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)

Place a cross over any incorrect selection you wish to cancel

Place numbers or CAPITAL letters in appropriate boxes

**GENERAL QUESTIONS ABOUT YOU**

1. What is today’s date? __________ / __________ / 201________

2. How tall are you without shoes? __________ cm OR __________ feet __________ inches

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?
   - cigarettes per day __________
   - pipes and cigars per day __________

   (If you are an ex-smoker, how much did you smoke on average when you smoked?)

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? __________

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 light drinker ▲ ▲ ▲
    - a social 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? __________
14. What BEST describes your current situation? (choose one only)
- single
- married
- de facto / living with a partner
- widowed
- divorced
- separated

15. What BEST describes your current housing? (choose one only)
- house
- flat, unit, apartment
- house on farm
- retirement village, self care unit
- nursing home
- hostel for the aged
- mobile home
- other

16. Do you (or any member of this household) own this home, rent it, or do you live here rent free?
- own
- currently paying off mortgage
- rent (or pay board)
- live here rent free
- mortgage/involved in a rent-buy scheme

If you rent this home, do you:
- rent privately
- rent through Housing NSW
- rent through a housing organisation

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

21. Have your mother, father, brother(s) or sister(s) ever had: (blood relatives only: shade all that apply)
- heart disease
- high blood pressure
- stroke
- diabetes
- dementia/Alzheimer’s
- Parkinson’s disease
- severe depression
- severe arthritis
- breast cancer
- bowel cancer
- prostate cancer
- melanoma
- osteoporosis
- hip fracture
- osteoporosis
- hip fracture
- osteoporosis
- hip fracture
- melanoma
- prostate cancer
- breast cancer
- 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
- do not know

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)

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)

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

Additional questions about your health and family history are also present in the document.
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  □ Micards, 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  □ Zolof, sertraline
   □ Norvasc, amlopidine  □ venlafaxine
   □ Cardizem, Vasocardol, diltiazem anti-hypertensive  □ Nexium, esomeprazole
   □ Tritic, ramipril  □ Somac, pantoprazole
   □ Coversyl, Coversyl Plus, perindopril  □ Losec, Acimac, omeprazole
   □ Zoloft, sertraline (describe type of cancer)

(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)

   skin cancer (not melanoma)  □  □  age
   melanoma  □  □  age
   prostate cancer  □  □  age
   other cancer
   (describe type of cancer)  □  □  age
   lymphoedema  □  □  age
   heart failure (cardiac failure, weak heart, enlarged heart)  □  □  age
   atrial fibrillation  □  □  age
   other heart disease
   (describe type of heart disease)  □  □  age

   high blood pressure  □  □  age
   stroke  □  □  age
   diabetes - type 1  □  □  age
   diabetes - type 2 or unsure  □  □  age
   enlarged prostate  □  □  age
   blood clot (thrombosis)  □  □  age
   asthma  □  □  age
   hayfever  □  □  age
   osteoarthritis  □  □  age
   depression  □  □  age
   anxiety  □  □  age
   Parkinson's disease  □  □  age
   none of these  □
32. In the last month have you been treated for:
(if YES, shade the box and give your age when the treatment started)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Age Started Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>cancer</td>
<td>age</td>
</tr>
<tr>
<td>heart attack or angina</td>
<td>age</td>
</tr>
<tr>
<td>other heart disease</td>
<td>age</td>
</tr>
<tr>
<td>high blood pressure</td>
<td>age</td>
</tr>
<tr>
<td>high blood cholesterol</td>
<td>age</td>
</tr>
<tr>
<td>blood clotting problems</td>
<td>age</td>
</tr>
<tr>
<td>asthma</td>
<td>age</td>
</tr>
<tr>
<td>osteoarthritis</td>
<td>age</td>
</tr>
<tr>
<td>thyroid problems</td>
<td>age</td>
</tr>
<tr>
<td>osteoporosis or low bone density</td>
<td>age</td>
</tr>
<tr>
<td>depression</td>
<td>age</td>
</tr>
<tr>
<td>anxiety</td>
<td>age</td>
</tr>
<tr>
<td>none of these</td>
<td></td>
</tr>
</tbody>
</table>

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?

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?

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?
- 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?

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 ever had a blood test ordered by your doctor to check for prostate disease? (PSA test)
- Yes ▼
- No
- if No, go to question 43

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

How many times have you had a PSA test altogether?
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?

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:

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:

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

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

QUESTIONS ABOUT TIME AND WORK

52. Are there any other questions you would like to ask?
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
- unemployed
- other

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
- lifestyle reasons
- to care for family member/friend
- made redundant
- to do voluntary work
- 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)
- 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

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

<table>
<thead>
<tr>
<th>TRANSPORT (e.g. in car, bus, train etc.)</th>
<th>WEEK day</th>
<th>WEEKEND day</th>
</tr>
</thead>
<tbody>
<tr>
<td>hours</td>
<td>minutes</td>
<td>hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WORK (e.g. sitting at desk or using a computer)</th>
<th>WEEK day</th>
<th>WEEKEND day</th>
</tr>
</thead>
<tbody>
<tr>
<td>hours</td>
<td>minutes</td>
<td>hours</td>
</tr>
</tbody>
</table>

| 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)
- 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?
- weekday
- weekend

60. 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?

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?

62. 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?

63. During the past 4 weeks, about how often did you have any of the following problems:
- being irritable, grumpy or in a bad mood?
- being unable to stop or control worrying?
- trouble falling or staying asleep?
- poor appetite?
**QUESTIONS ABOUT YOUR DIET**

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)  

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Number of Times Eaten Each Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>beef, lamb or pork</td>
<td></td>
</tr>
<tr>
<td>chicken, turkey or duck</td>
<td></td>
</tr>
<tr>
<td>processed meat (include bacon, sausages, salami, devon, burgers etc.)</td>
<td></td>
</tr>
<tr>
<td>fish or seafood</td>
<td></td>
</tr>
<tr>
<td>cheese</td>
<td></td>
</tr>
</tbody>
</table>

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

67. About how many of the following do you USUALLY eat?  

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Number of Serves Each Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>slices/pieces of brown/wholemeal bread</td>
<td>(also include multigrain/rye bread etc.)</td>
</tr>
<tr>
<td>bowls of breakfast cereal</td>
<td></td>
</tr>
</tbody>
</table>

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

**QUESTIONS ABOUT ASPIRIN USE**

70. Do you take aspirin regularly?  

- Yes ▼  
- No ▷  
- Don’t know ▶  

If No or Don’t know, go to question 71

- How many years have you taken aspirin, in total? (put “0” if less than one)  
- total years

**QUESTIONS ABOUT TECHNOLOGY USE**

71. Do you use a computer or mobile device (e.g. phone with a touch screen, tablet or smart watch) regularly?  

- Yes ▼  
- No ▷  

If No, go to question 75

**If YES, which of the following devices do you use regularly?**

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple desktop or laptop computer (e.g. iMac, MacBook)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Windows desktop or laptop computer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apple tablet (iPad)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>other tablet (e.g. Samsung, Microsoft Surface, Lenovo)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apple phone with a touch screen (iPhone)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Android phone with a touch screen (e.g. Samsung, Huawei, Google)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other phone with a touch screen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apple Watch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other smart watch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fitness tracker (e.g. Fitbit, Garmin)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
72. If you use applications (apps) on a mobile phone or tablet, how many have you ever downloaded yourself? (choose one only)
   - I don’t use apps/don’t know what apps are
   - None
   - 1-5
   - 6 or more
   - go to question 75

73. How often do you use apps on your mobile phone or tablet to track the following:
   - activity or fitness (e.g. number of steps, exercise)
   - vital signs (e.g. heart rate, blood pressure, breathing)
   - nutrition or weight
   - mood or well-being
   - sleep
   - medications (e.g. reminders, alerts)

   never | less than once a month | at least once a month | at least once a week | every day

74. Which health or fitness apps do you use? (shade all that apply)
   - Apple Health
   - MapMyWalk
   - MyFitnessPal
   - Fitbit
   - other (please list app name/s)

75. As the use of technology increases, many research studies on health are carried out using applications (apps) developed for mobile phones or tablets.
   How do you feel about studies by accredited researchers that involve using health research apps:
   - good idea
   - not a good idea
   - unsure / no opinion

   with questions on health, nutrition, mood etc
   -
   that are able to use information from health/fitness apps or a fitness tracker
   -

Thank you for completing the questionnaire

If you have any questions, please ring the 45 and Up Study Infoline on 1300 45 11 45 or email 45andUp@saxinstitute.org.au

You can also write directly to 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