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, and be sure to complete the questionnaire as shown:

Please put a cross in the appropriate box(es) OR put numbers in the appropriate box, e.g. 21st June 1945

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>What is your date of birth?</td>
</tr>
<tr>
<td>2.</td>
<td>What is today’s date?</td>
</tr>
<tr>
<td>3.</td>
<td>How tall are you without shoes? (please give to the nearest cm or inch)</td>
</tr>
<tr>
<td>4.</td>
<td>About how much do you weigh?</td>
</tr>
<tr>
<td>5.</td>
<td>What is the highest qualification you have completed? (please put a cross in the most appropriate box)</td>
</tr>
<tr>
<td>6.</td>
<td>Are you of Aboriginal or Torres Strait Islander origin? (you can cross more than one box)</td>
</tr>
<tr>
<td>7.</td>
<td>In which country were you born? (please cross up to 2 boxes)</td>
</tr>
<tr>
<td>8.</td>
<td>What year did you first come to live in Australia for one year or more? (e.g. 1970)</td>
</tr>
<tr>
<td>9.</td>
<td>What is your ancestry? (please cross up to 2 boxes)</td>
</tr>
<tr>
<td>10.</td>
<td>Do you speak a language other than English at home?</td>
</tr>
<tr>
<td>11.</td>
<td>Have you ever been a regular smoker?</td>
</tr>
<tr>
<td>12.</td>
<td>About how many alcoholic drinks do you have each week? (one drink = a glass of wine, middy of beer or nip of spirits)</td>
</tr>
<tr>
<td>13.</td>
<td>On how many days each week do you usually drink alcohol?</td>
</tr>
</tbody>
</table>

Any questions or comments? Please call the Study helpline: 1300 45 11 45 or go to www.45andUp.org.au

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**45 and Up Study Questionnaire for Women**

The 45 and Up Study relies on the willingness of people in New South Wales to share information about their lives and experiences, to provide knowledge that will help people live healthy and fulfilling lives for as long as possible. Participation is completely voluntary, and you are free to withdraw from the Study at any time. To take part, please read the participant information leaflet, then complete the questionnaire and consent form and return them in the envelope provided. We very much hope you will be able to take part.

---

**General questions about you**

1. What is your date of birth?  
   - Day:  
   - Month:  
   - Year: 1945

2. What is today’s date?  
   - Day: 20
   - Month:  
   - Year:  

3. How tall are you without shoes? (please give to the nearest cm or inch)  
   - cm OR  
   - inches

4. About how much do you weigh?  
   - kg OR  
   - stone lbs

5. What is the highest qualification you have completed? (please put a cross in the most appropriate box)  
   - No school certificate or other qualifications  
   - School or intermediate certificate (or equivalent)  
   - Higher school or leaving certificate (or equivalent)  
   - Trade/apprenticeship (e.g. hairdresser, chef)  
   - Certificate/diploma (e.g. child care, technician)  
   - University degree or higher

6. Are you of Aboriginal or Torres Strait Islander origin? (you can cross more than one box)  
   - No  
   - Yes, Aboriginal  
   - Yes, Torres Strait Islander

7. In which country were you born? (please cross up to 2 boxes)  
   - Australia  
   - UK  
   - Greece  
   - Ireland  
   - New Zealand  
   - Italy  
   - Germany  
   - China  
   - Lebanon  
   - Poland  
   - other (please specify)

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**Auspiced by**  
**In collaboration with**
14. What best describes your current situation? (please cross one box)
- single
- married
- de facto/living with a partner
- separated
- widowed
- divorced
- separated

15. What best describes your current housing? (please cross one box)
- house
- flat, unit, apartment
- house on farm
- mobile home
- other
- retirement village, self care unit

16. How many TIMES did you do each of these activities 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)

17. 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)

Questions about your health

20. About how many hours a week are you exposed to someone else's tobacco smoke?
- hours per week
- hours per week

21. Have you ever used the pill or other hormonal contraceptives?
- Yes
- No
- (e.g. the combined pill, mini pill, contraceptive implant or injection)

22. Have you ever used hormone replacement therapy (HRT)?
- Yes
- No

23. Have you taken any medications, vitamins or supplements for most of the last 4 weeks, including HRT and the pill?
- Yes
- No

Questions about your family

18. Have your mother, father, brother(s) or sister(s) ever had:
- heart disease
- high blood pressure
- stroke
- diabetes
- dementia/Alzheimer’s
- Parkinson’s disease
- severe depression
- severe arthritis

19. How many children have you given birth to?
- children

20. How old were you when you gave birth to your FIRST child?
- years old

21. How old were you when you gave birth to your LAST child?
- years old

22. For how many months, in total, have you breastfed?
- months

Please list any other regular medications or supplements here

Please note not to include any regular medications or supplements here.
24. Has a doctor EVER told you that you have:

- skin cancer (not melanoma) [yes, no]
- melanoma [age]
- breast cancer [age]
- other cancer [age]
- type of cancer (please describe)

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

- 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]
- hayfever [age]
- depression [age]
- anxiety [age]
- Parkinson’s disease [age]
- none of these [ ]

26. Are you NOW suffering from any other important illness? [yes, no]

Yes

27. Do you regularly need help with daily tasks because of long-term illness or disability?

- yes
- no

- personal care
- getting around
- preparing meals

28. Does your health now LIMIT YOU in any of the following activities?

- vigorous activities
- moderate activities
- lifting or carrying
- 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

29. Have you ever had any of the following operations?

- yes, listed operation [age]
- yes, listed operation [age]
- no, not limited at all

- removal of skin cancer [age]
- hysterectomy [age]
- both ovaries removed [age]
- sterilisation (tubes tied) [age]
- repair of prolapsed womb, bladder or bowel [age]
- knee replacement [age]
- hip replacement [age]
- gallbladder removed [age]
- heart or coronary bypass surgery [age]

Please describe this illness and its treatment

Please describe this illness and its treatment
30. Do you regularly care for a sick or disabled family member or friend? □ Yes ▼ □ No
If Yes, about how much time each week do you usually spend caring for this person?
□ full time OR □ hours/wk
31. In general, how would you rate your:
quality of life? □ □ □ □ □ □
eyesight? (with glasses or contact lenses, if you wear them) □ □ □ □ □ □
memory? □ □ □ □ □ □
teeth and gums? □ □ □ □ □ □
32. Do you feel you have a hearing loss? □ Yes ▼ □ No
33. 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
34. 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
35. Have you had a broken/fractured bone in the last 5 years?
□ Yes ▼ □ No
If Yes, which bones were broken?
□ wrist □ arm □ hip □ ankle
How old were you when it happened?
(give age at most recent fracture if more than one) □ years old
36. 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
37. Have you been through menopause? □ No □ Not sure (because hysterectomy, taking HRT, etc.) □ My periods have become irregular □ Yes – How old were you when you went through menopause? □ years old
38. Have you ever been for a breast screening mammogram?
□ Yes ▼ □ No
If Yes, which test(s) you had?
□ mammogram (e.g. 2005)
How many times have you been for breast screening altogether? □ times
39. Have you ever been screened for colorectal (bowel) cancer?
□ Yes ▼ □ No
If Yes, please indicate which test(s) you had:
□ faecal occult blood test (test for blood in the stool/faeces)
□ sigmoidoscopy (a tube is used to examine the lower bowel; this is usually done in a doctor’s office without pain relief)
□ colonoscopy (a long tube is used to examine the whole large bowel; you would usually have to have a colonoscopy to prepare the bowel for this)
What year did you have the most recent one of these tests? (e.g. 2005)
30. Do you regularly care for a sick or disabled family member or friend? □ Yes ▼ □ No
If Yes, about how much time each week do you usually spend caring for this person?
□ full time OR □ hours/wk
31. In general, how would you rate your:
quality of life? □ □ □ □ □ □
eyesight? (with glasses or contact lenses, if you wear them) □ □ □ □ □ □
memory? □ □ □ □ □ □
teeth and gums? □ □ □ □ □ □
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What year did you have the most recent one of these tests? (e.g. 2005)
Thank you very much for filling in the questionnaire

DON'T FORGET TO SIGN THE CONSENT FORM OVERLEAF

Are your name and address correct on the front of this questionnaire?  

If INCORRECT, give details below.

<table>
<thead>
<tr>
<th>Surname:</th>
<th></th>
<th>Given name(s):</th>
<th></th>
<th>Postal address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Town or Suburb:</td>
<td></td>
<td>State or Territory:</td>
<td></td>
<td>Postcode:</td>
<td></td>
</tr>
</tbody>
</table>

47. What is your current work status? (you can cross more than one box)
- [ ] in full time paid work
- [ ] in part time paid work
- [ ] completely retired/pensioner
- [ ] partially retired
- [ ] disabled/sick
- [ ] self-employed
- [ ] doing unpaid work
- [ ] studying
- [ ] looking after home/family
- [ ] unemployed
- [ ] other

48. If you are partially or completely retired, how old were you when you retired?
- [ ] years old

Why did you retire? (you can cross more than one box)
- [ ] reached usual retirement age
- [ ] to care for family member/friend
- [ ] made redundant
- [ ] could not find a job
- [ ] other

49. About how many HOURS each WEEK do you usually spend doing the following? (please put "0" if you do not spend any time doing it)

<table>
<thead>
<tr>
<th>hours per week</th>
<th>hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>paid work</td>
<td>voluntary/unpaid work</td>
</tr>
</tbody>
</table>

50. 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

51. What best describes the colour of the skin on the inside of your upper arm, that is your skin colour without any tanning?
- [ ] very fair
- [ ] light olive
- [ ] brown
- [ ] dark olive
- [ ] black

52. What would happen if your skin was repeatedly exposed to bright sunlight during summer without any protection?

Would It:  
- [ ] get very tanned?  
- [ ] get slightly tanned?  
- [ ] never tans or only gets freckled?

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

<table>
<thead>
<tr>
<th>hours per day</th>
<th>hours per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>weekday</td>
<td>weekend</td>
</tr>
</tbody>
</table>

54. About how many HOURS in each 24 hour DAY do you usually spend doing the following? (please put "0" if you do not spend any time doing it)

<table>
<thead>
<tr>
<th>hours per day</th>
<th>hours per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>sleeping (including at night &amp; naps)</td>
<td>watching television or using a computer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>sitting</th>
<th>standing</th>
</tr>
</thead>
</table>

55. 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?

56. 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

57. 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?
- [ ] hopeful?
- [ ] 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?

58. During the past 4 weeks, have you had any of the following problems with your work or daily activities because of any emotional problems (such as being depressed or anxious)?
- [ ] cut down on the amount of time you spent on work or other activities  
- [ ] achieved less than you would have liked to do work or other activities less carefully than usual

- [ ] Yes  
- [ ] No

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</table>
The 45 and Up Study relies on the willingness of people in New South Wales 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 and for the Study team to follow your health over time. Participation is completely voluntary, and you are free to ask questions or to withdraw from the Study at any time, by calling the Study helpline on 1300 45 11 45. More information on the Study can be found at www.45andup.org.au.

I agree to have my health followed over time through:

- the 45 and Up Study team following health and other records relating to me, including NSW hospital records, cancer records, death records and other health-related records, as outlined in the Study leaflet: The 45 and Up Study: Information for participants;
- Medicare Australia releasing to the 45 and Up Study my enrolment details, including Medicare number, and information concerning services provided to me under Medicare, the Department of Veterans’ Affairs, the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme, including past information, until the end of the Study or for the duration of my involvement in the Study;
- being contacted in the future to provide information on changes to my health and lifestyle. I may also be asked to provide further information including questionnaire responses or biological samples; my participation in any of these would be completely voluntary.

I give my consent on the understanding that:

- my information will only be used for the purposes outlined in the Study leaflet entitled The 45 and Up Study: 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 Study at any time by calling the Study helpline on 1300 45 11 45;
- my decision on whether or not to take part in the Study 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 including how it will gather, store, use and disclose information about me, in the Study leaflet. I have been given an opportunity to ask questions and have been fully informed about the Study.

Name (Print): ____________________________
Signature: ____________________________
Date today: __________ / __________ / 2000

Extra contact details

It would be very helpful and reduce Study costs if we could contact you in future by email. If you are happy for us to do this, please write your email address here:

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 your mobile phone number and/or the contact details of someone close to you (such as a relative or friend) who would be happy to be contacted 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.

Your home phone number: ____________________________
Full name of contact person: ____________________________
Phone number of contact person: ____________________________

If you have any questions about the Study, please ring the Study helpline on 1300 45 11 45. You can also write to or send your questionnaire (no stamp required) directly to:

Associate Professor Emily Banks, Scientific Director,

Thank you very much for taking part