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.

Bubbles are provided where only one choice is permitted ◯

Boxes indicate that multiple responses are permitted ☐

Fully shade the appropriate box(es)/bubble(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?

		/			/	2	0	2	
day			month			year			

2. How tall are you without shoes?

			OR			
cm				feet	inches	

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

3. About how much do you weigh?

			OR				
kg				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 ◯ a social drinker

◯ an ex-drinker ◯ a heavy drinker

◯ an occasional drinker ◯ a binge drinker

◯ a light 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
- ○ 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/involved in a rent-buy scheme
- ○ rent (or pay board)
- ○ live here rent free

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

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)* ☐☐ times in the last week

Vigorous physical activity *(that made you breathe harder or puff and pant, like jogging, cycling, aerobics, competitive tennis, but not household chores or gardening)* ☐☐ times in the last week

Moderate physical activity *(like gentle swimming, social tennis, vigorous gardening, or work around the house)* ☐☐ times in the last week

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
- ☐ 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)*

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	☐	☐	☐	bowel cancer	☐	☐	☐
high blood pressure	☐	☐	☐	early onset lung cancer < 60 years	☐	☐	☐
stroke	☐	☐	☐	late onset lung cancer ≥ 60 years	☐	☐	☐
diabetes	☐	☐	☐	melanoma	☐	☐	☐
dementia/ Alzheimer's	☐	☐	☐	prostate cancer		☐	☐
Parkinson's disease	☐	☐	☐	ovarian cancer	☐		☐
severe depression	☐	☐	☐	osteoporosis	☐	☐	☐
severe arthritis	☐	☐	☐	hip fracture	☐	☐	☐
breast 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*	☐ Avapro, Karvea, *irbesartan*
☐ *multivitamins alone*	☐ *warfarin,* Coumadin
☐ *fish oil, omega 3*	☐ Noten, Tenormin, *atenolol*
☐ *Vitamin D*	☐ *aspirin for the heart*
☐ Caltrate, *calcium carbonate*	☐ *aspirin for other reasons*
☐ Fosamax, *alendronate*	☐ *paracetamol with codeine*
☐ *glucosamine*	☐ *paracetamol*
☐ Lipitor, *atorvastatin*	☐ Ventolin, *salbutamol*
☐ Pravachol, *pravastatin*	☐ Diabex, Diaformin, *metformin*
☐ Cavstat, Crestor, *rosuvastatin*	☐ Cipramil, *citalopram*
☐ Zocor, Lipex	☐ Zoloft, *sertraline*
☐ Lasix, *furosemide, frusemide*	☐ *venlafaxine*
☐ Norvasc, *amlodipine*	☐ Nexium, *esomeprazole*
☐ Cardizem, Vasocardol, *diltiazem anti-hypertensive*	☐ Somac, *pantoprazole*
☐ Tritace, *ramipril*	☐ Losec, Acimax, *omeprazole*
☐ Coversyl, Coversyl Plus, *perindopril*	☐ Oroxine, *thyroxine*
☐ Micardis, *telmisartan*	☐ 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	☐	

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

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

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	○ $60,000 - $69,999
○ $5,000 - $9,999	○ $70,000 - $79,999
○ $10,000 - $19,999	○ $80,000 - $89,999
○ $20,000 - $29,999	○ $90,000 - $119,999
○ $30,000 - $39,999	○ $120,000 - $149,999
○ $40,000 - $49,999	○ $150,000 or more
○ $50,000 - $59,999	○ I would rather not answer this question

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

☐ in full time paid work	☐ self-employed
☐ in part time paid work	☐ doing unpaid work
☐ completely retired/pensioner	☐ studying
☐ partially retired	☐ looking after home/family
☐ 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	☐ ill health
☐ made redundant	☐ could not find a job
☐ to do voluntary work	☐ 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 : minutes	WEEKEND day hours : 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)*

spend time with friends or family who do not live with you?	☐☐ times in the last week
talk to someone (friends, relatives or others) on the telephone?	☐☐ times in the last week
go to meetings of social clubs, religious groups or other groups you belong to?	☐☐ times in the last week

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

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:
*(shade **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

QUESTIONS ABOUT ASPIRIN USE

71. Do you take aspirin regularly?

◯ Yes ▼ ◯ No ◯ Don't know ▶ if No or Don't know, go to question 72

If YES, when did you start? ☐☐ years ago

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

Do you take aspirin:

◯ every day ◯ every second day ◯ less often

Is each aspirin tablet:

◯ low dose ◯ standard dose (300mg) ◯ not sure

QUESTIONS ABOUT YOUR CHILDHOOD

72. What family circumstances did you live in before you were 18 years of age? *(shade **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 COPD

73. 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
chronic obstructive pulmonary disease (COPD)	☐	☐☐ age

QUESTIONS ABOUT MEDICAL EXPENSES

74. In the past 12 months, about how much have you spent out-of-pocket on YOUR healthcare? Please EXCLUDE costs covered by Medicare or private health insurance.

	N/A	$0	$1-$250	$251-$1000	$1001-$10,000	more than $10,000
medications (prescription or over the counter)	○	○	○	○	○	○
doctors, specialists (e.g. GP, oncologist)	○	○	○	○	○	○
medical tests (e.g. x-rays, pathology)	○	○	○	○	○	○
hospitalisation/ outpatient (e.g. surgery)	○	○	○	○	○	○
dental care	○	○	○	○	○	○
allied health care (e.g. physiotherapy)	○	○	○	○	○	○
other complementary/ alternative treatments (e.g. naturopathy)	○	○	○	○	○	○
medical equipment (e.g. crutches)	○	○	○	○	○	○
practical/travel (e.g. parking, accommodation)	○	○	○	○	○	○
home/other modifications (e.g. ramps)	○	○	○	○	○	○
any other healthcare costs	○	○	○	○	○	○

75. In the past 12 months, about how much did you spend out-of-pocket on YOUR healthcare for all of the above combined?

- ○ $0
- ○ $1-$250
- ○ $251-$1000
- ○ $1001-$10,000
- ○ $10,001-$25,000
- ○ more than $25,000
- ○ unsure

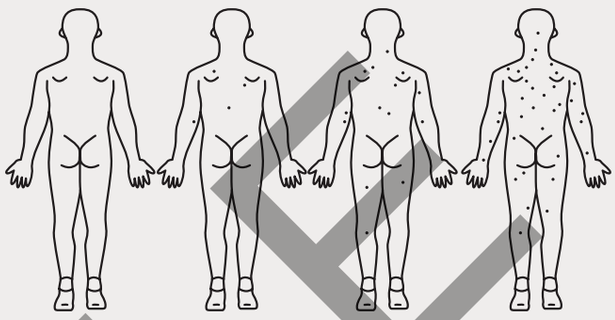
76. In the past 12 months, did you delay or go without a medical test, treatment, or follow-up that was recommended by a doctor, because of a shortage of money?

○ Yes ○ No ○ Unsure

QUESTIONS ABOUT YOUR SKIN HEALTH

77. Most people have some moles. Moles are brown spots that do not come and go with sunlight. Some are flat and look almost like a freckle while others are raised or bumpy if you run your fingers over them. Splotchy freckles on the upper back or shoulders are not moles.

Which one of these diagrams best illustrates your moles?



○ none ○ few ○ some ○ many

78. In the past 12 months, have you had a health professional (e.g. a doctor, specialist or nurse) check at least some of your skin for any suspicious spots that might be skin cancer?

○ Yes ▼ ○ No

If YES:

a) Was it

- ○ all or nearly all of your body
- ○ part of your body
- ○ checking a specific mole or spot

b) How many times in the past 12 months did you have your skin checked by a health professional?

☐☐ times

QUESTIONS ABOUT GENETIC TESTING

79. Have you ever had genetic testing?

○ Yes ▼ ○ No ○ Don't know/don't want to say

▶ if No or Don't know, go to question 81

80. What did the genetic testing aim to determine?

*(shade **all** that apply)*

- ☐ disease risk, diagnosis or treatment
- ☐ my ancestry
- ☐ other (e.g. targeting diet or fitness)
- ☐ don't know/don't want to say

QUESTIONS ABOUT COVID-19

The following questions are about the novel coronavirus (COVID-19) and how it has affected you. The COVID-19 outbreak was first identified in Australia in January 2020 and unless otherwise specified the following questions relate to the time since January 2020.

81. Are you or have you been infected with COVID-19?

- ○ Yes, had positive test result
- ○ I think so, but not confirmed
- ○ No
- ○ Don't know

82. If you have been tested for COVID-19, when were you last tested?

		/	2	0	2	
month			year			

- ○ I have not been tested for COVID-19

83. Since January 2020 have you:

	Yes	No	Don't know
had someone in your household known to have COVID-19?	○	○	○
had close personal contact with someone outside your house known to have COVID-19?	○	○	○
travelled overseas or on a cruise ship?	○	○	○
worked in an aged care facility or hospital?	○	○	○
had other exposure to COVID-19?	○	○	○

(if other exposure, please specify)

84. During the COVID-19 outbreak, how often did you wear a face mask when you were in close personal contact with others outside of your household?

- ○ never
- ○ rarely
- ○ sometimes
- ○ often
- ○ all the time

85. Did you reduce your personal contact with other people because of the COVID-19 outbreak?

○ Yes ▼ ○ No

If YES, what were the reasons you reduced contact? *(shade **all** that apply)*

- ☐ concerns about your own health
- ☐ concern for others' health
- ☐ government recommendations
- ☐ government restrictions

86. During the COVID-19 outbreak:

	not at all	a little	moderately	very	extremely
how uncertain did you feel about the future?	○	○	○	○	○
how concerned were you that you would get sick with COVID-19?	○	○	○	○	○
how concerned were you that your family or friends would get sick with COVID-19?	○	○	○	○	○
how confused were you about information you read or heard about COVID-19?	○	○	○	○	○
how worried were you about your financial situation?	○	○	○	○	○

87. As a result of COVID-19, has your financial situation changed?

○ Yes ▼ ○ No ○ Don't know

If YES, my financial situation is:

- ○ a lot worse
- ○ slightly worse
- ○ same
- ○ slightly better
- ○ a lot better

88. How confident are you:

	not at all	a little	moderately	very	extremely
in your knowledge about COVID-19 prevention?	☐	☐	☐	☐	☐
in your knowledge about social distancing?	☐	☐	☐	☐	☐
that you have all the necessary information to make decisions about COVID-19 prevention?	☐	☐	☐	☐	☐
filling out medical forms by yourself?	☐	☐	☐	☐	☐

89. The next question relates to how you are CURRENTLY feeling:

	Yes	More or less	No
I experience a general sense of emptiness	☐	☐	☐
there are plenty of people I can rely on when I have problems	☐	☐	☐
there are many people I can trust completely	☐	☐	☐
there are enough people I feel close to	☐	☐	☐
I miss having people around	☐	☐	☐
I often feel rejected	☐	☐	☐

90. As a result of the COVID-19 outbreak, I feel:

	a lot worse	a little worse	the same	a little better	a lot better
my overall health has been	☐	☐	☐	☐	☐
my emotional and psychological health has been	☐	☐	☐	☐	☐

91. As a result of COVID-19, have you missed or delayed any of the following health care services?

	Yes	No
a visit to a GP	☐	☐
a visit to a specialist doctor	☐	☐
hospital care	☐	☐
a blood test	☐	☐
psychological or emotional health care	☐	☐
an aged care service	☐	☐
a vaccination	☐	☐
cancer screening	☐	☐
a dental visit	☐	☐
getting a regular prescription medication	☐	☐
getting non-prescription medication	☐	☐
other health care you needed	☐	☐

(please specify)

92. If you selected YES in ANY of the above, did your health get worse because of missing the health care service?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Not applicable

93. Since January 2020, have you used telehealth services (an appointment with a health care provider by video or phone instead of an in-person visit)?

☐ Yes ☐ No ▶ if No, go to question 98

94. If you used telehealth services, were they done by:

- ○ telephone
- ○ video
- ○ both

95. How did the telehealth services compare to a traditional in-person medical visit?

- ○ better than a traditional visit
- ○ just as good as a traditional visit
- ○ worse than a traditional visit
- ○ not sure

96. How likely would you be to recommend telehealth services to someone else?

- ○ definitely will not
- ○ probably will not
- ○ probably will
- ○ definitely will

97. How useful do you think it will be to have appointments via telehealth after the COVID-19 emergency is over?

- ○ not at all
- ○ slightly
- ○ moderately
- ○ very
- ○ extremely

98. Compared with 12 months ago, how much time did you spend in the LAST WEEK doing the following activities?

	Compared with 12 months ago, I spent: less time	similar time	more time
walking continuously for at least 10 minutes *(for recreation or exercise or to get to or from places)*	○	○	○
vigorous physical activity *(that made you puff and pant, like jogging, but not household chores or gardening)*	○	○	○
moderate physical activity *(that made you breathe somewhat harder, like gentle swimming or vigorous gardening)*	○	○	○
overall physical activity *(counting everything mentioned above)*	○	○	○
watching TV	○	○	○
sleeping *(including at night and naps)*	○	○	○

99. How often do you get COVID-19 information from the following?

Use the scale below to shade the bubbles, where 1 indicates never, and 7 indicates very often.

	never 1	2	3	4	5	6	very often 7
public TV or radio (e.g. ABC or SBS)	○	○	○	○	○	○	○
commercial TV or radio	○	○	○	○	○	○	○
social media (e.g. Facebook, Twitter etc.)	○	○	○	○	○	○	○
newspapers (online and print)	○	○	○	○	○	○	○
government websites or sources	○	○	○	○	○	○	○
your doctor or your other healthcare providers	○	○	○	○	○	○	○
family and friends	○	○	○	○	○	○	○

100. How MUCH do you trust the following sources of information in their reporting about COVID-19?

Use the scale below to shade the bubbles, where 1 indicates no trust, and 7 indicates a great deal of trust.

	very little trust 1	2	3	4	5	6	a great deal of trust 7
public TV or radio (e.g. ABC or SBS)	○	○	○	○	○	○	○
commercial TV or radio	○	○	○	○	○	○	○
social media (e.g. Facebook, Twitter etc.)	○	○	○	○	○	○	○
newspapers (online and print)	○	○	○	○	○	○	○
government websites or sources	○	○	○	○	○	○	○
your doctor or your other healthcare providers	○	○	○	○	○	○	○
family and friends	○	○	○	○	○	○	○

101. There are many ways 45 and Up participants can support COVID-19 research. Would you consider participating in any of the following approved research?

	Yes	No	Maybe
short online surveys	○	○	○
providing a blood sample to a registered pathology clinic	○	○	○
providing a saliva sample through a home delivered testing kit	○	○	○

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 90441
SILVERWATER NSW 1811