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THE RAINE SLEEPOVER STUDY
23 year follow-up

THE RAINE STUDY

PARTICIPANT QUESTIONNAIRE

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

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

All information will be strictly confidential

HOW TO COMPLETE THIS FORM

Please use a BLACK pen.

Please shade the circles completely	Please write clearly within the boxes	Please write clearly within the space
●	A B C 1 2 3	PLEASE WRITE IN CAPITAL LETTERS

Please take your time in answering all of the questions.

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

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

Questionnaire

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

If you require further information please contact:
The Raine Study on 9489 7794 or 0447 863 944

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1. WHERE YOU LIVE & WHO YOU LIVE WITH

Q1.1 Where do you live? (Please mark only one response)

- O Separate house
- O Semi-detached house/row or terrace house/townhouse etc
- O Flat/unit/apartment
- O University or college accommodation
- O Boarding house, hostel
- O Caravan/tent/cabin/houseboat
- O Other - please specify

G222_DWEL

Q1.2 How old is your place of residence? ☐☐☐ years G222_HOMY

Q1.3 Is your house heated? **(Mark all that apply)**

- ☐ Not heated at all
- ☐ Electric bar radiator, fan or column heater
- ☐ Kerosene heater
- ☐ Gas heater
- ☐ Wood fire/slow combustion heater
- ☐ Reverse cycle airconditioning
- ☐ Fully ducted heating

G222_HEA
G222_HEA5
G222_HEA4
G222_HEA6
G222_HE3A
G222_HEA7
G222_HE2A

Q1.4 Is your gas heater flued or unflued (ie. is there a chimney?)

O No - not flued (no chimney) O Yes - flued (has a chimney) O Not applicable - no gas heater G222_HEA2

Q1.5 Is your kerosene heater flued or unflued (ie. is there a chimney?)

O No - not flued (no chimney) O Yes - flued (has a chimney) O Not applicable - no kerosene heater G222_HEA3

Q1.6 In the past 6 months have any of the following been done in or around your home? **(Mark all that apply)**

- ☐ Indoor walls painted
- ☐ New carpets
- ☐ New tiles
- ☐ Insulation
- ☐ Pesticide treatment (by a commercial operator) in or around the home
- ☐ Other indoor renovations (specify) _____
- ☐ Not applicable

G222_PNT
G222_CRPT
G222_TILE
G222_INSL
G222_PEST
G222_RNV1
G222_RNV0

Q1.7 Who do you live with? (Please mark only one response)

- O I live alone
- O My partner
- O My child/children
- O My partner & our biological child (children)
- O My partner & their biological child (children)
- O My parent(s)/step-parent(s)
- O My partner & partner's parents
- O Sibling(s)
- O Other relatives (eg. grandparents, aunt etc)
- O My friends/flatmates (shared accomodation)
- O Job related accomodation eg farm, mine
- O Boarding house/hostel
- O Refuge
- O Jail/detention
- O No fixed address/on the street
- O Other - please specify

G222_LIVE_1

The following new variables were created based on G222_LIVE_1 to align variables across all years:
LIV1-I live alone
LIV2-with partner (girlfriend/boyfriend)
LIV3-my child/children/step children
LIV4-my parent(s)/step parent(s)/in-laws
LIV5-Other relative(eg. Grandparents/anut/ siblings)
LIV8-Other
LIV9-My frients/flatmates (shared accomodation)

Q1.8 Do you have any biological children?

- O No
- O Yes

Q1.8a Are you or your partner currently pregnant? : G222_PREG

G222_CH

Q1.9 Please list each of your children's sex and date of birth....

	sex		date of birth
G222_PCSX1 G222_PCDB1	O M	O F	/ /
G222_PCSX2 G222_PCDB2	O M	O F	/ /
G222_PCSX3 G222_PCDB3	O M	O F	/ /
G222_PCSX4 G222_PCDB4	O M	O F	/ /
G222_PCSX5 G222_PCDB5	O M	O F	/ /

2. EDUCATION

Q2.1 What is the highest level of education you have completed? (Please mark only one response) G222_ED33

- O Primary school
- O Secondary school (high school)
- O TAFE, college
- O University
- O Other (eg. personal training course)

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

Q2.2 What is the highest year of school you have completed? (Please mark only one response)

- ① O Year 12 (or equivalent)
- ② O Year 11 (or equivalent)
- ③ O Year 10 (or equivalent)
- ④ O Year 9 (or equivalent)
- ⑤ O Other - please specify ——> Year ☐☐ G222_ED42

G222_ED34

Q2.3 Are you currently studying or doing a course?

- O No
- O Yes

G222_ED35

Q2.4 Where are you studying?
(Please mark only one response)

- O At university
- O At TAFE/College
- O Other - please specify:

G222_ED36_1

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3. OCCUPATION & INCOME

Q3.1 What are you doing now? **(Please mark all responses that apply)**

G222_OCC1
G222_OCC2
G222_OCC3
G222_OCC4
G222_OCC5
G222_OCC6
G222_OCC8
G222_OCC9
G222_OC10

- O Studying full-time
- O Studying part-time
- O An apprenticeship
- O Working full-time
- O Working part-time
- O Looking for work
- O Carer for my child
- O Carer for a family member
- O Other - please specify

Q3.2 Do you currently have a full-time, part-time or casual job of any kind? **(Please mark only one response)**

G222_YWRK_YN
Variable label:
"Are you currently in a paid employment? Yes/No"
Values:
0/1/3/4 of G222_YWRK corresponds to 0=No in G222_YWRK_YN, and 2
of G222_YWRK corresponds to 1=Yes in G222_YWRK_YN.

- O No, do not have a job - not seeking work (go to Q3.5)
- O No, do not have a job - actively seeking work (go to Q3.5)
- O Yes, do work for payment or profit
- O Yes, do unpaid work in a family business
- O Yes, do other unpaid work

G222_YWRK_1

Q3.3 Please note your current job title, describe what you do and what type of industry you work in eg retail

Q3.3a Job Title: G222_YJOB_CODE_6DIGIT

G222_YLOC_CODE
G222_YIND
G222_YMON_TOTAL
G222_YHRS

Q3.3b Job Description:

Q3.3c Industry code:

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

G222_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

Q3.4 How many hours per week do you usually work in all (current) jobs? ☐☐☐ **hours**

Office use only *Occupation*

Q3.3 ☐☐☐☐☐☐

Q3.5 Job History: Please list all other jobs that you have had since you were 16 years old, starting from the **most recent** (not including your current job)

	Occupation	Industry code (write code A to S as per Q3.3)	Start date mm/yy	End date mm/yy
a.	G222_JOB1_CODE_6DIGIT;G222_JOB1_IND;G222_JOB1_YR G222_JOB2_CODE_6DIGIT;G222_JOB2_IND;G222_JOB2_YR	☐	☐☐/☐☐	☐☐/☐☐
b.	G222_JOB3_CODE_6DIGIT;G222_JOB3_IND;G222_JOB3_YR G222_JOB4_CODE_6DIGIT;G222_JOB4_IND;G222_JOB4_YR G222_JOB5_CODE_6DIGIT;G222_JOB5_IND;G222_JOB5_YR	☐	☐☐/☐☐	☐☐/☐☐
c	G222_JOB6_CODE_6DIGIT;G222_JOB6_IND;G222_JOB6_YR G222_JOB7_CODE_6DIGIT;G222_JOB7_IND;G222_JOB7_YR G222_JOB8_CODE_6DIGIT;G222_JOB8_IND;G222_JOB8_YR	☐	☐☐/☐☐	☐☐/☐☐
d	G222_JOB9_CODE_6DIGIT;G222_JOB9_IND;G222_JOB9_YR G222_JOB10_CODE_6DIGIT;G222_JOB10_IND;G222_JOB10_YR G222_JOB11_CODE_6DIGIT;G222_JOB11_IND;G222_JOB11_YR G222_JOB12_CODE_6DIGIT;G222_JOB12_IND;G222_JOB12_YR	☐	☐☐/☐☐	☐☐/☐☐
e	G222_JOB1-12_YR: Total number of years worked in each past occupation;	☐	☐☐/☐☐	☐☐/☐☐
f	example, total years worked in past job1 is calculated by: G222_JOB1_YR=(END YEAR - START YEAR) + (END MONTH - START MONTH)/12	☐	☐☐/☐☐	☐☐/☐☐
g	original variables (start date & end date) were dropped.	☐	☐☐/☐☐	☐☐/☐☐
h		☐	☐☐/☐☐	☐☐/☐☐
i		☐	☐☐/☐☐	☐☐/☐☐
j		☐	☐☐/☐☐	☐☐/☐☐
k		☐	☐☐/☐☐	☐☐/☐☐
l		☐	☐☐/☐☐	☐☐/☐☐

Office use only

Occupation

Q3.5	a.	☐☐☐☐☐☐	g	☐☐☐☐☐☐
	b.	☐☐☐☐☐☐	h	☐☐☐☐☐☐
	c	☐☐☐☐☐☐	i	☐☐☐☐☐☐
	d	☐☐☐☐☐☐	j	☐☐☐☐☐☐
	e	☐☐☐☐☐☐	k	☐☐☐☐☐☐
	f	☐☐☐☐☐☐	l	☐☐☐☐☐☐

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Q3.6 What is the total amount of your usual salary/wage after tax per week (how much money do you usually take home per week)?

(Please mark only one response)

- O <$116 per week
- O $116 - $604 per week
- O $605 - $1076 per week
- O $1077- $2180 per week
- O >$2180 per week

G222_MON7_AT1

Q3.7 **Work physical demands**

Is your work heavy or monotonous? Select the best alternative.

Not at all G222_WK1 **Extremely**

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10

Q3.8 **Work description** G222_WK2

Which of the following statements best describes the work that you do in your current job? **(Select one only)**

☐ Sedentary occupation (eg secretary- where you spend most of your time sitting)

☐ Standing occupation (eg shop assistant, security guard - spend most of your time standing/walking but not intense physical effort)

☐ Physical work (eg plumber, nurse - a job that requires some physical effort including handling of heavy objects and use of tools)

☐ Heavy manual work (eg bricklayer - a job that involves very vigorous physical activity including handling very heavy objects)

Q3.9 **Work hours**

Q3.9a About how many hours altogether did you work in the last 7 days? ☐☐☐ hours G222_WK3

Q3.9b How many hours does your employer expect you to work in a typical 7-day week? ☐☐☐ hours per week G222_WK4

Q3.9c During the last 7 days how many days were you at work? ☐ days G222_WK5

Q3.9d During the last 7 days what proportion (stated as a %) of your typical work day was spent doing the following?

(This involves only your work day, and does not include travel to and from work, or what you did in your leisure time).

1. Sitting (including driving)	☐☐☐ %	G222_WK6
2. Standing	☐☐☐ %	G222_WK7
3. Walking	☐☐☐ %	G222_WK8
4. Heavy labour or physically demanding tasks	☐☐☐ %	G222_WK9
5.Total	☐☐☐ %	G222_WK10

Q3.10 **Work adjustability**

Please think about the last 30 days that you were in work. For each question, please cross one box on each line that best describes this job.

G222_WAD1 G222_WAD2 G222_WAD3 G222_WAD4 G222_WAD5 G222_WAD6	0 Strongly disagree	1 Disagree	2 Neither agree nor disagree	3 Agree	4 Strongly agree
a I can control the way I work	O	O	O	O	O
b I can work at home sometimes	O	O	O	O	O
c My hours of work are flexible	O	O	O	O	O
d I can use aids and appliances to help me do my job	O	O	O	O	O
e I can adapt my work area to help me do my job	O	O	O	O	O
f There are opportunities to retrain and develop my skills	O	O	O	O	O

Q3.11 **Work support**

Q3.11a How often do you get help or support from your colleagues?

G222_WSU1

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

Q3.11b How often do you get help or support from your supervisors?

G222_WSU2

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

Q3.12 **Work Satisfaction**

If you take into consideration your work routines, management, salary, promotion possibilities and work mates, how satisfied are you with your job? Select one.

G222_WSAT

Not satisfied at all **Completely satisfied**

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10

Q3.13 **Work absenteeism and presenteeism (working when unwell)**

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.

G222_WMS1 G222_WMS2
G222_WMS3 G222_WMS4
G222_WMS5

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

Q3.13a 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.) ☐☐

Q3.13b Miss an entire work day for any other reason (including vacation)? ☐☐

Q3.13c 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.) ☐☐

Q3.13d Miss part of a work day for any other reason (including vacation)? ☐☐

Q3.13e Come in early, go home late, or work on your day off? ☐☐

Q3.13f About how many hours altogether did you work in the past 4 weeks (28 days)? ☐☐☐

G222_WHRS_TRUNC: Number of hours worked in the past 4 weeks (28 days)? - truncated at 18hrs a day, 7 days a week, 4 weeks = 504 hours

Work performance

Q3.14 On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours?

G222_WPF1_1

Worst performance **Top performance**

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10

Q3.15 Using the same 0-to-10 scale, how would you rate **your** usual job performance over the past year or two?

G222_WPF2_1

Worst performance **Top performance**

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10

Q3.16 Using the same 0-to-10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)?

G222_WPF3_1

Worst performance **Top performance**

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10

Q3.17 Are you receiving any government benefits, pension or allowance?

O No (go to Section 4)
O Yes

G222_BNF

Q3.18 Which government benefits, pension or allowance are you receiving?
(Please mark all responses that apply)

O Baby Bonus	G222_BN28
O Carer Allowance (child)	G222_BN20
O Carer Payment (child)	G222_BN22
O Carer Allowance (adult)	G222_BN21
O Carer Payment (adult)	G222_BN23
O Child Care Benefit	G222_BN25
O Child Care Rebate	G222_BN26
O Crisis Payment	G222_BN31
O Disability Support Pension	G222_BNF4
O Family Tax Benefit Part A	G222_BN15
O Family Tax Benefit Part B	G222_BN16
O JET Child Care Fee Assistance	G222_BN27
O Maternity Immunisation Allowance	G222_BN29
O Mobility Allowance	G222_BN18
O Newstart Allowance	G222_BN11
O Parenting Payment	G222_BNF2
O Pensioner Education Supplement	G222_BN19
O Remote area/zone allowance	G222_BN14
O Rent Assistance	G222_BN17
O Sickness Allowance	G222_BNF7
O Workers comp	G222_BNF6
O Youth Allowance	G222_BN10
O Other benefit - please specify:	G222_BNF9

4. ULTRA-VIOLET (SUN) EXPOSURE

Q4.1 What is the natural colour of your hair? **(Please mark only one response)**

- O Fair/Blonde
- O Light brown
- O Light red or Ginger
- O Dark red or Auburn
- O Dark brown
- O Black
- O Other - please specify _____

G222_UV1

Q4.2 Has your hair started to go grey?

- O No
- O Yes
- O Don't know

G222_UV1A

Q4.3 Have you started balding?

- O No
- O Yes
- O Don't know

G222_UV1B

Q4.4 What is the natural texture of your hair? **(Please mark only one response)**

- O Straight
- O Wavy
- O Curly

G222_UV1C

Q4.5 Which of the following best describes your untanned skin colour (eg under your arm)? **(Please mark only one response)**

- O Fair/pale
- O Medium
- O Olive/dark

G222_UV1D

Q4.6 Without sun tan lotion, what usually happens to your skin after a **half hour** of being exposed to the bright summer sun for the first time? **(Please mark only one response)**

- O Never burns or tans
- O Never burns but does tan
- O Burns and then tans
- O Burns but does not tan
- O Don't know

G222_UV2

Q4.7 How many bad sun burns with pain lasting longer than a day would you guess you have had?
(Please mark only one response)

- O Never
- O Once
- O 2 - 10 times
- O More than 10 times
- O Don't know

G222_UV3

Q4.8 In the summer what part (proportion) of the day (daylight hours) do you spend outside?
(Please mark only one response)

- O None
- O Less than 1/4 of the day
- O 1/2 of the day
- O Greater than 3/4 of the day
- O Cannot judge

G222_UV4

Q4.9 When outdoors in the sun, how much of the time do you .....

G222_UV5
G222_UV6

	never	seldom	1/2 of the time	usually	always	cannot judge
Q4.9a Wear a hat with a brim or a visor?	O	O	O	O	O	O
Q4.9b Wear sunglasses?	O	O	O	O	O	O

Q4.10 In the winter, where is your leisure or recreation time usually spent?
(Please mark only one response)

- O Mostly indoors
- O 1/2 and 1/2
- O Mostly outdoors
- O Don't know

G222_UV7

Q4.11a On an average **week day**, how many hours do you spend outdoors (including sports, recreation, outdoor work and anything else done

Q4.11b On an average **weekend day**, how many hours do you spend outdoors (including sports, recreation, outdoor work and anything else done outside)?

Q4.11c On an average **week day**, how many hours do you spend doing near (close-up) work (including reading, writing, drawing, studying, mobile phone texting, computer use and any other close work)?

Q4.11d On an average **weekend day**, how many hours do you spend doing near work (including reading, writing, drawing, studying, mobile phone texting, computer use and any other close work)?

hours : minutes

G222_UV30 G222_UV32 G222_UV34 G222_UV36
G222_UV31 G222_UV33 G222_UV35 G222_UV37
G222_UV30R G222_UV32R G222_UV34R G222_UV36R

Q4.12 Do you often feel colder than the people who are around you?
(Please mark only one response)

- O Never
- O Seldom
- O 1/2 of the time
- O Usually
- O Always
- O Cannot judge

G222_UV8

Q4.13 If you work outside do you wear a hat with a visor or brim or sunglasses for more than half of the time?
(Please mark only one response)

- O Neither, I don't wear a hat or sunglasses
- O Yes, hat only
- O Yes, sunglasses only
- O Yes, both hat and sunglasses
- O Don't know

G222_UV9

Q4.14 What is the main reason you wear sunglasses? **(Please mark only one response)**

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

G222_UV27

Q4.15 What is the main reason you do NOT wear sunglasses? **(Please mark only one response)**

- O Inconvenient
- O Uncomfortable
- O Decreases vision
- O Wears prescription glasses
- O Expensive
- O Not fashionable
- O Not necessary
- O Forget to
- O Don't have any
- O Other - please specify

G222_UV28

Q4.16 Do you currently wear (or need to wear) glasses/spectacles and/or contact lenses for your vision?

- O No (go to section 5)
- O Yes

G222_GLS

G222_GL1

Q4.17a. What age did you start wearing them? ☐☐ years

G222_GL2

Q4.17b. Do you use: O Contact lenses O Glasses/spectacles O Both

5. FAMILY ANCESTRY

The following questions are about your family's ancestry. For example, your grandfather may have been born in Australia, but may have Chinese *ancestry*. We would like to know the place or group where most of your ancestors originated from or lived **before** they migrated to Australia.

Over the next 4 pages there is a separate question relating to each of your biological parents' parents ie. your 4 biological grandparents. **(Please mark only one response for each)**

Q5.1 Your biological *mother's* father's ancestry:

G222_ANM1

- ○ England
- ○ Celtic (eg Ireland, Scotland , Wales)
- ○ North Europe (eg Scandinavia, Holland, Germany)
- ○ Mediterranean Europe (eg Italy, Greece, Spain, Portugal)
- ○ Slavic/Balkan/East Europe
- ○ North American/Canadian (non-indigenous)
- ○ Central/South America (non-indigenous)
- ○ North Asia (Mongolia, Siberia)
- ○ North East Asia (eg China, Hong Kong, Japan, Korea, Macau, Taiwan)
- ○ SouthEast Asia (eg Malaysia, Thailand, Indonesia, Vietnam, Philippines)
- ○ South Asia (eg India, Pakistan, Sri Lanka, Burma, Bhutan, Maldives, Nepal, Bangladesh, Afghanistan)
- ○ Pacific Islander (eg NZ Maori, Pacific Islands, Hawaii, New Guinea)
- ○ Melanesia (eg New Guinea, Fiji)
- ○ Middle Eastern, Northern African,Somali Peninsular
- ○ Central/South America (indigenous)
- ○ North American/Canadian (indigenous)
- ○ Indigenous Australian/TSI
- ○ Sub-Saharan African (indigenous African, African-American)
- ○ Other (specify) _____
- ○ Don't know

Q5.2 Your biological *mother's* mother's ancestry:

G222_ANM2

- ○ England
- ○ Celtic (eg Ireland, Scotland , Wales)
- ○ North Europe (eg Scandinavia, Holland, Germany)
- ○ Mediterranean Europe (eg Italy, Greece, Spain, Portugal)
- ○ Slavic/Balkan/East Europe
- ○ North American/Canadian (non-indigenous)
- ○ Central/South America (non-indigenous)
- ○ North Asia (Mongolia, Siberia)
- ○ North East Asia (eg China, Hong Kong, Japan, Korea, Macau, Taiwan)
- ○ SouthEast Asia (eg Malaysia, Thailand, Indonesia, Vietnam, Philippines)
- ○ South Asia (eg India, Pakistan, Sri Lanka, Burma, Bhutan, Maldives, Nepal, Bangladesh, Afghanistan)
- ○ Pacific Islander (eg NZ Maori, Pacific Islands, Hawaii, New Guinea)
- ○ Melanesia (eg New Guinea, Fiji)
- ○ Middle Eastern, Northern African,Somali Peninsular
- ○ Central/South America (indigenous)
- ○ North American/Canadian (indigenous)
- ○ Indigenous Australian/TSI
- ○ Sub-Saharan African (indigenous African, African-American)
- ○ Other (specify) _____
- ○ Don't know

Q5.3 Your biological *father's* father's ancestry:

G222_ANF1

- ○ England
- ○ Celtic (eg Ireland, Scotland , Wales)
- ○ North Europe (eg Scandinavia, Holland, Germany)
- ○ Mediterranean Europe (eg Italy, Greece, Spain, Portugal)
- ○ Slavic/Balkan/East Europe
- ○ North American/Canadian (non-indigenous)
- ○ Central/South America (non-indigenous)
- ○ North Asia (Mongolia, Siberia)
- ○ North East Asia (eg China, Hong Kong, Japan, Korea, Macau, Taiwan)
- ○ SouthEast Asia (eg Malaysia, Thailand, Indonesia, Vietnam, Philippines)
- ○ South Asia (eg India, Pakistan, Sri Lanka, Burma, Bhutan, Maldives, Nepal, Bangladesh, Afghanistan)
- ○ Pacific Islander (eg NZ Maori, Pacific Islands, Hawaii, New Guinea)
- ○ Melanesia (eg New Guinea, Fiji)
- ○ Middle Eastern, Northern African,Somali Peninsular
- ○ Central/South America (indigenous)
- ○ North American/Canadian (indigenous)
- ○ Indigenous Australian/TSI
- ○ Sub-Saharan African (indigenous African, African-American)
- ○ Other (specify) _____
- ○ Don't know

Q5.4 Your biological *father's* mother's ancestry:

G222_ANF2

- O England
- O Celtic (eg Ireland, Scotland , Wales)
- O North Europe (eg Scandinavia, Holland, Germany)
- O Mediterranean Europe (eg Italy, Greece, Spain, Portugal)
- O Slavic/Balkan/East Europe
- O North American/Canadian (non-indigenous)
- O Central/South America (non-indigenous)
- O North Asia (Mongolia, Siberia)
- O North East Asia (eg China, Hong Kong, Japan, Korea, Macau, Taiwan)
- O SouthEast Asia (eg Malaysia, Thailand, Indonesia, Vietnam, Philippines)
- O South Asia (eg India, Pakistan, Sri Lanka, Burma, Bhutan, Maldives, Nepal, Bangladesh, Afghanistan)
- O Pacific Islander (eg NZ Maori, Pacific Islands, Hawaii, New Guinea)
- O Melanesia (eg New Guinea, Fiji)
- O Middle Eastern, Northern African,Somali Peninsular
- O Central/South America (indigenous)
- O North American/Canadian (indigenous)
- O Indigenous Australian/TSI
- O Sub-Saharan African (indigenous African, African-American)
- O Other (specify) _____
- O Don't know

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6. MOBILE PHONE USE

Q6.1 Do you have a mobile phone? (Not a cordless home phone)

- O No (go to Section 7) — G222_MOB1
- O Yes

Q6.2 On average, how many minutes do you talk on your mobile phone per day?
(Please mark only one response) — G222_MOB9

- O None
- O 1 - 10 minutes
- O 11 - 20 minutes
- O 21 - 40 minutes
- O 41 - 50 minutes
- O 51 - 60 minutes
- O More than 60 minutes

Q6.3 On average, how many text messages do you send per day?
(Please mark only one response) — G222_MO11

- O None
- O 1 - 20 messages
- O 21 - 50 messages
- O 51 - 100 messages
- O 101 - 150 messages
- O 151 - 200 messages
- O More than 200 messages

7. TECHNOLOGY USE

Usually how many hours do you... *(Please mark **one** response for each item)*	not at all	< 1 hr	1-2 hours	2-4 hours	> 4hrs	
Q7.1a Watch TV or videos each day?	O	O	O	O	O	G222_TV1
Q7.1b Play electronic games not on a computer each day? eg XBOX, Wii, PS3	O	O	O	O	O	G222_TV5
Q7.1c Use a touch screen tablet or smart phone (for internet, games etc not phone calls) each day?	O	O	O	O	O	G222_TV10
Q7.1d Use a computer for playing games each day?	O	O	O	O	O	G222_TV7
Q7.1e Use a computer for internet socialising each day? (facebook, chat etc)	O	O	O	O	O	G222_TV8
Q7.1f Use a computer for other leisure activities eg internet surfing (not games or socialising) each day?	O	O	O	O	O	G222_TV9
Q7.1g Use a computer without taking a break?	O	O	O	O	O	G222_TV11

Q7.1h Use a computer for work or study each day? — G222_TV6

- O Not at all (0)
- O < 1 hour (1)
- O 1-2 hrs (2)
- O 2-4 hrs (3)
- O 4-8 hrs (4)
- O > 8 hrs (5)

26/04/2023: 4&5 were recoded to 4 when aligning G220_TV6 and G222_TV6

8. ACTIVITY

The following questions are about how much physical activity you did in the last 7 days. Include activities that you might do as part of your work, gardening, recreation or sport etc.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.

Q8.1 During the last 7 days, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics or fast cycling?

G222_AY1
G222_AY2
G222_AY3
G222_AY4
G222_AY13

Q8.1a ☐☐ **days per week** **or** ☐ No vigorous physical activities **- Go to Q8.2**

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

Q8.1b ☐☐ **hours per day** ☐☐ **minutes per day** ☐ don't know/unsure

Moderate physical 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.

Q8.2 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.

G222_AY5
G222_AY6
G222_AY7
G222_AY8
G222_AY14

Q8.2a ☐☐ **days per week** **or** ☐ No moderate physical activities **- Go to Q8.3**

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

Q8.2b ☐☐ **hours per day** ☐☐ **minutes per day** ☐ don't know/unsure

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

Q8.3. During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time?

G222_AY9
G222_AY10
G222_AY11
G222_AY12
G222_AY15

Q8.3a ☐☐ **days per week** **or** ☐ No walking **- Go to Q8.4**

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

Q8.3b ☐☐ **hours per day** ☐☐ **minutes per day** ☐ don't know/unsure

The last 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.

Q8.4 During the last 7 days, how much time did you spend **sitting** on a **weekday**?

G222_IPAQ_SIT_WD_UNK

G222_IPAQ_SIT_WD_HPD G222_IPAQ_SIT_WD_MPD

Q8.4a ☐☐ **hours per day** Q8.4b ☐☐ **minutes per day** ☐ don't know/unsure

G222_SIT_WD_TRUNC: calculated by IPAQ_SIT_WD_HPD*60+IPAQ_SIT_WD_MPD, and truncated <=960 minutes

Q8.5 During the last 7 days, how much time did you spend **sitting** on a **weekend** day?

G222_IPAQ_SIT_WE_UNK

G222_IPAQ_SIT_WE_HPD G222_IPAQ_SIT_WE_MPD

Q8.5a ☐☐ **hours per day** Q8.5b ☐☐ **minutes per day** ☐ don't know/unsure

G222_SIT_WE_TRUNC: calculated by IPAQ_SIT_WE_HPD*60+IPAQ_SIT_WE_MPD, and truncated <=960 minutes

G222_Vig_mins G222_Vig_days G222_VIG_MET G222_TOT_MET
G222_Mod_mins G222_Mod_days G222_MOD_MET G222_IPAQ_Cat
G222_Walk_mins G222_Walk_days G222_WALK_MET

9. BACK PAIN, NECK PAIN and OTHER MUSCLE or BONE PAIN

THE NEXT SET OF QUESTIONS RELATE TO MUSCULOSKELETAL PAIN

Q9.1 Back pain beliefs

We are trying to find out what people think about low back trouble. Please indicate your general views towards back trouble, even if you have never had any. Please answer all items and indicate whether you agree or disagree with each item by marking the circle that corresponds to the appropriate number on the scale.

(Please mark one response for each)		Completely disagree 1	2	Neutral 3	4	Completely agree 5
Q9.1a	There is no real treatment for back trouble	○	○	○	○	○
Q9.1b	Back trouble will eventually stop your participation in physical activity	○	○	○	○	○
Q9.1c	Back trouble means periods of pain for the rest of one's life	○	○	○	○	○
Q9.1d	Doctors cannot do anything for back trouble	○	○	○	○	○
Q9.1e	A bad back should be exercised	○	○	○	○	○
Q9.1f	Back trouble makes everything in life worse	○	○	○	○	○
Q9.1g	Surgery is the most effective way to treat back trouble	○	○	○	○	○
Q9.1h	Back trouble may mean you end up in a wheelchair	○	○	○	○	○
Q9.1i	Alternative treatments are the answer to back trouble	○	○	○	○	○
Q9.1j	Back trouble means long periods of time off school/work	○	○	○	○	○
Q9.1k	Medication is the only way of relieving back trouble	○	○	○	○	○
Q9.1l	Once you have had back trouble there is always a weakness	○	○	○	○	○
Q9.1m	Back trouble must be rested	○	○	○	○	○
Q9.1n	Later in life back trouble gets progressively worse	○	○	○	○	○

G222_BPB1
G222_BPB2
G222_BPB3
G222_BPB4
G222_BPB5
G222_BPB6
G222_BPB7
G222_BPB8
G222_BPB9
G222_BPB10
G222_BPB11
G222_BPB12
G222_BPB13
G222_BPB14

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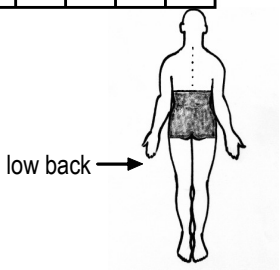
Q9.2 Have you ever had low back pain (anywhere in the shaded area in this picture)?



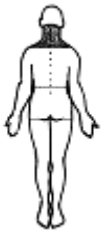
O No (go to Q9.3)

O Yes G222_PN38

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

		yes	no
Q9.2a	Has your low back been painful at any time in the last month? G222_PN40	O	O
Q9.2b	Has your low back pain ever lasted for more than 3 months continuously (ie. it hurt more or less every day)? G222_PN41_1	O	O
Q9.2c	Has your low back pain ever lasted for more than 3 months off and on (ie. it hurt at least once a week but not every day)? G222_PN49_1	O	O
Q9.2d	Have you ever sought health professional advice or treatment for low back pain? G222_PN105A_1	O	O
Q9.2e	Have you ever taken medication to relieve the low back pain? G222_PN105B_1	O	O
Q9.2f	Have you ever missed work or study due to low back pain? G222_PN105E_1	O	O
Q9.2g	Has the low back pain ever interfered with your normal activities? G222_PN105C_1	O	O
Q9.2h	Has the low back pain ever interfered with recreational physical activities (eg.sport, walking, cycling etc) G222_PN105D_1	O	O
Q9.2i	Has the low back pain ever interfered with your work activities? G222_PN105F_1	O	O

Q9.3 Have you ever had neck/shoulder pain (anywhere in the shaded area in this picture)?



O No (go to Q9.4)

O Yes G222_PN9

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

		yes	no
Q9.3a	Has your neck/shoulder been painful at any time in the last month? G222_PN11	O	O
Q9.3b	Has your neck/shoulder pain ever lasted for more than 3 months continuously ? (ie. It hurt at least once a week but not every day) G222_PN12A_1	O	O
Q9.3c	Has your neck/shoulder pain ever lasted for more than 3 months off and on (ie. it hurt at least once a week but not every day)? G222_PN12B_1	O	O
Q9.3d	Have you ever sought health professional advice or treatment for neck/shoulder pain? G222_PN104A_1	O	O
Q9.3e	Have you ever taken medication to relieve the neck/shoulder pain? G222_PN104B_1	O	O
Q9.3f	Have you ever missed work or study due to neck/shoulder pain? G222_PN104E_1	O	O
Q9.3g	Has the neck/shoulder ever interfered with your normal activities? G222_PN104C_1	O	O
Q9.3h	Has the neck/shoulder pain ever interfered with recreational physical activities (eg.sport, walking, cycling etc) G222_PN104D_1	O	O
Q9.3i	Has the neck/shoulder pain ever interfered with work activities ? G222_PN104F_1	O	O

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Musculoskeletal Pain

These questions and statements apply if you have musculoskeletal (muscle and bone) aches or pains, such as back, shoulder or neck pain. Please read and answer questions carefully. Do not take long to answer the questions, however it is important that you answer every question.

Q9.4 Do you currently have any body pain ?

- O No (go to Section 10) **G222_PN66**
- O Yes

Q9.5 Where do you have pain? **(mark all appropriate sites)**

O Neck	O Upper back	**G222_PN70**
O Left shoulder	O Lower back	**G222_PN75**
O Right shoulder	O Left leg	**G222_PN71**
O Left arm	O Right leg	**G222_PN76**
O Right arm	O Other (state)	**G222_PN72** **G222_PN77** **G222_PN73** **G222_PN78** **G222_PN74** **G222_PN79**

Q9.6 Is your pain work-related in that it was caused by your work? O Yes O No **G222_WPN1**

Q9.7 Is your pain work-related in that your pain developed outside of work but is made worse by work? O Yes O No **G222_WPN2**

If you answered YES to EITHER of the above 2 questions please answer the next 2 questions
If you answered NO to BOTH skip the next 2 questions & go to Q9.10

Q9.8 Have you reported your pain to your employer? O Yes O No **G222_WPN3**

Q9.9 Have you claimed workers' compensation for your pain? O Yes O No **G222_WPN4**

Q9.10 I can adjust my job to fit in with my pain (eg adjust the equipment or furniture, working hours, amount of work tasks) **(mark one)**

- O Strongly disagree **G222_WPN5**
- O Disagree
- O Neither agree nor disagree
- O Agree
- O Strongly agree

Q9.11 How long have you had your current pain problem? **(mark one)**

				G222_WPN6
0	O 0 days	5	O 1 month	
1	O 1-2 days	6	O 2 months	
2	O 3-7 days	7	O 3-6 months	
3	O 8-14 days	8	O 6-12 months	
4	O 15-30 days	9	O over 1 year	

Q9.12 How would you rate the pain that you have had during the past week? Select one

No Pain **Pain as bad as it could be**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 **G222_PN80_1**

Q9.13 In the past three months, on average, how bad was your pain on a 0-10 scale? Select one

No Pain **Pain as bad as it could be**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 **G222_PN81_1**

Q9.14 How often would you say that you have experience pain episodes, on average, during the past three months? Select one

Never **Always**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 **G222_PN82_1**

Q9.15 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? Select the appropriate number.

Can't decrease it at all **Can decrease it completely**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 **G222_PN83_1**

Q9.16 In your view, how large is the risk that your current pain may become persistent? Select one

No risk **Very large risk**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 **G222_PN84_1**

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

Q9.17 Physical activity makes my pain worse.

Completely disagree **Completely agree**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

G222_PN85_1

Q9.18 An increase in pain is an indication that I should stop what I'm doing until the pain decreases

Completely disagree **Completely agree**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

G222_PN86_1

Q9.19 I should not do my normal work with my present pain.

Completely disagree **Completely agree**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

G222_PN87_1

Q9.20. Here is a list of five activities. Mark the one number that best describes your current ability to participate in each of these activities.

	Can't do it because of pain problem									***Can do it without pain being a problem***
Q9.20a I can do light work for an hour. **G222_PN88_1**	O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9	O 10
Q9.20b I can walk for an hour **G222_PN89_1**	O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9	O 10
Q9.20c. I can do ordinary household chores **G222_PN90_1**	O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9	O 10
Q9.20d I can do the weekly shopping. **G222_PN91_1**	O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9	O 10
Q9.20e I can sleep at night. **G222_PN92_1**	O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9	O 10

Impact of musculoskeletal Pain

Q9.21 How many days of work have you missed because of pain during the past 12 months? **(mark one)**

0	O 0 days	5	O 1 month	**G222_PN93**
1	O 1-2 days	6	O 2 months	
2	O 3-7 days	7	O 3-6 months	
3	O 8-14 days	8	O 6-12 months	
4	O 15-30 days			

Q9.22 How many days have you been at work but not able to work at full capacity because of pain during the past 12 months? **(mark one)**

O 0 days	O 1 month	**G222_PN94**
O 1-2 days	O 2 months	
O 3-7 days	O 3-6 months	
O 8-14 days	O 6-12 months	
O 15-30 days		

Q9.23 In your estimation, what are the chances that you will be able to work in 6 months? **(mark one)**

No chance ***Very large chance***

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10 **G222_PN95**

Q9.24 Has your musculoskeletal pain changed your thoughts or plans about your work in any of the following ways?

Q9.24a. You might have to leave your current occupation	O Yes	O No	**G222_PN96**
Q9.24b. You want to permanently work fewer hours because of your pain.	O Yes	O No	**G222_PN97** **G222_PN98**
Q9.24c. You want to get a different job because of your pain.	O Yes	O No	

10. URINOGENITORY PROBLEMS

Q10.1 Do you experience, and, if so, how much are you bothered by:
(mark one)

1. Frequent urination?	G222_UG1	O Not at all	O Slightly	O Moderately	O Greatly
2.Urine leakage related to feeling of urgency?	G222_UG2	O Not at all	O Slightly	O Moderately	O Greatly
3.Urine leakage related to physical activity, coughing or sneezing?	G222_UG3	O Not at all	O Slightly	O Moderately	O Greatly
4. Small amounts of urine leakage (drops)?	G222_UG4	O Not at all	O Slightly	O Moderately	O Greatly
5. Difficulty emptying your bladder?	G222_UG5	O Not at all	O Slightly	O Moderately	O Greatly
6. Pain or discomfort in the lower abdomen/genital area?	G222_UG6	O Not at all	O Slightly	O Moderately	O Greatly

If you answered 'Not at all' to <u>all</u> the above questions please skip Q10.2 and go straight to Section 11

Q10.2 Have urinary problems/pain or discomfort affected your:
(mark one)

1. Ability to do normal chores (eg cooking or laundry)?	G222_UG7	O Not at all	O Slightly	O Moderately	O Greatly
2. Physical recreation such as running, dancing or other exercise?	G222_UG8	O Not at all	O Slightly	O Moderately	O Greatly
3. Entertainment activities (movies, concerts, etc.)?	G222_UG9	O Not at all	O Slightly	O Moderately	O Greatly
4. Ability to travel by car or bus more than 30 minutes from home'?	G222_UG10	O Not at all	O Slightly	O Moderately	O Greatly
5. Participation in social activities outside your home'?	G222_UG11	O Not at all	O Slightly	O Moderately	O Greatly
6. Emotional health (nervousness, depression. etc.)?	G222_UG12	O Not at all	O Slightly	O Moderately	O Greatly
7. Feeling frustrated?	G222_UG13	O Not at all	O Slightly	O Moderately	O Greatly

11. RESPIRATORY QUESTIONS

WHEEZE

Q11.1 Have you wheezed in the last 12 months?

- O No (go to Q11.5 - Asthma) **G222_RE34**
- O Yes

Q11.2 In the last 12 months, how often on average has your sleep been disturbed due to wheezing?
*(Please mark only **one** response)*

- O Never woken with wheezing
- O Less than one night per week **G222_RE36**
- O One or more nights per week
- O Don't know

Q11.3 Has the wheezing been severe enough to limit your speech to only one or two words at a time between breaths? O No O Yes O Don't know **G222_RE37**

Q11.4 Has your chest sounded wheezy during or after exercise? O No O Yes O Don't know **G222_RE8**

ASTHMA

		no	yes	don't know	never had asthma
Q11.5	Do you think you have ever had asthma? **G222_AS1**	O	O	O	O
Q11.6	Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have asthma? **G222_AS2**	O	O	O	O
Q11.7	Do you still have asthma? **G222_AS16**	O	O	O	O

Q11.8 Have you used/taken any asthma medications in the last 12 months?

- O No (go to Q11.11 - Rhinitis) **G222_AS67**
- O Yes

Q11.9 Which asthma medications have you used/taken in the last 12 months?
*(Please mark **all** responses that apply)*

O Ventolin	O Serevent	**G222_AS18 G222_AS52 G222_AS20 G222_AS54 G222_AS26 G222_AS59 G222_AS35 G222_AS61 G222_AS39 G222_AS63 G222_AS41 G222_AS65 G222_AS50**
O Respolin	O Singulaire	
O Bricanyl	O Seretide	
O QVAR	O Symbacort	
O Flixotide	O Prednisolone	
O Pulmacort	O Other - please specify	
O OXIS	_____	

Q11.10 What triggers your asthma? **(Please mark all responses that apply)**

O Viral infection	O Dust	G222_AS69
O Grass	O Other - please specify	G222_AS70
O Pollen	O Don't know	G222_AS71
O Animal	O Don't have asthma	G222_AS72
		G222_AS73
		G222_AS75
		G222_AS74
		G222_AS76

RHINITIS (runny or blocked nose - including hayfever)

Q11.11 In the last 12 months, have you had a problem with sneezing or a runny or blocked nose (including hayfever) when you DID NOT have a cold or flu?

O No (go to Q11.18 - Allergic Conjunctivitis)
O Yes — G222_RE69

Q11.12 In the last 12 months, was this nose problem accompanied by itchy-watery eyes?

O No O Yes — G222_RE63

Q11.13 In the last 12 months, how many episodes of allergic nose problem have you had (including hayfever)? **(Please mark only one response)**

O 1 - 2 episodes
O 3 - 12 episodes — G222_HF3
O More than 12 episodes

Q11.14 In which of the last 12 months did this problem occur? **(Please mark all responses that apply)**

O January	O July	G222_RE80
O February	O August	G222_RE81
O March	O September	G222_RE82
O April	O October	G222_RE83
O May	O November	G222_RE84
O June	O December	G222_RE85
		G222_RE86
		G222_RE87
		G222_RE88
		G222_RE89
		G222_RE90
		G222_RE91

Q11.15 Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have an allergic nose problem (including hayfever)?

O No O Yes — G222_RE24

Q11.16 What was the trigger/cause of these problems?
(Please mark all responses that apply)

G222_HF7A
G222_HF7B
G222_HF7C
G222_HF7E
G222_HF7D
G222_HF7F

- O Grass
- O Pollen
- O Animal
- O Dust
- O Other - please specify _____
- O Don't know

Q11.17 In the last 12 months, have you taken or used any medication for allergic nose (including hayfever)?

- O No (go to Q11.18)
- O Yes

G222_HF32

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

	Type of medication	Not Prescribed by doctor	Prescribed by doctor
Q11.17a	G222_HF33 G222_HF34	☐	☐
Q11.17b	G222_HF35 G222_HF36	☐	☐
Q11.17c	G222_HF37 G222_HF38	☐	☐
Q11.17d	G222_HF39 G222_HF40	☐	☐

ALLERGIC CONJUNCTIVITIS (itchy water eyes - including hayfever)

Q11.18 Do you think that you have ever had an allergic reaction in the eyes (including hayfever)?

G222_CO1

- O No
- O Yes
- O Don't know

Q11.19 Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you had an allergic reaction in the eyes (including hayfever)?

G222_CO2

- O No
- O Yes
- O Don't know

Office use only Q11.17 a ☐☐ b ☐☐ c ☐☐ d ☐☐

Q11.20 In the last 12 months, have you suffered from an allergic reaction in the eyes (including hayfever)?

- O No (go to Q11.25 - Respiratory symptoms) **G222_CO4**
- O Yes

Q11.21 In the last 12 months, how many episodes of allergic reaction in the eyes have you had (including hayfever)? **(Please mark only one response)**

- O 1 - 2 episodes **G222_CO5**
- O 3 - 12 episodes
- O More than 12 episodes

Q11.22 In which of the last 12 months did this problem occur? **(Please mark all responses that apply)**

O January	O July	**G222_CO21 G222_CO27**
O February	O August	**G222_CO22 G222_CO28**
O March	O September	**G222_CO23 G222_CO29**
O April	O October	**G222_CO24 G222_CO30**
O May	O November	**G222_CO25 G222_CO31**
O June	O December	**G222_CO26 G222_CO32**

Q11.23 What was the trigger/cause of these problems? **(Please mark all responses that apply)**

- O Grass **G222_CO6A**
- O Pollen **G222_CO6B**
- O Animal **G222_CO6C**
- O Dust **G222_CO6E**
- O Other - please specify _____ **G222_CO6D**
- O Don't know **G222_CO6F**

Q11.24 In the last 12 months, have you taken or used any medication for allergic reaction in the eyes (including hayfever)?

- O No (go to Q11.25) **G222_CO48**
- O Yes

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

	Type of medication	Not Prescribed by doctor	Prescribed by doctor
Q11.24a	**G222_CO49 G222_CO50**	☐	☐
Q11.24b	**G222_CO51 G222_CO52**	☐	☐
Q11.24c	**G222_CO53 G222_CO54**	☐	☐
Q11.24d	**G222_CO55 G222_CO56**	☐	☐

Office use only Q11.24 a ☐☐ b ☐☐ c ☐☐ d ☐☐

Q11.25 RESPIRATORY SYMPTOMS

Q11.25a Breathlessness

i) Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? G222_RS1 ○ No ○ Yes

ii) Do you get short of breath walking with other people your own age on level ground? G222_RS2 ○ No ○ Yes

iii) Do you have to stop for breath when walking at your own pace on level ground? G222_RS3 ○ No ○ Yes

iv) Do you ever get short of breath at rest? G222_RS4 ○ No ○ Yes

Q11.25b Cough

i) Do you usually cough first thing in the morning? G222_RS5 ○ No ○ Yes

ii) Do you usually cough during the day or night? G222_RS6 ○ No ○ Yes

If YES to i) or ii)

iii) Do you cough like this on most days for as much as 3 months each year? G222_RS7 ○ No ○ Yes

Q11.25c Phlegm

i) Do you usually bring up phlegm from your chest first thing in the morning? G222_RS8 ○ No ○ Yes

ii) Do you usually bring up phlegm from your chest during the day or night? G222_RS9 ○ No ○ Yes

If YES to i) or ii)

iii) Do you bring up phlegm like this on most days for as much as 3 months each year? G222_RS10 ○ No ○ Yes

ECZEMA (itchy rash)

Q11.26 Have you ever had eczema or an itchy rash which was coming and going for at least 12 months?

- O No (go to Q11.36 - Food Allergies)
- O Yes

G222_RH1

Q11.27 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?

O No O Yes G222_RH3

Q11.28 In the last 12 months, how often on average have you been kept awake at night by this itchy rash? **(Please mark only one response)**

- O Never in the last 12 months
- O Less than one night per week
- O One or more nights per week
- O Don't know

G222_RH6

Q11.29 Has this rash cleared completely during the last 12 months? O No O Yes G222_RH5

Q11.30 Do you think you have ever had eczema? O No O Yes G222_RH7

Q11.31 Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have eczema?

O No O Yes O Don't know G222_RH11

Q11.32 In the last 12 months, have you suffered from eczema?

- O No (go to Q11.36 - Food Allergies)
- O Yes

G222_RH12

Q11.33 In the last 12 months, how many episodes of eczema have you had?

- O 1 - 2 episodes
- O 3 - 12 episodes
- O More than 12 episodes

G222_RH13

Q11.34 In which of the last 12 months did the eczema occur?
(Please mark all responses that apply)

G222_RH28	G222_RH34	O January	O July
G222_RH29	G222_RH35	O February	O August
G222_RH30	G222_RH36	O March	O September
G222_RH31	G222_RH37	O April	O October
G222_RH32	G222_RH38	O May	O November
G222_RH33	G222_RH39	O June	O December

Q11.35 In the last 12 months, have you taken or used any medication for eczema?

O No (go to Q11.36 - Food Allergies) G222_RH49

O Yes

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

	Type of medication	Not Prescribed by doctor	Prescribed by doctor
Q11.35a	G222_RH62 G222_RH63	☐	☐
Q11.35b	G222_RH64 G222_RH65	☐	☐
Q11.35c	G222_RH66 G222_RH67	☐	☐
Q11.35d	G222_RH68 G222_RH69 G222_RH70 G222_RH71	☐	☐

FOOD ALLERGIES

Q11.36. Do you have any food allergies?

O No (go to Section 12) G222_FAL

O Yes

Q11.37 What are you allergic to? *(Please mark* **all** *responses that apply)*

O Peanut products G222_FD1A

O Wheat/Yeast G222_FD2A

O Dairy G222_FD3A

O Fruit G222_FD4A

O Eggs G222_FD5A

O Seafood G222_FD6A

O Preservatives/Colourings G222_FD7A

O Other - please specify _____ G222_FD8A

Office use only Q35 1 ☐☐ 2 ☐☐ 3 ☐☐ 4 ☐☐

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12. SLEEPING

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

G222_BED1 G222_BED3
G222_BED2 G222_BED4

Q12.1 What time (on average) have you gone to bed on weekdays and weekends? G222_BED_WK G222_BED_WE

If you are a shift worker, WEEKDAYS refers to days you are working, and WEEKENDS refers to days you are not working
Please indicate using a 24hr clock, for example 11pm = 23:00

	Weekdays		Weekends	
	hour :	minutes	hour :	minutes

Q12.2 How long does it usually take you to fall asleep (in minutes, e.g. 1 1/2hrs = 90 minutes)? G222_SL1 minutes

G222_BED5 G222_BED7
G222_BED6 G222_BED8
G222_WAKE_WK G222_WAKE_WE

Q12.3 What time do you wake up from your usual sleep?

If you are a shift worker, WEEKDAYS refers to days you are working, and WEEKENDS refers to days you are not working
Please indicate using a 24hr clock, for example 7am = 07:00

	Weekdays		Weekends	
	hour :	minutes	hour :	minutes

Q12.4 How many total hours of actual sleep do you usually get on a typical weekday or weekend day, including naps?

If you are a shift worker, WEEKDAYS refers to days you are working, and WEEKENDS refers to days you are not working

	Weekdays		Weekends	
	hour :	minutes	hour :	minutes

For these next questions (Q12.5) mark the best response. Please answer all questions.

G222_SL2 G222_SL4
G222_SL3 G222_SL5
G222_SL2A G222_SL4A

Q12.5 During the past month, how often have you had trouble sleeping because you.....

	Not during last month		Less than once a week	1-2 times a week	3+ times a week
Q12.5a	Cannot get to sleep within 30 minutes	G222_SL6			
Q12.5b	Wake up in the middle of the night or early morning	G222_SL7			
Q12.5c	Have to get up to use the bathroom	G222_SL8			
Q12.5d	Cannot breathe comfortably	G222_SL9			
Q12.5e	Cough or snore loudly	G222_SL10			
Q12.5f	Feel too cold	G222_SL11			
Q12.5g	Feel too hot	G222_SL12			
Q12.5h	Had bad dreams	G222_SL13			
Q12.5i	Have pain	G222_SL14			
Q12.5j	Other reasons please describe	G222_SL15			

12.6 During the past month, how would you rate your sleep quality overall?

O Very good O Fairly good O Fairly bad O Very bad G222_SL16

Q12.7 During the past month, how often have you taken medicine to help you sleep (prescribed or 'over the counter')? **G222_SL17**

○ Not during the last month ○ Less than once a week ○ 1-2 times a week ○ 3+ times a week

Q12.8 During the past month, how many times per night do you wake up?

○ Never **G222_SL18**
○ Less than once a week
○ 1-6 times per week
○ 1-2 times per night
○ 3-5 times per night
○ More than 5 times per night

Please write the main reasons for waking up (if unsure of reason say 'Not sure') **G222_WAK1** **G222_WAK2** **G222_WAK3** **G222_WAK4** **G222_WAK5**

Q12.9 During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? **G222_SL19**

○ No problem at all ○ Only a very slight problem ○ Somewhat of a problem ○ A very big problem

Q12.10 Do you have a bed partner or room mate? **G222_SL20**

○ No bed partner or room mate (go to Q12.12)
○ Partner/room mate in other room
○ Partner in same room, but not same bed
○ Partner in same bed

Q12.11 **If you have a room mate or partner, ask him/her** how often in the past month you have:

		Not during last month		Less than once a week	1-2 times a week	3+ times a week
12.11a	Had loud snoring	○	**G222_SL21**	○	○	○
12.11b	Had loud pauses between breaths while asleep	○	**G222_SL22**	○	○	○
12.11c	Had legs twitching and jerking while you sleep	○	**G222_SL23**	○	○	○
12.11d	Had episodes of disorientation or confusion during sleep	○	**G222_SL24**	○	○	○
12.11e	Had other restlessness while you sleep, please describe below:	○	**G222_SL25**	○	○	○

G222_PSQI_C1 **G222_PSQI_C2** **G222_PSQI_C3** **G222_PSQI_C4** **G222_PSQI_C5** **G222_PSQI_C6** **G222_PSQI_C7** **G222_PSQI_TOTAL** **G222_PSQI_TOTAL_CAT**

Q12.12 Sleeping behaviour

The following questions refer to your behaviour while sleeping or trying to sleep. Please select one response for each question

During the past month, **have you done, or been told you do**, the following while asleep or trying to sleep?

	Never	Rarely (less than 1x/week)	Sometimes (1-2x/week)	Frequently (3-4x/week)	Always (5-7x/week)	Don't know
a. Snore	G222_SL26					
b. Toss, turn or thrash frequently during the night	G222_SL28					
c. Stop breathing for seconds or longer	G222_SL29					
d. Choke	G222_SL30					
e. Struggle for breath	G222_SL31					
f. Snort or gasp during sleep (suddenly take large and fast breaths)	G222_SL32					
g. Wheeze or whistle (from your chest)	G222_SL33					

During the past month, **have you experienced** the following while asleep or trying to sleep?

	Never	Rarely (less than 1x/week)	Sometimes (1-2x/week)	Frequently (3-4x/week)	Always (5-7x/week)	Don't know
h. Stuffy nose	G222_SL34					
i. Palpitations or heart racing	G222_SL35					
j. Jumpy or jerky legs	G222_SL36					
k. Leg cramps	G222_SL37					
l. Difficulty falling asleep	G222_SL38					
m. Lying awake during your sleep time feeling worried, depressed or sad	G222_SL39					
n. Pain or physical discomfort	G222_SL40					
o. Heartburn during your sleep time	G222_SL41					

During the past month, have you **experienced** the following ?

	Never	Rarely (less than 1x/week)	Sometimes (1-2x/week)	Frequently (3-4x/week)	Always (5-7x/week)	Don't know
p. Sleepiness that interferes with concentration	G222_SL42					
q. Feeling tired or fatigued after you wake up	G222_SL43					
r. Dozing while reading or watching television	G222_SL44					
s. Dozing while in conversation with someone or during meals	G222_SL45					
t. Used coffee, tea or other caffeine drinks to stay awake during your normal waking time	G222_SL46					
u. Had to pull off the road while driving or almost been in a car accident due to sleepiness	G222_SL47					
v. No matter how much sleep you had, you didn't wake up feeling rested.	G222_SL48					
w. Needed to wake up from sleep to use the toilet 2 or more times	G222_SL49					
x. Your bedtime changed by 2 or more hours	G222_SL50					
y. Woken up feeling paralysed, unable to move for short periods	G222_SL51					
z. Dry mouth or throat on waking	G222_SL52					
aa. Morning headaches	G222_SL53					

Sleep and work

Q12.13 Have you ever worked outside the home?

- O No (go to Q12.14) **G222_SL54**
- O Yes

Q12.13a Have you ever fallen asleep on the job?

- O No (go to Q12.13c) **G222_SL55**
- O Not sure
- O Yes

Q12.13b Has this occurred:

- O Only once **G222_SL56**
- O 2-5 times
- O 6-20 times
- O 21-100 times
- O More than 100 times
- O Not sure

Q12.13c. Have you ever been involved in an accident at work that has required you to see a nurse or doctor?

- O No (go to Q12.14) **G222_SL57**
- O Yes

Q12.13d Has this occurred:

- O Only once **G222_SL58**
- O 2-5 times
- O 6-20 times
- O 21-100 times
- O More than 100 times
- O Not sure

Q12.14 During the past month, have you had to take daytime naps of 5 minutes or longer?

- O No (go to Q12.15) **G222_SL59**
- O Yes

Q12.14a. Has this occurred:

- O Only once **G222_SL60**
- O 2-5 times
- O 6-20 times
- O 21-100 times
- O More than 100 times
- O Not sure

Q12.14b. On average, how long are your naps in minutes (e.g. 1.5 hrs = 90 minutes)? **G222_SL61** ☐☐☐ **minutes**

Q12.14c. How often do you feel refreshed after napping?

- O Never
- O Rarely
- O Sometimes
- O Usually
- O Always
- O Not sure

G222_SL62

Sleep and shiftwork

Q12.15 Are you a shift worker? G222_SL63

- O No (go to Q12.16)
- O Yes

Q12.15a What type of shifts did you work in the past month (select all that apply):

- O Day shift (occurs any time between 6am and 7pm) G222_SL64D
- O Evening shift (occurs any time between 3pm and midnight) G222_SL64E
- O Night shift (any 8-10 hour shift between 10pm and 8am or any 12 hour shift between 7pm and 9am) G222_SL64N

Q12.15b In the past month, how often did your work hours include at least 6 hours between 10pm and 8am (night shift)?

- O Nearly every day G222_SL65
- O 3-4 times per week
- O 1-2 times per week
- O 3-4 times per month
- O 1-2 times per month
- O Never or nearly never

Q12.15c In the past month, how often did your day shift work hours begin at or before 5am?

- O Nearly every day G222_SL66
- O 3-4 times per week
- O 1-2 times per week
- O 3-4 times per month
- O 1-2 times per month
- O Never or nearly never

Sleep and driving

Q12.16 Do you have a drivers' license?

- O No (go to Q12.23) G222_DRV1
- O Yes

G222_DRV2 G222_DRV3

Q12.16a When did you get your drivers' license? **(Date on back of license)** Month: ☐☐ Year: ☐☐☐☐

Q12.17 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 eg work, uni/TAFE, sport, beach, shops, friends, family, clubs, pubs/nightclubs, etc.

Place	Times per week	KM estimate	=	Total km
_____	☐☐	☐☐☐		☐☐☐☐
_____	☐☐	☐☐☐		☐☐☐☐
_____	☐☐	☐☐☐		☐☐☐☐
_____	☐☐	☐☐☐		☐☐☐☐
_____	☐☐	☐☐☐		☐☐☐☐
_____	☐☐	☐☐☐		☐☐☐☐

Q12.18 In a typical week, how many km do you generally drive? Total ☐☐☐☐☐ G222_DRV4

Q12.19 Have you ever fallen asleep whilst you were behind the wheel?

- O No (go to Q12.20) G222_SL67
- O Yes

Q12.19a. Has this occurred: G222_SL68

- O Only once
- O 2-5 times
- O 6-20 times
- O 21-100 times
- O More than 100 times
- O Not sure

Q12.20 How many 'near miss' car accidents have you ever had due to sleepiness? ☐☐ number G222_SL69

Q12.21 How many car accidents have you ever had while driving a car? ☐☐ number G222_SL70

Q12.22 How many car accidents have you ever had because you felt sleepy or fell asleep behind the wheel of a car? ☐☐ number G222_SL71

Q12.23 Restless Legs Syndrome

Q12.23a When sitting or lying down, do you have a strong urge to move your legs? **G222_SL72**

- O Rarely (once a month or less)
- O Sometimes (2-4 times/month)
- O Often(5-15 times/month)
- O Very often (more than 15 times/month)

Q12.23b Is your urge to move your legs accompanied by a discomfort (unpleasant sensation) in your legs, for example a creepy-crawly or tingly feeling?

O Yes O No O Don't know **G222_SL73**

Q12.23c Is the discomfort in your legs relieved in any way, even for a short time, by walking or moving your legs?

O Yes O No O Don't know **G222_SL74**

Q12.23d At what times is the discomfort in your legs and/or urge to move most bothersome? **G222_SL75**

- O In the mornings
- O In the afternoons
- O In the evenings
- O At bedtime
- O No difference by the time of day

Q12.23e When you actually experience these unpleasant sensations in your legs or the urge to move your legs, how distressing are they? **G222_SL76**

- O Not at all distressing
- O A little bit distressing
- O Moderately distressing
- O Extremely distressing
- O Don't know

Q12.23f When you actually experience these unpleasant sensations in your legs or the urge to move your legs, do they disturb your sleep? **G222_SL77**

- O Never/almost never
- O Less than once a week
- O Once or twice a week
- O 3 to 5 times a week
- O Every day/almost every day of the week
- O Don't know

Q12.24 Family history for sleep

Q12.24a Has your biological mother had any of the following diagnosed by a doctor?

Sleep Apnoea	G222_SL78	O No	O Yes	O Not Sure
Narcolepsy	G222_SL79	O No	O Yes	O Not Sure
Loud or disruptive snoring	G222_SL80	O No	O Yes	O Not Sure
Excessive (too much) sleepiness	G222_SL81	O No	O Yes	O Not Sure
Restless Legs or Periodic Leg Movements of Sleep	G222_SL82	O No	O Yes	O Not Sure

Q12.24b Has your biological father had any of the following diagnosed by a doctor?

Sleep Apnoea	G222_SL83	O No	O Yes	O Not Sure
Narcolepsy	G222_SL84	O No	O Yes	O Not Sure
Loud or disruptive snoring	G222_SL85	O No	O Yes	O Not Sure
Excessive (too much) sleepiness	G222_SL86	O No	O Yes	O Not Sure
Restless Legs or Periodic Leg Movements of Sleep	G222_SL87	O No	O Yes	O Not Sure

Q12.24c Have any of your brothers or sisters had the following diagnosed by a doctor? If yes, how many brothers and/or sisters ?

				How many brothers	How many sisters
Sleep Apnoea	O No	O Yes	O Not Sure	☐	☐
Narcolepsy	O No	O Yes	O Not Sure	☐	☐
Loud or disruptive snoring	O No	O Yes	O Not Sure	☐	☐
Excessive (too much) sleepiness	O No	O Yes	O Not Sure	☐	☐
Restless Legs or Periodic Leg Movements of Sleep	O No	O Yes	O Not Sure	☐	☐
Other significant medical problem	O No	O Yes	O Not Sure	☐	☐

Specify: _____

G222_SL88 G222_SL89 G222_SL90 G222_SL91 G222_SL92 G222_SL93
G222_S88A G222_S89A G222_S90A G222_S91A G222_S92A G222_S93A
G222_S88B G222_S89B G222_S90B G222_S91B G222_S92B G222_S93B

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Q12.25 Have you ever had an overnight sleep study in a hospital? G222_SL94 G222_SL94D G222_SL94D3

O No
O Yes ——— > **Date of study:** dd / mm / yyyy
O Not Sure

Q12.26 Have you ever been diagnosed with Sleep Apnoea? G222_SL95

O No (please go to Q12.27)
O Yes

Q12.26a Please give the name of the physician or clinic:

Q12.26b What year was this diagnosed **year** G222_SL96

Q12.26c Were any of the following treatments recommended or prescribed?

CPAP	O No	O Yes	G222_SL98
Surgery on the palate	O No	O Yes	G222_SL99
Tonsillectomy	O No	O Yes	G222_S100
Nose surgery	O No	O Yes	G222_S101
Mandibular Advancement Splint	O No	O Yes — **Still using splint?** O No O Yes	G222_S102
Laser Treatment	O No	O Yes	G222_S103
Other (please specify below)	O No	O Yes	G222_S104
			G222_S105

Q12.26d If you were prescribed CPAP, are you still using this on a regular basis? G222_S106

O No - why not? _____
O Yes
O Not applicable

Q12.27 Have you had surgery for snoring or sleep apnoea?

O No
O Yes —— **When?** dd / mm / yyyy
O Not sure

Where?

G222_S107 G222_S107D G222_S107D3

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13. DRINKS & ALCOHOL

Q13 Here we are asking for information on how often and how much of the following drinks you usually consume.

When answering these questions, please answer in number of glasses, cans, cups, stubbies or shots.
To assist you, below each type of drink is the type of measurement.

	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	Total number of glasses/ cups/cans/shots you usually drink each day
1 Water (250ml glass)	○	○	○	○	○	○	○	○	○	○	○	○	G222_DK1 ~~G222_DK19~~
2. Fizzy drink (eg. cola, lemonade) (can, glass)	○	○	○	○	○	○	○	○	○	○	○	○	G222_DK2 ~~G222_DK20~~
3. Diet fizzy drink (eg. diet cola, diet lemonade) (can,glass)	○	○	○	○	○	○	○	○	○	○	○	○	G222_DK3 ~~G222_DK21~~
4. Energy drink (eg. Redbull, V, Monster) (can)	○	○	○	○	○	○	○	○	○	○	○	○	G222_DK4 ~~G222_DK22~~
5. Diet energy drink (can)	○	○	○	○	○	○	○	○	○	○	○	○	G222_DK5 ~~G222_DK23~~
6.Tea (cup)	○	○	○	○	○	○	○	○	○	○	○	○	G222_DK6 ~~G222_DK24~~
7. Herbal tea (cup)	○	○	○	○	○	○	○	○	○	○	○	○	G222_DK7 ~~G222_DK25~~
8. Green tea (cup)	○	○	○	○	○	○	○	○	○	○	○	○	~~G222_DK8~~ G222_DK26
9. Instant coffee (cup)	○	○	○	○	○	○	○	○	○	○	○	○	G222_DK9 ~~G222_DK27~~
10. Ground coffee (ie. filter coffee, capuccino, flat white) (cup, mug)	○	○	○	○	○	○	○	○	○	○	○	○	~~G222_DK10~~ G222_DK28
11. Beer (can, stubby)	○	○	○	○	○	○	○	○	○	○	○	○	~~G222_DK11~~ G222_DK29
12. Alcoholic soda (eg. alcopop, cruiser, UDL) (bottle, can)	○	○	○	○	○	○	○	○	○	○	○	○	~~G222_DK12~~ G222_DK30
13. Red wine (wine glass)	○	○	○	○	○	○	○	○	○	○	○	○	~~G222_DK13~~ G222_DK31
14. White wine, champagne (wine glass)	○	○	○	○	○	○	○	○	○	○	○	○	~~G222_DK14~~ G222_DK32
15. Sherry, port (small wine glass 30ml)	○	○	○	○	○	○	○	○	○	○	○	○	~~G222_DK15~~ G222_DK33
16. Vodka (shots)	○	○	○	○	○	○	○	○	○	○	○	○	~~G222_DK16~~ G222_DK34
17. Whiskey (shots)	○	○	○	○	○	○	○	○	○	○	○	○	~~G222_DK17~~ G222_DK35
18. Other spirits (shots)	○	○	○	○	○	○	○	○	○	○	○	○	~~G222_DK18~~ G222_DK36

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1 2 3 4 5 6 7 8 9

10 11 12 13 14 15 16 17 18

Q13.2 The previous question asked for information on usual alcohol consumption. This question is about how often you drink large or excessive amounts of alcohol (binge drinking).

Note: leave blank if you do not drink a particular drink

G222_DK37 G222_DK38 G222_DK39 G222_DK40 G222_DK41 G222_DK42 G222_DK43 G222_DK44 G222_DK45 G222_DK46 G222_DK47 G222_DK48 G222_DK49 G222_DK50 G222_DK51 G222_DK52

	The most you would drink in a 24 hour period:					Approximately how often would you drink this amount?						
	1-4	5-9	10-15	16-20	>20	Every day	> Once a week	Once a week	Once a fortnight	Once a month	Once every 3 months	1-2 times a year
11a. Beer (can, stubby)	O	O	O	O	O	O	O	O	O	O	O	O
12a. Alcoholic soda (eg. alcopop, cruiser, UDL) (bottle, can)	O	O	O	O	O	O	O	O	O	O	O	O
13a. Red wine (wine glass)	O	O	O	O	O	O	O	O	O	O	O	O
14a. White wine, champagne (wine glass)	O	O	O	O	O	O	O	O	O	O	O	O
15a. Sherry, port (small wine glass 30ml)	O	O	O	O	O	O	O	O	O	O	O	O
16a. Vodka (shots)	O	O	O	O	O	O	O	O	O	O	O	O
17a. Whiskey (shots)	O	O	O	O	O	O	O	O	O	O	O	O
18a. Other spirits (shots)	O	O	O	O	O	O	O	O	O	O	O	O

Q13.3 Is this level of alcohol consumption typical? O No O Yes **G222_DK53**

Q13.4 Have ever you drunk so much alcohol that you threw up (vomited?) **G222_DK54**

O Never O Yes, once only O Yes, more than once

14. SMOKING & DRUGS

Q14.1 Do you currently smoke cigarettes/cigars?

- O No (go to Q14.4)
- O Yes

G222_SM2

Q14.2 How many cigarettes/cigars do you smoke per day?
*(Please mark only **one** response)*

- O Less than one
- O 1 - 5
- O 6 - 10
- O 11 - 15
- O 16 - 20
- O More than 20

G222_SM4

Q14.3 At what age did you start smoking regularly? ☐☐ **years**

G222_SM40

Q14.4 Do you currently live with someone who smokes? G222_SM41 O No O Yes

Q14.5 Over the past 3 years, have you lived for more than 6 months with anyone that smokes cigarettes/cigars? G222_SM42 O No O Yes

Q14.6 Have you ever tried or used the following drugs, and if so, on average, how often?

	(Please mark one response for each item)		never	only tried once	less than monthly	about monthly	about weekly	daily	don't know
Q14.6a	Marijuana/cannabis	G222_DG1	O	O	O	O	O	O	O
Q14.6b	Inhalants (glue, petrol)	G222_DG2	O	O	O	O	O	O	O
Q14.6c	Ecstasy	G222_DG15	O	O	O	O	O	O	O
Q14.6d	Heroin/smack	G222_DG17	O	O	O	O	O	O	O
Q14.6e	Amphetamines (speed, ice, dexies)	G222_DG6	O	O	O	O	O	O	O
Q14.6f	Hallucinogens (acid/LSD)	G222_DG16	O	O	O	O	O	O	O
Q14.6g	Nitrous oxide/nangs	G222_DG8	O	O	O	O	O	O	O
Q14.6h	Cocaine	G222_DG9	O	O	O	O	O	O	O
Q14.6i	Methadone	G222_DG10	O	O	O	O	O	O	O
Q14.6j	GHB	G222_DG11	O	O	O	O	O	O	O
Q14.6k	Ketamine "K"	G222_DG12	O	O	O	O	O	O	O
Q14.6l	Benzodiazepines	G222_DG13	O	O	O	O	O	O	O
Q14.6m	Rehypnol	G222_DG14	O	O	O	O	O	O	O
Q14.6n	Something else *please specify*	G222_DG4	O	O	O	O	O	O	O

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15. EATING HABITS

Q15.1 Do you know how much you weigh?

O No (go to Q15.2) G222_W1 G222_W2

O Yes --->What is your current weight? ☐☐☐.☐ kg

Q15.2 Are you worried about your weight? O No, not at all O A little O Moderately O Very G222_W3

Q15.3 Do you consider yourself to be... O Underweight O Normal weight O A bit overweight O Very overweight G222_W4

Q15.4 The following questions are concerned with the past **4 weeks only (28 days)**

(Please read each question carefully and shade the appropriate number. Please answer all of the questions.

		0 days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
1	Have you been deliberately trying to limit the amount of food you eat to influence your shape or weight? G222_W8_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
2	Have you gone for 8 or more waking hours without eating anything in order to influence your shape or weight? G222_W35_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
3	Have you tried to avoid eating foods that you like in order to influence your shape or weight? G222_W9_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
4	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? G222_W10_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
5	Have you wanted your stomach to be empty? G222_W50_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
6	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? G222_W11_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
7.	Have you been afraid of losing control over eating? G222_W12_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
8	Have you had episodes of binge eating? G222_W37_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
9	Have you eaten in secret (do not count binge eating)? G222_W15_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
10	Have you had a definite desire for your stomach to be flat? G222_W51_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
11	Has thinking about shape or weight made it difficult to concentrate on things you are interested in; for example, read, watch TV, follow a conversation? G222_W52_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
12	Have you had a definite fear that you might gain weight or become fat? G222_W16_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
13.	Have you felt fat? G222_W38_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6
14.	Have you had a strong desire to lose weight? G222_W39_4	O 0	O 1	O 2	O 3	O 4	O 5	O 6

15. On what proportion of the times that you have eaten have you felt guilty because of the effect on your shape or weight? (Do not count binges). G222_W53_4

O None of the time
O A few times
O Less than half the times
O Half the times
O More than half the times
O Most of the time
O Every time

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Over the past 28 days:

16. 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?

G222_W14_4
G222_W14A_4

○ No (go to Q19)
○ Yes

17. How many such episodes have you had over the past four weeks? ☐☐☐

---

18. 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)?

G222_W36_4
G222_W36A_4

○ No (go to Q19)
○ Yes

18a. If so, for how many of the above episodes did you experience this sense of loss of control? ☐☐☐

---

19. Have you had other episodes of eating when you had a sense of loss of control and felt that you'd eaten too much, but had not eaten what others would consider an unusually large amount of food given the circumstances?

G222_W54_4
G222_W54A_4

○ No (go to Q21)
○ Yes

20. How many such episodes have you had over the past four weeks? ☐☐☐

---

21. Have you made yourself sick (vomit) as a means of controlling your shape or weight?

G222_W17_4
G222_W17A_4

○ No (go to Q23)
○ Yes

22. How many times have you done this over the past four weeks? ☐☐☐

---

23. Have you taken laxatives as a means of controlling your shape or weight?

G222_W55_4
G222_W55A_4

○ No (go to Q25)
○ Yes

24. How many times have you done this over the past four weeks? ☐☐☐

---

25. Have you taken diuretics (water tablets) as a means of controlling your shape or weight?

G222_W18_4
G222_W18A_4

○ No (go to Q27)
○ Yes

26. How many times have you done this over the past four weeks? ☐☐☐

---

27. Have you exercised hard as a means of controlling your shape or weight?

G222_W19_4
G222_W19A_4
G222_W19B_4

○ No (go to Q29)
○ Yes

28. How many days have you done this over the past four weeks? ☐☐

For how long for each day (on average)? ☐☐ hours

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Over the past 28 days:	Not at all	Slightly	Moderately	Markedly
29 Has your **weight** influenced how you think about (judge) yourself as a person? G222_W45_4	0	1 2 3 4 5		6
30 Has your **shape** influenced how you think about (judge) yourself as a person? G222_W56_4	0	1 2 3 4 5		6
31 How much would it have upset you if you had to weigh yourself once a week for four weeks? G222_W5_4	0	1 2 3 4 5		6
32 How dissatisfied have you felt about your **weight**? G222_W21_4	0	1 2 3 4 5		6
33 How dissatisfied have you felt about your **shape**? G222_W22_4	0	1 2 3 4 5		6
34 How concerned have you been about other people seeing you eat? G222_W23_4	0	1 2 3 4 5		6
35 How uncomfortable have you felt seeing your body; for example, in the mirror, in shop window reflections, while undressing or taking a bath or shower? G222_W24_4	0	1 2 3 4 5		6
36 How uncomfortable have you felt about others seeing your body; for example, in communal changing rooms, when swimming or wearing tight clothes? G222_W25_4	0	1 2 3 4 5		6

16. QUALITY OF LIFE

These questions ask for your views about your health (moods, emotions and physical health).

Q16.1 In general, would you say your health is:

1 ○ Excellent 2 ○ Very good 3 ○ Good 4 ○ Fair 5 ○ Poor **G222_OAL8**

Q16.2 The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	(Please mark one response for each item)		yes, limited a lot	yes, limited a little	no, not limited at all
Q16.2a	**Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	**G222_LI12**	○	○	○
Q16.2b	Climbing **several** flights of stairs	**G222_LI14**	○	○	○

Q16.3 During the past **4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	(Please mark one response for each item)		all of the time	most of the time	some of the time	a little of the time	none of the time
Q16.3a	**Accomplished less** than you would like	**G222_LI22**	○	○	○	○	○
Q16.3b	Were limited in the **kind** of work or other activities	**G222_LI23**	○	○	○	○	○

Q16.4 During the past **4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	(Please mark one response for each item)		all of the time	most of the time	some of the time	a little of the time	none of the time
Q16.4a	**Accomplished less** than you would like	**G222_LI26**	○	○	○	○	○
Q16.4b	Did work or other activities **less carefully** than usual	**G222_LI27**	○	○	○	○	○

Q16.5 During the past **4 weeks**, how much did (physical) pain interfere with your normal work (including both work outside the home and housework)? **G222_PN26**

○ Not at all ○ A little bit ○ Moderately ○ Quite a bit ○ Extremely

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

Q16.6 How much of the time during the past **4 weeks**...

	(Please mark one response for each item)		all of the time	most of the time	some of the time	a little of the time	none of the time
Q16.6a	Have you felt calm and peaceful?	G222_FE23	O	O	O	O	O
Q16.6b	Did you have a lot of energy?	G222_FE24	O	O	O	O	O
Q16.6c	Have you felt downhearted and depressed?	G222_FE25	O	O	O	O	O

Q16.7 During the past **4 weeks**, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc)?

G222_LI28

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

Q16.8 How tense or anxious have you felt in the past **week**? Mark one.

Absolutely calm and relaxed G222_LI36 **As tense and anxious as I have ever felt**

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10

Q16.9 How much have you been bothered by feeling depressed in the past **week**? Mark one

Not at all G222_LI37 **Extremely**

O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10

Composite/domain scores:
G222_PCS
G222_MCS
G222_PF_T
G222_RP_T
G222_BP_T
G222_GH_T
G222_VT_T
G222_RE_T
G222_SF_T
G222_MH_T

Q16.10 Please read each statement and colour a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

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

(Please mark one response for each item)		0	1	2	3
1. I found it hard to wind down	G222_DASS22	O	O	O	O
2. I was aware of dryness in my mouth	G222_DASS2	O	O	O	O
3. I couldn't seem to experience any positive feelings at all	G222_DASS3	O	O	O	O
4. I experienced breathing difficulty (eg. excessively rapid breathing, breathlessness in the absence of physical exertion)	G222_DASS4	O	O	O	O
5. I found it difficult to work up the initiative to do things	G222_DASS42	O	O	O	O
6. I tended to over-react to situations	G222_DASS6	O	O	O	O
7. I experienced trembling (eg. in the hands)	G222_DASS41	O	O	O	O
8. I felt that I was using a lot of nervous energy	G222_DASS12	O	O	O	O
9. I was worried about situations in which I might panic and make a fool of myself	G222_DASS40	O	O	O	O
10. I felt that I had nothing to look forward to	G222_DASS10	O	O	O	O
11. I found myself getting agitated	G222_DASS39	O	O	O	O
12. I found it difficult to relax	G222_DASS8	O	O	O	O
13. I felt down-hearted and blue	G222_DASS26	O	O	O	O
14. I was intolerant of anything that kept me from getting on with what I was doing	G222_DASS35	O	O	O	O
15. I felt I was close to panic	G222_DASS28	O	O	O	O
16. I was unable to become enthusiastic about anything	G222_DASS31	O	O	O	O
17. I felt I wasn't worth much as a person	G222_DASS17	O	O	O	O
18. I felt that I was rather touchy	G222_DASS18	O	O	O	O
19. I was aware of the action of my heart in the absence of physical exertion (eg. sense of heart rate increase, heart missing a beat)	G222_DASS25	O	O	O	O
20. I felt scared without any good reason	G222_DASS20	O	O	O	O
21. I felt that life was meaningless	G222_DASS38	O	O	O	O

G222_DASS_DEP_SCORE
G222_DASS_ANX_SCORE
G222_DASS_STR_SCORE
G222_DASS_TOT_SCORE

G222_DASS_DEP_CAT
G222_DASS_ANX_CAT
G222_DASS_STR_CAT

17. RELATIONSHIPS

Q17.1 What is your current relationship status?
(Please mark only one response)

- O Single and not in a relationship
- O In a relationship but NOT living together
- O In a relationship AND living together
- O Married (in a registered marriage)

G222_MAR

Q17.2 Is your primary partner male or female? O Male O Female G222_P6

Q17.3 How old is your partner? ☐☐ years ☐ don't know/unsure G222_P7 G222_P7A

Males please skip next section- go straight to end of the questionnaire

18. FOR WOMEN ONLY

Q18.1 How often do you usually have a menstrual period? **(Please mark only one response)**

G222_PER1

0 ○ Never (go to Q18.5)
1 ○ Very irregularly
2 ○ Less than once per month
4 ○ More than once per month
3 ○ Every month

Q18.2 Using the scale below where 0 is the least pain and 10 is the worst pain, how would you describe the worst pain you commonly experience during your menstrual cycle? G222_PER2

0 (None) ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ **10 (Unbearable)**

Q18.3 Pain

	G222_PER3	no	yes	na
Q18.3a Do you regularly experience pelvic pain that is not during your period?		○	○	
Q18.3b Do you regularly experience pain during intercourse	G222_PER4	○	○	○
Q18.3c Do you regularly take medication for cramps or pelvic pain?	G222_PER5	○	○	

Q18.4 How heavy is your bleeding?

	no	yes
Q18.4a Do you regularly use "super" or "super plus" pads or tampons? G222_PER6	○	○
Q18.4b Do you regularly need to use two pads or a pad and a tampon at the same time? G222_PER7	○	○
Q18.4c Do you ever soak your clothes or bed clothes with blood? G222_PER9	○	○

Q18.4d How often do you need to change your pad or tampon on the heaviest day of bleeding? G222_PER8 ☐☐ **times**

Q18.5 Do you currently use contraception? G222_SX115_1

○ No (go to Q18.6)
○ Yes

Q18.5a What kind(s) do you use? G222_116A G222_116B

Q18.5b Do you take the oral contraceptive pill? G222_S114

○ No (go to Q18.6)
○ Yes

Q18.5c If yes, why do you take the oral contraceptive pill? *(Please mark **all** responses that apply)*

○ To prevent pregnancy G222_S117
○ For painful periods G222_S118
○ For heavy periods G222_S121
○ For another reason - please specify G222_S122

Q18.6 Have you missed any menstrual periods over the last 3 to 4 months? G222_PER27

○ No
○ Yes

Office use only Q18.5 ☐☐ ☐☐ ☐☐ ☐☐

Please write below any comments concerning this questionnaire, the research, or anything else you would like to tell us about.

G222_QCO2

Date questionnaire completed: **G222_DAT** / **G222_WI** /

You have reached the end of the questionnaire

Thank you very much for your time and effort!
Please bring the questionnaire with you to your appointment.

If you have any queries about any of the questions: for example, you were not sure how to answer some of them, please either phone the Raine Study (office: 08 9489 7794 or mobile: 0447 863 944) or ask Raine Study staff for clarification when you visit for your appointment.

Office use only *Dat* *QCOM* *WI*