assistance from a paid service provider or organisation (not a volunteer or an unpaid family member or friend)?**

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

If Q240a = "No", "Don't know" or "Refused" go to Q242

**Q240b Is this care provided as part of a Home Care Package (Home Care agreement or Home Care plan) arranged with the government?**

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

If Q240b = "No", "Don't know" or "Refused" go to Q242

**Q241 Which type of package or support do you currently receive?**

- Commonwealth Home Support Package (entry level)
- Home care package program
- Transitional or flexible care

- Other
- Don't know
- Refused

## Driving, Smoking and Alcohol

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

**Q242 Using that definition, do you consider yourself a current driver?** 1.  Yes 2.  No 3.  Refused

**Q243 Do you have a current driver's licence?**

- Yes
- No
- Refused

If Q242 = "Yes" AND Q243 = "Yes" go to Q245

If Q242 = "Yes" AND Q243 = "No" or "Refused" go to Q248

If Q242 = "No" or "Refused" AND Q243 = "No" or "Refused" go to Q244

If Q242 = "No" or "Refused" AND Q243 = "Yes" go to Q244a

**Q244 Have you ever driven a car?** 1.  Yes 2.  No 3.  Refused

If Q244 = "No", or "Refused" go to Q251

**Q244a Did you stop driving:**

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

For drivers who have driven a car before but have now stopped driving (Q244 = "Yes" or If Q242 = "No" or "Refused" AND Q243 = "Yes") go to Q248

**Q245 On average, how many days would you say that you personally drive in a week:**

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

**Q246 How many kilometres would you drive in an average week?**

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

Q247 How many more years do you expect to drive? \_\_\_\_\_ [numerical 2]  *Refused*

Q248 How many years driving experience do you have? \_\_\_\_\_ [numerical 2]  *Refused*

Q249 How many accidents have you been involved in when you were the driver, whether or not you were at fault.

In the past 12 months: \_\_\_\_\_ [numerical 2]  *Refused*

In the past 5 years: \_\_\_\_\_ [numerical 2]  *Refused*

Q250 How many accidents have you been involved in when you were the driver where the police were called to the scene?

In the past 12 months: \_\_\_\_\_ [numerical 2]  *Refused*

In the past 5 years: \_\_\_\_\_ [numerical 2]  *Refused*

Q251 Do you currently smoke? 1.  Yes 2.  No 3.  *Refused*

These next questions are concerned with your alcohol consumption.

Q252 Have you ever drunk alcohol? 1.  Yes 2.  No 3.  *Refused*

If Q252 = "No", or "Refused" go to Q253

Q252a How often do you have a drink containing alcohol?

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

If Q252a = "Not in the last year" or "Refused" go to Q253

Q252b How many standard drinks do you have on a typical day when you are drinking?

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

## Income and Relationships

The next few questions ask about your income and relationships.

Q253 Have you or your family had to go without things you really needed in the LAST YEAR because you were short of money?

- 1.  Yes, often
- 2.  Yes, sometimes
- 3.  No
- 4.  *Refused*

**Q254 What is your *own personal main* source of income?**

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

If Q254 = "Wage or salary" or "Refused" go to Q256

**Q255 Do you receive the aged pension from Centrelink or service pension from the Department of Veteran's Affairs?**

- 1  Yes      2  No      3.  *Refused*

If participant is not in a relationship or not living with partner, go to Q262 (i.e. Only display Q256-Q261 if Q13="Yes" (currently in a relationship) OR Q12="Married, first and only marriage" or "Remarried-second or later marriage" OR Q11a-j= "Living with spouse / partner")

**Q256-Q258 Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.**

	Always agree	Almost always agree	Occasionally disagree	Frequently disagree	Almost always disagree	Always disagree	<i>Refused</i>
Philosophy of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aims, goals & things believed important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of time spent together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q259-Q261 How often would you say the following events occur between you and your partner?**

	Never	Less than once a month	Once or twice a week	Once a day	<i>More often</i>	<i>Refused</i>
Have a stimulating exchange of ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calmly discuss something together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work together on a project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q262-Q264 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	Some of the time	Often	<i>Refused</i>
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How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are interested in finding out how your social connections have been impacted by changes due to COVID-19.

**Q265-Q270 Please think about the period of time PRIOR to COVID-19 (prior to March 2020) when answering these questions about your social connections:**

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

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

**Considering all of your friends:**

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

## Life events and Care

**Q271-Q278 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	No	Refused
You yourself suffered a serious illness, injury or an assault.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A serious illness, injury or assault happened to a close relative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent, child or partner died.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A close family friend or another relative (aunt, cousin, grandparent) died.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You broke off a steady relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Refused
You had a serious problem with a close friend, neighbour or relative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You had a crisis or serious disappointment in your work or career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You thought you would soon lose your job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If participant is not in a relationship, or not living with their partner, go to Q282 (i.e. Only display Q279-Q281 if Q13="Yes" (currently in a relationship) OR Q12="Married, first and only marriage" or "Remarried-second or later marriage" OR Q11a-j= "Living with spouse / partner")

#### Q279-Q281

	Yes	No	Refused
Your partner thought he/she would soon lose their job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your partner had a crisis or serious disappointment in his/her work or career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You had a separation due to marital difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### Q282-Q286

	Yes	No	Refused
You became unemployed or you were seeking work unsuccessfully for more than one month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were sacked from your job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You had a major financial crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You had problems with the police and a court appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something you valued was lost or stolen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### Q287 Do you provide childcare or babysitting for your grandchild/ren so that their parent/s can work? (Grandchildren includes any children for whom you fill a grandparent role)

1  Yes      2  No      2  Not anymore due to COVID-19      3.  Refused

#### Q288 Do you provide care or informal assistance to a person with a disability, or a medical condition or to a person who is elderly? (Informal assistance includes help with activities such as personal care, housework, communication, meal preparation, paperwork, property maintenance or transport)

1  Yes      2  No      3.  Refused

If Q288 = "No" or "Refused", go to Q290

#### Q288a How long have you been providing this assistance?

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

#### Q288b How many hours per week, on average, do you spend providing assistance?

- 1  Less than 2 hours

- 2  2 to less than 5 hours
- 3  5 to less than 10 hours
- 4  10 to less than 15 hours
- 5  15 to less than 20 hours
- 6  20 to less than 30 hours
- 7  30 or more hours
- 8  *Refused*

**Q289 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)?**

- 1  Yes      2  No      3.  *Refused*

*If participant provides assistance for less than 10 hours per week or "Refused" AND Q289 = "No" or "Refused" go to Q290*

**Q289a Does the person you care for live:**

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

**Q289b Is the main person you care for your:**

- 1  Spouse
- 2  Parent or parent-in-law
- 3  Child
- 4  Grandchild
- 5  Cousin, sibling or other relative
- 6  Friend
- 7  Neighbour
- 8  Other
- 9  *Refused*

**Q289c Does the main person you care for require care because of:**

- 1  A physical disability or chronic illness
- 2  Frailty
- 3  A mental illness
- 4  Memory problems, problems with managing finances or managing daily activities
- 5  Other
- 6  *Refused*

*If "Other" is not selected for Q289c, go to Q290*

**Q289d Why does this person need care?**

*Refused*

## Everyday Activities



**Q290-Q305** The next set of questions are about the types of activities you might do. Please indicate whether you have undertaken any of the following activities in the LAST 6 MONTHS.

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

**Q306** About how much time do you spend reading each day, including online?

1.  None
2.  Less than one hour
3.  One to less than two hours
4.  Two to less than three hours
5.  Three or more hours
6.  Don't know
7.  Refused

If Q306 = "None" or "Refused", go to Q307

**Q306a** Thinking of the LAST YEAR, how often do you read newspapers, including online?

1.  Every day or almost every day
2.  Several times a week
3.  Several times a month
4.  Several times a year
5.  Once a year or less
6.  Don't know
7.  Refused

**Q306b** During the PAST YEAR, how often did you read magazines, including online?

1.  Every day or almost every day

2.  Several times a week
3.  Several times a month
4.  Several times a year
5.  Once a year or less
6.  Don't know
7.  *Refused*

**Q306c During the PAST YEAR, how often did you read books?**

1.  Every day or almost every day
2.  Several times a week
3.  Several times a month
4.  Several times a year
5.  Once a year or less
6.  Don't know
7.  *Refused*

**Q307 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.**

1.  Every day or almost every day
2.  Several times a week
3.  Several times a month
4.  Several times a year
5.  Once a year or less
6.  Don't know
7.  *Refused*

**Q308 During the PAST YEAR, how often did you write letters or emails?**

1.  Every day or almost every day
2.  Several times a week
3.  Several times a month
4.  Several times a year
5.  Once a year or less
6.  Don't know
7.  *Refused*

**Q309 During the PAST YEAR, how often did you get involved in online social network activities like facebook/ twitter?**

1.  Every day or almost every day
2.  Several times a week
3.  Several times a month
4.  Several times a year
5.  Once a year or less
6.  Don't know
7.  *Refused*

**Q310 In LAST 10 YEARS, did you ever keep a diary, journal or blog?**

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

If Q310 = "No", "Don't know" or "Refused" go to Q311

**Q310a For how many years did you do this?** \_\_\_\_\_ [num 2]  *Refused*

**Q311 In the LAST 10 YEARS, how many times did you visit a museum?**

1.  Never
2.  1-2 times
3.  3-9 times
4.  10-19 times
5.  More than 20 times
6.  Don't know
7.  *Refused*

**Q312 In the LAST 10 YEARS, how many times did you attend a concert, play, or musical?**

1.  Never
2.  1-2 times
3.  3-9 times
4.  10-19 times
5.  More than 20 times
6.  Don't know
7.  *Refused*

**Q313 In the LAST 10 YEARS, how often did you visit a library or use an online library service?**

1.  Every day or almost every day
2.  Several times a week
3.  Several times a month
4.  Several times a year
5.  Once a year or less
6.  Don't know
7.  *Refused*

**Q314a-r What activities do you enjoy most in your daily life?** <Allow multiple responses - only read response options if prompting is required>

- Volunteering
- Being with family
- Being with friends
- Child minding or babysitting
- Pets
- Gardening
- Craft, artwork or sewing
- Exercise or sport
- Shopping
- Driving
- Games
- Reading
- Cooking
- Bushwalking or bird watching
- Holidays, day trips, travel or sight seeing
- Paid work

- Watching television, computer or internet
- Other, please specify \_\_\_\_\_

## Food consumption

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

**Q315 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.  1 serve or less
2.  2-3 serves
3.  4-5 serves
4.  6 serves or more
5.  Don't eat vegetables
6.  Refused

**Q316 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.  1 serve or less
2.  2-3 serves
3.  4-5 serves
4.  6 serves or more
5.  Don't eat fruit
6.  Refused

**Q317 How often do you drink fruit juices such as orange, grapefruit or tomato? Please answer either in servings per day, per week, per month or as rarely or never. (Answer one choice only – whatever is easiest)**

- \_\_\_ per day
- \_\_\_ per week (if less than daily)
- \_\_\_ per month if less than weekly)
- \_\_\_ Rarely or never (enter 1 in box)
- Refused

**Q318 Not including juice, how often do you eat fruit? Please answer either in servings per day, per week, per month or as rarely or never. (Answer one choice only – whatever is easiest)**

- \_\_\_ per day
- \_\_\_ per week (if less than daily)
- \_\_\_ per month if less than weekly)
- \_\_\_ Rarely or never (enter 1 in box)
- Refused

**Q319 How often do you eat chips, french fries, wedges, fried potatoes or crisps? Please answer either in servings per day, per week, per month or as rarely or never. (Answer one choice only – whatever is easiest)**

- \_\_\_ per day
- \_\_\_ per week (if less than daily)
- \_\_\_ per month if less than weekly)
- \_\_\_ Rarely or never (enter 1 in box)
- Refused

**Q320 How often do you eat potatoes? Please answer either in servings per day, per week, per month or as rarely or never. (Answer one choice only – whatever is easiest)**

- per day
- per week (if less than daily)
- per month if less than weekly)
- Rarely or never (enter 1 in box)
- Refused*

**Q321 How often do you eat salad? (Salad includes mixed green salad and other mixtures of raw vegetables.) Please answer either in servings per day, per week, per month or as rarely or never. (Answer one choice only – whatever is easiest)**

- per day
- per week (if less than daily)
- per month if less than weekly)
- Rarely or never (enter 1 in box)
- Refused*

**Q322 Not counting potatoes and salad, how often do you eat cooked vegetables? Please answer either in servings per day, per week, per month or as rarely or never. (Answer one choice only – whatever is easiest)**

- per day
- per week (if less than daily)
- per month if less than weekly)
- Rarely or never (enter 1 in box)
- Refused*

**Q323 How often do you eat fish or seafood (including shellfish) that was not deep fried?**

- 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)
- Don't know (12)
- Refused*

## External Events

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

**Q324 Was the area in which you live or work put on alert because of the threat of fire?**

- Yes (1)
- No (2)
- Refused*

**Q325 If you were temporarily located elsewhere, was the area put on alert because of the threat of fire? (ie. Holiday accommodation, travelling, visiting relatives)**

- Yes (1)
- No (2)
- Refused*

**Q326 Were you evacuated from your home, workplace or other accommodation because of the threat of fire?**

- Yes (1)
- No (2)
- Refused*

**Q327 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)
- Refused*

**Q328 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)
- Refused*

**Q329 Were buildings in your suburb/town damaged or destroyed by fire?**

- Yes (1)
- No (2)
- Refused*

**Q330 Was your own home, possessions or workplace damaged or destroyed?**

- Yes (1)
- No (2)
- Refused*

**Q331 Did you have 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)

*Refused*

**Q332 Did any animals you own suffer as a result of the fires?**

- Yes (1)
- No (2)
- Refused*

**Q333 Did you feel very frightened or upset during the period of the fires?**

- Yes (1)
- No (2)
- Refused*

**Q334 Did you seek help for emotional distress or other mental health problems relating to the fires?**

- Yes (1)
- No (2)
- Refused*

**Q335 Did you feel well prepared for the recent bushfire threat?**

- Yes (1)
- No (2)
- Refused*

**Q336 Did you have any other major loss associated with the fires that you would like to tell us about?**

<text box>

**Q337-Q346 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)	<i>Refused</i>
Upsetting thoughts or memories about the bushfires that have come into your mind against your will. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upsetting dreams about the bushfires. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acting or feeling as though the bushfires were happening again. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling upset by reminders of the bushfires. (4)	<input type="radio"/>	<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"/>	<input type="radio"/>
Difficulty falling asleep. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability or outbursts of anger. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty concentrating. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heightened awareness of potential dangers to yourself and others. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being jumpy or being startled at something unexpected. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q347 Is there anything else you would like to tell us about your bushfire experience?**

<free text>

## General information on COVID events

The following questions relate to your thoughts, feelings and actions relating to the Coronavirus Disease 2019 (COVID-19).

**Q348** Have you ever been tested for coronavirus or COVID-19?

- Yes
- No
- Unsure
- Refused*

If Q348 = "No", "Unsure" or "Refused" go to Q349

**Q348a** How many times have you been tested? \_\_\_\_\_

**Q348b** Can you provide details regarding your first COVID-19 test?

i. **Date:** \_\_\_\_\_

ii. **Reason for testing:**

1. I had symptoms of COVID-19
2. Someone I know had symptoms of COVID-19
3. A doctor told me to be tested for COVID-19
4. I was worried about COVID-19
5. Other (Please specify)

Yes

No

- 
- 
- 
- 
- 

- 
- 
- 
- 
- 

\_\_\_\_\_

iii. **Type of test:**

1. Nasopharyngeal swab (throat and/or nasal swab)
2. Blood test
3. Saliva test
4. Other (Please specify)

Yes

No

- 
- 
- 
- 

- 
- 
- 
- 

\_\_\_\_\_

iv. **Result:**

- Positive
- Negative
- Unsure/Pending

v. **Did you have a chest x-ray?**

- Yes
- No



vi. Did you have a CT scan of your lungs?

- Yes
- No

If Q348iv = "Positive" and Q348iia = "Yes," go to Q349ab

If Q348iv = "Positive" and Q348iia = "No," go to Q349aa

**Q349 Have you ever been diagnosed with COVID-19?**

- Yes
- No
- Refused

If Q349 = "No", or "Refused" go to Q350

**Q349aa When you were diagnosed with COVID-19, did you have symptoms of COVID-19?**

- Yes
- No

If Q349iv = "Positive," go to Q349ac

**Q349ab Did you have a positive test for COVID-19?**

- Yes
- No

**Q349ac Before you were diagnosed with COVID-19, did you have close contact with someone who had COVID-19?**

- Yes
- No

**Q349b Have you ever had an overnight stay in a hospital for suspected or diagnosed COVID-19?**

- Yes
- No

If Q349b = "No", or "Refused" go to Q350

**Q349c How many nights were you in the hospital?**

- i. Date arrived at hospital: \_\_\_\_\_
- ii. Date discharged from hospital: \_\_\_\_\_

**Q349d Did you require any of the following treatments?**

	Yes	No	# of days needed
i. Oxygen by nasal canula (in your nose)	<input type="radio"/>	<input type="radio"/>	_____
ii. Oxygen by face mask	<input type="radio"/>	<input type="radio"/>	_____
iii. "Intensive care unit" or ICU monitoring	<input type="radio"/>	<input type="radio"/>	_____
iv. A breathing tube or ventilator	<input type="radio"/>	<input type="radio"/>	_____
v. "ECMO" treatment (external oxygenation of the blood by tubes)	<input type="radio"/>	<input type="radio"/>	_____

**Q350 Has anyone else in your household (or, the place you are residing) been tested for COVID-19?**

- Yes
- No
- Unsure
- Refused*

*If Q350 = "No", "Unsure" or "Refused" go to Q351*

**Q350a Considering the person in your household (other than yourself) who has been tested the most times, how many times have they been tested? \_\_\_\_\_ (enter your best guess or 99 if unknown, 88 if refused)**

**Q350b Can you provide details regarding their first COVID-19 test?**

**i. Date:** \_\_\_\_\_

**ii. Reason for testing:**

	Yes	No
1. They had symptoms of COVID-19	<input type="radio"/>	<input type="radio"/>
2. Someone they know had symptoms of COVID-19	<input type="radio"/>	<input type="radio"/>
3. A doctor told them to be tested for COVID-19	<input type="radio"/>	<input type="radio"/>
4. They were worried about COVID-19	<input type="radio"/>	<input type="radio"/>
5. Other (Please specify)	<input type="radio"/>	<input type="radio"/>

\_\_\_\_\_

**iii. Type of test:**

	Yes	No
1. Nasopharyngeal swab (throat and/or nasal swab)	<input type="radio"/>	<input type="radio"/>
2. Blood test	<input type="radio"/>	<input type="radio"/>
3. Saliva test	<input type="radio"/>	<input type="radio"/>
4. Other (Please specify)	<input type="radio"/>	<input type="radio"/>

\_\_\_\_\_

**iv. Result:**

- Positive
- Negative
- Unsure/Pending

**Q351 During the COVID-19 pandemic has someone you know (e.g. a family member, a close friend, neighbour) been diagnosed with COVID-19?**

- Yes
- No
- Refused*

*If Q351 = "No" or "Refused" go to Q352*

**Q351a Does this person live with you?**

- Yes
- No

**Q351b Did you change your behaviour at home due to this person being diagnosed with COVID-19?**

- Yes
- No

**Q351c-e What behaviour changes?**

	Yes	No
Did you wear a mask at home?	<input type="radio"/>	<input type="radio"/>
Did the infected person(s) wear a mask at home?	<input type="radio"/>	<input type="radio"/>
Did the infected person(s) stay away from you?	<input type="radio"/>	<input type="radio"/>

***NB. If the Participant screens positive for having either personally contracted COVID-19 or having a family member/friend screen positive for COVID-19 ask if they would like to continue with these questions or would prefer not to answer this section of the questionnaire.***

**Q352 Compared to others in the community, how would you rate your adherence to social distancing practices such as hand washing, maintaining appropriate social distance in public and sanitising?**

- I adhere more than those around me
- I adhere about the same as others
- I adhere less than others
- I don't follow the social distancing practices
- Refused*

**Q353 Because of COVID-19 pandemic did you miss any major or ceremonial events that were important to you (e.g. birth of family member, wedding, funeral)?**

- Yes
- No
- Refused*

**Q354 Did you need to make changes to care services (e.g. home care packages) that you may have had in place as a result of COVID-19?**

- Yes – I had to terminate my home care services
- Yes – the staff took extra precautions such as using PPE
- Yes – the frequency of home care services were affected/reduced
- No – all home care services continued as they did prior to COVID-19.
- N/A

*Refused*

The following questions are interested in understanding how COVID-19 has affected your social networks. Thinking of the time since March 2020, please answer the following questions:

**Q355-Q360 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	2	3 or 4	5 to 8	9 or more	<i>Refused</i>
How many relatives do you see or hear from at least once a month?	<input type="radio"/>	<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?	<input type="radio"/>	<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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Considering all of your friends:**

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

**Q361 Overall, would you say your social engagement/social networks:**

- Did not change because of COVID-19
- Changed for the better due to COVID-19
- Changed for the worse due to COVID-19
- Refused*

**Q362 Since the lifting of social restrictions/social distancing, would you say your social engagement/networks have:**

- Changed back to the way they were before COVID-19
- Stayed the same as they were during COVID-19
- Changed even more as a result of COVID-19
- Not applicable
- Refused*

## COVID Impact questionnaire

**Q363-Q394 To what extent do you agree with the following situations that may have resulted from COVID-19 and social distancing requirements:**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	<i>Refused</i>
I have had difficulty sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health problems have been unchanged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had a significant loss of income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been unable to pay for usual bills due to the economic impact of COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experienced significant stress because of the economic impact of COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experienced significant worry related to health of family and/or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experienced discrimination due to my age, gender or background (e.g. in shops, workplace or community)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experienced mistreatment or aggression from other people in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experienced a sense of isolation due to not having a computer or being able to access information 'on the internet'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received more support than usual from family/friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received unexpected offers of support from people in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participated in new hobbies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spent more time reading books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to complete more jobs in my home and garden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spent more time watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt an improvement in my overall wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced a deterioration in my mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had difficulty attending medical appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had difficulty obtaining food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to delay medical procedures or surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I missed routine medical checkups or screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced distress due to inability to visit loved ones in aged care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced distress due to inability to see children or grandchildren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced relief from not having to see difficult relatives or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced an improvement in mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced relief from having a break in visiting friends/family in hospitals and/or aged care facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt an increased feeling of community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt an increased sense of social responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I felt there was more opportunity to help others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a chance to slow down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had more opportunities to learn new skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt as though there was less pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q395-Q398 Compared with the 2019 and 2020 bushfires, how would you rate the impact of the COVID-19 pandemic on you personally, in terms of:**

	Less stressful	About the same level of stress	More stressful	<i>Refused</i>
Financial stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q399 Is there anything else you would like to tell us about how COVID-19 has affected you or is affecting you?**

<Free text>

## Decision Making

**Q400-408 The next group of questions ask about your decision-making. Please rate your agreement with each of the following statements.**

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	<i>Refused</i>
I postpone decision-making whenever possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need the assistance of other people when making important decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident about my ability to make decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel very anxious when I need to make decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I weigh the pros and cons of each option before I make a decision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often make decisions on the spur of the moment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When making decisions, I rely upon my instincts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others seek my help in making their decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q409 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
- Yes
- Refused

If Q409 = "No" or "Refused", go to Q410

**Q409a Think about the financial decision of greatest personal significance to you since your most recent PATH survey (<insert date of last interview>). In one sentence, briefly describe what this decision was \_\_\_\_\_**  Refused

**Q409b Overall, how involved did you feel that you were in the decision?**

- Not at all involved (i.e. 0%)
- A little (e.g. up to 25%)
- Fairly involved (e.g. between 25% - 75%)
- Very involved (e.g. more than 75%)
- Refused

**Q409c 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)
- Refused

**Q410 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
- Yes
- Refused

If Q410 = "No" or "Refused", go to Q411

**Q410a Think about the health or healthcare decision of greatest personal significance to you since your most recent PATH survey (<insert date of last interview>). In one sentence, briefly describe what this decision was \_\_\_\_\_**  Refused

**Q410b Overall, how involved did you feel that you were in the decision?**

- Not at all involved (i.e. 0%)
- A little (e.g. up to 25%)
- Fairly involved (e.g. between 25% - 75%)
- Very involved (e.g. more than 75%)
- Refused

**Q410c 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)
- Refused*

We now have a few extra questions to ask you that cover a mix of topics.

**Q411 Did you see a counsellor or a doctor for depression some time during the last 7 years.**

1.  Yes      2.  No      3.  *Refused*

**Q412a-e Who now helps you with household duties or personal care?**

Wife/husband	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> <i>Refused</i>
Adult child	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> <i>Refused</i>
Neighbours or friends	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> <i>Refused</i>
Private services (not government or voluntary agency)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> <i>Refused</i>
Organised community services such as the home and community care program (eg home care, meals on wheels etc)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> <i>Refused</i>

If Q412a-e = "No" or "Refused", go to Q414

**Q413 What individual or organisation (of those stated above) is most important for your support at home?**  
(Type in relationship or organisation)

\_\_\_\_\_ [30 char]       *Refused*

The next few questions ask about HEALTH SERVICES you may have used over the PAST 12 MONTHS. If you could just answer Yes or No to the following questions, that would be fine.

**Q414 In the past 12 months have you been admitted for at least one night to any hospital?**

1.  Yes      2.  No      3.  *Refused*

If Q414 = "No" or "Refused" go to Q415

**Q414a Were you admitted to hospital for a physical illness or injury?**

1.  Yes      2.  No      3.  *Refused*

**Q414b Were you admitted to hospital for nerves or for your mental health (that is for things such as stress, anxiety, depression or dependence on alcohol or drugs)?**

1.  Yes      2.  No      3.  *Refused*

**Q415 Has anything ever happened in your life, or is currently happening (eg an illness, a disability, family or job problems) that has *not* been covered in the interview but is *currently* causing you to feel very stressed or worried?**



1.  Yes      2.  No      3.  Refused

If Q415 = "No" or "Refused" go to end of survey

**Q415a Could you briefly describe this problem?**

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*Thank you for participating in the PATH study. Your time and cooperation are greatly appreciated.*

*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](mailto: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.*