**PATH 40+ W4 questionnaire**

**PATHID**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:\_\_\_\_\_\_\_\_\_\_**

Q1 **What is your gender?** 🔿 Male (1) 🔿 Female (2)

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

Q3 **Postcode** (only if living in Australia) \_\_\_\_\_\_\_\_\_\_\_

Q4 **Could you please tell me your current age in years?** \_\_\_\_\_\_\_\_\_

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

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

Q6 **What is your current marital status?**

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

Q7 **How many times have you been married or lived in a de facto relationship?** Apart from your current relationship, which you should include, only include relationships that lasted for 6 months or more.

 \_\_\_\_\_\_\_\_\_\_\_\_\_

*If you answered “0” to number of times married or lived in de facto relationship please go to Q1 (Page 2).*

*If you answered “1” to number of times married or lived in de facto relationship AND are still in this relationship please go to Q10 (Page 2)*

Q228 **How long have you been separated from your (previous) partner?**

\_\_\_\_\_\_\_ Years (1) \_\_\_\_\_\_\_ Months (2)

*If not currently living with a spouse or partner please go to Q12*

Q10 **How long have you been living with your current partner?**

\_\_\_\_\_\_ Years (1) \_\_\_\_\_\_ Months (2)

Q12 **Have you completed any further education since your last interview?** 🔿 Yes (1) 🔿 No (2)

*If no further education please go to Q15*

Q13 **What was the highest qualification that you completed since your last interview?**

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

*If you have NOT completed Technician's certificate/advanced certificate, Certificate other than above, Trade certificate/apprenticeship, or Associate diploma go to Q15*

Q14 **How long does that certificate or diploma take to complete, studying full time?**

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

Q15 **Are you presently studying?** If No, tick “None of the above”;.  If yes, what qualification are you working toward? Please choose all that apply:

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

*If ‘None of the above’ go to Q26.*

*If you are NOT currently doing a Technician's certificate/advanced certificate, Certificate other than above, Trade certificate/apprenticeship, or Associate diploma go to Q15*

Q18 **How long does that certificate or diploma take to complete, studying full time?**

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

Q19 **Are you studying?**

* Full-time (1) 🔿 Part-time (2)

Q26 **How would you describe your current employment status?**

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

Q27 **Has your employment situation, occupation or level changed at all since your last interview?**  🔿 Yes (1) 🔿 No (2)

*If ‘unemployed, looking for work’, go to Q36*

*If ‘Not in the labour force’ go to Q38*

*If ‘employment BUT currently on long-term LEAVE’ go to Q40*

Q28 **Which of the following best describes your main career job?**

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

Q29 **Are you:**

* • Employed by a government agency (1)
* • Employed by a profit-making business (2)
* • Employed by another organisation (3)
* • Self-employed/in business or practice for yourself (4)
* • Working without pay in a family business (5)

*If NOT employed by a government agency go to Q32*

*If self-employed or working without pay in family business go to Q35*

Q30 **Are you employed in the commonwealth or a state government?**

🔿 Commonwealth (1) 🔿 State (2)

*If employed by state government go to Q32*

Q31 **What level are you employed at (or acting in)?**

* ASO 1-2 (1)
* ASO 3-4 (2)
* ASO 5-6 (3)
* EL1 (4)
* EL2 (5)
* SES (6)
* Other (7)

Q32 **Which of the following best describes the position you hold within your business or organisation?**

* Managerial position (1) 🔿 Supervisory position (2) 🔿 Non-management position (3)

Q33 **In your main job are you:**

* Permanently employed (1) 🔿 Fixed term contract (2) 🔿 Casually employed (3)

*If you Do NOT have a fixed-term contract go to Q34*

Q337 **How long is that contract?** \_\_\_\_\_ Years (1) \_\_\_\_\_\_ Months (2)

Q34 About how many people are employed in the entire business, corporation or organisation for which you work?

* 1-9 (1)
* 10-24 (2)
* 25+ (3)
* Don't know (4)

*If employed by a government agency, profit-making business or other organisation go to Q56*

Q35 **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, or 888 if you don't know).

 \_\_\_\_\_\_\_\_\_\_\_

*Go to Q56*

Q36 **At any time in the LAST FOUR WEEKS have you looked for a job in any of the ways listed?**

1. Written, phoned or applied in person for work

2. Answered a newspaper or internet advertisement for a job

3. Checked the touchscreens at Centrelink or vacancy listings on online job sites

4. Been registered with Job Network or other employment agencies

5. Advertised or tendered for work

6. Contacted friends or relatives for work

* Yes (1) 🔿 No (2)

*If you have NOT looked for a job in last 4 weeks go to Q38*

Q37 **If you had found a job, could you have started last week?**   🔿 Yes (1) 🔿 No (2)

Q38 **Have you ever been employed in the past?**   🔿 Yes (1) 🔿 No (2)

*If you have never been employed in the past, go to Q65*

Q40 **Which of the following best describes your main career job?**

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

Q41 **Were you:**

* • Employed by a government agency (1)
* • Employed by a profit-making business (2)
* • Employed by another organisation (3)
* • Self-employed/in business or practice for yourself (4)
* • Working without pay in a family business (5)

*If NOT employed by a government agency go to Q44*

*If self-employed or working without pay in family business go to Q47*

Q42 **Were you employed in the commonwealth or a state government?**

* Commonwealth (1) 🔿 State (2)

*If employed by state government go to Q44*

Q43 **What level were you employed at (or acting in)?**

* ASO 1-2 (1)
* ASO 3-4 (2)
* ASO 5-6 (3)
* EL1 (4)
* EL2 (5)
* SES (6)
* Other (7)

Q44 **Which of the following best describes the position you held within your business or organisation?**

* Managerial position (1) 🔿Supervisory position (2) 🔿Non-managerial position (3)

Q45 **In your main job were you:**

* Permanently employed (1) 🔿 Fixed term contract (2) 🔿 Casually employed (3)

*If NOT on a fixed-term contract go to Q46*

Q46 **About how many people were employed in the entire business, corporation or organisation for which you worked?**

* 1-9 (1)
* 10-24 (2)
* 25+ (3)
* Don't know (4)

*If worked for a government agency, profit-making business or other organisation AND you are NOT “*In employment BUT currently on long-term LEAVE” *on go to Q48*

Q47 **Not counting yourself or any partners, about how many people were usually employed in your business, practice or farm on a regular basis**? (Enter '0' if no paid employees or 888 if you don't know).

 \_\_\_\_\_\_\_\_\_\_\_\_

Q48 **How long is it since you last worked for pay, in any job or business for two weeks or more?**

* • Less than 3 months (1)
* • 3 months or more but less than 6 months (2)
* • 6 months or more but less than 12 months (3)
* • 12 months or more but less than 2 years (4)
* • 2 years or more but less than 5 years (5)
* • 5 years or more but less than 10 years (6)
* • 10 years or more (7)
* • Have never worked for 2 weeks or more (8)

*If you are NOT “*In employment BUT currently on long-term LEAVE” *on go to Q56*

Q49 **What is the main reason that you are not currently in work?**

* Maternity leave (1)
* Pregnancy – but not maternity leave (2)
* Prefer to be home with children – but not maternity leave (3)
* Have problems finding appropriate child care (4)
* Cannot find job with suitable hours (5)
* Cannot find job to suit my skills (6)
* Cannot find a job nearby (7)
* Partner does not want me to work (8)
* Studying (9)
* Poor health (10)
* Caring responsibility (but not for children) (11)
* On long term leave - long service leave (12)
* On long term leave without pay (13)
* Don’t need to or want to work (14)

Q50 **Do you currently receive pay/salary from your employer?** Yes (1) 🔿 No (2)

Q52 **Do you intend to return to work?** Yes (1) 🔿 No (2)

*If you do NOT intend to return to work go to Q56*

Q53 **When do you expect to return to work?**

* • 0-6 months (1)
* • 7-12 months (2)
* • 1-2 years (3)
* • 2-5 years (4)
* • more than 5 years (5)
* • Don't know (6)

Q54 **Do you intend to return to the same employer?** Yes (1) 🔿 No (2)

*If you do NOT intend to return to the same employer go to Q322 (page 11 )*

Q55 **Do you intend to return to the same position?** Yes (1) 🔿 No (2) 🔿 Don't know (3)

*If In employment BUT currently on long-term LEAVE go to Q322 (page 11)*

Q56 **Do you consider yourself to be completely retired from the paid workforce, partly retired or not retired at all?**

* Completely retired (1) 🔿 Partly retired (2) 🔿 Not retired at all (3)
* *If ‘not retired at all go to Q322 (page 11)*
* *If ‘completely retired’ go to Q58*

Q57 **In what sense do you consider yourself partly retired?**

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

Q58 **How old were you when you retired, either partly or completely?** (Enter 88 if unsure) \_\_\_\_\_\_\_\_

Q59 **What is the main reason you chose to retire (either partly or completely) or you left your last job?**

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

Q60 **Were you working part-time in your last job before you retired?**

🔿 Yes, part-time (1) 🔿 No, full-time (2)

*If working full-time before retiring go to Q322 (Page 11)*

Q62 **Have you previously been employed full-time?** (If ‘no’ mark ‘mostly or always worked part-time. If ‘yes’ was this:

* less than12 months ago (1)
* 1 to less than 2 years ago (2)
* 2 to less than 5 years ago (3)
* 5 to less than10 years ago (4)
* 10 years or more ago (5)
* mostly or always worked part-time in working life (6)

*If NOT currently working part-time go to Q322 (Page 11)*

Q63 **Is your current part-time work in the same field as your main career job?**

🔿 Yes (1) 🔿 No (2)

*If current part-time work in the same field as full-time work go to Q322*

Q64 **Which of the following best describes your main career job?**

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

Q65 **What is your main activity IF you are not in the work force?**

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

Q322 Were you, or are you currently, a member of the Australian Defence Force?

🔿 Yes (1) 🔿 No (2)

*If have never been in the Defence Forces go to Q66 (bottom of this page)*

Q323 **Did you ever serve overseas with the Australian Defence Force?** 🔿 Yes (1) 🔿 No (2)

*If you have not served overseas go to Q66 (bottom of this page)*

Q324 **Please provide the following information:**

Location(s) of service (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First year of service (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_---

Last year of service (3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q66 **Do you have any children? (This includes adopted or step children and those not living with you**). We would appreciate it if you would include any of your children who were born at 20 weeks or more but who may have died.

* Yes (1) 🔿 No (2)

*If you do not have any children go to Q71*

Q67 **How many children do you have who are now living?\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If no children now living go to Q71*

Q68 **Can you please tell me the age of each child, starting with the oldest child?** If your child is less than one year enter 0.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Child 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) | 8 (8) | 9 (9) | 10 (10) |
| Age in years (1) |  |  |  |  |  |  |  |  |  |  |

Q69 **Does this child live with you:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full-time (1) | Part-time (2) | Not at all (3) |
| Child 1 (1) |  |  |  |
| Child 2 (2) |  |  |  |
| Child 3 (3) |  |  |  |
| Child 4 (4) |  |  |  |
| Child 5 (5) |  |  |  |
| Child 6 (6) |  |  |  |
| Child 7 (7) |  |  |  |
| Child 8 (8) |  |  |  |
| Child 9 (9) |  |  |  |
| Child 10 (10) |  |  |  |

Q70 **Is this child your**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Natural child (1) | Step child (2) | Adopted child (3) | Other (4) |
| Child 1 (1) |  |  |  |  |
| Child 2 (2) |  |  |  |  |
| Child 3 (3) |  |  |  |  |
| Child 4 (4) |  |  |  |  |
| Child 5 (5) |  |  |  |  |
| Child 6 (6) |  |  |  |  |
| Child 7 (7) |  |  |  |  |
| Child 8 (8) |  |  |  |  |
| Child 9 (9) |  |  |  |  |
| Child 10 (10) |  |  |  |  |

Q71 **Have you experienced the death of a child (excluding miscarriage) since your last interview?** (A miscarriage is defined as the loss of a baby under 20 weeks).

* Yes (1) 🔿 No (2)

Q72 **To what extent are you responsible for household tasks?** (These include such activities as preparing meals, shopping for household items, cleaning, washing clothes and gardening).

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

Q73 **To what extent are you responsible for financial management in your household?** (Financial management includes paying bills, saving, planning investments or priorities in money use).

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

Q74 **To what extent are you responsible for providing the money for your household?**

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

Q75 **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. In general, would you say your health is**:

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

Q76 **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?** **Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf?**

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

Q77 **Climbing several flights of stairs?**

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

Q78 **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? Have you accomplished less than you would like as a result of your physical health?**

* Yes (1) 🔿 No (2)

Q79 **Were you limited in the kind of work or other activities as a result of your physical health?**

* Yes (1) 🔿 No (2)

Q80 **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)? Have you accomplished less than you would like as a result of any emotional problems?**

* Yes (1) 🔿 No (2)

Q81 **Did you not do work or other activities as carefully as usual as a result of any emotional problems?**

* Yes (1) 🔿 No (2)

Q82 **During the PAST 4 WEEKS, how much did pain interfere with your normal work (including both work outside the home and housework)?** Please choose only one of the following:

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

Q83 **The next few questions are about how you feel and how things have been with you during the PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST 4 WEEKS have you felt calm and peaceful?**

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

Q84 **How much of the time during the PAST 4 WEEKS did you have a lot of energy?**

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

Q85 **How much of the time during the PAST 4 WEEKS have you felt down?**

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

Q86 **How much of the time during the PAST 4 WEEKS has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc)?**

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

Q87 **In the PAST 4 WEEKS, for how many days were you totally unable to carry out your usual activities or work because of any health condition?**

 \_\_\_\_\_\_\_\_\_

Q88 **In the PAST 4 WEEKS, for how many days did you cut back or reduce your usual activities or work because of any health condition? (not counting the days that you were totally unable)**

 \_\_\_\_\_\_\_\_\_

Q89 **We would now like to ask you some questions about smoking (tobacco). Do you currently smoke?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q96*

Q90 **Do you smoke cigarettes:**

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

*If ‘Don’t smoke cigarettes’ go to Q99*

*If ‘less than once a day’ go to Q92*

Q91 **How many cigarettes do you usually smoke in one day?** \_\_\_\_\_\_\_\_\_\_\_

*If smoke cigarettes at least once a day go to Q94*

Q92 **How many cigarettes do you usually smoke over a ONE MONTH period?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q94 **At what age did you start smoking?** \_\_\_\_\_\_\_\_\_\_\_\_

Q95 **On average, how many cigarettes would you have smoked each day over the time you have been smoking?** \_\_\_\_\_\_\_\_\_\_\_

*If you currently smoke cigarettes at least once a day, go to Q107*

*If you currently smoke less than once a day, go to Q99*

Q96 **Have you smoked at all over the LAST MONTH?** 🔿 Yes (1) 🔿 No (2)

*If “No” go to Q98*

Q97 **Approximately how many cigarettes have you smoked in the LAST MONTH?** \_\_\_\_\_\_\_\_\_\_

Q98 **Have you ever smoked regularly?** 🔿 Yes (1) 🔿 No (2)

*If “No” go to Q99 (Page 18)*

Q104 **At what age did you start smoking?** \_\_\_\_\_\_\_\_\_\_\_

Q105 **At what age did you stop smoking?** \_\_\_\_\_\_\_\_\_\_\_\_

Q106 **On average, how many cigarettes would you have smoked each day over the time you were smoking?** \_\_\_\_\_\_\_\_\_\_\_\_

*If previously smoked regularly but no longer do so, go to Q99 (Page 18)*

Q107 **How soon after you wake up do you smoke your first cigarette?**

* Within 5 minutes (1)
* 6 to 30 minutes (2)
* 31 to 60 minutes (3)
* After 60 minutes (4)

Q108 **Do you find it difficult to refrain from smoking in places where it is forbidden eg church, at the library, in the cinema etc?**

* Yes (1) 🔿 No (2)

Q109 **Which cigarette would you hate most to give up?**

* The first one in the morning (1) 🔿 All others (2)

Q110 **Do you smoke more frequently during the first hours after waking than during the rest of the day?**

* Yes (1) 🔿 No (2)

Q111 **Do you smoke if you are so ill that you are in bed most of the day?**

* Yes (1) 🔿 No (2)

Q99 **These next questions are concerned with your alcohol consumption. How often do you have a drink containing alcohol?**

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

*If you have drunk alcohol in the last year go to Q101*

Q100 **Have you ever drunk alcohol?** 🔿 Yes (1) 🔿 No (2)

*If you have NEVER drunk alcohol go to Q115*

*If you have previously drunk alcohol go to Q108*

Q101 **How many standard drinks do you have on a typical day when you are drinking?**

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

*If male go to Q103*

Q102 **How often do you have 5 or more standard drinks on one occasion?**

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

*If female go to Q104*

Q103 **How often do you have 7 or more standard drinks on one occasion?**

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

Q104 **How often during the last year have you found that you were not able to stop drinking once you had started?**

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

Q105 **How often during the last year have you failed to do what was normally expected from you because of your drinking?**

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

Q106 **How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?**

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

Q107 **How often during the last year have you had a feeling of guilt or regret after drinking?**

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

Q109 **How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

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

Q108 **Have you or someone else been injured as a result of your drinking?**

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

Q110 **Has a relative, friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

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

Q111 **Think back to when your regular drinking was at its highest level. The next two questions are about the time you were drinking at your highest level over a period of three months or longer? How often did you have a drink containing alcohol?**

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

Q112 **How many standard drinks did you have on a typical day when you were drinking?**

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

Q113 **How many years did you drink at the highest level indicated in the previous 2 questions?**

**\_\_\_\_\_\_\_\_\_\_\_**

Q114 **How old were you when you had your first alcoholic drink? \_\_\_\_\_\_\_\_**

Q115 **Have you ever tried marijuana/hash?** 🔿 Yes (1) 🔿 No (2)

*If ‘No’ go to Q121*

Q116 **Have you used marijuana/hash in the PAST 12 MONTHS?** 🔿 Yes (1) 🔿 No (2)

*If ‘No’ go to Q121*

Q117 **How often do you use marijuana/hash?**

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

Q118 **How long has it been since you last used marijuana/hash? Please estimate.**

\_\_\_\_\_\_\_\_ Weeks (1) \_\_\_\_\_\_\_\_ Days (2)

Q119 **In the last year have you ever used marijuana/hash more than you meant to?**

🔿 Yes (1) 🔿 No (2)

Q120 **Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?**

* Yes (1) 🔿 No (2)

Q121 **Have you ever tried any of the following?** Please choose all that apply:

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

*If you have NEVER tried Ecstasy OR amphetamines go to Q127*

*If you have tried amphetamines but NOT ecstasy go to 125*

Q122 **Have you used ecstasy in the PAST 12 MONTHS?** 🔿 Yes (1) 🔿 No (2)

*If ‘No’ go to Q125*

Q123 **How often do you currently use Ecstasy?**

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

Q124 **How long has it been since you last took ecstasy?** Please estimate.

\_\_\_\_\_ Years (1) \_\_\_\_\_ Months (2) \_\_\_\_\_ Weeks (3)

*If you have NEVER tried amphetamines go to Q127*

Q125 **Have you used amphetamines for non-medical purposes in the PAST 12 MONTHS?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q127*

Q126 **How often do you currently use amphetamines?**

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

Q127 **The next few screens of questions are about how you have been feeling over the last two weeks, four weeks or one year. As you read each question, note carefully whether it refers to two weeks, four weeks or one year. Some of the questions are very similar but have been included because we want to be able to compare our results to other studies that have used the same questions. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (1) | Several days (2) | More than half the days (3) | Nearly every day (4) |
| Little interest or pleasure in doing things? (1) |  |  |  |  |
| Feeling down, depressed or hopeless? (2) |  |  |  |  |
| Trouble falling or staying asleep, or sleeping too much? (3) |  |  |  |  |
| Feeling tired or having little energy? (4) |  |  |  |  |
| Poor appetite or overeating? (5) |  |  |  |  |
| Feeling bad about yourself- that you are a failure or have let yourself or your family down? (6) |  |  |  |  |
| Trouble concentrating on things such as reading the newspaper or watching television? (7) |  |  |  |  |
| Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual? (8) |  |  |  |  |
| Thoughts that you would be better off dead or of hurting yourself in some way? (9) |  |  |  |  |

Q128 **In the LAST 4 WEEKS, have you had an anxiety attack- suddenly feeling fear or panic?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q130*

Q129

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Has this ever happened before? (1) |  |  |
| Do some of these attacks come suddenly out of the blue- that is, in situations where you don’t expect to be nervous or uncomfortable? (2) |  |  |
| Do these attacks bother you a lot or are you worried about having another attack? (3) |  |  |
| During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, nausea or upset stomach? (4) |  |  |

Q130 **Over the LAST 4 WEEKS how often have you been bothered by any of the following? Feeling nervous, anxious, on edge, or worrying a lot about different things?**

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

*If ‘Not at all’ go to Q132*

Q131 **Over the last 4 weeks have you been bothered by**:

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

Q132 **Next are some specific questions about your health and how you have been feeling in the LAST 4 WEEKS. In the LAST 4 WEEKS:**

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

Q134  **In the LAST YEAR have you ever:**

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

Q138 **The next group of questions are about your RELATIONSHIPS with other people.**

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

*If you are NOT married or living with a partner go to Q142*

Q140

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

Q141

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

**Q142 Considering the people to whom you are related either by birth or marriage (including your spouse or partner, but excluding dependent children under 16 years):**

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

Q143 **Considering all of your friends:**

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

*If you are NOT married or living with a partner go to Q147*

Q144 **Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Always agree (1) | Almost always agree (2) | Occasionally disagree (3) | Frequently disagree (4) | Almost always disagree (5) | Always disagree (6) |
| Philosophy of life (1) |  |  |  |  |  |  |
| Aims, goals & things believed important (2) |  |  |  |  |  |  |
| Amount of time spent together (3) |  |  |  |  |  |  |

Q145 **How often would you say the following events occur between you and your partner?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never (1) | Less than once a month (2) | Once or twice a month (3) | Once or twice a week (4) | Once a day (5) | More often (6) |
| Have a stimulating exchange of ideas (1) |  |  |  |  |  |  |
| Calmly discuss something together (2) |  |  |  |  |  |  |
| Work together on a project (3) |  |  |  |  |  |  |

Q146 **The numbered circles below represent different degrees of happiness in most relationships. The middle point, “happy” represents the degree of happiness of most relationships. Please mark the numbered circle that best describes the happiness, all things considered, of your relationship.**

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

Q147 **Now we would like to ask you about extremely stressful or upsetting EVENTS that sometimes occur to people.**

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Did you ever have direct combat experience in a war? (1) |  |  |
| Were you ever involved in a life threatening accident? (2) |  |  |
| Were you ever involved in a fire, flood or other natural disaster? (3) |  |  |
| Did you ever witness someone badly injured or killed? (4) |  |  |
| 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?) (5) |  |  |
| Were you ever sexually molested (that is, someone touched or felt your genitals when you did not want them to)? (6) |  |  |
| Were you ever seriously physically attacked or assaulted? (7) |  |  |
| Have you ever been threatened with a weapon, held captive, or kidnapped? (8) |  |  |
| Have you ever been tortured or been the victim of terrorists? (9) |  |  |
| Have you ever experienced any other extremely stressful or upsetting event? (10) |  |  |

*If you answered ‘No’ to the previous 10 questions go to Q149*

Q148 **Please consider the following reactions that sometimes occur after a traumatic event. The following questions are concerned with your personal reactions to the traumatic event which happened to you. Please indicate whether or not you have experienced any of the following AT LEAST TWICE IN THE PAST WEEK.**

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

Q149 Now we would like you to focus on the LAST 6 MONTHS. Have any of the following life events or problems happened to you during the LAST SIX MONTHS?

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

*If you are NOT currently married or living with a partner go to Q151*

Q150

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

Q151

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

Q152 **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 (1) 🔿 No (2)

*If ‘No’ go to Q154*

Q153 **Could you briefly describe this problem?**

Q154 **Have you or your family had to go without things you really needed in the LAST YEAR because you were short of money?**

* Yes, often (1) 🔿 Yes, sometimes (2) 🔿 No (3)

Q155 **Over the LAST YEAR did any of the following happen to you because of a shortage of money?**

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Pawned or sold something (1) |  |  |
| Went without meals (2) |  |  |
| Was unable to heat home (3) |  |  |
| Asked for help from welfare/community organizations. (4) |  |  |

Q156 **How many people, including yourself, usually live in your household. (If you have children who live part-time with you please include them.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you live alone go to Q158*

Q157 **Do any of the following people live in your household?**

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

Q158 **Do you currently live:**

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

Q159 **What is the main source of income of your family (considering yourself, your partner and/or others)?**

* My own income (1)
* My partner’s income (2)
* My own and partner’s income equally (3)
* Other (4)

Q160 **What is your own personal main source of income?**

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

Q161 **Before tax is taken out, what is the present income of your household ? For this question, a household can be a person living alone or a group of people (including family, spouse/partner, children, group household) who usually live together and share or pool resources (eg money, food) in some way.)**

* • No more than $300 per week (around $16,000 annual) (1)
* • More than $300 per week but no more than $575 per week (around $30,000 annual) (2)
* • More than $575 per week but no more than $1075 per week (around $56,000 annual) (3)
* • More than $1075 but no more than $1700 per week (around $88,000 annual) (4)
* • More than $1700 but no more than $2400 per week (around $125.000 annual) (5)
* • More than $2400 (6)
* • Don’t know / Refused (7)

Q163 **Apart from Medicare, are you currently covered by private health insurance?**

* No (1)
* Yes – hospital cover only (2)
* Yes – extras cover only (3)
* Yes – both hospital and extras cover (4)

*If you are NOT currently employed (full or part-time) go to Q175 (Page 42)*

Q164 **The next few questions ask about your WORK SITUATION.**

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

Q330 **How likely is it that you will lose your present job during the next couple of years?**

* Not very likely (1)
* Somewhat likely (2)
* Very likely (3)

Q167 **How far do these statements reflect your work situation:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly agree (1) | Slightly agree (2) | Slightly disagree (3) | Strongly disagree (4) |
| I get paid fairly for the things I do in my job (1) |  |  |  |  |
| When I get home, I can easily relax and ‘‘switch off’’ work (2) |  |  |  |  |
| People close to me say I sacrifice too much for my job (3) |  |  |  |  |
| I get help and support from my colleagues (4) |  |  |  |  |
| I get help and support from my (line) manager (5) |  |  |  |  |

Q171 **How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q327 **How steady is your work in your main job?**

* Regular and steady (1)
* Seasonal (2)
* Frequent layoffs (3)
* Both seasonal and layoffs (4)
* Other (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q165 **How secure do you feel about your job or career future in your current workplace?**

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

Q166 **If you lost your present job, how difficult do you think it would be to get another job (with the same pay and same hours)?**

* Not at all difficult (1)
* Moderately difficult (2)
* Difficult (3)
* Extremely difficult (4)

Q329 **During the last year, how often were you in a situation where you faced job loss or layoff?**

* Never (1)
* Faced the possibility once (2)
* Faced the possibility more than once (3)
* Constantly (4)
* Actually laid off (5)

Q356 **Which of these best describes your current work schedule in your (main) job?**

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

Q357  **We would like to know the type and amount of physical activity involved in your work. Please indicate which best corresponds to your present activities from the following four possibilities.**

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

Q172 **In the LAST 4 WEEKS have you stayed away from your work (or school or place of study) for more than half a day because of any illness or injury that you had?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q169*

Q173 **How many days in the LAST 4 WEEKS have you stayed away from your work (or school, or place of study)?**

\_\_\_\_\_\_\_ (paid sick leave) (1)

\_\_\_\_\_\_\_ days (unpaid sick leave) (2)

Q169 **Mental violence or workplace bullying refers to isolation of a team member, underestimation of work performance, threatening, talking behind one’s back or other pressurizing. Have you experienced such bullying:**

* • Never (1)
* • Yes, currently (2)
* • Yes, previously in this workplace (3)
* • Yes, previously in another workplace (4)
* • Cannot say (5)

Q354 **How often have any of the following occurred to you in your workplace over the PAST 6 MONTHS. Choose the response closest to your experiences.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never (1) | A few times (2) | Sometimes (3) | Often (4) |
| Persistent attempts to belittle and undermine your work (1) |  |  |  |  |
| Persistent unjustified criticism and monitoring of your work (2) |  |  |  |  |
| Persistent attempts to humiliate you in front of colleagues (3) |  |  |  |  |
| Destructive innuendo and sarcasm (4) |  |  |  |  |
| Verbal threats to you (5) |  |  |  |  |
| Threats of physical violence to you (6) |  |  |  |  |
| Threats of violence to your property (7) |  |  |  |  |
| Withholding necessary information from you (8) |  |  |  |  |
| Being ignored or excluded (9) |  |  |  |  |
| Unreasonable pressure to produce work (10) |  |  |  |  |
| Setting of impossible deadlines (11) |  |  |  |  |
| Shifting of goalposts without telling you (12) |  |  |  |  |
| Constant undervaluing of your efforts (13) |  |  |  |  |
| Persistent attempt to demoralise you (14) |  |  |  |  |
| Undermining your personal integrity (15) |  |  |  |  |

Q355 Please select the one answer that best describes your job or the way you deal with problems occurring at work.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Often (1) | Sometimes (2) | Seldom (3) | Never / Almost never (4) |
| Do you get consistent information from your manager / supervisor? (1) |  |  |  |  |
| Do you get sufficient information from your manager / supervisor? (2) |  |  |  |  |
| Do you ever get praised for your work? (3) |  |  |  |  |

Q335 **Have you experienced a work-related injury or illness in the PAST 12 MONTHS?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q174*

Q336 **What was your most recent work-related injury or illness?**

* • Fracture (1)
* • Chronic joint or muscle condition (2)
* • Sprain/strain (3)
* • Cut/open wound (4)
* • Crushing injury/internal organ damage (5)
* • Superficial injury (6)
* • Stress or other mental condition (7)
* • Burns (8)
* • Other (9)

Q174 **Have you ever been involved with mixing, applying or loading any pesticides, herbicides, weed killers, fumigants or fungicides?**

* Yes (1) 🔿 No (2) 🔿 Don't know (3)

Q175 **The next few screens have questions about your PERSONALITY and how you react in certain circumstances. How strongly do you agree or disagree with the following statements?**

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

Q177 **In the following six questions please indicate how you have felt and conducted yourself over the PAST 6 MONTHS.**

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

Q178  **Each of the following items is a statement that a person may either agree or disagree with. Indicate how much you agree or disagree with each statement. Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, don’t worry about being ‘consistent’ in your responses.**

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

Q180

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

Q181 **Please indicate how much you agree with the following statements as they apply to you over the LAST MONTH. If a particular situation has not occurred recently, answer according to how you think you would have felt.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not true at all (1) | Rarely true (2) | Sometimes true (3) | Often true (4) | True nearly all the time (5) |
| I am able to adapt when changes occur (1) |  |  |  |  |  |
| I have at least one close and secure relationship which helps me when I’m stressed. (2) |  |  |  |  |  |
| When there are no clear solutions to my problems, sometimes fate or God can help. (3) |  |  |  |  |  |
| I can deal with whatever comes my way. (4) |  |  |  |  |  |
| Past successes give me confidence in dealing with new challenges and difficulties (5) |  |  |  |  |  |
| I try to see the humorous side of things when I am faced with problems. (6) |  |  |  |  |  |
| Having to cope with stress can make me stronger. (7) |  |  |  |  |  |
| I tend to bounce back after illness, injury, or other hardships. (8) |  |  |  |  |  |
| Good or bad, I believe that most things happen for a reason (9) |  |  |  |  |  |
| I give my best effort, no matter what the outcome may be. (10) |  |  |  |  |  |
| I believe I can achieve my goals, even if there are obstacles. (11) |  |  |  |  |  |
| Even when things look hopeless, I don’t give up. (12) |  |  |  |  |  |
| During times of stress/crisis, I know where to turn for help. (13) |  |  |  |  |  |
| Under pressure, I stay focussed and think clearly. (14) |  |  |  |  |  |
| I prefer to take the lead in solving problems, rather than letting others make all the decisions. (15) |  |  |  |  |  |
| I am not easily discouraged by failure. (16) |  |  |  |  |  |
| I think of myself as a strong person when dealing with life’s challenges and difficulties. (17) |  |  |  |  |  |
| I can make unpopular or difficult decisions that affect other people, if it is necessary. (18) |  |  |  |  |  |
| I am able to handle unpleasant or painful feelings like sadness, fear and anger. (19) |  |  |  |  |  |
| In dealing with life’s problems, sometimes you have to act on a hunch, without knowing why. (20) |  |  |  |  |  |
| I have a strong sense of purpose in life. (21) |  |  |  |  |  |
| I feel in control of my life. (22) |  |  |  |  |  |
| I like challenges. (23) |  |  |  |  |  |
| I work to attain my goals, no matter what roadblocks I encounter along the way. (24) |  |  |  |  |  |
| I take pride in my achievements (25) |  |  |  |  |  |

Q182 **Below are some statements with which you may agree or disagree. Please be open and honest in your responding. In most ways my life is close to ideal.**

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

Q183 **The conditions of my life are excellent.**

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

Q184 **I am satisfied with my life.**

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

Q185 **So far, I have gotten the important things I want in life.**

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

Q186 **If I could live my life over, I would change almost nothing.**

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

**Q187 The following questions relate to your expectations about ageing. If you are not sure, go ahead and check the box that you think BEST corresponds with your feelings.**

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

Q188 **The next few questions ask about HEALTH SERVICES you may have used over the PAST 12 MONTHS. In the past 12 months have you been admitted for at least one night to any hospital (apart from uncomplicated childbirth)?**

🔿 Yes (1) 🔿 No (2)

*If ‘No’ go to Q191*

Q189 **Were you admitted to hospital for a physical illness or injury?**

* Yes (1) 🔿 No (2)

Q190 **Were you admitted to hospital for nerves or for your mental health (that is for things such as stress, anxiety, depression or dependence on alcohol or drugs)?**

* Yes (1) 🔿 No (2)

Q191 **In the PAST 12 MONTHS (apart from any time in hospital), have you seen any of the following types of doctors or health professionals for your own MENTAL HEALTH?**

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| General practitioner (1) |  |  |
| Psychiatrist (2) |  |  |
| Psychologist (3) |  |  |
| Mental health nurse (4) |  |  |
| Other professional providing specialist mental health services including social worker, counsellor, occupational therapist (5) |  |  |
| Complementary/alternative therapist such as herbalist or naturopath (6) |  |  |

Q192 **In the PAST 12 MONTHS did you use the internet to get help or information for problems with your mental health?**

* Yes (1) 🔿 No (2)

Q193 **In the PAST 12 MONTHS did you use a telephone counselling service (such as Lifeline) for problems with your mental health?**

* Yes (1) 🔿 No (2)

*If ‘No’ to Q190 (or skipped) AND ‘No’ to visiting all therapists in 191 go to Q201*

Q194 **Considering your mental health care in the PAST 12 MONTHS, which of the following forms of help did you receive?**

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Information about mental health and emotional problems, its treatment, and available services (1) |  |  |
| Medicine or tablets (2) |  |  |
| Counselling including psychotherapy, cognitive behaviour therapy or help to talk through your problems (3) |  |  |

*If ‘No’ to receiving information about mental illness go to Q196*

Q195 **You mentioned you received information about mental illness, its treatments and available services: Do you think you got as much of this kind of help as you needed?**

* Yes (1) 🔿 No (2)

*If ‘Yes’ to receiving information about mental illness go to Q197*

Q196 **You mentioned you did not receive information about mental illness, its treatments and available services: Do you think you needed this type of help?**

* Yes (1) 🔿 No (2)

*If ‘No’ to receiving medicine for mental illness go to Q198*

Q197 **You mentioned you received medicine or tablets: Do you think you got as much of this kind of help as you needed?**

* Yes (1) 🔿 No (2)

*If ‘Yes’ to receiving medicine for mental illness go to Q199*

Q198 **You mentioned you did not receive medicine or tablets: Do you think you needed this type of help?**

* Yes (1) 🔿 No (2)

*If ‘No’ to receiving counselling for mental illness go to Q200*

Q199 **You mentioned you received counselling or a talking therapy: Do you think you got as much of this kind of help as you needed?**

* Yes (1) 🔿 No (2)
* *If ‘Yes’ to receiving counselling for mental illness go to Q201*

Q200 **You mentioned you did not receive counselling or a talking therapy: Do you think you needed this type of help?**

* Yes (1) 🔿 No (2)

*If you have received any help for a mental health problem from a health professional or hospital over last 12 months go to Q205*

Q201 **You mentioned that you didn’t receive any assistance for a mental health reason in a hospital or from any health professional. Were there any types of help you think you needed during the last 12 months for your mental health but did not get?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q206*

Q202 **Do you think you needed information about mental health and emotional problems, its treatment, and available services?**

* Yes (1) 🔿 No (2)

Q203 **Do you think you needed medicine or tablets?**

* Yes (1) 🔿 No (2)

Q204 **Do you think you needed counselling including psychotherapy, cognitive behaviour therapy or help to talk through your problems?**

* Yes (1) 🔿 No (2)

Q205 **Which is the main reason that you didn’t need any help**?

* • I didn’t have any serious problems with my mental health (1)
* • I preferred to manage myself (2)
* • I didn’t think anything could help (3)
* • I didn’t know where to get help (4)
* • I was afraid to ask for help or what other people would think of me (5)
* • I couldn’t afford the money (6)
* • I asked but didn’t get the help (7)
* • I got help from another source (8)

Q206 **In the LAST MONTH have you taken or used any medications (including herbal remedies) for:**

* Anxiety (1)
* depression (2)
* Both Anxiety and depression (3)
* Neither (4)

*If ‘No’ to taking medication for anxiety and/or depression go to Q213*

Q208 **What are the names of the medications you took for anxiety or depression in the last months? (Listed alphabetically down columns) Please choose all that apply**: (see over page)

* • Alapam (1)
* • Allegron (2)
* • Alprax (3)
* • Alprazolam (4)
* • Amira (5)
* • Anafranil (6)
* • Antenex (7)
* • Aropax (8)
* • Ativan (9)
* • Aurorix (10)
* • Auscap (11)
* • Avanza (12)
* • Axit (13)
* • Buspar (14)
* • Celapram (15)
* • Celica (16)
* • Ciazil (17)
* • Cipramil (18)
* • Citalobell (19)
* • Clomipramine (20)
* • Clobemix (21)
* • Concorz (22)
* • Cymbalta (23)
* • Deptran (24)
* • Diazepam (25)
* • Dothep (26)
* • Ducene (27)
* • Edronax (28)
* Efexor (29)
* • Eleva (30)
* • Endep (31)
* • Escitalopram (32)
* • Esipram (33)
* • Esitalo (34)
* • Extine (35)
* • Faverin (36)
* • Fluohexal (37)
* • Fluoxebell (38)
* • Frisium (39)
* • Hypericum / St John’s Wort (40)
* • Kalma (41)
* • Kava (42)
* • Lexam (43)
* • Lexapro (44)
* • Lexotan (45)
* • Lovan (46)
* • Loxalate (47)
* • Lumin (48)
* • Luvox (49)
* • Magnesium supplements (50)
* • Maosig (51)
* • Mirtrazapine (52)
* • Mirtazon (53)
* • Moclobemide (54)
* • Mohexal (55)
* • Movox (56)
* • Nardil (57)
* • Nervatona (58)
* • Parnate (59)
* • Paroxetine (60)
* • Paxtine (61)
* • Placil (62)
* • Pristiq (63)
* • Prothiaden (64)
* • Prozac (65)
* • Ranzepam (66)
* • Remeron (67)
* • Rescue remedy (68)
* • Risperdal (69)
* • Serapax (70)
* • Seroquel (71)
* • Sertra (72)
* • Sertraline (73)
* • Setrona (74)
* • Sinequan (75)
* • Surmontil (76)
* • Talam (77)
* • Talohexal (78)
* • Tofranil (79)
* • Tolerade (80)
* • Tolvon (81)
* • Valdoxan (82)
* • Valium (83)
* • Vitamin B complex (84)
* • Xanax (85)
* • Zactin (86)
* • Zoloft (87)
* • Zyprexa (88)
* • OTHER (89) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q209 **How often do you usually take medications for anxiety or depression?**

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

*If ‘less than once a week’ go to Q213*

Q210 **For how long have you taken medications for anxiety or depression this regularly?**

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

Q213 **The next group of questions ask about your SLEEP habits and any problems you may have with sleep. The first few questions relate to your usual sleep habits during the PAST MONTH ONLY. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. During the past month, WHAT TIME have you usually gone to bed?**

\_\_\_\_\_\_\_ Hours (1) \_\_\_\_\_\_\_ Minutes (2)

Q216 **During the PAST MONTH, how long (in minutes) has it taken you to fall asleep each night? (Enter 888 if don't know).**

\_\_\_\_\_\_\_\_\_\_

Q214 **During the PAST MONTH, what time have you usually got up in the morning? (Enter 88 if don&#39;t know).**

\_\_\_\_\_\_\_ Hours (1) \_\_\_\_\_\_\_ Minutes (2)

Q215 **During the PAST MONTH, how many hours of actual sleep did you get at night?** (This may be different than the number of hours you spent in bed.) (Enter 88 if don’t know).

\_\_\_\_\_\_\_ Hours (1) \_\_\_\_\_\_\_ Minutes (2)

Q217 **Please rate the current (LAST TWO WEEKS) severity of the following problems. Please choose the appropriate response for each item:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | None (1) | Mild (2) | Moderate (3) | Severe (4) | Very severe (5) |
| Difficulty falling asleep (1) |  |  |  |  |  |
| Difficulty staying asleep (2) |  |  |  |  |  |
| Problems waking up too early (3) |  |  |  |  |  |

Q218 **On the overall, do you think that you suffer from insomnia or sleep problems?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q223*

Q219 **How satisfied / dissatisfied are you with your current sleep pattern?**

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

Q220 **How noticeable to others do you think your sleep problem is in terms of your quality of life?**

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

Q221 **How worried/distressed are you about your current sleep problem?**

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

Q222 **To what extent do you consider your sleep problem to currently interfere with your daily functioning (eg daytime fatigue, mood, ability to function at work/daily chores, concentration, memory etc)?**

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

Q223 **How often do you have nightmares?**

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

Q224 **In the LAST MONTH have you taken or used any pills or medications (including herbal remedies) to help you sleep?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q229*

Q225 **What are the names of the sleeping pills or medications you took in the last month?** **(Listed alphabetically down columns) Please choose all that apply:** (See over page)

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

Q226 **How often do you usually take sleeping pills or medications?**

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

*If Less than once a week go to Q229*

Q227 **For how long have you taken sleeping pills or medications this regularly?**

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

Q229 **We are interested in knowing any problems that you may have been having with PAIN. (This is referring to physical pain). During the PAST WEEK, how often did you experience pain?**

* All days (1)
* 5 - 6 days (2)
* 3 - 4 days (3)
* 1 - 2 (4)
* No days (5)
* *If ‘No days’ go to Q232*

Q230 **For how long did the pain typically last?**

* 0 to1 hour (1)
* 1 to 2 hours (2)
* 2 to 3 hours (3)
* Half the day (4)
* All day (5)

Q231 **Please indicate on a scale of zero to ten with 0 being no pain and 10 being severe pain. How severe was the pain you had in the past week?**

* 0 - No Pain (1)
* 1 (2)
* 2 (3)
* 3 (4)
* 4 (5)
* 5 (6)
* 6 (7)
* 7 (8)
* 8 (9)
* 9 (10)
* 10 - Severe pain (11)

Q232 **In the LAST MONTH have you taken or used any pain relievers such as aspirin, codeine, panadol or herbal remedies?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q236*

Q233 **What are the names of the pain relievers you took in the last month?** **(Listed alphabetically down columns). Please choose all that apply:** (See over page)

* • Alka-Seltzer (1)
* • Aspalgin (2)
* • Aspirin (3)
* • Aspro (4)
* • Capadex (5)
* Celebrex (6)
* • Chemist’s Own Dolased analgesic/pain relief (7)
* • Chemist’s Own Ibuprofin + codeine (8)
* • Chemist’s Own Pain tablets/tabsules (9)
* • Codalgin (10)
* • Codalgin forte (11)
* • Codapane (12)
* • Codapane forte (13)
* • Codeine (14)
* • Codiphen (15)
* • Codis (16)
* • Codox (17)
* • Codral pain relief (18)
* • Codral forte (19)
* • Comfarol forte (20)
* • Di-gesic (21)
* • Disprin (22)
* • Disprin Forte (23)
* • Dolaforte (24)
* • Doloxene (25)
* • Duatrol (26)
* • Durotram (27)
* • Dymadon (28)
* • Ecotrin (29)
* • Endone (30)
* • Febridol (31)
* • Febridol Plus (32)
* • Fiorinal (33)
* • Lodam (34)
* • Lyrica (35)
* • Maxydol (36)
* • Mersyndol (37)
* • Mersyndol forte (38)
* • Nurophen plus (39)
* • Painstop night time pain relief (40)
* • Panadeine (41)
* • Panadeine forte (42)
* • Panadol (43)
* • Panadol extra (44)
* Panadol osteo (45)
* • Panafen plus (46)
* • Panalgesic (47)
* • Panama (48)
* • Paracetamol (any brand) (49)
* • Paradex (50)
* • Paralgin (51)
* • Parmol (52)
* • Perfalgan (53)
* • Prodeine (54)
* • Proladone (55)
* • ProVen plus (56)
* • Solprin (57)
* • Tensodeine (58)
* • Tramadol (59)
* • Tramahexal (60)
* • Tramal (61)
* • Tramedo (62)
* • Veganin (63)
* • Zydol (64)
* • OTHER (65) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q234 How often do you usually take pain relievers?**

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

*If ‘Less than once a week’ go to Q236*

Q235 **For how long have you taken pain relievers this regularly?**

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

Q236 **Have you had any HEAD INJURIES since your last interview?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q249*

Q237 **As a result of a head injury since your last interview:**

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| did you visit a hospital emergency department? (1) |  |  |
| were you admitted to hospital? (2) |  |  |
| did you seek medical assistance from a General Practitioner for a head injury? (3) |  |  |

Q238 **Since your last interview, have you had a serious head injury, that interfered with your memory, made you lose consciousness or caused a blood clot in your brain?**

* Yes (1) 🔿 No (2) 🔿 Don't know (3)

*If ‘No’ go to Q249*

Q239 **The next questions on head injury refer to the period since your last interview. How many head injuries have you had?** (Enter 88, if don’t know)

\_\_\_\_\_\_\_\_\_

*If ONE head injury go to Q242*

Q240 **How old were you when you had the FIRST head injury since your last interview?**

\_\_\_\_\_\_\_\_\_\_

Q241 **How old were you when you had the LAST head injury?**

\_\_\_\_\_\_\_\_\_

*If MORE than one injury go to Q243*

Q242 **How old were you when you had this injury?**

\_\_\_\_\_\_\_\_\_

Q243 **For the next few questions on head injury, please consider the most severe or worst head injury since your last interview that caused the greatest disruption to your life. What was the cause of this injury?**

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

Q244 **Is there a period after the injury that you cannot remember at all?**

* Yes (1) 🔿 No (2) 🔿 Not sure (3)

*If ‘No go to Q246 (below)*

Q247 **How long was that period?**

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

Q246 **Did you lose consciousness following the head injury?**

* Yes (1) 🔿 No (2) 🔿 Not sure (3)

*If ‘No go to Q249*

Q248 **For how long did you lose consciousness?**

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

Q249 **How much do you weigh without your clothes and shoes**? Enter Kilograms or stones and pounds (Please try to answer even if it is an approximate value)

\_\_\_\_\_\_\_ Kgs OR \_\_\_\_\_ stones \_\_\_\_ pounds

Q250 **Here is a list of medical problems. Have you been told by your doctor that you suffer from any of the following?**

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Epilepsy (1) |  |  |
| Asthma (2) |  |  |
| Chronic bronchitis (3) |  |  |
| Emphysema (4) |  |  |
| Diabetes (5) |  |  |

*If ‘No’ to diabetes go to Q253*

Q251 **What type of diabetes do you have?**

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

Q252 **What treatment do you use to control your diabetes?**

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Diet and exercise (1) |  |  |
| Tablets (2) |  |  |
| Insulin (3) |  |  |

Q253 **Do you suffer from a thyroid disorder?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q255*

Q254 **Were you told whether your thyroid disorder is due to:**

* Increased function (1)
* reduced function (2)
* Don't know (3)

Q255 **Do you suffer from arthritis?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q257*

Q256 **Which of the following types of arthritis were you told you suffer from?**

* Osteoarthritis (1)
* Rheumatoid arthritis (2)
* Gout (3)
* Other (enter below) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don't know (5)

Q257 **Do you suffer from Parkinson’s Disease?**

* Yes (1) 🔿 No (2)

Q258 **Since your last interview have you suffered a heart problem that led to hospital admission, hospital emergency contact or consultation with a specialist?**

* Yes (1) 🔿 No (2) 🔿 Don't know (3)

**Q259 Since your last interview, have you been told by your doctor that you suffer from a heart problem?**

* Yes (1) 🔿 No (2) 🔿 Don't know (3)

*If ‘No’ or ‘Don’t know’ go to Q261*

Q260 **Were you told that your heart problem was a:**

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| myocardial infarction or heart attack? (1) |  |  |
| angina (2) |  |  |
| heart failure (3) |  |  |
| atrial fibrillation (4) |  |  |
| Other / Don't know (5) |  |  |

Q261 **Have you had a brain infection since your last interview**?

* Yes (1) 🔿 No (2)

Q262 **Have you suffered a stroke since your last interview? (Sudden numbness or weakness of face, arm or leg, especially on one side of the body; sudden confusion, trouble speaking or understanding, trouble seeing in one or both eyes, trouble walking, dizziness, loss of balance or coordination. These symptoms lasted more than than 24 hours).**

* Yes (1) 🔿 No (2) 🔿 Don't know (3)
* *If ‘No’ or ‘Don’t know’ go to Q265*

Q263

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Was the diagnosis of stroke confirmed by a specialist (eg. Neurologist)? (1) |  |  |
| Did the event result in hospital admission? (2) |  |  |
| Was the stroke associated with bleeding in the brain? (3) |  |  |

Q264 **When was the stroke (year)?** (enter 9999 if unknown) \_\_\_\_\_\_\_\_\_\_

Q265 **Have you suffered from a Transient Ischemic Attack (TIA or ministroke) since your last interview? (**Sudden onset of symptoms similar to a stroke.  Most symptoms disappear within an hour but may persist for up to 24 hours).

* Yes (1) 🔿 No (2) 🔿 Don't know (3)
* *If ‘No’ or ‘Don’t know’ go to Q267*

Q266

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Was the diagnosis of TIA or ‘mini-stroke’ confirmed by a specialist (eg. Neurologist)? (1) |  |  |
| Did the event result in hospital admission? (2) |  |  |

Q267 **Has your doctor told you that you suffer from high blood pressure?**

* Yes (1) 🔿 No (2) 🔿 Uncertain (3)

*If ‘No’ or ‘uncertain’ go to Q260*

Q268 **Are you currently taking any tablets for high blood pressure?**

* Yes (1) 🔿 No (2)

Q269 **Has a doctor ever told you that you have high cholesterol?**

* Yes (1) 🔿 No (2)

Q270 **Have you ever been diagnosed with cancer or leukemia?**

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

*If ‘No’ to either cancer or leukaemia go to Q274*

Q271 **Have you had any of the following treatments for cancer?**

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

*If NO chemotherapy go to Q273*

Q272 **In what year did you last have chemotherapy?** If more than one year enter year when you had most of the chemotherapy. ( Enter 9999 if don’t know)

\_\_\_\_\_\_\_\_\_\_

*If NO radiation go to Q274*

Q273 **In what year did you last have radiation**? If more than one year enter year when you had most of the radiation. ( Enter 9999 if don't know)

\_\_\_\_\_\_\_\_\_\_

Q274 **Have you ever been diagnosed with any other chronic or serious disabling illness? If “yes” please briefly describe.**

Q349 **Did / does your natural or biological mother have a problem with memory loss, confusion, dementia, or hardening of the arteries?**

* Yes (1) 🔿 No (2) 🔿 Don't know (3)

Q350 **Did / does your natural or biological father have a problem with memory loss, confusion, dementia, or hardening of the arteries?**

* Yes (1) 🔿 No (2) 🔿 Don't know (3)

Q352 **Did / do any of your natural or biological siblings have a problem with memory loss, confusion, dementia, or hardening of the arteries?**

* Yes (1) 🔿 No (2) 🔿 Don't know (3)

Q275 **In the LAST MONTH have you taken any vitamin or mineral supplements?**

* Yes (1) 🔿 No (2)

*If ‘No’ go to Q279*

Q276 **What kind of vitamin or mineral was this? (Listed alphabetically down columns) Please choose all that apply.**

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

Q277 **How often do you usually take vitamins or minerals?**

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

*If ‘Less than once a week’ go to Q279*

Q278 **For how long have you taken vitamins or minerals regularly?**

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

Q279 **In the last month have you taken or used any medications (including herbal remedies) to lower your cholesterol?**

* Yes (1) 🔿 No (2)

Q358 **Do you take omega 3 supplements?**

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

Q280 **In the last month have you taken or used any other type of medication not asked about previously**? (Excluding contraception and hormone replacement therapy).

* Yes (1) 🔿 No (2)

*If ‘NO’ go to Q 282*

Q281 **What types of medication did you take or use?** (Excluding contraception and hormone replacement therapy).

*If MALE go to Q285*

Q282 **We would like to know more about your periods and menopause**. **Which of the following best describes you?**

* • I am still having regular periods. (1)
* • My periods are irregular and I think it might be due to menopause. (2)
* • My periods have stopped entirely due to a hysterectomy (3)
* • My periods have stopped entirely due to menopause. (4)
* • My periods have stopped entirely due to another reason (5)
* • Other (e.g. using medication/injections that have stopped you having a period for a certain time, pregnancy) (6)

Q283 **Have you ever had hormone replacement therapy (HRT)?**

* 🔿 Yes (1) 🔿 No (2)

Q285 **The next group of questions ask about PHYSICAL ACTIVITY. How often do you take part in sports or activities that are mildly energetic, moderately energetic or vigorous?**

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

Q286 **Please give the average number of hours or minutes per week you spend in such sports or activities. (Please enter 0 in hours and minutes if not undertaken at all (Enter 99 to refuse)**

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

Q287 **The following questions are very similar to the questions about physical activity that you have just completed. These are more specific and will allow comparison of this data with other studies. In the LAST WEEK, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places? (Enter 0 if not at all)**

*If ‘0’ go to Q293*

Q289 **What do you estimate was the total time that you spent walking in this way in the LAST WEEK?**

\_\_\_\_\_\_\_ Hours \_\_\_\_\_\_\_ Minutes

Q293 **In the LAST WEEK, how many times did you do any vigorous gardening or heavy work around the yard, which made you breath harder or puff and pant? (Enter 0 if not at all)**

\_\_\_\_\_\_\_\_\_\_

*If ‘0’ go to Q294*

Q290 **What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the LAST WEEK?**

\_\_\_\_\_\_\_ Hours \_\_\_\_\_\_\_ Minutes

Q294 **The next questions exclude household chores, gardening or yardwork: In the LAST WEEK, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (eg jogging, cycling, aerobics, competitive tennis). (Enter 0 if not at all)**

\_\_\_\_\_\_\_\_\_\_

*If ‘0’ go to Q295*

Q291 **What do you estimate was the total time that you spent doing this vigorous physical activity in the LAST WEEK?**

\_\_\_\_\_\_\_ Hours \_\_\_\_\_\_\_ Minutes

Q295 **In the LAST WEEK how many times did you do any other more moderate physical activities that you have not already mentioned? (eg gentle swimming, social tennis, golf). (Enter 0 if not at all)**

\_\_\_\_\_\_\_\_\_\_

*If ‘0’ go to Q331*

Q292 **What do you estimate was the total time that you spent doing these activities in the LAST WEEK?**

\_\_\_\_\_\_\_ Hours \_\_\_\_\_\_\_ Minutes

Q331 **Now think about all of the time you spend sitting during each day while at home, at work, while getting from place to place or during your spare time. This may include time spent visiting friends, driving, reading, watching television, or working at a desk or computer? How many hours do you spend sitting on a usual week day (work and leisure together)?**

\_\_\_\_\_\_\_ Hours \_\_\_\_\_\_\_ Minutes

Q332 **How many of these hours (in Question above) on a usual week day do you spend sitting at work only?**

\_\_\_\_\_\_\_ Hours \_\_\_\_\_\_\_ Minutes

Q333 **How many hours do you spend sitting on a usual weekend day?**

\_\_\_\_\_\_\_ Hours \_\_\_\_\_\_\_ Minutes

Q296 **Please indicate whether you have undertaken any of the following activities in the LAST 6 MONTHS.**

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

Q297 **Do you play (or have you ever played) a musical instrument?**

🔿 Yes (1) 🔿 No (2)

*If ‘0’ go to Q302*

Q298 **At what age did you first start regularly learning to play a musical instrument?**

\_\_\_\_\_\_\_\_\_\_

Q299 **Which instruments did/do you play?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q300 **For how many years have you played any musical instrument?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q301 **On average, in the years you played a musical instrument, how much would you have practiced?**

* 1 hour per month or less (1)
* 1 hour per week (2)
* 1 - 7 hours per week (3)
* More than an hour per day (4)

Q302 **About how much time do you spend reading each day, including online?**

* • None (1)
* • Less than one hour (2)
* • One to less than two hours (3)
* • Two to less than three hours (4)
* • Three or more hours (5)
* • Don't know (6)

Q303 **Thinking of the LAST YEAR, how often do you read newspapers, including online?**

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

Q304 **During the PAST YEAR, how often did you read magazines, including online?**

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

Q305 **During the PAST YEAR, how often did you read books?**

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

Q306 **During the PAST YEAR, how often did you play games like checkers or other board games, cards, puzzles, word games, mind teasers, or any other similar games? This includes any online games.**

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

Q307 **During the PAST YEAR, how often did you write letters or emails?**

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

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

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

Q308 **In LAST 10 YEARS, did you ever keep a diary, journal or blog**?

* Yes (1) 🔿 No (2) 🔿 Don't know (3)

*If ‘0’ go to Q311*

Q310 **For how many years did you do this?** \_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

Q314 **This section is about some of the foods you usually eat. Record about how often you usually eat these foods. How many serves of vegetables do you usually eat each day?**

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

Q315 **How many serves of fruit do you usually eat each day?**

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

Q316 **How often do you drink fruit juices such as orange, grapefruit or tomato? (Answer one choice only)**

\_\_\_\_\_ Per day (1)

\_\_\_\_\_ Per week (if less than daily) (2)

\_\_\_\_\_ Per month if less than weekly) (3)

\_\_\_\_\_ Rarely or never (enter 1 in box) (4)

Q317 **Not including juice, how often do you eat fruit? (Answer one choice only)**

\_\_\_\_\_ Per day (1)

\_\_\_\_\_ Per week (if less than daily) (2)

\_\_\_\_\_ Per month if less than weekly) (3)

\_\_\_\_\_ Rarely or never (enter 1 in box) (4)

Q318 **How often do you eat chips, french fries, wedges, fried potatoes or crisps? (Answer one choice only)**

\_\_\_\_\_ Per day (1)

\_\_\_\_\_ Per week (if less than daily) (2)

\_\_\_\_\_ Per month if less than weekly) (3)

\_\_\_\_\_ Rarely or never (enter 1 in box) (4)

Q319 **How often do you eat potatoes? (Answer one choice only)**

\_\_\_\_\_ Per day (1)

\_\_\_\_\_ Per week (if less than daily) (2)

\_\_\_\_\_ Per month if less than weekly) (3)

\_\_\_\_\_ Rarely or never (enter 1 in box) (4)

Q320 **How often do you eat salad? (Salad includes mixed green salad and other mixtures of raw vegetables.)(Answer one choice only)**

\_\_\_\_\_ Per day (1)

\_\_\_\_\_ Per week (if less than daily) (2)

\_\_\_\_\_ Per month if less than weekly) (3)

\_\_\_\_\_ Rarely or never (enter 1 in box) (4)

Q321 **Not counting potatoes and salad, how often do you eat cooked vegetables? (Answer one choice only)**

\_\_\_\_\_ Per day (1)

\_\_\_\_\_ Per week (if less than daily) (2)

\_\_\_\_\_ Per month if less than weekly) (3)

\_\_\_\_\_ Rarely or never (enter 1 in box) (4)

Q342 **How often do you eat smoked fish or seafood (such as smoked salmon, oysters, trout or others?**

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

Q343 **How often do you eat sushi or sashimi (containing raw fish or seafood including shellfish)?**

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

Q344 **How often do you eat raw oysters, raw clams or other raw fish (not including raw fish in sushi)?**

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

Q345 **How often do you eat fish sticks or fried fish (including fried seafood or shellfish)?**

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

**Q346 How often do you eat all other fish or seafood (including shellfish) that was not fried, smoked, or raw?**

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