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  breast cancer  melanoma
   high blood pressure  bowel cancer  prostate cancer
   stroke  lung cancer  ovarian cancer
   diabetes  melanoma  osteoporosis
   dementia/Alzheimer’s  prostate cancer  hip fracture
   Parkinson’s disease  ovarian cancer  ankle
   severe depression  osteoporosis  other
   severe arthritis  hip fracture  finger/toe

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  multivitamins + minerals  multivitamins alone
   paracetamol with codeine  aspirin for the heart  aspirin for other reasons
   Lipitor  Avapro, Karvea  warfarin, Coumadin
   Pravachol  Coversyl, Coversyl Plus  Lasix, frusemide
   Zocor, Lipex  Cardizem, Vasocardol  Micardis
   Nexium  Norvasc  Fosamax
   Somac  Trilace  Caltrate
   Losec, Acimax  Norfloxacin  Oroxine, thyroxine
   Ventolin salbutamol  Zyloprim, Progout  Diabex, Diaformin
   Zoloft, sertraline  Cipramil, citalopram  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  □ do not know

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

Questions about your health

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

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?
   □ 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)
   □ Yes □ No □ if NO, go to question 23
   skin cancer (not melanoma)
   melanoma
   breast cancer
   other cancer
   (please describe type of cancer)
   □ age

   heart failure (cardiac failure, weak heart, enlarged heart)
   atrial fibrillation
   other heart disease
   (please describe type of heart disease)
   □ age

   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
   - 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

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 32

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
   - if NO, go to question 33

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

   OR

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

   If YES, how old were you when you went through menopause?
   - years old

35. Have you been for a breast screening mammogram?
   - Yes
   - No
   - if NO, go to question 36

   If YES, what year did you have your last mammogram? (e.g. 2009)
   - years

   How many times have you been for breast screening altogether?
   - times

36. 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

37. 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 32

38. 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

39. Do you regularly care for a sick or disabled family member or friend?
   - Yes
   - No
   - if NO, go to question 33

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

   OR

   If YES, do you usually live with the person you care for?
   - Yes
   - No
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?

VIGOROUS activities (e.g. running, strenuous sports)
☐ YES limited a lot ☐ YES limited a little ☐ YES not limited at all

MODERATE activities (e.g. pushing a vacuum cleaner, playing golf)
☐ YES ☐ NO ☐ Don’t know

lifting or carrying shopping
☐ YES ☐ NO ☐ Don’t know

climbing several flights of stairs
☐ YES ☐ NO ☐ Don’t know

climbing one flight of stairs
☐ YES ☐ NO ☐ Don’t know

walking one kilometre
☐ YES ☐ NO ☐ Don’t know

walking half a kilometre
☐ YES ☐ NO ☐ Don’t know

walking 100 metres
☐ YES ☐ NO ☐ Don’t know

bending, kneeling or stooping
☐ YES ☐ NO ☐ Don’t know

bathing or dressing yourself
☐ YES ☐ NO ☐ Don’t know

38. In general, how would you rate your:

overall health?
☐ excellent ☐ very good ☐ good ☐ fair ☐ poor

quality of life?
☐ excellent ☐ very good ☐ good ☐ fair ☐ poor

eyesight (with glasses or contact lenses, if you wear them)?
☐ excellent ☐ very good ☐ good ☐ fair ☐ poor

memory?
☐ excellent ☐ very good ☐ good ☐ fair ☐ poor

teeth and gums?
☐ excellent ☐ very good ☐ good ☐ fair ☐ poor

hearing?
☐ excellent ☐ 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? (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 ☐ I would rather not answer this question

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
☐ unemployed
☐ other

Why did you retire? (you can shade more than one box)
☐ reached usual retirement age
☐ to care for family member/friend
☐ made redundant
☐ could not find a job
☐ to do voluntary work
☐ other

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

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

49702
46. About how many hours a DAY would you usually spend outdoors on a weekday and on the weekend?

- week 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?

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?
- 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? (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
- cheese

55. Please shade the box if you NEVER eat: (shade all that apply)
- red meat
- chicken/poultry
- pork/ham
- any meat
- eggs
- sugar
- 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?
- a little
- some
- most
- all

58. About how many serves of fruit or glasses of fruit juice do you usually have each DAY?
- a little
- some
- most
- all
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 □

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?
   - do the medical staff you see know about your medical history?
   - does someone help co-ordinate the care you receive from others?

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

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 ▶ ▶ 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 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?

70. Within the last year have you been hit, slapped or physically hurt in other ways?
   - Yes – by a partner □ □
   - Yes – by an ex-partner □ □
   - 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
   - NSW major city
   - NSW regional town
   - interstate or overseas
   - unsure

60. What type of dwelling are you likely to move into?
   (shade one box only)
   - house
   - hostel for the aged
   - mobile home
   - nursing home
   - unsure
   - flat, unit, apartment
   - townhouse
   - house on farm
   - retirement village/self-care unit
   - 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 extra room/s
   - add granny flat
   - add railings/supports
   - add disability aids
   - other changes
   - add wheelchair access
   - none of the above

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?

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.

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
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.

Your signature: ________________________________ Date today: __________ /________/ 201__

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.

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.