CODING VERSION

The Raine Study Parent Assessment

In RED = original standardised questionnaires
In GREEN = RAINE STUDY coding/labelling

Thank you for completing this questionnaire.

The purpose of this questionnaire is to collect background information about you that may be related to your sleep and general health.

Please complete all the questions.

Please use a pen to complete the questionnaire

All data is confidential and will be de-identified. Your data will be entered and kept in a secure database and only used for analyses as part of a large de-identified amalgamated database. This questionnaire will have your contact details removed. It will then be stored with all other Raine Study information in our secure storage facilities.

If you have any questions please contact the Raine Study, telephone 6488 6952, mobile 0447 863944, email: rainestudy@uwa.edu.au.

CODING VERSION

CONTACT DETAILS

Your contact details will not be stored with your questionnaire information. All contact details are stored separately in a secure password protected database and are not used for any other purpose

Name of study child(ren) ....

Your name, surname...

Date you completed the questionnaire...

BACKGROUND

The following questions ask about you, your education and household and are important factors that may influence your health and well-being.

1.1 Please enter your date of birth (dd/mm/yyyy) G126_DOB...

1.2 Please select your gender G126_SEX

- ○ Male =0
- ○ Female =1

1.3 What is your current marital status? *(Please select one)* G126_MAR

- ○ Never married =0
- ○ Married =1
- ○ Widowed =2
- ○ Divorced =3
- ○ Separated =4
- ○ De Facto =5

1.4 Please list all your other children (not in the Raine Study)

First name	Date of Birth	Sex (M=0/ F=1)	Relationship to study child (sister, brother, half-sister, step-brother, adopted sister) 1=Sibling 2=Half-sibling 3=Step-sibling 4=Adopted sibling
		G126_ SIBS1	G126_SIBR1
		G126_ SIBS2	G126_SIBR2
		G126_ SIBS3	G126_SIBR3
		G126_ SIBS4	G126_SIBR4

	G126_ SIBS5	G126_SIBR5
	G126_ SIBS6	G126_SIBR6

1.5 Are either or both of your parents still alive?

○   No *(Please go to Q1.6)*

○   Yes,

Mother G126_PALM	Father G126_PALF
○ No =0	○ No =0
○ Yes =1	○ Yes =1

1.6 What type of accommodation do you live in? *(Please select one)* G126_DWEL

○   A separate house =1

○   Semi-detached house/row or terrace house/townhouse etc =2

○   Flat/unit/apartment =3

○   "Granny" flat =4

○   Caravan, park home, boat =5

○   Retirement village =6

○   Aged care accommodation or nursing home =7

○   Other *(please specify)* =8   G126_DWOT ....

1.7 The dwelling is: *(Please select one)* G126_DWEL1

○   Owned outright =1

○   Owned with a mortgage =2

○   Being purchased under a rent/buy scheme =3

○   Being rented =4

○   Being occupied rent free =5

○   Being occupied under a life tenure scheme =6

○   None of the above =0

1.8 Who do you live with? *(Please select all that apply)*

○   I live alone G126_OH37 = 1

○   With a partner G126_OH24 =1

○ My child/children/step children G126_OH38 = 1

○ My parent(s)/step-parent(s)/in-laws G126_OH39 = 1

○ Other relatives G126_OH40 = 1

○ Friends G126_OH41 = 1

○ Shared accommodation G126_OH25 = 1

○ Other - please specify G126_OH31 =1 & G126_OH31A...

1.9 Are you receiving any government benefits, pension or allowance? G126_BNF

○ No (*Please go to Q1.11*) =0

○ Yes =1

○ Prefer not say (*Please go to Q1.11*) =2

1.10 Which government benefits, pension or allowance are you receiving? *(Please select all that apply)*

○ Aged pension G126_BN13 = 1

○ Carer Allowance (child) G126_BN20 = 1

○ Carer Allowance (adult) G126_BN21 = 1

○ Carer Payment (adult) G126_BN23 = 1

○ Child Care Benefit G126_BN25 = 1

○ Child Care Rebate) G126_BN26 = 1

○ Crisis Payment G126_BN31 = 1

○ Disability Support Pension G126_BNF4 = 1

○ Family Tax Benefit Part A G126_BN15 = 1

○ Family Tax Benefit Part B G126_BN16 =1

○ JET Child Care Fee Assistance/Maternity Immunisation Allowance/Mobility Allowance G126_BN32 = 1

○ Newstart Allowance G126_BN11 = 1

○ Parenting Payment G126_BNF2 = 1

○ Pensioner Education Supplement/Remote area/zone allowance/Rent Assistance G126_BN33 = 1

○ Sickness Allowance G126_BNF7 = 1

○ Workers comp G126_BNF6 = 1

○ Other benefit (please specify): G126_BNF9 = 1 & G126_BNF9A ....

1.11 What is the total amount of YOUR usual salary/wage, before tax, per week or benefit payment per week (annual amount in brackets)? *(Please select one)* G126_MON7

- ○ No Income = 0
- ○ $1-$199 ($1-$10,399) = 1
- ○ $200-$299 ($10,400-$15,599) = 2
- ○ $300-$399 ($15,600-$20,799) = 3
- ○ $400-$599 ($20,800-$31,199) = 4
- ○ $600-$799 ($31,200-$41,599) = 5
- ○ $800-$999 ($41,600-$51,999) = 6
- ○ $1,000-$1,249 ($52,000-$64,999) = 7
- ○ $1,250-$1,499 ($65,000-$77,999) = 8
- ○ $1,500-$1,999 ($78,000-$103,999) = 9
- ○ $2,000-$2,499 ($104,000-$129,999) = 10
- ○ $2,500-$2,999 ($130,000-$155,999) = 11
- ○ $3,000-$3,499 ($156,000-$181,999) = 12
- ○ $3,500-$3,999 ($182,000-$207,999) = 13
- ○ $4,000-$4,999 ($208,000-$259,999) = 14
- ○ $5,000 or more ($260,000 or more) = 15

1.12 What is the total amount of YOUR HOUSEHOLDS usual salary/wage, before tax, per week or benefit payment per week? (All adult income combined, annual amount in brackets) *(Please select one)* G126_MON8

- ○ No Income = 0
- ○ $1-$199 ($1-$10,399) = 1
- ○ $200-$299 ($10,400-$15,599) = 2
- ○ $300-$399 ($15,600-$20,799) = 3
- ○ $400-$599 ($20,800-$31,199) = 4
- ○ $600-$799 ($31,200-$41,599) = 5
- ○ $800-$999 ($41,600-$51,999) = 6
- ○ $1,000-$1,249 ($52,000-$64,999) = 7
- ○ $1,250-$1,499 ($65,000-$77,999) = 8
- ○ $1,500-$1,999 ($78,000-$103,999) = 9
- ○ $2,000-$2,499 ($104,000-$129,999) = 10
- ○ $2,500-$2,999 ($130,000-$155,999) = 11
- ○ $3,000-$3,499 ($156,000-$181,999) = 12
- ○ $3,500-$3,999 ($182,000-$207,999) = 13
- ○ $4,000-$4,999 ($208,000-$259,999) = 14
- ○ $5,000 or more ($260,000 or more) = 15

CODING VERSION

1.13 Do you currently have any of the following? (excluding Medicare) (*Please select all that apply*)

○ Private health insurance G126_INS1 = 1

○ Department of Veterans' Affairs white or gold card G126_INS2 = 1

○ Health care concession card G126_INS3 = 1

○ None G126_INS4 = 1

○ Other G126_INS5 = 1 & G126_INS5A

1.14 What is the highest level of education or training you have completed? (*Please select one*)
G126_ED33

○ Did not go to school = 0

○ Primary school = 1

○ Secondary school (high school) = 2

○ Apprentice = 3

○ TAFE, college = 4

○ Other training course = 5

○ University undergraduate degree = 6

○ Post graduate degree = 7

The following questions are about your work history, workplace environment and job satisfaction

2.1 Are you studying? G126_ED35

○ No *(Please go to Q2.2) = 0*

○ Yes, = 1 →   ○ Full time G126_ED89=1

                              ○ Part time G126_ED89= 2

2.2 What has been your usual occupation or job? (*The one you have worked most of your life or the longest?*)

G126_YEMPa...

2.3 Which of the following describes your current employment situation? (*Please select one*)
G126_YWRK

○ Employed full-time=0

○ Employed part-time=1

○ Employed, but away from work (eg on long service leave) =2

○ Unemployed looking for full time work (Please go to Q2.8) =3

○ Unemployed looking for part time work (Please go to Q2.8) =4

○ Not in the labour force (retired, not looking for work, unable to work) (Please to Q2.8) =5

○ Do paid casual work=6

○ Doing unpaid or voluntary work=7

○ Other =8

2.4 What is your current occupation or job?

a. Job title G126_YEMP ....

b. Job description G126_YEMP1 ....

2.5 For how many years or months have you worked in your current occupation or job?

a. Years G126_YYR ....

b. Months G126_YMON...

2.6 Industry: For your current job (the one you work the most hours in each week), what industry do you work in? G126_YIND

- ○ A - Agriculture, Forestry and Fishing
- ○ B - Mining
- ○ C - Manufacturing
- ○ D - Electricity, Gas, Water and Waste Services
- ○ E - Construction
- ○ F - Wholesale Trade
- ○ G - Retail Trade)
- ○ H - Accommodation and Food Services
- ○ I - Transport, Postal and Warehousing
- ○ J - Information Media and Telecommunications
- ○ K - Financial and Insurance Services
- ○ L - Rental, Hiring and Real Estate Services
- ○ M - Professional, Scientific and Technical Services
- ○ N - Administrative and Support Services
- ○ O - Public Administration and Safety
- ○ P - Education and Training
- ○ Q - Health Care and Social Assistance
- ○ R - Arts and Recreation Services
- ○ S - Other Services (specify other… G126_YINDa)

2.7 How many hours per week do you usually work in all (current) jobs? *(Please select one)* G126_YHRS

- ○ 1-15
- ○ 16-24
- ○ 25-34
- ○ 35-39
- ○ 40
- ○ 41-48
- ○ 49-55
- ○ More than 55

2.8 Please list the main jobs that you have had in the last 5 years, starting from the most recent.
(not including your current job)

Occupation	Industry code (see above, A, B etc)	Approx number of years & months
G126_YEM1 - 5	G126_YIN1 - 5	G126_YJO1 - 5
		& G126_MJO1 - 5

If you are not currently working, please go to Question 4.1

The following questions are about your working environment and job satisfaction.

3.1 How often do you get help or support from your colleagues? G126_WSU1

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Seldom
- ○ Never/hardly ever
- ○ Not relevant

3.2 How often do you get help or support from your supervisors? G126_WSU2

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Seldom
- ○ Never/hardly ever
- ○ Not relevant

3.3 Please indicate your response to the following statements:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
The job allows me to make a lot of decisions on my own G126_WAD7	☐	☐	☐	☐	☐
I can work at home sometimes G126_WAD2	☐	☐	☐	☐	☐
The job allows me to plan how I do my work G126_WAD8	☐	☐	☐	☐	☐
I can control the way I work G126_WAD1	☐	☐	☐	☐	☐
The job involves performing relatively simple tasks G126_WAD9	☐	☐	☐	☐	☐
The job requires that I engage in a large amount of thinking G126_WAD10	☐	☐	☐	☐	☐
I never seem to have enough time to get everything done at work G126_WAD11	☐	☐	☐	☐	☐
The job requires a lot of physical effort G126_WAD12	☐	☐	☐	☐	☐

3.4 Is your work heavy or monotonous? *Please indicate on the scale below* G126_WK1

Not at all									Extremely
1	2	3	4	5	6	7	8	9	10

3.5 Which of the following statements best describes the work that you do in your current job *(Please select one)* G126_WK2

- ○ Sedentary occupation (eg secretary- where you spend most of your time sitting)=1
- ○ Standing occupation (eg shop assistant, security guard spend most of your time standing/walking but not intense physical effort) =2
- ○ Physical work (eg plumber, nurse - a job that requires some physical effort including handling of heavy objects and use of tools) =3
- ○ Heavy manual work (eg bricklayer - a job that involves very vigorous physical activity including handling very heavy objects) =4

3.6 If you take into consideration your work routines, management, salary, promotion possibilities and work mates, how satisfied are you with your job? *(Please select one)* G126_WSAT

Not satisfied at all									Completed satisfied
1	2	3	4	5	6	7	8	9	10

3.7 On a scale from <mark>1 to 10 where 1</mark> is the worst job performance any one could have at your job and 10 is the performance of a top worker: G126_WPF1-3

	Worst performance 1	2	3	4	5	6	7	8	9	Top performance 10
How would you rate the usual performance of most workers in a job similar to yours?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
How would you rate your usual job performance over the past year or two?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
How would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

3.8 Now please think of your work experiences over the past 4 weeks (28 days). In the spaces provided below, write the number of days you spent in each of the following work situations.

In the past 4 weeks (28 days), how many days did you? G126_WMS1-5

	Days
Miss an entire work day because of problems with your physical or mental health? *(Please include only days missed for your own health, not someone else's health.)*	
Miss an entire work day for any other reason (including vacation).	
Miss part of a work day because of problems with your physical or mental health? *(Please include only days missed for your own health, not someone else's health.)*	
Miss part of a work day for any other reason (including vacation).	
Come in early, go home late, or work on your day off?	

3.9 About how many hours altogether did you work in the past 4 weeks (28 days)?

As a guide if you work for 8 hours on a typical working day then a:

5 day working week =   40 hour working week x 4 = 160 hours
4 day working week =   32 hour working week x 4 = 128 hours
3 day working week =   24 hour working week x 4 = 96 hours
2 day working week =   16 hour working week x 4 = 64 hours
1 day working week =   8 hour working week x 4 = 32 hours

Number of hours worked in the past 4 weeks (28 days)? G126_WHRS ....hours

CODING VERSION

The following questions are about your health and medical history. The first questions ask about any doctor-prescribed medications, over-the-counter medications or supplements you take.

4.1 Do you currently take medication(s) prescribed by a doctor? P25_PMED

○ No *(Please go to Q4.2)* = 0

○ Yes = 1

4.1a If yes, please list the types medications you have been prescribed, eg Betablockers, antibiotics

Type of medication

4.2 Do you currently take medications or supplements which are purchased from a pharmacy or supermarket without a prescription? (including vitamins & dietary supplements, liquid vitamins, tablets, puffers, creams, patches, suppositories, aspirin etc) P25_CMED

○ No *(Please go to Q5.1)* = 0

○ Yes = 1

4.2a. If yes, please list the vitamins or supplements your regularly take**.**

Type of vitamin or supplement

CODING VERSION

We are interested in knowing your recent medical history and any major illness you may have had over the last 5 years?

5.1 In the last 5 years, have you been diagnosed with cancer? G126_CANC

- ○ No *(Please go to Q5.2)* = 0
- ○ Yes = 1

5.1a.In the last 5 years, what type of cancer(s) were you diagnosed with?
(Please select all that apply)

- ○ Breast Cancer G126_CAN1 = 1
- ○ Prostate Cancer G126_CAN2 = 1
- ○ Skin Cancer G126_CAN3 = 1
- ○ Bowel Cancer G126_CAN4 = 1
- ○ Lung Cancer G126_CAN5 = 1
- ○ Blood cancer G126_CAN6 = 1
- ○ Lymphoma G126_CAN7 = 1
- ○ Other, *Please specify* 'G126_CAN8 =1 & G126_CAN8A ....

5.2 CARDIOVASCULAR DISEASE: Has a doctor ever diagnosed you with any of the following conditions? *(Please select all that apply)*

- ○ Angina G126_CVD1 = 1
- ○ Claudication (problems with blood supply to your legs that causes pain on walking) G126_CVD2 =1
- ○ High blood pressure G126_CVD3 = 1
- ○ High cholesterol G126_CVD4 = 1
- ○ Implant or cardiac pacemaker G126_CVD5 = 1
- ○ Myocardial infarction/ Heart attack G126_CVD6 = 1
- ○ Transient ischaemic attack (TIA) G126_CVD7 = 1
- ○ Stroke G126_CVD8 = 1
- ○ Carotid surgery (endarterectomy or stent) G126_CVD9 = 1
- ○ Coronary angioplasty or stent G126_CVD10 = 1
- ○ Coronary bypass G126_CVD11 = 1
- ○ None of the above G126_CVD12 = 1

5.3 DIABETES: Has a doctor ever diagnosed you with diabetes?

- ○ No *(Please go to Q5.4)* G126_DIAB = 0
- ○ Yes - please enter year diagnosed (e.g. 2010) = G126_DIAB 1 & G126_DIABY

5.3a What kind of diabetes were you diagnosed with? G126_DIAB12

- ○ Type 1 diabetes (also known as insulin dependent diabetes) = 1
- ○ Type 2 diabetes (also known as non-insulin dependent diabetes) = 2

5.4 ENDOCRINE DISEASE: Has a doctor ever diagnosed you with any of the following conditions? *(Please select all that apply)*

- ○ Osteoporosis G126_ENDO1 = 1
- ○ Kidney disease G126_ENDO2 = 1
- ○ Thyroid disease G126_ENDO3 = 1
- ○ None of the above G126_ENDO4 = 1

5.5 NEUROLOGICAL CONDITIONS: Has a doctor ever diagnosed you with any of the following conditions? *(Please select all that apply)*

- ○ Alzheimer's disease G126_NEURO1 = 1
- ○ Vascular dementia (Multi-infarct dementia) G126_NEURO2 = 1
- ○ Parkinsons disease G126_NEURO3 = 1
- ○ Attention Deficit (Hyperactivity) Disorder G126_NEURO4 = 1
- ○ Anxiety disorder (including Post Traumatic Stress Disorder) G126_NEURO5 = 1
- ○ Bipolar disorder G126_NEURO6 = 1
- ○ Schizophrenia G126_NEURO7 = 1
- ○ Epilepsy G126_NEURO8 = 1
- ○ None of the above G126_NEURO9 = 1

5.6 DEPRESSION: Have you ever been told by a doctor that you have depression? G126_DEPR

- ○ No = 2
- ○ Yes = 1

5.7 ALLERGIES AND RESPIRATORY DISEASE: Has a doctor ever diagnosed you with any of the following conditions? *(Please select all that apply)*

- ○ Asthma or bronchial asthma G126_ALLR1 = 1
- ○ Eczema G126_ALLR2 = 1
- ○ Bronchitis G126_ALLR3 = 1
- ○ Chronic obstructive pulmonary disease (COPD) G126_ALLR4 = 1
- ○ Hay fever or allergic rhinitis G126_ALLR5 = 1
- ○ Pleurisy G126_ALLR6 = 1
- ○ Pneumonia G126_ALLR7 = 1
- ○ Sinusitis G126_ALLR8 = 1
- ○ None of the above G126_ALLR9 = 1

5.8 SLEEP PROBLEMS: Has a doctor ever diagnosed you with any of the following conditions? *(Please select all that apply)*

- ○ Obstructive sleep apnoea G126_SLPP1 = 1
- ○ Narcolepsy G126_SLPP2 = 1
- ○ Loud or disruptive snoring G126_SLPP3 = 1
- ○ Insomnia disorder G126_SLPP4 = 1
- ○ Excessive (too much) sleepiness G126_SLPP5 = 1
- ○ Restless legs or periodic leg movements of sleep G126_SLPP6 =1
- ○ None of the above G126_SLPP7 = 1

5.9 GASTROINTESTINAL DISORDERS: Has a doctor ever diagnosed you with any of the following conditions? *(Please select all that apply)*

- ○ Stomach (gastric) or duodenal ulcer G126_GASTR1 = 1
- ○ Colon cancer G126_GASTR2 = 1
- ○ Colonic polyps G126_GASTR3 = 1
- ○ Coeliac disease G126_GASTR4 = 1
- ○ Gastro-oesophageal reflux disease G126_GASTR5 = 1
- ○ Hiatus Hernia G126_GASTR6 = 1
- ○ Crohn's disease G126_GASTR7 = 1
- ○ Ulcerative colitis (or proctitis) G126_GASTR8 = 1
- ○ Irritable bowel syndrome G126_GASTR9 = 1
- ○ Diverticular disease G126_GASTR10 = 1
- ○ Gallstones G126_GASTR11 = 1
- ○ Haemorrhoids G126_GASTR12 = 1
- ○ None of the above G126_GASTR13 = 1

5.10 OTHER MEDICAL CONDITIONS: Has a doctor ever diagnosed you with any of the following conditions? *(Please select all that apply)*

○ Chronic ear infection G126_OTHM1 = 1

○ Ménières Disease G126_OTHM2 = 1

○ Trauma to the head or neck G126_OTHM3 = 1

○ Anaemia G126_OTHM4 = 1

○ Arthritis G126_OTHM5 = 1

○ Migraine G126_OTHM6 = 1

○ Headache G126_OTHM7 =1

○ Cirrhosis of the liver G126_OTHM8 = 1

○ Fatty liver G126_OTHM9 = 1

○ Poliomyelitis G126_OTHM10 = 1

○ Urinary tract infection G126_OTHM11 = 1

○ Other major medical condition(s) – please list below G126_OTHM12 = 1

○ No other major medical conditions G126_OTHM13 = 1

5.10a Please list any other major medical condition(s) that you have been diagnosed with in the last 5 years**.**

Name of condition
G126_OTHMa - G126_OTHMj

CODING VERSION

We would like to ask some questions about your general mood and well-being.

SF-12 (version 2)

We realise that some of these questions may seem very personal, but all information that you provide us is helpful. As before, even if some questions seem remarkably similar, we need to ask you each and every one. Please answer them carefully and independently.

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. For each of the following questions please mark the box that best describes your answer.

6.1

SF12 –Q1 (1)	Excellent = 1	Very good = 2	Good = 3	Fair = 4	Poor = 5
In general, would you say your health is? G126_OAL8	☐	☐	☐	☐	☐

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?

(2)	Yes, limited a lot = 1	Yes, limited a little = 2	No, not limited at all = 3
SF12- Q2 (a) **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf G126_LI12	☐	☐	☐
SF12- Q3 (b) Climbing **several** flights of stairs G126_LI14	☐	☐	☐

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?**

(3)	All of the time =1	Most of the time =2	Some of the time =3	A little of the time =4	None of the time =5
SF12- Q4 (a) **Accomplished less** than you would like G126_LI22	☐	☐	☐	☐	☐
SF12- Q5 (b) Were limited in the **kind** of work or other activities G126_LI23	☐	☐	☐	☐	☐

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)?

(4)	All of the time =1	Most of the time =2	Some of the time =3	A little of the time =4	None of the time =5
SF12- Q6 (a) **Accomplished less** than you would like G126_LI26	☐	☐	☐	☐	☐
SF12- Q7 (b) Did work of other activities **less carefully than usual** G126_LI27	☐	☐	☐	☐	☐

(5)	Not at all =1	A little bit =2	Moderately =3	Quite a bit =4	Extremely =5
SF12- Q8 During the **past 4 weeks**, how much did **pain** interfere with your normal work? (including both work outside the home and housework) G126_PN26	☐	☐	☐	☐	☐

These questions are about how you feel and how things have been with you **during the past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks**.

(6)	Not at all =1	A little bit =2	Moderately =3	Quite a bit =4	Extremely =5
SF12- Q9 Have you felt calm and peaceful? G126_FE23	☐	☐	☐	☐	☐
SF12- Q10 Did you have a lot of energy? G126_FE24	☐	☐	☐	☐	☐
SF12- Q11 Have you felt downhearted and depressed? G126_FE25	☐	☐	☐	☐	☐

(7)	All of the time = 1	Most of the time =2	Some of the time =3	A little of the time =4	None of the time =5
SF12- Q12 During the past 4 weeks, how much of the time has **your physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.)? G126_LI28	☐	☐	☐	☐	☐

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6.2 Please read each statement and select a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

DASS - 21	Did not apply to me at all = 0	Applied to me to some degree, or some of the time = 1	Applied to me a considerable degree, or a good part of time = 2	Applied to me very much, or most of the time = 3
DASS-21 Q1 I found it hard to wind down G126_FL27	0	1	2	3
DASS-21 Q2 I was aware of dryness of my mouth G126_FL15	0	1	2	3
DASS-21 Q3 I couldn't seem to experience any positive feeling at all G126_FL13	0	1	2	3
DASS-21 Q4 I experienced breathing difficulty (eg. excessively rapid breathing, breathlessness in the absence of physical exertion.) G126_FL4	0	1	2	3
DASS-21 Q5 I found it difficult to work up the initiative to do things G126_FL26	0	1	2	3
DASS-21 Q6 I tended to over-react to situations G126_FL10	0	1	2	3
DASS-21 Q7 I experienced trembling (eg. in the hands) G126_FL39	0	1	2	3
DASS-21 Q8 I felt that I was using a lot of nervous energy G126_FL22	0	1	2	3
DASS-21 Q9 I was worried about situations in which I might panic and make a fool of myself G126_FL33	0	1	2	3
DASS-21 Q10 I felt that I had nothing to look forward to G126_FL12	0	1	2	3
DASS-21 Q11 I found myself getting agitated G126_FL40	0	1	2	3
DASS-21 Q12 I found it difficult to relax G126_FL37	0	1	2	3
DASS-21 Q13 I felt down-hearted and blue G126_FL25	0	1	2	3

DASS-21 Q14 I was intolerant of anything that kept me from getting on with what I was doing G126_FL42	0	1	2	3
DASS-21 Q15 I felt I was close to panic G126_FL35	0	1	2	3
DASS-21 Q16 I was unable to become enthusiastic about anything G126_FL32	0	1	2	3
DASS-21 Q17 I felt I wasn't worth much as a person G126_FL31	0	1	2	3
DASS-21 Q18 I felt that I was rather touchy G126_FL21	0	1	2	3
DASS-21 Q19 I was aware of the action of my heart in the absence of physical exertion (eg. sense of heart rate increase, heart missing a beat) G126_FL18	0	1	2	3
DASS-21 Q20 I felt scared without any good reason) G126_FL19	0	1	2	3
DASS-21 Q21 I felt that life was meaningless G126_FL41	0	1	2	3

6.3 Have any of the following happened to you in the last year? *(Please select all that apply)*

- ○ Serious illness or injury to yourself G126_ST12 = 1
- ○ Serious illness or injury to a close relative G126_ST13 = 1
- ○ Death of a close family member G126_ST14 = 1
- ○ Death of a close family friend or relative G126_ST15 = 1
- ○ Separation due to marital difficulties G126_ST16 = 1
- ○ Broken off a steady relationship G126_ST17 = 1
- ○ Serious problem with a close friend, neighbour or relative G126_ST18 = 1
- ○ Unemployed/seeking work for more than one month G126_ST19 = 1
- ○ Your own job loss (not voluntary) G126_ST7 = 1
- ○ Major financial crisis G126_ST20 = 1
- ○ Problems with police and court appearance G126_ST21 = 1
- ○ Something valuable lost or stolen G126_ST22 = 1

We are interested in knowing details about time you spend outdoors and sun exposure.

7.1 On an average week, how often do you go outside into the street or garden? G126_UV39

- ○ Never = 0
- ○ 2 to 3 days = 1
- ○ 4 to 5 days = 2
- ○ Most days = 3

7.2 Do you avoid direct sunshine? G126_UV40

- ○ No = 0
- ○ Yes = 1

7.3 Have you had a suntan in the last 12 months? G126_UV41

- ○ Never = 0
- ○ Slight = 1
- ○ Obvious = 2

CODING VERSION

The following questions relate to how physically active you are.

IPAQ-SF

The following questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question, even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

IPAQ Q1 8.1 Think about all the **vigorous physical activities** that you did in the last 7 days. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do **vigorous physical activities** like heavy lifting, digging, aerobics, or fast bicycling? G126_AY1

- ○ No vigorous activities *(Please go to Q 8.2)* = 0

- ○ Yes (how many **days per week**?) = 1 ☐ G126_AY2

How much time did you usually spend doing **vigorous** physical activities on one of those days?

IPAQ Q2 Hours per day ☐ G126_AY3 **Minutes per day** ☐ G126_AY4

IPAQ Q3 8.2 Think about all the **moderate physical activities** that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do **moderate physical activities** like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking. G126_AY5

- ○ No moderate activities *(Please go to Q 8.3)* = 0

- ○ Yes (how many **days per week**?) = 1 ☐ G126_AY6

How much time did you usually spend doing **moderate** physical activities on one of those days?

IPAQ Q4 Hours per day ☐ G126_AY7 **Minutes per day** ☐ G126_AY8

IPAQ Q5 8.3 Think about the time you spent **walking** in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time? G126_AY9

- ○ No walking *(Please go to Q8.4)* = 0
- ○ Yes (how many **days per week**?) = 1 ⬚ G126_AY10

How much time did you usually spend **walking** on one of those days?

IPAQ Q6 Hours per day ⬚ G126_AY11   **Minutes per day** ⬚ G126_AY12

IPAQ Q7 8.4 This question is about the time you spent **sitting on weekdays and weekends** during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting to watch television.

During the last 7 days, how much time did you spend **sitting** on a **week day**?

Hours per day ⬚ G126_SIT1   **Minutes per day** ⬚ G126_SIT2

During the last 7 days, how much time did you spend **sitting** on a **weekend** day?

Hours per day ⬚ G126_SIT4   **Minutes per day** ⬚ G126_SIT5

Have you worked in the last 7 days? G126_ACTIV2 yes = 1 no = 2

9. During the last 7 days what proportion (stated as a %) of your typical work day was spent doing the following? *(This involves only your work day, and does not include travel to and from work, or what you did in your leisure time - note: the sum of all activities should total 100%)*

G126_WK6 .... 1. Sitting (including driving)

G126_WK7 .... 2. Standing

G126_WK8 .... 3. Walking

G126_WK9 .... 4. Heavy labour or physically demanding tasks

WEIGHT QUESTIONS

10.1 Are you worried about your weight? G126_W3

- ○ No, not at all = 0
- ○ A little = 1
- ○ Moderately = 2
- ○ Very = 3

10.2 Do you consider yourself to be: G126_W4

- ○ Underweight = 1
- ○ Normal weight = 2
- ○ A bit overweight = 3
- ○ Very overweight = 4

10.3 Has your weight changed significantly over the past 8-10 years? G126_W5

- ○ No *(Please go to Q11.1)* = 0   *How much (Kg)*

- ○ Yes = 1 ⟶   *Did you G126_W6* ○ Gain   G126_W6a
                                                                    weight = 1
                                                                    _____

                                                                  ○ Lose   G126_W6b
                                                                    weight = 2
                                                                    - - - - - - - - - - - - - - - -

This next section asks about your use of information technology (mobile phones, computers, television etc.)

11.1. The following questions are about how often and for how long you use these electronic devices. Please select your response for each item in each column.

	WEEKDAY (Mon – Fri)		WEEKEND (Sat – Sun)		Total
	On a typical Monday to Friday, **how many days** do you use this device? (Tick ONE only)	On each of these weekdays, for about **how long do you use this device per day?** (Tick ONE only)	On a typical Saturday to Sunday, **how many days** do you use this device? (Tick ONE only)	On each of these weekend days, for about **how long do you use this device per day?** (Tick ONE only)	What percent of your **total** weekly use of this device is for **work** purposes? (Tick ONE only)
Television	G126_TVWD ○ Do not use = 1 ○ 1 day = 2 ○ 2 days = 3 ○ 3 days = 4 ○ 4 days = 5 ○ 5 days = 6	G126_TVWDH ○ Do not use = 1 ○ 5 minutes = 2 ○ 15 minutes = 3 ○ 30 minutes = 4 ○ 1 hour = 5 ○ 2 hours = 6 ○ 3 hours = 7 ○ 4 hours = 8 ○ 5 hours = 9 ○ 6 hours = 10 ○ 7 hours = 11 ○ 8 hours = 12 ○ 9 hours = 13 ○ 10 hours = 14 ○ 11 hours = 15 ○ 12 hours or more = 16	G126_TVWE ○ Do not use = 1 ○ 1 day = 2 ○ 2 days = 3	G126_TVWEH ○ Do not use = 1 ○ 5 minutes = 2 ○ 15 minutes = 3 ○ 30 minutes = 4 ○ 1 hour = 5 ○ 2 hours = 6 ○ 3 hours = 7 ○ 4 hours = 8 ○ 5 hours = 9 ○ 6 hours = 10 ○ 7 hours = 11 ○ 8 hours = 12 ○ 9 hours = 13 ○ 10 hours = 14 ○ 11 hours = 15 ○ 12 hours or more = 16	G126_TVWP ○ Do not use for work = 1 ○ about 25% = 2 ○ about 50% = 3 ○ about 75% = 4 ○ only use for work = 5
Desktop computer	G126_DWD ○ Do not use = 1 ○ 1 day = 2 ○ 2 days = 3 ○ 3 days = 4 ○ 4 days = 5 ○ 5 days = 6	G126_DWDH ○ Do not use = 1 ○ 5 minutes =2 ○ 15 minutes = 3 ○ 30 minutes = 4 ○ 1 hour = 5 ○ 2 hours = 6 ○ 3 hours = 7	G126_DWE ○ Do not use = 1 ○ 1 day = 2 ○ 2 days = 3	G126_DWEH ○ Do not use = 1 ○ 5 minutes = 2 ○ 15 minutes = 3 ○ 30 minutes = 4 ○ 1 hour = 5 ○ 2 hours = 6	G126_DWP ○ Do not use for work = 1 ○ about 25% = 2 ○ about 50% = 3 ○ about 75% = 4 ○ only use for work = 5

		○ 4 hours = 8 ○ 5 hours = 9 ○ 6 hours = 10 ○ 7 hours = 11 ○ 8 hours = 12 ○ 9 hours = 13 ○ 10 hours = 14 ○ 11 hours =15 ○ 12 hours or more = 16	○ 3 hours = 7 ○ 4 hours = 8 ○ 5 hours = 9 ○ 6 hours = 10 ○ 7 hours = 11 ○ 8 hours = 12 ○ 9 hours = 13 ○ 10 hours = 14 ○ 11 hours = 15 ○ 12 hours or more = 16	

	WEEKDAY (Mon – Fri)		WEEKEND (Sat – Sun)		Total
	On a typical Monday to Friday, **how many days do you use this device?** (Tick ONE only)	On each of these weekdays, for about **how long do you use this device per day**? (Tick ONE only)	On a typical Saturday to Sunday, **how many days** do you use this device? (Tick ONE only)	On each of these weekend days, for about **how long do you use this device per day**? (Tick ONE only)	What percent of your **total** weekly use of this device is for **work** purposes? (Tick ONE only)
Laptop	G126_LWD ○ Do not use = 1 ○ 1 day = 2 ○ 2 days = 3 ○ 3 days = 4 ○ 4 days = 5 ○ 5 days = 6	G126_LWDH ○ Do not use = 1 ○ 5 minutes = 2 ○ 15 minutes = 3 ○ 30 minutes = 4 ○ 1 hour = 5 ○ 2 hours = 6 ○ 3 hours = 7 ○ 4 hours = 8 ○ 5 hours = 9 ○ 6 hours = 10 ○ 7 hours = 11 ○ 8 hours = 12 ○ 9 hours = 13 ○ 10 hours = 14 ○ 11 hours = 15 ○ 12 hours or more = 16	G126_LWE ○ Do not use = 1 ○ 1 day = 2 ○ 2 days = 3	G126_LWEH ○ Do not use = 1 ○ 5 minutes = 2 ○ 15 minutes = 3 ○ 30 minutes = 4 ○ 1 hour = 5 ○ 2 hours = 6 ○ 3 hours = 7 ○ 4 hours = 8 ○ 5 hours = 9 ○ 6 hours = 10 ○ 7 hours = 11 ○ 8 hours = 12 ○ 9 hours = 13 ○ 10 hours = 14 ○ 11 hours = 15 ○ 12 hours or more = 16	G126_LWP ○ Do not use for work = 1 ○ about 25% = 2 ○ about 50% = 3 ○ about 75% = 4 ○ only use for work = 5
Tablet	G126_TWD ○ Do not use = 1	G126_TWDH ○ Do not use = 1	G126_TWE ○ Do not use = 1	G126_TWEH ○ Do not use = 1	G126_TWP ○ Do not use for work = 1

CODING VERSION

(e.g. iPad, Samsung Galaxy Tab, Kindle e-reader)					
	○ 1 day = 2 ○ 2 days = 3 ○ 3 days = 4 ○ 4 days = 5 ○ 5 days = 6	○ 5 minutes = 2 ○ 15 minutes = 3 ○ 30 minutes = 4 ○ 1 hour = 5 ○ 2 hours = 6 ○ 3 hours = 7 ○ 4 hours = 8 ○ 5 hours = 9 ○ 6 hours = 10 ○ 7 hours = 11 ○ 8 hours = 12 ○ 9 hours = 13 ○ 10 hours = 14 ○ 11 hours = 15 ○ 12 hours or more = 16	○ 1 day = 2 ○ 2 days = 3	○ 5 minutes = 2 ○ 15 minutes = 3 ○ 30 minutes = 4 ○ 1 hour = 5 ○ 2 hours = 6 ○ 3 hours = 7 ○ 4 hours = 8 ○ 5 hours = 9 ○ 6 hours = 10 ○ 7 hours = 11 ○ 8 hours = 12 ○ 9 hours = 13 ○ 10 hours = 14 ○ 11 hours = 15 ○ 12 hours or more = 16	○ about 25% = 2 ○ about 50% = 3 ○ about 75% = 4 ○ only use for work = 5

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CODING VERSION

	WEEKDAY (Mon – Fri)		WEEKEND (Sat – Sun)		Total
	On a typical Monday to Friday, **how many days** do you use this device? (Tick ONE only)	On each of these weekdays, for about **how long do you use this device per day**? (Tick ONE only)	On a typical Saturday to Sunday, **how many days** do you use this device? (Tick ONE only)	On each of these weekend days, for about **how long do you use this device per day**? (Tick ONE only)	What percent of your **total** weekly use of this device is for **work** purposes? (Tick ONE only)
Mobile phone (i.e. smartphone or non-smartphone)	G126_MWD ○ Do not use = 1 ○ 1 day = 2 ○ 2 days = 3 ○ 3 days = 4 ○ 4 days = 5 ○ 5 days = 6	G126_MWDH ○ Do not use = 1 ○ 5 minutes = 2 ○ 15 minutes = 3 ○ 30 minutes = 4 ○ 1 hour = 5 ○ 2 hours = 6 ○ 3 hours = 7 ○ 4 hours = 8 ○ 5 hours = 9 ○ 6 hours = 10 ○ 7 hours = 11 ○ 8 hours = 12 ○ 9 hours = 13 ○ 10 hours = 14 ○ 11 hours = 15 ○ 12 hours or more = 16	G126_MWE ○ Do not use = 1 ○ 1 day = 2 ○ 2 days = 3	G126_MWEH ○ Do not use = 1 ○ 5 minutes = 2 ○ 15 minutes = 3 ○ 30 minutes = 4 ○ 1 hour = 5 ○ 2 hours = 6 ○ 3 hours = 7 ○ 4 hours = 8 ○ 5 hours = 9 ○ 6 hours = 10 ○ 7 hours = 11 ○ 8 hours = 12 ○ 9 hours = 13 ○ 10 hours = 14 ○ 11 hours = 15 ○ 12 hours or more = 16	G126_MWP ○ Do not use for work = 1 ○ about 25% = 2 ○ about 50% = 3 ○ about 75% = 4 ○ only use for work = 5
Electronic games	G126_EWD ○ Do not use = 1 ○ 1 day = 2 ○ 2 days = 3 ○ 3 days = 4 ○ 4 days = 5 ○ 5 days = 6	G126_EWDH ○ Do not use = 1 ○ 5 minutes = 2 ○ 15 minutes = 3 ○ 30 minutes = 4 ○ 1 hour = 5 ○ 2 hours = 6 ○ 3 hours = 7 ○ 4 hours = 8	G126_EWE ○ Do not use = 1 ○ 1 day = 2 ○ 2 days = 3	G126_EWEH ○ Do not use = 1 ○ 5 minutes = 2 ○ 15 minutes = 3 ○ 30 minutes = 4 ○ 1 hour = 5 ○ 2 hours = 6 ○ 3 hours = 7 ○ 4 hours = 8	G126_EWP ○ Do not use for work = 1 ○ about 25% = 2 ○ about 50% = 3 ○ about 75% = 4 ○ only use for work = 5

(played sitting e.g. Xbox or PS3 console games and PSP or Nintendo DS handheld games)		○ 5 hours = 9 ○ 6 hours = 10 ○ 7 hours = 11 ○ 8 hours = 12 ○ 9 hours = 13 ○ 10 hours = 14 ○ 11 hours = 15 ○ 12 hours or more = 16		○ 5 hours = 9 ○ 6 hours = 10 ○ 7 hours = 11 ○ 8 hours = 12 ○ 9 hours = 13 ○ 10 hours = 14 ○ 11 hours = 15 ○ 12 hours or more = 16	

CODING VERSION

The following questions are about your smoking history. It is important to know if you smoke/have ever smoked, or spend time with people who do.

12.1 Have you ever smoked cigarettes? G126_SM1

○ No *(Please go Q12.6)* =0

○ Yes *(YES means more than 1 cigarette per day for a year, or 20 packs in a lifetime)* = 1

12.2 Do you currently smoke manufactured or hand-rolled cigarettes? G126_SM2

○ No = 0

○ Yes = 1

12.3 How many cigarettes per day do (did) you smoke? G126_SM4

○ Less than one = 1

○ 1-5 = 2

○ 6-10 = 3

○ 11-15 = 4

○ 16-20 = 5

○ More than 20 = 6

12.4 At what age did you start smoking regularly? G126_SM40 ....

12.5 How old were you when you last stopped smoking? G126_SM6a ....

12.6 Over the past 3 years, have you lived for more than 6 months with anyone that smokes cigarettes/cigars? G126_SM42

○ No = 0

○ Yes = 1

12.7 Are you exposed to tobacco smoke at work? G126_SM43

○ No = 0

○ Yes = 1

○ I don't work = 2

12.8 Do you use electronic cigarettes or E-cigarettes, such as Ruyan or NJOY? G126_SM44

○ No = 0

○ Yes = 1

12.9 Do you use nicotine replacement therapy? G126_SM45

○ No = 0

○ Yes = 1

These are short questions on non-prescription drug use and alcohol and soft drink consumption

13.1 Have you ever tried or used the following drugs in the past 12 months, and if so, on average, how often?

	Never = 0	Only tried once = 1	Less than monthly = 2	About monthly = 3	About weekly = 4	Daily = 5	Don't know = 10
Marijuana/cannabis G126_DG1	☐	☐	☐	☐	☐	☐	☐
Heroin G126_DG17	☐	☐	☐	☐	☐	☐	☐
Amphetamines (speed) G126_DG6	☐	☐	☐	☐	☐	☐	☐
Methamphetamines (ice) G126_DG18	☐	☐	☐	☐	☐	☐	☐
Cocaine G126_DG9	☐	☐	☐	☐	☐	☐	☐
Other G126_DG5	☐	☐	☐	☐	☐	☐	☐

14.1. We are asking for information on the average amount of alcohol and the average amount of soft drinks you may consume. Please indicate how much of a certain drink you usually consume (eg Beer 2-4 cans, 1-2 times a week or sherry 0 = don't drink sherry, wine, 1 Glass, < 1 day a week, ie only occasionally.

Type of alcoholic drink (amount)	On average how much of the following would you drink							Approximately how many times a week would you drink this amount?					
		0 = 0	**1 = 1**	**2-4 = 2**	**5-9 =3**	**10-15 = 4**	**>15 = 5**		**< 1 day a week = 1**	**1 -2 days a week = 2**	**3-4 days a week = 3**	**5-6 days a week = 4**	**Every day = 5**
Beer (can)	G126_DK63	☐	☐	☐	☐	☐	☐	G126_DK72	☐	☐	☐	☐	☐
Alcoholic soda (can, bottle)	G126_DK64	☐	☐	☐	☐	☐	☐	G126_DK73	☐	☐	☐	☐	☐
Red wine (wine glass)	G126_DK65	☐	☐	☐	☐	☐	☐	G126_DK74	☐	☐	☐	☐	☐
White wine, champagne (wine glass)	G126_DK66	☐	☐	☐	☐	☐	☐	G126_DK75	☐	☐	☐	☐	☐
Sherry, port (small wine glass)	G126_DK67	☐	☐	☐	☐	☐	☐	G126_DK76	☐	☐	☐	☐	☐
Spirits (shot)	G126_DK68	☐	☐	☐	☐	☐	☐	G126_DK77	☐	☐	☐	☐	☐
Type of soft drink (amount)		**0**	**1**	**2-4**	**5-9**	**10-15**	**>15**		**< 1 day a week**	**1 -2 days a week**	**3-4 days a week**	**5-6 days a week**	**Every day**
Fizzy drink eg. cola, lemonade (can, glass)	G126_DK69	☐	☐	☐	☐	☐	☐	G126_DK78	☐	☐	☐	☐	☐
Diet fizzy drink eg. diet coke (can, glass)	G126_DK70	☐	☐	☐	☐	☐	☐	G126_DK79	☐	☐	☐	☐	☐
Energy drink (eg. Redbull, V, Monster (can)	G126_DK71	☐	☐	☐	☐	☐	☐	G126_DK80	☐	☐	☐	☐	☐

The following question is about your sleeping behaviour

Do you have a room-mate or partner? G126_SL20A

No = 0

Yes = 1

If you don't have a room-mate or partner, please go to Q16.1

15.1 If you have a room-mate or partner, ask him/her how often in the past month have you had:

PSQI (Partner Response)

	Not during the past month = 0	less than once a week = 1	Once or twice a week = 2	Three or more times a week = 3
(a) Loud snoring G126_SL21	☐	☐	☐	☐
(b) Long pauses between breaths while asleep G126_SL22	☐	☐	☐	☐
(c) Legs twitching and jerking while you sleep G126_SL23	☐	☐	☐	☐
(d) Episodes of disorientation or confusion during sleep G126_SL24	☐	☐	☐	☐
(e) Other restlessness while you sleep G126_SL25 Please describe G126_SL25A	☐	☐	☐	☐

CODING VERSION

The following questions are about breathing difficulties and allergies

16.1 Have you wheezed in the last 12 months? G126_RE34

- ○ No *(Please go to Q17.1)*
- ○ Yes

16.2 In the last 12 months, how often on average has your sleep been disturbed due to wheezing? G126_RE36

- ○ Never woken with wheezing
- ○ Less than one night per week
- ○ One or more nights per week
- ○ Don't know

16.3 Wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths? G126_RE37

- ○ No
- ○ Yes
- ○ Don't know

16.4 Your chest sounded wheezy during or after exercise? G126_RE8

- ○ No
- ○ Yes
- ○ Don't know

17.1 Do you think you have ever had asthma? G126_AS1

- ○ No
- ○ Yes
- ○ Don't know

17.2 Has a doctor (GP, respiratory specialist) ever told you that you have asthma? G126_AS2

- ○ No
- ○ Yes
- ○ Don't know
- ○ Never had asthma

17.3 Do you still have asthma? G126_AS16

- ○ No
- ○ Yes
- ○ Don't have asthma *(Please go to Q18.1)*
- ○ Don't know

17.4 Have you taken/used any of the following asthma medications in the last 12 months? G126_AS67

- ○ No *(Please go to Q17.5)*
- ○ Yes

17.4a If yes, Please select all medications you have used in the last 12 months.

- ○ Ventolin **G126_AS18**
- ○ Respolin **G126_AS20**
- ○ Bricanyl **G126_AS26**
- ○ QVAR **G126_AS35**
- ○ Flixotide **G126_AS39**
- ○ Pulmacort **G126_AS41**
- ○ OXIS **G126_AS50**
- ○ Serevent **G126_AS52**
- ○ Singulaire **G126_AS54**
- ○ Seretide **G126_AS59**
- ○ Symbacort **G126_AS61**
- ○ Prednisolone **G126_AS63**
- ○ Other (please specify) **G126_AS65 & G126_AS65a** ....

17.5 What triggers your asthma? (*Please select all that apply*)

- ○ Viral infection **G126_AS69**
- ○ Grass **G126_AS70**
- ○ Pollen **G126_AS71**
- ○ Animal **G126_AS72**
- ○ Dust **G126_AS73**
- ○ Other (please specify) **G126_AS75 & G126_AS75a** ....
- ○ Don't know **G126_AS74**

CODING VERSION

18.1 In the last 12 months, have you had a problem with sneezing or a runny or blocked nose (including hay fever) when you DID NOT have a cold or flu? G126_RE69

   ○ No *(Please go to Q19.1)*

   ○ Yes

18.2 In the last 12 months, was this nose problem accompanied by itchy-watery eyes? G126_RE63

   ○ No

   ○ Yes

18.3 In the last 12 months, how many episodes of allergic nose problem have you had (including hay fever)? G126_HF3

   ○ 1 to 2

   ○ 3 to 12

   ○ More than 12

18.4 In which of the last 12 months did this problem occur? *(Please select all that apply)*

   ○ January **G126_RE80**

   ○ February **G126_RE81**

   ○ March **G126_RE82**

   ○ April **G126_RE83**

   ○ May **G126_RE84**

   ○ June **G126_RE85**

   ○ July **G126_RE86**

   ○ August **G126_RE87**

   ○ September **G126_RE88**

   ○ October **G126_RE89**

   ○ November **G126_RE90**

   ○ December **G126_RE91**

18.5 Has a doctor (GP) ever told you that you have an allergic nose problem? G126_RE24

   ○ No

   ○ Yes

18.6 What was the trigger/cause of these problems?

- ○ Grass **G126_HF7A**
- ○ Pollen **G126_HF7B**
- ○ Animal **G126_HF7C**
- ○ Dust **G126_HF7E**
- ○ Other *(Please specify)* **G126_HF7D & G126_HF7Da** ....
- ○ Don't know **G126_HF7F**

18.7 Have you taken/used any medication for an allergic nose problem (including hay fever) in the last 12 months? G126_HF32

- ○ No *(Please go to Q19.1)*
- ○ Yes

18.7a If yes, please list the medication(s) below and indicate whether it was prescribed by a doctor.

Name of medication	Prescribed by Doctor	Not prescribed by Doctor
--	☐	☐
--	☐	☐
--	☐	☐
--	☐	☐

19.1 Do you think that you have ever had an allergic reaction in the eyes (including hay fever)? G126_CO1

- ○ No
- ○ Yes
- ○ Don't know

19.2 Has a doctor (GP, respiratory specialist) ever told you that you had an allergic reaction in the eyes (including hay fever)? G126_CO2

- ○ No
- ○ Yes
- ○ Don't know

19.3 In the last 12 months, have you suffered from an allergic reaction in the eyes (including hay fever)? G126_CO4

- ○ No *(Please go to Q20.1)*
- ○ Yes

19.4 In the last 12 months, how many episodes of allergic reaction in the eyes have you had (including hay fever)? G126_CO5

- ○ 1 to 2
- ○ 3 to 12
- ○ More than 12

19.5 In which of the last 12 months did this problem occur? *(Please select all those applicable)*

- ○ January **G126_CO21**
- ○ February **G126_CO22**
- ○ March **G126_CO23**
- ○ April **G126_CO24**
- ○ May **G126_CO25**
- ○ June **G126_CO26**
- ○ July **G126_CO27**
- ○ August **G126_CO28**
- ○ September **G126_CO29**
- ○ October **G126_CO30**
- ○ November **G126_CO31**
- ○ December **G126_CO32**

19.6 What was the trigger/cause of these problems?

- ○ Grass **G126_CO6A**
- ○ Pollen **G126_CO6B**
- ○ Animal **G126_CO6C**
- ○ Dust **G126_CO6E**
- ○ Other *(Please specify)* **G126_CO6D& G126_CO6Da** ....
- ○ Don't know **G126_CO6F**

19.7 Have you taken/used any medication for an allergic eye reaction (including hay fever) in the last 12 months? G126_CO48

- ○ No *(Please go to Q20.1)*
- ○ Yes

19.7a If yes, please list the medication(s) below and indicate whether it was prescribed by a doctor.

Name of medication	Prescribed by Doctor	Not prescribed by Doctor
--	☐	☐
--	☐	☐
--	☐	☐
--	☐	☐

20.1 Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? G126_RS1

○ No

○ Yes

20.2 Do you get short of breath walking with other people your own age on level ground? G126_RS2

○ No

○ Yes

20.3 Do you have to stop for breath when walking at your own pace on level ground? G126_RS3

○ No

○ Yes

20.4 Do you ever get short of breath at rest? G126_RS4

○ No

○ Yes

20.5 Do you usually cough first thing G126_RS5 in the morning?

○ No

○ Yes

20.6 Do you usually cough during the day or at night? G126_RS6

○ No

○ Yes

If yes to either,

20.7 Do you cough like this on most days for as much as three months each year? G126_RS7

○ No

○ Yes

21.1 Do you usually bring up phlegm from your chest first thing in the morning? G126_RS8

- ○ No
- ○ Yes

21.2 Do you usually bring up phlegm from your chest during the day or at night? G126_RS9

- ○ No
- ○ Yes

If yes to either,

21.3 Do you bring up phlegm like this on most days for as much as three months each year? G126_RS10

- ○ No
- ○ Yes

22.1 Have you ever had eczema or an itchy rash which was coming and going for at least 12 months? G126_RH1

- ○ No *(Please go to Q22.5)*
- ○ Yes

22.2 Has this eczema/itchy rash at any time affected any one of the following places – the folds of the elbows, behind the knees, in front of the ankles, under the buttocks or around the neck, ears or eyes? G126_RH3

- ○ No
- ○ Yes

22.3 In the last 12 months, how often, on average, have you been kept awake at night by this itchy rash? G126_RH6

- ○ Never in the last 12 months
- ○ Less than one night per week
- ○ One or more nights per week

22.4 Has this rash cleared completely during the last 12 months? G126_RH5

- ○ No
- ○ Yes

22.5 Do you think that you have ever had eczema? G126_RH7

- ○ No
- ○ Yes
- ○ Don't know

22.6 Has a doctor (GP, respiratory specialist) ever told you that you have eczema? G126_RH11

- ○ No
- ○ Yes
- ○ Don't know

22.7 In the last 12 months, have you suffered from eczema? G126_RH12

- ○ No *(Please go to Q23.1)*
- ○ Yes

22.8 In the last 12 months, how many episodes of eczema have you had? G126_RH13

- ○ 1 to 2
- ○ 3 to 12
- ○ More than 12

22.9 In which of the last 12 months did this problem occur? *(Please select all those applicable)*

- ○ January **G126_RH28**
- ○ February **G126_RH29**
- ○ March **G126_RH30**
- ○ April **G126_RH31**
- ○ May **G126_RH32**
- ○ June **G126_RH33**
- ○ July **G126_RH34**
- ○ August **G126_RH35**
- ○ September **G126_RH36**
- ○ October **G126_RH37**
- ○ November **G126_RH38**
- ○ December **G126_RH39**

22.10 Have you taken/used any medication for eczema in the last 12 months? G126_RH49

- ○ No *(Please go to Q23.1)*
- ○ Yes

22.10a If yes, please list the medication(s) below and indicate whether it was prescribed by a doctor.

Name of medication	Prescribed by Doctor	Not prescribed by Doctor
--	☐	☐
--	☐	☐
--	☐	☐
	☐	☐

23.1 Do you have any food allergies? G126_FAL

    ○   No *(Please go to Q24.1)*

    ○   Yes

23.1a If yes, please tick all foods that you are allergic to

    ○   Peanut Products **G126_FD1A**

    ○   Wheat/Yeast **G126_FD2A**

    ○   Dairy **G126_FD3A**

    ○   Fruit **G126_FD4A**

    ○   Eggs **G126_FD5A**

    ○   Seafood **G126_FD6A**

    ○   Preservatives/Colouring **G126_FD7A**

    ○   Other (please specify) **G126_FD8A & G126_FD8Aa** ....

The following questions are about aches or pains in your muscles, bones or joints, including neck, back, hip or knee pain.

Örebro Musculoskeletal Pain Questionnaire (ÖMPQ) – Short

OREBRO Q5 24.1 Please indicate the sites below in which you have had pain in the last month.
(Please select all that apply)

- ○ Neck G126_PN106 = 1
- ○ Left shoulder G126_PN107 = 1
- ○ Right shoulder G126_PN108 = 1
- ○ Left arm G126_PN109 = 1
- ○ Right arm G126_PN110 = 1
- ○ Upper back G126_PN111 = 1
- ○ Lower back G126_PN112 = 1
- ○ Left leg G126_PN113 = 1
- ○ Right leg G126_PN114 = 1
- ○ Other *(please state)* G126_PN115 = 1 & G126_PN115a ....
- ○ I have not had any pain in the last month G126_PN116 = 1 *(If no pain please go to section 25.1)*

OREBRO Q7 24.2 How long have you had your current pain problem? *(Please select one)* G126_WPN6

- ○ 0 days = 1
- ○ 1-2 days = 2
- ○ 3-7 days = 3
- ○ 8-14 days = 4
- ○ 15-30 days) = 5
- ○ 1 month = 6
- ○ 2 months = 7
- ○ 3-6 months = 8
- ○ 6-12 months = 9
- ○ Over 1 year = 10

OREBRO Q9 24.3 How would you rate the pain you have had in the last week? *(Please select one)* G126_PN80

No Pain 0 = 0	1 = 1	2 = 2	3 = 3	4 = 4	5 = 5	6 = 6	7 = 7	8 = 8	9 = 9	Pain as bad as it could be 10 = 10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

OREBRO Q13 24.4 How tense or anxious have you felt in the past week? *(Please select one)* G126_LI36

Absolutely calm and relaxed 0 = 0	1 = 1	2 = 2	3 = 3	4 = 4	5 = 5	6 = 6	7 = 7	8 = 8	9 = 9	As tense and anxious as I have ever felt 10 = 10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

OREBRO Q14 24.5 How much have you been bothered by feeling depressed in the past week? *(Please select one)* G126_LI37

Not at all 0 = 0	1 = 1	2 = 2	3 = 3	4 = 4	5 = 5	6 = 6	7 = 7	8 = 8	9 = 9	Extremely 10 = 10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For the next 2 questions, please select the one number that best describes your current ability to participate in each of these activities.

OREBRO Q21 24.6 I can do light work for an hour. G126_PN88

Can't do it because of a pain problem 0 = 0	1=1	2=2	3=3	4= 4	5= 5	6=6	7=7	8=8	9=9	Can do it without pain being a problem 10=10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

OREBRO Q25 24.7 I can sleep at night. G126_PN92

Can't do it because of a pain problem 0 = 0	1=1	2=2	3=3	4=4	5=5	6=6	7=7	8=8	9=9	Can do it without pain being a problem 10=10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

CODING VERSION

Here are some of the things that other people have told us about their pain. For each statement, select one number from 0 to 10 to say how much physical activities, such as bending, lifting, walking or driving, would affect your pain.

OREBRO Q19 **24.8 An increase in pain is an indication that I should stop what I'm doing until the pain decreases**. G126_PN86

Completely disagree 0 = 0	1=1	2=2	3=3	4=4	5=5	6=6	7=7	8=8	9=9	Completely agree 10=10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

OREBRO Q20 **24.9 I should not do my normal work with my present pain**. G126_PN87

Completely disagree 0=0	1=1	2=2	3=3	4=4	5=5	6=6	7=7	8=8	9=9	Completely agree 10=10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

OREBRO Q15 **24.10 In your view, how large is the risk that your current pain may become persistent?** G126_PN84

No risk 0=0	1=1	2=2	3=3	4=4	5=5	6=6	7=7	8=8	9=9	Very large risk 10=10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

OREBRO Q16 **24.11 In your estimation, what are the chances that you will be working normal duties in 3 months?** G126_PN95A

No chance 0=0	1=1	2=2	3=3	4=4	5=5	6=6	7=7	8=8	9=9	Very large chance 10=10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

CODING VERSION

25.0

	No = 0	Yes = 1
(1) Is your pain work-related in that it was caused by your work? G126_WPN1	☐	☐
(2) Is your pain work-related in that your pain developed outside of work but is made worse by work? G126_WPN2	☐	☐
(3) Have you reported your pain to your employer? G126_WPN3	☐	☐
(4) Have you claimed workers' compensation for your pain? G126_WPN4	☐	☐

The following questions relate to pain you may have experienced in your knee.
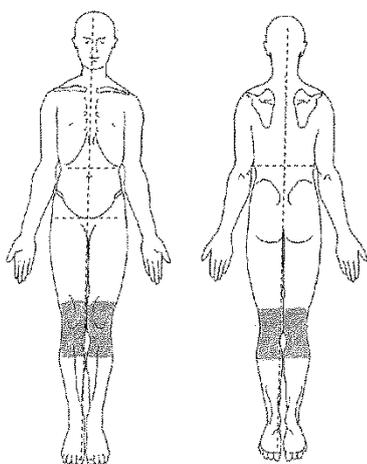
KOOS P1 25.1 How often do you experience knee pain in the shaded area marked on the diagram? G126_PN100

- ○ Never *(Please go to Q26.1)* = 0
- ○ Monthly = 1
- ○ Weekly = 2
- ○ Daily = 3
- ○ Always = 4

25.2 The following questions relate to the amount pain you have experienced in either knee in the last month. **For each situation please enter the amount of pain experienced in the last month during the following activities**. If both knees are painful, please answer with regard to the most painful knee.

	None = 0	Mild = 1	Moderate = 2	Severe = 3	Extreme = 4
KOOS P2 Twisting/pivoting on your knee G126_PN101a	☐	☐	☐	☐	☐
KOOS P3 Straightening knee fully G126_PN101b	☐	☐	☐	☐	☐
KOOS P4 Bending knee fully G126_PN101c	☐	☐	☐	☐	☐
KOOS P5 Walking on flat surface G126_PN101d	☐	☐	☐	☐	☐
KOOS P6 Going up or down stairs G126_PN101e	☐	☐	☐	☐	☐
KOOS P7 At night while in bed G126_PN101f	☐	☐	☐	☐	☐
KOOS P8 Sitting or lying G126_PN101g	☐	☐	☐	☐	☐

KOOS P9 Standing upright G126_PN101h	☐	☐	☐	☐	☐

The following questions relate to pain you may have experienced in your hip. The diagram indicates two areas of the hip in which people commonly experience pain
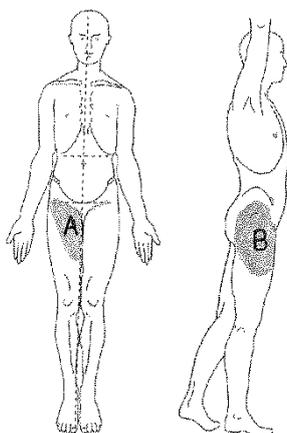
HOOS P1 26.1 How often do you experience hip pain in the shaded area marked A on the diagram? *(The diagram shows the right hip but your pain can be in either hip)* G126_PN102A

- ○ Never = 0
- ○ Monthly = 1
- ○ Weekly = 2
- ○ Daily = 3
- ○ Always = 4

HOOS P1 26.2 How often do you experience hip pain in the shaded area marked B on the diagram? *(The diagram shows the right hip but your pain can be in either hip)* G126_PN102B

- ○ Never = 0
- ○ Monthly = 1
- ○ Weekly = 2
- ○ Daily = 3
- ○ Always = 4

(If "never' to both of the above two questions, please go to 27.1)

26.3 The following questions relate to the amount pain you have experienced in either hip in the last month. **For each situation please enter the amount of pain experienced in the last month during the following activities**. If both hips are painful, please answer with regard to the most painful hip.

	None = 0	Mild =1	Moderate =2	Severe =3	Extreme =4
HOOS P2 Straightening your hip fully G126_PN103a	☐	☐	☐	☐	☐
HOOS P3 Bending your hip fully G126_PN103b	☐	☐	☐	☐	☐
HOOS P4 Walking on a flat surface G126_PN103c	☐	☐	☐	☐	☐
HOOS P5 Going up or down stairs) G126_PN103d	☐	☐	☐	☐	☐

HOOS P6 At night while in bed G126_PN103e	☐	☐	☐	☐	☐
HOOS P7 Sitting or lying G126_PN103f	☐	☐	☐	☐	☐
HOOS P8 Standing upright G126_PN103g	☐	☐	☐	☐	☐
HOOS P9 Walking on a hard surface (asphalt, concrete, etc.) G126_PN103h	☐	☐	☐	☐	☐
HOOS P10 Walking on an uneven surface G126_PN103i	☐	☐	☐	☐	☐

The following questions relate to pain you may have experienced in neck/shoulder. The diagram indicates the area where neck and shoulder pain is experienced.
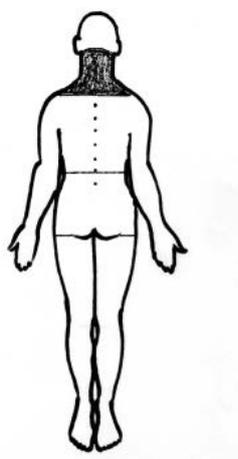
27.1 Have you ever had neck/shoulder pain? G126_PN9

(Anywhere in the shaded area in the picture)

○   No *(Please go to Q28.1)* = 0

○   Yes = 1

27.2 Has your neck/shoulder been painful at any time in the last month? G126_PN11

○   No = 0

○   Yes = 1

27.3 How would you rate the neck/shoulder pain that you have had during the past month? G126_PN11A

No Pain 0 = 0	1 = 1	2 =2	3=3	4=4	5=5	6=6	7=7	8=8	9=9	Pain as bad as it could be 10=10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

27.4	**No** = 0	**Yes** = 1
(a) In the past month, did you seek health professional advice or treatment for your neck/shoulder pain? G126_PN104a	☐	☐
(b) In the past month, did you take medication to relieve your neck/shoulder pain? G126_PN104b	☐	☐

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(c) In the past month, did your neck/shoulder pain interfere with your normal activities? G126_PN104c	☐	☐
(d) In the past month, did your neck/shoulder pain interfere with recreational physical activities (e.g. sport, walking, cycling etc.) G126_PN104d	☐	☐
(e) In the past month, did you miss work because of your neck/shoulder pain? G126_PN104e	☐	☐
(f) In the past month, did your neck/shoulder pain interfere with your work activities? G126_PN104f	☐	☐
(g) Has your present neck/shoulder pain lasted for more than 3 months continuously (it hurt more or less every day)? G126_PN12	☐	☐
(h) Has your present neck/shoulder pain lasted for more than 3 months off and on (it hurt at least once a week but not every day)? G126_PN50	☐	☐

The following questions relate to pain you may have experienced in lower back. The diagram indicates the area where low back pain is experienced.
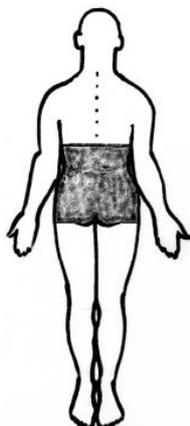
28.1 Have you ever had low back pain? G126_PN38
(Anywhere in the shaded area in the picture)

○ No *(Please go to Q29)* = 0

○ Yes = 1

28.2 Has your low back been painful at any time in the last month? G126_PN40

○ No = 0

○ Yes = 1

28.3 How would you rate the usual intensity of low back pain that you have had during the past month? G126_PN40A

No Pain 0 = 0	1 = 1	2 = 2	3 = 3	4 = 4	5 = 5	6 = 6	7 = 7	8 = 8	9 = 9	Pain as bad as it could be 10 = 10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

28.4	**No** = 0	**Yes** = 1
(a) In the past month, did you seek health professional advice or treatment for your low back pain? G126_PN105a	☐	☐
(b) In the past month, did you take medication to relieve your low back pain? G126_PN105b	☐	☐
(c) In the past month, did your low back pain interfere with your normal activities? G126_PN105c	☐	☐
(d) In the past month, did your low back pain interfere with recreational physical activities (e.g. sport, walking, cycling etc.)? G126_PN105d	☐	☐
(e) In the past month, did you miss work because of your low back pain? G126_PN105e	☐	☐
(f) In the past month, did your low back pain interfere with your work activities? G126_PN105f	☐	☐
(g) Has your present low back pain lasted for more than 3 months continuously (it hurt more or less every day)? G126_PN41	☐	☐
(h) Has your present low back pain lasted for more than 3 months off and on (it hurt at least once a week but not every day)? G126_PN49	☐	☐

29. For men, this is the end of the Questionnaire, thank you for completing the questionnaire.

The following questions are **for women only** and are about menopause and sleep.

29.1 Are you G126_MEN1

- ○ Pre-menopausal *(still having regular periods)* **=0**
- ○ Menopausal *(had a period within the last year but periods are irregular)* **=1**
- ○ Post-menopausal *(last period was more than a year ago)* **=2**
- ○ Don't know**=3**

29.2 What was the date of the first day of your last period (approx OK)? DD /MM / YYYY G126_MEN2
G126_MENDT (quality of the date variable)

29.3 Have you used hormonal contraception in the last 3 months? G126_MEN3

- ○ No *(Please go to Q29.4)* **=0**
- ○ Yes**=1**

29.3a If yes, ☐ Pill, ☐ implanon, ☐ injection, ☐ mirena ☐ other, please specify

G126_MEN3A, G126_MEN3B, G126_MEN3E, G126_MEN3C, G126_MEN3D, G126_MEN3Da (describe other)

....

29.4 Have you used hormone replacement therapy (HRT) in the last 3 months? G126_MEN4

- ○ No**=0**
- ○ Yes**=1**

29.5 Have you had a Hysterectomy? G126_MEN5

- ○ No *(Please go to Q 29.6)* **=0**
- ○ Yes**=1**

29.5a If yes, at what age G126_MEN5a

- ○ < 30 years**=1**
- ○ 30 to 40**=2**
- ○ 41 to 50**=3**
- ○ 51 to 60**=4**
- ○ > 60**=5**

29.6 Have you had a bilateral oophorectomy? (both your ovaries removed) G126_MEN6

- ○ No *(Please go to Q29.7)* **=0**
- ○ Yes**=1**

29.6a If yes, at what age G126_MEN6a..

29.7 When you were in your <u>20s and 30s</u>, how many days were there on average from the beginning of one period to the beginning of the next one? G126_MEN7

- ⭕ Less than 20 days *=0*
- ⭕ 20 – 25 days*=1*
- ⭕ 26 – 31 days (approximately normal) *=2*
- ⭕ 32 - 40 days*=3*
- ⭕ More than 40 days*=4*
- ⭕ Not sure*=5*

29.8 For the <u>past 6 months</u>, how many days were there on average from the beginning of one period to the beginning of the next one? G126_MEN8

- ⭕ Less than 20 days *=0*
- ⭕ 20 – 25 days*=1*
- ⭕ 26 – 31 days*=2*
- ⭕ 32 - 40 days*=3*
- ⭕ More than 40 days*=4*
- ⭕ Not sure*=5*
- ⭕ Don't have periods*=6*

29.9 In the past 6 months, have you ever had a time of 60 or more days of no bleeding (i.e. you've skipped 2 or more periods)? G126_MEN9

- ⭕ No*=0*
- ⭕ Yes*=1*
- ⭕ No periods in the last 6 months *=2*

29.10 Have you ever consulted a healthcare professional about symptoms of menopause?
G126_MEN10

- ⭕ No*=0*
- ⭕ Yes*=1*
- ⭕ Don't have menopausal symptoms*=2*

29.11 During the past 2 weeks, how often have you experienced hot flushes or night sweats?
G126_MEN11

- ⭕ Not at all*=0*
- ⭕ 1 – 5 days*=1*
- ⭕ 6 – 8 days*=2*
- ⭕ 9 – 13 days*=3*
- ⭕ Every day*=4*

29.12

(a) On average, how many hot flushes do you experience per day?	G126_MEN11A
(b) On average, how many hot flushes/night sweats do you experience per night?	G126_MEN11B
(c) On average, how many times do you get woken up at night by hot flushes/night sweats	G126_MEN11C
(d) For how many month/years have you experienced hot flushes/night sweats **MONTHS**	G126_MEN11D
YEARS	G126_MEN11E

29.13 Have you taken any medication (prescription or non-prescription) in the last 6 months to treat any of your menopausal symptoms? G126_MEN12

- ○ No *(Please go to Q30) =0*
- ○ Yes (*Please list below) =1*

29.13a Type of medication
G126_MEN13

30. Please circle one number to the right of each phrase to describe how much **DURING THE PAST WEEK** hot flushes have **INTERFERED** with each aspect of your life. Higher numbers indicate more interference with your life. If you are not experiencing hot flushes or if hot flushes do not interfere with these aspects of your life, please select zero to the right of each questions. **HFRDIS**

	Do not interfere										Completely interfere
HFRDIS Q1 1. Work (work outside the home and housework) G126_MEN14A	0	1	2	3	4	5	6	7	8	9	10
HFRDIS Q2 2. Social activities (time spent with family, friends, etc.) G126_MEN14B	0	1	2	3	4	5	6	7	8	9	10
HFRDIS Q3 3. Leisure activities (time spent relaxing, doing hobbies, etc.) G126_MEN14C	0	1	2	3	4	5	6	7	8	9	10
HFRDIS Q4 4. Sleep G126_MEN14D	0	1	2	3	4	5	6	7	8	9	10
HFRDIS Q5 5. Mood G126_MEN14E	0	1	2	3	4	5	6	7	8	9	10
HFRDIS Q6 6. Concentration G126_MEN14F	0	1	2	3	4	5	6	7	8	9	10
HFRDIS Q7 7. Relaxation with others G126_MEN14G	0	1	2	3	4	5	6	7	8	9	10

CODING VERSION

	0	1	2	3	4	5	6	7	8	9	10
HFRDIS Q8 8. Sexuality G126_MEN14H	0	1	2	3	4	5	6	7	8	9	10
HFRDIS Q9 9. Enjoyment of life G126_MEN14I	0	1	2	3	4	5	6	7	8	9	10
HFRDIS Q10 10. Overall quality of life G126_MEN14J	0	1	2	3	4	5	6	7	8	9	10

The following questions provide a brief measure of **menopause symptoms**.

31. Please indicate the extent to which you are bothered at the moment by any of these symptoms by placing a tick in the appropriate box: GCS

	Not at all (0)	A little (1)	Quite a bit (2)	Extremely (3)
GCS Q1 1. Heart beating quickly or strongly G126_MEN15A	☐	☐	☐	☐
GCS Q2 2. Feeling tense or nervous G126_MEN15B	☐	☐	☐	☐
GCS Q3 3. Difficulty in sleeping G126_MEN15C	☐	☐	☐	☐
GCS Q4 4. Excitable G126_MEN15D	☐	☐	☐	☐
GCS Q5 5. Attacks of anxiety, panic G126_MEN15E	☐	☐	☐	☐
GCS Q6 6. Difficulty in concentrating G126_MEN15F	☐	☐	☐	☐
GCS Q7 7. Feeling tired or lacking in energy G126_MEN15G	☐	☐	☐	☐
GCS Q8 8. Loss of interest in most things G126_MEN15H	☐	☐	☐	☐
GCS Q9 9. Feeling unhappy or depressed G126_MEN15I	☐	☐	☐	☐
GCS Q10 10. Crying spells G126_MEN15J	☐	☐	☐	☐
GCS Q11 11. Irritability G126_MEN15K	☐	☐	☐	☐
GCS Q12 12. Feeling dizzy or faint G126_MEN15L	☐	☐	☐	☐
GCS Q13 13. Pressure or tightness in head G126_MEN15M	☐	☐	☐	☐
GCS Q14 14. Parts of body feel numb G126_MEN15N	☐	☐	☐	☐
GCS Q15 15. Headaches G126_MEN15O	☐	☐	☐	☐
GCS Q16 16. Muscle and joint pains G126_MEN15P	☐	☐	☐	☐

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GCS Q17 17. Loss of feeling in hands or feet G126_MEN15Q	☐	☐	☐	☐
GCS Q18 18. Breathing difficulties G126_MEN15R	☐	☐	☐	☐
GCS Q19 19. Hot flushes G126_MEN15S	☐	☐	☐	☐
GCS Q20 20. Sweating at night G126_MEN15T	☐	☐	☐	☐
GCS Q21 21. Loss of interest in sex G126_MEN15U	☐	☐	☐	☐

31a When are hot flushes/night sweats most bothersome to you? G126_MEN16

- ○ Daytime*=1*
- ○ Nighttime*=2*
- ○ Both daytime and night time*=3*
- ○ I am not bothered by these symptoms *=4*

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE