

**PATH Through Life Questionnaire  
40+ Wave 1 (2000)**

**B. Enter Respondent's ID**

Enter your ID number

**C. Rate gender of Respondent.**

- Male
- Female

To start with, I will ask you some questions about your education, employment, and your family. While I do this you can watch me use the computer and I can explain how to use it. Then I will give you the computer to work through the next group of questions. These include questions on your health, your smoking and drinking habits and possible stressors in your life. This will take about 35 minutes.

Then you will come to an instruction to give the computer back to me and I will do some physical testing and get you to complete some tasks.

Following this, I'll return the computer to you to complete the rest of the questionnaire. This usually takes an additional 30 minutes. Finally, I will get you to do a Reaction Time task and to take a cheek swab for genetic analysis. I would like to stress that I will not, at any stage, be able to see the answers you enter in the computer.

Do you have any questions before we begin?

First, a few general questions.

1. What was your age at your last birthday?  years

2. Do you mind me asking your date of birth?

3. How many times have you been married or lived in a de facto relationship?  
(Enter 0 if R has never been married or lived in a de facto relationship)

4. What is your current marital status?
- 1 Married (go to Q5)
  - 2 De facto (go to Q5)
  - 3 Separated
  - 4 Divorced
  - 5 Widowed
  - 6 Never married

**4A. How long is it since your last marriage or de facto relationship ended?**

years     months

**5. 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)

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

- 1 Trade certificate/apprenticeship → 7
- 2 Technician's certificate/advanced certificate → 7
- 3 Certificate other than above
- 4 Associate diploma
- 5 Undergraduate diploma
- 6 Bachelor's degree → 7
- 7 Post graduate diploma/certificate → 7
- 8 Higher degree → 7
- 9 *None of the above* → 7

**6A. How long does that certificate or 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

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

- Trade certificate/apprenticeship → 7B
- Technician's certificate/advanced certificate → 7B
- Certificate other than above
- Associate diploma
- Undergraduate diploma
- Bachelor's degree → 7B
- Post graduate diploma/certificate → 7B
- Higher degree → 7B
- None of the above* → 8



**8B1. If you had found a job, could you have started last week?** Yes  
No

**8C. 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

**8D. Have you ever been employed in the past?** Yes  
No →9

**8E. 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.)

.....  
.....

**8E1. What were your main duties or activities?**

.....  
.....

**8F. 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 →8I  
Working without pay in a family business →8I

**8G. Which of the following best describes the position you hold/held within your business or organisation?**

- Managerial position
- Supervisory position
- Non-management position

**8H. About how many people are/were employed in the entire business, corporation or organisation for which you work?**

- 1-9
- 10-24
- 25+

*Go to Q9*

**8I. Not counting yourself or any partners, about how many people are/were usually employed in your business, practice or farm on a regular basis?**  
*(Enter '0' if no paid employees.)*

**9. Is English your first language?** Yes →10  
 No

**9A. How old were you when you started to learn English?**  years

**10. Do you have any children? (This includes adopted or step children and those not living with you?)**

Yes  
 No → 11P

**10A. How many children do you have?**

	Child number									
	1	2	3	4	5	6	7	8	9	10
10b Age of child - Years										
Months(If < 1 year)										
10c Does this child live with you:										
Full-time										
Part-time										
Not at all										
10d Is this child your - natural child										
adopted child										
step child										
other										

I am now going to give the computer to you to complete the next group of questions. If you have any questions or concerns, please ask me.

Please try to answer all the questions. However, if you really don't know the answer, press 'CTRL' and 'D' at the same time. Remember "D" for "don't know" if you would prefer not to answer a question, press 'CTRL' and 'R' at the same time. Remember "R" for "Refused".

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

- |     |   |     |                        |
|-----|---|-----|------------------------|
| 11. | Heart trouble                               | Yes | No                     |
| 12. | Cancer                                      | Yes | No                     |
| 13. | Arthritis                                   | Yes | No                     |
| 14. | Thyroid disorder                            | Yes | No                     |
| 15. | Epilepsy                                    | Yes | No                     |
| 16. | Cataracts, glaucoma or<br>other eye disease | Yes | No                     |
| 17. | Asthma, chronic bronchitis<br>or emphysema  | Yes | No                     |
| 18. | Diabetes                                    | Yes | No (if 'No' go to Q19) |

What treatment do you use to control your diabetes?

- |      |                   |     |    |
|------|-------------------|-----|----|
| 18A. | Diet and exercise | Yes | No |
| 18B. | Tablets           | Yes | No |
| 18C. | Insulin           | Yes | No |
19. Have you ever suffered a stroke, ministroke or TIA (Transient Ischemic Attack)?
- Yes  
No
20. Have you ever had a serious head injury where you became unconscious for more than 15 minutes?
- Yes  
Uncertain (go to Q21)  
No (go to Q21)
- 20A. Has this happened to you:
- Once?  
More than once? (go to Q20C)  
Uncertain (go to Q20C)

**20B. How old were you when you had this injury?** *(Enter 'CTRL + D' if unknown)*

years old **(go to Q21)**

**20C. How many head injuries have you had where you became unconscious for more than 15 minutes?** *(Enter 'CTRL + D' if uncertain)*

**20C1. How old were you when you had the first injury?** *(Enter 'CTRL + D' if uncertain)*

years old

**20C2. How old were you when you had the last injury?** *(Enter 'CTRL + D' if uncertain)*

years old

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

Yes

No **(go to Q22)**

Uncertain **(go to Q22)**

**21A. Are you currently taking any tablets for high blood pressure?**

Yes

No

Uncertain

**Could you tell me how tall you are?** *(Please try to answer even if it is an approximate value. If you have no idea, touch 'pen' to the space to enter number of cms and press 'CTRL' + 'D')*

**Q22a**  cms

**OR**

**Q22b-c**  feet.  inches

**How much do you weigh without your clothes and shoes?** (*Please try to answer even if it is an approximate value. If you have no idea, touch 'pen' to the space to enter number of Kgs and press 'CTRL' + 'D'*).

Q23a  kgs

OR

Q23b-c  stones  pounds

**24. How would you describe your racial group?**

- Caucasian/white
- Aboriginal/Torres Straight Islander
- Asian
- Other

**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.**

**25. 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?**

**26. 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

**27. 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*?**

28. **Have you *accomplished less* than you would like as a result of *your physical health*?** Yes No
29. **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)?**

30. **Have you *accomplished less* than you would like as a result of any *emotional problems*?** Yes No
31. **Did you not do work or other activities as *carefully* as usual as a result of any *emotional problems*?** Yes No
32. **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.**

33. **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

**34. 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

**35. 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

**36. 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

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

- Yes
- No (go to Q38)

**37A1-8. What kind of vitamin or mineral was this?**

- |   |               |   |                                    |
|---|---------------|---|------------------------------------|
| 1 | Vitamin C     | 2 | B group vitamins                   |
| 3 | Vitamin E     | 4 | Echinacea                          |
| 5 | Calcium       | 6 | Evening primrose or starflower oil |
| 7 | Multivitamins | 8 | Other                              |

***go to 37b if not 'other'***

**Which other vitamins or minerals have you taken in the last month?**

37A9.

37A10.

37A11.

**37B. 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 (go to Q38)

**37C. 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

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

Yes

No (go to Q39)

**38A1-8. What are the names of the sleeping pills or medications you took in the last month?**

- |    |                                 |    |   |    |          |
|----|---------------------------------|----|---|----|----------|
| 1  | Ducene                          | 2  | Euhypnos                                | 3  | Mogadon  |
| 4  | Normison                        | 5  | Serapax                                 | 6  | Temaze   |
| 7  | Valium                          | 8  | Xanax                                   | 9  | Valerian |
| 10 | Camomile or<br>"sleepytime" tea | 11 | Magnesium and/or<br>calcium supplements | 12 | Other    |

*go to 38b if not 'other'*

**Which other sleeping pills or medications have you taken in the last month?**

**38A13.**

**38A14.**

**38A15.**

**38B. 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 (go to Q39)

**38C. 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

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

- Yes
- No (go to Q40)

**39A1-12. What are the names of the pain relievers you took in the last month?**

- |                      |                           |                       |
|----------------------|---------------------------|-----------------------|
| 1 Aspirin/Aspro      | 2 Codral                  | 3 Disprin             |
| 4 Dymadon            | 5 Panadeine               | 6 Panadol/paracetamol |
| 7 Codeine            | 8 Diclofenac              | 9 Brufen or Nurofen   |
| 10 Orudis or Oruvail | 11 Naprosyn or Naprogesic | 12 Other              |

*go to 39B if not 'other'*

**Which other pain relievers have you taken in the last month?**

**39A13.**

**39A14.**

**39A15.**

**39B. 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 (go to Q40)

**39C. 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

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

- Yes
- No (go to Q41)

**40A1-14. What are the names of the medications you took in the last month?**

- |                          |                       |                                |
|--------------------------|-----------------------|--------------------------------|
| 1 Ducene                 | 2 Euhypnos            | 3 Mogadon                      |
| 4 Normison               | 5 Serapax             | 6 Temaze                       |
| 7 Valium                 | 8 Xanax               | 9 Kava Kava                    |
| 10 Vitamin B complex     | 11 Brauer's Nervatona | 12 Hypericum or St John's Wort |
| 13 Magnesium supplements | 14 Other              |                                |

*go to Q40B if not 'other'*

**Which other pills or medications have you taken for anxiety in the last month?**

**40A15.**

**40A16.**

**40A17.**

**40B. 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 (go to Q41)

**40C. 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

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

- Yes
- No (go to Q42)

**41A1-11. What are the names of the medications you took in the last month?**

- |              |                                   |                              |
|--------------|-----------------------------------|------------------------------|
| 1 Zoloft     | 2 Prozac                          | 3 Aropax                     |
| 4 Efexor     | 5 Serzone                         | 6 Cipramal                   |
| 7 Aurorix    | 8 Prothiaden                      | 9 Sinequan                   |
| 10 Tryptanol | 11 St John's Wort or<br>Hypericum | 12 S-Adenosylmethionine(SAM) |
| 13 Other     |                                   |                              |

*go to Q41B if not 'other'*

**Which other pills or medications have you taken for depression in the last month?**

41A14.

41A15.

41A16.

**41B. 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 (go to Q42)

**41C. 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

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

- Yes
- No (go to Q43)

**42A1-46. What are the names of the medications you took in the last month?**

- |   |           |   |               |
|---|-----------|---|---------------|
| 1 | Glutamine | 2 | Gingko biloba |
| 3 | Vitamin E | 4 | Guarana       |
| 5 | Bacopa    | 6 | Other         |

*go to Q42 B if not 'other'*

**Which other medications have you taken to enhance your memory in the last month?**

42A7.

42A8.

42A9.

**42B. 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 (go to Q43)

**42C. 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

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

Yes  
No (go to Q44)

**43A. What types of medication did you take or use?** (Excluding contraceptive pills and hormone replacement therapy).

*If you are male, go to Q48*

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

 years

**45. Are you taking any contraceptive pills?**

Yes  
No (go to Q45D)

**45A. At what age did you first start?**  years

**45B. For how many years altogether have you taken contraceptive pills?**

 years

**45C1-16. Which pill are you currently taking?**

- |              |                   |                 |
|--------------|-------------------|-----------------|
| 1 Brenda-35  | 2 Brevinor        | 3 Diane-35      |
| 4 Femoded ED | 5 Marvelon 28     | 6 Mycrogynon 30 |
| 7 Minulet 28 | 8 Nordette        | 9 Triphasil     |
| 10 Triquilar | 11 Locilan 28 Day | 12 Microlut     |
| 13 Miconor   | 14 Microval       | 15 Noriday      |
| 16 Other     |                   |                 |

*If not 'other' go to Q46*

**45C17. What other contraceptive pill (or injection) are you currently using?**

*Go to Q46*

**45D. Did you ever take contraceptive pills?**

Yes  
No (go to Q46)

**45E. At what age did you first start?**  years

**45F. For how many years altogether did you take contraceptive pills?**

years

**45G1-16. Which pills did you take?**

- |              |                   |                 |
|--------------|-------------------|-----------------|
| 1 Brenda-35  | 2 Brevinor        | 3 Diane-35      |
| 4 Femoded ED | 5 Marvelon 28     | 6 Mycrogynon 30 |
| 7 Minulet 28 | 8 Nordette        | 9 Triphasil     |
| 10 Triquilar | 11 Locilan 28 Day | 12 Microlut     |
| 13 Miconor   | 14 Microval       | 15 Noriday      |
| 16 Other     |                   |                 |

*If not 'other' go to Q46*

**45G17. What other contraceptive pill (or injection) did you take?**

**46. Have you ceased having your periods entirely (not including pregnancy)?**

Yes  
No (go to Q47)

**46A. At what age did your periods cease?**  years

**46B. What was the cause of menopause?**

Natural menopause  
Hysterectomy  
Other

**47. Have you ever had hormone replacement therapy (HRT)?**

Yes  
No (go to Q48)

**47A. How long have you had hormone replacement therapy?**  
(If less than 1 year, enter 1).

years

**47B. Are you still having hormone replacement therapy?**

Yes  
No

**47C1-9. Which hormone replacement medications are you taking/have you taken?**

- |   |             |   |            |
|---|-------------|---|------------|
| 1 | Climara     | 2 | Estraderm  |
| 3 | Femoston    | 4 | Kliogest   |
| 5 | Menoprem    | 6 | Menorest   |
| 7 | Provelle-14 | 8 | Trisequens |
| 9 | Other       |   |            |

*If not 'other' go to Q48*

**47C10. Which other type of HRT are you taking/have you taken?**

**We would now like to ask you some questions about smoking (tobacco).**

**48. Do you currently smoke?** Yes  
No (go to Q48C)

**48A. Do you smoke cigarettes:** At least once a day? (go to Q48B)  
Less than once a day? (go to Q48B1)  
Don't smoke cigarettes (go to Q49)

**48B. How many cigarettes do you usually smoke in one day?**  (go to Q49)

**48B1. How many cigarettes do you usually smoke over a one month period?**  
 (go to Q49)

**48C. Have you smoked at all over the last month?** Yes  
No (go to Q48D)

**48C1. Approximately how many cigarettes have you smoked in the last month?**





**60. How many standard drinks did you have on a typical when you were drinking? Ask (interviewer) for Showcard A which explains what we mean by "a standard drink".**

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

**If Q49=3-5 go to Q62**

**If Q49=2 & Q59=1 go to Q61B**

**If Q49=1 & Q59=2-4 go to Q61C**

**If Q49=2 & Q59=2-4 go to Q61D**

**61A1-17. Please indicate your reasons for not drinking? (You can have more than one answer)**

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

***If not 'other' go to Q62***

**61A19. What other reasons do you have for not drinking?**

go to Q62

**61B1-17. Please indicate if any of the following have influenced your drinking?**

*(You can have more than one answer).*

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

*If not 'Other' go to Q62*

**61B19. Other influences on your drinking?**

*go to Q62*

**61C1-15. Why did you give up drinking alcohol?**

- 1 I had problems with drink-driving
- 2 I was spending too much money on alcohol
- 3 Alcohol was damaging my health
- 4 I was too dependent on alcohol
- 5 My family/friends disapproved of my drinking
- 6 Drinking was damaging my relationships with other people
- 7 I was overweight and needed to cut out drinking
- 8 Drinking was interfering too much with my work/studies
- 10 I gave up for religious reasons
- 11 I saw the bad influence of alcohol on other people
- 12 One of my parents had a drink problem
- 13 I did not like the taste/smell
- 14 Alcohol damages people's health
- 15 I did not like the effect alcohol had on me
- 16 (women only) I gave up drinking when I became pregnant
- 15 Other

*If not 'Other' go to Q62*

**61B17. What other reasons caused you to give up alcohol?**

*go to Q62*

**61D1-15. Why did you cut down on your drinking?**

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

*If not 'Other' go to Q62*

**61D19. What other reasons caused you to cut down on alcohol?**

**62. Have you ever tried marijuana/hash?**

- Yes
- No (go to Q63)

**62A. How old were you the first time you actually used marijuana/hash?**

- Under 16
- 16-17
- 18-19
- 20-24
- 25 or more

**62B. Have you used marijuana/hash in the past 12 months?**    Yes    No  
**If 'No' go to Q63**

**62C. How often do you use marijuana/hash?**

- Once a week or more
- Once a month
- Every 1-4 months
- Once or twice a year
- Less often, no longer use

**62D. In the last year have you ever used marijuana/hash more than you meant to?**

Yes

No

**62E. Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?**

Yes

No

**Have any of the following life events or problems happened to you during the last six months?**

- |   |     |    |
|---|-----|----|
| <b>63. You yourself suffered a serious illness, injury or an assault.</b>                         | Yes | No |
| <b>64. A serious illness, injury or assault happened to a close relative.</b>                     | Yes | No |
| <b>65. Your parent, child or partner died.</b>  | Yes | No |
| <b>66. A close family friend or another relative (aunt, cousin, grandparent) died.</b>            | Yes | No |
| <b>67. You broke off a steady relationship.</b>   | Yes | No |
| <b>68. You had a serious problem with a close friend, neighbour or relative.</b>                  | Yes | No |
| <b>69. You had a crisis or serious disappointment in your work or career.</b>                     | Yes | No |
| <b>70. You thought you would soon lose your job.</b>  | Yes | No |
| <b>74. You became unemployed or you were seeking work unsuccessfully for more than one month.</b> | Yes | No |
| <b>75. You were sacked from your job.</b>   | Yes | No |
| <b>76. You had a major financial crisis.</b>  | Yes | No |
| <b>77A. You had problems with the police and a court appearance.</b>                              | Yes | No |
| <b>77B. Something you valued was lost or stolen.</b>  | Yes | No |

*If you don't have a current partner, go to Q78*

**By 'partner' we mean spouse or de facto partner. Have any of the following happened in the last six months?**

71. **Your partner thought he/she would soon lose his/her job.** Yes No
72. **You partner had a crisis or serious disappointment in his/her work or career.** Yes No
73. **You had a separation due to marital difficulties.** Yes No
78. **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

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

79. **How often do friends make you feel cared for?**  
Often Sometimes Rarely Never
80. **How often do they express interest in how you are doing?**  
Often Sometimes Rarely Never
81. **How often do friends make too many demands on you?**  
Often Sometimes Rarely Never
82. **How often do they criticise you?**  
Often Sometimes Rarely Never
83. **How often do friends create tensions or arguments with you?**  
Often Sometimes Rarely Never
84. **How often do family make you feel cared for?**  
Often Sometimes Rarely Never

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

Often            Sometimes    Rarely            Never

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

Often            Sometimes    Rarely            Never

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

Often            Sometimes    Rarely            Never

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

Often            Sometimes    Rarely            Never

*If you don't have a current partner, go to Q99*

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

A lot            Some            A little            Not at all

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

A lot            Some            A little            Not at all

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

A lot            Some            A little            Not at all

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

A lot            Some            A little            Not at all

**93. 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

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

A lot            Some            A little            Not at all



102. **Other take decisions concerning my work.**  
Often            Sometimes    Rarely            Never
103. **I have a good deal of say in decisions about work.**  
Often            Sometimes    Rarely            Never
104. **I have a say in my own work speed.**  
Often            Sometimes    Rarely            Never
105. **My working time can be flexible.**  
Often            Sometimes    Rarely            Never
106. **I can decide when to take a break.**  
Often            Sometimes    Rarely            Never
107. **I have a say in choosing with whom I work.**  
Often            Sometimes    Rarely            Never
108. **I have a great deal of say in planning my work environment.**  
Often            Sometimes    Rarely            Never
109. **Do you have to do the same thing over and over again?**  
Often            Sometimes    Rarely            Never
110. **Does your job provide you with a variety of interesting things?**  
Often            Sometimes    Rarely            Never
111. **Is your job boring?**  
Often            Sometimes    Rarely            Never
112. **Do you have the possibility of learning new things through your work?**  
Often            Sometimes    Rarely            Never
113. **Does your work demand a high level of skill or expertise?**  
Often            Sometimes    Rarely            Never
114. **Does your job require you to take initiative?**  
Often            Sometimes    Rarely            Never
115. **Do you have to work very fast?**  
Often            Sometimes    Rarely            Never
116. **Do you have to work very intensively?**  
Often            Sometimes    Rarely            Never

117. **Do you have enough time to do everything?**  
Often                      Sometimes      Rarely                      Never
118. **Do different groups at work demand things from you that you think are hard to combine?**  
Often                      Sometimes      Rarely                      Never
119. **How secure do you feel about your job or career future in your current workplace?**  
Not at all secure  
Moderately secure  
Secure  
Extremely secure
120. **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
121. **For the work you do in your main job, how fair is the pay, benefits and conditions you receive?**  
Completely unfair      Somewhat unfair      Somewhat fair      Completely fair
122. **How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)?**  
 hours/week
- 123a. **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
- 123b. **How many days in the last 4 weeks have you stayed away from your work (or school, or place of study)**  
 days

**124. During the past MONTH how often have you set aside time just to relax?**

- Not at all
- Some or a little of the time (about once a month or more)
- Occasionally or a moderate amount of the time (about once a week or more)
- Often or a lot of the time (about once a day)
- Frequently (more than once a day)

*If you are male and do not currently have a partner go to Q126*

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

- Yes, I am pregnant/my partner is pregnant
- No, I am not pregnant/my partner is not pregnant **(go to Q126)**

**125A. When is the baby due?**

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

*If no children under 4 go to Q127*

**126. 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 Q103)**

**126A. Who looks after your children when you are at work?**

- 1 Partner
- 2 Relative or friend
- 3 Childcare centre
- 4 Family Day Care
- 5 Other

*If not 'other' go to Q103*

**126A6. Please specify who looks after your children when you are at work.**

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

years old

**128. How old were you the first time you had sexual intercourse?**  
(Enter 00 if not applicable).

years old

*If you have never lived with a partner, go to Q130*

**129. How old were you when you first lived with a partner?**  
(Enter 99 if not applicable).

years old

*If you have no children go to Q131*

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

years old

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

- Heterosexual
- Homosexual
- Bisexual
- Don't know

**132. 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 you have no children go to Q134*

**133. 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%)

134. 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%)

135. 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**

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 younger people compare to older people. 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 20 minutes to do.**

If necessary, suggest that the respondent, at this stage, moves to a position where they will be able to do the eye test comfortably.

**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.**

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

- 137. SYSTOLIC READING
- 138. DIASTOLIC READING
- 139. PULSE

— — —
— — —
— — —

140. The respondent was?                      Seated                      Lying down                      *refused/not asked*

141. Which arm was used?                      Left                      Right                      *refused/not asked*

**Vision**

**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*).

**Start at the top and read down. Keep both eyes open.**

**Second blood pressure reading**

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

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

- |      |                   |                         |
|------|-------------------|-------------------------|
| 149. | SYSTOLIC READING  | _ _ _<br>_ _ _<br>_ _ _ |
| 150. | DIASTOLIC READING |                         |
| 151. | PULSE             |                         |

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

**CVLT Immediate Recall**

**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.*

**155a - 156q.**

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

**Hand grip strength**

156. **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*) Record on card.

**157. Now let's try that again using the same hand.**  
Record second measurement.

Kgs (*Refused=88 Not asked=99*) Record on card.

**CVLT Delayed Recall**

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

**158a - 158q**

**Symbol Digit Modalities Test**

**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 B and use the printed instructions to explain the task.

*(Remember, the screen will turn off while you are doing this. When you have finished, press the "ON" button to get back to this screen.)*

Number correct *Refused/Not asked=999 Couldn't comprehend/other=888*

**Lung capacity**

**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.

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

**160.**  FEV                      **161.**  FVC

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.

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

**162.**  FEV                      **163.**  FVC

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.

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

164.  FEV

165.  FVC

### Digit Span Backwards

**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 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*

*Discontinue after failure on both trials of any item. Mark remainder "Incorrect".  
Remember, read at CONSTANT rate of one number per second.*

### Spot-the-Word

**The 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. (Change screen)**

### **176-181P**

**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 on this screen.**

**Practice**

**The next questions are about your childhood, *up to the age of 16 years.***

**242. How affectionate was your father (or father figure) towards you?**

- A lot
- Somewhat
- A little
- Not at all

No father figure

*If 'No father figure' →245*

**243. Did your father (or father figure) suffer from nervous or emotional trouble or depression?** Yes No

**244. Did your father (or father figure) have trouble with drinking or other drug use?** Yes No

**245. How affectionate was your mother (or mother figure) towards you?**

Alot  
Somewhat  
A little  
Not at all  
No mother figure

*If 'No mother figure' →67*

**246. Did your mother (or mother figure) suffer from nervous or emotional trouble or depression?** Yes No

**247. Did your mother (or mother figure) have trouble with drinking or other drug use?** Yes No

**248. How much conflict and tension was there in your household while you were growing up?** A lot Some A little None

**249. Did your parents divorce or permanently separate when you were a child?** Yes No

**250\_1-15** Which of the following applied to your childhood? (When we say "parent" we mean "parent or parent figure").

- 1 I had a happy childhood
- 2 My parents did their best for me
- 3 I was neglected
- 4 I had a strict, authoritarian or regimented upbringing
- 5 I grew up in poverty or financial hardship
- 6 I was verbally abused by a parent
- 7 I suffered humiliation, ridicule, bullying or mental cruelty from a parent
- 10 I witnessed physical or sexual abuse of others in my family
- 11 I was physically abused by a parent - punched, kicked, hit or beaten with an object, or needed medical treatment
- 12 I received too much physical punishment - hitting, smacking etc.
- 13 I was sexually abused by a parent
- 14 Other type of mistreatment
- 15 I had a normal upbringing

*If 250A not 14 → 251*

**250A16. In what other way were you mistreated by your parents?**

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 past month*.

<b>251.</b> <b>Disgusted</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>252.</b> <b>Attentive</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>253.</b> <b>Strong</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>254.</b> <b>Scornful</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>255.</b> <b>Irritable</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>256.</b> <b>Inspired</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>257.</b> <b>Afraid</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>258.</b> <b>Alert</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely

<b>259.</b> <b>Upset</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>260.</b> <b>Angry</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>261.</b> <b>Active</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>262.</b> <b>Guilty</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>263.</b> <b>Nervous</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>264.</b> <b>Excited</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>265.</b> <b>Hostile</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>266.</b> <b>Proud</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>267.</b> <b>Jittery</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>268.</b> <b>Ashamed</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>269.</b> <b>Scared</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>270.</b> <b>Enthusiastic</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>271.</b> <b>Distressed</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>272.</b> <b>Determined</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>273.</b> <b>Interested</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
<b>274.</b> <b>Loathing</b>	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely

**Next are some specific questions about your health and how you have been feeling *in the past month.***

**In the past month:**

- |             |   |    |     |
|-------------|---|----|-----|
| <b>275.</b> | <b>Have you felt keyed up or on edge?</b> | No | Yes |
| <b>276.</b> | <b>Have you been worrying a lot?</b>      | No | Yes |
| <b>277.</b> | <b>Have you been irritable?</b>           | No | Yes |
| <b>278.</b> | <b>Have you had difficulty relaxing?</b>  | No | Yes |
| <b>279.</b> | <b>Have you been sleeping poorly?</b>     | No | Yes |

- |      |   |    |     |
|------|---|----|-----|
| 280. | Have you had headaches or neckaches?  | No | Yes |
| 281. | Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass water more often than usual? | No | Yes |
| 282. | Have you been worried about your health?  | No | Yes |
| 283. | Have you had difficulty falling asleep?   | No | Yes |
| 284. | Have you been lacking energy?   | No | Yes |
| 285. | Have you lost interest in things?   | No | Yes |
| 286. | Have you lost confidence in yourself?   | No | Yes |
| 287. | Have you felt hopeless?   | No | Yes |
| 288. | Have you had difficulty concentrating?  | No | Yes |
| 289. | Have you lost weight (due to poor appetite)?  | No | Yes |
| 290. | Have you been waking early?   | No | Yes |
| 291. | Have you felt slowed up?  | No | Yes |
| 292. | Have you tended to feel worse in the mornings?  | No | Yes |

---

293. During the past 12 months, was there ever a time when you felt sad, down, or depressed for two weeks or more in a row?

Yes No

294. Have you taken any medication for depression in the past 12 months?

Yes No

*If 'No' to both Q293 & Q294 →295*

**.For the next few questions, please think of *the two-week period* during the past 12 months when these feelings were worst. During that time did the feelings of being sad, down or depressed usually last:**

- |      |                        |      |
|------|------------------------|------|
| 294A | All day long           |      |
|      | Most of the day        |      |
|      | About half the day     |      |
|      | Less than half the day | →295 |

**294B. During those two weeks, did you feel this way:**

Every day  
Almost every day  
Less often

**294C. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?**

Yes No

**294D. Thinking about those same two weeks, did you feel more tired out or have less energy than is usual for you?**

Yes No

**194E. Did you *gain* or *lose* weight without trying, or did you *stay about the same*?**

Gain  
Lose  
Both lost and gained  
Stayed about the same  
Was on a diet

**About how much did you lose/you gain/your weight change?**

**294E1.**   kgs

OR

**294E2.**   pounds

**294F. Did you have more trouble falling asleep than you usually do during those two weeks?**

Yes  
No →294G

**294F1. Did that happen:**

Every night  
Nearly every night  
Less often

**294G. During those two weeks, did you have a lot more trouble concentrating than usual?**

Yes  
No



**295. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?**

Yes No

**296. Have you taken any medication for depression in the past 12 months?**

Yes No

*If 'No' to both Q295 & Q296 →297*

**296A. For the next few questions, please think of the *two-week period* during the past 12 months when you had the *most complete* loss of interest in things. During that two-week period, did the loss of interest usually last:**

All day long  
Most of the day  
About half the day  
Less than half the day →297

**296B. Did you feel this way:** Every day  
Almost every day  
Less often

**296C. During those two weeks, did you feel more tired out or have less energy than is usual for you?**

Yes No

**296D. Did you *gain* or *lose* weight without trying, or did you *stay about the same*?**

Gain  
Lose  
Both lost and gained  
Stayed about the same  
Was on a diet

**About how much did you gain/you lost/your weight change?**

**296D1.**   kgs

OR

**296D2.**   pounds



**296M. Did you tell any other professional (such as a psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?**

Yes No

**296N. Did you take medication or use drugs or alcohol more than once for these problems?**

Yes No

**296O. How much did these problems interfere with your life or activities?**

A lot Some A little Not at all

**In the last year have you ever:**

**297. felt that life is hardly worth living?** No Yes

**298. thought that you really would be better off dead?** No Yes

**299. thought about taking your own life?** No Yes

*If 299='No' →220*

**299A. made plans to take your own life?** No Yes

**299B. attempted to take your own life?** No Yes

**300. During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense or anxious?**

Yes }→301A

No

**People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?**

**301.** Yes

No }→302

**301A. Has this period ended?**

Ended

Is still going on →301B3

**How many months or years did it go on before it ended?**  
(If more than one year, just enter number of years.)

301B1.   months

OR

301B2.   years

→301C

**How many months or years has it been going on?**  
(If more than one year, just enter number of years.)

301B3.   months

OR

301B4.   years

**301C. During that period, was/is your worry stronger than in other people?**

Yes

No

**301D. Did/do you worry most days?**

Yes No

**301E. Did/do you usually worry about *one* particular thing, such as your job security or the failing health of a loved one, or *more than one* thing?**

One thing

More than one thing

**301F. Did/do you find it difficult to stop worrying?**

Yes No

**301G. Did/do you ever have different worries on your mind at the same time?**

Yes No

**301H. How often was/is your worry so strong that you couldn't put it out of your mind no matter how hard you tried?**

Often

Sometimes

Rarely

Never



**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?**

- 302. Your sleep length:** No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change
- 303. Social activity:** No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change
- 304. Mood:** No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change
- 305. Weight:** No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change
- 306. Appetite:** No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change
- 307. Energy level:** No change  
Slight change  
Moderate change  
Marked change  
Extremely marked change

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

**Feel best**

**308.**

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

*There is no difference*

**Feel worst**

**309.**

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

**310. 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      } → 311

**310A. Did you see a counsellor or a doctor for it at the time?**

Yes  
No

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

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

Strongly agree      Agree      Disagree      Strongly disagree

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

Strongly agree      Agree      Disagree      Strongly disagree

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

Strongly agree      Agree      Disagree      Strongly disagree

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

Strongly agree      Agree      Disagree      Strongly disagree

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

Strongly agree      Agree      Disagree      Strongly disagree

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

Strongly agree      Agree      Disagree      Strongly disagree

**317. 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 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.**

**318. I think about how alone I feel.**      Never      Sometimes      Often      Always

**319. I think about my feelings of fatigue and achiness.**      Never      Sometimes      Often      Always

**320. I think about how hard it is to concentrate.**      Never      Sometimes      Often      Always

**321. I think about how passive and unmotivated I feel.**      Never      Sometimes      Often      Always

**322. I think, "Why can't I get going?"**      Never      Sometimes      Often      Always

**323. I think about a recent situation, wishing it had gone better.**      Never      Sometimes      Often      Always

**324. I think about how sad I feel.**      Never      Sometimes      Often      Always

**325. I think about all my shortcomings, failings, faults and mistakes.**      Never      Sometimes      Often      Always

**326. I think about how I don't feel up to doing anything.**      Never      Sometimes      Often      Always

**327. I think, "Why can't I handle things better?"**      Never      Sometimes      Often      Always

**328. The next 3 questions ask about your attitude to religion.  
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

**329. 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

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

- None
- A little
- Somewhat
- A great deal

**Here 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.**

- |   |     |    |
|---|-----|----|
| <b>331. Does you mood often go up and down?</b>                               | Yes | No |
| <b>332. Do you take much notice of what people think?</b>                     | Yes | No |
| <b>333. Are you a talkative person?</b>                                       | Yes | No |
| <b>334. Do you ever feel 'just miserable' for no reason?</b>                  | Yes | No |
| <b>335. Would being in debt worry you?</b>                                    | Yes | No |
| <b>336. Are you rather lively?</b>  | Yes | No |
| <b>337. Are you an irritable person?</b>                                      | Yes | No |
| <b>338. Would you take drugs which may have strange or dangerous effects?</b> | Yes | No |

- |             |  |     |    |
|-------------|--|-----|----|
| <b>339.</b> | <b>Do you enjoy meeting new people?</b>  | Yes | No |
| <b>340.</b> | <b>Are your feelings easily hurt?</b>  | Yes | No |
| <b>341.</b> | <b>Do you prefer to go your own way rather than act by the rules?</b>                                | Yes | No |
| <b>342.</b> | <b>Can you usually let yourself go and enjoy yourself at a lively party?</b>                         | Yes | No |
| <b>343.</b> | <b>Do you often feel 'fed-up'?</b>   | Yes | No |
| <b>344.</b> | <b>Do good manners and cleanliness matter much to you?</b>   | Yes | No |
| <b>345.</b> | <b>Do you usually take the initiative in making new friends?</b>                                     | Yes | No |
| <b>346.</b> | <b>Would you call yourself a nervous person?</b>   | Yes | No |
| <b>347.</b> | <b>Do you think marriage is old-fashioned and should be done away with?</b>                          | Yes | No |
| <b>348.</b> | <b>Can you easily get some life into a rather dull party?</b>  | Yes | No |
| <b>349.</b> | <b>Are you a worrier?</b>  | Yes | No |
| <b>350.</b> | <b>Do you enjoy cooperating with others?</b>   | Yes | No |
| <b>351.</b> | <b>Do you tend to keep in the background on social occasions?</b>                                    | Yes | No |
| <b>352.</b> | <b>Does it worry you if you know there are mistakes in your work?</b>                                | Yes | No |
| <b>353.</b> | <b>Would you call yourself tense or 'highly-strung'?</b>   | Yes | No |
| <b>354.</b> | <b>Do you think people spend too much time safeguarding their future with savings and insurance?</b> | Yes | No |
| <b>355.</b> | <b>Do you like mixing with people?</b>   | Yes | No |
| <b>356.</b> | <b>Do you worry too long after an embarrassing experience?</b>                                       | Yes | No |
| <b>357.</b> | <b>Do you try not to be rude to people?</b>  | Yes | No |

- |             |   |     |    |
|-------------|---|-----|----|
| <b>358.</b> | <b>Do you like plenty of bustle and excitement around you?</b>      | Yes | No |
| <b>359.</b> | <b>Do you suffer from "'nerves'"?</b>                               | Yes | No |
| <b>360.</b> | <b>Would you like other people to be afraid of you?</b>             | Yes | No |
| <b>361.</b> | <b>Are you mostly quiet when you are with other people?</b>         | Yes | No |
| <b>362.</b> | <b>Do you often feel lonely?</b>                                    | Yes | No |
| <b>363.</b> | <b>Is it better to follow society's rules than go your own way?</b> | Yes | No |
| <b>364.</b> | <b>Do other people think of you as being very lively?</b>           | Yes | No |
| <b>365.</b> | <b>Are you often troubled about feelings of guilt?</b>              | Yes | No |
| <b>366.</b> | <b>Can you get a party going?</b>                                   | Yes | No |

**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.**

**368. 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
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**369. 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
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**370. 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
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**371. 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
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**372. 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
-------------------	-----------------------	----------------------	------------------

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

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

**374. 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
-------------------	-----------------------	----------------------	------------------

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

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

**376. 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
-------------------	-----------------------	----------------------	------------------

**377. 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
-------------------	-----------------------	----------------------	------------------

**378. 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
-------------------	-----------------------	----------------------	------------------

**379. 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
-------------------	-----------------------	----------------------	------------------

**380. 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
-------------------	--------------------------	-------------------------	------------------

**381. 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
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**382. 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
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**383. 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
-------------------	--------------------------	-------------------------	------------------

**384. 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
-------------------	--------------------------	-------------------------	------------------

**385. 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
-------------------	--------------------------	-------------------------	------------------

**386. 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
-------------------	--------------------------	-------------------------	------------------

**387. I crave excitement and new sensations.**

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

**388. 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
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**389. 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

**390. It would excite me to win a contest.**

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

**391. I worry about making mistakes.**

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

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

**392. 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

**393. 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

**394. 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

**Please give the average number of hours per week you spend in such sports or activities.**

**395a,b.**Mildly energetic (e.g. walking, weeding)  hours  minutes

**396a,b** Moderately energetic (e.g. dancing, cycling)  hours  minutes

**397a,b**Vigorous (e.g. running, squash)  hours  minutes

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

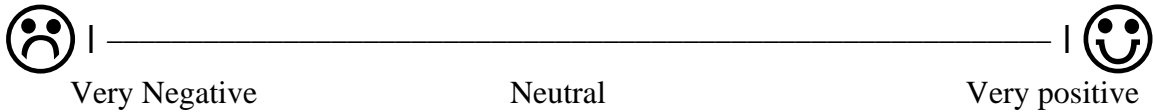
- |             |  |     |    |
|-------------|--|-----|----|
| <b>398.</b> | Made or repaired clothes                               | Yes | No |
| <b>399.</b> | Fixed mechanical things or appliances                  | Yes | No |
| <b>400.</b> | Built things with wood                                 | Yes | No |
| <b>401.</b> | Driven a truck or tractor                              | Yes | No |
| <b>402.</b> | Used metalwork or machine tools                        | Yes | No |
| <b>403.</b> | Worked on cars, bicycles or motorbikes                 | Yes | No |
| <b>404.</b> | Taken an engineering, woodwork or car mechanics course | Yes | No |
| <b>405.</b> | Worked in the garden                                   | Yes | No |
| <b>406.</b> | Cooked meals   | Yes | No |
| <b>407.</b> | Read scientific books or magazines                     | Yes | No |
| <b>408.</b> | Worked in a laboratory                                 | Yes | No |
| <b>409.</b> | Worked on a scientific project                         | Yes | No |
| <b>410.</b> | Read about special subjects on my own                  | Yes | No |
| <b>411.</b> | Solved maths or chess puzzles                          | Yes | No |
| <b>412.</b> | Done troubleshooting of software packages on a PC      | Yes | No |
| <b>413.</b> | Taken a science course                                 | Yes | No |
| <b>414.</b> | Followed science shows on TV or radio                  | Yes | No |
| <b>415.</b> | Participated in a science fair or conference           | Yes | No |
| <b>416.</b> | Sketched, drawn or painted                             | Yes | No |
| <b>417.</b> | Gone to or acted in plays                              | Yes | No |
| <b>418.</b> | Played in a band, group, or orchestra                  | Yes | No |
| <b>419.</b> | Practised a musical instrument                         | Yes | No |

<b>420.</b>	Gone to recitals, concerts, or musicals	Yes	No
<b>421.</b>	Taken portrait photographs	Yes	No
<b>422.</b>	Read literature	Yes	No
<b>423.</b>	Read or written poetry	Yes	No
<b>424.</b>	Taken an art course	Yes	No
<b>425.</b>	Written letters to friends	Yes	No
<b>426.</b>	Attended religious services	Yes	No
<b>427.</b>	Belonged to clubs	Yes	No
<b>428.</b>	Helped others with their personal problems	Yes	No
<b>429.</b>	Taken care of children	Yes	No
<b>430.</b>	Gone to parties or pubs	Yes	No
<b>431.</b>	Gone dancing	Yes	No
<b>432.</b>	Attended meetings or conferences	Yes	No
<b>433.</b>	Worked as a volunteer	Yes	No
<b>434.</b>	Discussed politics	Yes	No
<b>435.</b>	Influenced others	Yes	No
<b>436.</b>	Operated your own service or business	Yes	No
<b>437.</b>	Taken part in a sales conference	Yes	No
<b>438.</b>	Been on the committee of a group	Yes	No
<b>439.</b>	Supervised the work of others	Yes	No
<b>440.</b>	Met important people	Yes	No
<b>441.</b>	Led a group in accomplishing some goal	Yes	No
<b>442.</b>	Organized a club, group or gang	Yes	No

- |      |   |     |    |
|------|---|-----|----|
| 443. | Typed papers or letters for yourself or for others                            | Yes | No |
| 444. | Added, subtracted, multiplied, and divided numbers in business or bookkeeping | Yes | No |
| 445. | Operated fax machines, PCs and printers                                       | Yes | No |
| 446. | Kept detailed records of expenses   | Yes | No |
| 447. | Filed letters, reports, records, etc.   | Yes | No |
| 448. | Written business letters  | Yes | No |
| 449. | Taken a business course   | Yes | No |
| 450. | Taken a bookkeeping course  | Yes | No |
| 451. | Done a lot of paperwork in a short time                                       | Yes | No |

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

**Could you please indicate on the sliding scale your feelings about the questionnaire? (Just touch the screen where you think is appropriate).**



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