The Raine Study 20-21 year follow-up

Thank you for taking the time to fill in this questionnaire.

Please read each question carefully and answer ALL of the questions by following the completion instructions provided below.

All information will be strictly confidential

HOW TO COMPLETE THIS FORM

Please use a BLACK pen.

Please take your time in answering all of the questions.

If you make a mistake, or want to change any of your shaded responses, please place a cross through the incorrect response and shade the correct response.

For written responses, please cross out your incorrect response and write your new response just above or below the one you have crossed out.

Questionnaire

The purpose of this questionnaire is to obtain information about what you are doing now and your health and well-being.

If you require further information please contact:

The Raine Study on

Telephone :(08) 9489 7794

Contents

Participant Questionnaire

1. BACKGROUND

The purpose of this questionnaire is to obtain information about what you are doing now and your health and Well-being.

2. WHERE YOU LIVE & WHO YOU LIVE WITH

G220_DWEL

Q1. Where do you live? *(Please mark only **one** response)*

2	○ A separate house
3	○ Semi-detached house/row or terrace house/townhouse etc
4	○ Flat/unit/apartment
7	○ University or college accommodation
1	○ Boarding house, hostel
5	○ Caravan/tent/cabin/houseboat
6	○ Other - please specify .....

G220_LIVE

Q2. Who do you live with? *(Please mark only **one** response)*

1	○ I live alone
2	○ My partner
6	○ My child/children
3	○ My parent(s)/step-parent(s)
4	○ Other relatives (eg. Grandparents, aunt etc)
5	○ My friend(s)/flatemate(s)
7	○ Other - please specify .....

G220_YCH

Q3. Do you have any children?

0	○ No (*Please go to Q4*)
1	○ Yes

Please list each of your children's sex and date of birth…

	Male	Female	Date of Birth (day, month, year)
First child	☐	☐	
Second child	☐	☐	
Third child	☐	☐	
Fourth child	☐	☐	
Fifth child	☐	☐	

G220_PCSX1-5

G220_PCDB1-5

3. EDUCATION

Q4. What is the highest level of education or training you have completed? G220_ED33

*(Please mark only **one** response)*

1 ○ Primary school
2 ○ Secondary school (high school)
3 ○ University
4 ○ Other educational institution (eg. TAFE, college)

Q5. What is the highest year of high school you have completed? G220_ED34

*(Please mark only **one** response)*

1 ○ Year 12 (or equivalent)
2 ○ Year 11 (or equivalent)
3 ○ Year 10 (or equivalent)
5 ○ Year 9 (or equivalent)
4 ○ Other - please specify .....

Q6. Are you currently studying or doing a course? G220_ED35

0 ○ No (*Please go to Q8*)
1 ○ Yes

Q7. Where are you studying? *(Please mark only **one** response)* G220_ED36

1 ○ At school
2 ○ At university
3 ○ At TAFE/College
4 ○ Other - please specify .....

Q8. Where are you doing now? *(Please mark **all** responses that apply)*

- ○ Studying full-time
- ○ Studying part-time
- ○ At apprenticeship
- ○ Working full-time
- ○ Working part-time
- ○ Looking for work
- ○ Gap year
- ○ Carer for my child
- ○ Carer for a family member
- ○ Other - please specify .....

G220_OCC1
G220_OCC2
G220_OCC3
G220_OCC4
G220_OCC5
G220_OCC6
G220_OCC7
G220_OCC8
G220_OCC9
G220_OCC10

4. OCCUPATION, WORK & INCOME

G220_YWRK

Q9. Do you currently have a full-time or part-time job of any kind?

*(Please mark only **one** response)*

0	○ No, do not have a job – not seeking work (Please go to Q13)
1	○ No, do not have a job – actively seeking work (Please go to Q13)
2	○ Yes, do work for payment or profit
3	○ Yes, do unpaid work in a family business
4	○ Yes, do other unpaid work

G220_YJOB

Q10. Please note your job title and describe what you do for your job?

Job Title: .....

Job Description: .....

Q11. How many hours per week do you usually work in all jobs?

Hours

G220_YHRS

Q12. What is the total amount of your usual salary/wage, after tax, per week (how much money do you take home)?

G220_MON7_AT

*(Please mark only **one** response)*

1	○ <$50 per week	5	○ $300-$399 per week
2	○ $50-$99 per week	6	○ $400-$499 per week
3	○ $100-$199 per week	7	○ >$500 per week
4	○ $200-$299 per week		

Q13. Are you receiving any government benefits, pension or allowance?

G220_BNF

0	○ No (*Please go to Q15*)
1	○ Yes

Q14. Which government benefits, pension or allowance are you receiving?

*(Please mark **all** responses that apply)*

○ Baby Bonus	○ G220_BN28
○ Carer Allowance (child)	○ G220_BN20
○ Carer Payment (child)	○ G220_BN22
○ Child Care Benefit	○ G220_BN25
○ Child Care Rebate	○ G220_BN26
○ Family Tax Benefit Part A	○ G220_BN15
○ Family Tax Benefit Part B	○ G220_BN16
○ JET Child Care Fee Assistance	○ G220_BN27
○ Newstart Allowance	○ G220_BN11
○ Parenting Payment	○ G220_BNF2
○ Rent Assistance	○ G220_BN17
○ Youth Allowance	○ G220_BN10
○ Assistance for Isolated Children	○ G220_BN24
○ Carer Allowance (adult)	○ G220_BN21
○ Carer Payment (adult)	○ G220_BN23
○ Crisis Payment	○ G220_BN31
○ Disability Support pensions	○ G220_BNF4
○ Double Orphan Pension	○ G220_BN30
○ Assistance Immunisation Allowance	○ G220_BN29
○ Mobility Allowance	○ G220_BN18
○ Pensioner Allowance Supplement	○ G220_BN19
○ Sickness Allowance	○ G220_BNF7
○ Youth Disability Supplement	○ G220_BNF5
○ Other - please specify	○ G220_BNF9 .....

5. BACK PIAN

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. These questions are 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.

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.

Q15. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics or fast cycling?

0	○ None (*Please go to Q16*)	G220_AY1
1	○ Yes	

→ **Days per week** ☐ G220_AY2

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

G220_AY3	**Hours per day**	☐☐
G220_AY4	**Minutes per day**	☐☐

Think about all the **moderate** physical activities that you did in the **last 7 days. Moderate** 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.

Q16. Again, thinking 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.

0	○ None (*Please go to Q17*)	G220_AY5
1	○ Yes	

→ **Days per week** ☐ G220_AY6

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

G220_AY7	**Hours per day**	☐☐
G220_AY8	**Minutes per day**	☐☐

Think about all 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.

Q17. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

G220_AY9

0 ○ None (*Please go to Q18*)

1 ○ Yes

→ **Days per week** ☐ G220_AY10

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

G220_AY11 **Hours per day** ☐☐

G220_AY12 **Minutes per day** ☐☐

The last question is about the time you spent **sitting** on weekdays 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.

Q18. During the last 7 days, how much time in total did you usually spend sitting on a weekday?

G220_SIT1 **Hours** ☐☐

G220_SIT2 **Minutes** ☐☐

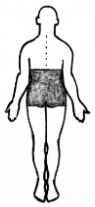
6. ACTIVITY

Q19. Usually how many hours do you...

*(Please mark **one** response for each item)*

	Not at all 0	Less than 1 hour 1	About 1-2 hours 2	About 2-4 hours 3	More than 4 hours 4
Watch TV or videos each day?	G220_TV1 ☐		☐	☐	☐
Play electronic games not on a computer each day? (ie. XBOX, Wii, PS3)	G220_TV5 ☐		☐	☐	☐
Use a computer for work or study each day?	G220_TV6 ☐		☐	☐	☐
Use a computer for playing games each day?	G220_TV7 ☐		☐	☐	☐
Use a computer for internet socialising each day? (facebook, chat etc)	G220_TV8 ☐		☐	☐	☐
Use a computer for internet surfing each day? (not socialising)	G220_TV9 ☐		☐	☐	☐

Q20. Have you ever had low back pain (anywhere in the shaded area in this picture)?



0 ○ No (*Please go to Q21*)

1 ○ Yes

G220_PN38

*(Please mark **one** response for each item)*

	No 0	Yes 1
Has your low back been painful at any time in the last month? G220_PN40	☐	☐
Has your low back pain ever lasted for more than 3 months continuou (ie. it hurt more or less every day)? G220_PN41	☐	☐
Has your low back pain ever lasted for more than 3 months off and on (ie. it hurt at least once a week but not every day)? G220_PN49	☐	☐
Have you ever sought health professional advice or treatment for low G220_PN33	☐	☐
Have you ever taken medication to relieve the low back pain? G220_PN45	☐	☐
Have you ever missed school or work due to the low back pain? G220_PN46	☐	☐
Has the low back pain ever interfered with your normal activities? G220_PN47	☐	☐
Has the low back pain ever interfered with recreational physical activi (e.g. sport, walking, cycling etc.) G220_PN37	☐	☐

7. DRINKS & ALCOHOL

Please still complete the separate Food Frequency Questionnaire provided

Q21. Here we are asking for some additional information on how often and how much of the following drinks you usually consume. When answering these questions, please answer in number of glasses, cans, cups, stubbiest or shots. To assist you, below each type of drink is the type of measurement.

	Never 0	Less than once a month 1	1 day per month 2	2 days per month 3	3 days per month 4	1 day per week 5	2 days per week 6	3 days per week 7	4 days per week 8	5 days per week 9	6 days per week 10	Every day 11	Average number of drinks
Water (250 ml glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK1 G220_DK19
Fizzy drink (e.g cola, lemonade) can or glass	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK2 G220_DK20
Diet fizzy drink (e.g. Diet cola, diet lemonade) can or glass	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK3 G220_DK21
Energy drink (e.g Redbull, V, Monster) can	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK4 G220_DK22
Diet energy drink (can)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK5 G220_DK23
Tea (cup)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK6 G220_DK24
Herbal tea (cup)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK7 G220_DK25
Green tea (cup)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK8 G220_DK26
Instant coffee (cup)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK9 G220 DK27
Ground coffee (ie filter coffee, cappuccino, flat white) cup, mug	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK10 G220_DK28
Beer (can, stubby)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK11 G220_DK29
Alcoholic soda (eg alcopop, cruiser, UDL) bottle or can	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK12 G220_DK30
Red wine (wine glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	G220_DK13 G220_DK31

	Never 0	Less than once a month 1	1 day per month 2	2 days per month 3	3 days per month 4	1 day per week 5	2 days per week 6	3 days per week 7	4 days per week 8	5 days per week 9	6 days per week 10	Every day 11	Average number of drinks
White wine, champagne (wine glass)													G220_DK14 G220_DK32
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Sherry, port (small wine glass 30 ml)													G220_DK15 G220_DK33
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Vodka (shots)													G220_DK16 G220_DK34
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Whiskey (shots)													G220_DK17 G220_DK35
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Other spirits (shots)													G220_DK18 G220_DK36
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

8. SMOKING & DRUGS

Q22. Do you currently smoke cigarettes/cigars? G220_SM2

0 ○ No (*Please go to Q25*)

1 ○ Yes

Q23. How many cigarettes/cigars do you smoke per day? G220_SM4

*(Please mark only **one** response)*

1 ○ Less than one
2 ○ 1-5
3 ○ 6-10
4 ○ 11-15
5 ○ 16-20
6 ○ More than 20

Q24. At what age did you start smoking regularly? [ ][ ] **Years** G220_SM4

Q25. Do you currently live with someone who smokes? G220_SM41

○ No 0 ○ Yes 1

Q26. Over the past 3 years, have you lived for more than 6 months with anyone that smokes cigarettes/cigars? G220_SM42

○ No 0 ○ Yes 1

Q27. Have you ever tried or used the following drugs, 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 77	
Marijuana/cannabis	☐	☐	☐	☐	☐	☐	☐	G220_DG1
Inhalants (glue, petrol)	☐	☐	☐	☐	☐	☐	☐	G220_DG2
Ecstasy	☐	☐	☐	☐	☐	☐	☐	G220_DG15
Heroin/smack	☐	☐	☐	☐	☐	☐	☐	G220_DG17
Amphetamines (speed, ice)	☐	☐	☐	☐	☐	☐	☐	G220_DG6
Hallucinogens (acid/LSD)	☐	☐	☐	☐	☐	☐	☐	G220_DG16
Nitrous oxide/nangs	☐	☐	☐	☐	☐	☐	☐	G220_DG8
Cocaine	☐	☐	☐	☐	☐	☐	☐	G220_DG9
Methadone	☐	☐	☐	☐	☐	☐	☐	G220_DG10
GHB	☐	☐	☐	☐	☐	☐	☐	G220_DG11
Kadamine "K"	☐	☐	☐	☐	☐	☐	☐	G220_DG12
Benzodiazepines	☐	☐	☐	☐	☐	☐	☐	G220_DG13
Rehypnol	☐	☐	☐	☐	☐	☐	☐	G220_DG14
Something else - *please specify*	☐	☐	☐	☐	☐	☐	☐	G220_DG4

9. EATING HABITS

Q28. Do you know how much you weigh? G220_W1

0 ○ No (*Please go to Q29*)

1 ○ Yes

What is your current weight? ☐☐☐ . ☐ **kg** G220_W2

G220_W3

Q29. Are you worried about your weight?

☐ Not at all 0	☐ A little 1	☐ Moderately 2	☐ Very 3

Q30. Do you consider yourself to be... G220_W4

☐ Underweight 1	☐ Normal weight 2	☐ A bit overweight 3	☐ Very overweight 4

Q31. Over the last 2 weeks...

*(Please mark **one** response for each item)*

Please mark one response for each item	**not at all** 0	**some of the time** 1	**a lot of the time** 2	**most of the time** 3	
1. Have you been trying hard to eat less to change your shape or weight? (even if you haven't been able to do so)	☐	☐	☐	☐	G220_W8
2. Have you gone for long periods of time (8hrs or more) without eating anything to try to change your shape or weight?	☐	☐	☐	☐	G220_W35
3. 2. Have you tried not to eat certain foods (like chocolate or chips) to try to change your shape or weight? (even if you haven't been able to do so)	☐	☐	☐	☐	G220_W9
4. Have you tried to stick to any definite rules about dieting or eating? (eg. Sticking to calorie limit, a set amount of food or rules about what or when you should eat even if you haven't been able to do so)	☐	☐	☐	☐	G220_W10
5. 3. Have you been thinking about food or calories so much that you've found it hard to concentrate or things you are interested in? (eg.reading, atching TV or following a conversation)	☐	☐	☐	☐	G220_W11
6. Have there been times when you feel that you have eaten an unusually large amount of food?	☐	☐	☐	☐	G220_W14

Please mark one response for each item	not at all 0	some of the time 1	a lot of the time 2	most of the time 3	
7. Have you been afraid of losing control over your eating?	☐	☐	☐	☐	G220_W12
8. Have you felt that you couldn't control what or how much you were eating?	☐	☐	☐	☐	G220_W36
9. Have you felt that you couldn't stop eating once you had started?	☐	☐	☐	☐	G220_W37
10. Have you felt guilty after eating?	☐	☐	☐	☐	G220_W13
11. Have you eaten in secret because you are embarrassed by how much you eat?	☐	☐	☐	☐	G220_W15
12. Have you been afraid that you might gain weight or become fat?	☐	☐	☐	☐	G220_W16
13. Have you felt fat?	☐	☐	☐	☐	G220_W38
14. Have you had a strong desire to lose weight?	☐	☐	☐	☐	G220_W39
15. Have you made yourself sick (vomit) after eating to try to control your weight?	☐	☐	☐	☐	G220_W17
16. Have you taken any pills (like laxatives, water pills or diet pills) to try to control your weight?	☐	☐	☐	☐	G220_W18
17. Have you exercised hard to try to control your weight?	☐	☐	☐	☐	G220_W19

10. EYE & VISION

Q32. Do you, or your mother, or father, or any of your brothers or sisters have or have had, any of the eye problems listed below? If you don't know, please leave blank.
*(Originally it was asked to mark **one** response for each item **but** multiple items are acceptable to capture information on family history of eye diseases as much as possible)*

	You	Biological mother	Biological father	Biological half-sister	Biological half-brother
Wear glasses/contact lenses	G220_EYE6	G220_EY31	G220_EY56	G220_EY81	G220_E106
Blindness	G220_EY11	G220_EY36	G220_EY61	G220_EY86	G220_E111
Cataracts	G220_EYE8	G220_EY33	G220_EY58	G220_EY83	G220_E108
Colour-blind	G220_EY23	G220_EY48	G220_EY73	G220_EY98	G220_E123
Corneal ulcer	G220_EYE9	G220_EY34	G220_EY59	G220_EY84	G220_E109
Diabetic retinopathy	G220_EY19	G220_EY44	G220_EY69	G220_EY94	G220_E119
Double vision (diplopia)	G220_EY17	G220_EY42	G220_EY67	G220_EY92	G220_E117
Dry eye syndrome	G220_EY10	G220_EY35	G220_EY60	G220_EY85	G220_E110
Eye injury	G220_EG220_	G220_EY52	G220_EY77	G220_E102	G220_E127
Glaucoma	G220_EYE7	G220_EY32	G220_EY57	G220_EY82	G220_E107
Laser eye surgery	G220_EY26	G220_EY51	G220_EY76	G220_E101	G220_E126
Lazy eye	G220_EY21	G220_EY46	G220_EY71	G220_EY96	G220_E121
Long sighted (hypermetropia)	G220_EY16	G220_EY41	G220_EY66	G220_EY91	G220_E116
Macular degeneration	G220_EY18	G220_EY43	G220_EY68	G220_EY93	G220_E118
Nystagmus	G220_EY12	G220_EY37	G220_EY62	G220_EY87	G220_E112
Pterygium (sun damage)	G220_EY25	G220_EY50	G220_EY75	G220_E100	G220_E125
Presbyopia	G220_EY15	G220_EY40	G220_EY65	G220_EY90	G220_E115
Ptosis (droopy eyelid)	G220_EY24	G220_EY49	G220_EY74	G220_EY99	G220_E124
Retinal detachment	G220_EY13	G220_EY38	G220_EY63	G220_EY88	G220_E113
Stargarts disease	G220_EY20	G220_EY45	G220_EY70	G220_EY95	G220_E120
Short sighted (myopia)	G220_EY14	G220_EY39	G220_EY64	G220_EY89	G220_E114
Strabismus (cross-eyed/squint)	G220_EY22	G220_EY47	G220_EY72	G220_EY97	G220_E122
Other eye surgery	G220_EY28	G220_EY53	G220_EY78	G220_E103	G220_E128
Other eye problems	G220_EY29	G220_EY54	G220_EY79	G220_E104	G220_E129
None of these	G220_EYE5	G220_EY30	G220_EY55	G220_EY80	G220_E105

11. ULTRA-VIOLET (SUN) EXPOSURE

Q33. What is the natural colour of your hair?
*(Please mark **one** response for each item)*

G220_UV1

1	○ Blonde
2	○ Red
3	○ Brown
4	○ Black
5	○ Other - please specify
77	○ Don't know

Q34. Without sun tan lotion, what usually happens to your skin after a half hour of being exposed to the bright summer sun for the first time?
*(Please mark **one** response for each item)*

G220_UV2

0	○ Never burns or tans
1	○ Never burns but does tan
2	○ Burns and then tans
3	○ Burns but does not tan
77	○ Don't know

Q35. How many bad sun burns with pain lasting longer than a day would you guess you have had?
*(Please mark **one** response for each item)*

G220_UV3

0	○ Never
1	○ Once
2	○ 2 - 10 times
3	○ More than 10 times
77	○ Don't know

Q36. In the summer, when not working at your job or at school, what part of the day do you spend outside?
*(Please mark **one** response for each item)*

G220_UV4

0	○ None
1	○ Less than 1/4 of the day
2	○ 1/2 of the day
3	○ Greater than 3/4 of the day
4	○ Cannot judge

Q37. When outdoors in the sun, about what part of the time do you ...?

	never	seldom	half of the time	usually	always	cannot judge
Wear a hat with a brim or a visor?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐ G220_UV5
Wear sunglasses?	☐	☐	☐	☐	☐	☐ G220_UV6

Q38. In the winter, where has your leisure or recreation time usually been spent? G220_UV7
*(Please mark **one** response for each item)*

1 ○ Mostly indoors
2 ○ 1/2 and 1/2
3 ○ Mostly outdoors
77 ○ Don't know

Q39. Do you often feel colder than the people who are around you? G220_UV8
*(Please mark **one** response for each item)*

0 ○ Never
1 ○ Seldom
2 ○ 1/2 of the time
3 ○ Usually
4 ○ Always
5 ○ Cannot judge

Q40. At work or school, do you wear a hat with a visor or brim or sunglasses for more than half of the time? *(Please mark **one** response for each item)*

G220_UV9

0 ○ Neither, I dont wear a hat or sunglasses
1 ○ Yes, hat only
2 ○ Yes, sunglasses only
3 ○ Yes, both hat and sunglasses
77 ○ Don't know

Q41. What is the main reason you wear sunglasses?

*(Originally it was asked to mark **one** response for each item **but** multiple items are acceptable to capture information as much as possible)*

- ○ Protection from eye disease
- ○ Driving
- ○ Medical condition/doctors advice
- ○ Glare
- ○ Sport
- ○ Fashion/looks cool
- ○ School requirement
- ○ Influenced by family member
- ○ Other - please specify .....

G220_UV27a
G220_UV27b
G220_UV27c
G220_UV27d
G220_UV27e
G220_UV27f
G220_UV27g
G220_UV27h
G220_UV27i

Q42. What is the main reason you do NOT wear sunglasses?

*(Originally it was asked to mark **one** response for each item **but** multiple items are acceptable to capture information as much as possible)*

- ○ Inconvenient
- ○ Uncomfortable
- ○ Decreases vision
- ○ Wears prescription glasses
- ○ Expensive
- ○ Not fashionable
- ○ Not necessary
- ○ Other - please specify .....

G220_UV28a
G220_UV28b
G220_UV28c
G220_UV28d
G220_UV28e
G220_UV28f
G220_UV28g
G220_UV28h

12. MOBILE PHONE USE

Q43. Do you have a mobile phone? (Not a cordless home phone) G220_MOB1

0 ○ No (*Please go to Q53*)
1 ○ Yes

Q44. How long have you had your own mobile phone?

G220_MOB_YR **Years** | | |
G220_MOB_MON **Months** | | |

Q45. What make and model of mobile phone do you have now? G220_MOB3 & G220_MOB13

Make: .....

Model: ..... G220_MOB4

Q46. What make and model of mobile phones have you had in the past? G220_MOB5

.....

Q47. Where do you most often keep your mobile phone while you are AWAKE? G220_MOB6

*(Please mark **one** response for each item)*

1 ○ Front jeans/trouser pocket
2 ○ Back jeans/trouser pocket
3 ○ Breast (shirt or jacket) pocket
4 ○ Clipped on belt
5 ○ Handbag
6 ○ Backpack
7 ○ Next to you (eg. on desk, in car etc)
8 ○ Around your neck (on a lanyard)
9 ○ In your hand
10 ○ Other - please specify

Q48. Where do you most often keep your mobile phone while you are ASLEEP? G220_MOB7

*(Please mark **one** response for each item)*

1 ○ Handbag
2 ○ Backpack
3 ○ Bedside table
4 ○ Other - please specify

Q49. Which ear side do you normally hold your phone to when you talk? G220_MOB8

*(Please mark **one** response for each item)*

1 ○ Right
2 ○ Left
3 ○ Either ear
4 ○ Neither - always use bluetooth
5 ○ Neither - always use speaker phone

Q50. On average, how many minutes do you talk on your mobile phone per day?

G220_MOB9

*(Please mark **one** response for each item)*

0	○ None
1	○ 1 - 10 minutes
2	○ 11 - 20 minutes
3	○ 21 - 40 minutes
4	○ 41 - 50 minutes
5	○ 51 - 60 minutes
6	○ More than 60 minutes

G220_MOB10

Q51. What is the average length of your calls per day?

*(Please mark **one** response for each item)*

0	○ No calls
1	○ 1 - 5 minutes
2	○ 6 - 10 minutes
3	○ 11 - 15 minutes
4	○ 16 - 20 minutes
5	○ 21 - 25 minutes
6	○ 26 - 30 minutes
7	○ Longer than 30 minutes

G220_MOB11

Q52. On average, how many text messages do you send per day?

*(Please mark **one** response for each item)*

0	○ None
1	○ 1 - 20 messages
2	○ 21 - 50 messages
3	○ 51 - 100 messages
4	○ 101 - 150 messages
5	○ 151 - 200 messages
6	○ More than 200 messages

13. MOOD & EMOTIONS

These questions ask for your views about your health.

Q53. In general, would you say your health is: G220_OAL8

☐ Excellent 1	☐ Very good 2	☐ Good 3	☐ Fair 4	☐ Poor 5

Q54. 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? *(Please mark **one** response for each item)*

	1 Yes, limited a lot	2 Yes, limited a little	3 No, not limited at all	
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐	☐	☐	G220_LI12
Climbing **several** flights of stairs	☐	☐	☐	G220_LI14

Q55. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

*(Please mark **one** response for each item)*

	1 All of the time	2 Most of the time	3 Some of the time	4 A little of the time	5 None of the time	
Accomplished less than you would like	☐	☐	☐	☐	☐	G220_LI22
Were limited in the **kind** of work or other activities	☐	☐	☐	☐	☐	G220_LI23

Q56. During the past 4 weeks, how much of the time 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)? *(Please mark **one** response for each item)*

	1 All of the time	2 Most of the time	3 Some of the time	4 A little of the time	5 None of the time	
Accomplished less than you would like	☐	☐	☐	☐	☐	G220_LI26
Did work or other activities **less carefully** than usual	☐	☐	☐	☐	☐	G220_LI27

Q57. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

G220_PN26

☐ Not at all 1	☐ A little bit 2	☐ Moderately 3	☐ Quite a bit 4	☐ Extremely 5

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

Q58. How much of the time during the past 4 weeks...

*(Please mark **one** response for each item)*

	1 All of the time	2 Most of the time	3 Some of the time	4 A little of the time	5 None of the time	
Have you felt calm and peaceful?	☐	☐	☐	☐	☐	G220_FE23
Did you have a lot of energy?	☐	☐	☐	☐	☐	G220_FE24
Have you felt downhearted and depressed?	☐	☐	☐	☐	☐	G220_FE25

Q59.During the past 4 weeks, how much of the time has your physical health or emotional problems interferred with your social activities (like visiting friends, relatives etc)?

G220_LI28

☐ All of the time 1	☐ Most of the 2	☐ Some of the time 3	☐ A little of time 4	☐ None of the time 5

Q60. Please read each statement and circle 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.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of the time
3 Applied to me very much, or most of the time

*(Please mark **one** response for each item)*

	0	1	2	3	
I found it hard to wind down	☐	☐	☐	☐	G220_FL27
I was aware of dryness of my mouth	☐	☐	☐	☐	G220_FL15
I couldn't seem to experience any positive feeling at all	☐	☐	☐	☐	G220_FL13
I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion.)	☐	☐	☐	☐	G220_FL4
I found it difficult to work up the initiative to do things	☐	☐	☐	☐	G220_FL26
I tended to over-react to situations	☐	☐	☐	☐	G220_FL10
I experienced trembling (e.g. in the hands)	☐	☐	☐	☐	G220_FL39
I felt that I was using a lot of nervous energy	☐	☐	☐	☐	G220_FL22
I was worried about situations in which I might panic and make a fool of myself	☐	☐	☐	☐	G220_FL33
I felt that I had nothing to look forward to	☐	☐	☐	☐	G220_FL12
I found myself getting agitated	☐	☐	☐	☐	G220_FL40
I found it difficult to relax	☐	☐	☐	☐	G220_FL37
I felt down-hearted and blue	☐	☐	☐	☐	G220_FL25
I was intolerant of anything that kept me from getting on with what I was doing	☐	☐	☐	☐	G220_FL42
I felt I was close to panic	☐	☐	☐	☐	G220_FL35
I was unable to become enthusiastic about anything	☐	☐	☐	☐	G220_FL32
I felt I wasn't worth much as a person	☐	☐	☐	☐	G220_FL31
I felt that I was rather touchy	☐	☐	☐	☐	G220_FL21
I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	☐	☐	☐	☐	G220_FL18
I felt scared without any good reason)	☐	☐	☐	☐	G220_FL19
I felt that life was meaningless	☐	☐	☐	☐	G220_FL41

There are three derived variables where they sit between Mood and Emotion and Relationship & Sexual Behavior sections. They are:

Variable Name	Variable Label	Variable Values
G220_DEP_TOT G220_ANX_TOT G220_STR_TOT	DASS Depression Subscale DASS Anxiety Subscale DASS Stress Subscale	
G220_DEP_CAT G220_ANX_CAT G220_STR_CAT	DASS Depression 'Diagnosis' DASS Anxiety 'Diagnosis' DASS Stress 'Diagnosis'	**1 = Normal** **2 = Mid** **3 = Moderate** **4 = Severe** **5 = Extremely Severe**

14. RELATIONSHIPS & SEXUAL BEHAVIOUR

G220_PTNR1

Q61. What is your current relationship status? *(Please mark **one** response)*

0 ○ Single and not in a relationship - **Go to Q64**
1 ○ In a relationship but NOT living together
2 ○ In a relationship AND living together
3 ○ Married (in a registered marriage)

Q62. Is your primary partner male or female?

G220_P6

○ Male 0 ○ Female 1

Q63. How old is your partner? ☐☐ **Years**

G220_P7

Q64. Which of these statements best describes you? *(Please mark **one** response)*

G220_SX1

1 ○ I have felt attracted only to females, never to males
2 ○ I have felt attracted more often to females and at least once to a male
3 ○ I am about equally attracted to females and males
4 ○ I have felt attracted more often to males and at least once to a female
5 ○ I have felt attracted only to males, never to females
6 ○ I have never felt attracted to anyone at all

Q65. What do you identify as: *(Please mark **one** response)*

G220_SX94

1 ○ Heterosexual
2 ○ Gay/Lesbian
3 ○ Bisexual
4 ○ Transgender
5 ○ Not sure
6 ○ Other - please specify

Regarding your sexual experiences...

Q66. How old were you when you first had an experience of –

*(Please mark **one** response for each item)* 0 1 2 3 4 5 6

	Haven't	Under 17 yrs	17 yrs	18 yrs	19 yrs	20 yrs	Over 20 yrs	
Deep kissing	☐	☐	☐	☐	☐	☐	☐	G220_SX13
Touching a partner's genitals with your hands	☐	☐	☐	☐	☐	☐	☐	G220_SX14
Being touched on your genitals by a partner's hand	☐	☐	☐	☐	☐	☐	☐	G220_SX15
Giving oral sex	☐	☐	☐	☐	☐	☐	☐	G220_SX16
Receiving oral sex	☐	☐	☐	☐	☐	☐	☐	G220_SX17
Penis-vaginal intercourse	☐	☐	☐	☐	☐	☐	☐	G220_ SX119
Anal intercourse (giving or receiving)	☐	☐	☐	☐	☐	☐	☐	G220_ SX120

Q67. Over the last year, with how many partners have you had oral sex, or vaginal or anal intercourse?

*(Please mark **one** response)*

G220_SX95

8 ○ Have not had a sexual partner - **Go to Q79**
0 ○ Have not had a sexual partner in the last year
1 ○ 1 person
2 ○ 2 people
3 ○ 3 people
4 ○ 4 people
5 ○ 5 - 10 people
6 ○ 11 or more people

Q68. Over the last year, with how many partners have you had ONLY oral sex (and not vaginal or anal intercourse? *(Please mark **one** response)*

G220_SX97

8 ○ Have not had ONLY oral sex with a partner in the last year
0 ○ Have not had a sexual partner in the last year
1 ○ 1 person
2 ○ 2 people
3 ○ 3 people
4 ○ 4 people
5 ○ 5 - 10 people
6 ○ 11 or more people

Q69. How old was the last person with whom you had oral sex, or vaginal or anal intercourse?

*(Please mark **one** response)*

G220_SX34

1	○ Under 17 years old
2	○ 17 - 19 years old
3	○ 20 - 24 years old
4	○ 25 - 29 years old
5	○ 30 years of age or older
6	○ Not sure

Q70. In the last year, have you ever had oral sex or vaginal/anal intercourse when you didn't want to?

G220_SX23

0	○ No (*Please go to Q72*)
1	○ Yes

Q71. What were the reasons for this? *(Please mark **all** responses that apply)*

G220_SX24	○ Had been drinking at the time
G220_SX25	○ Was high at the time
G220_SX26	○ Partner thought I should
G220_SX27	○ Friends thought I should
G220_SX96	○ Felt I could not say no
G220_SX28	○ Other reason - please specify

Q72. What did you use to avoid pregnancy the last time you had vaginal intercourse?

*(Please mark **one** response)*

○ Nothing	G220_SX3A
○ Condoms	G220_SX3B
○ Oral contraceptive (the Pill)	G220_SX3C
○ Depo provera (injection)	G220_SX3D
○ Implanon (implant)	G220_SX3E
○ IUD	G220_SX3F
○ Morning after pill	G220_SX3G
○ Diaphragm or cap	G220_SX3H
○ Withdrawal (pulling out)	G220_SX3I
○ Other - please specify	G220_SX3J

Q73. What did you use to avoid pregnancy over the last year? *(Please mark **all** responses that apply)*

- ○ Havent had intercourse in the last year
- ○ Nothing
- ○ Condoms
- ○ Oral contraceptive (the Pill)
- ○ Depo provera (injection)
- ○ Implanon (implant)
- ○ IUD
- ○ Morning after pill
- ○ Diaphragm or cap
- ○ Withdrawal (pulling out)
- ○ Other - please specify

G220_S3KA
G220_SX3K
G220_SX3L
G220_SX3M
G220_SX3N
G220_SX3O
G220_SX3P
G220_SX3Q
G220_SX3R
G220_SX3S
G220_SX3T

Q74. Over the last year, when you had intercourse, how often did you use condoms? G220_SX29
*(Please mark **one** response)*

- 0 ○ Haven't had intercourse in the last year
- 1 ○ Always used condoms
- 2 ○ Sometimes used condoms
- 3 ○ Never used condoms20

Q75. Have you ever had (or caused) a pregnancy? G220_SX62

- 0 ○ No
- 77 ○ Don't know
- 1 ○ Yes

Q76. How did the pregnancy (ies) end? ☐ I am (or my partner is) pregnant now

G220_SX63

G220_SX98		Number of livebirths:
G220_SX99		Number of stillbirths:
G220_SX100		Number of miscarriages:
G220_SX101		Number of abortions/terminations:
G220_SX124		Total number of pregnancies:

Q77. Was the last pregnancy...

G220_SX102

☐ Planned **1** ☐ Unplanned but wanted **2** ☐ Unplanned and unwanted **3**

Q78. What did you use to avoid getting pregnant with the last pregnancy?

*(Please mark **all** responses that apply)*

○ Nothing	G220_SX103
○ Condoms	G220_SX104
○ Oral contraceptive (the Pill)	G220_SX105
○ Depo provera (injection)	G220_SX106
○ Implanon (implant)	G220_SX107
○ IUD	G220_SX108
○ Morning after pill	G220_SX109
○ Diaphragm or cap	G220_SX110
○ Withdrawal (pulling out)	G220_SX111
○ Other - please specify	G220_SX112

Q79. How much would you like to become a parent sometime soon?

G220_SX61

*(Please mark **one** response)*

1	○ I am already a parent
2	○ I really want to be a parent soon
3	○ It would be nice to be a parent soon
4	○ I don't care if I do or don't become a parent soon
5	○ I would prefer not to be a parent soon
6	○ I really don't want to be a parent soon

Q80. In your opinion how likely is it that you might catch a sexually transmissible infection? G220_SX80

☐ Never 0	☐ Very Unlikely 1	☐ Unlikely 2	☐ Likely 3	☐ Very likely 4

Q81. In the last year, have you ever been diagnosed with a sexually transmissible infection? G220_SX30

0 ○ No (*Please go to Q83*)

1 ○ Yes

Q82. Which sexually transmitted infections have you been diagnosed with?
*(Please mark **all** responses that apply)*

○ Candaisis/Thrush	G220_SI1
○ Chlamydia	G220_SI2
○ Genital herpes	G220_SI3
○ Genital warts	G220_SI4
○ Gonorrhoea	G220_SI5
○ Hepatitis B	G220_SI6
○ HIV/AIDS	G220_SI7
○ Pubic lice/crabs	G220_SI8
○ Syphillis	G220_SI9
○ Other - please specify	G220_SI10

Q83. In the last year, which of the following sources of information have you ever used for advice about HIV/AIDS, other STIs, hepatitis and contraception? Which of these sources of information do you trust most? *(Please mark* **all** *sources of information that you have used for each health issue and then* **rank** *each of the sources of information in order of most trusted 1 to least trusted 18)*

	HIV/AIDS	Other STI's	Hepatitis	Contraception	Most trusted source (1-18)
Never sought advice	G220_HV18	G220_TI18	G220_HE18	G220_CT1	G220_TR1
Doctor	G220_HV1	G220_TI1	G220_HE1	G220_CT2	G220_TR2
Community Health Service	G220_HV2	G220_TI2	G220_HE2	G220_CT3	G220_TR3
School Program	G220_HV3	G220_TI3	G220_HE3	G220_CT4	G220_TR4
School Counsellor	G220_HV4	G220_TI4	G220_HE4	G220_CT5	G220_TR5
School Nurse	G220_HV5	G220_TI5	G220_HE5	G220_CT6	G220_TR6
Teacher/Lecturer/Employer	G220_HV6	G220_TI6	G220_HE6	G220_CT7	G220_TR7
Other community member	G220_HV7	G220_TI7	G220_HE7	G220_CT19	G220_TR19
Church	G220_HV19	G220_TI19	G220_HE19	G220_CT8	G220_TR8
Youth worker	G220_HV8	G220_TI8	G220_HE8	G220_CT9	G220_TR9
Media (tv, magazines)	G220_HV9	G220_TI9	G220_HE9	G220_CT18	G220_TR10
Pamphlets	G220_HV10	G220_TI10	G220_HE10	G220_CT10	G220_TR11
Internet	G220_HV11	G220_TI11	G220_HE11	G220_CT11	G220_TR12
Your mother	G220_HV12	G220_TI12	G220_HE12	G220_CT12	G220_TR13
Your father	G220_HV13	G220_TI13	G220_HE13	G220_CT13	G220_TR14
Other relative	G220_HV14	G220_TI14	G220_HE14	G220_CT14	G220_TR15
Female friend	G220_HV15	G220_TI15	G220_HE15	G220_CT15	G220_TR16
Male friend	G220_HV16	G220_TI16	G220_HE16	G220_CT16	G220_TR17
Other - please specify	G220_HV17	G220_TI17	G220_HE17	G220_CT17	G220_TR1

15. FOR WOMEN ONLY - MEN GO TO Q93

Q84. How often do you usually have a menstrual period? G220_PER1

*(Please mark **one** response)*

0
1
2
3
4

- ○ Never - **Go to Q88**
- ○ Very irregularly
- ○ Less than once per month
- ○ More than once per month
- ○ Every month

Q85. Using the scale below where 0 is the least pain and 10 is the worst pain, how would you describe the worst pain you commonly experience during your menstrual cycle? G220_PER2

0 (None)	2	3	4	5	6	7	8	9	10 (Unbearable)
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q86. Pain

	0 no	1 yes	8 not applicable	
Do you regularly experience pelvic pain that is not during your period?	☐	☐	☐	G220_PER3
Do you regularly experience pain during intercourse?	☐	☐	☐	G220_PER4
Do you regularly take medication for cramps or pelvic pain?	☐	☐	☐	G220_PER5

Q87. How heavy is your bleeding?

	0 no	1 yes	
Do you regularly use "super" or "super plus" pads or tampons?	☐	☐	G220_PER8a
Do you regularly need to use two pads or a pad and a tampon at the same time?	☐	☐	G220_PER8b
Do you ever soak your clothes or bed clothes with blood?	☐	☐	G220_PER8c
How often do you need to change your pad or tampon on the heaviest day of bleeding?	time		G220_PER8d

Q88. Do you currently use contraception?

0	○ No (*Please go to Q91*)	G220_SX115
1	○ Yes	

Q89. What kind(s) do you use? G220_SX116

.....

Q90. Why do you take hormones (the pill)?

*(Please mark **all** responses that apply)*

○ To prevent pregnancy	G220_SX117
○ For painful periods	G220_SX118
○ For heavy periods	G220_SX121
○ For another reason - please specify	G220_SX122

There is derived variable in the where it sit between Q89 and Q90 in For Women Only section.

Variable Name	Variable Label
G220_OCP_C	Girls only - Oral Contraceptive Pill (OCP) - current

16. RESPIRATORY QUESTIONS

WHEEZE

Q91. Have you wheezed in the last 12 months? G220_RE34

- 0 ○ No (*Please go to Q95*)
- 1 ○ Yes

Q92. In the last 12 months, how often on average has your sleep been disturbed due to wheezing? G220_RE36

*(Please mark **one** response for each item)*

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

Q93. Has the wheezing been severe enough to limit your speech to only one or two words at a time between breaths? G220_RE37

- 0 ○ No
- 1 ○ Yes
- 77 ○ Don't know

Q94. Has your chest sounded wheezy during or after exercise? G220_RE8

- 0 ○ No
- 1 ○ Yes
- 77 ○ Don't know

ASTHMA

	no	yes	Don't know	Never had asthma	
Q95. Do you think you have ever had asthma?	0	1	77	8	G220_ AS1
Q96. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have asthma?	☐	☐	☐		G220_ AS2
Q97. Do you still have asthma?	☐	☐	☐	☐	G220_ AS16

Q98. Have you used/taken any asthma medications in the last 12 months? G220_AS67

- 0 ○ No (*Please go to Q100*)
- 1 ○ Yes

Q99. Which asthma medications have you used/taken in the last 12 months?

*(Please mark **all** responses that apply)*

- ○ Ventolin – **G220_AS18**
- ○ Respolin – **G220_AS20**
- ○ Bricanyl - **G220_AS26**
- ○ QVAR – **G220_AS35**
- ○ Flixotide – **G220_AS39**
- ○ Pulmacort – **G220_AS41**
- ○ OXIS – **G220_AS50**
- ○ Serevent – **G220_AS52**
- ○ Singulaire – **G220_AS54**
- ○ Seretide – **G220_AS59**
- ○ Symbacort – **G220_AS61**
- ○ Prednisolone – **G220_AS63**
- ○ Other (please specify) – **G220_AS65 & G220_AS65_COM**

Q100. What triggers your asthma?

- ○ Viral infection – **G220__AS69**
- ○ Grass – **G220__AS70**
- ○ Pollen – **G220__AS71**
- ○ Animal – **G220__AS72**
- ○ Dust – **G220__AS73**
- ○ Other (please specify) – **G220__AS75**
- ○ Don't know – **G220__AS74**
- ○ Don't have asthma – **G220__AS76**

RHINITIS (runny or blocked nose - including hayfever)

Q101. In the last 12 months, have you had a problem with sneezing or a runny or blocked nose (including hayfever) when you DID NOT have a cold or flu?

G220_RE69

0	○ No (*Please go to Q108*)
1	○ Yes

Q102. In the last 12 months, was this nose problem accompanied by itchy-watery eyes?

G220_RE63

0	○ No
1	○ Yes

Q103. In the last 12 months, how many episodes of allergic nose problem have you had (including hayfever)? *(Please mark **one** response)*

G220_HF3

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

Q104. In which of the last 12 months did this problem occur? *(Please mark **all** responses that apply)*

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

G220_RE80
G220_RE81
G220_RE82
G220_RE83
G220_RE84
G220_RE85
G220_RE86
G220_RE87
G220_RE88
G220_RE89
G220_RE90

Q105. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have an allergic nose problem (including hayfever)?

G220_RE24

0	○	No
1	○	Yes

Q106. What was the trigger/cause of these problems? *(Please mark **all** responses that apply)*

	○	Grass
	○	Pollen
	○	Animal
	○	Dust
	○	Other *(Please specify)*.....
	○	Don't know

G220_HF7A
G220_HF7B
G220_HF7C
G220_HF7D
G220_HF7E
G220_HF7F

Q107. In the last 12 months, have you taken or used any medication for allergic nose (including hayfever)?

0	○ No *(Please go to q108)*	G220_HF32
1	○ Yes	

Please write each medication in the space provided and then mark the applicable response

Name of medication	Prescribed by Doctor	Not prescribed by Doctor
G220_HF33 (steroid nasal sprays)	☐	☐
G220_HF34 (steroid nasal sprays - prescribed)	☐	☐
G220_HF35 (non-steroid nasal sprays)		
G220_HF36 (non-steroid nasal sprays - prescribed)	☐	☐
G220_HF37 (antihistamine drops/tablets)		
G220_HF38 (antihistamine drops/tables - prescribed)		
G220_HF39 (other)	☐	☐
G220_HF40 (other - prescribed)		

ALLERGIC CONJUNCTIVITIS (itchy water eyes - including hayfever)

Q108. Do you think that you have ever had an allergic reaction in the eyes (including hayfever)?

0	○ No	G220_CO1
1	○ Yes	
77	○ Don't know	

Q109. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you had an allergic reaction in the eyes (including hayfever)?

0	○ No	G220_CO2
1	○ Yes	
77	○ Don't know	

Q110. In the last 12 months, have you suffered from an allergic reaction in the eyes (including hayfever)?

0	○ No *(Please go to Q115)*	G220_CO4
1	○ Yes	

Q111. In the last 12 months, how many episodes of allergic reaction in the eyes have you had (including hayfever)? *(Please mark **one** response)*

0	○ 1 to 2	G220_CO5
1	○ 3 to 12	
2	○ More than 12	

Q112. In which of the last 12 months did this problem occur? *(Please mark **all** responses that apply)*

○ January	G220_CO21
○ February	G220_CO22
○ March	G220_CO23
○ April	G220_CO24
○ May	G220_CO25
○ June	G220_CO26
○ July	G220_CO27
○ August	G220_CO28
○ September	G220_CO29
○ October	G220_CO30
○ November	G220_CO31
○ December	G220_CO32

Q113. What was the trigger/cause of these problems? *(Please mark **all** responses that apply)*

○ Grass	G220_CO6A
○ Pollen	G220_CO6B
○ Animal	G220_CO6C
○ Dust	G220_CO6D
○ Other *(Please specify)*.....	G220_CO6E
○ Don't know	G220_CO6F

Q114. In the last 12 months, have you taken or used any medication for allergic reaction in the eyes (including hayfever)?

0	○ No *(Please go to Q9.5)*	G220_CO48
1	○ Yes	

Please write each medication in the space provided and then mark the applicable response

Name of medication	Prescribed by Doctor	Not prescribed by Doctor
G220_CO49 (steroid nasal sprays)	☐	☐
G220_CO50 (steroid nasal sprays - prescribed)	☐	☐
G220_CO51 (non-steroid nasal sprays)	☐	☐
G220_CO52 (non-steroid nasal sprays - prescribed)	☐	☐
G220_CO53 (antihistamine drops/tablets)		
G220_CO54 (antihistamine drops/tables - prescribed)		
G220_CO55 (other)	☐	☐
G220_CO56 (other - prescribed)		

ECZEMA (itchy rash)

Q115. Have you ever had eczema or an itchy rash which was coming and going for at least 12 months?

0	○ No *(Please go to **Q125**)*	G220_RH1
1	○ Yes	

Q116. 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?

0	○ No	G220_RH3
1	○ Yes	

Q117. In the last 12 months, how often on average have you been kept awake at night by this itchy rash?

*(Please mark **one** response)*

G220_RH6

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

G220_RH7

Q119. Do you think you have ever had eczema?

0	○ No
1	○ Yes

Q120. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have eczema?

0	○ No	G220_RH11
1	○ Yes	
2	○ Don't know	

Q121. In the last 12 months, have you suffered from eczema? G220_RH12

0	○ No *(Please go to Q125)*
1	○ Yes

Q122. In the last 12 months, how many episodes of eczema have you had? G220_RH13

0	○ 1 to 2
1	○ 3 to 12
2	○ More than 12

Q123. In which of the last 12 months did the eczema occur? *(Please mark **all** responses that apply)*

○ January	G220_RH28
○ February	G220_RH29
○ March	G220_RH30
○ April	G220_RH31
○ May	G220_RH32
○ June	G220_RH33
○ July	G220_RH34
○ August	G220_RH35
○ September	G220_RH36
○ October	G220_RH37
○ November	G220_RH38
○ December	G220_RH39

Q124. In the last 12 months, have you taken or used any medication for eczema?

0	○	No *(Please go to Q125)*
1	○	Yes

G220_RH49

Please write each medication in the space provided and then mark the applicable response

Name of medication	Prescribed by Doctor	Not prescribed by Doctor
G220_RH62 (moisturisers)		
G220_RH63 (moisturisers - prescribed)		
G220_RH64 (steroid creams)		
G220_RH65 (steroid creams - prescribed)		
G220_RH66 (oral steroids)		
G220_RH67 (oral steroids - prescribed)		
G220_RH68 (antihistamine drops/tablets)		
G220_RH69 (antihistamine drops/tables - prescribed)		
G220_RH70 (other)		
G220_RH71 (other - prescribed)		

Q125. Do you have any food allergies?

G220_FAL

0	○	No *(Please go to Q127)*
1	○	Yes

Q126. What are you allergic to? *(Please mark **all** responses that apply)*

○	Peanut Products – FD1A	G220_FD1A
○	Wheat/Yeast – FD2A	G220_FD2A
○	Dairy – FD3A	G220_FD3A
○	Fruit – FD4A	G220_FD4A
○	Eggs –FD5A	G220_FD5A
○	Seafood – FD6A	G220_FD6A
○	Preservatives/Colouring – FD7A	G220_FD7A
○	Other (please specify)	G220_FD8A

Q127. Date questionnaire completed:

G220_Q_DNWN

DD	MM	YYYY