

The PATH Through Life Questionnaire 60+ Wave 1 (2001)

A *INTERVIEWER*. Please enter your own name here.

B. Enter Respondent's ID

Enter your ID number

C. Rate gender of Respondent.

Male

Female

To start with, I will ask you some questions about your education, employment, and your family. While I do this you can watch me use the computer and I can explain how to use it. Then I will give you the computer to work through the next group of questions. These include questions on your health, your smoking and drinking habits and possible stressors in your life. This will take about 30 minutes.

Then you will come to an instruction to give the computer back to me and I will do some physical testing and get you to complete some tasks.

Following this, I'll return the computer to you to complete the rest of the questionnaire. This usually takes an additional 30 minutes. Finally, I will get you to do a Reaction Time task and to take a cheek swab for genetic analysis. I would like to stress that I will not, at any stage, be able to see the answers you enter in the computer.

Do you have any questions before we begin?

First, a few general questions.

1. What was your age at your last birthday? years

2. Do you mind me asking your date of birth?

3. How many times have you been married or lived in a de facto relationship?
(Enter 0 if R has never been married or lived in a de facto relationship)

4. **What is your current marital status?**
- | | | |
|---|--|----|
| 1 | <input type="checkbox"/> Married | →5 |
| 2 | <input type="checkbox"/> De facto | →5 |
| 3 | <input type="checkbox"/> Separated | |
| 4 | <input type="checkbox"/> Divorced | |
| 5 | <input type="checkbox"/> Widowed | |
| 6 | <input type="checkbox"/> Never married | →5 |

- 4A. **How long is it since your last marriage or de facto relationship ended?**

years months

5. **I am now going to ask you some questions about your education. What is the highest level of primary or secondary schooling you have completed?**

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

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

- | | | |
|---|--|-----|
| 1 | <input type="checkbox"/> Trade certificate/apprenticeship | → 7 |
| 2 | <input type="checkbox"/> Technician's certificate/advanced certificate | → 7 |
| 3 | <input type="checkbox"/> Certificate other than above | |
| 4 | <input type="checkbox"/> Associate diploma | |
| 5 | <input type="checkbox"/> Undergraduate diploma | |
| 6 | <input type="checkbox"/> Bachelor's degree | → 7 |
| 7 | <input type="checkbox"/> Post graduate diploma/certificate | → 7 |
| 8 | <input type="checkbox"/> Higher degree | → 7 |
| 9 | <input type="checkbox"/> None of the above | → 7 |

- 6A. **How long does that certificate or diploma take to complete, studying full time?**

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

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

- Trade certificate/apprenticeship } → 7B
- Technician's certificate/advanced certificate } → 7B
- Certificate other than above
- Associate diploma
- Undergraduate diploma
- Bachelor's degree } → 7B
- Post graduate diploma/certificate } → 7B
- Higher degree } → 7B
- None of the above } → 8

7A. How long does that certificate or diploma take to complete, studying full time?

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

7B. Are you studying? Full-time
 Part-time

8. How would you describe your current employment status?

- 1 Employed full-time
- 2 Employed part-time, looking for full-time work
- 3 Employed part-time
- 4 Unemployed, looking for work →8B
- 5 Not in the labour force →8C

8A. What is your job title? (If more than one job, record title of main job. For public servants, record official designation, eg. ASO3, as well as occupation. For armed service personnel, state rank as well as occupation.)

What are your main duties or activities?

8A1. -----

→8F

8B. At any time in the LAST FOUR WEEKS have you looked for a job in any of the ways listed?

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

No →8D Yes

8B1. If you had found a job, could you have started last week? Yes

No

→8D

8C. What is your *main* activity if you are not in the work force?

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

8D. Have you ever been employed in the past? Yes

No

→9

8E. What was your last MAIN job title? For public servants, record official designation, eg. ASO3, as well as occupation. for armed service personnel, state rank as well as occupation.)

8E1. What were your main duties or activities?

8F. Are/Were you

- Employed by a government agency
- Employed by a profit-making business
- Employed by another organisation
- Self-employed/in business or practice for yourself →8I
- Working without pay in a family business →8I

8G. Which of the following best describes the position you hold/held within your business or organisation?

- Managerial position
- Supervisory position
- Non-management position

8H. About how many people are/were employed in the entire business, corporation or organisation for which you work?

- 1-9
- 10-24
- 25+

→9

8I. Not counting yourself or any partners, about how many people are/were usually employed in your business, practice or farm on a regular basis? (Enter '0' if no paid employees.)

_ _ _ _

9. Is English your first language? Yes →10
 No

9A. How old were you when you started to learn English? years

10. Do you have any children? (This includes adopted or step children and those not living with you?)

- Yes
- No → 11

10A. How many children do you have?

	Child number									
	1	2	3	4	5	6	7	8	9	10
10b Age of child - Years										
Months(If < 1 year)										
10c Does this child live with you:										
Full-time										
Part-time										
Not at all										
10d Is this child your - natural child										
adopted child										
step child										
other										

I am now going to give the computer to you to complete the next group of questions. If you have any questions or concerns, please ask me.

Please try to answer all the questions. However, if you really don't know the answer, press 'CTRL' and 'D' at the same time. Remember "D" for "don't know". If you would prefer not to answer a question, press 'CTRL' and 'R' at the same time. Remember "R" for "Refused".

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

- | | | | | |
|-----|---|--|--|--------------|
| 11. | Heart trouble | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 12. | Cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 13. | Arthritis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 14. | Thyroid disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 15. | Epilepsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 16. | Cataracts, glaucoma or
other eye disease | <input type="checkbox"/> Yes
<input type="checkbox"/> Yes | <input type="checkbox"/> No
<input type="checkbox"/> No | |
| 17. | Asthma, chronic bronchitis
or emphysema | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 18. | Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | if 'No' → 19 |

What treatment do you use to control your diabetes?

- | | | | |
|------|-------------------|------------------------------|-----------------------------|
| 18A. | Diet and exercise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18B. | Tablets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18C. | Insulin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

19. Have you ever suffered a stroke, ministroke or TIA (Transient Ischemic Attack)?

- Yes
No

20. Have you ever had a serious head injury where you became unconscious for more than 15 minutes?

- Yes
Uncertain → 21
No → 21

20A. Has this happened to you:

- Once?
More than once? → 20C
Uncertain → 20C

20B. How old were you when you had this injury? (Enter 'CTRL + D' if unknown)

years old → 21

20C. How many head injuries have you had where you became unconscious for more than 15 minutes? (Enter 'CTRL + D' if uncertain)

20C1. How old were you when you had the first injury? (Enter 'CTRL + D' if uncertain)

 years old

20C2. How old were you when you had the last injury? (Enter 'CTRL + D' if uncertain)

 years old

21. Have you ever suffered from high blood pressure?

- Yes
 No →22
 Uncertain →22

21A. Are you currently taking any tablets for high blood pressure?

- Yes
 No
 Uncertain

Could you tell me how tall you are? (Please try to answer even if it is an approximate value. If you have no idea, touch 'pen' to the space to enter number of cms and press 'CTRL' + 'D')

22a. cms

OR

22b. feet. inches

How much do you weigh without your clothes and shoes? (Please try to answer even if it is an approximate value. If you have no idea, touch 'pen' to the space to enter number of Kgs and press 'CTRL' + 'D').

23a. kgs

OR

23b. stones pounds

24. How would you describe your racial group?

- Caucasian/white
- Aboriginal/Torres Straight Islander
- Asian
- Other

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.

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

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

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

Does your health now limit you in:

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

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

28. Lifting or carrying groceries?

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

29. Climbing *several* flights of stairs?

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

30. Climbing *one* flight of stairs?

- Yes - limited a lot
- Yes - limited a little

31. **Bending, kneeling or stooping?** Yes - limited a lot
Yes - limited a little
No - not limited at all
32. **Walking *more than one kilometre*?** Yes - limited a lot
Yes - limited a little
No - not limited at all
33. **Walking half a kilometre?** Yes - limited a lot
Yes - limited a little
No - not limited at all
34. **Walking 100 metres?** Yes - limited a lot
Yes - limited a little
No - not limited at all
35. **Does your health now limit you in bathing or dressing yourself?**
Yes - limited a lot
Yes - limited a little
No - not limited at all

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

36. **Have you *accomplished less than you would like* as a result of *your physical health*?** Yes No
37. **Were you limited in the *kind* of work or other activities as a result of *your physical health*?** Yes No

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

38. **Have you *accomplished less than you would like* as a result of any *emotional problems*?** Yes No
39. **Did you not do work or other activities as *carefully* as usual as a result of any *emotional problems*?** Yes No
40. **During the *past 4 weeks*, how much did *pain* interfere with your normal work (including both work outside the home and housework)?**

- Not at all
A little bit
Moderately

- Quite a bit
- Extremely

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

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

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

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

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

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

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

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

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

45. Do you feel you can remember things as well as you used to? That is, is your memory the same as it was earlier in life?

- No
- Depends, sometimes
- Yes

If 'yes' go to 46

45A. Does this memory problem interfere in any way with your day to day life?

- No
- Yes
- Don't know

45B. Have you seen a doctor about your memory?

- No
- Yes

46. In the last month, have you taken any vitamins, minerals or other natural supplements?

- Yes
- No → 47

46A1-8. What kind of vitamin, mineral or supplement was this?

- | | |
|--|---|
| 1 <input type="checkbox"/> Vitamin C | 2 <input type="checkbox"/> B group vitamins |
| 3 <input type="checkbox"/> Vitamin E | 4 <input type="checkbox"/> Echinacea |
| 5 <input type="checkbox"/> Calcium | 6 <input type="checkbox"/> Evening primrose or starflower oil |
| 7 <input type="checkbox"/> Multivitamins | 8 <input type="checkbox"/> Other |

46b if not 'other'

Which other vitamins, minerals or supplements have you taken in the last month?

46A9.

46A10.

46A11.

46B. How often do you usually take vitamins, minerals or supplements?

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

46C. For how long have you taken vitamins, minerals or supplements regularly?

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

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

- Yes
- No → 48

47A1-14. What are the names of the sleeping pills or medications you took in the last month?

- | | | |
|---|--------------------------------------|---|
| 1 <input type="checkbox"/> Alodorm | 2 <input type="checkbox"/> Ducene | 3 <input type="checkbox"/> Euhypnos |
| 4 <input type="checkbox"/> Mogadon | 5 <input type="checkbox"/> Nocturne | 6 <input type="checkbox"/> Normison |
| 7 <input type="checkbox"/> Serapax | 8 <input type="checkbox"/> Temaze | 9 <input type="checkbox"/> Valium |
| 10 <input type="checkbox"/> Xanax | 11 <input type="checkbox"/> Valerian | 12 <input type="checkbox"/> Camomile or
"sleepytime" tea |
| 13 <input type="checkbox"/> Magnesium and/or
calcium supplements | 14 <input type="checkbox"/> Other | |

→47b if not 'other'

Which other sleeping pills or medications have you taken in the last month?

47A15.

47A16.

47A17.

47B. How often do you usually take sleeping pills or medications?

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

47C. For how long have you taken sleeping pills or medications this regularly?

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

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

- Yes
- No **→49**

48A1-12. What are the names of the pain relievers you took in the last month?

- | | | |
|---|--|--|
| 1 <input type="checkbox"/> Aspirin/Aspro | 2 <input type="checkbox"/> Codral | 3 <input type="checkbox"/> Disprin |
| 4 <input type="checkbox"/> Dymadon | 5 <input type="checkbox"/> Panadeine | 6 <input type="checkbox"/> Panadol/paracetamol |
| 7 <input type="checkbox"/> Codeine | 8 <input type="checkbox"/> Diclofenac | 9 <input type="checkbox"/> Brufen or Nurofen |
| 10 <input type="checkbox"/> Orudis or Oruvail | 11 <input type="checkbox"/> Naprosyn or Naprogesic | 12 <input type="checkbox"/> Other |

→48B if not 'other'

Which other pain relievers have you taken in the last month?

48A13.

48A14.

48A15.

48B. How often do you usually take pain relievers?

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

48C. For how long have you taken pain relievers this regularly?

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

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

- Yes
- No → 50

49A1-18. What are the names of the medications you took in the last month?

- | | | |
|---|---|--|
| 1 <input type="checkbox"/> Alepam | 2 <input type="checkbox"/> Antenex | 3 <input type="checkbox"/> Diazemuls |
| 4 <input type="checkbox"/> Ducene | 5 <input type="checkbox"/> Euhypnos | 6 <input type="checkbox"/> Mogadon |
| 7 <input type="checkbox"/> Muralax | 8 <input type="checkbox"/> Normison | 9 <input type="checkbox"/> Serapax |
| 10 <input type="checkbox"/> Temaze | 11 <input type="checkbox"/> Valium | 12 <input type="checkbox"/> Xanax |
| 13 <input type="checkbox"/> Kava Kava | 14 <input type="checkbox"/> Vitamin B complex | 15 <input type="checkbox"/> Brauer's Nervatona |
| 16 <input type="checkbox"/> Hypericum or St John's Wort | 17 <input type="checkbox"/> Magnesium supplements | 18 <input type="checkbox"/> Other |

→49B if not 'other'

Which other pills or medications have you taken for anxiety in the last month?

49A19.

49A20.

49A21.

49B. How often do you usually take medications for anxiety?

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

49C. For how long have you taken medications for anxiety this regularly?

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

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

- Yes
- No → 51

50A1-13. What are the names of the medications you took in the last month?

- | | | |
|---------------------------------------|--|---|
| 1 <input type="checkbox"/> Zoloft | 2 <input type="checkbox"/> Prozac | 3 <input type="checkbox"/> Aropax |
| 4 <input type="checkbox"/> Efexor | 5 <input type="checkbox"/> Serzone | 6 <input type="checkbox"/> Cipramal |
| 7 <input type="checkbox"/> Aurorix | 8 <input type="checkbox"/> Prothiaden | 9 <input type="checkbox"/> Sinequan |
| 10 <input type="checkbox"/> Tryptanol | 11 <input type="checkbox"/> St John's Wort or
Hypericum | 12 <input type="checkbox"/> S-Adenosylmethionine(SAM) |
| 13 <input type="checkbox"/> Other | | |

→50B if not 'other'

Which other pills or medications have you taken for depression in the last month?

50A14.

50A15.

50A16.

50B. How often do you usually take medications for depression?

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week } →51

50C. For how long have you taken medications for depression this regularly?

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

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

- Yes
- No → 52

51A1-6. What are the names of the medications you took in the last month?

- | | |
|--------------------------------------|--|
| 1 <input type="checkbox"/> Glutamine | 2 <input type="checkbox"/> Ginkgo biloba |
| 3 <input type="checkbox"/> Vitamin E | 4 <input type="checkbox"/> Guarana |
| 5 <input type="checkbox"/> Bacopa | 6 <input type="checkbox"/> Other |

→51 B if not 'other'

Which other medications have you taken to enhance your memory in the last month?

51A7.

51A8.

51A9.

51B. How often do you usually take medications to enhance your memory?

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week →52

51C. For how long have you taken such medications this regularly?

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

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

- Yes
- No →53

52A1-14. What are the names of the medications you took for lowering your cholesterol in the last month?

- | | | |
|--------------|---------------------|-----------|
| 1 Ausgem | 2 DBL Gemfibrozil | 3 Jezil |
| 4 Lescol | 5 Lipazil | 6 Lipex |
| 7 Lipitor | 8 Lipobay | 9 Lopid |
| 10 Pravachol | 11 SBPA Gemfibrozil | 12 Vastin |
| 13 Zocor | 14 Other | |

52B if not 'other'

Which other medications have you taken to lower your cholesterol in the last month?

52A15.

52A16.

52A17.

52B. How often do you usually take medications to lower your cholesterol?

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week →53

52C. For how long have you taken such medications this regularly?

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

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

- Yes
- No →54

53A. What types of medication did you take or use? (Excluding contraceptive pills and hormone replacement therapy).

If gender=male go to Q58

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

years

55. Are you taking any contraceptive pills?

- Yes
- No → 55D

55A. At what age did you first start? years

55B. For how many years altogether have you taken contraceptive pills?

years

55C1-16. Which pill are you currently taking?

- | | | |
|---------------------------------------|---|---|
| 1 <input type="checkbox"/> Brenda-35 | 6 <input type="checkbox"/> Brevinor | 11 <input type="checkbox"/> Diane-35 |
| 2 <input type="checkbox"/> Femoded ED | 7 <input type="checkbox"/> Marvelon 28 | 12 <input type="checkbox"/> Mycrogynon 30 |
| 3 <input type="checkbox"/> Minulet 28 | 8 <input type="checkbox"/> Nordette | 13 <input type="checkbox"/> Triphasil |
| 4 <input type="checkbox"/> Triquilar | 9 <input type="checkbox"/> Locilan 28 Day | 14 <input type="checkbox"/> Microlut |
| 5 <input type="checkbox"/> Miconor | 10 <input type="checkbox"/> Microval | 15 <input type="checkbox"/> Noriday |
| 16 <input type="checkbox"/> Other | | |

If not 'other' →56

55C17. What other contraceptive pill (or injection) are you currently using?

→56

55D. Did you ever take contraceptive pills?

- Yes
- No } →56

55E. At what age did you first start? years

55F. For how many years altogether did you take contraceptive pills?

years

55G1-16. Which pills did you take?

- | | | |
|---------------------------------------|---|---|
| 1 <input type="checkbox"/> Brenda-35 | 6 <input type="checkbox"/> Brevinor | 11 <input type="checkbox"/> Diane-35 |
| 2 <input type="checkbox"/> Femoded ED | 7 <input type="checkbox"/> Marvelon 28 | 12 <input type="checkbox"/> Mycrogynon 30 |
| 3 <input type="checkbox"/> Minulet 28 | 8 <input type="checkbox"/> Nordette | 13 <input type="checkbox"/> Triphasil |
| 4 <input type="checkbox"/> Triquilar | 9 <input type="checkbox"/> Locilan 28 Day | 14 <input type="checkbox"/> Microlut |
| 5 <input type="checkbox"/> Miconor | 10 <input type="checkbox"/> Microval | 15 <input type="checkbox"/> Noriday |
| 16 <input type="checkbox"/> Other | | |

If not 'other' →56

55G17. What other contraceptive pill (or injection) did you take?

56. Have you ceased having your periods entirely? Yes
 No →57

56A. At what age did your periods cease? years

56B. What was the cause of menopause?

- Natural menopause
- Hysterectomy
- Other

57. Have you ever had hormone replacement therapy (HRT)?

- Yes
- No →58

57A. How long have you had hormone replacement therapy?
(If less than 1 year, enter 1).

years

57B. Are you still having hormone replacement therapy?

Yes

No

57C1-9. Which hormone replacement medications are you taking/have you taken?

1 Climara

5 Estraderm

2 Femoston

6 Kliogest

3 Menoprem

7 Menorest

4 Provelle-14

8 Trisequens

9 Other

If not 'other' →58

57C10. Which other type of HRT are you taking/have you taken?

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

Do you currently smoke?

Yes

No →58C

58A. Do you smoke cigarettes:

At least once a day?

→58B

Less than once a day?

→58B1

Don't smoke cigarettes

→59

58B. How many cigarettes do you usually smoke in one day?

→59

58B1. How many cigarettes do you usually smoke over a one month period?

→59

58C. Have you smoked at all over the last month?

Yes

No →58D

58C1. Approximately how many cigarettes have you smoked in the last month?

58D. Have you ever smoked regularly?

Yes

No

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

- Never Less than monthly Monthly Weekly Daily or almost daily

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

- Never Less than monthly Monthly Weekly Daily or almost daily

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

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

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

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

69. **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
 2 to 4 times a month
 2 to 3 times a week
 4 or more times a week

70. **How many standard drinks did you have on a typical day when you were drinking? Ask (interviewer) for Showcard A which explains what we mean by "a standard drink".**

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

71A1-8. Please indicate your reasons for not drinking? *(You can have more than one answer.)*

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

If not 'other' →72

71A19. What other reasons do you have for not drinking?

→72

71B1-8. Please indicate if any of the following have influenced your drinking? *(You can have more than one answer).*

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

If not 'other' →72

71B19. Other influences on your drinking?

→72

71C1-9. Why did you give up drinking alcohol?

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

If not 'other' →72

71B19. What other reasons caused you to give up alcohol?

→72

71D1-9. Why did you cut down on your drinking?

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

If not 'other' →72

71D19. What other reasons caused you to cut down on alcohol?

72. Have you ever tried marijuana/hash?

- Yes
No →73

72A. How old were you the first time you actually used marijuana/hash?

- Under 16 16-17 18-19 20-24 25 or more

72B. Have you used marijuana/hash in the past 12 months? Yes No

If 'No' →73

72C. How often do you use marijuana/hash?

- Once a week or more
Once a month
Every 1-4 months
Once or twice a year
Less often, no longer use

72D. In the last year have you ever used marijuana/hash more than you meant to?

- Yes
No

72E. Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?

- Yes
No

Have any of the following life events or problems happened to you during the last six months?

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

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

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

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

77. You broke off a steady relationship. Yes No

78. You had a serious problem with a close friend, neighbour or relative. Yes No
79. You had a crisis or serious disappointment in your work or career. Yes No
80. You thought you would soon lose your job. Yes No

If NOT married or in a de facto relationship go to Q84

By 'partner' we mean spouse or de facto partner. Have any of the following happened in the last six months?

81. Your partner thought he/she would soon lose his/her job. Yes No
82. Your partner had a crisis or serious disappointment in his/her work or career. Yes No
83. You had a separation due to marital difficulties. Yes No
84. You became unemployed or you were seeking work unsuccessfully for more than one month. Yes No
85. You were sacked from your job. Yes No
86. You had a major financial crisis. Yes No
87. You had problems with the police and a court appearance. Yes No
88. Something you valued was lost or stolen. Yes No

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

- Yes, often
Yes, sometimes
No

90. Do you own the home in which you are currently living? Yes
No

If 'yes' →91

90A. Do you own a house or unit elsewhere? Yes
No

91. Do you receive the aged pension from the Department of Social Security or service pension from the Department of Veteran's Affairs?

Yes
No

If 'no' →92

91A. Is this a full or part pension? Full
Part

91B. Is your pension your only source of income? Yes
No

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

92. How often do friends make you feel cared for?
Often Sometimes Rarely Never

93. How often do they express interest in how you are doing?
Often Sometimes Rarely Never

94. How often do friends make too many demands on you?
Often Sometimes Rarely Never

95. How often do they criticise you?
Often Sometimes Rarely Never

96. How often do friends create tensions or arguments with you?
Often Sometimes Rarely Never

97. How often do family make you feel cared for?
Often Sometimes Rarely Never

98. How often do family express interest in how you are doing?
Often Sometimes Rarely Never

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

Often Sometimes Rarely Never

100. How often do family criticise you?

Often Sometimes Rarely Never

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

Often Sometimes Rarely Never

If NOT married or in a de facto relationship go to Q112

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

A lot Some A little Not at all

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

A lot Some A little Not at all

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

A lot Some A little Not at all

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

A lot Some A little Not at all

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

A lot Some A little Not at all

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

A lot Some A little Not at all

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

Often Sometimes Rarely Never

117. Would you currently consider yourself to be predominantly:

- Heterosexual
- Homosexual
- Bisexual
- Don't know

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

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

If Q10='No' → 120

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

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

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

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

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

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

TESTING

We are now going to do some measures of physical health and memory. The main reason for doing these tasks is to get an idea of how our three age groups compare. I have a card here on which I will write the results of some of the testing. When we get everyone's results we will send you the average results for this age group so that you can see how you went.

These measures will take about 30 minutes to do.

If necessary, suggest that the respondent, at this stage, moves to a position where they will be able to do the eye test comfortably.

First, I am going to take your blood pressure twice in the next five minutes or so. I'll just position your arm. (Take blood pressure reading preferably in the sitting position, and preferably using the left arm).

I'll now just put the cuff around your arm. (The arm should be unrestricted by clothing, so roll up the sleeve.) Ensure that 'Inflation pre-set' is on 170).

The cuff will now automatically inflate when I press this button. Just remain calm and still.

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

123. SYSTOLIC READING
124. DIASTOLIC READING
125. PULSE

126. The respondent was? Seated Lying down *refused/not asked*
- 127.. Which arm was used? Left Right *refused/not asked*

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

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

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

Start at the top and read down. Keep both eyes open.

Mark if incorrect. Record errors on card.

- 128a-b. all OK P
129a-c. all OK T U
130a-d. all OK A N X
131a-e. all OK F D H T
132a-f. all OK N U P T F
133a-g. all OK Z A X N F D
134a-h. all OK H N T P U Z A

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

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

135. SYSTOLIC READING

136. DIASTOLIC READING

137. PULSE

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

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

We are now going to try a very different task.

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

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

143. **I would now like to test your hand strength.** Stand and demonstrate as you say the following. **First of all, using the hand you write with, put your fingers through this opening here and your thumb around the black plastic moulding here. Now, you stand and hold the grip meter in the hand you write with, as I've shown. Put your arm down by your side. Now squeeze your fingers and thumb together as hard as you can. Record first measurement and move the lever to zero.**

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

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

Record second measurement.

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

145a - 145q

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

147. I am now going to ask you to do a task that can't be done on the computer.

First I will give you this sheet. Give Respondent Showcard B and use the printed instructions to explain the task.

(Remember, the screen will turn off while you are doing this. When you have finished, press the "ON" button to get back to this screen.)

Number correct

Refused/Not asked=999

Couldn't comprehend/other=888

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

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

148. FEV

149. FVC

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

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

150. FEV

151. FVC

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

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

152. FEV

153. FVC

Now I am going to say some numbers. When I stop I want you to say them backwards. For example, if I say 7-1-9, what would say?

Pause for respondent to respond. If respondent responds correctly (9-1-7) say, **That's right** and proceed to item 1. If respondent fails the example, say,

No, you would say 9-1-7. I said 7-1-9, so to say it backwards you would say 9-1-7. Now try these numbers. Remember, you are to say them backwards. 3-4-8. Whether respondent succeeds or fails with the second example (3-4-8) proceed to item 1. Give no help on this second example or on any of the items to follow.

Read at a rate of one number per second

Discontinue after failure on both trials of any item. Mark remainder "Incorrect".

MMSE

I am now going to ask you to do another task. This is a exercise to see how quickly and accurately you can work with your hands. Before you begin each part of the test, you will be told what to do and then you will have an opportunity to practice. Be sure you understand exactly what to do. Ask the Respondent which is their preferred hand and test this first.

Pick up one pin at a time with your (*right/left*) hand from the (*right/left*) cup. Starting with the top hole, place each pin in the (*right/left*) hand row.

Demonstrate by placing one pin in top hole.

Now you may insert a few pins for practice. If during the testing time you drop a pin, do not stop to pick it up. Simply continue by picking another pin out of the cup.

Correct any errors and answer any questions. When respondent has inserted 3 or 4 and appears to understand the task, say **Stop. Now take out the practice pins and place them back in the (*right/left*) cup.**

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

188.

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

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

189.

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

For this part of the test I would like you to use both hands at the same time. Pick up a pin from the right-hand cup with your right hand and at the same time pick up a pin from the left-hand cup with your left hand, and place the pins down the rows. Begin with the top hole of both rows. Demonstrate. Then

replace the pins used for demonstration. **Now you may insert a few pins with both hands to practice.** After 3 or 4 pairs of pins have been correctly inserted, say:

Stop. Take out the practice pins and put them back in the proper cups.

190. Then say: **When I say 'Begin', place as many pins as you can with both hands, starting with the top hole of both rows. Work as rapidly as you can until I say 'Stop'.**

Are you ready? Begin. Time for 30 seconds then say, 'Stop'.

Record total number of pairs inserted.

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

I am now going to give the computer back to you to complete another task, which looks at your knowledge of words.

After this there will be some more questions asking about how you are feeling and how you cope with problems and how you spend your time.

The next measure looks at your knowledge of words. You will be asked to decide which of *two items*, such as 'bread' and 'glot', is a real word and which is an invented item; 'bread', of course, is the real word.

Each of the pairs of items below contains one real word and one nonsense word invented so as to look like a word but having no meaning. Please mark the item in *each pair* that you think is a real word. Some will be common words, most will be uncommon and some will be rarely used.

If you are unsure, guess. You will probably be right more often than you think.

Before you begin the main test try the following word pairs on this screen.

Practice

END OF TESTING

The next questions are about your childhood, *up to the age of 16 years.*

257. How affectionate was your father (or father figure) towards you?

- A lot
- Somewhat
- A little
- Not at all
- No father figure

If 'No father figure' → 260

258. Did your father (or father figure) suffer from nervous or emotional trouble or depression?

- Yes No

259. Did your father (or father figure) have trouble with drinking or other drug use? Yes No
260. How affectionate was your mother (or mother figure) towards you?
A lot
Somewhat
A little
Not at all
No mother figure **If 'No mother figure'→263**
261. Did your mother (or mother figure) suffer from nervous or emotional trouble or depression? Yes No
262. Did your mother (or mother figure) have trouble with drinking or other drug use? Yes No
263. How much conflict and tension was there in your household while you were growing up? A lot Some A little None
264. Did your parents divorce or permanently separate when you were a child? Yes No
- 265A1-14. Which of the following applied to your childhood? (*When we say "parent" we mean "parent or parent figure"*).
- 1 I had a happy childhood
 - 2 My parents did their best for me
 - 3 I was neglected
 - 4 I had a strict, authoritarian or regimented upbringing
 - 5 I grew up in poverty or financial hardship
 - 6 I was verbally abused by a parent
 - 7 I suffered humiliation, ridicule, bullying or mental cruelty from a parent
 - 9 I witnessed physical or sexual abuse of others in my family
 - 10 I was physically abused by a parent - punched, kicked, hit or beaten with an object, or needed medical treatment
 - 11 I received too much physical punishment - hitting, smacking etc.
 - 12 I was sexually abused by a parent
 - 13 Other type of mistreatment
 - 14 I had a normal upbringing

If 265A not 13→266P

265A16. In what other way were you mistreated by your parents?

--

The next series of questions are about how you have been feeling over the last two weeks, four weeks or one year.

As you read each question, note carefully whether it refers to two weeks, four weeks or one year.

Some of the questions are very similar but have been included because we want to be able to compare our results to other studies that have used the same questions.

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

266. Little interest or pleasure in doing things?

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

267. Feeling down, depressed or hopeless?

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

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

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

269. Feeling tired or having little energy?

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

270. Poor appetite or overeating?

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

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

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

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

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

273. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?

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

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

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

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

- No
 Yes

If 275 not 'Yes' → 276

275a. Has this ever happened before?

- No Yes

275b. Do some of these attacks come *suddenly out of the blue*- that is, in situations where you don't expect to be nervous or uncomfortable?

- No Yes

275c. Do these attacks bother you a lot or are you worried about having another attack?

- No Yes

275d. During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, nausea or upset stomach?

- No Yes

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

- | | | | | | |
|-----------------------|--|-----------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| 276. Disgusted | <input type="checkbox"/> Very slightly or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| 277. Attentive | <input type="checkbox"/> Very slightly or not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |
| 278. | <input type="checkbox"/> Very slightly | <input type="checkbox"/> A little | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit | <input type="checkbox"/> Extremely |

Strong	or not at all				
279.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Scornful	or not at all				
280.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Irritable	or not at all				
281.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Inspired	or not at all				
282.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Afraid	or not at all				
283.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Alert	or not at all				
284.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Upset	or not at all				
285.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Angry	or not at all				
286.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Active	or not at all				
287.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Guilty	or not at all				
288.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Nervous	or not at all				
289.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Excited	or not at all				
290.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Hostile	or not at all				
291.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Proud	or not at all				
292.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Jittery	or not at all				
293.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Ashamed	or not at all				
294.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Scared	or not at all				
295.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Enthusiastic	or not at all				
296.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Distressed	or not at all				
297.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Determined	or not at all				
298.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Interested	or not at all				
299.	<input type="checkbox"/> Very slightly	<input type="checkbox"/> A little	<input type="checkbox"/> Moderately	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> Extremely
Loathing	or not at all				

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

In the last 4 weeks:

300. Have you felt keyed up or on edge? No Yes
301. Have you been worrying a lot? No Yes
302. Have you been irritable? No Yes
303. Have you had difficulty relaxing? No Yes
304. Have you been sleeping poorly? No Yes
305. Have you had headaches or neckaches? No Yes
306. Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass water more often than usual? No Yes
307. Have you been worried about your health? No Yes
308. Have you had difficulty falling asleep? No Yes
309. Have you been lacking energy? No Yes
310. Have you lost interest in things? No Yes
311. Have you lost confidence in yourself? No Yes
312. Have you felt hopeless? No Yes
313. Have you had difficulty concentrating? No Yes
314. Have you lost weight (due to poor appetite)? No Yes
315. Have you been waking early? No Yes
316. Have you felt slowed up? No Yes
317. Have you tended to feel worse in the mornings? No Yes
-

In the *LAST YEAR* have you ever:

318. felt that life is hardly worth living? No Yes
319. thought that you really would be better off dead? No Yes

320. thought about taking your own life? No Yes

If 320='No' →321

In the *LAST YEAR* have you ever:

320A. made plans to take your own life? No Yes

320B. attempted to take your own life? No Yes

The purpose of the next few questions is to find out how your mood and behaviour change over time.

To what degree do the following change with the seasons?

321. Your sleep length: No change
Slight change
Moderate change
Marked change
Extremely marked change

322. Social activity: No change
Slight change
Moderate change
Marked change
Extremely marked change

323. **Mood:**
- No change
 - Slight change
 - Moderate change
 - Marked change
 - Extremely marked change
324. **Weight:**
- No change
 - Slight change
 - Moderate change
 - Marked change
 - Extremely marked change
325. **Appetite:**
- No change
 - Slight change
 - Moderate change
 - Marked change
 - Extremely marked change
326. **Energy level:**
- No change
 - Slight change
 - Moderate change
 - Marked change
 - Extremely marked change

In which month of the year do you:

Feel best

327.

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

Feel worst

328.

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

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

- Yes
 No **If 'No' → 330**

329A. Did you see a counsellor or a doctor for it at the time?

Yes

No

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

330. There is really no way I can solve some of the problems I have.

Strongly agree Agree Disagree Strongly disagree

331. Sometimes I feel that I'm being pushed around in life.

Strongly agree Agree Disagree Strongly disagree

332. I have little control over the things that happen to me.

Strongly agree Agree Disagree Strongly disagree

333. I can do just about anything I really set my mind to do.

Strongly agree Agree Disagree Strongly disagree

334. I often feel helpless in dealing with the problems of life.

Strongly agree Agree Disagree Strongly disagree

335. What happens to me in the future mostly depends on me.

Strongly agree Agree Disagree Strongly disagree

336. There is little I can do to change many of the important things in my life.

Strongly agree Agree Disagree Strongly disagree

People think and do many different things when they feel sad, blue or depressed.

Please read each of items below and indicate whether you never, sometimes, often or always think or do each one when you feel sad, down or depressed.

Please indicate what you generally do, not what you think you should do.

337. I think about how alone I feel.

Never Sometimes Often Always

338. I think about my feelings of fatigue and achiness.

Never Sometimes Often Always

339. I think about how hard it is to concentrate. Never Sometimes Often Always

340. I think about how passive and unmotivated I feel. Never Sometimes Often Always

341. I think, "Why can't I get going?" Never Sometimes Often Always

342. I think about a recent situation, wishing it had gone better. Never Sometimes Often Always

343. I think about how sad I feel. Never Sometimes Often Always

344. I think about all my shortcomings, failings, faults and mistakes. Never Sometimes Often Always

345. I think about how I don't feel up to doing anything. Never Sometimes Often Always

346. I think, "Why can't I handle things better?" Never Sometimes Often Always

347. The next 3 questions ask about your attitude to religion.
How often did you attend regular religious services during the year?

- Never
- A few times a year
- Once a month
- More than once a month
- Once a week
- More than once a week

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

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

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

- None
- A little
- Somewhat
- A great deal

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

- 350. Does your mood often go up and down?** Yes No
- 351. Do you take much notice of what people think?** Yes No
- 352. Are you a talkative person?** Yes No
- 353. Do you ever feel 'just miserable' for no reason?** Yes No
- 354. Would being in debt worry you?** Yes No
- 355. Are you rather lively?** Yes No
- 356. Are you an irritable person?** Yes No
- 357. Would you take drugs which may have strange or dangerous effects?** Yes No
- 358. Do you enjoy meeting new people?** Yes No
- 359. Are your feelings easily hurt?** Yes No
- 360. Do you prefer to go your own way rather than act by the rules?** Yes No
- 361. Can you usually let yourself go and enjoy yourself at a lively party?** Yes No
- 362. Do you often feel 'fed-up'?** Yes No
- 363. Do good manners and cleanliness matter much to you?** Yes No
- 364. Do you usually take the initiative in making new friends?** Yes No
- 365. Would you call yourself a nervous person?** Yes No

366. Do you think marriage is old-fashioned and should be done away with? Yes No
367. Can you easily get some life into a rather dull party? Yes No
368. Are you a worrier? Yes No
369. Do you enjoy cooperating with others? Yes No
370. Do you tend to keep in the background on social occasions? Yes No
371. Does it worry you if you know there are mistakes in your work? Yes No
372. Would you call yourself tense or 'highly-strung'? Yes No
373. Do you think people spend too much time safeguarding their future with savings and insurance? Yes No
374. Do you like mixing with people? Yes No
375. Do you worry too long after an embarrassing experience? Yes No
376. Do you try not to be rude to people? Yes No
377. Do you like plenty of bustle and excitement around you? Yes No
378. Do you suffer from "'nerves'"? Yes No
379. Would you like other people to be afraid of you? Yes No
380. Are you mostly quiet when you are with other people? Yes No
381. Do you often feel lonely? Yes No
382. Is it better to follow society's rules than go your own way? Yes No
383. Do other people think of you as being very lively? Yes No
384. Are you often troubled about feelings of guilt? Yes No

385. Can you get a party going? Yes No

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. (Go to next screen).

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

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

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

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

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

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

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

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

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

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

391. How I dress is important to me.

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

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

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

393. Criticism or scolding hurts me quite a bit.

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

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

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

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

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

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

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

397. If I see a chance to get something I want I move on it right away.

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

398. I feel pretty worried or upset when I think or know somebody is angry at me.

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

399. When I see an opportunity for something I like I get excited right away.

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

400. I often act on the spur of the moment.

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

401. If I think something unpleasant is going to happen I usually get pretty 'worked-up'.

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

402. I often wonder why people act the way they do.

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

403. When good things happen to me, it affects me strongly.

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

404. I feel worried when I think I have done poorly at something important.

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

405. I crave excitement and new sensations.

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

406. When I go after something, I use a 'no holds barred' approach.

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

407. I have very few fears compared to my friends.

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

408. It would excite me to win a contest.

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

409. I worry about making mistakes.

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

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

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

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

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

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

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

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

Please give the average number of hours per week you spend in such sports or activities.

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

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

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

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

416. Made or repaired clothes Yes No

417. Fixed mechanical things or appliances Yes No

418. Built things with wood Yes No

419. Driven a truck or tractor Yes No

420. Used metalwork or machine tools Yes No

421. Worked on cars, bicycles or motorbikes Yes No

422. Taken an engineering, woodwork or car mechanics course Yes No

423. Worked in the garden Yes No

424. Cooked meals Yes No

425. Read scientific books or magazines Yes No

426. Worked in a laboratory Yes No
427. Worked on a scientific project Yes No
428. Read about special subjects on my own Yes No
429. Solved maths or chess puzzles Yes No
430. Done troubleshooting of software packages on a PC Yes No
431. Taken a science course Yes No
432. Followed science shows on TV or radio Yes No
433. Participated in a science fair or conference Yes No
434. Sketched, drawn or painted Yes No
435. Gone to or acted in plays Yes No
436. Played in a band, group, or orchestra Yes No
437. Practised a musical instrument Yes No
438. Gone to recitals, concerts, or musicals Yes No
439. Taken portrait photographs Yes No
440. Read literature Yes No
441. Read or written poetry Yes No
442. Taken an art course Yes No
443. Written letters to friends Yes No
444. Attended religious services Yes No
445. Belonged to clubs Yes No
446. Helped others with their personal problems Yes No
447. Taken care of children Yes No
448. Gone to parties or pubs Yes No

449. Gone dancing Yes No
450. Attended meetings or conferences Yes No
451. Worked as a volunteer Yes No
452. Discussed politics Yes No
453. Influenced others Yes No
454. Operated your own service or business Yes No
455. Taken part in a sales conference Yes No
456. Been on the committee of a group Yes No
457. Supervised the work of others Yes No
458. Met important people Yes No
459. Led a group in accomplishing some goal Yes No
460. Organized a club, group or gang Yes No
461. Typed papers or letters for yourself or for others Yes No
462. Added, subtracted, multiplied, and divided numbers in business or bookkeeping Yes No
463. Operated fax machines, PCs and printers Yes No
464. Kept detailed records of expenses Yes No
465. Filed letters, reports, records, etc. Yes No
466. Written business letters Yes No
467. Taken a business course Yes No
468. Taken a bookkeeping course Yes No
469. Done a lot of paperwork in a short time Yes No
470. **CONGRATULATIONS! You have reached the end of the questionnaire. Thank you for your patience and perseverance in getting to the end.**

