

**Centre for Mental Health Research**  
**The PATH Through Life Questionnaire**

*20+ Wave 2 - 2003*

Respondent's ID:

**Q1. Could you please tell me your current age in years**

- Q2. Are you currently in a relationship with someone?**
- Yes, living with the person you are married to
  - Yes, living with a partner (but not married to them)
  - Yes, in a relationship with someone but not living with them
  - No, not in a relationship with anyone

- Q3. What is your current marital status?**
- Married-first and only marriage
  - Remarried-second or later marriage
  - Separated from someone you have been married to
  - Divorced
  - Widowed
  - Have never married

**Q4. How many times have you been married or lived in a de facto relationship?**  
Also, only include past relationships that lasted for 6 months or more.

If 0 entered →  If Q2=1 or 2 + Q4=1 → 6

**Q5. How long have you been separated from your (previous) partner?**

years  months

JUMP TO Q7 IF not currently married or living with a partner.

**Q6. How long have you been living with your current partner?**

years  months

**Q7. I am now going to ask you some questions about your education. What is the highest level of schooling you have completed?**

- Some primary
- All of primary
- Some of secondary
- Three/four years of secondary (intermediate, school certificate level)
- Five/six years of secondary (leaving, higher school certificate)

**Q8. What is the highest level of post secondary/tertiary education you have completed?**

- Trade certificate/apprenticeship → 9
- Technician's certificate/advanced certificate → 9
- Certificate other than above → 8A
- Associate diploma → 8A
- Undergraduate diploma → 8A

- Bachelor's degree → 9
- Post graduate diploma/certificate → 9
- Higher degree → 9
- None of the above* → 9

**Q8A. How long does that certificate or associate/undergraduate diploma take to complete, studying full time?**

- Less than 1 semester or 1/2 year
- One semester to less than 1 year
- One year to less than 3 years
- Three years or more

**Q9. Are you presently studying for any of the following?**

- Trade certificate/apprenticeship →9B
- Technician's certificate/advanced certificate →9B
- Certificate other than above →9A
- Associate diploma →9A
- Undergraduate diploma →9A
- Bachelor's degree →9B
- Post graduate diploma/certificate →9B
- Higher degree →9B
- None of the above* →10

**Q9A. How long does that other certificate or associate/undergraduate diploma take to complete, studying full time?**

- Less than 1 semester or 1/2 year
- One semester to less than 1 year
- One year to less than 3 years
- Three years or more

**Q9B. Are you studying?**

- Full-time
- Part-time

**Q10. How would you describe your current employment status?**

- Employed full-time →10A
- Employed part-time, looking for full-time work →10A
- Employed part-time →10A
- Unemployed, looking for work →10B
- Not in the labour force →10C

**Q10A. What is your job title?** (If more than one job, record title of main job. For public servants, record official designation, eg. ASO3, as well as occupation. For armed service personnel, state rank as well as occupation.)

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**Q10A1. What are your main duties or activities?**

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→10F

**Q10B. At any time in the LAST FOUR WEEKS have you looked for a job in any of the ways listed?**

- Written, phoned or applied in person for work
- Answered a newspaper advertisement for a job
- Checked factory of Commonwealth Employment Service noticeboards
- Been registered with any other employment agency
- Advertised or tendered for work
- Contacted friends or relatives for work

No →10D

Yes →10B1

**Q10B1. If you had found a job, could you have started last week?**

No →10D

Yes →10D

**Q10C. What is your *main* activity if you are not in the work force?**

- Home duties or caring for children
- Retired or voluntarily out of work force
- Studying
- Caring for an aged or disabled person
- Recovering from illness
- Voluntary work
- Other

**Q10D. Have you ever been employed in the past?**

Yes →10E

No →11

**Q10E. What was your last MAIN job title?** For public servants, record official designation, eg. ASO3, as well as occupation. for armed service personnel, state rank as well as occupation.)

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**Q10E1. What were your main duties or activities?**

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- Q10F. Are/Were you**
- Employed by a government agency
  - Employed by a profit-making business
  - Employed by another organisation
  - Self-employed/in business or practice for yourself →10I
  - Working without pay in a family business →10I

**Q10G. Which of the following best describes the position you hold/held within your business or organisation?**

- Managerial position
- Supervisory position
- Non-management position

**Q10H. About how many people are/were employed in the entire business, corporation or organisation for which you work?**

- 1-9
- 10-24
- 25+

→Q11

**Q10I. Not counting yourself or any partners, about how many people are usually employed in your business, practice or farm on a regular basis?**

(Enter '0' if no paid employees).

**Q11. Which of the following best describes your region of birth?**

- Australia - NSW or ACT
- Australia – Victoria
- Australia – QLD
- Australia – SA
- Australia - WA, Southern part
- Australia - WA, Northern part
- Australia – Tasmania
- Australia - Northern Territory
- New Zealand
- Other Oceania/Pacific Island
- Europe or Great Britain
- Asia
- North America
- South America
- Africa
- Other

**Q12. Do you have any children? (This includes adopted or step children and those not living with you). We would appreciate it if you would include any of your children who were born full-term but who may have died.**

Yes →13

No →15

**Q13. How many children do you have who are now living?**  If 0 →14

If 1 child only

	Child Number						
	1	2	3	4	5	6	7
13a. Age of child - Years							
Months(If < 1 year)							
13b Does this child live with you:							
Full-time							
Part-time							
Not at all							
13c.Is this child your - natural child							
adopted child							
step child							
other							

**Q14. How many children have you had who are not now living?**  If 0 → 15

**Q14A. How old was this child when they died?**

(If child less than 12 months enter 00)

**Q14B. Was this child your natural child, step child or adopted child?**

Natural

Step

- Adopted
- Other

**Q15. Have you had any miscarriages?**  Yes  No → 16

**Q15A. How many miscarriages have you had?**

**Q15B. What was the year of the last miscarriage?**

**Here is a list of medical problems. Do you have any of the following?**

- 16. Heart trouble**  Yes  No
- 17. Cancer**  Yes  No
- 18. Arthritis**  Yes  No
- 19. Thyroid disorder**  Yes  No
- 20. Epilepsy**  Yes  No
- 21. Cataracts, glaucoma  
or other eye disease**  Yes  No
- 22. Asthma, chronic bronchitis  
or emphysema**  Yes  No
- 23. Diabetes**  Yes  No if 'No' → 24

If 'Yes' to Q23

**What treatment do you use to control your diabetes?**

- Q23A. Diet and exercise**  Yes  No
- Q23B. Tablets**  Yes  No
- Q23C. Insulin**  Yes  No

**Q24. Have you ever suffered from high blood pressure?**

- Yes
- No → 25
- Uncertain → 25

**Q24A. Are you currently taking any tablets for high blood pressure?**

- Yes  No

**Q25. Have you ever been diagnosed with a brain tumour?**

- Yes  No

If 'yes' **Q25A. Were you diagnosed with a brain tumour in the last 4 years?**

- Yes  No

**Q26. Have you ever had a brain infection such as meningitis or a brain abscess?**

- Yes  No

If 'yes' **Q26A. Have you had a brain infection in the last 4 years?**

- Yes  No

**Q27. Have you ever suffered a stroke, ministroke or TIA (Transient Ischemic Attack)?**  Yes  No

If 'Yes': **Q27A. Have you suffered a stroke, ministroke or TIA in the last 4 years?**  Yes  No

**Q28. The next few questions ask about head injury.**

As a result of a head injury:

a) have you ever visited a hospital emergency department?

Yes  No

b) have you ever been admitted to hospital?

Yes  No

c) have you ever sought medical assistance from a General Practitioner?

Yes  No

**Q29** Have you ever had a serious head injury, that *interfered with your memory, made you lose consciousness or caused a blood clot in your brain?*

Yes → 29A

No → 30

Don't know → 30

**Q29A.** How many head injuries have you had?

JUMP TO Q29D IF Q29A=1

**Q29B.** How old were you when you had the first head injury?

**Q29C** How old were you when you had the last head injury?

JUMP TO Q29E

**Q29D.** How old were you when you had this injury?

**Q29E.** For the next few questions on head injury, please consider the most severe or worst head injury that caused the greatest disruption to your life. What was the cause of this injury?

1  Traffic accident

2  Sport

3  Assault

4  Fall

5  Other

6  Don't know

JUMP TO Q30 IF Q29E=7

**Q29F.** Is there a period after the injury that you cannot remember at all?

Yes  No  Not sure

JUMP TO Q29G IF Q29F not 'yes'

**Q29F1.** How long was that period?

Less than 1 hour

About 1 hour

Up to 1 day

Up to 1 week

More than 1 week

No idea

**Q29G** Did you lose consciousness following the head injury?

Yes

No

Not sure

JUMP TO Q30 IF Q29G = not 'yes'

**Q29G1** For how long did you lose consciousness?

Less than 15 minutes

About 15 minutes

Up to 1 hour

Up to 1 day

- More than 1 day
- No idea

**Q30 Could you tell me how tall you are?** (*Please try to answer even if it is an approximate value.*)

cms **OR**  feet.  inches

**Q31 How much do you weigh without your clothes and shoes?** (*Please try to answer even if it is an approximate value.*)

kgs **OR**  stones  pounds

The next few questions ask for your views about your health, how you feel and how well you are able to do your usual activities on a typical day. If you are unsure about how to answer a question, please give the best answer you can.

**Q32. In general, would you say your health is:**

- Excellent
- Very good
- Good
- Fair
- Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

**Q33. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?**

- Yes - limited a lot    Yes - limited a little    No - not limited at all

**Q34. Does your health now limit you in climbing several flights of stairs?**

- Yes - limited a lot    Yes - limited a little    No - not limited at all

During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of *your physical health*?

**Q35. Have you accomplished less than you would like as a result of your physical health?**    Yes    No

**Q36. Were you limited in the kind of work or other activities as a result of your physical health?**    Yes    No

During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of any *emotional problems (such as feeling depressed or anxious)*?

**Q37. Have you accomplished less than you would like as a result of any emotional problems?**    Yes    No

**Q38. Did you not do work or other activities as carefully**

as usual as a result of any *emotional problems*?  Yes  No

**Q39.** 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
- Moderately
- Quite a bit
- Extremely

The next few questions are about how you feel and how things have been with you *during the past four weeks*. For each question, please give the one answer that comes closest to the way you have been feeling.

**Q40.** How much of the time during the past 4 weeks *have you felt calm and peaceful*?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

**Q41.** How much of the time during the past 4 weeks *did you have a lot of energy*?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

**Q42.** How much of the time during the past 4 weeks *have you felt down*?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

**Q43.** How much of the time during the past 4 weeks has your *physical health or emotional problems interfered with your social activities* (like visiting with friends, relatives, etc)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

**Q44.** In the last month, have you taken any vitamins or mineral supplements?

- Yes
- No →45

**Q44A. What kind of vitamin or mineral was this?**

- |               |                                    |
|---------------|------------------------------------|
| Vitamin C     | B group vitamins                   |
| Vitamin E     | Echinacea                          |
| Calcium       | Evening primrose or starflower oil |
| Multivitamins | Other <input type="text"/>         |

**Q44B. How often do you usually take vitamins or minerals?**

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week → 45

**Q44C. For how long have you taken vitamins or minerals regularly?**

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

**Q45. In the last month have you taken or used any pills or medications (including herbal remedies) to help you sleep?**

- Yes
- No → 46

**Q45A. What are the names of the sleeping pills or medications you took in the last month?**

- |                   |                              |                                      |
|-------------------|------------------------------|--------------------------------------|
| Alodorm           | Dozile                       | Ducene                               |
| Euhypnos          | Mogadon                      | Nocturne                             |
| Normison          | Relaxa-Tabs                  | Restavit Tablets                     |
| Serapax           | Temaze                       | Temtabs                              |
| Unisom Sleepytabs | Valium                       | Xanaz                                |
| Valerian          | Camomile or "sleepytime" tea | Magnesium and/or calcium supplements |
| Nervatona         | Other <input type="text"/>   |                                      |

**Q45B. How often do you usually take sleeping pills or medications?**

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week → 46

**Q45C. For how long have you taken sleeping pills or medications this regularly?**

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

**Q46. In the last month have you taken or used any pain relievers such as aspirin, codeine, panadol or herbal remedies?**

- Yes

No →47

**Q46A. What are the names of the pain relievers you took in the last month?**

Aspirin/Aspro	Codral
Disprin	Dymadon
Panadeine	Panadol/paracetamol
Codeine	Diclofenac
Brufen or Nurofen	Orudis or Oruvail
Naprosyn or Naprogesic	Other <input type="text"/>

**Q46B. How often do you usually take pain relievers?**

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week →47

**Q46C. For how long have you taken pain relievers this regularly?**

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

**Q47. In the last month have you taken or used any medications (including herbal remedies) for anxiety?**

- Yes
- No →48

**Q47A. What are the names of the medications you took in the last month?**

Alepam	Alprax	Alprazolam(any brand)
Antenex	Aropax	Ducene
Euhypnos	Kalma	Mogadon
Muralax	Normison	Oxetine
Serapax	Temaze	Valium
Valpram	Xanax	Vitamin B complex
Magnesium supplements	Hypericum or St John's Wort	Nervatona
Other <input type="text"/>		

**Q47B. How often do you usually take medications for anxiety?**

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week →48

**Q47C. For how long have you taken medications for anxiety this regularly?**

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

**Q48. In the last month have you taken or used any medications (including herbal remedies) for depression?**

- Yes
- No →49

**Q48A. What are the names of the medications you took for depression in the last month?**

Arima	Aropax	Aurorix
Celapram	Cipramil	Clomipramine (any brand)
Clobemix	Dothep	Efexor
Endep	Fluohexal	Fluoxetine (any brand)
Lovan	Maosig	Moclobemide (any brand)
Mohexal	Oxetine	Paroxetine (any brand)
Paxtine	Prothiaden	Prozac
Sinequan	Serzone	Talohexal
Tryptanol	Zactin	Zoloft
St John's Wort or Hypericum	S-Adenosylmethionine(SAMe)	
Other <input type="text"/>		

**Q48B. How often do you usually take medications for depression?**

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week →49

**Q48C. For how long have you taken medications for depression this regularly?**

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

**Q49. In the last month have you taken or used any medications (including herbal remedies) to enhance your memory?**

- Yes
- No → 50

**Q49A. What are the names of the medications you took in the last month?**

Glutamine  
Gingko biloba  
Vitamin E  
Guarana  
Bacopa  
Other

**Q49B. How often do you usually take medications to enhance your memory?**

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week →50

**Q49C. For how long have you taken such medications this regularly?**

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

**Q50. In the last month have you taken or used any other type of medication?**  
(Excluding contraceptive pills and hormone replacement therapy).

- Yes
- No →51

**Q50A. What types of medication did you take or use?** (Excluding contraceptive pills and hormone replacement therapy).

**Q51. How old were you when your periods or menstrual cycle started?**  
(If you have never had a menstrual cycle enter 00).  years

**Q52. Are you taking any contraceptive pills?**  Yes  
 No → 52D

**Q52A. At what age did you first start?**  years

**Q52B. For how many years altogether have you taken contraceptive pills?**  
(Enter 88 if you don't know, 99 if you don't wish to answer).  years

**Q52C. Which pill are you currently taking?**

- |                |                            |                |
|----------------|----------------------------|----------------|
| Brenda-35      | Brevinor                   | Diane-35       |
| Femoded ED     | Improvil                   | Levlen ED      |
| Locilan 28 Day | Loette                     | Logynon ED     |
| Marvelon       | Miconor                    | Microlevlen ED |
| Microlut       | Microval                   | Minulet 28     |
| Monofeme       | Mycrogynon 30              | Nordette       |
| Noriday        | Norimin                    | Sequilar ED    |
| Synphasic      | Trifeme                    | Triphasil      |
| Triquilar      | Other <input type="text"/> |                |

→53

**Q52D. Did you ever take contraceptive pills?**  Yes  
 No →53

**Q52E. At what age did you first start?**  years

**Q52F. For how many years altogether did you take contraceptive pills?**  
 years

**Q52G. Which pills did you take?**

Brenda-35	Brevinor	Diane-35
Femoded ED	Improvil	Levlen ED
Locilan 28 Day	Loette	Logynon ED
Marvelon	Miconor	Microlevlen ED
Microlut	Microval	Minulet 28
Monofeme	Mycrogynon 30	Nordette
Noriday	Norimin	Sequilar ED
Synphasic	Trifeme	Triphasil
Sandrena	Triquilar	Other <input type="text"/>

**Q53. Have you ceased having your periods entirely?**  Yes  
 No →54

**Q53A. At what age did your periods cease?**  years

**Q53B. What was the cause of menopause?**  Natural menopause  
 Hysterectomy  
 Other

**Q54. Have you ever had hormone replacement therapy (HRT)?**  Yes  
 No →55

**Q54A. How long have you had hormone replacement therapy?**  
(If less than 1 year, enter 1).  years

**Q54B. Are you still having hormone replacement therapy?**  Yes  
 No

**Q54C. Which hormone replacement medications are you taking/have you taken?**

Climara	Climen	Dermestril
Estalis	Estracombi	Estraderm
Estroferm	Femoston	Femtran
Kliogest	Kliovance	Menoprem
Menorest	Ovestin	Provelle-14
Trisequens	Other <input type="text"/>	

**Q55. We would now like to ask you some questions about smoking (tobacco).  
Do you currently smoke?**  Yes  
 No →55C

**Q55A. Do you smoke cigarettes:**  
 At least once a day? →55B  
 Less than once a day? →55B1  
 Don't smoke cigarettes →56

**Q55B. How many cigarettes do you usually smoke in one day?**  →56

**Q55B1. How many cigarettes do you usually smoke over a one month period?**

→56

**Q55C. Have you smoked at all over the last month?**  Yes  
 No →55D

**Q55C1. Approximately how many cigarettes have you smoked in the last month?**

**Q55D. Have you ever smoked regularly?**  Yes  No

**Q56. These next questions are concerned with your alcohol consumption. How often do you have a drink containing alcohol?**

- Not in the last year
- Monthly or less → 57
- 2 to 4 times a month → 57
- 2 to 3 times a week → 57
- 4 or more times a week → 57

**Q56A. Have you ever drunk alcohol?**  Yes →64  
 No →68A1

**Q57. How many standard drinks do you have on a typical day when you are drinking?**

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

**Q58. How often do you have 6 or more standard drinks on one occasion?**

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

**Q59. How often during the last year have you found that you were not able to stop drinking once you had started?**

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

**Q60. How often during the last year have you failed to do what was normally expected from you because of your drinking?**

- Never
- Less than monthly

- Monthly
  - Weekly
  - Daily or almost daily
- Q61. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?**
- Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily or almost daily
- Q62. How often during the last year have you had a feeling of guilt or regret after drinking?**
- Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily or almost daily
- Q63. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**
- Never
  - Less than monthly
  - Monthly
  - Weekly
  - Daily or almost daily
- Q64. Have you or someone else been injured as a result of your drinking?**
- No
  - Yes, but not in the last year
  - Yes, during the last year
- Q65. Has a relative, friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?**
- No
  - Yes, but not in the last year
  - Yes, during the last year

**Think back to when your regular drinking was at its highest level. The next two questions are about the time you were *drinking at your highest level over a period of three months or longer?***

- Q66. How often did you have a drink containing alcohol?**
- Monthly or less
  - 2 to 4 times a month
  - 2 to 3 times a week
  - 4 or more times a week
- Q67. How many standard drinks did you have on a typical day when you were drinking?**
- 1 or 2
  - 3 or 4
  - 5 or 6

- 7 to 9
- 10 or more

**If you drink alcohol 2 or more times a week→69**

**If you have always been an occasional drinker (monthly or less)→68B1**

**If you don't currently drink but used to drink 2 or more times a week→68C**

**If you currently drink monthly or less but drank more than this in the past →68D**

**Q68A1. Please indicate your reasons for not drinking?** *(You can have more than one answer).*

- I do not like the taste/smell
- Alcohol damages people's health
- I do not like the effect alcohol has on me
- I have seen bad influence of alcohol on other people
- One of my parents has/had a drink problem
- My friends do not drink
- I drive & alcohol is dangerous for driving
- I look after my weight and alcohol has a high calorie value
- I am an active person & alcohol harms physical fitness
- I am afraid of becoming dependent on alcohol
- My family disapproves of drinking
- Alcoholic drinks cost a lot of money
- Alcohol could affect my work/studies
- My religion disapproves of alcohol use
- Other

**Q68B1. Please indicate if any of the following have influenced your drinking?** *(You can have more than one answer).*

- I do not like the taste/smell
- Alcohol damages people's health
- I do not like the effect alcohol has on me
- I have seen bad influence of alcohol on other people
- One of my parents has/had a drink problem
- My friends do not drink
- I drive & alcohol is dangerous for driving
- I look after my weight and alcohol has a high calorie value
- I am an active person & alcohol harms physical fitness
- I'm afraid of becoming dependent on alcohol
- My family disapproves of drinking
- Alcoholic drinks cost a lot of money
- Alcohol could affect my work/studies
- My religion disapproves of alcohol use
- Other

**Q68C1. Why did you give up drinking alcohol?** *(You can have more than one answer).*

- I had problems with drink-driving

I was spending too much money on alcohol  
Alcohol was damaging my health  
I was too dependent on alcohol  
My family/friends disapproved of my drinking  
Drinking was damaging my relationships with other people  
I was overweight and needed to cut out drinking  
Drinking was interfering too much with my work/studies  
I gave up for religious reasons  
I saw the bad influence of alcohol on other people  
One of my parents had a drink problem  
I did not like the taste/smell  
Alcohol damages people's health  
I did not like the effect alcohol had on me  
(women only) I gave up drinking when I became pregnant  
Other

**Q68D1. Why did you cut down on your drinking?** (*You can have more than one answer*).

I had problems with drink-driving  
I was spending too much money on alcohol  
Alcohol was damaging my health  
I was too dependent on alcohol  
My family/friends disapproved of my drinking  
Drinking was damaging my relationships with other people  
I was overweight and needed to cut out drinking  
Drinking was interfering too much with my work/studies  
I cut down for religious reasons  
I saw the bad influence of alcohol on other people  
One of my parents had a drink problem  
I did not like the taste/smell  
Alcohol damages people's health  
I did not like the effect alcohol had on me  
(women only) I cut down my drinking when I became pregnant  
Other

**Q69. Have you ever tried marijuana/hash?**  Yes  
 No →70

**Q69A. How old were you the first time you actually used marijuana/hash?**  
 Under 16  16-17  18-19  20-24  25 or more

**Q69B. Have you used marijuana/hash in the past 12 months?**  Yes  
 No →70

**Q69C. How often do you use marijuana/hash?**  
 Once a week or more  
 Once a month  
 Every 1-4 months  
 Once or twice a year  
 No longer use

**Q69D. In the last year have you ever used marijuana/hash more than you meant to?**    Yes    No

**Q69E. Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?**    Yes    No

**Q70. Have you ever tried any of the following?**

1. Ecstasy (*pills, E, eccy, XTC, MDMA*) →70A
2. Amphetamines for non-medical purposes (*speed, go-ee, whiz, rev, crystal, meth, crystal meth, ice, shabu, glass, batu, uppers, ox-blood, liquid speed*) →70B
3. *None of the above* →71

**Q70A. Have you used ecstasy in the past 12 months?**    Yes  
No →70B

**Q70A1. How often do you currently use Ecstasy?**

- Every day
- Once a week
- About once a month
- Every few months
- Once or twice a year
- Less often
- Don't currently use

JUMP TO Q71 If haven't used amphetamines.

**Q70B. Have you used amphetamines for non-medical purposes in the past 12 months?**    Yes    No →71

**Q70B1. How often do you currently use amphetamines?**

- Every day
- Once a week
- About once a month
- Every few months
- Once or twice a year
- Less often
- Don't currently use

**Q71. We would now like to ask you about your gambling activities. These includes:**

1. Playing poker machines/gaming machines
2. Betting on horse or greyhound races (excluding sweeps)
3. Bought instant scratch tickets
4. Playing lotto or any other lottery games such as Tatts lotto, Powerball, the pools, 2 million jackpot lottery, Tatts 2, Tatts Keno
5. Playing keno at a club, hotel, casino or other place
6. Playing table games such as blackjack or roulette at a casino
7. Playing bingo at a club or hall
8. Betting on a sporting event like football, cricket or tennis
9. Playing casino games on the internet

10. Playing games like cards or mahjong for money  
Would you play any of these, alone or in combination, more than once a month?  
 Yes  No →72

**Q71A.** Over the last year, thinking about any of the sorts of gambling listed, on approximately how many days *each month* would you gamble?  
  days per month

**Q71B.** Of the following gambling activities, which one have you *played the most* in the last 12 months?

- Poker machines/gaming machines
- Horse or greyhound races (excluding sweeps)
- Instant scratch tickets
- Lotto or other lottery games
- Keno at a club, hotel, casino or other place
- Tables games e.g. blackjack/roulette at a casino
- Bingo at a club or hall
- A sporting event such as football, cricket or tennis
- Casino games on the internet
- Cards or mahjong for money

**Q71C.** Thinking specifically about the form of gambling that you did *most*, in the last 12 months, on approximately how many days each month would you gamble?

days per month

JUMP to Q72 if play lotto or scratchies the most.

**Q71D** At each gambling session, for how long do you usually play?

hours   minutes

Now we would like to ask you about extremely stressful or upsetting events that sometimes occur to people.

**Q72.** Did you ever have direct combat experience in a war?  Yes  No  
If 'yes' Q72A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

**Q72B.** Did this occur some time during the last 4 years?  Yes  No

**Q73.** Were you ever involved in a life threatening accident?  Yes  No  
If 'yes' Q73A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

**Q73B.** Did this occur some time during the last 4 years?  Yes  No

**Q74.** Were you ever involved in a fire, flood or other natural disaster?  
 Yes  No

**If 'yes' Q74A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

[type here]

**Q74B. Did this occur some time during the last 4 years?**  Yes  No

**Q75. Did you ever witness someone badly injured or killed?**  Yes  No

**If 'yes' Q75A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

[type here]

**Q75B. Did this occur some time during the last 4 years?**  Yes  No

**Q76. Were you ever raped? (that is, someone had sexual intercourse with you when you did not want to, by threatening you, or using some degree of force?)**

Yes  No

**If 'yes' Q76A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

[type here]

**Q76B. Did this occur some time during the last 4 years?**  Yes  No

**Q77. Were you ever sexually molested (that is, someone touched or felt your genitals when you did not want them to)?**

Yes  No

**If 'yes' Q77A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

[type here]

**Q77B. Did this occur some time during the last 4 years?**  Yes  No

**Q78. Were you ever seriously physically attacked or assaulted?**  Yes  No

**If 'yes' Q78A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

[type here]

**Q78B. Did this occur some time during the last 4 years?**  Yes  No

**Q79. Have you ever been threatened with a weapon, held captive, or kidnapped?**

Yes  No

**If 'yes' Q79A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

[type here]

**Q79B. Did this occur some time during the last 4 years?**  Yes  No

**Q80. Have you ever been tortured or the victim of terrorists?**  Yes  No

**If 'yes' Q80A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?**

[type here]

**Q80B. Did this occur some time during the last 4 years?**  Yes  No

**Q81. Have you ever experienced any other extremely stressful or upsetting event?**

Yes No

If 'yes' Q81A. Briefly, what was the most stressful or upsetting experience of this sort that has ever happened to you?

[type here]

Q81B. Did this occur some time during the last 4 years? Yes No

Now we would like you to focus on the *last 6 months*. Have any of the following life events or problems happened to you during the last six months?

Q82. You yourself suffered a serious illness, injury or an assault. Yes No

Q83. A serious illness, injury or assault happened to a close relative. Yes No

Q84. Your parent, child or partner died. Yes No

Q85. A close family friend or another relative (aunt, cousin, grandparent) died. Yes No

Q86. You broke off a steady relationship Yes No

Q87. You had a serious problem with a close friend, neighbour or relative. Yes No

Q88. You had a crisis or serious disappointment in your work or career. Yes No

Q89. You thought you would soon lose your job. Yes No

If not married or living with a partner go to Q93

Q90. Your partner thought he/she would soon lose their job. Yes No

Q91. Your partner had a crisis or serious disappointment in his/her work or career. Yes No

Q92. You had a separation due to marital difficulties. Yes No

Q93. You became unemployed or you were seeking work unsuccessfully for more than one month. Yes No

Q94. You were sacked from your job. Yes No

Q95. You had a major financial crisis. Yes No

Q96. You had problems with the police and a court appearance. Yes No

Q97. Something you valued was lost or stolen. Yes No

Q98. Has anything ever happened in your life, or is currently happening (eg an illness, a disability, family or job problems) that has *not* been covered in the interview but is *currently* causing you to feel very stressed or worried?

Yes No

If 'yes', Q98A. Could you briefly describe this problem?

[type here]

Q99. Have you or your family had to go without things you really needed in the *last year* because you were short of money?

Yes, often   Yes, sometimes   No

**Q100A-D. Over the last year did any of the following happen to you because of a shortage of money?**

- Pawned or sold something   Yes   No  
Went without meals   Yes   No  
Was unable to heat home   Yes   No  
Asked for help from welfare/community organizations   Yes   No

**Q101. What is your main source of income?**

- Wage or salary  
Government pension, allowance or benefit, Austudy  
Child support  
Superannuation/annuity  
Own business or share in a partnership  
Investments  
Other income  
No income

**Q102. Do you currently live:**

- In a home that you are purchasing (alone or with a partner/spouse)  
In a home that you own outright (alone or with a partner/spouse)  
In a privately rented home (alone or with a partner/spouse)  
In rented public (government) housing (alone or with a partner/spouse)  
In your parents or other relatives home.  
In rented group accommodation  
Other

**The next group of questions are about your relationships with other people.**

**Q103. How often do friends make you feel cared for?**

- Often   Sometimes   Rarely   Never

**Q104. How often do they express interest in how you are doing?**

- Often   Sometimes   Rarely   Never

**Q105. How often do friends make too many demands on you?**

- Often   Sometimes   Rarely   Never

**Q106. How often do they criticise you?**

- Often   Sometimes   Rarely   Never

**Q107. How often do friends create tensions or arguments with you?**

- Often   Sometimes   Rarely   Never

**Q108. How often do family make you feel cared for?**

- Often   Sometimes   Rarely   Never

**Q109. How often do family express interest in how you are doing?**

- Often   Sometimes   Rarely   Never

**Q110. How often do they make too many demands on you?**

- Often   Sometimes   Rarely   Never

**Q111. How often do family criticise you?**

- Often   Sometimes   Rarely   Never

**Q112. How often do they create tensions or arguments with you?**

Often     Sometimes     Rarely     Never

**If not married or living with a partner go to Q123.**

**Q113. How much does your partner understand the way you feel about things?**

A lot     Some     A little     Not at all

**Q114. How much can you depend on your partner to be there when you really need them?**

A lot     Some     A little     Not at all

**Q115. How much does your partner show concern for your feelings and problems?**

A lot     Some     A little     Not at all

**Q116. How much can you trust your partner to keep promises to you?**

A lot     Some     A little     Not at all

**Q117. How much can you open up to your partner about things that are really important to you?**

A lot     Some     A little     Not at all

**Q118. How much tension is there between you and your partner?**

A lot     Some     A little     Not at all

**Q119. How often do you have an unpleasant disagreement with your partner?**

Often     Sometimes     Rarely     Never

**Q120. How often do things become tense when the two of you disagree?**

Often     Sometimes     Rarely     Never

**Q121. How often does your partner say cruel or angry things during a disagreement?**

Often     Sometimes     Rarely     Never

**Q122. How often do the two of you both refuse to compromise during disagreements?**

Often     Sometimes     Rarely     Never

**Q123. Do you have a dog, cat or other pet that you can touch or talk to?**

Yes

No

→124

**Q123A. What kind of pet or pets do you have?**

cat

dog

bird

fish

other pet

**123B. Are you the main carer for your pet?**     Yes     No

*If you are not currently employed, go to Q150*

**The next few questions ask about your work situation.**

**Q124. Do you have a choice in deciding how you do your job?**

Often     Sometimes     Rarely     Never

**Q125. Do you have a choice in deciding what you do at work?**

Often     Sometimes     Rarely     Never

- Q126. Others take decisions concerning my work.**  
 Often     Sometimes     Rarely     Never
- Q127. I have a good deal of say in decisions about work.**  
 Often     Sometimes     Rarely     Never
- Q128. I have a say in my own work speed.**  
 Often     Sometimes     Rarely     Never
- Q129. My working time can be flexible.**  
 Often     Sometimes     Rarely     Never
- Q130. I can decide when to take a break.**  
 Often     Sometimes     Rarely     Never
- Q131. I have a say in choosing with whom I work.**  
 Often     Sometimes     Rarely     Never
- Q132. I have a great deal of say in planning my work environment.**  
 Often     Sometimes     Rarely     Never
- Q133. Do you have to do the same thing over and over again?**  
 Often     Sometimes     Rarely     Never
- Q134. Does your job provide you with a variety of interesting things?**  
 Often     Sometimes     Rarely     Never
- Q135. Is your job boring?**  
 Often     Sometimes     Rarely     Never
- Q136. Do you have the possibility of learning new things through your work?**  
 Often     Sometimes     Rarely     Never
- Q137. Does your work demand a high level of skill or expertise?**  
 Often     Sometimes     Rarely     Never
- Q138. Does your job require you to take initiative?**  
 Often     Sometimes     Rarely     Never
- Q139. Do you have to work very fast?**  
 Often     Sometimes     Rarely     Never
- Q140. Do you have to work very intensively?**  
 Often     Sometimes     Rarely     Never
- Q141. Do you have enough time to do everything?**  
 Often     Sometimes     Rarely     Never
- Q142. Do different groups at work demand things from you that you think are hard to combine?**  
 Often     Sometimes     Rarely     Never
- Q143. In your main job are you:**

Permanently employed

Fixed term contract

→143a-b

Casually employed

**Q143a-b. How long is that contract?**  Years  Months

**Q144. How steady is your work in your main job?**

Regular and steady

Seasonal

Frequent layoffs

Both seasonal and layoffs

Other

**Q145. How secure do you feel about your job or career future in your current workplace?**

- Not at all secure
- Moderately secure
- Secure
- Extremely secure

**Q146. If you lost your present job, how difficult do you think it would be to get another job (with the same pay and same hours)?**

- Not at all difficult
- Moderately difficult
- Difficult
- Extremely difficult

**Q147. During the last year, how often were you in a situation where you faced job loss or layoff?**

- Never
- Faced the possibility once
- Faced the possibility more than once
- Constantly
- Actually laid off

**Q148. How likely is it that you will lose your present job during the next couple of years?**

- Not very likely
- Somewhat likely
- Very likely

**Q149. How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)?**

---

JUMP TO Q151 IF NOT STUDYING OR WORKING

**Q150. In the last 4 weeks have you stayed away from your work (or school or place of study) for more than half a day because of any illness or injury that you had?**

- Yes
- No →151

JUMP to Q151 IF Q150 NOT 1

**150A-B. How many days in the last 4 weeks have you stayed away from your work (or school, or place of study)?**

days (Paid sick leave)  days (unpaid sick leave)

---

*If gender = male and not married or living with a partner go to q152*

**Q151. Do you mind me asking if you/your partner are/is pregnant at the moment?**

- Yes, I am/my partner is pregnant
- No, I am not/my partner is not pregnant (go to Q152)

**Q151A. When is the baby due?**

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

*If no children under 4 go to Q153*

**Q152. Have you been working full or part-time during the periods in between/since having your children?**

- Yes, full-time
- Yes, part-time
- No (go to Q153)

**Q152A. Who looks after your children when you are at work?**

- Partner
- Relative or friend
- Childcare centre
- Family Day Care
- Other

**Q153. How old were you when you first lived away from your parents or parent figure?** (Enter 00 if not applicable).  years old

**Q154. How old were you the first time you had sexual intercourse?**

(Enter 00 if not applicable).  years old

Jump to q156 if never married or lived with partner.

**Q155. How old were you when you first lived with a partner?**  years old

If no children go to q157

**Q156. How old were you when your first child was born?**  years old

**Q157. Would you currently consider yourself to be predominantly:**

- Heterosexual (sexual preference for opposite sex)
- Homosexual
- Bisexual
- Don't know

**Q158. To what extent are you responsible for household tasks? (These include such activities as preparing meals, shopping for household items, cleaning, washing clothes and gardening).**

- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

If no children under 18 years go to Q160

**Q159. To what extent are you responsible for childcare in your household? (Children's care include activities such as making meals, organising activities, supervising homework, discipline).**

- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

**Q160. To what extent are you responsible for financial management in your household? (Financial management includes paying bills, saving, planning investments or priorities in money use).**

- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

**Q161. To what extent are you responsible for providing the money for your household?**

- Fully responsible (100%)
- 75% responsible
- 50% responsible
- 25% responsible
- Not at all responsible (0%)

**Testing by Interviewer (Q162 to Q184)**

We are now going to do some measures of physical health and memory.

The main reason for doing these tasks is to get an idea of how our three age groups compare. I have a card here on which I will write the results of some of the testing. When we get everyone's results we will send you the average results for this age group so that you can see how you went. These measures will take about 30 minutes to do.

**First blood pressure reading**

First, I am going to take your blood pressure twice in the next five minutes or so. I'll just position your arm. (Take blood pressure reading preferably in the sitting position, and preferably using the left arm). I'll now just put the cuff around your arm. (The arm should be unrestricted by clothing, so roll up the sleeve.) Ensure that 'Inflation pre-set' is on 170). The cuff will now automatically inflate when I press this button. Just remain calm and still.

Q162a-e.

SYSTOLIC READING	<table border="1" style="border-collapse: collapse; width: 60px; height: 60px;"> <tr><td style="text-align: center;">_ _ _</td></tr> <tr><td style="text-align: center;">_ _ _</td></tr> <tr><td style="text-align: center;">_ _ _</td></tr> </table>	_ _ _	_ _ _	_ _ _
_ _ _				
_ _ _				
_ _ _				
DIASTOLIC READING				
PULSE				

*Malfunction=777, Refused=888, Not asked=999*

The respondent was?  Seated       Lying down       refused/no asked  
 Which arm was used?  Left       Right       refused/not asked

Once the cuff has automatically deflated say **that's great. I am going to leave the cuff on now to make it easier to take your blood pressure again in a minute.** (Loosen cuff but do not remove). If R complains of pain, remove cuff and do not retest.

**Vision**

**Q163.** We are now going to test your vision. First of all, I'll find the best place for you to view the chart. Find a good position for the eye chart to obtain the best light. Keep the chart covered until you are ready to do the test. Do not have the light coming from behind the chart. The eye chart needs to be about 3 metres away from you so I will use this ribbon to measure the distance to you. Move either the chart or the Respondent to get the correct distance. The chart should be at about eye level. If you normally wear glasses for distance vision please put them on. Uncover the chart. (change screen).

**Second blood pressure reading**

**Q164a-e.** Now I am going to take your blood pressure again. Retighten cuff. I will now inflate the cuff again. Press button.

SYSTOLIC READING	<table border="1" style="border-collapse: collapse; width: 60px; height: 60px;"> <tr><td style="text-align: center;">_ _ _</td></tr> <tr><td style="text-align: center;">_ _ _</td></tr> <tr><td style="text-align: center;">_ _ _</td></tr> </table>	_ _ _	_ _ _	_ _ _
_ _ _				
_ _ _				
_ _ _				
DIASTOLIC READING				
PULSE				

The respondent was?  Seated       Lying down       refused/not asked  
 Which arm was used?  Left       Right       refused/not asked

That's great. I will take the cuff off now, thank you.

**CVLT Immediate Recall**

**Q165.** We are now going to try a very different task. Let's suppose you were going shopping tomorrow. I'm going to read a list of items for you to buy. Listen carefully, and when I've finished I want you to say back as many of the items as you can. It doesn't matter what order you say them in - just tell me as many as you can. Are you ready? Before proceeding, make sure that Respondent understands the task. Then read stimulus words at a rate of *approximately one word per second, reading down the list.*

*If necessary, prompt with Are you ready to recall? After recalling as many items as they can, say Thanks for that.*

**Hand grip strength**

**Q166.** I would now like to test your hand strength. Stand and demonstrate as you say the following. First of all, using the hand you write with, put your fingers through this opening here and your thumb around the black plastic moulding here.

Now, you stand and hold the grip meter in the hand you write with, as I've shown. Put your arm down by your side. Now squeeze your fingers and thumb together as hard as you can. Record first measurement and move the lever to zero.

Kgs (Refused=88 Not asked=99) .

**Q167.** Now let's try that again using the same hand.

Record second measurement.

Kgs (Refused=88 Not asked=99)

**CVLT Delayed Recall**

**Q168.** I read some shopping items to your earlier. I'd like you to tell me all the items you can from the shopping list, starting now.

**Symbol Digit Modalities test**

**Q169.** I am now going to ask you to do a task that can't be done on the computer.

First I will give you this sheet. Give Respondent Showcard C and use the printed instructions to explain the task.

Number correct

*Refused/Not asked=999*

*Couldn't comprehend/other=888*

---

**Lung capacity**

**Q170a-b.** We would now like to measure your lung capacity. (Insert the cardboard tube and push the switch to the FEV position). I'm going to take 3 measures so that we can average them for a more accurate reading. I'll ask you to stand to do

**this. Breathe in until your lungs are completely full. Now, seal your lips around the mouthpiece and blow out as hard and fast as possible until you cannot push anymore out. Record the first measure displayed under FEV. Now, push the switch upwards to the FVC position and record reading under FVC.**

FEV                       FVC (No reading=777, Refused=888, Not asked=999)

**Q171a-b.** Turn spirometer to 'OFF' position before turning it to FEV position for second reading. **Would you mind doing that again please?** If the Respondent complains of breathlessness or dizziness, wait for them to get their breath back before going on.

FEV                       FVC (No reading=777, Refused=888, Not asked=999)

**Q172a-b.** Turn spirometer to 'OFF' position before turning it to FEV position for third reading. **And just once more?** Again, if Respondent complains of breathlessness or dizziness, pause for them to get their breath back. If you have already had to before the second reading, do not continue with the third reading.

FEV                       FVC (No reading=777, Refused=888, Not asked=999)

### **Digit Span Backwards**

**Q173-177.** Now I am going to say some numbers. When I stop I want you to say them backwards. For example, if I say 7-1-9, what would you say? Pause for respondent to respond. If respondent responds correctly (9-1-7) say, **That's right** and proceed to item 1. If respondent fails the example, say, **No, you would say 9-1-7. I said 7-1-9, so to say it backwards you would say 9-1-7. Now try these numbers. Remember, you are to say them backwards. 3-4-8.** Whether respondent succeeds or fails with the second example (3-4-8) proceed to item 1. Give no help on this second example or on any of the items to follow.

***Read at a rate of one number per second***

### **Purdue Pegboard**

**I am now going to ask you to do another task. This is an exercise to see how quickly and accurately you can work with your hands. Before you begin each part of the test, you will be told what to do and then you will have an opportunity to practice. Be sure you understand exactly what to do. Firstly, could you tell me which is your preferred or dominant hand? (Do first test with dominant hand or right hand if ambidextrous).**

**Q178.**            Right            Left Ambidextrous            Don't know

**Pick up one pin at a time with your (right/left) hand from the (right/left) cup. Starting with the top hole, place each pin in the (right/left)-hand row. Demonstrate by placing one pin in top hole. Now you may insert a few pins for**

**practice. If during the testing time you drop a pin, do not stop to pick it up. Simply continue by picking another pin out of the cup. Correct any errors and answer any questions. When respondent has inserted 3 or 4 and appears to understand the task, say Stop. Now take out the practice pins and place them back in the (right/left) cup.**

**Q179. When I say 'Begin', place as many pins as you can in the (right/left) - hand row starting with the top hole. Work as rapidly as you can until I say 'Stop'. Use stopwatch to time for 30 seconds then say 'Stop'. Record number of pins inserted.**

Number correct    Refused/Not asked=99    Couldn't comprehend/other=88

**Q180. Now, I would like you to do this again using the other hand. Repeat test.**

Number correct    Refused/Not asked=99    Couldn't comprehend/other=88

**Q181. For this part of the test I would like you to use both hands at the same time. Pick up a pin from the right-hand cup with your right hand and at the same time pick up a pin from the left-hand cup with your left hand, and place the pins down the rows. Begin with the top hole of both rows. Demonstrate. Then replace the pins used for demonstration. Now you may insert a few pins with both hands to practice. After 3 or 4 pairs of pins have been correctly inserted, say: Stop. Take out the practice pins and put them back in the proper cups. Then say: When I say 'Begin', place as many pins as you can with both hands, starting with the top hole of both rows. Work as rapidly as you can until I say 'Stop'. Are you ready? Begin. Time for 30 seconds then say, 'Stop'. Record total number of pairs inserted.**

Number correct    Refused/Not asked=99    Couldn't comprehend/other=88

### **Trails**

*Place Trailmaking Sheet Part A Sample on the table in front of the Respondent. Give the respondent a pencil. Say: **On this page [point] are some numbers. Begin at number 1 [point to 1] and draw a line from 1 to 2 [point to 2], 2 to 3 [point to 3], 3 to 4 [point to 4] and so on, in order, until you reach the end [point to circle marked "end"]. Draw the lines as fast as you can. Ready? Begin.** If the subject completes the sample item correctly and shows that they know what to do, say, **"Good! Let's try the next one."** And give the test proper. If the Respondent makes a mistake, point out the error and explain it. If necessary guide the Respondent's hand through the trail, with pencil upside down. Then say: **"Now you try it."***

*Always, when turning to the proper test, say: **On this page are numbers from 1 to 25. Do this the same way: Begin at number 1 [point] and draw a line from 1 to 2 [point to 2], 2 to 3 [point to 3], 3 to 4 [point to 4] and so on, in order, until you reach the end [point]. Draw the lines as fast as you can. Ready? Begin!***

Start timing as soon as the instruction is given to begin. Watch closely to catch errors. Call errors to the Respondent's attention immediately and have them proceed from the point the mistake occurred. Do not stop timing. Record the time taken to complete the test. Also record the number of errors. If Respondent makes 5 errors or exceeds 300 seconds (5 minutes) discontinue the test. At the end, say **That's fine.** (Enter 99, 999 or 9 if not tested).

Q182.

Number of circles joined (Max 25)

Total time (secs)

Errors (max 5)

Completed  Discontinued  Not tested

**On this page [point] are some numbers letters. Begin at number 1 [point to 1] and draw a line from 1 to A [point to A], A to 2 [point to 2], 2 to B [point to B], B to 3 [point to 3], 3 to C [point to C], and so on, in order, until you reach the end [point to circle marked "end"]. Remember, first you have a number [point to 1], then a letter [point to A], then a number [point to 2], then a letter [point to B]. Draw the lines as fast as you can. Ready? Begin.** If the subject completes the sample item correctly and shows that they know what to do, say, "Good! Let's try the next one." And give the test proper. If the Respondent makes a mistake, point out the error and explain it. If necessary guide the Respondent's hand through the trail, with pencil upside down. Then say: "Now you try it." Always, when turning to the test proper, say **On this page are more numbers and letters. Do this the same way: begin at number 1 [point to 1] and draw a line from 1 to A [point to A] A to 2 [point to 2] , 2 to B [point to B], B to 3 [point to 3], 3 to C [point to C], and so on, in order. Remember, work as fast as you can.**

**Ready? Begin!**

Start timing as soon as the instruction is given to begin. Watch closely to catch errors. Call errors to the Respondent's attention immediately and have them proceed from the point the mistake occurred. Do not stop timing. Record the time taken to complete the test. Also record the number of errors. If Respondent makes 5 errors or exceeds 300 seconds (5 minutes) discontinue the test. At the end, say **That's fine.** (Enter 99, 999 or 9 if not tested).

Q183.

Number of circles joined (Max 25)

Total time (secs)

Errors (max 5)

Completed  Discontinued  Not tested

Now, I am going to show you some faces. You will have 45 seconds to look at them. I want you to study the faces carefully so that you will be able to recognise them when I show them to you a second time along with faces you haven't seen before. Here are the faces. Please study them carefully and try to remember them. *Show respondent Showcard D for 45 seconds.*

*After 45 secs say.* Now I'm going to show you a set of 25 faces. You've already seen 12 of them. I want you to tell me which faces you've seen before. *Show showcard E and say:*

### **Munn Face Recognition Task**

**Q184.** Call out the numbers of the faces that you have already seen. *If the respondent calls out fewer than 12 faces, encourage them to continue 'guessing' until a total of 12 choices is made. If respondent calls out more than 12 faces, ask them to eliminate the choices about which they are least confident until the total is reduced to 12.*

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

*Refused*

### **Spot-the-Word**

This next measure looks at your knowledge of words. You will be asked to decide which of *two items*, such as 'bread' and 'glot', is a real word and which is an invented item; 'bread', of course, is the real word. Each of the pairs of items below contains one real word and one nonsense word invented so as to look like a word but having no meaning. Please mark the item in *each pair* that you think is a real word. Some will be common words, most will be uncommon and some will be rarely used. If you are unsure, guess. You will probably be right more often than you think. Before you begin the main test try the following word pairs.

The next series of questions are about how you have been feeling over the last two weeks, four weeks or one year. As you read each question, note carefully whether it refers to two weeks, four weeks or one year. Some of the questions are very similar but have been included because we want to be able to compare our results to other studies that have used the same questions.

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?

**Q245. Little interest or pleasure in doing things?**

- Not at all    Several days    More than half the days    Nearly every day

**Q246. Feeling down, depressed or hopeless?**

- Not at all    Several days    More than half the days    Nearly every day

**Q247. Trouble falling or staying asleep, or sleeping too much?**

- Not at all    Several days    More than half the days    Nearly every day

**Q248. Feeling tired or having little energy?**

- Not at all    Several days    More than half the days    Nearly every day

- Q249. Poor appetite or overeating?**  
 Not at all    Several days    More than half the days    Nearly every day
- Q250. Feeling bad about yourself- that you are a failure or have let yourself or your family down?**  
 Not at all    Several days    More than half the days    Nearly every day
- Q251. Trouble concentrating on things such as reading the newspaper or watching television?**  
 Not at all    Several days    More than half the days    Nearly every day
- Q252. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?**  
 Not at all    Several days    More than half the days    Nearly every day
- Q253. Thoughts that you would be better off dead or of hurting yourself in some way?**  
 Not at all    Several days    More than half the days    Nearly every day

**Q254. In the last *FOUR weeks*, have you had an anxiety attack- suddenly feeling fear or panic?**

- No                    **→Q255**  
 Yes

**Q254a. Has this ever happened before?**    No    Yes

**Q254b. Do some of these attacks come *suddenly out of the blue*- that is, in situations where you don't expect to be nervous or uncomfortable?**

- No    Yes

**Q254c. Do these attacks bother you a lot or are you worried about having another attack?**    No    Yes

**Q254d. During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, nausea or upset stomach?**

- No    Yes

Over the last 4 weeks how often have you been bothered by any of the following?

**Q255. Feeling nervous, anxious, on edge, or worrying a lot about different things?**

- Not at all   **→Q56**  
 Several days  
 More than half the days

**Over the last 4 weeks have you been bothered by:**

**Q255a. Feeling restless so it is hard to sit still**

- Not at all    Several days    More than half the days

**Q255b. Getting tired very easily**

- Not at all    Several days    More than half the days

**Q255c. Muscle tension, aches, or soreness**

- Not at all    Several days    More than half the days

**Q255d. Trouble falling asleep or staying asleep**

- Not at all    Several days    More than half the days

**Q255e. Trouble concentrating on things, such as reading a book or watching TV .**

Not at all    Several days    More than half the days

**Q255f. Becoming easily annoyed or irritable**

Not at all    Several days    More than half the days

**Q156-179. The following scale consists of a number of words that describe different feelings or emotions. Please read each item and indicate to what extent you have been feeling this way in *the last 4 weeks*.**

<b>Disgusted</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Attentive</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Strong</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Scornful</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Irritable</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Inspired</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Afraid</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Alert</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Upset</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Angry</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Active</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Guilty</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Nervous</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Excited</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Hostile</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Proud</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Jittery</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Ashamed</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Scared</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Enthusiastic</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Distressed</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Determined</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Interested</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely
<b>Loathing</b>	<input type="radio"/> Very slightly or not at all	<input type="radio"/> A little	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely

---

**Q280-297. Next are some specific questions about your health and how you have been feeling in *the last 4 weeks*. In the last 4 weeks:**

- |  |  |
|--|--|
| <b>Have you felt keyed up or on edge?</b>  | <input type="radio"/> No <input type="radio"/> Yes |
| <b>Have you been worrying a lot?</b>   | <input type="radio"/> No <input type="radio"/> Yes |
| <b>Have you been irritable?</b>  | <input type="radio"/> No <input type="radio"/> Yes |
| <b>Have you had difficulty relaxing?</b>   | <input type="radio"/> No <input type="radio"/> Yes |
| <b>Have you been sleeping poorly?</b>  | <input type="radio"/> No <input type="radio"/> Yes |
| <b>Have you had headaches or neckaches?</b>  | <input type="radio"/> No <input type="radio"/> Yes |
| <b>Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass water more often than usual?</b> | <input type="radio"/> No <input type="radio"/> Yes |
| <b>Have you been worried about your health?</b>  | <input type="radio"/> No <input type="radio"/> Yes |
| <b>Have you had difficulty falling asleep?</b>   | <input type="radio"/> No <input type="radio"/> Yes |

- Have you been lacking energy? No Yes  
 Have you lost interest in things? No Yes  
 Have you lost confidence in yourself? No Yes  
 Have you felt hopeless? No Yes  
 Have you had difficulty concentrating? No Yes  
 Have you lost weight (due to poor appetite)? No Yes  
 Have you been waking early? No Yes  
 Have you felt slowed up? No Yes  
 Have you tended to feel worse in the mornings? No Yes

In the *LAST YEAR* have you ever:

- Q298. Felt that life is hardly worth living? No Yes  
 Q299. Thought that you really would be better off dead? No Yes  
 Q300. Thought about taking your own life? No Yes

If Q300=No, go to Q301.

In the *LAST YEAR* have you ever:

- Q300a. Made plans to take your own life? No Yes  
 Q300b. Attempted to take your own life? No Yes

The purpose of the next few questions is to find out how your mood and behaviour change over time. To what degree do the following change with the seasons?

- Q301. Your sleep length: No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change
- Q302. Social activity: No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change
- Q303. Mood: No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change
- Q304. Weight: No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change
- Q305. Appetite: No change  
Slight change

- Moderate change
- Marked change
- Extremely marked change

**Q306. Energy level:**

- No change
- Slight change
- Moderate change
- Marked change
- Extremely marked change

**In which month of the year do you:**

**Q307. Feel best**

- January     February     March     April     May     June
- July     August     September     October     November     December
- There is no difference

**Q308. Feel worst**

- January     February     March     April     May     June
- July     August     September     October     November     December
- There is no difference

**Q309. Have you ever in your life been markedly depressed; that is, for several weeks or more, you felt sad, lost interest in things and felt lacking in energy?**

- Yes     No (If 'No' → Q310)

**Q309A. Did this occur some time during the past 4 years, since we last interviewed you?**

- Yes     No

**Q309B. Did you see a counsellor or a doctor for depression some time during the last 4 years.**

- Yes     No

**How strongly do you agree or disagree with the following statements?**

**Q310. There is really no way I can solve some of the problems I have.**

- Strongly agree     Agree     Disagree     Strongly disagree

**Q311. Sometimes I feel that I'm being pushed around in life.**

- Strongly agree     Agree     Disagree     Strongly disagree

**Q312. I have little control over the things that happen to me.**

- Strongly agree     Agree     Disagree     Strongly disagree

**Q313. I can do just about anything I really set my mind to do.**

- Strongly agree     Agree     Disagree     Strongly disagree

**Q314. I often feel helpless in dealing with the problems of life.**

- Strongly agree     Agree     Disagree     Strongly disagree

**Q315. What happens to me in the future mostly depends on me.**

- Strongly agree     Agree     Disagree     Strongly disagree

**Q316. There is little I can do to change many of the important things in my life.**

- Strongly agree     Agree     Disagree     Strongly disagree

People think and do many different things when they feel sad, blue or depressed. Please read each of the items below and indicate whether you never, sometimes, often or always think or do each one when you feel sad, down or depressed. Please indicate what you generally do, not what you think you should do.

**Q317. I think about how alone I feel.**

Never      Sometimes   Often      Always

**Q318. I think about my feelings of fatigue and achiness.**

Never      Sometimes   Often      Always

**Q319. I think about how hard it is to concentrate.**

Never      Sometimes   Often      Always

**Q320. I think about how passive and unmotivated I feel.**

Never      Sometimes   Often      Always

**Q321. I think, "Why can't I get going?"**

Never      Sometimes   Often      Always

**Q322. I think about a recent situation, wishing it had gone better.**

Never      Sometimes   Often      Always

**Q323. I think about how sad I feel.**

Never      Sometimes   Often      Always

**Q324. I think about all my shortcomings, failings, faults and mistakes.**

Never      Sometimes   Often      Always

**Q325. I think about how I don't feel up to doing anything.**

Never      Sometimes   Often      Always

**Q326. I think, "Why can't I handle things better?"**

Never      Sometimes   Often      Always

**The next few questions ask about your attitude to religion.**

**Q327. How often did you attend regular religious services during the year?**

- Never
- A few times a year
- Once a month
- More than once a month
- Once a week
- More than once a week

**Q328. Aside from how often you attended religious services, do you consider yourself to be?**

- Against religion
- Not at all religious
- Only slightly religious
- Fairly religious
- Deeply religious

**Q329. How much is religion a source of strength and comfort to you?**

- None
- A little
- Somewhat
- A great deal

**Q330. Do you have any spiritual beliefs, that are not associated with a religion, but which are a source of strength and comfort to you?**

Yes  No

If 'yes' Q330A. **Could you briefly describe these beliefs?**

[type here]

**Q331-Q367. Here are some questions concerning the way you behave, feel and act. Decide for each question whether 'YES' or 'NO' represents your *usual* way of acting or feeling. Work quickly, and don't spend too much time over any question.**

- Does your mood often go up and down?**  Yes  No
- Do you take much notice of what people think?**  Yes  No
- Are you a talkative person?**  Yes  No
- Do you ever feel 'just miserable' for no reason?**  Yes  No
- Would being in debt worry you?**  Yes  No
- Are you rather lively?**  Yes  No
- Are you an irritable person?**  Yes  No
- Would you take drugs which may have strange or dangerous effects?**  Yes  No
- Do you enjoy meeting new people?**  Yes  No
- Are your feelings easily hurt?**  Yes  No
- Do you prefer to go your own way rather than act by the rules?**  Yes  No
- Can you usually let yourself go and enjoy yourself at a lively party?**  Yes  No
- Do you often feel 'fed-up'?**  Yes  No
- Do good manners and cleanliness matter much to you?**  Yes  No
- Do you usually take the initiative in making new friends?**  Yes  No
- Would you call yourself a nervous person?**  Yes  No
- Do you think marriage is old-fashioned and should be done away with?**  Yes  No
- Can you easily get some life into a rather dull party?**  Yes  No
- Are you a worrier?**  Yes  No
- Do you enjoy cooperating with others?**  Yes  No
- Do you tend to keep in the background on social occasions?**  Yes  No
- Does it worry you if you know there are mistakes in your work?**  Yes  No
- Would you call yourself tense or 'highly-strung'?**  Yes  No
- Do you think people spend too much time safeguarding their future with savings and insurance?**  Yes  No
- Do you like mixing with people?**  Yes  No
- Do you worry too long after an embarrassing experience?**  Yes  No
- Do you try not to be rude to people?**  Yes  No
- Do you like plenty of bustle and excitement around you?**  Yes  No
- Do you suffer from "'nerves'?"**  Yes  No
- Would you like other people to be afraid of you?**  Yes  No
- Are you mostly quiet when you are with other people?**  Yes  No

- Do you often feel lonely?  Yes  No
- Is it better to follow society's rules than go your own way?  Yes  No
- Do other people think of you as being very lively?  Yes  No
- Are you often troubled about feelings of guilt?  Yes  No
- Can you get a party going?  Yes  No

**Q367-390.** Each of the following items is a statement that a person may either agree or disagree with. Indicate how much you agree or disagree with each statement. Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, don't worry about being 'consistent' in your responses.

**A person's family is the most important thing in life.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**Even if something bad is about to happen to me, I rarely experience fear or nervousness.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**I go out of my way to get things I want.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**When I'm doing well at something, I love to keep at it.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**I'm always willing to try something new if I think it will be fun.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**How I dress is important to me.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**When I get something I want, I feel excited and energised.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**Criticism or scolding hurts me quite a bit.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**When I want something I usually go all-out to get it.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**I will often do things for no other reason than that they might be fun.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**It's hard for me to find the time to do things such as get a hair cut.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**If I see a chance to get something I want I move on it right away.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**I feel pretty worried or upset when I think or know somebody is angry at me.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**When I see an opportunity for something I like I get excited right away.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**I often act on the spur of the moment.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**If I think something unpleasant is going to happen I usually get pretty 'worked-up'.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**I often wonder why people act the way they do.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**When good things happen to me, it affects me strongly.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me  
**I feel worried when I think I have done poorly at something important.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me  
**I crave excitement and new sensations.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me  
**When I go after something, I use a 'no holds barred' approach.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me  
**I have very few fears compared to my friends.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me  
**It would excite me to win a contest.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me  
**I worry about making mistakes.**

Very false for me  Somewhat false for me  Somewhat true for me  Very true for me

**Below are some statements with which you may agree or disagree. Please be open and honest in your responding.**

**Q391. In most ways my life is close to ideal.**

Strongly disagree  Disagree  Slightly disagree  Neither agree not disagree

Slightly agree  Agree  Strongly agree

**Q392. The conditions of my life are excellent.**

Strongly disagree  Disagree  Slightly disagree  Neither agree not disagree

Slightly agree  Agree  Strongly agree

**Q393. I am satisfied with my life.**

Strongly disagree  Disagree  Slightly disagree  Neither agree not disagree

Slightly agree  Agree  Strongly agree

**Q394. So far, I have gotten the important things I want in life.**

Strongly disagree  Disagree  Slightly disagree  Neither agree not disagree

Slightly agree  Agree  Strongly agree

**Q395. If I could live my life over, I would change almost nothing.**

Strongly disagree  Disagree  Slightly disagree  Neither agree not disagree

Slightly agree  Agree  Strongly agree

**How often do you take part in sports or activities that are mildly energetic, moderately energetic or vigorous?**

**Q396. Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework).**

3 times a week or more  Once or twice a week  About 1-3 times a month

Never/hardly ever

**Q397. Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).**

3 times a week or more  Once or twice a week  About 1-3 times a month

Never/hardly ever

**Q398. Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing).**

3 times a week or more  Once or twice a week  About 1-3 times a month

Never/hardly ever

**Q399-401. Please give the average number of hours per week you spend in such sports or activities.** *(Please enter '0' in hours and minutes if not undertaken at all.)*

Mildly energetic (e.g. walking, weeding)  hours  minutes

Moderately energetic (e.g. dancing, cycling)  hours  minutes

Vigorous (e.g. running, squash)  hours  minutes

**Q402-455. Please indicate whether you have undertaken any of the following activities in the last 6 months.**

- |   |  |
|---|--|
| <b>Made or repaired clothes</b>                               | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Fixed mechanical things or appliances</b>                  | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Built things with wood</b>                                 | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Driven a truck or tractor</b>                              | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Used metalwork or machine tools</b>                        | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Worked on cars, bicycles or motorbikes</b>                 | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Taken an engineering, woodwork or car mechanics course</b> | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Worked in the garden</b>                                   | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Cooked meals</b>   | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Read scientific books or magazines</b>                     | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Worked in a laboratory</b>                                 | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Worked on a scientific project</b>                         | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Read about special subjects on my own</b>                  | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Solved maths or chess puzzles</b>                          | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Done troubleshooting of software packages on a PC</b>      | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Taken a science course</b>                                 | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Followed science shows on TV or radio</b>                  | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Participated in a science fair or conference</b>           | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Sketched, drawn or painted</b>                             | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Gone to or acted in plays</b>                              | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Played in a band, group, or orchestra</b>                  | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Practised a musical instrument</b>                         | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Gone to recitals, concerts, or musicals</b>                | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Taken portrait photographs</b>                             | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Read literature</b>  | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Read or written poetry</b>                                 | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Taken an art course</b>                                    | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Written letters to friends</b>                             | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Attended religious services</b>                            | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Belonged to clubs</b>                                      | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Helped others with their personal problems</b>             | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Taken care of children</b>                                 | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Gone to parties or pubs</b>                                | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Gone dancing</b>   | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Attended meetings or conferences</b>                       | <input type="radio"/> Yes <input type="radio"/> No |

- Worked as a volunteer  Yes  No
- Discussed politics  Yes  No
- Influenced others  Yes  No
- Operated your own service or business  Yes  No
- Taken part in a sales conference  Yes  No
- Been on the committee of a group  Yes  No
- Supervised the work of others  Yes  No
- Met important people  Yes  No
- Led a group in accomplishing some goal  Yes  No
- Organized a club, group or gang  Yes  No
- Typed papers or letters for yourself or for others  Yes  No
- Added, subtracted, multiplied, and divided numbers in business or bookkeeping  Yes  No
- Operated fax machines, PCs and printers  Yes  No
- Kept detailed records of expenses  Yes  No
- Filed letters, reports, records, etc.  Yes  No
- Written business letters  Yes  No
- Taken a business course  Yes  No
- Taken a bookkeeping course  Yes  No
- Done a lot of paperwork in a short time  Yes  No

In January 2003, the Canberra region experienced bushfires. The following questions ask about your experiences with these fires:

- Q456. Was the area in which you live or work put on alert because of the threat of fire?  
 Yes  No
- Q457. Were you evacuated from your home or workplace because of the threat of fire?  
 Yes  No
- Q458. Were you personally involved in fighting bushfires threatening your own home or neighbourhood?  
 Yes  No
- Q459. Apart from defending your own home and neighbourhood, did you do any work involving the bushfires or their effects? (e.g. fighting fires, keeping order, dealing with health effects, restoring power, caring for victims).  
 Yes  No
- Q460. Were buildings in your suburb damaged or destroyed by fire?  
 Yes  No
- Q461. Were your own home, possessions or workplace damaged or destroyed?  
 Yes  No
- Q462. Did any relative or friend have their home, possessions or workplace damaged or destroyed?  
 Yes  No
- Q463. Did you suffer any injury due to the fires?  
 Yes  No
- Q464. Did any relative or friend die or suffer injury due to the fires?  
 Yes  No

**Q465. Did you own any animal that suffered as a result of the fires?**

Yes No

**Q466. Did you feel very frightened or upset during the period of the fires?**

Yes No

**Q467-476. Please consider the following reactions that sometimes occur following such an event. The following questions are concerned with your personal reactions to the bushfires. Please indicate whether or not you have experienced any of the following *at least twice in the past week*.**

**Upsetting thoughts or memories about the bushfires that have come into your mind against your will.**

Yes No

**Upsetting dreams about the bushfires.**

Yes No

**Acting or feeling as though the bushfires were happening again.**

Yes No

**Feeling upset by reminders of the bushfires.**

Yes No

**Bodily reactions (such as fast heartbeat, stomach churning, sweating, dizziness) when reminded of the bushfires.**

Yes No

**Difficulty falling asleep.**

Yes No

**Irritability or outbursts of anger.**

Yes No

**Difficulty concentrating**

Yes No

**Heightened awareness of potential dangers to yourself and others.**

Yes No

**Being jumpy or being startled at something unexpected.**

Yes No

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**CONGRATULATIONS! You have reached the end of the questionnaire. Thank you for your patience and perseverance in getting to the end.**

**Would you like to make any comments about the questionnaire?**

[type here]