**45 and Up Study Questionnaire for Men**

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.

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

---

**General questions about you**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your date of birth?</td>
<td>[Day] [Month] [Year]</td>
</tr>
<tr>
<td>2. What is today’s date?</td>
<td>[Day] [Month] [Year]</td>
</tr>
<tr>
<td>3. How tall are you without shoes?</td>
<td>cm OR feet inches (please give to the nearest cm or inch)</td>
</tr>
<tr>
<td>4. About how much do you weigh?</td>
<td>kg OR stone lbs (please give to the nearest kg or stone)</td>
</tr>
<tr>
<td>5. What is the highest qualification you have completed?</td>
<td>☐ No school certificate or other qualifications</td>
</tr>
<tr>
<td>6. Are you of Aboriginal or Torres Strait Islander origin?</td>
<td>☐ No</td>
</tr>
<tr>
<td>7. In which country were you born?</td>
<td>☐ Australia</td>
</tr>
<tr>
<td>8. What year did you first come to live in Australia for one year or more?</td>
<td>☐ [Year]</td>
</tr>
<tr>
<td>9. What is your ancestry? (please cross up to 2 boxes)</td>
<td>☐ Australian</td>
</tr>
<tr>
<td>10. Do you speak a language other than English at home?</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>11. Have you ever been a regular smoker?</td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>☐ cigarettes per day</td>
</tr>
<tr>
<td>12. About how many alcoholic drinks do you have each week?</td>
<td>☐ one drink = a glass of wine, middy of beer or nip of spirits (but “0” if you do not drink, or have less than one drink each week)</td>
</tr>
<tr>
<td>13. On how many days each week do you usually drink alcohol?</td>
<td>☐ days each week</td>
</tr>
</tbody>
</table>

---

**PLEASE PUT A CROSS IN THE APPROPRIATE BOX(es):**

**OR put numbers in the appropriate box, e.g. 21st June 1945**

---

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

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

21. About how many hours a week are you exposed to someone else’s tobacco smoke?
- at home
- in other places (e.g. work, going out, cars)

22. Over the last month, how often have you:
- found it difficult to postpone urination?
- had to push or strain to start urinating?
- had a weak urinary stream?
- stopped and started again several times when you urinated?
- had to urinate again less than 2 hours after you finished urinating?
- had the feeling that you had not emptied your bladder completely after urinating?
- Over the past month, how many times did you usually get up from bed to urinate during the night?

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

Questions about your family

18. Have your mother, father, brother(s) or sister(s) ever had:
- heart disease
- breast cancer
- high blood pressure
- bowel cancer
- stroke
- lung cancer
- diabetes
- prostate cancer
- dementia/Alzheimer’s
- Parkinson’s disease
- severe depression
- severe arthritis
- hip fracture
- do not know

19. How many children have you fathered?
- children

20. Have you ever tried for more than 1 year but have been unable to father children?
- Yes
- No

24. Have you taken any medications, vitamins or supplements for most of the last 4 weeks?
- Yes
- No

Other regular medications or supplements:

---

**Questions about your health**

21. About how many hours a week are you exposed to someone else’s tobacco smoke?
- at home
- in other places (e.g. work, going out, cars)

22. Over the last month, how often have you:
- found it difficult to postpone urination?
- had to push or strain to start urinating?
- had a weak urinary stream?
- stopped and started again several times when you urinated?
- had to urinate again less than 2 hours after you finished urinating?
- had the feeling that you had not emptied your bladder completely after urinating?
- Over the past month, how many times did you usually get up from bed to urinate during the night?

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

Other regular medications or supplements:

---

**Questions about your family**

18. Have your mother, father, brother(s) or sister(s) ever had:
- heart disease
- breast cancer
- high blood pressure
- bowel cancer
- stroke
- lung cancer
- diabetes
- prostate cancer
- dementia/Alzheimer’s
- Parkinson’s disease
- severe depression
- severe arthritis
- hip fracture
- do not know

19. How many children have you fathered?
- children

20. Have you ever tried for more than 1 year but have been unable to father children?
- Yes
- No

24. Have you taken any medications, vitamins or supplements for most of the last 4 weeks?
- Yes
- No

Other regular medications or supplements:

---
24. Has a doctor EVER told you that you have: (if YES, please cross the box and give your age when the condition was first found)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Age when condition was first found</th>
</tr>
</thead>
<tbody>
<tr>
<td>skin cancer (not melanoma)</td>
<td>age</td>
</tr>
<tr>
<td>melanoma</td>
<td>age</td>
</tr>
<tr>
<td>prostate cancer</td>
<td>age</td>
</tr>
<tr>
<td>other cancer</td>
<td>age</td>
</tr>
<tr>
<td>type of cancer (please describe)</td>
<td></td>
</tr>
<tr>
<td>heart disease</td>
<td>age</td>
</tr>
<tr>
<td>type of heart disease (please describe)</td>
<td></td>
</tr>
<tr>
<td>high blood pressure</td>
<td>age</td>
</tr>
<tr>
<td>stroke</td>
<td>age</td>
</tr>
<tr>
<td>diabetes</td>
<td>age</td>
</tr>
<tr>
<td>blood clot (thrombosis)</td>
<td>age</td>
</tr>
<tr>
<td>enlarged prostate</td>
<td>age</td>
</tr>
<tr>
<td>asthma</td>
<td>age</td>
</tr>
<tr>
<td>hayfever</td>
<td>age</td>
</tr>
<tr>
<td>depression</td>
<td>age</td>
</tr>
<tr>
<td>anxiety</td>
<td>age</td>
</tr>
<tr>
<td>Parkinson’s disease</td>
<td>age</td>
</tr>
<tr>
<td>none of these</td>
<td></td>
</tr>
</tbody>
</table>

25. In the last month have you been treated for: (if YES, please cross 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>

26. Are you NOW suffering from any other important illness? □

Please describe this illness and its treatment

27. Do you regularly need help with daily tasks because of long-term illness or disability? (e.g. personal care, getting around, preparing meals)

<table>
<thead>
<tr>
<th>Help needed</th>
<th>Assistance needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>no</td>
<td>no</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIGOROUS activities</td>
<td>yes, limited a lot</td>
</tr>
<tr>
<td>MODERATE activities</td>
<td>yes, limited a little</td>
</tr>
<tr>
<td>lifting or carrying shopping</td>
<td>yes, limited a lot</td>
</tr>
<tr>
<td>climbing several flights of stairs</td>
<td>yes, limited a little</td>
</tr>
<tr>
<td>climbing one flight of stairs</td>
<td>yes, limited a lot</td>
</tr>
<tr>
<td>walking one kilometre</td>
<td>yes, limited a lot</td>
</tr>
<tr>
<td>walking half a kilometre</td>
<td>yes, limited a lot</td>
</tr>
<tr>
<td>walking 100 metres</td>
<td>yes, limited a lot</td>
</tr>
<tr>
<td>bending, kneeling or stooping</td>
<td>yes, limited a lot</td>
</tr>
<tr>
<td>bathing or dressing yourself</td>
<td>yes, limited a lot</td>
</tr>
</tbody>
</table>

29. Have you ever had any of the following operations? (if YES, please cross the box and give your age when you had the operation; give your age at the most recent operation if you have had more than one)

<table>
<thead>
<tr>
<th>Operation</th>
<th>Age when had operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>removal of skin cancer</td>
<td>age</td>
</tr>
<tr>
<td>vasectomy</td>
<td>age</td>
</tr>
<tr>
<td>part of prostate removed</td>
<td>age</td>
</tr>
<tr>
<td>whole prostate removed</td>
<td>age</td>
</tr>
<tr>
<td>knee replacement</td>
<td>age</td>
</tr>
<tr>
<td>hip replacement</td>
<td>age</td>
</tr>
<tr>
<td>gallbladder removed</td>
<td>age</td>
</tr>
<tr>
<td>heart or coronary bypass surgery</td>
<td>age</td>
</tr>
</tbody>
</table>

(include stents and balloons)

Other please describe any other operations you have had in the last 10 years, with your age when you had them.
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:
   overall health?  □ Excellent ▼ □ Very Good □ Good □ Fair □ Poor
   quality of life?  □ Excellent ▼ □ Very Good □ Good □ Fair □ Poor
   eyesight? (with glasses or contact lenses, if you wear them)  □ Excellent ▼ □ Very Good □ Good □ Fair □ Poor
   memory?  □ Excellent ▼ □ Very Good □ Good □ Fair □ Poor
   teeth and gums?  □ Excellent ▼ □ Very Good □ Good □ Fair □ Poor

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?  □ 0 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  □ rib  □ finger/toe  □ other
   How old were you when it happened?  □ less than 10 years old  □ 10-19 years old  □ 20-29 years old  □ 30-39 years old  □ 40-49 years old  □ 50-59 years old  □ 60-69 years old  □ 70-79 years old  □ 80 or more years old

36. About how many times a week are you usually troubled by leaking urine?
   □ never  □ 1-2 times per week  □ 3-6 times per week  □ every day

37. How often are you able to get and keep an erection that is firm enough for satisfactory sexual activity?
   □ always  □ usually  □ sometimes  □ never  □ I would rather not answer this question

38. Have you ever had a blood test ordered by your doctor to check for prostate disease (PSA test)?  □ Yes ▼  □ No
   If Yes, what year did you have your last PSA test?  □ e.g. 2005
   How many times have you had a PSA test 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 an anesthetic)
   □ colonoscopy (a long tube is used to examine the whole large bowel; you would usually have to have an enema or drink a large amount of special liquid to prepare the bowel for this)
   What year did you have the most recent one of these tests?  □ e.g. 2005

40. About how many times each week do you eat:
   (please count all meals and snacks; put ‘0’ if never eaten or eaten less than once a week)
   □ beef, lamb or pork  □ chicken, turkey or duck  □ processed meat
   (include bacon, sausages, salami, dry salami, burgers, etc)
   □ fish or seafood  □ cheese
   □ number of times eaten each week

41. About how many of the following do you usually eat:
   slices or pieces of brown/wholemeal bread each week
   (also include multigrain, rye bread, etc)
   □ bowls of breakfast cereal each week
   □ bran cereal (allbran, branflakes, etc)  □ muesli
   □ biscuit cereal (weetbix, other, cornflakes, rice bubbles, etc)
   □ oat cereal (muesli, cornflakes, etc)

42. Which type of milk do you mostly have?
   □ whole milk  □ reduced fat milk  □ skim milk  □ I don’t drink milk

43. 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 (please include potatoes and put ‘0’ if you eat less than one serve a day)
   □ number of serves of cooked vegetables each day
   □ number of serves of raw vegetables each day (e.g. salad)
   I don’t eat vegetables

44. About how many serves of fruit or glasses of fruit juice do you usually eat 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)
   □ number of serves of fruit each day
   □ number of glasses of fruit juice each day
   I don’t eat fruit

45. Please put a cross in the box if you NEVER eat:
   □ red meat  □ chicken/poultry  □ pork/ham  □ dairy products
   □ any meat  □ eggs  □ sugar  □ wheat products
   □ fish  □ seafood  □ cream  □ cheese

46. What is your usual yearly HOUSEHOLD income before tax, from all sources? (please include benefits, pensions, superannuation, etc)
   □ less than $5,000 per year  □ $30,000-$39,999 per year
   □ $5,000-$9,999 per year  □ $40,000-$49,999 per year
   □ $10,000-$19,999 per year  □ $50,000-$69,999 per year
   □ $20,000-$29,999 per year  □ $70,000 or more per year
   I would rather not answer this question
47. What is your current work status? (you can cross more than one box)
   - in full time paid work
   - in part time paid work
   - partially retired/pensioner
   - looking after home/family
   - unemployed
   - self-employed
   - doing unpaid work
   - studying
   - disabled/sick
   - other

48. If you are partially or completely retired, how old were you when you retired?
   - years old
   - reached usual retirement age
   - to care for family member/friend
   - ill health
   - 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)
   - hours per week
   - paid work
   - voluntary/unpaid work

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?
   - Get very tanned?
   - Get moderately tanned?
   - Never or only get freckled?

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

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)
   - hours per day
   - sleeping (including at night & naps)
   - watching television or using a computer
   - sitting
   - standing

55. How many TIMES in the LAST WEEK did you: (please put “0” if you did not spend any time doing it)
   - 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?
   - 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?

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
   - other activities less carefully than usual

59. Are your name and address correct on the front of this questionnaire?
   - Yes
   - No
   - If incorrect, give details below.

   Name: ____________________________
   Surname: ____________________________
   Given name(s): ____________________________
   Postal address: ____________________________
   Town or Suburb: ____________________________
   State or Territory: ____________________________
   Postcode: ________
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 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.

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.

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 answer any correspondence we receive from you 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