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? OR
   (please give to the nearest cm or inch - no decimals or fractions)
   cm OR feet inches

4. About how much
do you weigh? OR
   kg OR stone lbs

5. Have you ever been a regular smoker?
   ☐ Yes ☐ No ☐ if NO, go to question 6
   If YES, how old were you when you started smoking regularly?
   years old
   Are you a regular smoker now?
   ☐ Yes ☐ No
   If NO, how old were you when you stopped smoking regularly?
   years old
   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)
   hours per week at home 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?
   days each week

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

10. What BEST describes your current housing? (shade 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: shade the appropriate box(es)
   m=mother  f=father  s/b=sister/brother
   heart disease
   high blood pressure
   stroke
   diabetes
   dementia/Alzheimer’s
   Parkinson’s disease
   severe depression
   severe arthritis

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:
   fish oil, omega 3
   paracetamol
   Lipitor
   Pravachol
   Zocor, Lipex
   Nexium
   Somac
   Losec, Acimax, omeprazole
   Ventolin salbutamol
   Zoloft, sertraline
   multivitamins + minerals
   multivitamins alone
   glucosamine
   aspirin for the heart
   Avapro, Karvea
   Cardizem, Vasocordol
   Tritace
   Noten, Tenormin, atenolol
   Zyporim, Progout 300 allopurinol
   Cipramil, citalopram
   paracetamol with codeine
   aspirin for the heart
   warfarin, Coumadin
   Coversyl, Coversyl Plus
   Micards
   Norvasc
   Caltrate
   Noten, Tenormin
   Diabex, Diaformin
   Efexor
   Ventaxine
   please list any other regular medications or supplements here

Questions about your health

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

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

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  if NO, go to question 22
   IF YES, which bones were broken? (shade all that apply)
   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)
   age

22. Has a doctor EVER told you that you have:
   (if YES, shade the box and give your age when the condition was first found)
   age when condition was first found
   skin cancer (not melanoma)
   melanoma
   breast cancer
   other cancer
   (please describe type of cancer)
   heart failure (cardiac failure, weak heart, enlarged heart)
   atrial fibrillation
   other heart disease
   (please describe type of heart disease)
   high blood pressure - when not pregnant
   stroke
   diabetes
   blood clot (thrombosis)
   asthma
   hayfever
   osteoarthritis
   depression
   anxiety
   Parkinson’s disease
   none of these
23. In the last month have you been treated for:
(If YES, shade 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

25. Have you ever had the flu vaccine?
- Yes
- No
- Unsure

26. Have you ever had the adult whooping cough vaccine?
- Yes
- No
- Unsure

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

30. Do you regularly need help with daily tasks because of long-term illness or disability?
- Yes
- No

31. If YES, what best describes your situation? (shade 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

32. Do you regularly care for a sick or disabled family member or friend?
- Yes
- No

33. 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

34. Have you been through menopause?
- no
- not sure (because of hysterectomy, taking HRT, etc)
- my periods have become irregular

35. Have you been for a breast screening mammogram?
- Yes
- No

49702

Please describe this illness and its treatment
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)  

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?  

<table>
<thead>
<tr>
<th>VIGOROUS activities</th>
<th>YES</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g. running, strenuous sports)</td>
<td>limited a lot</td>
<td>limited a little</td>
<td>not limited at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MODERATE activities</th>
<th>YES</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g. pushing a vacuum cleaner, playing golf)</td>
<td>limited a lot</td>
<td>limited a little</td>
<td>not limited at all</td>
</tr>
</tbody>
</table>

- 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  
- $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 shade more than one box)  

- in full time paid work  
- in part time paid work  
- completely retired/pensioner  
- partially retired  
- disabled/sick  
- other

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

- years old

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>hours per week</th>
<th>paid work</th>
<th>hours per week</th>
<th>voluntary/unpaid work</th>
</tr>
</thead>
<tbody>
<tr>
<td>for TRANSPORT (e.g. in car, bus, train etc)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at WORK (e.g. sitting at desk or using a computer)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>watching TV using a computer at home (e.g. email, games, information, chatting)</td>
<td></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>
<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>hours minutes</th>
<th>WEEK day</th>
<th>minutes</th>
<th>WEEKEND day</th>
<th>minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>for TRANSPORT (e.g. in car, bus, train etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at WORK (e.g. sitting at desk or using a computer)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>watching TV using a computer at home (e.g. email, games, information, chatting)</td>
<td></td>
<td></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>
<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)  

| hours per day | sleeping (including at night and naps) | |
|---------------|--------------------------------------|
46. About how many hours a DAY would you usually spend outdoors on a weekday and on the weekend?

- [ ] hours per day weekday
- [ ] hours per day weekend

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?

- [ ] people

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

- [ ] car or taxi
- [ ] public transport
- [ ] bicycle
- [ ] mobility scooter
- [ ] walk
- [ ] other

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

- [ ] tired out for no good reason?
- [ ] 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?

---

**Questions about your diet**

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

- [ ] whole milk
- [ ] reduced fat milk
- [ ] skim milk
- [ ] soy milk
- [ ] other 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

55. Please shade the box if you NEVER eat: (shade all that apply)

- [ ] red meat
- [ ] chicken/poultry
- [ ] pork/ham
- [ ] dairy products
- [ ] any meat
- [ ] eggs
- [ ] sugar
- [ ] wheat products
- [ ] fish
- [ ] seafood
- [ ] cream
- [ ] cheese

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

If you eat breakfast cereal is it usually: (cross main one)

- [ ] bran cereal (All-Bran, Bran Flakes etc.)
- [ ] biscuit cereal (Weet-Bix, Shredded Wheat etc.)
- [ ] oat cereal (porridge etc.)
- [ ] muesli
- [ ] other (Corn Flakes, Rice Bubbles etc.)

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

- [ ] 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?

- [ ] number of serves of fruit each day
- [ ] number of glasses of fruit juice each day
Questions about your health care

59. Is there a place you USUALLY go when you need healthcare?
- Yes ☐
- No ☐
- If NO, go to question 61
- Not sure ☐

If YES, is it: (select the main place only)
- GP / family doctor clinic ☐
- Medical specialist clinic ☐
- Hospital emergency department ☐
- Hospital outpatient clinic ☐
- Other ☐

60. At the place where you USUALLY go for healthcare, how often:

<table>
<thead>
<tr>
<th>can you get a same or next day appointment when you are sick?</th>
</tr>
</thead>
<tbody>
<tr>
<td>always/often</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>do the medical staff you see know about your medical history?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>does someone help co-ordinate the care you receive from others?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

Questions about difficult life events

The following questions relate to difficult life events and may be hard to answer. You do not have to respond if you do not want to.

68. When you were growing up in the first 18 years of your life did you see a parent or household member in your home being:

- yelled at, screamed at, sworn at, insulted or humiliated?
- slapped, kicked, punched, hit, beaten up or cut with an object?

69. When you were growing up in the first 18 years of your life did a parent, guardian or other household member:

- spank, slap, punch, hit, beat or cut you with an object?

67. Are you a client of the Department of Veterans’ Affairs or have you received a benefit or support from the Department of Veterans’ Affairs?
- Yes ☐
- No ☐
- If NO, go to question 68

If YES, what types of benefits or support have you received?
(shade all that apply)
- DVA Gold Card ☐
- DVA White Card ☐
- Other ☐

Questions about your future health care

65. Have you done any of the following: (shade all that apply)
- discussed your wishes for your future health care with someone close to you?
- legally nominated a person to make health decisions for you if you lose capacity to do this for yourself (e.g. by nominating an enduring power of attorney)?
- written down your wishes for your future health care in a document such as an advanced care directive?
- made a will?

66. Have you ever served in the Australian Defence Force (this includes permanent and reservists)?
- Yes ☐
- No ☐

60. Have you ever served in the Australian Defence Force (this includes permanent and reservists)?
- Yes ☐
- No ☐

61. In the past 2 years, was there ever a time when doctors or other health care professionals failed to share important information about your medical history or treatment with each other?
- Yes ☐
- No ☐
- Unsure ☐
- Not applicable ☐

Questions about your future health care

62. In the past 2 years, have you ever been given the wrong medicine or wrong dose at a pharmacy or while hospitalised?
- Yes ☐
- No ☐
- Unsure ☐
- Not applicable ☐

63. In the past 2 years, do you believe a medical mistake was made in your treatment or care?
- Yes ☐
- No ☐
- Unsure ☐
- Not applicable ☐

64. If you become seriously ill, how confident are you that you will:

- get high quality care?
- receive the most effective medications?
- be able to afford the care you need?

- very ☐
- somewhat ☐
- not very ☐
- not sure ☐

65. Have you done any of the following: (shade all that apply)

- discussed your wishes for your future health care with someone close to you?
- legally nominated a person to make health decisions for you if you lose capacity to do this for yourself (e.g. by nominating an enduring power of attorney)?
- written down your wishes for your future health care in a document such as an advanced care directive?
- made a will?

66. Have you ever served in the Australian Defence Force (this includes permanent and reservists)?
- Yes ☐
- No ☐

Thank you very much for filling in the questionnaire
WE CAN ONLY USE THIS INFORMATION IF YOU SIGN THE CONSENT FORM OVERLEAF