

Centre for Mental Health Research
The PATH Through Life Questionnaire
20+ Wave 2 - 2003

Respondent's ID:

Q1. Could you please tell me your current age in years

- Q2. Are you currently in a relationship with someone?**
- Yes, living with the person you are married to
 - Yes, living with a partner (but not married to them)
 - Yes, in a relationship with someone but not living with them
 - No, not in a relationship with anyone

- Q3. 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

Q4. How many times have you been married or lived in a de facto relationship?
Also, only include past relationships that lasted for 6 months or more.

If 0 entered → If Q2=1 or 2 + Q4=1 → 6

Q5. How long have you been separated from your (previous) partner?

years months

JUMP TO Q7 IF not currently married or living with a partner.

Q6. How long have you been living with your current partner?

years months

Q7. I am now going to ask you some questions about your education. What is the highest level of schooling you have completed?

- Some primary
- All of primary
- Some of secondary
- Three/four years of secondary (intermediate, school certificate level)
- Five/six years of secondary (leaving, higher school certificate)

Q8. What is the highest level of post secondary/tertiary education you have completed?

- Trade certificate/apprenticeship → 9
- Technician's certificate/advanced certificate → 9
- Certificate other than above → 8A
- Associate diploma → 8A
- Undergraduate diploma → 8A

- Bachelor's degree → 9
- Post graduate diploma/certificate → 9
- Higher degree → 9
- None of the above* → 9

Q8A. How long does that certificate or associate/undergraduate diploma take to complete, studying full time?

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

Q9. Are you presently studying for any of the following?

- Trade certificate/apprenticeship →9B
- Technician's certificate/advanced certificate →9B
- Certificate other than above →9A
- Associate diploma →9A
- Undergraduate diploma →9A
- Bachelor's degree →9B
- Post graduate diploma/certificate →9B
- Higher degree →9B
- None of the above* →10

Q9A. How long does that other certificate or associate/undergraduate diploma take to complete, studying full time?

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

Q9B. Are you studying?

- Full-time
- Part-time

Q10. How would you describe your current employment status?

- Employed full-time →10A
- Employed part-time, looking for full-time work →10A
- Employed part-time →10A
- Unemployed, looking for work →10B
- Not in the labour force →10C

Q10A. What is your job title? (If more than one job, record title of main job. For public servants, record official designation, eg. ASO3, as well as occupation. For armed service personnel, state rank as well as occupation.)

Q10A1. What are your main duties or activities?

→10F

Q10B. At any time in the LAST FOUR WEEKS have you looked for a job in any of the ways listed?

- Written, phoned or applied in person for work
- Answered a newspaper advertisement for a job
- Checked factory of Commonwealth Employment Service noticeboards
- Been registered with any other employment agency
- Advertised or tendered for work
- Contacted friends or relatives for work

No →10D

Yes →10B1

Q10B1. If you had found a job, could you have started last week?

No →10D

Yes →10D

Q10C. What is your *main* activity if you are not in the work force?

- Home duties or caring for children
- Retired or voluntarily out of work force
- Studying
- Caring for an aged or disabled person
- Recovering from illness
- Voluntary work
- Other

Q10D. Have you ever been employed in the past?

Yes →10E

No →11

Q10E. What was your last MAIN job title? For public servants, record official designation, eg. ASO3, as well as occupation. for armed service personnel, state rank as well as occupation.)

Q10E1. What were your main duties or activities?

- Q10F. Are/Were you**
- Employed by a government agency
 - Employed by a profit-making business
 - Employed by another organisation
 - Self-employed/in business or practice for yourself →10I
 - Working without pay in a family business →10I

Q10G. Which of the following best describes the position you hold/held within your business or organisation?

- Managerial position
- Supervisory position
- Non-management position

Q10H. About how many people are/were employed in the entire business, corporation or organisation for which you work?

- 1-9
- 10-24
- 25+

→Q11

Q10I. Not counting yourself or any partners, about how many people are usually employed in your business, practice or farm on a regular basis?

(Enter '0' if no paid employees).

Q11. Which of the following best describes your region of birth?

- Australia - NSW or ACT
- Australia – Victoria
- Australia – QLD
- Australia – SA
- Australia - WA, Southern part
- Australia - WA, Northern part
- Australia – Tasmania
- Australia - Northern Territory
- New Zealand
- Other Oceania/Pacific Island
- Europe or Great Britain
- Asia
- North America
- South America
- Africa
- Other

Q12. Do you have any children? (This includes adopted or step children and those not living with you). We would appreciate it if you would include any of your children who were born full-term but who may have died.

- Yes →13
- No →15

Q13. How many children do you have who are now living? If 0 →14
If 1 child only

	Child Number						
	1	2	3	4	5	6	7
13a. Age of child - Years							
Months(If < 1 year)							
13b Does this child live with you:							
Full-time							
Part-time							
Not at all							
13c.Is this child your - natural child							
adopted child							
step child							
other							

Q14. How many children have you had who are not now living? If 0 → 15

Q14A. How old was this child when they died?

(If child less than 12 months enter 00)

Q14B. Was this child your natural child, step child or adopted child?

- Natural
- Step

- Adopted
- Other

Q15. Have you had any miscarriages? Yes No → 16

Q15A. How many miscarriages have you had?

Q15B. What was the year of the last miscarriage?

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

- 16. Heart trouble** Yes No
- 17. Cancer** Yes No
- 18. Arthritis** Yes No
- 19. Thyroid disorder** Yes No
- 20. Epilepsy** Yes No
- 21. Cataracts, glaucoma
or other eye disease** Yes No
- 22. Asthma, chronic bronchitis
or emphysema** Yes No
- 23. Diabetes** Yes No if 'No' → 24

If 'Yes' to Q23

What treatment do you use to control your diabetes?

- Q23A. Diet and exercise** Yes No
- Q23B. Tablets** Yes No
- Q23C. Insulin** Yes No

Q24. Have you ever suffered from high blood pressure?

- Yes
- No → 25
- Uncertain → 25

Q24A. Are you currently taking any tablets for high blood pressure?

- Yes No

Q25. Have you ever been diagnosed with a brain tumour?

- Yes No

If 'yes' **Q25A. Were you diagnosed with a brain tumour in the last 4 years?**

- Yes No

Q26. Have you ever had a brain infection such as meningitis or a brain abscess?

- Yes No

If 'yes' **Q26A. Have you had a brain infection in the last 4 years?**

- Yes No

Q27. Have you ever suffered a stroke, ministroke or TIA (Transient Ischemic Attack)? Yes No

If 'Yes': **Q27A. Have you suffered a stroke, ministroke or TIA in the last 4 years?** Yes No

Q28. The next few questions ask about head injury.

As a result of a head injury:

a) have you ever visited a hospital emergency department?

Yes No

b) have you ever been admitted to hospital?

Yes No

c) have you ever sought medical assistance from a General Practitioner?

Yes No

Q29 Have you ever had a serious head injury, that *interfered with your memory, made you lose consciousness or caused a blood clot in your brain?*

Yes → 29A

No → 30

Don't know → 30

Q29A. How many head injuries have you had?

JUMP TO Q29D IF Q29A=1

Q29B. How old were you when you had the first head injury?

Q29C How old were you when you had the last head injury?

JUMP TO Q29E

Q29D. How old were you when you had this injury?

Q29E. For the next few questions on head injury, please consider the most severe or worst head injury that caused the greatest disruption to your life.

What was the cause of this injury?

1 Traffic accident

2 Sport

3 Assault

4 Fall

5 Other

6 Don't know

JUMP TO Q30 IF Q29E=7

Q29F. Is there a period after the injury that you cannot remember at all?

Yes No Not sure

JUMP TO Q29G IF Q29F not 'yes'

Q29F1. How long was that period?

Less than 1 hour

About 1 hour

Up to 1 day

Up to 1 week

More than 1 week

No idea

Q29G Did you lose consciousness following the head injury?

Yes

No

Not sure

JUMP TO Q30 IF Q29G = not 'yes'

Q29G1 For how long did you lose consciousness?

Less than 15 minutes

About 15 minutes

Up to 1 hour

Up to 1 day

- More than 1 day
- No idea

Q30 Could you tell me how tall you are? (Please try to answer even if it is an approximate value).

cms OR feet. inches

Q31 How much do you weigh without your clothes and shoes? (Please try to answer even if it is an approximate value).

kgs OR stones pounds

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

Q32. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

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

Q33. Does your health now limit you in *moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- Yes - limited a lot Yes - limited a little No - not limited at all

Q34. Does your health now limit you in climbing *several flights of stairs*?

- Yes - limited a lot Yes - limited a little No - not limited at all

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

Q35. Have you *accomplished less than you would like* as a result of *your physical health*? Yes No

Q36. Were you limited in the *kind of work or other activities* as a result of *your physical health*? Yes No

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

Q37. Have you *accomplished less than you would like* as a result of *any emotional problems*? Yes No

Q38. Did you not do work or other activities as *carefully*

as usual as a result of any *emotional problems*? Yes No

Q39. During the *past 4 weeks*, how much did *pain* interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

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

Q40. How much of the time during the past 4 weeks *have you felt calm and peaceful*?

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

Q41. How much of the time during the past 4 weeks *did you have a lot of energy*?

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

Q42. How much of the time during the past 4 weeks *have you felt down*?

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

Q43. How much of the time during the past 4 weeks has your *physical health or emotional problems interfered with your social activities* (like visiting with friends, relatives, etc)?

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

Q44. In the last month, have you taken any vitamins or mineral supplements?

- Yes
- No →45

Q44A. What kind of vitamin or mineral was this?

- | | |
|--|---|
| <input type="checkbox"/> Vitamin C | <input type="checkbox"/> B group vitamins |
| <input type="checkbox"/> Vitamin E | <input type="checkbox"/> Echinacea |
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Evening primrose or starflower oil |
| <input type="checkbox"/> Multivitamins | <input type="checkbox"/> Other <input type="text"/> |

Q44B. How often do you usually take vitamins or minerals?

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week → 45

Q44C. For how long have you taken vitamins or minerals regularly?

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

Q45. In the last month have you taken or used any pills or medications (including herbal remedies) to help you sleep?

- Yes
- No → 46

Q45A. What are the names of the sleeping pills or medications you took in the last month?

- | | | |
|--|---|---|
| <input type="checkbox"/> Alodorm | <input type="checkbox"/> Dozile | <input type="checkbox"/> Ducene |
| <input type="checkbox"/> Euhypnos | <input type="checkbox"/> Mogadon | <input type="checkbox"/> Nocturne |
| <input type="checkbox"/> Normison | <input type="checkbox"/> Relaxa-Tabs | <input type="checkbox"/> Restavit Tablets |
| <input type="checkbox"/> Serapax | <input type="checkbox"/> Temaze | <input type="checkbox"/> Temtabs |
| <input type="checkbox"/> Unisom Sleepytabs | <input type="checkbox"/> Valium | <input type="checkbox"/> Xanaz |
| <input type="checkbox"/> Valerian | <input type="checkbox"/> Camomile or "sleepytime" tea | <input type="checkbox"/> Magnesium and/or calcium supplements |
| <input type="checkbox"/> Nervatona | <input type="checkbox"/> Other <input type="text"/> | |

Q45B. How often do you usually take sleeping pills or medications?

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week → 46

Q45C. For how long have you taken sleeping pills or medications this regularly?

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

Q46. In the last month have you taken or used any pain relievers such as aspirin, codeine, panadol or herbal remedies?

- Yes

No →47

Q46A. What are the names of the pain relievers you took in the last month?

- | | |
|---|---|
| <input type="checkbox"/> Aspirin/Aspro | <input type="checkbox"/> Codral |
| <input type="checkbox"/> Disprin | <input type="checkbox"/> Dymadon |
| <input type="checkbox"/> Panadeine | <input type="checkbox"/> Panadol/paracetamol |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Diclofenac |
| <input type="checkbox"/> Brufen or Nurofen | <input type="checkbox"/> Orudis or Oruvail |
| <input type="checkbox"/> Naprosyn or Naprogesic | <input type="checkbox"/> Other <input type="text"/> |

Q46B. How often do you usually take pain relievers?

- Every day (6-7 days per week)
 Most days (4-5 days per week)
 1-3 days per week
 Less than once a week →47

Q46C. For how long have you taken pain relievers this regularly?

- Less than one month
 1 month to less than 3 months
 3 months to less than 6 months
 6 months or more

Q47. In the last month have you taken or used any medications (including herbal remedies) for anxiety?

- Yes
 No →48

Q47A. What are the names of the medications you took in the last month?

- | | | |
|---|--|--|
| <input type="checkbox"/> Alepam | <input type="checkbox"/> Alprax | <input type="checkbox"/> Alprazolam(any brand) |
| <input type="checkbox"/> Antenex | <input type="checkbox"/> Aropax | <input type="checkbox"/> Ducene |
| <input type="checkbox"/> Euhypnos | <input type="checkbox"/> Kalma | <input type="checkbox"/> Mogadon |
| <input type="checkbox"/> Muralax | <input type="checkbox"/> Normison | <input type="checkbox"/> Oxetine |
| <input type="checkbox"/> Serapax | <input type="checkbox"/> Temaze | <input type="checkbox"/> Valium |
| <input type="checkbox"/> Valpram | <input type="checkbox"/> Xanax | <input type="checkbox"/> Vitamin B complex |
| <input type="checkbox"/> Magnesium supplements | <input type="checkbox"/> Hypericum or St John's Wort | <input type="checkbox"/> Nervatona |
| <input type="checkbox"/> Other <input type="text"/> | | |

Q47B. How often do you usually take medications for anxiety?

- Every day (6-7 days per week)
 Most days (4-5 days per week)
 1-3 days per week
 Less than once a week →48

Q47C. For how long have you taken medications for anxiety this regularly?

- Less than one month
 1 month to less than 3 months
 3 months to less than 6 months
 6 months or more

Q48. In the last month have you taken or used any medications (including herbal remedies) for depression?

- Yes
- No →49

Q48A. What are the names of the medications you took for depression in the last month?

- | | | |
|---|---|---|
| <input type="checkbox"/> Arima | <input type="checkbox"/> Aropax | <input type="checkbox"/> Aurorix |
| <input type="checkbox"/> Celapram | <input type="checkbox"/> Cipramil | <input type="checkbox"/> Clomipramine (any brand) |
| <input type="checkbox"/> Clobemix | <input type="checkbox"/> Dothep | <input type="checkbox"/> Efexor |
| <input type="checkbox"/> Endep | <input type="checkbox"/> Fluohexal | <input type="checkbox"/> Fluoxetine (any brand) |
| <input type="checkbox"/> Lovan | <input type="checkbox"/> Maosig | <input type="checkbox"/> Moclobemide (any brand) |
| <input type="checkbox"/> Mohexal | <input type="checkbox"/> Oxetine | <input type="checkbox"/> Paroxetine (any brand) |
| <input type="checkbox"/> Paxtine | <input type="checkbox"/> Prothiaden | <input type="checkbox"/> Prozac |
| <input type="checkbox"/> Sinequan | <input type="checkbox"/> Serzone | <input type="checkbox"/> Talohexal |
| <input type="checkbox"/> Tryptanol | <input type="checkbox"/> Zactin | <input type="checkbox"/> Zoloft |
| <input type="checkbox"/> St John's Wort or
Hypericum | <input type="checkbox"/> S-Adenosylmethionine(SAMe) | |
| <input type="checkbox"/> Other <input type="text"/> | | |

Q48B. How often do you usually take medications for depression?

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week →49

Q48C. For how long have you taken medications for depression this regularly?

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

Q49. In the last month have you taken or used any medications (including herbal remedies) to enhance your memory?

- Yes
- No → 50

Q49A. What are the names of the medications you took in the last month?

- Glutamine
- Gingko biloba
- Vitamin E
- Guarana
- Bacopa
- Other

Q49B. How often do you usually take medications to enhance your memory?

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week →50

Q49C. For how long have you taken such medications this regularly?

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

Q50. In the last month have you taken or used any other type of medication?
(Excluding contraceptive pills and hormone replacement therapy).

- Yes
- No →51

Q50A. What types of medication did you take or use? (Excluding contraceptive pills and hormone replacement therapy).

Q51. How old were you when your periods or menstrual cycle started?
(If you have never had a menstrual cycle enter 00). years

Q52. Are you taking any contraceptive pills? Yes
 No → 52D

Q52A. At what age did you first start? years

Q52B. For how many years altogether have you taken contraceptive pills?
(Enter 88 if you don't know, 99 if you don't wish to answer). years

Q52C. Which pill are you currently taking?

- | | | |
|---|---|---|
| <input type="checkbox"/> Brenda-35 | <input type="checkbox"/> Brevinor | <input type="checkbox"/> Diane-35 |
| <input type="checkbox"/> Femoded ED | <input type="checkbox"/> Improvil | <input type="checkbox"/> Levlen ED |
| <input type="checkbox"/> Locilan 28 Day | <input type="checkbox"/> Loette | <input type="checkbox"/> Logynon ED |
| <input type="checkbox"/> Marvelon | <input type="checkbox"/> Miconor | <input type="checkbox"/> Microlevlen ED |
| <input type="checkbox"/> Microlut | <input type="checkbox"/> Microval | <input type="checkbox"/> Minulet 28 |
| <input type="checkbox"/> Monofeme | <input type="checkbox"/> Mycrogynon 30 | <input type="checkbox"/> Nordette |
| <input type="checkbox"/> Noriday | <input type="checkbox"/> Norimin | <input type="checkbox"/> Sequilar ED |
| <input type="checkbox"/> Synphasic | <input type="checkbox"/> Trifeme | <input type="checkbox"/> Triphasil |
| <input type="checkbox"/> Triquilar | <input type="checkbox"/> Other <input type="text"/> | |

→53

Q52D. Did you ever take contraceptive pills? Yes
 No →53

Q52E. At what age did you first start? years

Q52F. For how many years altogether did you take contraceptive pills?
 years

Q52G. Which pills did you take?

- | | | |
|---|--|---|
| <input type="checkbox"/> Brenda-35 | <input type="checkbox"/> Brevinor | <input type="checkbox"/> Diane-35 |
| <input type="checkbox"/> Femoded ED | <input type="checkbox"/> Improvil | <input type="checkbox"/> Levlen ED |
| <input type="checkbox"/> Locilan 28 Day | <input type="checkbox"/> Loette | <input type="checkbox"/> Logynon ED |
| <input type="checkbox"/> Marvelon | <input type="checkbox"/> Miconor | <input type="checkbox"/> Microlevlen ED |
| <input type="checkbox"/> Microlut | <input type="checkbox"/> Microval | <input type="checkbox"/> Minulet 28 |
| <input type="checkbox"/> Monofeme | <input type="checkbox"/> Mycrogynon 30 | <input type="checkbox"/> Nordette |
| <input type="checkbox"/> Noriday | <input type="checkbox"/> Norimin | <input type="checkbox"/> Sequilar ED |
| <input type="checkbox"/> Synphasic | <input type="checkbox"/> Trifeme | <input type="checkbox"/> Triphasil |
| <input type="checkbox"/> Sandrena | <input type="checkbox"/> Triquilar | <input type="checkbox"/> Other <input type="text"/> |

Q53. Have you ceased having your periods entirely? Yes
No →54

Q53A. At what age did your periods cease? years

Q53B. What was the cause of menopause? Natural menopause
Hysterectomy
Other

Q54. Have you ever had hormone replacement therapy (HRT)? Yes
No →55

Q54A. How long have you had hormone replacement therapy?
(If less than 1 year, enter 1). years

Q54B. Are you still having hormone replacement therapy? Yes
No

Q54C. Which hormone replacement medications are you taking/have you taken?

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Climara | <input type="checkbox"/> Climen | <input type="checkbox"/> Dermestril |
| <input type="checkbox"/> Estalis | <input type="checkbox"/> Estracombi | <input type="checkbox"/> Estraderm |
| <input type="checkbox"/> Estroferm | <input type="checkbox"/> Femoston | <input type="checkbox"/> Femtran |
| <input type="checkbox"/> Kliogest | <input type="checkbox"/> Kliovance | <input type="checkbox"/> Menoprem |
| <input type="checkbox"/> Menorest | <input type="checkbox"/> Ovestin | <input type="checkbox"/> Provelle-14 |
| <input type="checkbox"/> Trisequens | <input type="checkbox"/> Other <input type="text"/> | |

Q55. We would now like to ask you some questions about smoking (tobacco). Do you currently smoke? Yes
No →55C

Q55A. Do you smoke cigarettes:
At least once a day? →55B
Less than once a day? →55B1
Don't smoke cigarettes →56

Q55B. How many cigarettes do you usually smoke in one day? →56

Q55B1. How many cigarettes do you usually smoke over a one month period?

→56

Q55C. Have you smoked at all over the last month? Yes
 No →55D

Q55C1. Approximately how many cigarettes have you smoked in the last month?

Q55D. Have you ever smoked regularly? Yes No

Q56. These next questions are concerned with your alcohol consumption. How often do you have a drink containing alcohol?

- Not in the last year
- Monthly or less → 57
- 2 to 4 times a month → 57
- 2 to 3 times a week → 57
- 4 or more times a week → 57

Q56A. Have you ever drunk alcohol? Yes →64
 No →68A1

Q57. How many standard drinks do you have on a typical day when you are drinking?

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

Q58. How often do you have 6 or more standard drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Q59. How often during the last year have you found that you were not able to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Q60. How often during the last year have you failed to do what was normally expected from you because of your drinking?

- Never
- Less than monthly

- Monthly
- Weekly
- Daily or almost daily

Q61. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Q62. How often during the last year have you had a feeling of guilt or regret after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Q63. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Q64. Have you or someone else been injured as a result of your drinking?

- No
- Yes, but not in the last year
- Yes, during the last year

Q65. Has a relative, friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the last year
- Yes, during the last year

Think back to when your regular drinking was at its highest level. The next two questions are about the time you were *drinking at your highest level over a period of three months or longer?*

Q66. How often did you have a drink containing alcohol?

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

Q67. How many standard drinks did you have on a typical day when you were drinking?

- 1 or 2
- 3 or 4
- 5 or 6

- 7 to 9
- 10 or more

If you drink alcohol 2 or more times a week → 69

If you have always been an occasional drinker (monthly or less) → 68B1

If you don't currently drink but used to drink 2 or more times a week → 68C

If you currently drink monthly or less but drank more than this in the past → 68D

Q68A1. Please indicate your reasons for not drinking? *(You can have more than one answer).*

- I do not like the taste/smell
- Alcohol damages people's health
- I do not like the effect alcohol has on me
- I have seen bad influence of alcohol on other people
- One of my parents has/had a drink problem
- My friends do not drink
- I drive & alcohol is dangerous for driving
- I look after my weight and alcohol has a high calorie value
- I am an active person & alcohol harms physical fitness
- I am afraid of becoming dependent on alcohol
- My family disapproves of drinking
- Alcoholic drinks cost a lot of money
- Alcohol could affect my work/studies
- My religion disapproves of alcohol use
- Other

Q68B1. Please indicate if any of the following have influenced your drinking? *(You can have more than one answer).*

- I do not like the taste/smell
- Alcohol damages people's health
- I do not like the effect alcohol has on me
- I have seen bad influence of alcohol on other people
- One of my parents has/had a drink problem
- My friends do not drink
- I drive & alcohol is dangerous for driving
- I look after my weight and alcohol has a high calorie value
- I am an active person & alcohol harms physical fitness
- I'm afraid of becoming dependent on alcohol
- My family disapproves of drinking
- Alcoholic drinks cost a lot of money
- Alcohol could affect my work/studies
- My religion disapproves of alcohol use
- Other

Q68C1. Why did you give up drinking alcohol? *(You can have more than one answer).*

- I had problems with drink-driving

- I was spending too much money on alcohol
- Alcohol was damaging my health
- I was too dependent on alcohol
- My family/friends disapproved of my drinking
- Drinking was damaging my relationships with other people
- I was overweight and needed to cut out drinking
- Drinking was interfering too much with my work/studies
- I gave up for religious reasons
- I saw the bad influence of alcohol on other people
- One of my parents had a drink problem
- I did not like the taste/smell
- Alcohol damages people's health
- I did not like the effect alcohol had on me
- (women only) I gave up drinking when I became pregnant
- Other

Q68D1. Why did you cut down on your drinking? (*You can have more than one answer*).

- I had problems with drink-driving
- I was spending too much money on alcohol
- Alcohol was damaging my health
- I was too dependent on alcohol
- My family/friends disapproved of my drinking
- Drinking was damaging my relationships with other people
- I was overweight and needed to cut out drinking
- Drinking was interfering too much with my work/studies
- I cut down for religious reasons
- I saw the bad influence of alcohol on other people
- One of my parents had a drink problem
- I did not like the taste/smell
- Alcohol damages people's health
- I did not like the effect alcohol had on me
- (women only) I cut down my drinking when I became pregnant
- Other

Q69. Have you ever tried marijuana/hash? Yes
 No →70

Q69A. How old were you the first time you actually used marijuana/hash?
 Under 16 16-17 18-19 20-24 25 or more

Q69B. Have you used marijuana/hash in the past 12 months? Yes
 No →70

Q69C. How often do you use marijuana/hash?
 Once a week or more
 Once a month
 Every 1-4 months
 Once or twice a year
 No longer use

Q69D. In the last year have you ever used marijuana/hash more than you meant to? Yes No

Q69E. Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year? Yes No

Q70. Have you ever tried any of the following?

1. Ecstasy (*pills, E, eccy, XTC, MDMA*) **→70A**

2. Amphetamines for non-medical purposes (*speed, go-ee, whiz, rev, crystal, meth, crystal meth, ice, shabu, glass, batu, uppers, ox-blood, liquid speed*) **→70B**

3. *None of the above* **→71**

Q70A. Have you used ecstasy in the past 12 months? Yes
 No **→70B**

Q70A1. How often do you currently use Ecstasy?

- Every day
- Once a week
- About once a month
- Every few months
- Once or twice a year
- Less often
- Don't currently use

JUMP TO Q71 If haven't used amphetamines.

Q70B. Have you used amphetamines for non-medical purposes in the past 12 months? Yes No **→71**

Q70B1. How often do you currently use amphetamines?

- Every day
- Once a week
- About once a month
- Every few months
- Once or twice a year
- Less often
- Don't currently use

Q71. We would now like to ask you about your gambling activities. These includes:

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

10. Playing games like cards or mahjong for money
Would you play any of these, alone or in combination, more than once a month?
 Yes No →72

Q71A. Over the last year, thinking about any of the sorts of gambling listed, on approximately how many days *each month* would you gamble?
 days per month

Q71B. Of the following gambling activities, which one have you *played the most* in the last 12 months?

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

Q71C. Thinking specifically about the form of gambling that you did *most*, in the last 12 months, on approximately how many days each month would you gamble?

days per month

JUMP to Q72 if play lotto or scratchies the most.

Q71D At each gambling session, for how long do you usually play?

hours minutes

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

Q72. Did you ever have direct combat experience in a war? Yes No
If 'yes' Q72A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

Q72B. Did this occur some time during the last 4 years? Yes No

Q73. Were you ever involved in a life threatening accident? Yes No
If 'yes' Q73A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

Q73B. Did this occur some time during the last 4 years? Yes No

Q74. Were you ever involved in a fire, flood or other natural disaster?
 Yes No

If 'yes' Q74A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

Q74B. Did this occur some time during the last 4 years? Yes No

Q75. Did you ever witness someone badly injured or killed? Yes No

If 'yes' Q75A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

Q75B. Did this occur some time during the last 4 years? Yes No

Q76. Were you ever raped? (that is, someone had sexual intercourse with you when you did not want to, by threatening you, or using some degree of force?)

Yes No

If 'yes' Q76A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

Q76B. Did this occur some time during the last 4 years? Yes No

Q77. Were you ever sexually molested (that is, someone touched or felt your genitals when you did not want them to)?

Yes No

If 'yes' Q77A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

Q77B. Did this occur some time during the last 4 years? Yes No

Q78. Were you ever seriously physically attacked or assaulted? Yes No

If 'yes' Q78A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

Q78B. Did this occur some time during the last 4 years? Yes No

Q79. Have you ever been threatened with a weapon, held captive, or kidnapped?

Yes No

If 'yes' Q79A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

Q79B. Did this occur some time during the last 4 years? Yes No

Q80. Have you ever been tortured or the victim of terrorists? Yes No

If 'yes' Q80A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

Q80B. Did this occur some time during the last 4 years? Yes No

Q81. Have you ever experienced any other extremely stressful or upsetting event?

Yes No

If 'yes' Q81A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

Q81B. Did this occur some time during the last 4 years? Yes No

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?

Q82. You yourself suffered a serious illness, injury or an assault. Yes No

Q83. A serious illness, injury or assault happened to a close relative. Yes No

Q84. Your parent, child or partner died. Yes No

Q85. A close family friend or another relative (aunt, cousin, grandparent) died. Yes No

Q86. You broke off a steady relationship Yes No

Q87. You had a serious problem with a close friend, neighbour or relative. Yes No

Q88. You had a crisis or serious disappointment in your work or career. Yes No

Q89. You thought you would soon lose your job. Yes No

If not married or living with a partner go to Q93

Q90. Your partner thought he/she would soon lose their job. Yes No

Q91. Your partner had a crisis or serious disappointment in his/her work or career. Yes No

Q92. You had a separation due to marital difficulties. Yes No

Q93. You became unemployed or you were seeking work unsuccessfully for more than one month. Yes No

Q94. You were sacked from your job. Yes No

Q95. You had a major financial crisis. Yes No

Q96. You had problems with the police and a court appearance. Yes No

Q97. Something you valued was lost or stolen. Yes No

Q98. 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?

Yes No

If 'yes', Q98A. Could you briefly describe this problem?

[type here]

Q99. Have you or your family had to go without things you really needed in the *last year* because you were short of money?

Yes, often Yes, sometimes No

Q100A-D. Over the last year did any of the following happen to you because of a shortage of money?

- Pawned or sold something Yes No
Went without meals Yes No
Was unable to heat home Yes No
Asked for help from welfare/community organizations Yes No

Q101. What is your main source of income?

- Wage or salary
 Government pension, allowance or benefit, Austudy
 Child support
 Superannuation/annuity
 Own business or share in a partnership
 Investments
 Other income
 No income

Q102. Do you currently live:

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

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

Q103. How often do friends make you feel cared for?

- Often Sometimes Rarely Never

Q104. How often do they express interest in how you are doing?

- Often Sometimes Rarely Never

Q105. How often do friends make too many demands on you?

- Often Sometimes Rarely Never

Q106. How often do they criticise you?

- Often Sometimes Rarely Never

Q107. How often do friends create tensions or arguments with you?

- Often Sometimes Rarely Never

Q108. How often do family make you feel cared for?

- Often Sometimes Rarely Never

Q109. How often do family express interest in how you are doing?

- Often Sometimes Rarely Never

Q110. How often do they make too many demands on you?

- Often Sometimes Rarely Never

Q111. How often do family criticise you?

- Often Sometimes Rarely Never

Q112. How often do they create tensions or arguments with you?

Often Sometimes Rarely Never

If not married or living with a partner go to Q123.

Q113. How much does your partner understand the way you feel about things?

A lot Some A little Not at all

Q114. How much can you depend on your partner to be there when you really need them?

A lot Some A little Not at all

Q115. How much does your partner show concern for your feelings and problems?

A lot Some A little Not at all

Q116. How much can you trust your partner to keep promises to you?

A lot Some A little Not at all

Q117. How much can you open up to your partner about things that are really important to you?

A lot Some A little Not at all

Q118. How much tension is there between you and your partner?

A lot Some A little Not at all

Q119. How often do you have an unpleasant disagreement with your partner?

Often Sometimes Rarely Never

Q120. How often do things become tense when the two of you disagree?

Often Sometimes Rarely Never

Q121. How often does your partner say cruel or angry things during a disagreement?

Often Sometimes Rarely Never

Q122. How often do the two of you both refuse to compromise during disagreements?

Often Sometimes Rarely Never

Q123. Do you have a dog, cat or other pet that you can touch or talk to?

Yes

No

→124

Q123A. What kind of pet or pets do you have?

cat

dog

bird

fish

other pet

123B. Are you the main carer for your pet? Yes No

If you are not currently employed, go to Q150

The next few questions ask about your work situation.

Q124. Do you have a choice in deciding how you do your job?

Often Sometimes Rarely Never

Q125. Do you have a choice in deciding what you do at work?

Often Sometimes Rarely Never

- Q126. Others take decisions concerning my work.**
 Often Sometimes Rarely Never
- Q127. I have a good deal of say in decisions about work.**
 Often Sometimes Rarely Never
- Q128. I have a say in my own work speed.**
 Often Sometimes Rarely Never
- Q129. My working time can be flexible.**
 Often Sometimes Rarely Never
- Q130. I can decide when to take a break.**
 Often Sometimes Rarely Never
- Q131. I have a say in choosing with whom I work.**
 Often Sometimes Rarely Never
- Q132. I have a great deal of say in planning my work environment.**
 Often Sometimes Rarely Never
- Q133. Do you have to do the same thing over and over again?**
 Often Sometimes Rarely Never
- Q134. Does your job provide you with a variety of interesting things?**
 Often Sometimes Rarely Never
- Q135. Is your job boring?**
 Often Sometimes Rarely Never
- Q136. Do you have the possibility of learning new things through your work?**
 Often Sometimes Rarely Never
- Q137. Does your work demand a high level of skill or expertise?**
 Often Sometimes Rarely Never
- Q138. Does your job require you to take initiative?**
 Often Sometimes Rarely Never
- Q139. Do you have to work very fast?**
 Often Sometimes Rarely Never
- Q140. Do you have to work very intensively?**
 Often Sometimes Rarely Never
- Q141. Do you have enough time to do everything?**
 Often Sometimes Rarely Never
- Q142. Do different groups at work demand things from you that you think are hard to combine?**
 Often Sometimes Rarely Never
- Q143. In your main job are you:**

Permanently employed

Fixed term contract

→143a-b

Casually employed

Q143a-b. How long is that contract? Years Months

Q144. How steady is your work in your main job?

Regular and steady

Seasonal

Frequent layoffs

Both seasonal and layoffs

Other

Q145. How secure do you feel about your job or career future in your current workplace?

- Not at all secure
- Moderately secure
- Secure
- Extremely secure

Q146. If you lost your present job, how difficult do you think it would be to get another job (with the same pay and same hours)?

- Not at all difficult
- Moderately difficult
- Difficult
- Extremely difficult

Q147. During the last year, how often were you in a situation where you faced job loss or layoff?

- Never
- Faced the possibility once
- Faced the possibility more than once
- Constantly
- Actually laid off

Q148. How likely is it that you will lose your present job during the next couple of years?

- Not very likely
- Somewhat likely
- Very likely

Q149. How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)?

JUMP TO Q151 IF NOT STUDYING OR WORKING

Q150. In the last 4 weeks have you stayed away from your work (or school or place of study) for more than half a day because of any illness or injury that you had?

- Yes
- No →151

JUMP to Q151 IF Q150 NOT 1

150A-B. How many days in the last 4 weeks have you stayed away from your work (or school, or place of study)?

days (Paid sick leave) days (unpaid sick leave)

If gender = male and not married or living with a partner go to q152

Q151. Do you mind me asking if you/your partner are/is pregnant at the moment?

- Yes, I am/my partner is pregnant
- No, I am not/my partner is not pregnant (go to Q152)

Q151A. When is the baby due?

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

If no children under 4 go to Q153

Q152. Have you been working full or part-time during the periods in between/since having your children?

- Yes, full-time
- Yes, part-time
- No (go to Q153)

Q152A. Who looks after your children when you are at work?

- Partner
- Relative or friend
- Childcare centre
- Family Day Care
- Other

Q153. How old were you when you first lived away from your parents or parent figure? (Enter 00 if not applicable). years old

Q154. How old were you the first time you had sexual intercourse?

(Enter 00 if not applicable). years old

Jump to q156 if never married or lived with partner.

Q155. How old were you when you first lived with a partner? years old

If no children go to q157

Q156. How old were you when your first child was born? years old

Q157. Would you currently consider yourself to be predominantly:

- Heterosexual (sexual preference for opposite sex)
- Homosexual
- Bisexual
- Don't know

Q158. 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%)

If no children under 18 years go to Q160

Q159. To what extent are you responsible for childcare in your household? (Children's care include activities such as making meals, organising activities, supervising homework, discipline).

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

Q160. 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%)

Q161. 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%)

Testing by Interviewer (Q162 to Q184)

We are now going to do some measures of physical health and memory.

The main reason for doing these tasks is to get an idea of how our three age groups compare. I have a card here on which I will write the results of some of the testing. When we get everyone's results we will send you the average results for this age group so that you can see how you went. These measures will take about 30 minutes to do.

First, I am going to take your blood pressure twice in the next five minutes or so. I'll just position your arm. (Take blood pressure reading preferably in the sitting position, and preferably using the left arm). I'll now just put the cuff around your arm. (The arm should be unrestricted by clothing, so roll up the sleeve.) Ensure that 'Inflation pre-set' is on 170). The cuff will now automatically inflate when I press this button. Just remain calm and still.

Q162a-e.

SYSTOLIC READING	-- --
DIASTOLIC READING	-- --
PULSE	-- --

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

The respondent was? Seated Lying down refused/no asked
 Which arm was used? Left Right refused/not asked

Once the cuff has automatically deflated say **that's great. I am going to leave the cuff on now to make it easier to take your blood pressure again in a minute.** (Loosen cuff but do not remove). If R complains of pain, remove cuff and do not retest.

Q163. We are now going to test your vision. First of all, I'll find the best place for you to view the chart. Find a good position for the eye chart to obtain the best light. Keep the chart covered until you are ready to do the test. Do not have the light coming from behind the chart. The eye chart needs to be about 3 metres away from you so I will use this ribbon to measure the distance to you. Move either the chart or the Respondent to get the correct distance. The chart should be at about eye level. If you normally wear glasses for distance vision please put them on. Uncover the chart. (change screen).

Mark any letter that is *incorrect*.

- | | | | | | | | | |
|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| <input type="checkbox"/> all OK | <input type="checkbox"/> P | | | | | | | |
| <input type="checkbox"/> all OK | <input type="checkbox"/> T | <input type="checkbox"/> U | | | | | | |
| <input type="checkbox"/> all OK | <input type="checkbox"/> A | <input type="checkbox"/> N | <input type="checkbox"/> X | | | | | |
| <input type="checkbox"/> all OK | <input type="checkbox"/> F | <input type="checkbox"/> D | <input type="checkbox"/> H | <input type="checkbox"/> T | | | | |
| <input type="checkbox"/> all OK | <input type="checkbox"/> N | <input type="checkbox"/> U | <input type="checkbox"/> P | <input type="checkbox"/> T | <input type="checkbox"/> F | | | |
| <input type="checkbox"/> all OK | <input type="checkbox"/> Z | <input type="checkbox"/> A | <input type="checkbox"/> X | <input type="checkbox"/> N | <input type="checkbox"/> F | <input type="checkbox"/> D | | |
| <input type="checkbox"/> all OK | <input type="checkbox"/> H | <input type="checkbox"/> N | <input type="checkbox"/> T | <input type="checkbox"/> P | <input type="checkbox"/> U | <input type="checkbox"/> Z | <input type="checkbox"/> A | |
-

Q164a-e. Now I am going to take your blood pressure again. Retighten cuff. I will now inflate the cuff again. Press button.

SYSTOLIC READING
DIASTOLIC READING
PULSE

The respondent was? Seated Lying down refused/not asked
Which arm was used? Left Right refused/not asked

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

Your average systolic blood pressure was ? and your average diastolic pressure was ?.

A blood pressure reading of greater than 140 over 90 is considered to be above the desirable level for an adult. Your blood pressure falls ???.

Record results on card.

Q165. We are now going to try a very different task. Let's suppose you were going shopping tomorrow. I'm going to read a list of items for you to buy. Listen carefully, and when I've finished I want you to say back as many of the items as you can. It doesn't matter what order you say them in - just tell me as many as you can. **Are you ready?** Before proceeding, make sure that Respondent understands the task. Then read stimulus words at a rate of *approximately one word per second*, reading down the list.

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

Immediate recall score=_____

Q166. I would now like to test your hand strength. *Stand and demonstrate as you say the following.* **First of all, using the hand you write with, put your fingers through this opening here and your thumb around the black plastic moulding here.**

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

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

Q167. Now let's try that again using the same hand.

Record second measurement.

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

Q168. I read some shopping items to your earlier. I'd like you to tell me all the items you can from the shopping list, starting now.

a drill g sweater l jacket

Delayed recall score=_____

Q169. I am now going to ask you to do a task that can't be done on the computer. First I will give you this sheet. Give Respondent Showcard C and use the printed instructions to explain the task.

Number correct

Refused/Not asked=999

Couldn't comprehend/other=888

Q170a-b. We would now like to measure your lung capacity. (Insert the cardboard tube and push the switch to the FEV position). I'm going to take 3 measures so that we can average them for a more accurate reading. I'll ask you to stand to do this. Breathe in until your lungs are completely full. Now, seal your lips around the mouthpiece and blow out as hard and fast as possible until you cannot push anymore out. Record the first measure displayed under FEV. Now, push the switch upwards to the FVC position and record reading under FVC.

FEV
asked=999)

FVC (No reading=777, Refused=888, Not

Q171a-b. Turn spirometer to 'OFF' position before turning it to FEV position for second reading. Would you mind doing that again please? If the Respondent complains of breathlessness or dizziness, wait for them to get their breath back before going on.

FEV

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

Q172a-b. Turn spirometer to 'OFF' position before turning it to FEV position for third reading. And just once more? Again, if Respondent complains of breathlessness or dizziness, pause for them to get their breath back. If you have already had to before the second reading, do not continue with the third reading.

FEV
asked=999)

FVC (No reading=777, Refused=888, Not

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

Q173-177. Now I am going to say some numbers. When I stop I want you to say them backwards. For example, if I say 7-1-9, what would you say? Pause for respondent to respond. If respondent responds correctly (9-1-7) say, **That's right and proceed to item 1. If respondent fails the example, say, **No, you would say 9-1-7. I said 7-1-9, so to say it backwards you would say 9-1-7. Now try these numbers. Remember, you are to say them backwards. 3-4-8.** Whether respondent succeeds or fails with the second example (3-4-8) proceed to item 1. Give no help on this second example or on any of the items to follow.**

Digit backwards score = _____

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

Q178. Right Left Ambidextrous Don't know

Pick up one pin at a time with your (right/left) hand from the (right/left) cup. Starting with the top hole, place each pin in the (right/left)-hand row. Demonstrate by placing one pin in top hole. Now you may insert a few pins for practice. If during the testing time you drop a pin, do not stop to pick it up. Simply continue by picking another pin out of the cup. Correct any errors and answer any questions. When respondent has inserted 3 or 4 and appears to understand the task, say Stop. Now take out the practice pins and place them back in the (right/left) cup.

Q179. When I say 'Begin', place as many pins as you can in the (right/left) - hand row starting with the top hole. Work as rapidly as you can until I say 'Stop'. Use stopwatch to time for 30 seconds then say 'Stop'. Record number of pegs inserted.

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

Q180. Now, I would like you to do this again using the other hand. Repeat test.

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

Q181. For this part of the test I would like you to use both hands at the same time. Pick up a pin from the right-hand cup with your right hand and at the same time pick up a pin from the left-hand cup with your left hand, and place the pins down the rows. Begin with the top hole of both rows. Demonstrate. Then replace the pins used for demonstration. Now you may insert a few pins with both hands to practice. After 3 or 4 pairs of pins have been correctly inserted, say: Stop. Take out the practice pins and put them back in the proper cups. Then say: When I say 'Begin', place as many pins as you can with both hands, starting with the top hole of both rows. Work as rapidly as you can until I say 'Stop'. Are you ready? Begin. Time for 30 seconds then say, 'Stop'. Record total number of pairs inserted.

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

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

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

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

Q182.

Number of circles joined (Max 25)

Total time (secs)

Errors (max 5)

Completed Discontinued Not tested

On this page [point] are some numbers letters. Begin at number 1 [point to 1] and draw a line from 1 to A [point to A], A to 2 [point to 2], 2 to B [point to B], B to 3 [point to 3], 3 to C [point to C], and so on, in order, until you reach the end [point to circle marked "end"]. Remember, first you have a number [point to 1], then a letter [point to A], then a number [point to 2], then a letter [point to B]. Draw the lines as fast as you can. Ready? Begin. If the subject completes the sample item correctly and shows that they know what to do, say, "**Good! Let's try the next one.**" And give the test proper. If the Respondent makes a mistake, point out the error and explain it. If necessary guide the Respondent's hand through the trail, with pencil upside down. Then say: "**Now you try it.**" Always, when turning to the test proper, say **On this page are more numbers and letters. Do this the same way: begin at number 1 [point to 1] and draw a line from 1 to A [point to A] A to 2 [point to 2] ,2 to B [point to B], B to 3 [point to 3], 3 to C [point to C], and so on, in order. Remember, work as fast as you can. Ready? Begin!**

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

Q183.

Number of circles joined (Max 25)

Total time (secs)

Errors (max 5)

Completed Discontinued Not tested

Now, I am going to show you some faces. You will have 45 seconds to look at them. I want you to study the faces carefully so that you will be able to recognise them when I show them to you a second time along with faces you haven't seen before. Here are the faces. Please study them carefully and try to remember them. Show respondent Showcard D for 45 seconds.

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

Q184. Call out the numbers of the faces that you have already seen. *If the respondent calls out fewer than 12 faces, encourage them to continue 'guessing' until a total of 12 choices is made. If respondent calls out more than 12 faces, ask them to eliminate the choices about which they are least confident until the total is reduced to 12.*

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

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

Practice

Q185P.

END OF TESTING

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

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

Q245. Little interest or pleasure in doing things?

Not at all Several days More than half the days Nearly every day

Q246. Feeling down, depressed or hopeless?

Not at all Several days More than half the days Nearly every day

Q247. Trouble falling or staying asleep, or sleeping too much?

Not at all Several days More than half the days Nearly every day

Q248. Feeling tired or having little energy?

Not at all Several days More than half the days Nearly every day

Q249. Poor appetite or overeating?

Not at all Several days More than half the days Nearly every day

Q250. Feeling bad about yourself- that you are a failure or have let yourself or your family down?

Not at all Several days More than half the days Nearly every day

Q251. Trouble concentrating on things such as reading the newspaper or watching television?

Not at all Several days More than half the days Nearly every day

Q252. 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?

Not at all Several days More than half the days Nearly every day

Q253. Thoughts that you would be better off dead or of hurting yourself in some way?

Not at all Several days More than half the days Nearly every day

Q254. In the last FOUR weeks, have you had an anxiety attack- suddenly feeling fear or panic?

No **→Q255**

Yes

Q254a. Has this ever happened before? No Yes

Q254b. 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?

No Yes

Q254c. Do these attacks bother you a lot or are you worried about having another attack? No Yes

Q254d. 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?

No Yes

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

Q255. Feeling nervous, anxious, on edge, or worrying a lot about different things?

Not at all → Q56

Several days

More than half the days

Over the last 4 weeks have you been bothered by:

Q255a. Feeling restless so it is hard to sit still

Not at all Several days More than half the days

Q255b. Getting tired very easily

Not at all Several days More than half the days

Q255c. Muscle tension, aches, or soreness

Not at all Several days More than half the days

Q255d. Trouble falling asleep or staying asleep

Not at all Several days More than half the days

Q255e. Trouble concentrating on things, such as reading a book or watching TV .

Not at all Several days More than half the days

Q255f. Becoming easily annoyed or irritable

Not at all Several days More than half the days

Q156-179. The following scale consists of a number of words that describe different feelings or emotions. Please read each item and indicate to what extent you have been feeling this way in *the last 4 weeks*.

Disgusted	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Attentive	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Strong	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Scornful	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Irritable	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Inspired	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Afraid	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Alert	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Upset	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Angry	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Active	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Guilty	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Nervous	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Excited	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Hostile	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Proud	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Jittery	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Ashamed	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Scared	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Enthusiastic	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Distressed	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Determined	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely

Interested	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
Loathing	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely

Q280-297.Next are some specific questions about your health and how you have been feeling *in the last 4 weeks*. In the last 4 weeks:

- | | | |
|---|--------------------------|---------------------------|
| Have you felt keyed up or on edge? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you been worrying a lot? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you been irritable? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you had difficulty relaxing? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you been sleeping poorly? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you had headaches or neckaches? | <input type="radio"/> No | <input type="radio"/> Yes |
| 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"/> No | <input type="radio"/> Yes |
| Have you been worried about your health? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you had difficulty falling asleep? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you been lacking energy? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you lost interest in things? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you lost confidence in yourself? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you felt hopeless? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you had difficulty concentrating? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you lost weight (due to poor appetite)? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you been waking early? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you felt slowed up? | <input type="radio"/> No | <input type="radio"/> Yes |
| Have you tended to feel worse in the mornings? | <input type="radio"/> No | <input type="radio"/> Yes |

In the *LAST YEAR* have you ever:

- | | | |
|---|--------------------------|---------------------------|
| Q298. Felt that life is hardly worth living? | <input type="radio"/> No | <input type="radio"/> Yes |
| Q299. Thought that you really would be better off dead? | <input type="radio"/> No | <input type="radio"/> Yes |
| Q300. Thought about taking your own life? | <input type="radio"/> No | <input type="radio"/> Yes |

If Q300=No, go to Q301.

In the *LAST YEAR* have you ever:

- | | | |
|--|--------------------------|---------------------------|
| Q300a. Made plans to take your own life? | <input type="radio"/> No | <input type="radio"/> Yes |
| Q300b. Attempted to take your own life? | <input type="radio"/> No | <input type="radio"/> Yes |

The purpose of the next few questions is to find out how your mood and behaviour change over time. To what degree do the following change with the seasons?

- | | |
|--------------------------|---|
| Q301. Your sleep length: | <input type="radio"/> No change |
| | <input type="radio"/> Slight change |
| | <input type="radio"/> Moderate change |
| | <input type="radio"/> Marked change |
| | <input type="radio"/> Extremely marked change |
| Q302. Social activity: | <input type="radio"/> No change |
| | <input type="radio"/> Slight change |
| | <input type="radio"/> Moderate change |
| | <input type="radio"/> Marked change |

Extremely marked change

Q303. Mood:

- No change
- Slight change
- Moderate change
- Marked change
- Extremely marked change

Q304. Weight:

- No change
- Slight change
- Moderate change
- Marked change
- Extremely marked change

Q305. Appetite:

- No change
- Slight change
- Moderate change
- Marked change
- Extremely marked change

Q306. Energy level:

- No change
- Slight change
- Moderate change
- Marked change
- Extremely marked change

In which month of the year do you:

Q307. Feel best

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- There is no difference

Q308. Feel worst

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- There is no difference

Q309. Have you ever in your life been markedly depressed; that is, for several weeks or more, you felt sad, lost interest in things and felt lacking in energy?

- Yes
- No (If 'No' → Q310)

Q309A. Did this occur some time during the past 4 years, since we last interviewed you?

- Yes
- No

Q309B. Did you see a counsellor or a doctor for depression some time during the last 4 years.

- Yes
- No

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

- Q310. There is really no way I can solve some of the problems I have.**
 Strongly agree Agree Disagree Strongly disagree
- Q311. Sometimes I feel that I'm being pushed around in life.**
 Strongly agree Agree Disagree Strongly disagree
- Q312. I have little control over the things that happen to me.**
 Strongly agree Agree Disagree Strongly disagree
- Q313. I can do just about anything I really set my mind to do.**
 Strongly agree Agree Disagree Strongly disagree
- Q314. I often feel helpless in dealing with the problems of life.**
 Strongly agree Agree Disagree Strongly disagree
- Q315. What happens to me in the future mostly depends on me.**
 Strongly agree Agree Disagree Strongly disagree
- Q316. There is little I can do to change many of the important things in my life.**
 Strongly agree Agree Disagree Strongly disagree

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

- Q317. I think about how alone I feel.**
 Never Sometimes Often Always
- Q318. I think about my feelings of fatigue and achiness.**
 Never Sometimes Often Always
- Q319. I think about how hard it is to concentrate.**
 Never Sometimes Often Always
- Q320. I think about how passive and unmotivated I feel.**
 Never Sometimes Often Always
- Q321. I think, "Why can't I get going?"**
 Never Sometimes Often Always
- Q322. I think about a recent situation, wishing it had gone better.**
 Never Sometimes Often Always
- Q323. I think about how sad I feel.**
 Never Sometimes Often Always
- Q324. I think about all my shortcomings, failings, faults and mistakes.**
 Never Sometimes Often Always
- Q325. I think about how I don't feel up to doing anything.**
 Never Sometimes Often Always
- Q326. I think, "Why can't I handle things better?"**
 Never Sometimes Often Always

The next few questions ask about your attitude to religion.

- Q327. How often did you attend regular religious services during the year?**
 Never
 A few times a year
 Once a month
 More than once a month

- Once a week
- More than once a week

Q328. Aside from how often you attended religious services, do you consider yourself to be?

- Against religion
- Not at all religious
- Only slightly religious
- Fairly religious
- Deeply religious

Q329. How much is religion a source of strength and comfort to you?

- None
- A little
- Somewhat
- A great deal

Q330. Do you have any spiritual beliefs, that are not associated with a religion, but which are a source of strength and comfort to you?

- Yes
- No

If 'yes' Q330A. Could you briefly describe these beliefs?

[type here]

Q331-Q367. Here are some questions concerning the way you behave, feel and act. Decide for each question whether 'YES' or 'NO' represents your usual way of acting or feeling. Work quickly, and don't spend too much time over any question.

- | | |
|--|--|
| Does your mood often go up and down? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you take much notice of what people think? | <input type="radio"/> Yes <input type="radio"/> No |
| Are you a talkative person? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you ever feel 'just miserable' for no reason? | <input type="radio"/> Yes <input type="radio"/> No |
| Would being in debt worry you? | <input type="radio"/> Yes <input type="radio"/> No |
| Are you rather lively? | <input type="radio"/> Yes <input type="radio"/> No |
| Are you an irritable person? | <input type="radio"/> Yes <input type="radio"/> No |
| Would you take drugs which may have strange or dangerous effects? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you enjoy meeting new people? | <input type="radio"/> Yes <input type="radio"/> No |
| Are your feelings easily hurt? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you prefer to go your own way rather than act by the rules? | <input type="radio"/> Yes <input type="radio"/> No |
| Can you usually let yourself go and enjoy yourself at a lively party? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you often feel 'fed-up'? | <input type="radio"/> Yes <input type="radio"/> No |
| Do good manners and cleanliness matter much to you? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you usually take the initiative in making new friends? | <input type="radio"/> Yes <input type="radio"/> No |
| Would you call yourself a nervous person? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you think marriage is old-fashioned and should be done away with? | <input type="radio"/> Yes <input type="radio"/> No |
| Can you easily get some life into a rather dull party? | <input type="radio"/> Yes <input type="radio"/> No |
| Are you a worrier? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you enjoy cooperating with others? | <input type="radio"/> Yes <input type="radio"/> No |

Do you tend to keep in the background on social occasions?

Yes No

Does it worry you if you know there are mistakes in your work?

Yes No

Would you call yourself tense or 'highly-strung'?

Yes No

Do you think people spend too much time safeguarding their future with savings and insurance?

Yes No

Do you like mixing with people?

Yes No

Do you worry too long after an embarrassing experience?

Yes No

Do you try not to be rude to people?

Yes No

Do you like plenty of bustle and excitement around you?

Yes No

Do you suffer from "'nerves'?"

Yes No

Would you like other people to be afraid of you?

Yes No

Are you mostly quiet when you are with other people?

Yes No

Do you often feel lonely?

Yes No

Is it better to follow society's rules than go your own way?

Yes No

Do other people think of you as being very lively?

Yes No

Are you often troubled about feelings of guilt?

Yes No

Can you get a party going?

Yes No

Q367-390. Each of the following items is a statement that a person may either agree or disagree with. Indicate how much you agree or disagree with each statement. Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, don't worry about being 'consistent' in your responses.

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

Very false for me Somewhat false for me Somewhat true for me Very true for me

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

Very false for me Somewhat false for me Somewhat true for me Very true for me

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

Very false for me Somewhat false for me Somewhat true for me Very true for me

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

Very false for me Somewhat false for me Somewhat true for me Very true for me

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

Very false for me Somewhat false for me Somewhat true for me Very true for me

How I dress is important to me.

Very false for me Somewhat false for me Somewhat true for me Very true for me

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

Very false for me Somewhat false for me Somewhat true for me Very true for me

Criticism or scolding hurts me quite a bit.

Very false for me Somewhat false for me Somewhat true for me Very true for me

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

Very false for me Somewhat false for me Somewhat true for me Very true for me

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

Very false for me Somewhat false for me Somewhat true for me Very true for me

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

- Very false for me Somewhat false for me Somewhat true for me Very true for me
If I see a chance to get something I want I move on it right away.
 Very false for me Somewhat false for me Somewhat true for me Very true for me
I feel pretty worried or upset when I think or know somebody is angry at me.
 Very false for me Somewhat false for me Somewhat true for me Very true for me
When I see an opportunity for something I like I get excited right away.
 Very false for me Somewhat false for me Somewhat true for me Very true for me
I often act on the spur of the moment.
 Very false for me Somewhat false for me Somewhat true for me Very true for me
If I think something unpleasant is going to happen I usually get pretty 'worked-up'.
 Very false for me Somewhat false for me Somewhat true for me Very true for me
I often wonder why people act the way they do.
 Very false for me Somewhat false for me Somewhat true for me Very true for me
When good things happen to me, it affects me strongly.
 Very false for me Somewhat false for me Somewhat true for me Very true for me
I feel worried when I think I have done poorly at something important.
 Very false for me Somewhat false for me Somewhat true for me Very true for me
I crave excitement and new sensations.
 Very false for me Somewhat false for me Somewhat true for me Very true for me
When I go after something, I use a 'no holds barred' approach.
 Very false for me Somewhat false for me Somewhat true for me Very true for me
I have very few fears compared to my friends.
 Very false for me Somewhat false for me Somewhat true for me Very true for me
It would excite me to win a contest.
 Very false for me Somewhat false for me Somewhat true for me Very true for me
I worry about making mistakes.
 Very false for me Somewhat false for me Somewhat true for me Very true for me

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

Q391. In most ways my life is close to ideal.

- Strongly disagree Disagree Slightly disagree Neither agree not disagree
 Slightly agree Agree Strongly agree

Q392. The conditions of my life are excellent.

- Strongly disagree Disagree Slightly disagree Neither agree not disagree
 Slightly agree Agree Strongly agree

Q393. I am satisfied with my life.

- Strongly disagree Disagree Slightly disagree Neither agree not disagree
 Slightly agree Agree Strongly agree

Q394. So far, I have gotten the important things I want in life.

- Strongly disagree Disagree Slightly disagree Neither agree not disagree
 Slightly agree Agree Strongly agree

Q395. If I could live my life over, I would change almost nothing.

- Strongly disagree Disagree Slightly disagree Neither agree not disagree
 Slightly agree Agree Strongly agree

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

Q396. Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework).

3 times a week or more Once or twice a week About 1-3 times a month
 Never/hardly ever

Q397. Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).

3 times a week or more Once or twice a week About 1-3 times a month
 Never/hardly ever

Q398. Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing).

3 times a week or more Once or twice a week About 1-3 times a month
 Never/hardly ever

Q399-401. Please give the average number of hours per week you spend in such sports or activities. (Please enter '0' in hours and minutes if not undertaken at all.)

Mildly energetic (e.g. walking, weeding) hours minutes

Moderately energetic (e.g. dancing, cycling) hours minutes

Vigorous (e.g. running, squash) hours minutes

Q402-455. Please indicate whether you have undertaken any of the following activities in the last 6 months.

- | | |
|--|--|
| Made or repaired clothes | <input type="radio"/> Yes <input type="radio"/> No |
| Fixed mechanical things or appliances | <input type="radio"/> Yes <input type="radio"/> No |
| Built things with wood | <input type="radio"/> Yes <input type="radio"/> No |
| Driven a truck or tractor | <input type="radio"/> Yes <input type="radio"/> No |
| Used metalwork or machine tools | <input type="radio"/> Yes <input type="radio"/> No |
| Worked on cars, bicycles or motorbikes | <input type="radio"/> Yes <input type="radio"/> No |
| Taken an engineering, woodwork or car mechanics course | <input type="radio"/> Yes <input type="radio"/> No |
| Worked in the garden | <input type="radio"/> Yes <input type="radio"/> No |
| Cooked meals | <input type="radio"/> Yes <input type="radio"/> No |
| Read scientific books or magazines | <input type="radio"/> Yes <input type="radio"/> No |
| Worked in a laboratory | <input type="radio"/> Yes <input type="radio"/> No |
| Worked on a scientific project | <input type="radio"/> Yes <input type="radio"/> No |
| Read about special subjects on my own | <input type="radio"/> Yes <input type="radio"/> No |
| Solved maths or chess puzzles | <input type="radio"/> Yes <input type="radio"/> No |
| Done troubleshooting of software packages on a PC | <input type="radio"/> Yes <input type="radio"/> No |
| Taken a science course | <input type="radio"/> Yes <input type="radio"/> No |
| Followed science shows on TV or radio | <input type="radio"/> Yes <input type="radio"/> No |
| Participated in a science fair or conference | <input type="radio"/> Yes <input type="radio"/> No |
| Sketched, drawn or painted | <input type="radio"/> Yes <input type="radio"/> No |
| Gone to or acted in plays | <input type="radio"/> Yes <input type="radio"/> No |

- Played in a band, group, or orchestra Yes No
 Practised a musical instrument Yes No
 Gone to recitals, concerts, or musicals Yes No
 Taken portrait photographs Yes No
 Read literature Yes No
 Read or written poetry Yes No
 Taken an art course Yes No
 Written letters to friends Yes No
 Attended religious services Yes No
 Belonged to clubs Yes No
 Helped others with their personal problems Yes No
 Taken care of children Yes No
 Gone to parties or pubs Yes No
 Gone dancing Yes No
 Attended meetings or conferences Yes No
 Worked as a volunteer Yes No
 Discussed politics Yes No
 Influenced others Yes No
 Operated your own service or business Yes No
 Taken part in a sales conference Yes No
 Been on the committee of a group Yes No
 Supervised the work of others Yes No
 Met important people Yes No
 Led a group in accomplishing some goal Yes No
 Organized a club, group or gang Yes No
 Typed papers or letters for yourself or for others Yes No
 Added, subtracted, multiplied, and divided numbers in business or bookkeeping Yes No
 Operated fax machines, PCs and printers Yes No
 Kept detailed records of expenses Yes No
 Filed letters, reports, records, etc. Yes No
 Written business letters Yes No
 Taken a business course Yes No
 Taken a bookkeeping course Yes No
 Done a lot of paperwork in a short time Yes No

In January 2003, the Canberra region experienced bushfires. The following questions ask about your experiences with these fires:

Q456. Was the area in which you live or work put on alert because of the threat of fire?

Yes No

Q457. Were you evacuated from your home or workplace because of the threat of fire?

Yes No

Q458. Were you personally involved in fighting bushfires threatening your own home or neighbourhood?

Yes No

Q459. Apart from defending your own home and neighbourhood, did you do any work involving the bushfires or their effects? (e.g. fighting fires, keeping order, dealing with health effects, restoring power, caring for victims).

Yes No

Q460. Were buildings in your suburb damaged or destroyed by fire?

Yes No

Q461. Were your own home, possessions or workplace damaged or destroyed?

Yes No

Q462. Did any relative or friend have their home, possessions or workplace damaged or destroyed?

Yes No

Q463. Did you suffer any injury due to the fires?

Yes No

Q464. Did any relative or friend die or suffer injury due to the fires?

Yes No

Q465. Did you own any animal that suffered as a result of the fires?

Yes No

Q466. Did you feel very frightened or upset during the period of the fires?

Yes No

Q467-476. 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*.

Upsetting thoughts or memories about the bushfires that have come into your mind against your will.

Yes No

Upsetting dreams about the bushfires.

Yes No

Acting or feeling as though the bushfires were happening again.

Yes No

Feeling upset by reminders of the bushfires.

Yes No

Bodily reactions (such as fast heartbeat, stomach churning, sweating, dizziness) when reminded of the bushfires.

Yes No

Difficulty falling asleep.

Yes No

Irritability or outbursts of anger.

Yes No

Difficulty concentrating

Yes No

Heightened awareness of potential dangers to yourself and others.

Yes No

Being jumpy or being startled at something unexpected.

Yes No

CONGRATULATIONS! You have reached the end of the questionnaire. Thank you for your patience and perseverance in getting to the end.

Would you like to make any comments about the questionnaire?

[type here]