45 and Up Study Follow-up Questionnaire for Men

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

2. What is today’s date? day / month / year

3. How tall are you without shoes? cm OR inches (please give to the nearest cm or inch - no decimals or fractions)

4. About how much do you weigh? kg OR stone OR 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?
   - 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
   - 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)
    - Walking continuously, for at least 10 minutes
    - Vigorous physical activity
    - Moderate physical activity

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)
    - Walking continuously, for at least 10 minutes
    - Vigorous physical activity
    - Moderate physical activity

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.

Be sure to complete the questionnaire as shown:

- Please shade fully the appropriate box(es).
- Place a cross over any incorrect selection you wish to cancel.
- Place numbers or CAPITAL letters in the appropriate boxes.

Please read page 2 for the next section: Your health and lifestyle.
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

   none – all of my teeth are missing
   1-9 teeth left
   10-19 teeth left
   20 or more teeth left

   16. How many of your own teeth do you have left?
   
   17. Do you feel you have a hearing loss?
   
   18. Have you ever been a blood donor?

   If YES, when did you last donate blood?

   month / year

Questions about your health

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
   glucosamine
   aspirin for the heart
   Avapro, Karvea
   Cardizem, Vasocordol
   Norvasc
   Trilace
   Noten, Tenormin
   Zylorim, Progout 300
   Cipramil, citalopram

   multivitamins alone
   paracetamol with codeine
   aspirin for other reasons
   warfarin, Coumadin
   Lasix, frusemide
   Diabex, Diaformin
   Efexor, venlaxine

   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

18. Have you ever been a blood donor?

   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  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)
   years old

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)

   skin cancer (not melanoma)
   melanoma
   prostate 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
   stroke
   diabetes
   blood clot (thrombosis)
   enlarged prostate
   asthma
   hayfever
   osteoarthritis
   depression
   anxiety
   Parkinson’s disease
   none of these

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   If YES, when was the condition first found?
   age when condition was first found
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

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?

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?

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 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, go to question 31.

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
- 2-3 times
- 4-6 times
- every day

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
- 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 per night
- once or more times each night

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 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 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)

37. Does your health now LIMIT YOU in any of the following activities?  
- YES Y limited a lot ☐
- YES Y limited a little ☐
- YES Y not limited at all ☐

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

- 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 ☐

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

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?  
- 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 ☐
- I would rather not answer this question ☐

41. What is your current work status?  
- in full time paid work ☐
- in part time paid work ☐
- completely retired/pensioner ☐
- partially retired ☐
- disabled/sick ☐
- looking after home/family ☐
- unemployed ☐
- 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?  
- 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:  

45. About how many HOURS in each 24 hour DAY do you usually spend doing the following?  
- sleeping (including at night and naps) ☐
- standing ☐

SAMPLE sample sample sample sample sample
46. About how many hours a DAY would you usually spend outdoors on a weekday and on the weekend?

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<thead>
<tr>
<th>hours per day</th>
<th>hours per day</th>
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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:

(a) spend time with friends or family who do not live with you?

(b) talk to someone (friends, relatives or others) on the telephone?

(c) 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?

<table>
<thead>
<tr>
<th>people</th>
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50. What is your MAIN (or most common) means of transport?

(choose one box only)

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

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

(a) tired out for no good reason?

(b) so nervous that nothing could calm you down?

(c) hopeless?

(d) restless or fidgety?

(e) so restless that you could not sit still?

(f) depressed?

(g) that everything was an effort?

(h) so sad that nothing could cheer you up?

(i) worthless?

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

(a) being irritable, grumpy or in a bad mood?

(b) being unable to stop or control worrying?

(c) trouble falling or staying asleep?

(d) poor appetite?

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:

(count all meals and snacks; put “0” if never eaten or if eaten less than once a week)

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

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: (Shade one box only)
- 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?

- about how many times each WEEK do you eat:

- number of serves of cooked vegetables each day
- number of serves of raw vegetables each day

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

- about how many 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 □ Not sure

   If YES, is it: (select the main place only)
   - GP / family doctor clinic □ medical specialist clinic
   - hospital emergency department □ other
   - hospital outpatient clinic

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

   can you get a same or next day appointment when you are sick? □ □ □ □
   - always/often
   - some times
   - rarely/never
   - not applicable

   do the medical staff you see know about your medical history? □ □ □ □
   - always/often
   - some times
   - rarely/never
   - not applicable

   does someone help co-ordinate the care you receive from others? □ □ □ □
   - always/often
   - some times
   - rarely/never
   - not applicable

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.

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

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? □ □ □ □
   - very
   - somewhat
   - not very
   - not sure

   receive the most effective medications? □ □ □ □
   - yes
   - no

   be able to afford the care you need? □ □ □ □
   - yes
   - no

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 □

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 □

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? □ □ □ □
   - never
   - once
   - a few times
   - many times

   slapped, kicked, punched, hit, beaten up or cut with an object? □ □ □ □
   - never
   - once
   - a few times
   - many times

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? □ □ □ □
   - never
   - once
   - a few times
   - many times

70. Within the last year have you been hit, slapped or physically hurt in other ways?

   - Yes – by a partner □ No □
   - Yes – by an ex-partner □ No □
   - Yes – by someone else □ No □

   If YES, are you frightened of that person?
   - Yes □ No □

   If you would like support or would like to talk to someone regarding these questions on difficult life events, please call 1800 737 732. 1800RESPECT.
Questions about your home

59. Do you intend to move home in the next 5-10 years?
☐ Yes - within 5 years  ☐ Yes - within 6-10 years
☐ No  ❯ if NO, go to question 62

If YES, where do you intend to move?
☐ same area  ☐ different area

If different are you intending to move to:
☐ NSW coastal area  ☐ interstate or overseas
☐ NSW regional town  ☐ unsure
☐ NSW major city

60. What type of dwelling are you likely to move into?
(shade one box only)
☐ house  ☐ flat, unit, apartment
☐ hostel for the aged  ☐ townhouse
☐ mobile home  ☐ house on farm
☐ nursing home  ☐ retirement village/self-care unit
☐ unsure  ☐ other

61. What would be the main reasons for moving?
(shade all that apply)
☐ downsize  ☐ reduce living costs
☐ support services  ☐ employment
☐ location/amenity  ☐ close to family
☐ retirement  ☐ other

62. Do you intend to make any of the following changes to your home in the next 5-10 years?
(shade all that apply)
☐ renovate bathroom/kitchen  ☐ add railings/supports
☐ add extra room/s  ☐ add disability aids
☐ add granny flat  ☐ add wheel chair access
☐ other changes  ☐ none of the above

Questions about defence service

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

64. 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 65

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

Questions about medicines and health

65. Have you ever used medications for non-medical purposes?
(e.g. for performance enhancement in athletics; cosmetic purposes; enhancing a drug experience etc)
☐ Yes  ❯  ☐ No  ❯ if NO, go to question 66

If YES, have you used medications for non-medical purposes in the last 12 months?
☐ Yes  ☐ No

66. Have you ever been told by your doctor that you have shingles?
☐ Yes  ❯  ☐ No  ❯ if NO or UNSURE, go to question 67
☐ Unsure

If YES, in what year did you last have shingles?

If YES, how long did the pain from the shingles last?
☐ did not have pain  ☐ 3-6 months
☐ less than a month  ☐ more than 6 months
☐ 1-2 months  ☐ unsure

67. Have you ever had the shingles vaccine?
☐ Yes  ❯  ☐ No  ❯ if NO or UNSURE, go to question 68
☐ Unsure

If YES, in what year did you have the shingles vaccine?

68. Please do not write outside of the question entry boxes. If there is something else you think it is important for us to know please write it in CAPITAL LETTERS in this box.
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";
- giving 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.

First Name: 
Middle Name: 
Surname: 
Given name(s): 
Postal address: 
Town or Suburb: 
State or Territory: 
Postcode: 
Home Phone: 
Mobile: 
Email address: 

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.

Is your contact information up to date? Please let us know of any changes (please use CAPITAL letters)

Surname: 
Given name(s): 
Postal address: 
Town or Suburb: 
State or Territory: 
Postcode: 
Home Phone: 
Mobile: 
Email address: 

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.

Thank you very much for taking part