The Raine Study Gen2:28 year Vision and Vessel Follow up

Thank you for completing this questionnaire.

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

Please complete all the questions.

Please use a pen to complete the questionnaire.

All your responses are confidential and will be de-identified. Your responses 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 on:

Ph: 6488 6952, Mob: 0447 863 944, Email: rainestudy@uwa.edu.au.

The Raine study, School of Population and Global Health, University of Western Australia M410
(ABN 37882817280) 14-16 Parkway, Nedlands, 6008 Tel: 6488 6952 Mob: 0447 863 944 Email: rainestudy@uwa.edu.au

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

Your name, surname..... FIRSTNAME SURNAME (SENSITVE) .....

Date you completed the questionnaire ..... DNWN .....

Contents

1. BACKGROUND

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

1.1: What is your date of birth? _____/_____/_____ (dd/mm/yyyy) DOB (SENSITIVE)

G228_AGE: Age at G228

Don't Know ☐ 9999

2. ACCOMMODATION

2.1 What type of accommodation do you live in? *(Please select one)* DWEL

1 ○ A separate house
2 ○ Semi-detached house/row or terrace house/townhouse etc.
3 ○ Flat/unit/apartment
4 ○ 'Granny' flat
5 ○ Caravan, park home, boat
6 ○ Aged care accommodation or nursing home
7 ○ Homeless, temporary accommodation, improvised home, tent, sleeping out
8 ○ Other *(please specify)* .....DWEL_OTH.....

2.2 The dwelling is: *(Please select one)* DWEL1

1 ○ Owned outright
2 ○ Owned with a mortgage
3 ○ Being purchased under a rent/buy scheme
4 ○ Being rented
5 ○ Being occupied rent free
6 ○ Being occupied under a life tenure scheme
0 ○ None of the above

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

○ I live alone OH37
○ With a partner OH24
○ My child/children/step children OH38
○ My parent(s)/step-parent(s)/in-laws OH39
○ Other relatives OH40
○ Friends OH41
○ Shared accommodation OH25
○ Other *(please specify)* ..... OH31 & OH31_OTH

3. INCOME

3.1 Are you receiving any government benefits, pension or allowance? BNF

⓪ No, (*Please go to **Q 3.3**)*
① Yes
② Prefer not say, (*Please go to **Q 3.3**)*

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

BN28 ○ Baby Bonus
BN20 ○ Carer Allowance (child)
BN23 ○ Carer Payment (child)
BN21 ○ Carer Allowance (adult)
BN22 ○ Carer Payment (adult)
BN25 ○ Child Care Benefit
BN26 ○ Child Care Rebate
BN31 ○ Crisis Payment
BNF4 ○ Disability Support pensions
BN15 ○ Family Tax Benefit Part A
BN16 ○ Family Tax Benefit Part B
BN27 ○ JET Child Care Fee
BN29 ○ Assistance Maternity Immunisation
BN18 ○ Mobility Allowance
BN11 ○ Newstart Allowance
BNF2 ○ Parenting Payment
BN14 ○ Remote area/zone allowance
BN17 ○ Rent Assistance
BNF7 ○ Sickness Allowance
BNF6 ○ Workers compensation
BNF9 ○ Other benefit *(please specify)*……BNF9_OTH…….

G228_BNF3 Benefit - Unemployment benefit
G228_BNF8 Benefit - Austudy/ Abstudy
G228_BN10 Benefit - Youth Allowance
G228_BN19 Benefit - Pensioner Education Supplement

3.3 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)* MON7_BT

1 $1-$149 ($1-$7,799)
2 $150-$299 ($7,800-$15,599)
3 $300-$399 ($15,600-$20,799)
4 $400-$499 ($20,800-$25,999)
5 $500-$649 ($26,000-$33,799)
6 $650-$799 ($33,800-$41,599)
7 $800-$999 ($41,600-$51, 999)
8 $1,000-$1,249 ($52,000-$64,999)
9 $1,250-$1,499 ($65,000-$77,999)
10 $1,500-$1,749 ($78,000-$90,999)
11 $1,750-$1,999 ($91,000-$103, 999)
12 $2,000-$2,499 ($104,000-$155,999)
13 $2,500-$2,999 ($130,000-$155,999)
14 $3,000 or more ($156,000 or more per year)
15 Don't know
16 Prefer not to say
0 No income

NOTE
In data, (YOUR) income has been regrouped and coded as follows:

0 No Income
1 $1-$299 ($1-$15,599)
2 $300-$399 ($15,600-$20,799)
3 $400-$799 ($20,800-$41,599)
4 $800-$999 ($41,600-$51,999)
5 $1,000-$1,249 ($52,000-$64,999)
6 $1,250-$1,499 ($65,000-$77,999)
7 $1,500-$1,999 ($78,000-$103,999)
8 $2,000-$2,499 ($104,000-$129,999)
9 $2,500-$2,999 ($130,000-$155,999)
10 $3,000 or more ($156,000 or more)
11 Don't know
12 Prefer not to say

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

MON8_BT

0 No Income
1 $1-$149 ($1-$7,799)
2 $150-$299 ($7,800-$15,599)
3 $300-$399 ($15,600-$20,799)
4 $400-$499 ($20,800-$25,999)
5 $500-$649 ($26,000-$33,799)
6 $650-$799 ($33,800-$41,599)
7 $800-$999 ($41,600-$51, 999)
8 $1,000-$1,249 ($52,000-$64,999)
9 $1,250-$1,499 ($65,000-$77,999)
10 $1,500-$1,749 ($78,000-$90,999)

Note
In data, FAMILY income has been regrouped and coded as follows:

0 No Income
1 $1-$299 ($1-$15,599)
2 $300-$399 ($15,600-$20,799)
3 $400-$799 ($20,800-$41,599)
4 $800-$999 ($41,600-$51,999)
5 $1,000-$1,249 ($52,000-$64,999)
6 $1,250-$1,499 ($65,000-$77,999)
7 $1,500-$1,999 ($78,000-$103,999)
8 $2,000-$2,499 ($104,000-$129,999)
9 $2,500-$2,999 ($130,000-$155,999)
10 $3,000-$3,499 ($156,000-$181,999)
11 $3,500-$3,999 ($182,000-$207,999)
12 $4,000 or more ($208,000 or more)
13 Don't know
14 Prefer not to say

11 $1,750-$1,999 ($91,000-$103, 999)

12 $2,000-$2,499 ($104,000-$155,999)

13 $2,500-$2,999 ($130,000-$155,999)

14 $3,000- $3,499 ($156,000-$181,999)

15 $3,500-$3,999 ($182,000-$207,999)

16 $4,000 or more ($208,000 or more)

17 Don't know

18 Prefer not to say

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

- ○ Private health insurance HINS2
- ○ Health care concession card HINS3
- ○ None HINS1
- ○ Other *(please specify)* ..... HINS4 & HINS5_OTH .....

4. EDUCATION

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

ED33

- ⓪ Did not go to school
- ① Primary school
- ② Secondary school (high school)
- ③ Apprentice
- ④ TAFE, college
- ⑤ Other training course
- ⑥ University undergraduate degree
- ⑦ University post graduate degree

NOTE
Value labels have been changed to the following, due to alignment of this variable across years.

0=Did not go to school
1=Primary school
2=Secondary school (high school)
3=TAFE, college
4=University undergraduate degree
5=University post graduate degree
6=Apprentice
7=Other training course (eg. Vocational training course, personal training course)
111=For Y20 only - Other education excluding primary/secondary school and University
222=For Y22 only - Other education excluding primary/secondary school, TAFE, college, and University
999=not stated

4.2 What is the highest year of high school you have completed? *(Please select one)*

ED34

- ① Year 12 (or equivalent)
- ② Year 11 (or equivalent)
- ③ Year 10 (or equivalent)
- ④ Year 9 (or equivalent)
- ⑤ Other *(please specify)* ..... ED34_OTH .....

4.3 Are you currently studying or doing a course? ED35 (No=0, Yes=1)

ED35A

- ⑧ No, (*please go to **Q 4.4***)
- ① Yes – Studying full-time
- ② Yes – Studying part-time

Where are you studying? ED36

- ① University
- ② TAFE/College
- ③ Vocational training (e.g. emergency services
- ④ Other, please specify ED36_OTH

4.4 How many years have you been in education? Please write down the number of years you spent at each stage of your education.

	Years
School education (primary and secondary)	EDYR1
TAFE, Technical College	EDYR2
Vocational training	EDYR3
University - undergraduate	EDYR4
University - postgraduate	EDYR5
Other studies	EDYR6

Other studies - specify..... EDYR6_OTH

5. WORK

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

5.1 What has been your <u>usual</u> occupation or job? UJOB

.....

5.2 Which of the following describes your <u>current</u> employment situation? *(Please select one)* YWRK

① Employed full-time (casual or permanent)
② Employed part-time (casual or permanent)
③ Employed, but away from work (e.g. on long service leave)
④ Unemployed looking for full time work (Please go to **Q 5.7**)
⑤ Unemployed looking for part time work (Please go to **Q 5.7**)
⑥ Not in the labour force (not looking for work, unable to work) (Please to **Q 5.7**)
⑦ Do paid casual work
⑧ Doing unpaid or voluntary work
⑨ Other, please specify ..... YWRK_OTH

G228_YWRK_YN
Variable label:
"Are you currently in a paid employment? Yes/No"
Values:
3/4/5/7/8 of G228_YWRK corresponds to 0=No in G228_YWRK_YN, and 0/1/2/6
of G228_YWRK corresponds to 1=Yes in G228_YWRK_YN.

5.3 What is your <u>current</u> occupation or job?

Job title..... YJOB G228_YJOB_CODE_6DIGIT

Job description.....G228_YJOB_DESC.....

Street address..... G228_YLOC .....

5.4 For how many years or months have you worked in your <u>current</u> occupation or job?

a.Years ..... (dropped) YMON_TOTAL (= TOTAL months)

b.Months ..... (dropped)

5.5 Industry: For your current job (the one you work the most hours in each week), what industry do you work in? *(Please select one)* YIND

1 ○ A - Agriculture, Forestry and Fishing
2 ○ B - Mining
3 ○ C - Manufacturing
4 ○ D - Electricity, Gas, Water and Waste Services
5 ○ E - Construction
6 ○ F - Wholesale Trade
7 ○ G - Retail Trade
8 ○ H - Accommodation and Food Services
9 ○ I - Transport, Postal and Warehousing
10 ○ J - Information Media and Telecommunications
11 ○ K - Financial and Insurance Services
12 ○ L - Rental, Hiring and Real Estate Services
13 ○ M - Professional, Scientific and Technical Services
14 ○ N - Administrative and Support Services
15 ○ O - Public Administration and Safety
16 ○ P - Education and Training
17 ○ Q - Health Care and Social Assistance
18 ○ R - Arts and Recreation Services
19 ○ S - Other Services YIND_OTH

G228_YHRS_CAT
0 hours =0
1 - 15 hours =1
16 - 24 hours =2
25 - 34 hours =3
35 - 39 hours =4
40 hours =5
41 - 48 hours =6
49 - 55 hours =7
more than 55 hours=8
Not applicable =888
Not stated =999

5.6 How many hours per week do you usually work in all (current) jobs? *(Please select one)* G228_YHRS_CAT

⓪ 1-15
① 16-24
② 25-34
③ 35-39
④ 40
⑤ 41-48
⑥ 49-55
⑦ More than 55

renamed the variable, and recoded values as above in order to align this variable across all years

5.7 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
JOB1 - JOB9	JOB1_IND - JOB9_IND	JOB1_YR - JOB9_YR

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

5.8 How often do you get help or support from your colleagues? WSU1

④ Always
③ Often
② Sometimes
① Seldom
⓪ Never/hardly ever
⑦ Not relevant
⑧ Do not work *(please go to **Q 6**)*

5.9 How often do you get help or support from your supervisors? WSU2

④ Always
③ Often
② Sometimes
① Seldom
⓪ Never/hardly ever
⑦ Not relevant

5.10 Please indicate your response to the following statements:

	Strongly agree 4	Agree 3	Neither agree or disagree 2	Disagree 1	Strongly disagree 0
(a) The job allows me to make a lot of decisions on my own WAD7	☐	☐	☐	☐	☐
(b) I can work at home sometimes WAD2	☐	☐	☐	☐	☐
(c) The job allows me to plan how I do my work WAD8	☐	☐	☐	☐	☐
(d) I can control the way I work WAD1	☐	☐	☐	☐	☐
(e) The job involves performing relatively simple tasks WAD9	☐	☐	☐	☐	☐
(f) The job requires that I engage in a large amount of thinking WAD10	☐	☐	☐	☐	☐
(g) I never seem to have enough time to get everything done at work WAD11	☐	☐	☐	☐	☐
(h) The job requires a lot of physical effort WAD12	☐	☐	☐	☐	☐

5.11 Is your work heavy or monotonous? (*Please indicate on the scale below)* WK1

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

5.12 Which of the following statements best describes the work that you do in your current job *(Please select one)* WK2

① Sedentary occupation (e.g. secretary- where you spend most of your time sitting)

② Standing occupation (e.g. shop assistant, security guard spend most of your time standing/walking but not intense physical effort)

③ Physical work (e.g. plumber, nurse - a job that requires some physical effort including handling of heavy objects and use of tools)

④ Heavy manual work (e.g. bricklayer - a job that involves very vigorous physical activity including handling very heavy objects)

5.13 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)* WSAT

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

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.

5.14 In the past 4 weeks (28 days), how many days did you?

	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.)*	WMS1
Miss an entire work day for any other reason (including vacation).	WMS2
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.)*	WMS3
Miss part of a work day for any other reason (including vacation).	WMS4
Come in early, go home late, or work on your day off?	WMS5

5.15 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

WHRS_TRUNC

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

Number of hours worked in the past 4 weeks (28 days)? - truncated at 18hrs a day, 7 days a week, 4 weeks = 504 hours

5.17 On a scale from 0 to 10 where 0 is the worst job performance any one could have at your job and 10 is the performance of a top worker:

	Worst performance 0	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? WPF1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
How would you rate your usual job performance over the past year or two? WPF2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
How would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)? WPF3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

6. GENERAL HEALTH

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	Excellent	Very good	Good	Fair	Poor
In general, would you say your health is? OAL8	1	2	3	4	5

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?

6.2	Yes, limited a lot	Yes, limited a little	No, not limited at all
(a) **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf LI12	1	2	3
(b) Climbing **several** flights of stairs LI14	1	2	3

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?**

6.3	All of the time	Most of the time	Some of the time	A little of the time	None of the time
(a) **Accomplished less** than you would like LI22	1	2	3	4	5
(b) Were limited in the **kind** of work or other activities LI23	1	2	3	4	5

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)?

6.4	All of the time	Most of the time	Some of the time	A little of the time	None of the time
(a) **Accomplished less** than you would like LI26	1	2	3	4	5
(b) Did work of other activities **less carefully than usual** LI27	1	2	3	4	5

6.5	Not at all	A little bit	Moderately	Quite a bit	Extremely
During the **past 4 weeks**, how much did **pain** interfere with your normal work? (including both work outside the home and housework) PN26	1	2	3	4	5

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**.

6.6	Not at all	A little bit	Moderately	Quite a bit	Extremely
Have you felt calm and peaceful? FE23	1	2	3	4	5
Did you have a lot of energy? FE24	1	2	3	4	5
Have you felt downhearted and depressed? FE25	1	2	3	4	5

6.7	All of the time	Most of the time	Some of the time	A little of the time	None of the time
During the past 4 weeks, how much of the time has **your physical health or emotional problems** interfered with your social activities (such as visiting friends, relatives, etc.)? LI28	1	2	3	4	5

6.8 How tense or anxious have you felt in the past week? *(Please select one)* LI36

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

6.9 How much have you been bothered by feeling depressed in the past week? *(Please select one)* LI37

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

Derived variables:

G228_PCS	SF-12 Physical Health Composite Score
G228_MCS	SF-12 Mental Health Composite Score
G228_PF_T	SF-12 Physical Function Domain T-Score
G228_RP_T	SF-12 Role Physical Domain T-Score
G228_BP_T	SF-12 Bodily Pain Domain T-Score
G228_GH_T	SF-12 General Health Domain T-Score
G228_VT_T	SF-12 Vitality Domain T-Score
G228_SF_T	SF-12 Social Functioning Domain T-Score
G228_RE_T	SF-12 Role Emotional Domain T-Score
G228_MH_T	SF-12 Mental Health Domain T-Score

7. GENERAL MOOD AND WELLBEING.

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.

7.1	Did not apply to me at all-NEVER	Applied to me to some degree, or some of the time-SOMETIMES	Applied to me a considerable degree, or a good part of time-OFTEN	Applied to me very much, or most of the time-ALMOST ALWAYS	
(a) I found it hard to wind down	0	1	2	3	G228_DASS_22
(b) I was aware of dryness of my mouth	0	1	2	3	G228_DASS_2
(c) I couldn't seem to experience any positive feeling at all	0	1	2	3	G228_DASS_3
(d) I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3	G228_DASS_4
(e) I found it difficult to work up the initiative to do things	0	1	2	3	G228_DASS_42
(f) I tended to over-react to situations	0	1	2	3	G228_DASS_6
(g) I experienced trembling (e.g. in the hands)	0	1	2	3	G228_DASS_41
(h) I felt that I was using a lot of nervous energy	0	1	2	3	G228_DASS_12
(i) I was worried about situations in which I might panic and make a fool of myself	0	1	2	3	G228_DASS_40
(j) I felt that I had nothing to look forward to		1	2	3	G228_DASS_10
(k) I found myself getting agitated	0	1	2	3	G228_DASS_39
(l) I found it difficult to relax	0	1	2	3	G228_DASS_8
(m) I felt down-hearted and blue	0	1	2	3	G228_DASS_26
(n) I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3	G228_DASS_35
(o) I felt I was close to panic	0	1	2	3	G228_DASS_28
(p) I was unable to become enthusiastic about anything	0	1	2	3	G228_DASS_31
(q) I felt I wasn't worth much as a person	0	1	2	3	G228_DASS_17
(r) I felt that I was rather touchy	0	1	2	3	G228_DASS_18
(s) 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)	0	1	2	3	G228_DASS_25
(t) I felt scared without any good reason	0	1	2	3	G228_DASS_20
(u) I felt that life was meaningless	0	1	2	3	G228_DASS_38

G228_DASS_DEP_SCORE
G228_DASS_ANX_SCORE
G228_DASS_STR_SCORE
G228_DASS_TOT_SCORE

G228_DASS_DEP_CAT
G228_DASS_ANX_CAT
G228_DASS_STR_CAT

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

LST13 ○ Serious illness or injury to yourself
LST14 ○ Serious illness or injury to a close relative
LST2 ○ Death of a close family member
LST3 ○ Death of a close family friend or relative
LST4 ○ Separation due to marital difficulties
LST16 ○ Broken off a steady relationship
LST15 ○ Serious problem with a close friend, neighbour or relative
LST17 ○ Unemployed/seeking work for more than one month
LST7 ○ Your own job loss (not voluntary)
LST9 ○ Major financial crisis
LST18 ○ Problems with police and court appearance
LST19 ○ Something valuable lost or stolen
LST12 ○ None of the above happened in the past year

8. PHYSICAL PAIN

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

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

PN70 ○ Neck
PN71 ○ Left shoulder
PN72 ○ Right shoulder
PN73 ○ Left arm
PN74 ○ Right arm
PN75 ○ Upper back
PN76 ○ Lower back
PN77 ○ Left leg
PN78 ○ Right leg
PN79 ○ Other *(please specify)* ..... PN79_OTH
PN116 ○ ~~I have not had any pain in the last month~~ ~~*(If no pain please go to **Q 8.13**)*~~

To harmonize the variable across years, we have dropped G228_PN116 and created G228_PN66 - "Pain site - in last month - have you had any physical pain?" 1=Yes,had pain; 0=No, haven't had pain

PN93

8.2 How many days of work have you missed because of pain during the past 12 months? *(Please select one)*

15-30 days

0 days	1-2 days	3-7 days	8-14 days	13-30 days	1 month	2 months	3-6 months	6-12 months
0	1	2	3	4	5	6	7	8

8.3 How long have you had your current pain problem? *(Please select one)* WPN6

⓪ 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

8.4 How would you rate the pain you have had in the last week? *(Please select one)* PN80

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

8.5 In the past three months, on average, how bad was your pain on 0-10 scale *(Please select one)* PN81

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

8.6 How often would you say that you have experienced pain episodes, on average, during the past three months? *(Please select one)* PN82

Never 0	1	2	3	4	5	6	7	8	9	Always 10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

8.7 Based on all things you do to cope, or deal with your pain, on an average day, how much are you able to decrease it? *(Please select one)* PN83

Can't decrease it all 0	1	2	3	4	5	6	7	8	9	Can decrease it completely **10**
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

8.8 In your view, how large is the risk that your current pain may become persistent? PN84

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

8.9 In your estimation, what are the chances that you will be working normal duties in 3 months? PN95A

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

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.

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

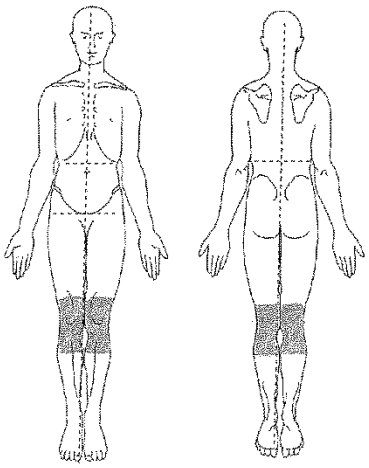
Physical activity makes my pain worse PN85	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
An increase in pain is an indication that I should stop what I'm doing until the pain decreases PN86	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I should not do my normal work with my present pain. PN87	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For the next 5 questions, please select the one number that best describes your current ability to participate in each of these activities.

8.11	**Can't do it because of a pain problem**										**Can do it without pain being a problem**
	0	1	2	3	4	5	6	7	8	9	10
I can do light work for an hour PN88	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I can walk for an hour PN89	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I can do ordinary household chores PN90	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I can do the weekly shopping PN91	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I can sleep at night PN92	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

8.12	**No**	**Yes**
(a) Is your pain work-related in that it was caused by your work? WPN1	0	1
(b) Is your pain work-related in that your pain developed outside of work but is made worse by work? WPN2	0	1
(c) Have you reported your pain to your employer? WPN3	0	1
(d) Have you claimed workers' compensation for your pain? WPN4	0	1

The following questions relate to pain you may have experienced in your knee.



8.13 How often do you experience knee pain in the shaded area marked on the diagram? PN100

0○ Never *(please go to **Q 8.15**)*

1○ Monthly

2○ Weekly

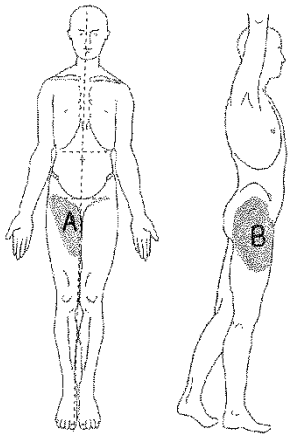
3○ Daily

4○ Always

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

8.14	None 0	Mild 1	Moderate 2	Severe 3	Extreme 4
Twisting/pivoting on your knee PN101A	☐	☐	☐	☐	☐
Straightening knee fully PN101B	☐	☐	☐	☐	☐
Bending knee fully PN101C	☐	☐	☐	☐	☐
Walking on flat surface PN101D	☐	☐	☐	☐	☐
Going up or down stairs PN101E	☐	☐	☐	☐	☐
At night while in bed PN101F	☐	☐	☐	☐	☐
Sitting or lying PN101G	☐	☐	☐	☐	☐
Standing upright 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



8.15 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)*

PN102A

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

8.16 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)*

PN102B

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

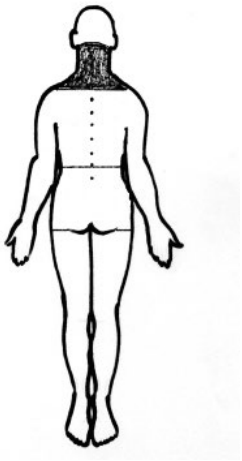
*(If 'never' to both of the above two questions, please go to **Q 8.19**)*

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

8.17	None	Mild	Moderate	Severe	Extreme
Straightening your hip fully PN103A	☐	☐	☐	☐	☐
Bending your hip fully PN103B	☐	☐	☐	☐	☐
Walking on a flat surface PN103C	☐	☐	☐	☐	☐
Going up or down stairs PN103D	☐	☐	☐	☐	☐
At night while in bed PN103E	☐	☐	☐	☐	☐
Sitting or lying PN103F	☐	☐	☐	☐	☐
Standing upright PN103G	☐	☐	☐	☐	☐
Walking on a hard surface (asphalt, concrete, etc.) PN103H	☐	☐	☐	☐	☐
Walking on an uneven surface PN103I	☐	☐	☐	☐	☐

8.18 Which of your hips was most painful? ☐ 1 Left ☐ 2 Right PN102

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.



8.19 Have you ever had neck/shoulder pain? PN9

(Anywhere in the shaded area in the picture)

0 ○ No *(Please go to **Q 8.23**)*

1 ○ Yes

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

0 ○ No PN11

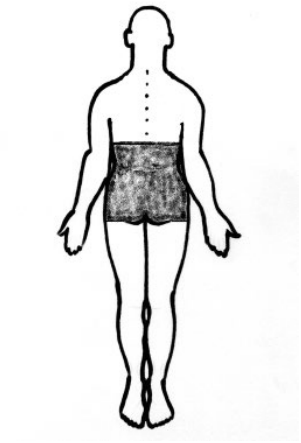
1 ○ Yes

8.21 How would you rate the usual intensity neck/shoulder pain that you have had during the past month? PN11A

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

8.22	No	Yes
(a) In the past month, did you seek health professional advice or treatment for your neck/shoulder pain?	0	1 PN104A
(b) In the past month, did you take medication to relieve your neck/shoulder pain?	0	1 PN104B
(c) In the past month, did your neck/shoulder pain interfere with your normal activities?	0	1 PN104C
(d) In the past month, did your neck/shoulder pain interfere with recreational physical activities (e.g. sport, walking, cycling etc.)	0	1 PN104D
(e) In the past month, did you miss work because of your neck/shoulder pain?	0	1 PN104E
(f) In the past month, did your neck/shoulder pain interfere with your work activities?	0	1 PN104F
(g) Has your present neck/shoulder pain lasted for more than 3 months continuously (it hurt more or less every day)?	0	1 PN12A
(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)?	0	1 PN12B

The following questions relate to pain you may have experienced in lower back. The diagram indicates the area where low back pain is experienced.



8.23 Have you ever had low back pain? PN38
(Anywhere in the shaded area in the picture)

0 ○ No *(Please go to **Q 9**)*

1 ○ Yes

8.24 Has your low back been painful at any time in the last month? PN40

0 ○ No

1 ○ Yes

8.25 How would you rate the usual intensity of low back pain that you have had during the past month? PN40A

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

8.26	No	Yes
(a) In the past month, did you seek health professional advice or treatment for your low back pain?	0	1 PN105A
(b) In the past month, did you take medication to relieve your low back pain?	0	1 PN105B
(c) In the past month, did your low back pain interfere with your normal activities?	0	1 PN105C
(d) In the past month, did your low back pain interfere with recreational physical activities (e.g. sport, walking, cycling etc.)?	0	1 PN105D
(e) In the past month, did you miss work because of your low back pain?	0	1 PN105E
(f) In the past month, did your low back pain interfere with your work activities?	0	1 PN105F
(g) Has your present low back pain lasted for more than 3 months continuously (it hurt more or less every day)?	0	1 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)?	0	1 PN49

9. ASTHMA AND ALLERGY

The following questions are about breathing difficulties and allergies

9.1 Have you wheezed in the last 12 months? RE34

0 ○ No *(Please go to **Q 9.5**)*
1 ○ Yes

9.2 In the last 12 months, how often on average has your sleep been disturbed due to wheezing? RE36

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

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

0 ○ No RE37
1 ○ Yes
2 ○ Don’t know

9.4 Your chest sounded wheezy during or after exercise? RE8

0 ○ No
1 ○ Yes
2 ○ Don’t know

9.5 Do you think you have ever had asthma? AS1

0 ○ No
1 ○ Yes
2 ○ Don't know

9.6 Has a doctor (GP, respiratory specialist) ever told you that you have asthma? AS2

0 ○ No
1 ○ Yes
2 ○ Don't know
3 ○ Never had asthma

9.7 Do you still have asthma? AS16

0 ○ No
1 ○ Yes
3 ○ Don't have asthma *(Please go to **Q 9.11**)*
2 ○ Don't know

9.8 Have you taken/used any of the following asthma medications in the last 12 months? AS67

0 ○ No *(Please go to **Q 9.11**)*
1 ○ Yes

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

AS18 ○ Ventolin
AS20 ○ Respolin
AS26 ○ Bricanyl
AS35 ○ QVAR
AS39 ○ Flixotide
AS41 ○ Pulmacort
AS50 ○ OXIS
AS52 ○ Serevent
AS54 ○ Singulaire
AS59 ○ Seretide
AS61 ○ Symbacort
AS63 ○ Prednisolone
AS65 ○ Other (please specify) ..... AS65_OTH

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

AS69 ○ Viral infection
AS70 ○ Grass
AS71 ○ Pollen
AS72 ○ Animal
AS73 ○ Dust
AS75 ○ Other (please specify) ..... AS75_OTH
AS74 ○ Don't know

9.11 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? RE69

0 ○ No *(Please go to **Q 9.18**)*
1 ○ Yes

9.12 In the last 12 months, was this nose problem accompanied by itchy-watery eyes? RE63

0 ○ No
1 ○ Yes

9.13 In the last 12 months, how many episodes of allergic nose problem have you had (including hay fever)? HF3

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

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

RE80 ○ January
RE81 ○ February
RE82 ○ March
RE83 ○ April
RE84 ○ May
RE85 ○ June
RE86 ○ July
RE87 ○ August
RE88 ○ September
RE89 ○ October
RE90 ○ November
RE91 ○ December

9.15 Has a doctor (GP) ever told you that you have an allergic nose problem? RE24

0 ○ No
1 ○ Yes

9.16 What was the trigger/cause of these problems?

HF7A ○ Grass
HF7B ○ Pollen
HF7C ○ Animal
HF7E ○ Dust
HF7D ○ Other *(Please specify)*..... HF7D_OTH
HF7F ○ Don't know

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

0 ○ No *(Please go to **Q 9.18**)* HF32

1 ○ Yes

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	Not this medicine
Steriod nasal spray	HF34A	HF34	2	1	0
Non-steroid nasal spray	HF36A	HF36	2	1	0
Antihistamine drops/tablets	HF38A	HF38	2	1	0
Other medicine	HF40A	HF40	2	1	0

9.18 Do you think that you have ever had an allergic reaction in the eyes (including hay fever)? CO1

0 ○ No

1 ○ Yes

2 ○ Don't know

9.19 Has a doctor (GP, respiratory specialist) ever told you that you had an allergic reaction in the eyes (including hay fever)? CO2

0 ○ No

1 ○ Yes

2 ○ Don't know

9.20 In the last 12 months, have you suffered from an allergic reaction in the eyes (including hay fever)? CO4

0 ○ No *(Please go to **Q 9.25**)*

1 ○ Yes

9.21 In the last 12 months, how many episodes of allergic reaction in the eyes have you had (including hay fever)? CO5

0 ○ 1 to 2

1 ○ 3 to 12

2 ○ More than 12

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

CO21 ○ January
CO22 ○ February
CO23 ○ March
CO24 ○ April
CO25 ○ May
CO26 ○ June
CO27 ○ July
CO28 ○ August
CO29 ○ September
CO30 ○ October
CO31 ○ November
CO32 ○ December

9.23 What was the trigger/cause of these problems?

CO6A ○ Grass
CO6B ○ Pollen
CO6C ○ Animal
CO6D ○ Dust
CO6E ○ Other *(Please specify)*..... CO6E_OTH
CO6F ○ Don't know

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

0 ○ No *(Please go to **Q 9.25**)* CO48
1 ○ Yes

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	Not this medicine
Eye drops	CO50A	CO50	2	1	0
Steroid tablets	CO52A	CO52	2	1	0
Antihistamine drops	CO54A	CO54	2	1	0
Other medicine	CO56A	CO56	2	1	0

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

0 ○ No RS1
1 ○ Yes

9.26 Do you get short of breath walking with other people your own age on level ground? RS2

0 ○ No
1 ○ Yes

9.27 Do you have to stop for breath when walking at your own pace on level ground? RS3

0 ○ No
1 ○ Yes

9.28 Do you ever get short of breath at rest? RS4

0 ○ No
1 ○ Yes

9.29 Do you usually cough first thing in the morning?

0 ○ No RS5
1 ○ Yes

9.30 Do you usually cough during the day or at night? RS6

0 ○ No
1 ○ Yes

If yes to either,

9.31 Do you cough like this on most days for as much as three months each year? RS7

0 ○ No
1 ○ Yes

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

0 ○ No RS8
1 ○ Yes

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

0 ○ No RS9
1 ○ Yes

If yes to either,

9.34 Do you bring up phlegm like this on most days for as much as three months each year? RS10

0 ○ No
1 ○ Yes

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

0 ○ No *(Please go to **Q 9.45**)* RH1
1 ○ Yes

9.36 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 RH3
1 ○ Yes

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

0 ○ Never in the last 12 months RH6
1 ○ Less than one night per week
2 ○ One or more nights per week

9.38 Has this rash cleared completely during the last 12 months? RH5

0 ○ No
1 ○ Yes

9.39 Do you think that you have ever had eczema? RH7

0 ○ No
1 ○ Yes
2 ○ Don't know

9.40 Has a doctor (GP, respiratory specialist) ever told you that you have eczema? RH11

0 ○ No
1 ○ Yes
2 ○ Don't know

9.41 In the last 12 months, have you suffered from eczema? RH12

0 ○ No *(Please go to **Q 9.45**)*
1 ○ Yes

9.42 In the last 12 months, how many episodes of eczema have you had? RH13

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

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

RH28 ○ January
RH29 ○ February
RH30 ○ March
RH31 ○ April
RH32 ○ May
RH33 ○ June
RH34 ○ July
RH35 ○ August
RH36 ○ September
RH37 ○ October
RH38 ○ November
RH39 ○ December

9.44 Have you taken/used any medication for eczema in the last 12 months? RH49

0 ○ No *(Please go to **Q 9.45**)*

1 ○ Yes

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	Not this medicine
Moisturisers	RH63A	RH63	2	1	0
Steroid Creams	RH65A	RH65	2	1	0
Oral Steroids	RH67A	RH67	2	1	0
Tacrolimus Creams	RH69A	RH69	2	1	0
Other medicine	RH71A	RH71	2	1	0

9.45 Do you have any food allergies? FAL

0 ○ No *(Please go to **Q 10**)*

1 ○ Yes

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

FD1A ○ Peanut Products

FD2A ○ Wheat/Yeast

FD3A ○ Dairy

FD4A ○ Fruit

FD5A ○ Eggs

FD6A ○ Seafood

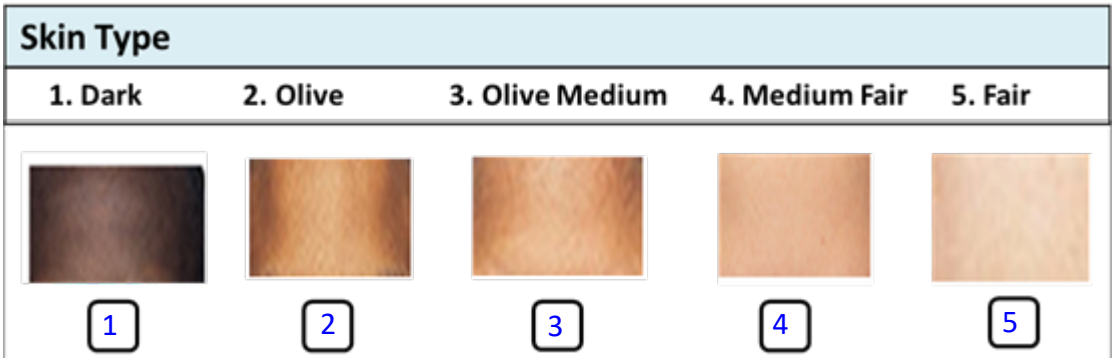
FD7A ○ Preservatives/Colouring

FD8A ○ Other (please specify) ..... FD8A_OTH .....

10. SUN EXPOSURE

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

10.1 Which of the following best describes your natural skin colour that is not exposed to the sun (e.g. on your underarm)? (Please mark only one response) UV1D



10.2 Imagine you spent 30 minutes in the sun in the middle of the day for the first time in summer. If you were not wearing sunscreen, would you (please mark only one response): UV2

- 3 ○ Get severe sunburn with blistering
- 2 ○ Have painful sunburn
- 1 ○ Get mildly burnt
- 0 ○ Not get sunburnt at all

10.3 After this initial reaction, would you get a tan? UV2A

- 0 ○ No
- 1 ○ Yes

10.4 Imagine you spent short periods of time in the sun every day over the summer (without sunscreen). How would your skin look at the end of summer? UV2B

- 3 ○ Very tanned
- 2 ○ Moderately tanned
- 1 ○ Lightly tanned
- 0 ○ No sun tan at all

10.5 How many bad sunburns with pain lasting longer than a day would you estimate you have had in your lifetime? (Please mark only one response) UV3

- 0 ○ None
- 1 ○ One
- 2 ○ 2-10
- 3 ○ More than 10

10.6 <u>In summer</u>, during weekends and holidays, how much time would you normally have spent in the sun in the following age periods? *(Please tick <u>one</u> box for each age period)*

Summer	< 1 hour a day 1	1 – 2 hours per day 2	2 – 3 hours per day 3	3 – 4 hours per day 4	≥ 4 hours a day 5	
6 – 10 years	☐1	☐2	☐3	☐4	☐5	UV38S
11 – 15 years	☐1	☐2	☐3	☐4	☐5	UV39S
16 – 20 years	☐1	☐2	☐3	☐4	☐5	UV40S
The last 3 years	☐1	☐2	☐3	☐4	☐5	UV41S

10.7 If you answered 'less than 1 hour a day', was it usually: ***(Please tick <u>one</u> box for each relevant age period)***

	None 1	Some, but less than ½ hour 2	½ to 1 hour 3	
6 – 10 years	☐1	☐2	☐3	UV42S
11 – 15 years	☐1	☐2	☐3	UV43S
16 – 20 years	☐1	☐2	☐3	UV44S
The last 3 years	☐1	☐2	☐3	UV45S

10.8 <u>In winter</u>, during weekends and holidays, how much time would you normally have spent in the sun in the following age periods? ***(Please tick <u>one</u> box for each age period)***

Winter	< 1 hour a day 1	1 – 2 hours per day 2	2 – 3 hours per day 3	3 – 4 hours per day 4	≥ 4 hours a day 5	
6 – 10 years	☐1	☐2	☐3	☐4	☐5	UV38W
11 – 15 years	☐1	☐2	☐3	☐4	☐5	UV39W
16 – 20 years	☐1	☐2	☐3	☐4	☐5	UV40W
The last 3 years	☐1	☐2	☐3	☐4	☐5	UV41W

10.9 If you answered, 'less than 1 hour a day', was it usually: ***(Please tick <u>one</u> box for each relevant age period)***

	None 1	Some, but less than ½ hour 2	½ to 1 hour 3	
6 – 10 years	☐1	☐2	☐3	UV42W
11 – 15 years	☐1	☐2	☐3	UV43W
16 – 20 years	☐1	☐2	☐3	UV44W
The last 3 years	☐1	☐2	☐3	UV45W

10.10 In the **summer** on an **average work day**, how many hours do you spend **outdoors in the sun**? (Including sports, recreation, outdoor work and anything else done outside)

☐☐ ☐☐

Hours (dropped) **Minutes** (dropped)

UW30S_HRS
= (TOTAL minutes)

10.11 In the **summer** on an average **non-working day**, how many hours do you spend **outdoors in the sun?** (Including sports, recreation, outdoor work and anything else done outside)

☐☐ ☐☐

Hours (dropped) **Minutes** (dropped)

UV32S_HRS
= (TOTAL minutes)

10.12 In the **winter** on an **average work day**, how many hours do you spend **outdoors in the sun**? (Including sports, recreation, outdoor work and anything else done outside)

☐☐ ☐☐

Hours (dropped) **Minutes** (dropped)

UV30W_HRS
= (TOTAL minutes)

10.13 In the **winter** on an **average non-working day**, how many hours do you spend **outdoors in the sun** (including sports, recreation, outdoor work and anything else done outside?)

☐☐ ☐☐

Hours (dropped) **Minutes** (dropped)

UV32W_HRS
= (TOTAL minutes)

10.14 When outdoors in the sun, how much of the time do you

	Never	**seldom**	**half of the time**	**usually**	**always**	**cannot judge**
Wear a hat with a brim or a visor? UV5	0	1	2	3	4	5
Wear sunglasses? UV6	0	1	2	3	4	5

10.15 Last summer, whenever you were outside in the sun, how often did you wear: *(please tick one box for each item)*

Summer	Never 1	Less than 50% of the times out 2	50% of the times out or more 3	All the times I went out 4
Sunglasses UV46S	☐1	☐2	☐3	☐4
Hat UV47S	☐1	☐2	☐3	☐4
Sunscreen UV48S	☐1	☐2	☐3	☐4
Clothes that exposed half arms (forearms) (e.g. t-shirt) UV49S	☐1	☐2	☐3	☐4
Clothes that exposed legs up to knees (e.g. skirt, shorts) UV50S	☐1	☐2	☐3	☐4

10.16 Last winter, whenever you were outside in the sun, how often did you wear: *(please tick one box for each item)*

Winter	Never 1	Less than 50% of the times out 2	50% of the times out or more 3	All the times I went out 4
Sunglasses UV46W	☐1	☐2	☐3	☐4
Hat UV47W	☐1	☐2	☐3	☐4
Sunscreen UV48W	☐1	☐2	☐3	☐4
Clothes that exposed full arms UV49W	☐1	☐2	☐3	☐4
Clothes that exposed legs up to kneesUV50W	☐1	☐2	☐3	☐4

11. EYES

11.1 Do you <u>currently</u> wear (or need to wear) glasses/spectacles and/or contact lenses for your vision? EYE06C

⓪ No (Note: EYE06C & EYE06 are equivalent on this dataset)

① Yes, *(please specify why)*.....EYE06R.....

What age did you start wearing them?.....EYA06.....

11.2 If yes, do you use: EYE06B [1] Contact lenses [2] Glasses/spectacles [3] Both

11.3 Have you had any eye problems or an eye injury? Yes / No (please circle)

Eye problem: **EYE**07 to **EYE**34

(If yes, please year of diagnosis and name of problem(s) if possible) Diagnosis age: **EYA**07 to **EYA**34

.....

.....

11.4 Have you ever had eye patch/ eye drops/ eye treatment or surgery? Yes / No (please circle)

(If yes, please specify with year or age) EYE35 & EYA35

.....

11.5 Have any family members had eye problems? Yes / No (please circle)

(Please give relationship (mother, father, etc), name of problem and age of diagnosis if possible. See example.

		EYExx_rel: *See below for xx=*	EYAxx_rel **Age of Diagnosis**
EYE07_F= 1 *EYA07_F= 5*	**Relationship** (_rel=)	**Name of Problem**	EYAxx: actual age ~~EYAxx_rel:~~ age-groups
	_M: Mother _F: Father _S: Sister _B: Brother _FH: Family History *eg. father had cotaract at age 50, then EYE07_F=1, EYE07_FH=1, and EYA07_F=5*	06: wore glasses/contacts 07: cataract 08: glaucoma 09: macular degeneration 10: stargardt disease 11: blindness 12: colourblind 13: diabetic retinopathy 14: retinal detachment 15: retinitis pigmentosa 16: corneal ulcer 17: dry eye 18: pterygium 19: nystagmus 20: strabismus	21: amblyopia 22: astigmatism 23: hypermetropia 24: myopia 25: presbyopia 26: diplopia 27: poor vision 28: trachoma 29: ptosis 30: eye cancer 31: eye injury /trauma 31**T**: eye injury - text 32: laser surgery 33: other surgery 33**T**: other surgery - text ~~34: other condition~~ 34T: other condition - text	0= <10 years 1= 10-19 years 2= 20-29 years 3= 30-39 years 4= 40-49 years 5= 50-59 years 6= >=60 years 8= not applicable 9= not stated

NEAR WORK G228_EYE05_FH Eye disease: Family History (generic Q)

G228_EYE05_FH_FDR Eye disease: Family History - First Degree Relatives (Mom/Dad/Siblings)

11.6 On an average working day, how many hours do you spend doing <u>near</u> (close-up) work (including reading, writing, drawing, studying, mobile phone texting, computer use and any other close work)? EYE_NWJD

TOTAL MINUTES spent doing near work on a WORKING day

hours : minutes (dropped)

11.7 On an average non-working day, how many hours do you spend doing <u>near</u> work (including reading, writing, drawing, studying, mobile phone texting, computer use and any other close work)? EYE_NWHD

TOTAL MINUTES spent doing near work on a NON-WORKING day

hours : minutes (dropped)

11.8 On average, how long do you spend looking at your phone screen each day? MOB_LOOK

TOTAL MINUTES spent looking at phone screen each day

hours : minutes (dropped)

12. PHYSICAL ACTIVITY

The following questions relate to how physically active you are.

IPAQ0: International Physical Activity Questionnaire (IPAQ) done

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.

12.1 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? IPAQ_VIG_W: Vigorous activity - Y/N

- ○ No vigorous activities *(Please go to **Q 12.2**)*
- ○ Yes (how many **days per week**?) ☐ IPAQ_VIG_D

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

Hours per day ☐☐ G228_IPAQ_VIG_HPD

Minutes per day ☐☐ G228_IPAQ_VIG_MPD VIG_MINS (= TOTAL minutes/day)

12.2 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.

- ○ No moderate activities *(Please go to **Q 12.3**)* IPAQ_MOD_W: Moderate activity - Y/N
- ○ Yes (how many **days per week**?) ☐ IPAQ_MOD_D

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

Hours per day ☐☐ G228_IPAQ_MOD_HPD

Minutes per day ☐☐ G228_IPAQ_MOD_MPD MOD_MINS (= TOTAL minutes/day)

12.3 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?

- ○ No walking *(Please go to **Q 12.4**)* IPAQ_WALK_W: Walking activity - Y/N
- ○ Yes (how many **days per week**?) ☐ IPAQ_WALK_D

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

Hours per day ☐☐ G228_IPAQ_WALK_HPD

Minutes per day ☐☐ G228_IPAQ_WALK_MPD

WALK_MINS
(= TOTAL minutes/day)

12.4 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 ☐☐ (dropped)

Minutes per day ☐☐ (dropped)

G228_SIT_WD_TRUNC
(= TOTAL minutes/day)

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

Hours per day ☐☐ (dropped)

Minutes per day ☐☐ (dropped)

G228_SIT_WE_TRUNC
(= TOTAL minutes/day)

DERIVED VARIABLE	**LABEL**
VIG_MET	IPAQ: Vigorous activity - MET minutes per week
MOD_MET	IPAQ: Moderate activity - MET minutes per week
WALK_MET	IPAQ: Walking - MET minutes per week
TOT_MET	IPAQ: TOTAL MET minutes per week
IPAQ_CAT	IPAQ: Physical Activity Category

13 TECHNOLOGY USE

This next section asks about your use of information technology (mobile phones, computers, television etc.) - How often and how long you use these electronic devices.

	WEEKDAY (Mon – Fri)		WEEKEND (Sat – Sun)		Total
	Over a typical Monday to Friday, on **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)	Over a typical Saturday to Sunday, on **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)
13.1 Television 	**TVWD** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days 3 ○ 3 days 4 ○ 4 days 5 ○ 5 days	**TVWDH** 0 ○ 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	**TVWE** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days	**TVWEH** 0 ○ 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	**TVWP** 0 ○ Do not use for work 1 ○ about 25% 2 ○ about 50% 3 ○ about 75% 4 ○ only use for work
13.2 Desktop computer 	**DWD** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days 3 ○ 3 days 4 ○ 4 days 5 ○ 5 days	**DWDH** 0 ○ 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	**DWE** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days	**DWEH** 0 ○ 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	**DWP** 0 ○ Do not use for work 1 ○ about 25% 2 ○ about 50% 3 ○ about 75% 4 ○ only use for work

DERIVED VARIABLE	LABEL
TVWD_TOT	TV: Total minutes/ weekday
TVWE_TOT	TV: Total minutes/ weekend
TV7D_TOT	TV: Total minutes/ week
TV7D_WTOT	TV: Total minutes/week for work
TVWD_PD	TV: Average minutes on weekday
TVWE_PD	TV: Average minutes on weekend
TV7D_PD	TV: Average minutes of daily use

DERIVED VARIABLE	LABEL
DWD_TOT	Desktop: Total minutes/ weekday
DWE_TOT	Desktop: Total minutes/ weekend
D7D_TOT	Desktop: Total minutes/ week
D7D_WTOT	Desktop: Total minutes/week for work
DWD_PD	Desktop: Average minutes on weekday
DWE_PD	Desktop: Average minutes on weekend
D7D_PD	Desktop: Average minutes of daily use

	WEEKDAY (Mon – Fri)		WEEKEND (Sat – Sun)		Total
	Over a typical Monday to Friday ,on **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)	Over a typical Saturday to Sunday, on **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 p**er day?** (Tick ONE only)	What percent of your **total** weekly use of this device is for **work** purposes? (Tick ONE only)
13.3 Laptop 	**LWD** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days 3 ○ 3 days 4 ○ 4 days 5 ○ 5 days	**LWDH** 0 ○ 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	**LWE** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days	**LWEH** 0 ○ 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	**LWP** 0 ○ Do not use for work 1 ○ about 25% 2 ○ about 50% 3 ○ about 75% 4 ○ only use for work
13.4 Tablet (e.g. iPad, Samsung Galaxy Tab, Kindle e-reader) 	**TWD** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days 3 ○ 3 days 4 ○ 4 days 5 ○ 5 days	**TWDH** 0 ○ 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	**TWE** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days	**TWEH** 0 ○ 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	**TWP** 0 ○ Do not use for work 1 ○ about 25% 2 ○ about 50% 3 ○ about 75% 4 ○ only use for work

DERIVED VARIABLE	LABEL
TWD_TOT	Tablet: Total minutes/ weekday
TWE_TOT	Tablet: Total minutes/ weekend
T7D_TOT	Tablet: Total minutes/ week
T7D_WTOT	Tablet: Total minutes/week for work
TWD_PD	Tablet: Average minutes on weekday
TWE_PD	Tablet: Average minutes on weekend
T7D_PD	Tablet: Average minutes of daily use

DERIVED VARIABLE	LABEL
LWD_TOT	Laptop: Total minutes/ weekday
LWE_TOT	Laptop: Total minutes/ weekend
L7D_TOT	Laptop: Total minutes/ week
L7D_WTOT	Laptop: Total minutes/week for work
LWD_PD	Laptop: Average minutes on weekday
LWE_PD	Laptop: Average minutes on weekend
L7D_PD	Laptop: Average minutes of daily use

	WEEKDAY (Mon – Fri)		WEEKEND (Sat – Sun)		Total
	Over a typical Monday to Friday, on **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)	Over a typical Saturday to Sunday, on **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)
13.5 Mobile phone (i.e. smartphone or non-smartphone) 	**MWD** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days 3 ○ 3 days 4 ○ 4 days 5 ○ 5 days	**MWDH** 0 ○ 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	**MWE** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days	**MWEH** 0 ○ 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	**MWP** 0 ○ Do not use for work 1 ○ about 25% 2 ○ about 50% 3 ○ about 75% 4 ○ only use for work
13.6 Non-active electronic games (played sitting e.g. Xbox or PS3 console games and PSP or Nintendo DS handheld games) 	**NEWD** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days 3 ○ 3 days 4 ○ 4 days 5 ○ 5 days	**NEWDH** 0 ○ 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	**NEWE** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days	**NEWEH** 0 ○ 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	**NEWP** 0 ○ Do not use for work 1 ○ about 25% 2 ○ about 50% 3 ○ about 75% 4 ○ only use for work

DERIVED VARIABLE	LABEL
MWD_TOT	Mobile: Total minutes/ weekday
MWE_TOT	Mobile: Total minutes/ weekend
M7D_TOT	Mobile: Total minutes/ week
M7D_WTOT	Mobile: Total minutes/week for work
MWD_PD	Mobile: Average minutes on weekday
MWE_PD	Mobile: Average minutes on weekend
M7D_PD	Mobile: Average minutes of daily use

DERIVED VARIABLE	LABEL (NE= Non-active Electronic gaming)
NEWD_TOT	NE console: Total minutes/ weekday
NEWE_TOT	NE console: Total minutes/ weekend
NE7D_TOT	NE console: Total minutes/ week
NE7D_WTOT	NE console: Total minutes/week for work
NEWD_PD	NE console: Average minutes on weekday
NEWE_PD	NE console: Average minutes on weekend
NE7D_PD	NE console: Average minutes of daily use

	WEEKDAY (Mon – Fri)		WEEKEND (Sat – Sun)		Total
	Over a typical Monday to Friday, on **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)	Over a typical Saturday to Sunday, on **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)
13.7 Active electronic games (played actively and moving about e.g. Xbox Kinect, Wii, PS3 Move) 	**AEWD** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days 3 ○ 3 days 4 ○ 4 days 5 ○ 5 days	**AEWDH** 0 ○ 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	**AEWE** 0 ○ Do not use 1 ○ 1 day 2 ○ 2 days	**AEWEH** 0 ○ 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	**AEWP** 0 ○ Do not use for work 1 ○ about 25% 2 ○ about 50% 3 ○ about 75% 4 ○ only use for work

DERIVED VARIABLE	LABEL (AE= Active Electronic gaming)
AEWD_TOT	AE console: Total minutes/ weekday
AEWE_TOT	AE console: Total minutes/ weekend
AE7D_TOT	AE console: Total minutes/ week
AE7D_WTOT	AE console: Total minutes/week for work
AEWD_PD	AE console: Average minutes on weekday
AEWE_PD	AE console: Average minutes on weekend
AE7D_PD	AE console: Average minutes of daily use

G228_ITUSE_WDTOT	All devices: Total minutes/weekday
G228_ITUSE_WETOT	All devices: Total minutes/weekend
G228_ITUSE_7DTOT	All devices: Total minutes/week
G228_ITUSE_WD_PD	All devices: Average minutes on weekday
G228_ITUSE_WE_PD	All devices: Average minutes of weekend
G228_ITUSE_7D_PD	All devices: Average minutes of daily use

13.8 How old were you when you got your first mobile phone? ……MOB_AGE…….. Age in years

☐ I have never had a mobile phone. MOB_EVER (0=No, 1=Yes)

13.9 Usually how many hours do you…..

- Use a computer for internet socialising each day? (Facebook, Instagram, snapchat, twitter)

HR (dropped) MIN (dropped) COM_SOC (= TOTAL minutes)

- Use a smart phone for internet socialising each day? (Facebook, Instagram, snapchat, twitter)

HR (dropped) MIN (dropped) MOB_SOC (= TOTAL minutes)

The following questions are related to self-tracking/self-monitoring of health and fitness.

13.10. Do you currently monitor or track your health or fitness using an online or mobile application or through a fitness band, clip, or smartwatch? This could range from monitoring your diet, weight, or health concerns to tracking your steps or other exercise. HTRC0

- 1 ☐ Yes, I currently monitor or track
- 2 ☐ Not currently, but I have monitored or tracked in the past
- 0 ☐ No, I have never monitored or tracked my health or fitness
- 7 ☐ Not sure

13.11. Why do you monitor or track your health or fitness? Select all that apply

HTRC1 • ☐ To motivate myself to exercise
HTRC2 • ☐ To be more productive
HTRC3 • ☐ Because it's fun
HTRC4 • ☐ Because it's part of my daily routine
HTRC5 • ☐ To improve my energy level
HTRC13 • ☐ For some other reason
HTRC14 • ☐ Not sure
HTRC6 • ☐ To maintain or improve my physical condition/fitness
HTRC7 • ☐ To motivate myself to eat and drink healthy
HTRC8 • ☐ To monitor or track a specific health condition
HTRC9 • ☐ To lose weight
HTRC10 • ☐ To improve sleep
HTRC11 • ☐ To compete with other people
HTRC12 • ☐ To train for an event (race, sport, etc.)

13.12. What do you monitor or track? Select all that apply.

HTRC_PA • ☐ physical activity (eg, number of steps, minutes of activity, energy expenditure etc.)
HTRC_DT • ☐ diet (eg, food, drinks, water, fruit, vegetables, etc.)
HTRC_WT • ☐ weight
HTRC_BP • ☐ blood pressure
HTRC_STR • ☐ stress
HTRC_HR • ☐ heart rate (variability)
HTRC_SL • ☐ sleep
HTRC_OTH • ☐ other, HTRC_OTH1 ……

- **13.13. Would you be willing to share your self-tracked data with researchers?**
- 1 ☐ Yes HTRC_SHARE
- 2 ☐ Not sure
- 0 ☐ No, definitely not

14. SLEEP

The following questions are about how you sleep and the quality of your sleep.

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you.

It is important that you answer each question as best you can.

	Situation	Chance of dozing (0-3)			
	14.1	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
EPW1	(a) Sitting and reading	0	1	2	3
EPW2	(b) Watching TV	0	1	2	3
EPW3	(c) Sitting inactive in a public place (e.g. a theatre or a meeting)	0	1	2	3
EPW4	(d) As a passenger in a car for an hour without a break	0	1	2	3
EPW5	(e) Lying down to rest in the afternoon when circumstances permit	0	1	2	3
EPW6	(f) Sitting and talking to someone	0	1	2	3
EPW7	(g) Sitting quietly after lunch without alcohol	0	1	2	3
EPW8	(h) In a car, while stopped for a few minutes in the traffic	0	1	2	3

G228_EPW_SCORE: ESS - Epworth Sleepiness Scale Total Score

G228_EPW_CAT: ESS - Epworth Sleepiness Scale Category

14.2 Instructions: Below is a list of common sleep complaints. During the past month, how many nights, or days per week, have you had, or been told you had, the following symptoms? If you have experienced any of these symptoms, please indicate how long it has lasted - in weeks, months or years.

During the past month	**Never** 0	**Do not Know** 7	**Rarely** less than once per week 1	**Sometimes** 1-2 times per week 2	**Frequently** 3-4 times per week 3	**Always** 5-7 times per week 4	**How long has the symptom lasted** (no. of weeks, months or years)
(a) Difficulty falling asleep PSSQ1	☐ 0	☐ 7	☐ 1	☐ 2	☐ 3	☐ 4	☐ weeks ☐ months ☐ years
(b) Difficulty staying asleep PSSQ2	☐	☐	☐	☐	☐	☐	☐ weeks ☐ months ☐ years
(c) Frequent awakenings from sleep PSSQ3	☐	☐	☐	☐	☐	☐	☐ weeks ☐ months ☐ years
(d) Feeling that your sleep is not sound PSSQ4	☐	☐	☐	☐	☐	☐	☐ weeks ☐ months ☐ years
(e) Feeling that your sleep is unrefreshing PSSQ5	☐	☐	☐	☐	☐	☐	☐ weeks ☐ months ☐ years

If you checked 'never', or 'do not know' for **all of these symptoms**, YOU MAY STOP answering this question and go to **Q 14.4**

If you checked 'rarely' to 'always' for **any of these symptoms** please continue with **Q 14.3**

14.3

Instructions: If you have experienced **any** sleep symptoms **during the past month** please circle the appropriate number to let us know how your sleep is affecting your daily life.

During the past month	Not all at all	A little bit	Moderately	Quite a bit	Extremely
(a) How much do your sleep problems bother you? PSSQ6	0	1	2	3	4
(b) Have your sleep difficulties affected your work? PSSQ7	0	1	2	3	4
(c) Have your sleep difficulties affected your social life? PSSQ8	0	1	2	3	4
(d) Have your sleep difficulties affected other important parts of your life? PSSQ9	0	1	2	3	4
(e) Have your sleep difficulties made you feel irritable? PSSQ10	0	1	2	3	4
(f) Have your sleep problems caused you to have trouble concentrating? PSSQ11	0	1	2	3	4
(g) Have your sleep difficulties made you feel fatigued? PSSQ12	0	1	2	3	4
(h) How sleepy do you feel during the day? PSSQ13	0	1	2	3	4

G228_PSSQ_SSC	PSSQI Sleep Symptom Criterion
G228_PSSQ_DIC	PSSQI Daytime Impairment Criterion
G228_PSSQ_DC	PSSQI Duration Criterion >=4 weeks
G228_PSSQ_DURC13	PSSQI Duration Criterion >=13 weeks
G228_PSSQ_INS	PSSQI Diagnosed Insomnia Criterion >=4 weeks
G228_PSSQ_INS13	PSSQI Diagnosed Insomnia Criterion >=13 weeks

14.4

Please choose the correct response to each question

(a) Do you snore? BERQ1

① Yes
⓪ No *(Please go to (e) below)*
② Don't know *(Please go to (e) below)*

If you snore,

(b) Your snoring is: BERQ2

① Slightly louder than breathing
② As loud as talking
③ Louder than talking
④ Very loud; can be heard in adjacent rooms

(c) How often do you snore? BERQ3

1 Nearly every day
2 3-4 times a week
3 1-2 times a week
4 1-2 times a month
5 Never or nearly never

(d) Has your snoring ever bothered other people? BERQ4

① Yes
⓪ No
② Don't know

(e) Has anyone noticed that you quit breathing during your sleep? BERQ5

1 Nearly every day
2 3-4 times a week
3 1-2 times a week
4 1- 2 times a month
5 Never or nearly never

(f) How often do you feel tired or fatigued after your sleep? BERQ6

1 Nearly every day
2 3-4 times a week
3 1-2 times a week
4 1-2 times a month
5 Never or nearly never

(g) During your waking time, do you feel tired, fatigued, or not up to par? BERQ7

1 Nearly every day
2 3-4 times a week
3 1-2 times a week
4 1-2 times a month
5 Never or nearly never

(h) Have you ever nodded off or fallen asleep while driving a vehicle? BERQ8

① Yes
⓪ No *(Please go to (j) below)*

If yes,

(i) How often does this occur? BERQ9

1 Nearly every day
2 3-4 times a week
3 1-2 times a week
4 1-2 times a month
5 Never or nearly never

(j) Do you have high blood pressure? BERQ10

① Yes
⓪ No
② Don't know

G228_BERQ_TOT: BERLIN - OVERALL SCORE

14.5

These questions relate to your sleep over the past month

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

(a) During the past month, what time have you usually gone to bed at night?

[Bed time] 00:00 (24 hr clock) PSQI1

(b) During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

[Number of minutes] PSQI2

(c) During the past month, what time have you usually gotten up in the morning?

[Getting up time] 00:00 (24 hr clock) PSQI3

(d) During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

[Hours of sleep per night] decimal points PSQI4

For each of the remaining questions, check the one best response. Please answer all questions.

(e) During the past month, how often have you had trouble sleeping because you:

	Not during the past month 0	less than once week 1	Once or twice a week 2	Three or more times a week 3
(a) Cannot get to sleep within 30 minutes PSQI5A	☐	☐	☐	☐
(b) Wake up in the middle of the night or early morning PSQI5B	☐	☐	☐	☐
(c) Have to get up to use the bathroom PSQI5C	☐	☐	☐	☐
(d) Cannot breathe comfortably PSQI5D	☐	☐	☐	☐
(e) Cough or snore loudly PSQI5E	☐	☐	☐	☐
(f) Feel too cold PSQI5F	☐	☐	☐	☐
(g) Feel too hot PSQI5G	☐	☐	☐	☐
(h) Had bad dreams PSQI5H	☐	☐	☐	☐
(i) Have pain PSQI5I	☐	☐	☐	☐
(j) Other reason(s), please describe PSQI5J_OTH				
How often during the past month have you had trouble sleeping because of this PSQI5J	☐	☐	☐	☐

(f) During the past month, how would you rate your sleep quality overall? PSQI6

0 Very good 1 Fairly good 2 Fairly bad 3 Very bad

(g) During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")? PSQI7

⓪ Not during the past month
① Less than once a week
② Once or twice a week
③ Three or more times a week

(h) During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity. PSQI8

⓪ Not during the past month
① Less than once a week
② Once or twice a week
③ Three or more times a week

(i) During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? PSQI9

⓪ No problem at all
① Only a very slight problem
② Somewhat of a problem
③ A very big problem

(j) Do you have a bed partner or roommate? PSQI10

⓪ No bed partner or roommate
① Partner/roommate in other room
② Partner in same room, but not same bed
③ Partner in same bed

(l) During the past month, how many times per night do you wake up? SL_WAKE_NF

⓪ Never
① Less than once a week
② 1-6 times per week
③ 1-2 times per night
④ 3-5 times per night
⑤ More than 5 times per night

DERIVED VARIABLES	LABEL
PSQI_TOTAL	PSQI Total Score - Continuous
PSQI_TOTAL_CAT	PSQI Total Score - Categorical

14.6 The following questions are about restless legs

(a)When sitting or lying down, do you have a strong urge to move your legs? SL72

0 Never *(Please go to **Q14.7**)*
1 Rarely (once a month or less).
2 Sometimes (2-4 times/month)
3 Often (5-15 times/month)
4 Very often (more than 15 times/ month)

(b)Is your urge to move your legs accompanied by a discomfort (unpleasant sensation) in your legs, for example a creepy-crawly or tingly feeling? SL73

1 Yes
0 No
2 Don't know

(c)Is the discomfort in your legs relieved in any way, even for a short time, by walking or moving your legs? SL74

1 Yes
0 No
2 Don't know

(d) At what times is the discomfort in your legs and/or urge to move most bothersome? SL75

1 In the mornings
2 In the afternoons
3 In the evenings
4 At bedtime
0 No difference by the time of day

(e)When you actually experience these unpleasant sensations in your legs or the urge to move your legs, how distressing are they? SL76

0 Not at all distressing
1 A little bit distressing
2 Moderately distressing
3 Extremely distressing
7 Don't know

(f)When you actually experience these unpleasant sensations in your legs or the urge to move your legs, do they disturb your sleep? SL77

0 Never/almost never
1 Less than once a week
2 Once or twice a week
3 3 to 5 times a week
4 Every day/almost every day of the week
7 Don't know

14.7 The following questions are about your family history of sleep

(a) Has your biological mother had any of the following diagnosed by a doctor?

		No 0	Yes 1	Not sure2
Sleep Apnoea	SL78	☐	☐	☐
Narcolepsy	SL79	☐	☐	☐
Loud or disruptive snoring	SL80	☐	☐	☐
Insomnia disorder	SL108	☐	☐	☐
Excessive (too much) sleepiness	SL81	☐	☐	☐
Restless legs/periodic leg movements of sleep	SL82	☐	☐	☐

(b) Has your biological father had any of the following diagnosed by a doctor?

		No 0	Yes 1	Not sure 2
Sleep Apnoea	SL83	☐	☐	☐
Narcolepsy	SL84	☐	☐	☐
Loud or disruptive snoring	SL85	☐	☐	☐
Insomnia disorder	SL109	☐	☐	☐
Excessive (too much) sleepiness	SL86	☐	☐	☐
Restless legs/periodic leg movements of sleep	SL87	☐	☐	☐

(c) Have any of your brothers or sisters had the following diagnosed by a doctor? If yes, how many brothers and/or sisters? Several participants misinterpreted the latter question and reported their total number of siblings instead, and these variables had unreliable responses

		No 0	Yes 1	Not sure 2	How many brothers (dropped)	How many sisters (dropped)
Sleep Apnoea	SL88	☐	☐	☐		
Narcolepsy	SL89	☐	☐	☐		
Loud or disruptive snoring	SL90	☐	☐	☐		
Insomnia disorder	SL110	☐	☐	☐		
Excessive (too much) sleepiness	SL91	☐	☐	☐		
Restless legs/periodic leg movements of sleep	SL92	☐	☐	☐		

14.8(a) Have you ever had an overnight sleep study in a hospital? (dropped)

☐ No *(Please go to **Q 14.9**)*

☐ Not Sure *(Please go to **Q 14.9**)*

☐ Yes, please supply the date of the study. If you can't remember the date, please supply month and year.

14.8(b) Date or month and year of sleep study (dropped) .....

NOTE: Most participants misinterpreted Q14.8.a and reported information about their participation in the Raine Sleep Study done in previous followups - instead of a sleep study recommended based on their symptoms. Hence, the data is invalid and is not available.

14.9(a) Have you ever been diagnosed with Sleep Apnoea? SL95

0 No *(Please go to **Q 14.11**)*

1 Yes

14.9(b) Please give the name of the physician or clinic: SL97 (SENSITIVE)

.....

14.9(c) Which year was this diagnosed? SL96 .....

14.9(d) Were any of the following treatments recommended or prescribed?

		Yes 1	No 0
CPAP	SL98	1	0
Surgery on the palate	SL99	☐	☐
Tonsillectomy	S100	☐	☐
Nose surgery	S101	☐	☐
Mandibular advancement splint	S102	☐	☐
Laser Treatment	S103	☐	☐
Other *(Please specify below)*	S104	☐	☐
Other treatments	S105		

14.10 If you were prescribed CPAP, are you <u>still using this on a regular basis</u>? S106

0 No - why not? S106A

1 Yes

14.11(a) Have you had surgery for snoring or sleep apnoea? S107

0 No

1 Yes, - date of surge..... S107D3

- Where.....S107B (sensitive)

14.11(b) What type of surgery? S107C

15. EATING HABITS and WEIGHT

15.1 Do you know how much you weigh? W1

⓪ No

① Yes ⟶ What is your current weight? W2 .....KG (dropped) .....g

15.2 Are you worried about your weight?

⓪ No, not at all W3

① A little

② Moderately

③ Very

15.3 Do you consider yourself to be:

⓪ Underweight W4

① Normal weight

② A bit overweight

③ Very overweight

The following questions are concerned with the past 4 weeks only (28 days).
Please answer all of the questions.

15.4 On how many days, in the past 4 weeks:

Please mark one response for each item	0 days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
(a) Have you been trying hard to eat less to change your shape or weight? (even if you haven't been able to do so) W8_4	0	1	2	3	4	5	6
(b) Have you gone for 8 or more waking hours without eating anything in order to influence your shape or weight? W35_4	☐	☐	☐	☐	☐	☐	☐
(c) Have you tried to avoid eating foods that you like in order to influence your shape or weight? W9_4	☐	☐	☐	☐	☐	☐	☐
(d) Have you tried to follow definite rules regarding your eating in order to influence your shape or weight; for example, a calorie limit, a set amount of food, or rules about what or when you should eat? W10_4	☐	☐	☐	☐	☐	☐	☐
(e) Has thinking about food or its calorie content made it difficult to concentrate on things you are interested in; for example, read, watch TV, follow a conversation? W11_4	☐	☐	☐	☐	☐	☐	☐
(f) Have you been afraid of losing control over eating? W12_4	☐	☐	☐	☐	☐	☐	☐
(g) Have you eaten in secret (do not count binge eating)? W15_4	☐	☐	☐	☐	☐	☐	☐
(h) Have you had a definite fear that you might gain weight or become fat? W16_4	☐	☐	☐	☐	☐	☐	☐
(i) Have you felt fat? W38_4	☐	☐	☐	☐	☐	☐	☐
(j) Have you had a strong desire to lose weight? W39_4	☐	☐	☐	☐	☐	☐	☐

(k) Have there been times when you felt that you'd eaten what other people would regard as an unusually large amount of food given the circumstances? W14_4	☐ 0 NO, *go to part (l)*	☐ 1 YES, *go to part (k i)*
(k i) How many such episodes have you had over the past four weeks?	W14A_4	episodes
(k ii)During these episodes, did you have a sense of having lost control over your eating (of not being able to stop eating or of not being able to control how much or what you ate)? W54_4	☐ 0 NO, *go to part (l)*	☐ 1 YES, *go to part (k iii)*
(k iii) If so, for how many of the above episodes did you experience this sense of loss of control?	W54A_4	episodes
(l) Have you made yourself sick (vomit) as a means of controlling your shape or weight? W17_4	☐ 0 NO, *go to part (n)*	☐ 1 YES, *go to part (m)*
(m) How many times have you done this over the past four weeks?	W17A_4	times
(n) Have you taken laxatives as a means of controlling your shape or weight? W55_4	☐ 0 NO, *go to part (p)*	☐ 1 YES, *go to part (o)*
(o) How many times have you done this over the past four weeks?	W55A_4	times
(p) Have you exercised hard as a means of controlling your shape or weight? W19_4	☐ 0 NO, *go to part (r)*	☐ 1 YES, *go to part (q i)*
(q.i)How many days have you done this over the past four weeks?	W19A_4	days
(q.ii)For how long for each day (on average)?	W19B_4	hours

	Not at all		Slightly		Moderately		Markedly
(r) Has your **weight** influenced how you think about (judge) yourself as a person? W20_4	☐0	☐1	☐2	☐3	☐4	☐5	☐6
(s) Has your **shape** influenced how you think about (judge) yourself as a person? W46_4	☐0	☐1	☐2	☐3	☐4	☐5	☐6

15.5 Has your diet changed substantially since the last follow-up (when you were around 27 years of age)

☐ 1 Yes

☐ 0 No

☐ 8 Not applicable ……W48

16. ALCOHOLIC, NON-ALCOHOLIC and ENERGY DRINKS

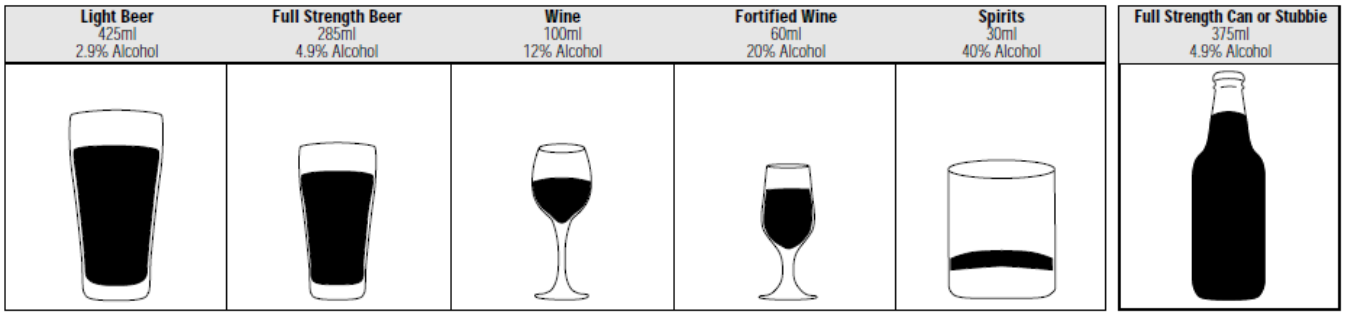
We would like to know how often and how much of the following drinks you usually consume.
When answering these questions please answer in number of glasses, cans, cups, stubbies etc.
To assist you, below each type of drink is the type of measurement.
Please fill in every line (tick NEVER if you don't consume the type of drink)
Please indicate the number of drinks you usually consume for the time selected. E.g. you drink water every day, and usually **6** glasses per day.

16.1	Never	Less than once a month	1 day per month	2 days per month	3 days per month	1 day per week	2 days per week	3 days per week	4 days per week	5 days per week	6 days per week	Every day	Average number of drinks
Water (250 ml glass)													
DK1	0	1	2	3	4	5	6	7	8	9	10	11	DK19
Fizzy drink (e.g cola, lemonade) can or glass													
DK2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK20
Diet fizzy drink (e.g. Diet cola, diet lemonade) can or glass													
DK3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK21
Energy drink (e.g. Redbull, V, Monster) can													
DK4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK22
Diet energy drink (can)													
DK5	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK23
Tea (cup)													
DK6	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK24
Herbal tea (cup)													
DK7	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK25
Green tea (cup)													
DK8	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK26
Instant coffee (cup)													
DK9	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK27
Ground coffee (i.e. filter coffee, cappuccino, flat white) cup, mug													
DK10	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK28
Milk full fat (250 ml glass)													
DK55	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK59
Milk (hi lo, skim or any other type) 250 ml glass													
DK56	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK60
Non cows milk (eg soy, almond, coconut) 250 ml glass													
DK57	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK61
Flavoured milk (eg ice coffee, choc chill) box or bottle													
DK58	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	DK62

We would like to ask you some questions about your alcohol consumption.

16.2

Please answer the following questions in terms of standard drinks. The following gives you an idea of one standard drink. A full strength can or stubby, and a can or bottle of alcoholic soda is 1.5 standard drinks.



*The guide above contains examples of **one standard drink**.*

A full strength can or stubbie contains ***one and a half standard drinks***.

	Never	Monthly or less	2-4 times a month	2-3 times a week,	4 or more times a week
How often do you have a drink containing alcohol? ALC_F	0 Go to Q17	1	2	3	4
	1 or 2	**3 or 4**	**5 or 6**	**7 to 9**	**10 or more**
How many standard drinks do you have on a typical day when you are drinking? ALC_DKN_T	0	1	2	3	4
	Never	**Less than monthly**	**Monthly**	**Weekly**	**Daily or almost daily**
How often do you have six or more standard drinks on one occasion? ALC_DKN6_F	0	1	2	3	4
How often during the last year have you found that you were not able to stop drinking once you had started? ALC_XSTOP	☐	☐	☐	☐	☐
How often during the last year have you failed to do what was normally expected of you because of drinking? ALC_EF1	☐	☐	☐	☐	☐
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? AH45	☐	☐	☐	☐	☐
How often during the last year have you had a feeling of guilt or remorse after drinking?AH46	☐	☐	☐	☐	☐
How often during the last year have you been unable to remember what happened the night before because you had been drinking?AH47	☐	☐	☐	☐	☐
Have you or someone else been injured because of your drinking? AH48	☐	☐	☐	☐	☐
Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?AH49	☐	☐	☐	☐	☐

16.3 In the last year, have you drunk more than you meant to? AH53

⓪ No
① Yes

16.4 Have you felt you wanted or needed to cut down on your drinking in the last year? AH51

⓪ No
① Yes

17. SMOKING

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 smoke.

17.1 Have you ever smoked cigarettes (including roll ups)? SM1

⓪ No *(Please go **Q 17.7**)*
① Yes

17.2 Have you smoked any cigarettes (including hand rolled) in the past 30 days? SM2

⓪ No
① Yes (Please go to **Q 17.3**)

If No, How old were you when you last stopped smoking…… SM6A
How many cigarettes per day did you smoke? SM9

⓪ Less than one
① 1-5
② 6-10
③ 11-15
④ 16-20
⑤ More than 20

*(Please go to **Q 17.7**)*

17.3 How many cigarettes per day do you currently smoke? SM4

⓪ Less than one
① 1-5
② 6-10
③ 11-15
④ 16-20
⑤ More than 20

17.4 At what age did you start smoking regularly? …… SM40

17.5 In the last year, have you ever smoked more than you meant to? SM46

⓪ No
① Yes

17.6 Have you felt you wanted or needed to cut down on your smoking in the last year? SM47

⓪ No
① Yes

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

⓪ No SM42
① Yes

17.8 Are you currently exposed to tobacco smoke at home? SM41

⓪ No, *please go to* ***Q17.9***
① Yes

If Yes, how long have you been exposed to tobacco smoke at home SM41_yr (= TOTAL YEARS)

(dropped) years (dropped) months

17.9 Are you exposed to tobacco smoke at work? SM43

⓪ No, please go to **Q17.10**
① Yes
⑧ I don't work, please go to **Q17.10**

If Yes, how long have you been exposed to tobacco smoke at work SM43_yr (= TOTAL YEARS)

(dropped) years (dropped) months

17.10 Do you currently use electronic cigarettes or E-cigarettes, such as Ruyan or NJOY? SM44

⓪ No
① Yes

17.11 Do you currently use nicotine replacement therapy? SM45

⓪ No
① Yes

18. DRUG USE

18.1 Have you ever tried or used the following drugs for <u>non-medicinal purposes</u> 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 7
Marijuana/cannabis DG1	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 7
Opioids (heroin morphine, pethidine) DG17	☐	☐	☐	☐	☐	☐	☐
Amphetamines (speed, ecstasy, diet pills) DG6	☐	☐	☐	☐	☐	☐	☐
Ritalin DG19	☐	☐	☐	☐	☐	☐	☐
Methamphetamines (ice) DG18	☐	☐	☐	☐	☐	☐	☐
Other Methamphetamines (MDMA, molly) DG20	☐	☐	☐	☐	☐	☐	☐
Cocaine HCl (powder cocaine, coke) DG9	☐	☐	☐	☐	☐	☐	☐
GHB (liquid ecstasy, liquid G, blue nitro, fantasy) DG11	☐	☐	☐	☐	☐	☐	☐
Freebase cocaine (crack) DG21	☐	☐	☐	☐	☐	☐	☐
Nitrous (laughing gas) DG8	☐	☐	☐	☐	☐	☐	☐
Other inhalants (glue, petrol, solvents) DG2	☐	☐	☐	☐	☐	☐	☐
Hallucinogens (LSD, acid, mushrooms, Ketamine,) DG16	☐	☐	☐	☐	☐	☐	☐
Sedatives or sleeping pills e.g. Valium, Rohypnol (**for recreational use**) DG14	☐	☐	☐	☐	☐	☐	☐
Painkiller/analgesics e.g. panadeine forte, nurofen plus (**for recreational use**). DG3	☐	☐	☐	☐	☐	☐	☐
Methadone/Buprenorphine DG10	☐	☐	☐	☐	☐	☐	☐
Other, please list DG5							
DG5A	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

18.2 In the last year, have you ever smoked more marijuana than you meant to?

⑧ No, don't smoke marijuana (*please go to* ***Q18.4***) DG22
⓪ No
① Yes

18.3 Have you felt you wanted or needed to cut down on your marijuana smoking in the last year?

⓪ No DG22A
① Yes

18.4 In the last year, have you ever used other drugs more than you meant to?DG23

⑧ No, don't use drugs (*please go to* ***Q19***)
⓪ No
① Yes

18.5 Have you felt you wanted or needed to cut down on your use of other drugs in the last year?

0 ○ No DG23A
① Yes

19. RELATIONSHIPS

19.1 What is your current relationship status? *(Please mark only one response)* PTNR1

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

19.2 What is your current marital status? *(Please select one)* MAR

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

19.3 Is your primary partner male or female? P6

○ No primary partner *(Please go to* ***Q 19.5****)*
○ Male
○ Female
○ Other, please specify G228_P6_OTH

New value "Non-binary" was created based on responses, and values were re-coded as follows:
"No primary partner"=0,
"Male"=1,
"Female"=2,
"Non-binary"=3,
"Other, please specify"=4

19.4 How long have you been with your primary partner? PTNR_DUR (= TOTAL MONTHS)

……(dropped)…….. weeks ……(dropped)……..months……(dropped)……years 777 don't know

19.5 Which of these statements best describes you? (Please mark only one response) SX11

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
0 ○ I have never felt attracted to anyone at all

19.6 What do you identify as: *(Please mark only one response)* SXO3

0 ○ Heterosexual
1 ○ Gay/Lesbian
2 ○ Bisexual
3 ○ Not sure
4 ○ Other - please specify …… SXO3_OTH

19.7 Do you identify as: (Please mark only one response) SX123

0 ○ Male
1 ○ Female
2 ○ Transgender male
3 ○ Transgender female
4 ○ Nonbinary
5 ○ Other - please specify …… SX123_OTH

19.8 Over the last year, with how many partners have you had oral sex, or vaginal or anal intercourse? *(Please mark only one response)* SX95

- 8 ○ Have not had a sexual partner *(Please go to **Q 19.10**)*
- 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

19.9 Over the last year, have your partners been PTNR2

- 0 ○ Male only
- 1 ○ Female only
- 2 ○ Male and female

19.10 Over your LIFETIME, have your partners been: PTNR3

- 0 ○ Male only
- 1 ○ Female only
- 2 ○ Male and female

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

- 0 ○ No *(Please go to **Q 19.13**)* SX23
- 1 ○ Yes

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

- SX24 ○ Had been drinking at the time
- SX25 ○ Was high at the time
- SX26 ○ Partner thought I should
- SX27 ○ Friends thought I should
- SX96 ○ Felt I could not say no
- SX28 ○ Other reason - please specify ..... SX28_OTH .....

CONTRACEPTION AND PREGNANCY

19.13 What kind(s) of contraception do you or your partner use? *(Please mark all that apply)*

PTNR4A ○ Male condoms G228_SX115 Do you currently use contraception?

PTNR4B ○ Female condoms

PTNR4C ○ Diaphragm

PTNR4D ○ Oral contraceptive pill (please give the name: _____) PTNR4D_NOTE

PTNR4H ○ Coil (NOTE: Coil responses were combined with IUD responses)

PTNR4F ○ Injection (Depo Provera)

PTNR4G ○ Implant (e.g. Implanon)

PTNR4H ○ Inter uterine device (IUD,

PTNR4I ○ Sterilisation (vasectomy, tubal ligation)

PTNR4J ○ Contraceptive vaginal ring

PTNR4K ○ Other (please specify) ……PTNR4K_OTH……..

PTNR4L Contraception used: Withdrawl

NOTE: Several women completed both the Reproductive and Participant Questionnaire, and thus responded twice to the above question about contraception (Q19.13). As such, for these participants, responses from the Reproductive Questionnaire have been reported for these variable.

19.14 Why do you, or why does your partner use this contraceptive? *(Please mark* all *responses that apply)*

PTNR5A○ To prevent pregnancy

PTNR5B○ To prevent sexually transmitted infections

PTNR5C○ For painful periods

PTNR5D○ For heavy periods

PTNR5E○ For another reason - please specify ……PTNR5E_OTH……..

19.15 Have you ever had (or caused) a pregnancy? SX62

0○ No *(Please go to **Q 19.19**)*

2○ Don't know

1○ Yes

19.16 How did the pregnancy (ies) end? *(Please include all that apply)*

I am (or my partner) is pregnant now, what is the expected due date of your baby ? ……./……./……PG_EDD

PREGNANCY OUTCOME		NUMBER OF OUTCOMES
SX98_i ○	Livebirth (complete Q 19.17)	……SX98……
SX99_i ○	Stillbirth	……SX99……
SX100_i ○	Miscarriage	……SX100……
SX126_i ○	Ectopic pregnancy	……SX126……
SX101_i ○	Abortion/termination	……SX101……

19.17 Do you have any biological children? CH

0 ○ No (go to Q 19.19)

1 ○ Yes complete below

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

	Male / Female		Date of Birth (SENSITIVE)
First child Name CHDN1 (SENSITIVE)	PCSX1	M=0, F=1	/ YEAR OF BIRTH CHDD1 (SENSITIVE) / PCBY1
Second child Name CHDN2 (SENSITIVE)	PCSX2	☐	CHDD2 (SENSITIVE) / PCBY2
Third child Name CHDN3 (SENSITIVE)	PCSX3	☐	CHDD3 (SENSITIVE) / PCBY3
Fourth child Name CHDN4 (SENSITIVE)	PCSX4	☐	CHDD4 (SENSITIVE) / PCBY4

19.18 Was the last pregnancy SX102

0 ○ Planned

1 ○ Unplanned but wanted

2 ○ Unplanned and unwanted

19.19 Are you and your partner trying for a baby at the moment? PG_PL2

0 ○ No, ***please go to Q19.20*** 1 ○ Yes

When did you start trying? PG_PL3

0 ○ < 3 months ago

1 ○ 3 to 6 months ago

2 ○ 6-12 months ago

3 ○ Longer than a year ago

19.20 How much would you like to become a parent sometime soon? SX61

0 ○ I am already a parent

1 ○ I really want to be a parent soon

2 ○ It would be nice to be a parent soon

3 ○ I don't care if I do or don't become a parent soon

4 ○ I would prefer not to be a parent soon

5 ○ I really don't want to be a parent soon

SEXUALLY TRANSMITTED DISEASE

19.21 In your opinion how likely is it that you might catch a sexually transmissible infection? SX80

0 ○ Never
1 ○ Very unlikely
2 ○ Unlikely
3 ○ Likely
4 ○ Very likely

19.21 Have you ever been diagnosed with a sexually transmissible infection? SX30

0 ○ No *(Please go to **Q 20**)*
1 ○ Yes

19.22 Which genital or sexually transmitted infections have you been diagnosed with and at what age?
(Please mark all responses that apply)

0=No; 1= Yes	**AGE in years**
○ Candidiasis/Thrush SI1	SI13
○ Chlamydia SI2	SI14
○ Genital herpes SI3	SI15
○ Genital warts SI4	SI16
○ Gonorrhoea SI5	SI17
○ Hepatitis B SI6	SI18
○ HIV/AIDS SI7	SI19
○ Pubic lice/crabs SI8	SI20
○ Syphilis SI9	SI21
○ Bacterial vaginosis SI11	SI23
○ Hepatitis C SI12	SI24
○ Other - please specify SI10 SI10_OTH	SI22

20 DRIVING

20.1 Do you have a drivers' license? DRV

0 ○ No *(Please go to **Q 21**)*

2 ○ No, but drive

1 ○ Yes

20.2 When did you get your drivers' license?

(Date on back of license) Month..... DRV_MON ..... Year..... DRV_YR .....

20.3 We would like to get an accurate estimate of how many km you drive in a typical week, to help with this it may be helpful to think of the places you drive to in a typical week e.g. work, sport, beach, shops, friends, family, etc. This table is to assist you calculate the total km's to complete the question below*

Place	Times per week	KM estimate	= total KM
e.g. home to work	5	10	50 km

20.4 In a typical week, how many km do you generally drive? Total km DRV_KM .....

20.5	Never 0	Hardly ever 1	Occasionally 2	Quite often 3	Frequently 4	Nearly all the time 5
(a)How often do you drive without a seatbelt? DRV5	☐	☐	☐	☐	☐	☐
(b)How often do you drive after drinking too much? DRV6	☐	☐	☐	☐	☐	☐
(c)How often do you exceed the speed limit by at least 20kph DRV7	☐	☐	☐	☐	☐	☐
(d)How often do you text while driving? DRV8	☐	☐	☐	☐	☐	☐

(e)How often do you talk on the phone on a hands free system while driving? DRV9	☐	☐	☐	☐	☐	☐
(f)How often do you talk on the phone while driving? DRV10	☐	☐	☐	☐	☐	☐
(g)How often do you become angry with other drivers and indicate hostility? DRV11	☐	☐	☐	☐	☐	☐

20.6 How many car accidents have you <u>ever</u> had while driving a car? SL70

.....

20.7 How many car accidents have you ever had because you <u>felt sleepy or fell asleep</u> behind the wheel of a car? SL71

.....

20.8 How many 'near miss' car accidents have you <u>ever</u> had <u>due to sleepiness</u>? SL69

.....

20.9 Have you <u>ever</u> fallen asleep whilst you were behind the wheel? SL67

0 ○ No *(Please go to **Q 21**))*

1 ○ Yes

20.10 Has this occurred? SL68

0 ○ Only once

1 ○ 2-5 times

2 ○ 6-20 times

3 ○ 21-100 times

4 ○ More than 100 times

7 ○ Not sure

End of Questions

Thank you for completing the questionnaire.

The Raine Study

The Raine Study Gen2:28 year Vision and Vessels Follow up

Reproductive Health Questionnaire - **FEMALES only**

Date.....RQ_DNWN

ID Number.....ID

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

Please read each question carefully and answer ALL of the questions.

All information will be strictly confidential.

The purpose of this questionnaire is to obtain information about any diagnosed conditions and health problems you may have now or have experienced in the past, in relation to your reproductive history.

If you have any questions or information please ask the Research Assistant or please contact us The Raine Study on Ph:6488 6952 Mob: 0447 863 944 Email:rainestudy@uwa.edu.au

Reproductive History

1. How old were you when you had your first period?	PUB_AGE .....
2. Have you ever had a pregnancy? SX62 0 No, *Please go to Q.3* 2 Don't know, *Please go to Q.3* 1 Yes, *Please go to Q.2a*	
2a. If Yes, How many pregnancies have you had?	PG_NUM .....
2b. Are you currently pregnant? PG_CUR No 0 yes 1 26/04/2023-G228_PG_CUR_P - Is your partner currently pregnant? - was created based on values of G228_PG_EDD	How many months? PG_MON .....
2c. Are you currently breastfeeding No 0 yes 1 PG_CBF	

3. Information on pregnancy, birth and baby

PG1_DATE (SENSITIVE) PG1_GE_WK

First pregnancy PG1_PO	Date of birth or end of pregnancy	Gestation of pregnancy (weeks)
1 ○ Livebirth- single 2 ○ Livebirth - twins 3 ○ Livebirth - triplets 4 ○ Stillbirth 5 ○ Miscarriage 6 ○ Ectopic 7 ○ Termination 0 ○ Don't know	Year of birth/end pregnancy - PG1_YR	
Sex of baby(ies) PG1_SX 0 Male 1 Female	**Did you breast feed?** PG1_BF 0 No 1 Yes	**For how long did you breast feed? (number of weeks or months)** PG1_BF_MON (total months)

Second pregnancy

	PG2_DATE (SENSITIVE)	PG2_GE_WK
Outcome PG2_PO	**Date of birth or end of pregnancy**	**Gestation of pregnancy (weeks)**
1 ○ Livebirth - single	Year of birth/end pregnancy - PG2_YR	
2 ○ Livebirth - twins		
3 ○ Livebirth - triplets		
4 ○ Stillbirth		
5 ○ Miscarriage		
6 ○ Ectopic		
7 ○ Termination		
0 ○ Don't know		
Sex of baby(ies) PG2_SX	**Did you breast feed?** PG2_BF	**For how long did you breast feed (number of weeks or months)**
0 Male 1 Female	0 No 1 Yes	PG2_BF_MON (total months)

Third pregnancy

	PG3_DATE (SENSITIVE)	PG3_GE_WK
Outcome PG3_PO	**Date of birth or end of pregnancy**	**Gestation of pregnancy (weeks)**
1 ○ Livebirth - single	Year of birth/end pregnancy - PG3_YR	
2 ○ Livebirth - twins		
3 ○ Livebirth - triplets		
4 ○ Stillbirth		
5 ○ Miscarriage		
6 ○ Ectopic		
7 ○ Termination		
0 ○ Don't know		
Sex of baby(ies) PG3_SX	**Did you breast feed** PG3_BF	**For how long did you breast feed (number of weeks or months)**
0 Male 1 Female	0 No 1 Yes	PG3_BF_MON (total months)

NOTE: The data has captured up to 6 pregnancy events

3.Medical and Surgical History

	No	Yes	Age
1. Have you ever had breast reduction surgery? BR1	0	1	BR1_AGE
2. Have you ever had breast enlargement surgery? BR2	0	1	BR2_AGE
3. Has a doctor ever told you that you had benign breast disease, such as a non-cancerous cyst or a breast lump that was NOT removed? BR3	0	1	BR3_AGE
4. Have you ever had a benign breast lump (s) REMOVED such as a non-cancerous cyst? BR4 If yes, which breast(s) BR4_SD 1 Left 2 Right 7 Don't know	0 0	1 1	BR4_AGE
5. Have you ever had a breast lump(s) that was diagnosed as an in-situ cancer such as DCIS or ductal carcinoma in situ? BR5 If yes, which breast(s) BR5_SD 1 Left 2 Right 7 Don't know	0 0	1 1	BR5_AGE
6. Have you ever been diagnosed with malignant breast cancer? BR6 If yes, which breast(s) BR6_SD 1 Left 2 Right 7 Don't know	0 0	1 1	BR6_AGE

4. Family History

Have any of your relatives ever had breast or ovarian cancer BROC

0 O No

1 O Yes *Please list below*

Relationship	Breast cancer (tick all that apply)	Ovarian cancer (tick all that apply)	Approximate age at diagnosis
Mother	MO_BRC	MO_OC	MO_BRC_AGE & MO_OC_AGE
Sister 1	SIS1_BRC	SIS1_OC	SIS1_BRC_AGE & SIS1_OC_AGE
Sister 2	SIS2_BRC	SIS2_OC	SIS2_BRC_AGE & SIS2_OC_AGE
Sister 3	SIS3_BRC	SIS3_OC	SIS3_BRC_AGE & SIS3_OC_AGE
Maternal Aunt 1	MA1_BRC	MA1_OC	MA1_BRC_AGE & MA1_OC_AGE
Maternal Aunt 2	MA2_BRC	MA2_OC	MA2_BRC_AGE & MA2_OC_AGE
Paternal Aunt 1	PA1_BRC	PA1_OC	PA1_BRC_AGE & PA1_OC_AGE
Paternal Aunt 2	PA2_BRC	PA2_OC	PA2_BRC_AGE & PA2_OC_AGE
Maternal Grandmother	MG_BRC	MG_OC	MG_BRC_AGE & MG_OC_AGE
Paternal Grandmother	PG_BRC	PG_OC	PG_BRC_AGE & PG_OC_AGE
Other Relative 1	OR1_BRC	OR1_OC	OR1_BRC_AGE & OR1_OC_AGE
-text	OR1_BRC_OTH	OR1_OC_OTH	
Other Relative 2	OR2_BRC		OR2_BRC_AGE
-text	OR2_BRC_OTH		

5.TiBS ASSESSMENT

1. Areola Size (Diameter)

Right: ARER cm Left: AREL cm

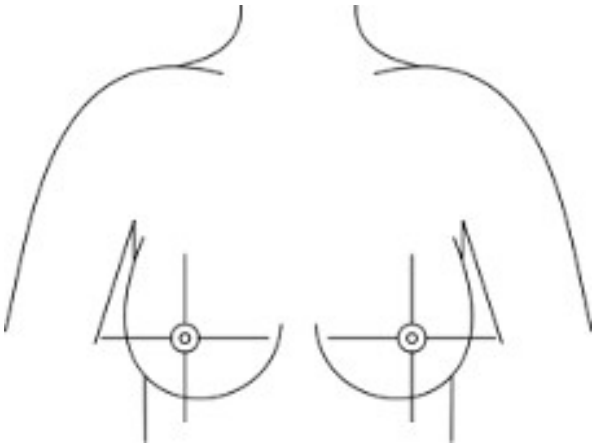
2.	**Scars**	0 No 1 Yes	SCARS
	Tattoos	0 No 1 Yes	TATT

Approximate size: Width SCARW mm Length SCARL mm

Approximate size: Width TATTW mm Length TATTL mm

mm Mark on diagram below with and "X" the side and location (quadrant):

Breast Scar location
G228_SCAR_LQ1 Left Q1
G228_SCAR_LQ2 Left Q2
G228_SCAR_LQ3 Left Q3
G228_SCAR_LQ4 Left Q4
G228_SCAR_LQ0 Left Centre
G228_SCAR_RQ1 Right Q1
G228_SCAR_RQ2 Right Q2
G228_SCAR_RQ3 Right Q3
G228_SCAR_RQ4 Right Q4
G228_SCAR_RQ0 Right Centre



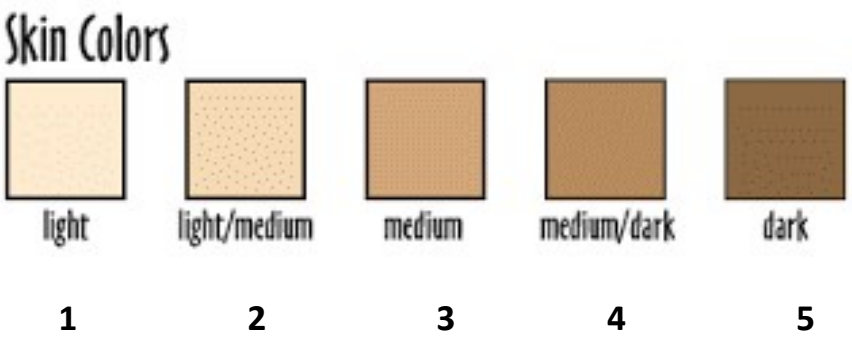
Breast Tattoo location
G228_TATT_LQ1 Left Q1
G228_TATT_LQ2 Left Q2
G228_TATT_LQ3 Left Q3
G228_TATT_LQ4 Left Q4
G228_TATT_LQ0 Left Centre
G228_TATT_RQ1 Right Q1
G228_TATT_RQ2 Right Q2
G228_TATT_RQ3 Right Q3
G228_TATT_RQ4 Right Q4
G228_TATT_RQ0 Right Centre

PIER:Any nipple piercings

3. Piercings PIERR **Right** 0 No 1 Yes PIERL **Left** 0 No 1 Yes

4. Breast Skin Colour BR_COL

Please circle closest skin colour:



6. Menstruation and Contraception

SX115 **6.1 Do you currently use contraception?** NOTE: Women who completed the Participant & Reproductive Questionnaires responded twice to this question on the use of contraceptives. As such, for these participants, responses from this questionnaire have been reported for Q6.2.

0 ○ No *(Please go to Q. 6.3)*

1 ○ Yes

6.2 What kind of contraception do you use? *(Tick all that apply)*

PTNR4A ○ Male condoms

PTNR4B ○ Female condom

PTNR4C ○ Diaphragm

PTNR4D_NOTE

PTNR4D ○ Oral Contraceptive (please give the name:_____)

PTNR4H ○ Coil (NOTE: Coil responses were combined with IUD responses)

PTNR4F ○ Injection (Depo Provera)

PTNR4G ○ Implant (e.g. Implanon)

PTNR4H ○ Inter uterine device (IUD)

PTNR4I ○ Sterilization (vasectomy, tubal ligation)

PTNR4J ○ Contraceptive vaginal ring

PTNR4K ○ Other (please specify)……PTNR4K_OTH……..

G228_PTNR4L Contraception used: Withdrawl

6.3.How often do you <u>usually</u> have a menstrual period? (If you are currently pregnant answer this referring to when you were not pregnant)? *(Please mark only one response)* PER1

0 ○ Never (please go to Q.7)

1 ○ Very irregularly

2 ○ Less than once a month

3 ○ Every month

4 ○ More than once a month

6.4. What was the date of your last menstrual period (first day) _____/_____/_____ MEN2

6.5. If your periods have stopped for more than 2 months, why did they stop? *(Select one only)*

MENS1 ○ Periods have not stopped

MENS2 ○ Irregular periods (no contraception use)

MENS3 ○ Contraception use

MENS4 ○ Natural menopause (that is, periods stopped by themselves)

MENS5 ○ Hysterectomy (uterus or womb removed)

MENS6 ○ Both ovaries removed

MENS7 ○ Radiation or chemotherapy

MENS8 ○ Pregnant/breast feeding

MENS9 ○ Serious illness (e.g. Anorexia)

MENS10 ○ Strenuous exercise

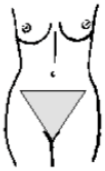
MENS11 ○ Don't Know

MENS12 ○ Other (please specify) MENS12_OTH -

7. Pelvic and lower abdominal pain in general.

7.1 Have you had pelvic pain for more than 6 months? PELP1

By 'pelvic pain' we mean any type of pain (cramping, shooting, stabbing etc.) in the lower part of the belly, as shown in the shaded part of this picture.



Please **do not** count pain related to your periods or intercourse, pregnancy or childbirth, surgery, sports injuries, food poisoning stomach flu.

0 ○ No (skip to Q.7.2)

1 ○ Yes

7.1a If yes, please rate how **severe** your pelvic pain was, at its worst in **the last 6 months** using a scale from 0 to 10 where 0=no pain and 10 = worst imaginable pain. PELP2

No pain										**Worst Imaginable pain**
0	1	2	3	4	5	6	7	8	9	10

7.2 About pelvic pain during your period. In the last 12 months, how often have you had pelvic pain during your period? PELP3

0	Never (skip to Q.7.3)	☐
1	Occasionally (less than a quarter of my periods)	☐
2	Often (quarter to half of my periods)	☐
3	Always (every period)	☐

7.2a If yes, please rate how **severe** your pelvic pain was during your period, <u>at its worst</u> in **the last 12 months** using a scale from 0 to 10 where 0=no pain and 10 = worst imaginable pain.

PER2

No pain										**Worst Imaginable pain**
0	1	2	3	4	5	6	7	8	9	10

7.3 When you last had intercourse/penetration, did you experience pelvic pain during or in the 24 hours following intercourse? PER4

0	No (Skip to Q.7.4)	☐
1	Yes, during intercourse/penetration	☐
2	Yes, in the 24 hours following intercourse/penetration	☐
3	Yes, both during intercourse and in the following 24 hours	☐

7.3a If yes, please rate how **severe** your pelvic pain was <u>at its worst</u> **during the last time you had vaginal intercourse/penetration** using a scale from 0 to 10 where 0=no pain and 10=worst imaginable pain.

PELP4

No pain										**Worst Imaginable pain**
0	1	2	3	4	5	6	7	8	9	10

7.4 Have you taken any medication to help alleviate pelvic pain in the last 3 months?

(Please check all that apply)

	NO 0	YES 1
No medication PELM1		
Yes, pain-killers that were prescribed by a doctor PELM2	☐	☐
Yes, pain-killers brought over-the-counter without prescription (e.g. aspirin, ibuprofen, paracetamol/acetaminophen, naproxen) PELM3	☐	☐
Yes, hormones, but pain was not alleviated PELM4	☐	☐
Yes, hormones, pain was at least somewhat alleviated PELM5	☐	☐

7.5 Has a doctor or other health care provider ever diagnosed you with endometriosis?

ENDOM0

0 ☐ No

1 ☐ Yes

7.5a If yes, please answer **how** the <u>diagnosis made</u>? (Check all that apply)

☐ ENDOM1	Laparoscopy or other surgical procedure
☐ ENDOM2	Ultrasound/MRI scan
☐ ENDOM3	Based on symptoms
☐ ENDOM4	Other, please describe: ENDOM4_OTH _____

THANKYOU for completing this questionnaire
Please give to the Research Assistant or return to the Raine Study