45 and Up Study Follow-up Questionnaire **for Women**

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

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) ■ Yes ☐ No

Place a cross over any incorrect selection you wish to cancel ☒ Yes ■ No

Place numbers or CAPITAL letters in the appropriate boxes

0	1	2	3	4	5	6	7	8	9

ABCDEFGHIJKLMNOPQRSTUVWXYZ

General questions about you

1. **What is your date of birth?** day / month / year 19

2. **What is today's date?** day / month / year 201

3. **How tall are you without shoes?** cm **OR** feet inches

(please give to the nearest cm or inch - no decimals or fractions)

4. **About how much do you weigh?** 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

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?** 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)*	:	

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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

	m	f	s/b		m	f	s/b
heart disease	☐	☐	☐	breast cancer	☐	☐	☐
high blood pressure	☐	☐	☐	bowel cancer	☐	☐	☐
stroke	☐	☐	☐	lung cancer	☐	☐	☐
diabetes	☐	☐	☐	melanoma	☐	☐	☐
dementia/Alzheimer's	☐	☐	☐	prostate cancer		☐	☐
Parkinson's disease	☐	☐	☐	ovarian cancer	☐		☐
severe depression	☐	☐	☐	osteoporosis	☐	☐	☐
severe arthritis	☐	☐	☐	hip fracture	☐	☐	☐
				do not know	☐	☐	☐

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:

	☐ multivitamins + minerals	☐ multivitamins alone
☐ fish oil, omega 3	☐ glucosamine	☐ paracetamol with codeine
☐ paracetamol	☐ aspirin for the heart	☐ aspirin for other reasons
☐ Lipitor	☐ Avapro, Karvea	☐ *warfarin*, Coumadin
☐ Pravachol	☐ Coversyl, Coversyl Plus	☐ Lasix, *frusemide*
☐ Zocor, Lipex	☐ Cardizem, Vasocordol	☐ Micardis
☐ Nexium	☐ Norvasc	☐ Fosamax
☐ Somac	☐ Tritace	☐ Caltrate
☐ Losec, Acimax *omeprazole*	☐ Noten,Tenormin *atenolol*	☐ Oroxine, *thyroxine*
☐ Ventolin *salbutamol*	☐ Zyloprim, Progout 300 *allopurinol*	☐ Diabex, Diaformin *metformin*
☐ Zoloft *sertraline*	☐ Cipramil, *citalopram*	☐ Effexor *venlafaxine*

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?
☐ 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 ▶ *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)

	Yes	age when condition was first found
skin cancer (not melanoma)	☐	☐☐☐ age
melanoma	☐	☐☐☐ age
breast cancer	☐	☐☐☐ age
other cancer *(please describe type of cancer)*	☐	☐☐☐ age
heart failure (cardiac failure, weak heart, enlarged heart)	☐	☐☐☐ age
atrial fibrillation	☐	☐☐☐ age
other heart disease *(please describe type of heart disease)*	☐	☐☐☐ age
high blood pressure - when not pregnant	☐	☐☐☐ age
stroke	☐	☐☐☐ age
diabetes	☐	☐☐☐ age
blood clot (thrombosis)	☐	☐☐☐ age
asthma	☐	☐☐☐ age
hayfever	☐	☐☐☐ age
osteoarthritis	☐	☐☐☐ age
depression	☐	☐☐☐ age
anxiety	☐	☐☐☐ age
Parkinson's disease	☐	☐☐☐ age
none of these	☐	

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23. In the last month have you been treated for:

(If YES, shade the box and give your age when the treatment started)

	Yes	age started treatment
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 ☐ moderate
☐ very mild ☐ severe
☐ mild ☐ 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 ☐ moderately
☐ a little bit ☐ extremely
☐ quite a bit

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 ☐ **OR** hours each week

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
☐ 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)*

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

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?

	YES limited a lot	YES limited a little	NO not limited at all
VIGOROUS activities *(e.g. running, strenuous sports)*	☐	☐	☐
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:

	excellent	very good	good	fair	poor
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

Questions about time and work

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
☐ other
☐ self-employed
☐ doing unpaid work
☐ studying
☐ looking after home/family
☐ unemployed

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

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

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

hours per week ☐☐☐ 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)*

	WEEK day hours	WEEK day minutes	WEEKEND day hours	WEEKEND day minutes
for TRANSPORT *(e.g. in car, bus, train etc)*	☐☐ :	☐☐	☐☐ :	☐☐
at WORK *(e.g. sitting at desk or using a computer)*	☐☐ :	☐☐	☐☐ :	☐☐
watching TV	☐☐ :	☐☐	☐☐ :	☐☐
using a computer at home *(e.g. email, games, information, chatting)*	☐☐ :	☐☐	☐☐ :	☐☐
other leisure activities *(e.g. socialising, movies etc but NOT including TV or computer use)*	☐☐ :	☐☐	☐☐ :	☐☐

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)

hours per day ☐☐ standing

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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: *(put "0" if you did not spend any time doing it)*

	times in the last week
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? *(shade 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:

	none of the time	a little of the time	some of the time	most of the time	all of the time
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:

	none of the time	a little of the time	some of the time	most of the time	all of the time
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:
(count all meals and snacks; put "0" if never eaten or if eaten less than once a week)

	number of times eaten each 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?
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

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 ☐ other

☐ hospital outpatient clinic

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

	always/ often	some times	rarely/ never	not applicable
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:

	very	some-what	not very	not sure
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:

	never	once	a few times	many times
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:

	never	once	a few times	many times
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.**

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

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? year

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? year

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.

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** 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:

Your Signature: **Date Today:** day / month / year 2 0 1

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.

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

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