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

The 45 and Up Study, managed by the Sax Institute, relies on the willingness of its participants to share information about their experiences and health which allows researchers to answer key health questions facing Australia over the coming years. We are contacting you again because we need to find out how your health and lifestyle have changed in the recent past.

To participate in the Follow-up of the 45 and Up Study, please fill in the questionnaire and return it in the envelope provided. A participant information leaflet is also provided. Participation is completely voluntary, and you are free to withdraw from the Study at any time.

For any questions or comments please contact the 45 and Up Study team on 1300 45 11 45 or by email to 45andUp@saxinstitute.org.au

COMPLETION GUIDELINES

To help us read your answers, please write as clearly as possible using a **BLACK** or **DARK BLUE** pen.

Circles are provided where only one choice is permitted ○
Boxes indicate that multiple responses are permitted □

Fully shade the appropriate box(es) / circle(s) ● Yes ○ No
Place a cross over any incorrect selection you wish to cancel ✖ Yes ○ No

Place numbers or CAPITAL letters in appropriate boxes | A | B | C | | 1 | 2 | 3 |

For written responses, please cross out your incorrect response and write your new response just above or below the one you have crossed out.

~~I N C O R R E C T~~
CORRECT

GENERAL QUESTIONS ABOUT YOU

1. What is today's date? day / month / year 2 0 1 _

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

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

4. Have you ever been a regular smoker?
○ Yes ▼ ○ No ▶ if No, go to question 8

If YES, how old were you when you started smoking regularly? years old

5. Are you a regular smoker now?
○ Yes ○ No

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

6. 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

7. During the past 12 months, have you stopped smoking for 24 hours or more because you were trying to quit?
○ Yes ▼ ○ No

If YES, what is the longest you have stayed quit for in the last 12 months? days / weeks

8. Have you ever tried an electronic cigarette or e-cigarette, even just one time?
○ Yes ▼ ○ No

If YES, in the last month, on how many days did you use an e-cigarette? number of days

9. 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

10. 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 have less than one drink each week)*
number of alcoholic drinks each week

11. On how many days each week do you usually drink alcohol? days each week

12. At present do you consider yourself:
○ a non-drinker ○ an occasional drinker ○ a social drinker
○ an ex-drinker ○ a light drinker ○ a heavy drinker
○ a binge drinker

If non-drinker or ex-drinker ▶ go to question 14

13. In a typical month, what is the largest number of drinks you have in one day? drinks

14. What BEST describes your current situation?
*(choose **one** only)*

○ single ○ widowed
○ married ○ divorced
○ de facto / living with a partner ○ separated

15. What BEST describes your current housing?
*(choose **one** only)*

○ house ○ nursing home
○ flat, unit, apartment ○ hostel for the aged
○ house on farm ○ mobile home
○ retirement village, self care unit ○ other

16. Do you (or any member of this household) own this home, rent it, or do you live here rent free?

○ own ○ rent (or pay board)
○ currently paying off mortgage/involved in a rent-buy scheme ○ live here rent free

If you rent this home, do you:

○ rent privately ○ rent through a housing organisation
○ rent through Housing NSW

17. Including yourself, how many people in total live in your household?

☐☐ people *(put "1" if you live alone)*

18. 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)*	☐☐

19. 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)*	☐☐ :	☐☐

20. Is there anything that stops you from participating in physical activity?
*(shade **all** that apply)*

☐ ill health ☐ not interested
☐ no appropriate activities in my area ☐ activities which exist are too expensive
☐ no transport to reach activities ☐ no access to appropriate childcare
☐ too busy ☐ caring for a family member
☐ other (please specify)

QUESTIONS ABOUT YOUR FAMILY HISTORY

21. Have your mother, father, brother(s) or sister(s) ever had: *(blood relatives only: shade **all** that apply)*

m=mother f=father s/b=sister/brother

	m	f	s/b		m	f	s/b
heart disease	☐	☐	☐	early onset lung cancer < 60 years	☐	☐	☐
high blood pressure	☐	☐	☐				
stroke	☐	☐	☐	late onset lung cancer ≥ 60 years	☐	☐	☐
diabetes	☐	☐	☐				
dementia/Alzheimer's	☐	☐	☐	melanoma	☐	☐	☐
Parkinson's disease	☐	☐	☐	prostate cancer		☐	☐
severe depression	☐	☐	☐	ovarian cancer	☐		☐
severe arthritis	☐	☐	☐	osteoporosis	☐	☐	☐
breast cancer	☐	☐	☐	hip fracture	☐	☐	☐
bowel cancer	☐	☐	☐	**do not know**	☐	☐	☐

22. How many biological (half or full) siblings do you have?
(include deceased siblings)

☐☐ number of brothers ☐☐ number of sisters ☐ no siblings ☐ do not know

QUESTIONS ABOUT YOUR HEALTH

23. 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

24. Have you had a broken/fractured bone in the last 5 years?

○ Yes ▼ ○ No ▶ if No, go to question 25

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

25. Have you taken any medications, vitamins or supplements for most of the last 4 weeks?
○ Yes ▼ ○ No ▶ if No, go to question 26

If YES, did you take:

☐ *multivitamins + minerals*	☐ Micardis, *telmisartan*
☐ *multivitamins alone*	☐ Avapro, Karvea, *irbesartan*
☐ *fish oil, omega 3*	☐ *warfarin,* Coumadin
☐ *Vitamin D*	☐ Noten, Tenormin, *atenolol*
☐ Caltrate, *calcium carbonate*	☐ *aspirin for the heart*
☐ Fosamax, *alendronate*	☐ *aspirin for other reasons*
☐ *glucosamine*	☐ *paracetamol with codeine*
☐ Lipitor, *atorvastatin*	☐ *paracetamol*
☐ Pravachol, *pravastatin*	☐ Ventolin, *salbutamol*
☐ Cavstat, Crestor, *rosuvastatin*	☐ Diabex, Diaformin, *metformin*
☐ Zocor, Lipex	☐ Cipramil, *citalopram*
☐ Lasix, *furosemide, frusemide*	☐ Zoloft, *sertraline*
☐ Norvasc, *amlodipine*	☐ *venlafaxine*
☐ Cardizem, Vasocardol, *diltiazem anti-hypertensive*	☐ Nexium, *esomeprazole*
	☐ Somac, *pantoprazole*
☐ Tritace, *ramipril*	☐ Losec, Acimax, *omeprazole*
☐ Coversyl, Coversyl Plus, *perindopril*	☐ Oroxine, *thyroxine*
	☐ Zyloprim, Progout 300, *allopurinol*

(please list any other regular medications or supplements)

26. 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

27. Do you feel you have a hearing loss?
○ Yes ○ No

28. Have you ever been a blood donor?
○ Yes ▼ ○ No ○ Unsure

If YES, when did you last donate blood? month ☐☐ / year ☐☐☐☐

29. Have you ever been a plasma donor?
○ Yes ▼ ○ No ○ Unsure

If YES, when did you last donate plasma? month ☐☐ / year ☐☐☐☐

30. Have you ever had a blood transfusion in Australia?
○ Yes ▼ ○ No ○ Unsure

If YES, please indicate a reason(s)
☐ cancer treatment ☐ trauma/emergency
☐ surgery ☐ other

31. 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	☐	☐☐ age

(describe type of cancer)

lymphoedema	☐	☐☐ age
heart failure (cardiac failure, weak heart, enlarged heart)	☐	☐☐ age
atrial fibrillation	☐	☐☐ age
other heart disease	☐	☐☐ age

(describe type of heart disease)

high blood pressure - when not pregnant	☐	☐☐ age
stroke	☐	☐☐ age
diabetes - type 1	☐	☐☐ age
diabetes - type 2 or unsure	☐	☐☐ age
diabetes - gestational	☐	☐☐ 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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32. 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	☐		

33. Are you NOW suffering from any other important illness?
○ Yes ▼ ○ No

If YES, please list any other illnesses.

34. Have you ever had the flu vaccine?
○ Yes ▼ ○ No ○ Unsure

If YES, when did you last have the flu vaccine? month / year

35. 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

36. How much bodily pain have you had during the past 4 weeks?
○ none ○ very mild ○ mild
○ moderate ○ severe ○ very severe

37. 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

38. 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

39. 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, what best describes your situation?
*(choose **one** only)*
○ 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

40. Do you regularly care for a sick or disabled family member or friend?
○ Yes ▼ ○ No ▶ if No, go to question 41

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

41. 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

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

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

42A. Have you been for a breast screening mammogram?
○ Yes ▼ ○ No ▶ if No, go to question 43

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

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

43. Have you ever been screened for colorectal (bowel) cancer?

○ Yes ▼ ○ No ▶ if No, go to question 44

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? ☐☐☐☐

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

44. 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	○	○	○

45. 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?	○	○	○	○	○

46. Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

On this scale zero means you feel no satisfaction at all. 10 means you feel completely satisfied.

47. How satisfied are you with:

	0	1	2	3	4	5	6	7	8	9	10
your standard of living?	○	○	○	○	○	○	○	○	○	○	○
your health?	○	○	○	○	○	○	○	○	○	○	○
what you are achieving in life?	○	○	○	○	○	○	○	○	○	○	○
your personal relationships?	○	○	○	○	○	○	○	○	○	○	○
how safe you feel?	○	○	○	○	○	○	○	○	○	○	○
feeling part of your community?	○	○	○	○	○	○	○	○	○	○	○
your future security?	○	○	○	○	○	○	○	○	○	○	○

48. In the last 12 months have you had a medical problem but avoided seeing a doctor because of the cost of medicine that may be prescribed?

○ Yes ○ No ○ Don't know

49. In the last 12 months have you not collected, stopped using or cut down the dose of medicine prescribed by your doctor because of the cost?

○ Yes ○ No ○ Don't know

50. Which of the following do you have (excluding Medicare)? *(shade **all** that apply)*

☐ 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

51. 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

52. What is your current work status?
*(shade **all** that apply)*

- ☐ 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

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

54. Why did you retire? *(shade **all** that apply)*

- ☐ 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

55. 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	☐☐☐

56. What is your MAIN (or most common) means of transport? *(choose **one** only)*

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

QUESTIONS ABOUT ACTIVITIES AND SUPPORT

57. During the LAST 7 DAYS, how much time did you spend SITTING on a usual WEEK day and a usual WEEKEND day:

	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)*	☐☐ :	☐☐	☐☐ :	☐☐

58. 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	☐☐

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

	hours per day
weekday	☐☐
weekend	☐☐

60. 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?	☐☐

61. 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

62. 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?	○	○	○	○	○

63. 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

64. 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	

65. Which type of milk do you mostly have?
*(choose **one** only)*
○ whole milk ○ reduced fat milk ○ skim milk
○ soy milk ○ other milk ○ I don't drink milk

66. Please shade the box if you NEVER eat:
*(choose **all** that apply)*
☐ red meat ☐ eggs ☐ cream
☐ any meat ☐ seafood ☐ dairy products
☐ fish ☐ pork/ham ☐ wheat products
☐ chicken/poultry ☐ sugar ☐ cheese

67. 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:
*(choose **one** 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.)*

68. 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)*

69. 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

70. In the last twelve months, were there any times that you ran out of food and couldn't afford to buy more?
○ Yes ○ No

71. Do you add salt to your meal at the table?
○ Yes - very often ○ Yes - occasionally ○ Don't know
○ Yes - rarely ○ No

72. How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade, do you usually drink in a day? *(put "0" if you do not drink any of these each day)*
with sugar
without sugar

73. How many milk products and dishes do you have each day? *(include milk, yoghurt, cream, cheese, custards, ice cream, milk shakes, smoothies and dishes where milk is the major component)*
per day

74. Up to the present time, what is the most you have ever weighed? *(excluding when pregnant)*
kg **OR** stone lbs

How old were you then? *(if you don't know your exact age, please make your best guess)* years

QUESTIONS ABOUT SPECIFIC MEDICATIONS

75. Do you take aspirin regularly?
○ Yes ▼ ○ No ○ Don't know ▶ If No or Don't know, go to question 76

If YES, when did you start? years ago

How many years have you taken aspirin, in total? *(put "0" if less than one)* total years

Do you take aspirin:
○ every day ○ every second day ○ less often

Is each aspirin tablet:
○ low dose ○ standard dose (300mg) ○ not sure

QUESTIONS ABOUT DEFENCE SERVICE

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

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

QUESTIONS ABOUT YOUR CHILDHOOD

78. What family circumstances did you live in before you were 18 years of age? *(choose **all** that apply)*

	For what period? whole period		years
both natural parents	☐	OR	
single parent family	☐	OR	
natural parent and step parent	☐	OR	
grandparents or other relatives as main carers	☐	OR	
adoptive parents	☐	OR	
foster family	☐	OR	
welfare home or an institution (excluding boarding school)	☐	OR	
other living arrangements (specify)	☐	OR	

QUESTIONS ABOUT MOTOR IMPAIRMENT

79. In general, how would you rate your balance?
○ poor ○ fair ○ good ○ very good ○ excellent

80. Do you have any difficulties using your hands, arms or legs to carry out everyday activities?
○ No ▶ if No, go to question 82

	neither	one	both
hands	○	○	○
arms	○	○	○
legs	○	○	○

81. If you have difficulty, is the difficulty due to any of the following? *(shade **all** that apply)*

	hand/s	arm/s	leg/s
weakness	☐	☐	☐
muscles tire easily - fatigue	☐	☐	☐
limited joint movement from contracture	☐	☐	☐
poor co-ordination - clumsiness	☐	☐	☐
loss of sensation	☐	☐	☐
pain	☐	☐	☐
other	☐	☐	☐

82. How often does fatigue prevent you from carrying out your everyday activities?
○ not at all ○ about once a month
○ about once a week ○ on 2 to 6 days a week
○ every day

QUESTIONS ABOUT CARING

83. During the last 12 months, have you provided care and/or support to a family member or friend who has a diagnosis of dementia (or Alzheimer's)?
○ Yes ○ No

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 filling in the questionnaire

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