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.

Questions or comments? Call the Infoline 1300 45 11 45 or go to www.saxinstitute.org.au/our-work/45-up-study

### General questions about you

1. **What is your date of birth?**
   - Day: 
   - Month: 
   - Year: 19
2. **What is today’s date?**
   - Day: 
   - Month: 
   - Year: 2
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?

Are you a regular smoker now?

If NO, how old were you when you stopped smoking regularly?

About how much do you/did you smoke on average each day?

(If you are an ex-smoker, how much did you smoke on average when you smoked?)

   - cigarettes per day
   - pipes and cigars per day

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)

   - At home hours per week
   - In other places (e.g. work, going out, cars) hours per week

7. **About how many alcoholic drinks do you have each week?**

   - One drink = a glass of wine, midday of beer or nip of spirits

   - 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?**

12. **How many TIMES did you do each of these activities 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?**

   - 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)
   - heart disease
   - high blood pressure
   - stroke
   - diabetes
   - dementia/Alzheimer’s
   - Parkinson’s disease
   - severe depression
   - severe arthritis
   - do not know

15. Have you taken any medications, vitamins or supplements for most of the last 4 weeks?
   Yes □ No □ If NO, go to question 16
   If YES, did you take:
   - multivitamins + minerals
   - glucosamine
   - aspirin for the heart
   - Lipitor
   - Pravachol
   - Zocor, Lipex
   - Nexium
   - Somac
   - Losec, Acimax
   - Ventolin
   - Zoloft
   - please list any other regular medications or supplements here

16. How many of your own teeth do you have left?
   - None – all of my teeth are missing
   - 1-9 teeth left
   - 10-19 teeth left
   - 20 or more teeth left

17. Do you feel you have a hearing loss?
   Yes □ No □ Unsure

18. Have you ever been a blood donor?
   Yes □ No □ Unsure
   If YES, when did you last donate blood?
   □ month □ year

19. Have you ever been a plasma donor?
   □ Yes □ No □ Unsure
   If YES, when did you last donate plasma?
   □ month □ year

20. During the past 12 months, how many times have you fallen to the floor or ground? (put “0” if you haven’t fallen in this time)
   □ times

21. Have you had a broken/fractured bone in the last 5 years?
   Yes □ No □ Unsure
   If YES, which bones were broken?
   □ wrist □ arm □ hip □ finger/toe
   □ rib □ ankle □ other
   How old were you when it happened?
   (give age at most recent fracture if more than one)
   □ years old

22. Has a doctor EVER told you that you have:
   (if YES, cross the box and give your age when the condition was first found)
   - skin cancer (not melanoma)
   - melanoma
   - prostate cancer
   - other cancer
   - type of cancer (please describe)
   - heart failure (cardiac failure, weak heart, enlarged heart)
   - atrial fibrillation
   - other heart disease
   - type of heart disease (please describe)
   - high blood pressure
   - stroke
   - diabetes
   - blood clot (thrombosis)
   - enlarged prostate
   - asthma
   - hayfever
   - osteoarthritis
   - depression
   - anxiety
   - Parkinson’s disease
   - none of these
   □ age
   □ age
   □ age
   □ age
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   □ age
   □ age
   □ age
23. In the last month have you been treated for:
   (if YES, cross the box and give your age when the treatment started)
   cancer   [ ] [ ] [ ] age
   heart attack or angina   [ ] [ ] [ ] age
   other heart disease   [ ] [ ] [ ] age
   high blood pressure   [ ] [ ] [ ] age
   high blood cholesterol   [ ] [ ] [ ] age
   blood clotting problems   [ ] [ ] [ ] age
   asthma   [ ] [ ] [ ] age
   osteoarthritis   [ ] [ ] [ ] age
   thyroid problems   [ ] [ ] [ ] age
   osteoporosis or low bone density   [ ] [ ] [ ] age
   depression   [ ] [ ] [ ] age
   anxiety   [ ] [ ] [ ] age
   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 NO, go to question 30
   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 NO, go to question 31

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 NO, go to question 31
   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 NO, go to question 32
   If YES, how many times per night do you usually get up to urinate?
   [ ] never
   [ ] less than once a night
   [ ] 1-2 times
   [ ] 3-4 times
   [ ] 5+ times

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
   [ ] had to push or strain to start urination
   [ ] had a weak urinary stream
   [ ] stopped and started again several times when you urinated
   [ ] had to urinate again less than 2 hours after you finished urinating
   [ ] had the feeling that you had not emptied your bladder completely after urinating
   How many times per night do you usually get up to urinate?
   [ ] never
   [ ] less than once a night
   [ ] 1-2 times
   [ ] 3-4 times
   [ ] 5+ times

34. How often are you able to get and keep an erection that is firm enough for satisfactory sexual activity?
   [ ] never
   [ ] sometimes
   [ ] usually
   [ ] always
   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  I would rather not answer this question

35. Have you ever had a blood test ordered by your doctor to check for prostate disease? (PSA test)
   [ ] Yes ▼  [ ] No  if No, go to question 36
   If YES, what year did you have your last PSA test? (e.g. 2009)
   How many times have you had a PSA test altogether?
36. Have you ever been screened for colorectal (bowel) cancer?  
[ ] Yes □ No □  
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)  
☐ ☐ ☐ ☐ ☐  
How many bowel screening examinations have you had in the last 5 years?  
☐ ☐ ☐ ☐ ☐  
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)  
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?  

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? (include wages, benefits, pensions, superannuation etc)  
☐ Less than $5,000 $60,000 - $69,999  
☐ $5,000 - $9,999 $70,000 - $79,999  
☐ $10,000 - $19,999 $80,000 - $89,999  
☐ $20,000 - $29,999 $90,000 - $99,999  
☐ $30,000 - $39,999 $100,000 - $119,999  
☐ $40,000 - $49,999 $120,000 - $149,999  
☐ $50,000 - $59,999 $150,000 or more  
I would rather not answer this question  

41. What is your current work status? (you can cross more than one box)  
in full time paid work  
self-employed  
in part time paid work  
doing unpaid work  
completely retired/pensioner  
looking after home/family  
partially retired  
studying  
disabled/sick  
unemployed  
other  

42. If you are partially or completely retired, how old were you when you retired?  
Why did you retire? (you can cross more than one box)  
reached usual retirement age  
to care for family member/friend  
il health  
made redundant  
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)  
hours per week  
paid work  
voluntary/unpaid work  

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)  

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)  
hours per day  
sleeping (including at night and naps)  
standing  

Questions about time and work
46. About how many hours a DAY would you usually spend outdoors on a weekday and on the weekend?

<table>
<thead>
<tr>
<th>Hours per day</th>
<th>Weekday</th>
<th>Weekend</th>
</tr>
</thead>
</table>

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

- never
- rarely
- sometimes
- usually
- always

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

<table>
<thead>
<tr>
<th>Times in the last week</th>
<th>Spend time with friends or family who do not live with you?</th>
<th>Talk to someone (friends, relatives or others) on the telephone?</th>
<th>Go to meetings of social clubs, religious groups or other groups you belong to?</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>People</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Transport</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Feeling</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Problem</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

Questions about your diet

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

<table>
<thead>
<tr>
<th>Milk Type</th>
<th>Whole milk</th>
<th>Reduced fat milk</th>
<th>Skim milk</th>
<th>Soy milk</th>
<th>Other milk</th>
<th>I don't drink milk</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Number of times eaten each week</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Food Type</th>
</tr>
</thead>
</table>

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

- Slices/pieces of brown/wholemeal bread each WEEK (also include multigrain/rye bread etc.)
- 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)

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 a day)

Thank you very much for filling in the questionnaire. WE CAN ONLY USE THIS INFORMATION IF YOU SIGN THE CONSENT FORM OVERLEAF.
Follow-up consent form - please read and sign to participate

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.saxinstitute.org.au/our-work/45-up-study

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 entitiled “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 __________/________/________

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