

**PATH Through Life Questionnaire
40+ Wave 1 (2000)**

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 35 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 Married (go to Q5)
 - 2 De facto (go to Q5)
 - 3 Separated
 - 4 Divorced
 - 5 Widowed
 - 6 Never married

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 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 Trade certificate/apprenticeship → 7
- 2 Technician's certificate/advanced certificate → 7
- 3 Certificate other than above
- 4 Associate diploma
- 5 Undergraduate diploma
- 6 Bachelor's degree → 7
- 7 Post graduate diploma/certificate → 7
- 8 Higher degree → 7
- 9 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?

- Employed full-time
- Employed part-time, looking for full-time work
- Employed part-time
- Unemployed, looking for work **→8B**
- 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.)

.....
.....

8A1 What are your main duties or activities?

.....
.....

Go to Q8F

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 (go to 8D) Yes

8B1. If you had found a job, could you have started last week? Yes
No

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+

Go to Q9

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 → 11P

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' go to Q19) |

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 (go to Q21)
No (go to Q21)
- 20A. Has this happened to you:
- Once?
More than once? (go to Q20C)
Uncertain (go to Q20C)

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

years old **(go to Q21)**

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 **(go to Q22)**

Uncertain **(go to Q22)**

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')*

Q22a cms

OR

Q22b-c 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'*).

Q23a kgs

OR

Q23b-c stones pounds

24. **How would you describe your racial group?**

- Caucasian/white
- Aboriginal/Torres Strait 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. **Does your health now limit you in *moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?**

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

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

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

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

28. **Have you *accomplished less* than you would like as a result of *your physical health*?** Yes No
29. **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)?

30. **Have you *accomplished less* than you would like as a result of *any emotional problems*?** Yes No
31. **Did you not do work or other activities as *carefully* as usual as a result of *any emotional problems*?** Yes No
32. **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.

33. **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

34. 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

35. 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

36. 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

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

- Yes
- No (go to Q38)

37A1-8. What kind of vitamin or mineral 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 |

go to 37b if not 'other'

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

37A9.

37A10.

37A11.

37B. How often do you usually take vitamins or minerals?

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week (go to Q38)

37C. For how long have you taken vitamins or minerals regularly?

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

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

- Yes
- No (go to Q39)

38A1-8. What are the names of the sleeping pills or medications you took in the last month?

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

go to 38b if not 'other'

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

38A13.

38A14.

38A15.

38B. 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 (go to Q39)

38C. 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

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

- Yes
- No (go to Q40)

39A1-12. 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 |

go to 39B if not 'other'

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

39A13.

39A14.

39A15.

39B. 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 (go to Q40)

39C. 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

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

- Yes
- No (go to Q41)

40A1-14. What are the names of the medications you took in the last month?

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

go to Q40B if not 'other'

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

40A15.

40A16.

40A17.

40B. 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 (go to Q41)

40C. 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

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

- Yes
- No (go to Q42)

41A1-11. 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 | | |

go to Q41B if not 'other'

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

41A14.

41A15.

41A16.

41B. 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 (go to Q42)

41C. 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

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

- Yes
- No (go to Q43)

42A1-46. 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 |

go to Q42 B if not 'other'

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

42A7.

42A8.

42A9.

42B. 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 (go to Q43)

42C. 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

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

- Yes
- No (go to Q44)

43A. What types of medication did you take or use? (Excluding contraceptive pills and hormone replacement therapy).

If you are male, go to Q48

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

_ _

 years

45. Are you taking any contraceptive pills?

- Yes
- No (go to Q45D)

45A. At what age did you first start?

_ _

 years

45B. For how many years altogether have you taken contraceptive pills?

_ _

 years

45C1-16. Which pill are you currently taking?

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

If not 'other' go to Q46

45C17. What other contraceptive pill (or injection) are you currently using?

Go to Q46

45D. Did you ever take contraceptive pills?

- Yes
- No (go to Q46)

45E. At what age did you first start? years

45F. For how many years altogether did you take contraceptive pills?

years

45G1-16. Which pills did you take?

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

If not 'other' go to Q46

45G17. What other contraceptive pill (or injection) did you take?

46. Have you ceased having your periods entirely (not including pregnancy)?

- Yes
- No (go to Q47)

46A. At what age did your periods cease? years

46B. What was the cause of menopause?

- Natural menopause
- Hysterectomy
- Other

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

- Yes
- No (go to Q48)

47A. How long have you had hormone replacement therapy?
(If less than 1 year, enter 1).

years

47B. Are you still having hormone replacement therapy?

- Yes
 No

47C1-9. Which hormone replacement medications are you taking/have you taken?

- | | |
|--|---------------------------------------|
| 1 <input type="checkbox"/> Climara | 2 <input type="checkbox"/> Estraderm |
| 3 <input type="checkbox"/> Femoston | 4 <input type="checkbox"/> Kliogest |
| 5 <input type="checkbox"/> Menoprem | 6 <input type="checkbox"/> Menorest |
| 7 <input type="checkbox"/> Provelle-14 | 8 <input type="checkbox"/> Trisequens |
| 9 <input type="checkbox"/> Other | |

If not 'other' go to Q48

47C10. Which other type of HRT are you taking/have you taken?

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

48. Do you currently smoke? Yes
 No (go to Q48C)

48A. Do you smoke cigarettes: At least once a day? (go to Q48B)
 Less than once a day? (go to Q48B1)
 Don't smoke cigarettes (go to Q49)

48B. How many cigarettes do you usually smoke in one day? (go to Q49)

48B1. How many cigarettes do you usually smoke over a one month period?
 (go to Q49)

48C. Have you smoked at all over the last month? Yes
 No (go to Q48D)

48C1. Approximately how many cigarettes have you smoked in the last month?

- 48D. Have you ever smoked regularly? Yes
No

These next questions are concerned with your alcohol consumption.

49. How often do you have a drink containing alcohol?

- Not in the last year
Monthly or less (go to Q50)
2 to 4 times a month (go to Q50)
2 to 3 times a week (go to Q50)
4 or more times a week (go to Q50)

- 49A. Have you ever drunk alcohol? Yes (go to Q57)
No (go to Q62)

50. How many standard drinks do 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

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

- Never Less than monthly Monthly Weekly Daily or almost daily

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

- Never Less than monthly Monthly Weekly Daily or almost daily

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

- Never Less than monthly Monthly Weekly Daily or almost daily

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

- Never Less than monthly Monthly Weekly Daily or almost daily

55. 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

56. 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

57. 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

58. 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

59. 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

60. How many standard drinks did you have on a typical 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

If Q49=3-5 go to Q62

If Q49=2 & Q59=1 go to Q61B

If Q49=1 & Q59=2-4 go to Q61C

If Q49=2 & Q59=2-4 go to Q61D

61A1-17. 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' go to Q62

61A19. What other reasons do you have for not drinking?

go to Q62

61B1-17. 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' go to Q62

61B19. Other influences on your drinking?

--

go to Q62

61C1-15. 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
- 15 Other

If not 'Other' go to Q62

61B17. What other reasons caused you to give up alcohol?

--

go to Q62

61D1-15. 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' go to Q62

61D19. What other reasons caused you to cut down on alcohol?

62. Have you ever tried marijuana/hash?

- Yes
- No (go to Q63)

62A. How old were you the first time you actually used marijuana/hash?

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

62B. Have you used marijuana/hash in the past 12 months? Yes No
If 'No' go to Q63

62C. 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

62D. In the last year have you ever used marijuana/hash more than you meant to?

Yes

No

62E. 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?

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

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

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

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

67. You broke off a steady relationship. Yes No

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

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

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

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

75. You were sacked from your job. Yes No

76. You had a major financial crisis. Yes No

77A. You had problems with the police and a court appearance. Yes No

77B. Something you valued was lost or stolen. Yes No

If you don't have a current partner, go to Q78

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

71. **Your partner thought he/she would soon lose his/her job.** Yes No
72. **You partner had a crisis or serious disappointment in his/her work or career.** Yes No
73. **You had a separation due to marital difficulties.** Yes No
78. **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

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

79. **How often do friends make you feel cared for?**
- Often Sometimes Rarely Never
80. **How often do they express interest in how you are doing?**
- Often Sometimes Rarely Never
81. **How often do friends make too many demands on you?**
- Often Sometimes Rarely Never
82. **How often do they criticise you?**
- Often Sometimes Rarely Never
83. **How often do friends create tensions or arguments with you?**
- Often Sometimes Rarely Never
84. **How often do family make you feel cared for?**
- Often Sometimes Rarely Never

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

Often Sometimes Rarely Never

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

Often Sometimes Rarely Never

87. How often do family criticise you?

Often Sometimes Rarely Never

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

Often Sometimes Rarely Never

If you don't have a current partner, go to Q99

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

A lot Some A little Not at all

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

A lot Some A little Not at all

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

A lot Some A little Not at all

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

A lot Some A little Not at all

93. 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

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

A lot Some A little Not at all

95. How often do you have an unpleasant disagreement with your partner?
Often Sometimes Rarely Never
96. How often do things become tense when the two of you disagree?
Often Sometimes Rarely Never
97. How often does your partner say cruel or angry things during a disagreement?
Often Sometimes Rarely Never
98. How often do the two of you both refuse to compromise during disagreements?
Often Sometimes Rarely Never
99. Do you have a dog, cat or other pet that you can touch or talk to?
Yes
No (go to Q100)
- 99A. What kind of pet or pets do you have? 1 cat
 2 dog
 3 bird
 4 fish
 5 bther pet
- 99B. Are you the main carer for your pet? Yes
No
If 99A not 'Other' go to Q100
- 99C. What other pet do you have?

If you are not currently employed, go to Q124

The next few questions ask about work your situation.

100. Do you have a choice in deciding how you do your job?
Often Sometimes Rarely Never
101. Do you have a choice in deciding what you do at work?
Often Sometimes Rarely Never

102. **Other take decisions concerning my work.**
Often Sometimes Rarely Never
103. **I have a good deal of say in decisions about work.**
Often Sometimes Rarely Never
104. **I have a say in my own work speed.**
Often Sometimes Rarely Never
105. **My working time can be flexible.**
Often Sometimes Rarely Never
106. **I can decide when to take a break.**
Often Sometimes Rarely Never
107. **I have a say in choosing with whom I work.**
Often Sometimes Rarely Never
108. **I have a great deal of say in planning my work environment.**
Often Sometimes Rarely Never
109. **Do you have to do the same thing over and over again?**
Often Sometimes Rarely Never
110. **Does your job provide you with a variety of interesting things?**
Often Sometimes Rarely Never
111. **Is your job boring?**
Often Sometimes Rarely Never
112. **Do you have the possibility of learning new things through your work?**
Often Sometimes Rarely Never
113. **Does your work demand a high level of skill or expertise?**
Often Sometimes Rarely Never
114. **Does your job require you to take initiative?**
Often Sometimes Rarely Never
115. **Do you have to work very fast?**
Often Sometimes Rarely Never
116. **Do you have to work very intensively?**
Often Sometimes Rarely Never

117. **Do you have enough time to do everything?**
 Often Sometimes Rarely Never
118. **Do different groups at work demand things from you that you think are hard to combine?**
 Often Sometimes Rarely Never
119. **How secure do you feel about your job or career future in your current workplace?**
 Not at all secure
 Moderately secure
 Secure
 Extremely secure
120. **If you lost your present job, how difficult do you think it would be to get another job (with the same pay and same hours)?**
 Not at all difficult
 Moderately difficult
 Difficult
 Extremely difficult
121. **For the work you do in your main job, how fair is the pay, benefits and conditions you receive?**
 Completely unfair Somewhat unfair Somewhat fair Completely fair
122. **How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)?**
 hours/week
- 123a. **In the last 4 weeks have you stayed away from your work (or school or place of study) for more than half a day because of any illness or injury that you had?**
 Yes No
- 123b. **How many days in the last 4 weeks have you stayed away from your work (or school, or place of study)**
 days

124. During the past MONTH how often have you set aside time just to relax?

- Not at all
- Some or a little of the time (about once a month or more)
- Occasionally or a moderate amount of the time (about once a week or more)
- Often or a lot of the time (about once a day)
- Frequently (more than once a day)

If you are male and do not currently have a partner go to Q126

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

- Yes, I am pregnant/my partner is pregnant
- No, I am not pregnant/my partner is not pregnant **(go to Q126)**

125A. When is the baby due?

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

If no children under 4 go to Q127

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

- Yes, full-time
- Yes, part-time
- No **(go to Q103)**

126A. Who looks after your children when you are at work?

- 1 Partner
- 2 Relative or friend
- 3 Childcare centre
- 4 Family Day Care
- 5 Other

If not 'other' go to Q103

126A6. Please specify who looks after your children when you are at work.

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

 years old

128. How old were you the first time you had sexual intercourse?
(Enter 00 if not applicable).

years old

If you have never lived with a partner, go to Q130

129. How old were you when you first lived with a partner?
(Enter 99 if not applicable).

years old

If you have no children go to Q131

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

years old

131. Would you currently consider yourself to be predominantly:

- Heterosexual
- Homosexual
- Bisexual
- Don't know

132. 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 you have no children go to Q134

133. 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%)

134. 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%)

135. 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 younger people compare to older people. 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 20 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

- 137. SYSTOLIC READING**
- 138. DIASTOLIC READING**
- 139. PULSE**

- 140. The respondent was?** Seated Lying down *refused/not asked*

141. Which arm was used? Left Right *refused/not asked*

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.

- 142a-b. all OK P
 143a-c. all OK T U
 144a-d. all OK A N X
 145a-e. all OK F D H T
 146a-f. all OK N U P T F
 147a-g. all OK Z A X N F D
 148a-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

149. SYSTOLIC READING

 150. DIASTOLIC READING

 151. PULSE

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

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.*

155a - 156q.

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

156. 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.

157. Now let's try that again using the same hand.
Record second measurement.

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

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

158a - 158q

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)

160. FEV

161. 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)

162. FEV 163. 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)

164. FEV 165. 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".
Remember, read at CONSTANT rate of one number per second.*

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. (Change screen)

176-181P

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*.

242. 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' →245

243. Did your father (or father figure) suffer from nervous or emotional trouble or depression? Yes No

244. Did your father (or father figure) have trouble with drinking or other drug use? Yes No

245. 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' →67

246. Did your mother (or mother figure) suffer from nervous or emotional trouble or depression? Yes No

247. Did your mother (or mother figure) have trouble with drinking or other drug use? Yes No

248. How much conflict and tension was there in your household while you were growing up? A lot Some A little None

249. Did your parents divorce or permanently separate when you were a child? Yes No

250_1-15 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
- 10 I witnessed physical or sexual abuse of others in my family
- 11 I was physically abused by a parent - punched, kicked, hit or beaten with an object, or needed medical treatment
- 12 I received too much physical punishment - hitting, smacking etc.
- 13 I was sexually abused by a parent
- 14 Other type of mistreatment
- 15 I had a normal upbringing

If 250A not 14 → 251

250A16. In what other way were you mistreated by your parents?

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 past month*.

- | | | | | | |
|---------------------------------|---|-----------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| 251.
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 |
| 252.
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 |
| 253.
Strong | <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 |
| 254.
Scornful | <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 |
| 255.
Irritable | <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 |
| 256.
Inspired | <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 |
| 257.
Afraid | <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 |
| 258.
Alert | <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 |

- | | | | | | |
|---------------------|---|-----------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| 259. | <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 |
| Upset | | | | | |
| 260. | <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 |
| Angry | | | | | |
| 261. | <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 |
| Active | | | | | |
| 262. | <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 |
| Guilty | | | | | |
| 263. | <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 |
| Nervous | | | | | |
| 264. | <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 |
| Excited | | | | | |
| 265. | <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 |
| Hostile | | | | | |
| 266. | <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 |
| Proud | | | | | |
| 267. | <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 |
| Jittery | | | | | |
| 268. | <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 |
| Ashamed | | | | | |
| 269. | <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 |
| Scared | | | | | |
| 270. | <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 |
| Enthusiastic | | | | | |
| 271. | <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 |
| Distressed | | | | | |
| 272. | <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 |
| Determined | | | | | |
| 273. | <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 |
| Interested | | | | | |
| 274. | <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 |
| Loathing | | | | | |

Next are some specific questions about your health and how you have been feeling *in the past month.*

In the past month:

- 275. Have you felt keyed up or on edge?** No Yes
- 276. Have you been worrying a lot?** No Yes
- 277. Have you been irritable?** No Yes
- 278. Have you had difficulty relaxing?** No Yes
- 279. Have you been sleeping poorly?** No Yes

280. Have you had headaches or neckaches? No Yes
281. Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass water more often than usual? No Yes
282. Have you been worried about your health? No Yes
283. Have you had difficulty falling asleep? No Yes
284. Have you been lacking energy? No Yes
285. Have you lost interest in things? No Yes
286. Have you lost confidence in yourself? No Yes
287. Have you felt hopeless? No Yes
288. Have you had difficulty concentrating? No Yes
289. Have you lost weight (due to poor appetite)? No Yes
290. Have you been waking early? No Yes
291. Have you felt slowed up? No Yes
292. Have you tended to feel worse in the mornings? No Yes

293. During the past 12 months, was there ever a time when you felt sad, down, or depressed for two weeks or more in a row?

Yes No

294. Have you taken any medication for depression in the past 12 months?

Yes No

If 'No' to both Q293 & Q294 →295

.For the next few questions, please think of *the two-week period* during the past 12 months when these feelings were worst. During that time did the feelings of being sad, down or depressed usually last:

- 294A All day long
Most of the day
About half the day
Less than half the day →295

294B. During those two weeks, did you feel this way:

- Every day
- Almost every day
- Less often

294C. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

- Yes No

294D. Thinking about those same two weeks, did you feel more tired out or have less energy than is usual for you?

- Yes No

194E. Did you *gain* or *lose* weight without trying, or did you *stay about the same*?

- Gain
- Lose
- Both lost and gained
- Stayed about the same
- Was on a diet

About how much did you lose/you gain/your weight change?

294E1. kgs

OR

294E2. pounds

294F. Did you have more trouble falling asleep than you usually do during those two weeks?

- Yes
- No →294G

294F1. Did that happen:

- Every night
- Nearly every night
- Less often

294G. During those two weeks, did you have a lot more trouble concentrating than usual?

- Yes
- No

294H. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

- Yes
No

294I. Did you think a lot about death - either your own, someone else's, or death in general during those two weeks?

- Yes
No

If 294C→294H all = 2(No) →297

To review, you had two weeks in a row during the past 12 months when you were sad, down or depressed and also had some other feelings or problems like (294D – 294I=yes).

294J. About how many weeks altogether did you feel this way during *the past 12 months*?

weeks (If all year, enter 52)

Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

294K.

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

294L. 1998 1999

294M. Did you tell a doctor about these problems?

- Yes No

294N. Did you tell any other professional (such as a psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?

- Yes No

294O. Did you take medication or use drugs or alcohol more than once for these problems?

- Yes No

294P. How much did these problems interfere with your life or activities?

- A lot Some A little Not at all

Go to Q297

295. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you please?

Yes No

296. Have you taken any medication for depression in the past 12 months?

Yes No

If 'No' to both Q295 & Q296 →297

296A. For the next few questions, please think of the *two-week period* during the past 12 months when you had the *most complete* loss of interest in things. During that two-week period, did the loss of interest usually last:

- All day long
- Most of the day
- About half the day
- Less than half the day →297

296B. Did you feel this way:

- Every day
- Almost every day
- Less often

296C. During those two weeks, did you feel more tired out or have less energy than is usual for you?

Yes No

296D. Did you *gain* or *lose* weight without trying, or did you *stay about the same*?

- Gain
- Lose
- Both lost and gained
- Stayed about the same
- Was on a diet

About how much did you gain/you lost/your weight change?

296D1. kgs

OR

296D2. pounds

296E. Did you have more trouble falling asleep than you usually do during those two weeks?

- Yes
No **296F→**

296E1. Did that happen:

- Every night
Nearly every night
Less often

296F. During those two weeks, did you have a lot more trouble concentrating than usual?

- Yes
No

296G. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

- Yes
No

296H. Did you think a lot about death - either your own, someone else's, or death in general during those two weeks?

- Yes
No

If 296C=296G all=2(No) →297

296I. To review, you had two weeks in a row during the past 12 months when you (296c-296H=yes)

About how many weeks altogether did you feel this way during the past 12 months?

weeks (*If all year, enter 52*)

Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

296J.

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

296K. 1999 2000

296L. Did you tell a doctor about these problems?

- Yes No

296M. Did you tell any other professional (such as a psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?

Yes No

296N. Did you take medication or use drugs or alcohol more than once for these problems?

Yes No

296O. How much did these problems interfere with your life or activities?

A lot Some A little Not at all

In the last year have you ever:

297. felt that life is hardly worth living? No Yes

298. thought that you really would be better off dead? No Yes

299. thought about taking your own life? No Yes

If 299='No' →220

299A. made plans to take your own life? No Yes

299B. attempted to take your own life? No Yes

300. During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense or anxious?

Yes } →301A
No

People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?

301. Yes
No } →302

301A. Has this period ended? Ended
Is still going on →301B3

How many months or years did it go on before it ended?

(If more than one year, just enter number of years.)

301B1. months

OR

301B2. years

→301C

How many months or years has it been going on?

(If more than one year, just enter number of years.)

301B3. months

OR

301B4. years

301C. During that period, was/is your worry stronger than in other people?

Yes

No

301D. Did/do you worry most days?

Yes No

301E. Did/do you usually worry about *one* particular thing, such as your job security or the failing health of a loved one, or *more than one* thing?

One thing

More than one thing

301F. Did/do you find it difficult to stop worrying?

Yes No

301G. Did/do you ever have different worries on your mind at the same time?

Yes No

301H. How often was/is your worry so strong that you couldn't put it out of your mind no matter how hard you tried?

Often

Sometimes

Rarely

Never

301I. How often did/do you find it difficult to control your worry?

Often Sometimes Rarely Never

301J. What sort of things did/do you mainly worry about?

--

When you were worried or anxious, were/are you also:

301K. Restless? Yes No

301L. Were/are you keyed up or on edge? Yes No

301M. Were/are you more irritable than usual? Yes No

301N. Did/does your heart pound or race? Yes No

301O. Were/are you easily tired? Yes No

301P. Did/do you have trouble falling asleep or staying asleep?
Yes No

301Q. Did/do you feel dizzy or lightheaded? Yes No

If 301K→301Q all=2→302

301R. Did/do you tell a doctor about these problems?

Yes No

301S. Did/do you tell any other professional (such as a psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?

Yes No

301T. Did/do you take medication or use drugs or alcohol more than once for these problems?

Yes No

301U. How much did the worry or anxiety interfere with your life or activities?

A lot Some A little Not at all

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?

- 302. Your sleep length:**
- No change
 - Slight change
 - Moderate change
 - Marked change
 - Extremely marked change
- 303. Social activity:**
- No change
 - Slight change
 - Moderate change
 - Marked change
 - Extremely marked change
- 304. Mood:**
- No change
 - Slight change
 - Moderate change
 - Marked change
 - Extremely marked change
- 305. Weight:**
- No change
 - Slight change
 - Moderate change
 - Marked change
 - Extremely marked change
- 306. Appetite:**
- No change
 - Slight change
 - Moderate change
 - Marked change
 - Extremely marked change
- 307. Energy level:**
- No change
 - Slight change
 - Moderate change
 - Marked change
 - Extremely marked change

In which month of the year do you:

Feel best

- 308.**
- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |
- There is no difference*

Feel worst

309.

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

310. 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 } →311

310A. Did you see a counsellor or a doctor for it at the time?

- Yes
No

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

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

- Strongly agree Agree Disagree Strongly disagree

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

- Strongly agree Agree Disagree Strongly disagree

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

- Strongly agree Agree Disagree Strongly disagree

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

- Strongly agree Agree Disagree Strongly disagree

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

- Strongly agree Agree Disagree Strongly disagree

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

- Strongly agree Agree Disagree Strongly disagree

317. 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.

318. I think about how alone I feel. Never Sometimes Often Always

319. I think about my feelings of fatigue and achiness. Never Sometimes Often Always

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

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

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

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

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

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

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

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

**328. 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

329. 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

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

- None
- A little
- Somewhat
- A great deal

Here 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.

331. Does you mood often go up and down? Yes No

332. Do you take much notice of what people think? Yes No

333. Are you a talkative person? Yes No

334. Do you ever feel 'just miserable' for no reason? Yes No

335. Would being in debt worry you? Yes No

336. Are you rather lively? Yes No

337. Are you an irritable person? Yes No

338. Would you take drugs which may have strange or dangerous effects? Yes No

339. Do you enjoy meeting new people? Yes No
340. Are your feelings easily hurt? Yes No
341. Do you prefer to go your own way rather than act by the rules? Yes No
342. Can you usually let yourself go and enjoy yourself at a lively party? Yes No
343. Do you often feel 'fed-up'? Yes No
344. Do good manners and cleanliness matter much to you? Yes No
345. Do you usually take the initiative in making new friends? Yes No
346. Would you call yourself a nervous person? Yes No
347. Do you think marriage is old-fashioned and should be done away with? Yes No
348. Can you easily get some life into a rather dull party? Yes No
349. Are you a worrier? Yes No
350. Do you enjoy cooperating with others? Yes No
351. Do you tend to keep in the background on social occasions? Yes No
352. Does it worry you if you know there are mistakes in your work? Yes No
353. Would you call yourself tense or 'highly-strung'? Yes No
354. Do you think people spend too much time safeguarding their future with savings and insurance? Yes No
355. Do you like mixing with people? Yes No
356. Do you worry too long after an embarrassing experience? Yes No
357. Do you try not to be rude to people? Yes No

358. Do you like plenty of bustle and excitement around you? Yes No
359. Do you suffer from "'nerves'"? Yes No
360. Would you like other people to be afraid of you? Yes No
361. Are you mostly quiet when you are with other people? Yes No
362. Do you often feel lonely? Yes No
363. Is it better to follow society's rules than go your own way? Yes No
364. Do other people think of you as being very lively? Yes No
365. Are you often troubled about feelings of guilt? Yes No
366. 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.

368. 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

369. 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

370. 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

371. 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

372. 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

373. How I dress is important to me.

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

374. 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

375. Criticism or scolding hurts me quite a bit.

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

376. 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

377. 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

378. 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

379. 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

380. 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

381. 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

382. 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

383. 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

384. 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

385. 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

386. 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

387. I crave excitement and new sensations.

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

388. 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

389. 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

390. It would excite me to win a contest.

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

391. 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?

392. 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

393. 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

394. 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.

395a,b.Mildly energetic (e.g. walking, weeding) hours minutes

396a,b Moderately energetic (e.g. dancing, cycling) hours minutes

397a,bVigorous (e.g. running, squash) hours minutes

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


398. Made or repaired clothes Yes No
399. Fixed mechanical things or appliances Yes No
400. Built things with wood Yes No
401. Driven a truck or tractor Yes No
402. Used metalwork or machine tools Yes No
403. Worked on cars, bicycles or motorbikes Yes No
404. Taken an engineering, woodwork or car mechanics course Yes No
405. Worked in the garden Yes No
406. Cooked meals Yes No
407. Read scientific books or magazines Yes No
408. Worked in a laboratory Yes No
409. Worked on a scientific project Yes No
410. Read about special subjects on my own Yes No
411. Solved maths or chess puzzles Yes No
412. Done troubleshooting of software packages on a PC Yes No
413. Taken a science course Yes No
414. Followed science shows on TV or radio Yes No
415. Participated in a science fair or conference Yes No
416. Sketched, drawn or painted Yes No
417. Gone to or acted in plays Yes No
418. Played in a band, group, or orchestra Yes No
419. Practised a musical instrument Yes No


420. Gone to recitals, concerts, or musicals Yes No
421. Taken portrait photographs Yes No
422. Read literature Yes No
423. Read or written poetry Yes No
424. Taken an art course Yes No
425. Written letters to friends Yes No
426. Attended religious services Yes No
427. Belonged to clubs Yes No
428. Helped others with their personal problems Yes No
429. Taken care of children Yes No
430. Gone to parties or pubs Yes No
431. Gone dancing Yes No
432. Attended meetings or conferences Yes No
433. Worked as a volunteer Yes No
434. Discussed politics Yes No
435. Influenced others Yes No
436. Operated your own service or business Yes No
437. Taken part in a sales conference Yes No
438. Been on the committee of a group Yes No
439. Supervised the work of others Yes No
440. Met important people Yes No
441. Led a group in accomplishing some goal Yes No
442. Organized a club, group or gang Yes No

- 443. Typed papers or letters for yourself or for others Yes No
- 444. Added, subtracted, multiplied, and divided numbers in business or bookkeeping Yes No
- 445. Operated fax machines, PCs and printers Yes No
- 446. Kept detailed records of expenses Yes No
- 447. Filed letters, reports, records, etc. Yes No
- 448. Written business letters Yes No
- 449. Taken a business course Yes No
- 450. Taken a bookkeeping course Yes No
- 451. Done a lot of paperwork in a short time Yes No

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

Could you please indicate on the sliding scale your feelings about the questionnaire? (Just touch the screen where you think is appropriate).


↔

↔


Very Negative
Neutral
Very positive

Would you like to make any comments about the questionnaire?