The 45 and Up Study relies on the willingness of its participants to share information about their experiences and health, to provide knowledge that will help people live healthy and fulfilling lives for as long as possible. We are contacting you again because we need to find out more about your health and lifestyle and how these have changed in the recent past. Participation is completely voluntary, and you are free to withdraw from the Study at any time.

To participate in the Follow-up of the 45 and Up Study, please read the participant information leaflet, then fill in the questionnaire and consent form and return them in the envelope provided. Information from you, and from other people taking part in the 45 and Up Study, will allow researchers to answer key health questions facing Australia over the coming years.

Any questions or comments? Please call the Study Infoline: 1300 45 11 45 or go to www.45andUp.org.au

Your answers and experiences are important to us. To help us read your answers, please write as clearly as possible using a BLACK or BLUE pen, and be sure to complete the questionnaire as shown:

General questions about you

1. What is your date of birth? ☐ day ☐ month ☐ year
2. What is today’s date? ☐ day ☐ month ☐ year
3. How tall are you without shoes? ☐ cm OR ☐ feet ☐ inches (please give to the nearest cm or inch)
4. About how much do you weigh? ☐ kg OR ☐ stone ☐ lbs
5. Have you ever been a regular smoker? ☐ Yes ☐ No
   If YES, how old were you when you started smoking regularly? ☐ years old
   If NO, how old were you when you stopped smoking regularly? ☐ years old

6. About how many hours a week are you exposed to someone else’s tobacco smoke? (put “0” if you are not exposed or are exposed for less than one hour per week)
   ☐ hours per week at home
   ☐ hours per week in other places (e.g. work, going out, cars)

7. About how many alcoholic drinks do you have each week? one drink = a glass of wine, middy of beer or nip of spirits (put “0” if you do not drink, or have less than one drink each week)
   ☐ number of alcoholic drinks each week

8. On how many days each week do you usually drink alcohol?

9. What best describes your current situation? (cross one box)
   ☐ single ☐ married ☐ de facto / living with a partner
   ☐ widowed ☐ divorced ☐ separated

10. What best describes your current housing? (cross one box)
    ☐ house ☐ flat, unit, apartment ☐ house on farm
    ☐ hostel for the aged ☐ mobile home ☐ other
    ☐ nursing home ☐ retirement village, self care unit

11. Including yourself, how many people in total live in your household? ☐ people (put “1” if you live alone)

12. How many TIMES did you do each of these activities LAST WEEK? (put “0” if you did NOT do this activity)
    ☐ times in the last week
    Walking continuously, for at least 10 minutes (for recreation or exercise or to get to or from places)
    ☐
    Vigorous physical activity (that made you breathe harder or puff and pant, like jogging, cycling, aerobics, competitive tennis, but not household chores or gardening)
    ☐
    Moderate physical activity (like gentle swimming, social tennis, vigorous gardening, or work around the house)
    ☐

13. If you add up all the time you spent doing each activity LAST WEEK, how much time did you spend ALTOGETHER doing each type of activity? (put “0” if you did NOT do this activity)
    ☐ hours ☐ minutes
    Walking continuously, for at least 10 minutes (for recreation or exercise or to get to or from places)
    ☐ ☐
    Vigorous physical activity (that made you breathe harder or puff and pant, like jogging, cycling, aerobics, competitive tennis, but not household chores or gardening)
    ☐ ☐
    Moderate physical activity (like gentle swimming, social tennis, vigorous gardening, or work around the house)
    ☐ ☐
Questions about your family

14. Have your mother, father, brother(s) or sister(s) ever had:
   blood relatives only: put a cross in the appropriate box(es)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>heart disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>high blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dementia/Alzheimer’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parkinson’s disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>severe depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>severe arthritis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Have your mother, father, brother(s) or sister(s) ever had:
   blood relatives only: put a cross in the appropriate box(es)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>severe arthritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>high blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diabetes</td>
<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Parkinson’s disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>heart failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atrial fibrillation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other heart disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Have you ever been a blood donor?
   if YES, when did you last donate blood?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>plasma donor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Do you feel you have a hearing loss?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>high blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>blood clot (thrombosis)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Have you ever been a blood donor?
   if YES, when did you last donate blood?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>skin cancer (not melanoma)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>melanoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prostate cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>heart failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atrial fibrillation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other heart disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>none of these</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
23. In the last month have you been treated for:
(If YES, cross the box and give your age when the treatment started)

- cancer
- heart attack or angina
- other heart disease
- high blood pressure
- high blood cholesterol
- blood clotting problems
- asthma
- osteoarthritis
- thyroid problems
- osteoporosis or low bone density
- depression
- anxiety
- none of these

24. Are you NOW suffering from any other important illness?

- Yes □
- No □

please describe this illness and its treatment

25. Have you ever had the flu vaccine?

- Yes □
- No □
- Unsure □

If YES, when did you last have the flu vaccine?

- month □
- year □

26. Have you ever had the adult whooping cough vaccine?

- Yes □
- No □
- Unsure □

If YES, when did you last have the adult whooping cough vaccine?

- month □
- year □

27. How much bodily pain have you had during the past 4 weeks?

- none □
- very mild □
- mild □
- moderate □
- severe □
- very severe □

28. 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 □
- quite a bit □
- moderately □
- extremely □

29. In the past 4 weeks, have you had pain in your lower back?

- Yes □
- No □

If YES, was this pain bad enough to limit your usual activities or change your daily routine for more than one day?

- Yes □
- No □

30. Do you regularly need help with daily tasks because of long-term illness or disability?

(e.g. personal care, getting around, preparing meals)

- Yes □
- No □

If YES, what best describes your situation? (cross one box)

- I need help with tasks and am getting all the help I need
- I need help with tasks and am not getting the help I need

31. Do you regularly care for a sick or disabled family member or friend?

Yes □
No □

If YES, about how much time each week do you usually spend caring for this person?

- full time □
- OR □
- hours each week □

If YES, do you usually live with the person you care for?

- Yes □
- No □

32. About how many times a week are you usually troubled by leaking urine?

- never □
- once a week or less □
- 2-3 times □
- 4-6 times □
- every day □

33. Over the last month, how often have you:

- found it difficult to postpone urination not at all □
- a little bit □
- quite a bit □
- moderately □
- extremely □

- had to push or strain to start urination not at all □
- a little bit □
- quite a bit □
- moderately □
- extremely □

- had a weak urinary stream not at all □
- a little bit □
- quite a bit □
- moderately □
- extremely □

- stopped and started again several times when you urinated not at all □
- a little bit □
- quite a bit □
- moderately □
- extremely □

- had to urinate again less than 2 hours after you finished urinating not at all □
- a little bit □
- quite a bit □
- moderately □
- extremely □

- had the feeling that you had not emptied your bladder completely after urinating not at all □
- a little bit □
- quite a bit □
- moderately □
- extremely □

34. How often are you able to get and keep an erection that is firm enough for satisfactory sexual activity?

- always □
- usually □
- sometimes □
- never □
- I would rather not answer this question □

Do you ever use medication (e.g. Viagra) to have an erection that is firm enough for satisfactory sexual activity?

- yes □
- No □

35. Have you ever had a blood test ordered by your doctor to check for prostate disease? (PSA test)

- Yes □
- No □

If YES, was this pain bad enough to limit your usual activities or change your daily routine for more than one day?

- Yes □
- No □

If YES, what year did you have your last PSA test? (e.g. 2009)

- month □
- year □

How many times have you had a PSA test altogether?

- times □

36. Have you ever had the adult whooping cough vaccine?

- Yes □
- No □
- Unsure □

If YES, when did you last have the adult whooping cough vaccine?

- month □
- year □
36. Have you ever been screened for colorectal (bowel) cancer?

- Yes □
- No □
- If NO, go to question 37

If YES, please indicate which of these test(s) you had:

- faecal occult blood test (test for blood in the stool/faeces)
- sigmoidoscopy (test using a tube to examine the lower bowel: usually done in a doctor’s office without pain relief)
- colonoscopy (test using a long tube to examine the whole large bowel: you would usually have an enema or drink large amounts of special liquid to prepare the bowel for this)

What year did you have the most recent one of these tests? (e.g. 2009)

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many bowel screening examinations have you had in the last 5 years?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Were you tested because you received an invitation to be screened for bowel cancer as part of the National Bowel Cancer Screening Program?

- Yes
- No
- Don’t know

Has your doctor ever told you that your bowel screening test results were abnormal or required further investigation?

- Yes
- No
- Don’t know

37. Does your health now LIMIT YOU in any of the following activities?

**VIGOROUS activities** (e.g. running, strenuous sports)

- YES limited a lot
- YES limited a little
- NO not limited at all

**MODERATE activities** (e.g. pushing a vacuum cleaner, playing golf)

- YES limited a lot
- YES limited a little
- NO not limited at all

- lifting or carrying shopping
- climbing several flights of stairs
- climbing one flight of stairs
- walking one kilometre
- walking half a kilometre
- walking 100 metres
- bending, kneeling or stooping
- bathing or dressing yourself

**38. In general, how would you rate your:**

- overall health?
- quality of life?
- eyesight (with glasses or contact lenses, if you wear them)?
- memory?
- teeth and gums?
- hearing?

- very good
- good
- fair
- poor

**39. Which of the following do you have? (excluding Medicare)**

- private health insurance – with extras
- private health insurance – without extras
- Department of Veterans’ Affairs white or gold card
- health care concession card
- none of these

**40. What is your usual yearly HOUSEHOLD income before tax, from all sources?**

- less than $5,000
- $5,000 - $9,999
- $10,000 - $19,999
- $20,000 - $29,999
- $30,000 - $39,999
- $40,000 - $49,999
- $50,000 - $59,999
- $60,000 - $69,999
- $70,000 - $79,999
- $80,000 - $89,999
- $90,000 - $119,999
- $120,000 - $149,999
- $150,000 or more

**41. What is your current work status?**

(you can cross more than one box)

- self-employed
- doing unpaid work
- studying
- looking after home/family
- unemployed
- in full time paid work
- in part time paid work
- partially retired
- disabled/sick
- other

**42. If you are partially or completely retired, how old were you when you retired?**

<table>
<thead>
<tr>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Why did you retire?** (you can cross more than one box)

- reached usual retirement age
- lifestyle reasons
- to care for family member/friend
- ill health
- could not find a job
- to do voluntary work
- other

**43. About how many HOURS each WEEK do you usually spend doing the following?**

(put “0” if you do not spend any time doing it)

<table>
<thead>
<tr>
<th>Activity</th>
<th>WEEK day hours</th>
<th>WEEKEND day hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>paid work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>voluntary work</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**for TRANSPORT** (e.g. in car, bus, train etc)

<table>
<thead>
<tr>
<th>Activity</th>
<th>WEEK day minutes</th>
<th>WEEKEND day minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>at WORK (e.g. sitting at desk or using a computer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>watching TV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>using a computer at home (e.g. email, games, information, chatting)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other leisure activities (e.g. socialising, movies etc but NOT including TV or computer use)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**44. During the LAST 7 DAYS, how much time did you spend SITTING on a usual WEEK day and a usual WEEKEND day?**

(write your answers in the spaces provided)

<table>
<thead>
<tr>
<th>Activity</th>
<th>WEEK day hours</th>
<th>WEEKEND day hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>sleeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including at night and naps)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>standing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**45. About how many HOURS in each 24 hour DAY do you usually spend doing the following?**

(put “0” if you do not spend any time doing it)

<table>
<thead>
<tr>
<th>Activity</th>
<th>hours per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>sleeping</td>
<td></td>
</tr>
<tr>
<td>standing</td>
<td></td>
</tr>
</tbody>
</table>
46. About how many hours a DAY would you usually spend outdoors on a weekday and on the weekend?

<table>
<thead>
<tr>
<th></th>
<th>weekday</th>
<th>weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours per day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

47. When you are outdoors between 11am and 3pm for more than 5 minutes on sunny days in summer, how often do you wear sunscreen?

- never
- rarely
- sometimes
- usually
- always

48. How many TIMES in the last WEEK did you:

- spend time with friends or family who do not live with you?
- talk to someone (friends, relatives or others) on the telephone?
- go to meetings of social clubs, religious groups or other groups you belong to?

49. How many people outside your home, but within one hour of travel, do you feel you can depend on or feel very close to?

50. What is your main (or most common) means of transport?

- car or taxi
- motor cycle/scooter
- public transport
- mobility scooter
- bicycle
- walk
- other

51. During the past 4 weeks, about how often did you feel:

- tired out for no good reason?
- nervous?
- so nervous that nothing could calm you down?
- hopeless?
- restless or fidgety?
- so restless that you could not sit still?
- depressed?
- that everything was an effort?
- so sad that nothing could cheer you up?
- worthless?

52. During the past 4 weeks, about how often did you have any of the following problems?

- being irritable, grumpy or in a bad mood?
- being unable to stop or control worrying?
- trouble falling or staying asleep?
- poor appetite?

53. Which type of milk do you mostly have? (cross one box only)

- whole milk
- reduced fat milk
- soy milk
- other milk
- skim milk
- I don’t drink milk

54. About how many times each WEEK do you eat:

- beef, lamb or pork
- chicken, turkey or duck
- processed meat (include bacon, sausages, salami, devon, burgers etc)
- fish or seafood
- cheese

55. Please put a cross in the box if you NEVER eat:

- any meat
- chicken/poultry
- pork/ham
- dairy products
- seafood
- sugar
- wheat products
- cream
- cheese

56. About how many of the following do you usually eat:

- slices/pieces of brown/wholemeal bread each WEEK
- bowls of breakfast cereal each WEEK

57. About how many serves of vegetables do you usually eat each DAY?

- A serve is half a cup of cooked vegetables or one cup of salad (put “0” if less than one a day, and include potatoes)

- I don’t eat vegetables
- number of serves of cooked vegetables each day
- number of serves of raw vegetables each day (e.g. salad)

58. About how many serves of fruit or glasses of fruit juice do you usually have each DAY?

- A serve is 1 medium piece or 2 small pieces or 1 cup of diced or canned fruit pieces (put “0” if you eat less than one serve a day)

- I don’t eat fruit
- number of serves of fruit each day
- number of glasses of fruit juice each day

Thank you very much for filling in the questionnaire

WE CAN ONLY USE THIS INFORMATION IF YOU SIGN THE CONSENT FORM OVERLEAF
The 45 and Up Study relies on the willingness of people to share information about their lives and experiences and to have their health followed over time. By signing this form you are agreeing to take part in the 45 and Up Study Follow-up and for that information to be used for health research. Participation is completely voluntary, and you are free to ask questions or to withdraw from the Study at any time by calling the Study Infoline on 1300 45 11 45. More information on the Study can be found at www.45andUp.org.au

Follow-up consent form - please read and sign to participate

I agree to take part in the 45 and Up Study Follow-up by:
- permitting the long-term storage and use of the information from my questionnaire for health-related research;
- the 45 and Up Study team combining the information I have given in this questionnaire with other health information that is part of the 45 and Up Study, including other questionnaire information and Medicare, medication, hospital, cancer, death and other health-related records, as outlined in the leaflet "Follow-up Questionnaire: Information for Participants";

I give my consent on the understanding that:
- my information will only be used for the purposes outlined in the participant information leaflet entitled "Follow-up Questionnaire: Information for Participants", of which I have a copy;
- my information will be kept strictly confidential and will be used for health research only;
- reports and publications from the Study will be based on de-identified information and will not identify any individual taking part;
- my participation in this Study is entirely voluntary and my consent will continue to be valid following death or disablement unless withdrawn by my next of kin or other person responsible. I am free to withdraw from the 45 and Up Study and/or the 45 and Up Study Follow-up at any time by calling the Study Infoline on 1300 45 11 45;
- my decision whether or not to take part in the 45 and Up Study Follow-up or in any additional research will not disadvantage me or affect my future health care in any way.

I have been provided with information about the 45 and Up Study Follow-up, including how it will gather, store, use and disclose information about me, in the participant information leaflet. I have been given an opportunity to ask questions and have been fully informed about the Study.

Title __________________ First Name __________________ Last Name __________________

Your Signature __________________ Date Today __________ / ________ / 20___

Is your contact information up to date? Please let us know of any changes

Surname: ____________________________
Given name(s): _______________________
Postal address: _______________________
Town or Suburb: _____________________
State or Territory: __________ Postcode: __________
Home Phone: _________________________ Mobile: _______________________
Email address: _______________________

(please complete using block letters)

Sometimes we find that people have moved when we try to contact them again. It would be very helpful if you could give us the contact details of someone close to you (such as a relative or friend) who would be happy for us to contact them if we are unable to reach you. We would only get in touch with that person if we were unable to contact you directly and we would need to tell them our reason for contacting you. Please leave this section blank if you do not wish to provide these extra contact details.

Full name of contact person __________________________
Phone number of contact person _______________________

If you have any questions, please ring the 45 and Up Study Infoline on 1300 45 11 45.
You can also write directly to:
Professor Emily Banks, Scientific Director
The 45 and Up Study
GPO Box 5289, Sydney NSW 2001

Please return your questionnaire in the reply paid envelope or post (no stamp required) to:
Confidential
The 45 and Up Study
Reply Paid 1005
BROADWAY NSW 2007

Thank you very much for taking part