

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

B. Enter Respondent's ID

Enter your ID number

C. Rate gender of Respondent.

μMale
μFemale

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

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

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

Do you have any questions before we begin?

First, a few general questions.

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

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

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

4. What is your current marital status?

- 1 μMarried (go to Q5)
- 2 μDe facto (go to Q5)
- 3 μSeparated
- 4 μDivorced
- 5 μWidowed
- 6 μNever married

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

years months

5. I am now going to ask you some questions about your education.
What is the highest level of schooling you have completed?

- μSome primary
- μAll of primary
- μSome of secondary
- μThree/four years of secondary (intermediate, school certificate level)
- μFive/six years of secondary (leaving, higher school certificate)

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

- 1 μTrade certificate/apprenticeship → 7
- 2 μTechnician's certificate/advanced certificate → 7
- 3 μCertificate other than above
- 4 μAssociate diploma
- 5 μUndergraduate diploma
- 6 μBachelor's degree → 7
- 7 μPost graduate diploma/certificate → 7
- 8 μHigher degree → 7
- 9 μNone of the above → 7

6A. How long does that certificate or diploma take to complete, studying full time?

- μLess than 1 semester or 1/2 year
- μOne semester to less than 1 year
- μOne year to less than 3 years
- μThree years or more

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

- oTrade certificate/apprenticeship → 7B
- oTechnician's certificate/advanced certificate → 7B
- oCertificate other than above
- oAssociate diploma
- oUndergraduate diploma
- oBachelor's degree → 7B
- oPost graduate diploma/certificate → 7B
- oHigher degree → 7B

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

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

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

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

What treatment do you use to control your diabetes?

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

μUncertain (go to Q20C)

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

years old (go to Q21)

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

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

years old

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

years old

21. Have you ever suffered from high blood pressure?

μYes

μNo (go to Q22)

μUncertain (go to Q22)

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

μYes

μNo

μUncertain

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

Q22a cms

OR

Q22b-c feet. inches

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

Q23a kgs

OR

Q23b-c stones pounds

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

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

The next few questions ask for your views about your health, how you feel and how well you are able to do your usual activities on a typical day. If you are unsure about how to answer a question, please give the best answer you can.

25. **In general, would you say your health is:**

- Excellent Very good Good Fair Poor

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

26. **Does your health now limit you in *moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?**

- Yes - limited a lot
- Yes - limited a little
- No - not limited at all

27. **Does your health now limit you in climbing *several* flights of stairs?**

- Yes - limited a lot
- Yes - limited a little
- No - not limited at all

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

28. Have you *accomplished less* than you would like as a result of *your physical health*? μ Yes μ No
29. Were you limited in the *kind* of work or other activities as a result of *your physical health*? μ Yes μ No

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

30. Have you *accomplished less* than you would like as a result of *any emotional problems*? μ Yes μ No
31. Did you not do work or other activities as *carefully* as usual as a result of *any emotional problems*? μ Yes μ No
32. During the *past 4 weeks*, how much did *pain* interfere with your normal work (including both work outside the home and housework)?

- μNot at all
- μA little bit
- μModerately
- μQuite a bit
- μExtremely

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

33. How much of the time during the past 4 weeks *have you felt calm and peaceful*?

- μAll of the time
- μMost of the time
- μA good bit of the time
- μSome of the time
- μA little of the time
- μNone of the time

34. How much of the time during the past 4 weeks *did you have a lot of energy?*

- μAll of the time
- μMost of the time
- μA good bit of the time
- μSome of the time
- μA little of the time
- μNone of the time

35. How much of the time during the past 4 weeks *have you felt down?*

- μAll of the time
- μMost of the time
- μA good bit of the time
- μSome of the time
- μA little of the time
- μNone of the time

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

- μAll of the time
- μMost of the time
- μSome of the time
- μA little of the time
- μNone of the time

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

- μYes
- μNo (go to Q38)

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

- | | |
|------------------|---------------------------------------|
| 1 oVitamin C | 2 oB group vitamins |
| 3 oVitamin E | 4 oEchinacea |
| 5 oCalcium | 6 oEvening primrose or starflower oil |
| 7 oMultivitamins | 8 oOther |

go to 37b if not 'other'

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

37A9.

37A10.

37A11.

37B. How often do you usually take vitamins or minerals?

Every day (6-7 days per week)

Most days (4-5 days per week)

1-3 days per week

Less than once a week **(go to Q38)**

37C. For how long have you taken vitamins or minerals regularly?

Less than one month

1 month to less than 3 months

3 months to less than 6 months

6 months or more

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

Yes

No **(go to Q39)**

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

1 Ducene

2 Euhypnos

3 Mogadon

4 Normison

5 Serapax

6 Temaze

7 Valium

8 Xanax

9 Valerian

10 Camomile or
"sleepytime" tea

11 Magnesium and/or
calcium supplements

12 Other

go to 38b if not 'other'

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

38A13.

38A14.

38A15.

38B. How often do you usually take sleeping pills or medications?

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week (go to Q39)

38C. For how long have you taken sleeping pills or medications this regularly?

- Less than one month
- 1 month to less than 3 months
- 3 months to less than 6 months
- 6 months or more

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

- Yes
- No (go to Q40)

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Aspirin/Aspro | <input type="checkbox"/> Codral | <input type="checkbox"/> Disprin |
| <input type="checkbox"/> Dymadon | <input type="checkbox"/> Panadeine | <input type="checkbox"/> Panadol/paracetamol |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Diclofenac | <input type="checkbox"/> Brufen or Nurofen |
| <input type="checkbox"/> Orudis or Oruvail | <input type="checkbox"/> Naprosyn or Naprogesic | <input type="checkbox"/> Other |

go to 39B if not 'other'

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

39A13.

39A14.

39A15.

39B. How often do you usually take pain relievers?

- μEvery day (6-7 days per week)
- μMost days (4-5 days per week)
- μ1-3 days per week
- μLess than once a week (go to Q40)

39C. For how long have you taken pain relievers this regularly?

- μLess than one month
- μ1 month to less than 3 months
- μ3 months to less than 6 months
- μ6 months or more

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

- μYes
- μNo (go to Q41)

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

- | | | |
|------------------------------|------------------------|------------------------------------|
| 1 oDucene | 2 oEuhypnos | 3 oMogadon |
| 4 oNormison | 5 oSerapax | 6 oTemaze |
| 7 oValium | 8 oXanax | 9 oKava Kava |
| 10 oVitamin B complex | 11 oBrauer's Nervatona | 12 oHypericum or
St John's Wort |
| 13 oMagnesium
supplements | 14 oOther | |

go to Q40B if not 'other'

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

40A15.

40A16.

40A17.

40B. How often do you usually take medications for anxiety?

- μEvery day (6-7 days per week)
- μMost days (4-5 days per week)
- μ1-3 days per week
- μLess than once a week (go to Q41)

40C. For how long have you taken medications for anxiety this regularly?

- μLess than one month
- μ1 month to less than 3 months
- μ3 months to less than 6 months
- μ6 months or more

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

- μYes
- μNo (go to Q42)

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

- | | | |
|---------------|------------------------------------|-------------------------------|
| 1 oZoloft | 2 oProzac | 3 oAropax |
| 4 oEfexor | 5 oSerzone | 6 oCipramal |
| 7 oAurorix | 8 oProthiaden | 9 oSinequan |
| 10 oTryptanol | 11 oSt John's Wort or
Hypericum | 12 oS-Adenosylmethionine(SAM) |
| 13 oOther | | |

go to Q41B if not 'other'

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

41A14.

41A15.

41A16.

41B. How often do you usually take medications for depression?

- μEvery day (6-7 days per week)
- μMost days (4-5 days per week)
- μ1-3 days per week
- μLess than once a week (go to Q42)

41C. For how long have you taken medications for depression this regularly?

- μLess than one month
- μ1 month to less than 3 months
- μ3 months to less than 6 months
- μ6 months or more

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

- μYes
- μNo (go to Q43)

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

- 1 oGlutamine
- 2oGingko biloba
- 3 oVitamin E
- 4oGuarana
- 5 oBacopa
- 6oOther

go to Q42 B if not 'other'

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

42A7.

42A8.

42A9.

42B. How often do you usually take medications to enhance your memory?

- μEvery day (6-7 days per week)
- μMost days (4-5 days per week)
- μ1-3 days per week
- μLess than once a week (go to Q43)

42C. For how long have you taken such medications this regularly?

- μLess than one month
- μ1 month to less than 3 months
- μ3 months to less than 6 months
- μ6 months or more

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

μYes
μNo (go to Q44)

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

If you are male, go to Q48

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

years

45. Are you taking any contraceptive pills?

μYes
μNo (go to Q45D)

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

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

years

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

- | | | |
|---------------|--------------------|------------------|
| 1 oBrenda-35 | 2 oBrevinor | 3 oDiane-35 |
| 4 oFemoded ED | 5 oMarvelon 28 | 6 oMycrogynon 30 |
| 7 oMinulet 28 | 8 oNordette | 9 oTriphasil |
| 10 oTriquilar | 11 oLocilan 28 Day | 12 oMicrolut |
| 13 oMiconor | 14 oMicroval | 15 oNoriday |
| 16 oOther | | |

If not 'other' go to Q46

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

Go to Q46

45D. Did you ever take contraceptive pills?

Yes
 No (go to Q46)

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

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

years

45G1-16. Which pills did you take?

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 oBrenda-35 | <input type="checkbox"/> 2 oBrevinor | <input type="checkbox"/> 3 oDiane-35 |
| <input type="checkbox"/> 4 oFemoded ED | <input type="checkbox"/> 5 oMarvelon 28 | <input type="checkbox"/> 6 oMycrogynon 30 |
| <input type="checkbox"/> 7 oMinulet 28 | <input type="checkbox"/> 8 oNordette | <input type="checkbox"/> 9 oTriphasil |
| <input type="checkbox"/> 10 oTriquilar | <input type="checkbox"/> 11 oLocilan 28 Day | <input type="checkbox"/> 12 oMicrolut |
| <input type="checkbox"/> 13 oMiconor | <input type="checkbox"/> 14 oMicroval | <input type="checkbox"/> 15 oNoriday |
| <input type="checkbox"/> 16 oOther | | |

If not 'other' go to Q46

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

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

Yes
 No (go to Q47)

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

46B. What was the cause of menopause?

Natural menopause
 Hysterectomy
 Other

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

Yes
 No (go to Q48)

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

years

47B. Are you still having hormone replacement therapy?

Yes
 No

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

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

If not 'other' go to Q48

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

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

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

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

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

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

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

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

54. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?

μNever μLess than monthly μMonthly μWeekly μDaily or almost daily

55. How often during the last year have you had a feeling of guilt or regret after drinking?

μNever μLess than monthly μMonthly μWeekly μDaily or almost daily

56. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

μNever μLess than monthly μMonthly μWeekly μDaily or almost daily

57. Have you or someone else been injured as a result of your drinking?

μNo
μYes, but not in the last year
μYes, during the last year

58. Has a relative, friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

μNo
μYes, but not in the last year
μYes, during the last year

59. Think back to when your regular drinking was at its highest level. The next two questions are about the time you were *drinking at your highest level over a period of three months or longer?*

How often did you have a drink containing alcohol?

μMonthly or less
μ2 to 4 times a month
μ2 to 3 times a week
μ4 or more times a week

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

- μ1 or 2
- μ3 or 4
- μ5 or 6
- μ7 to 9
- μ10 or more

If Q49=3-5 go to Q62
If Q49=2 & Q59=1 go to Q61B
If Q49=1 & Q59=2-4 go to Q61C
If Q49=2 & Q59=2-4 go to Q61D

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

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

If not 'other' go to Q62

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

go to Q62

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

(You can have more than one answer).

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

If not 'Other' go to Q62

61B19. Other influences on your drinking?

go to Q62

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

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

If not 'Other' go to Q62

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

go to Q62

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

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

If not 'Other' go to Q62

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

--

62. Have you ever tried marijuana/hash?

- μYes
- μNo (go to Q63)

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

- μUnder 16
- μ16-17
- μ18-19
- μ20-24
- μ25 or more

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

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

- μOnce a week or more
- μOnce a month
- μEvery 1-4 months
- μOnce or twice a year
- μLess often, no longer use

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

μYes

μNo

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

μYes

μNo

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

63. You yourself suffered a serious illness, injury or an assault. μYes μNo

64. A serious illness, injury or assault happened to a close relative. μYes μNo

65. Your parent, child or partner died. μYes μNo

66. A close family friend or another relative (aunt, cousin, grandparent) died. μYes μNo

67. You broke off a steady relationship. μYes μNo

68. You had a serious problem with a close friend, neighbour or relative. μYes μNo

69. You had a crisis or serious disappointment in your work or career. μYes μNo

70. You thought you would soon lose your job. μYes μNo

74. You became unemployed or you were seeking work unsuccessfully for more than one month. μYes μNo

75. You were sacked from your job. μYes μNo

76. You had a major financial crisis. μYes μNo

77A. You had problems with the police and a court appearance. μYes μNo

77B. **Something you valued was lost or stolen.** μ Yes μ No

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

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

71. **Your partner thought he/she would soon lose his/her job.** μ Yes μ No

72. **You partner had a crisis or serious disppointment in his/her work or career.** μ Yes μ No

73. **You had a separation due to marital difficulties.** μ Yes μ No

78. **Have you or your family had to go without things you really needed in the last year because you were short of money?**

- μ Yes, often
- μ Yes, sometimes
- μ No

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

79. **How often do friends make you feel cared for?**

- μ Often μ Sometimes μ Rarely μ Never

80. **How often do they express interest in how you are doing?**

- μ Often μ Sometimes μ Rarely μ Never

81. **How often do friends make too many demands on you?**

- μ Often μ Sometimes μ Rarely μ Never

82. **How often do they criticise you?**

- μ Often μ Sometimes μ Rarely μ Never

83. **How often do friends create tensions or arguments with you?**

- μ Often μ Sometimes μ Rarely μ Never

84. **How often do family make you feel cared for?**

μOften μSometimes μRarely μNever

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

μOften μSometimes μRarely μNever

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

μOften μSometimes μRarely μNever

87. How often do family criticise you?

μOften μSometimes μRarely μNever

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

μOften μSometimes μRarely μNever

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

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

μA lot μSome μA little μNot at all

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

μA lot μSome μA little μNot at all

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

μA lot μSome μA little μNot at all

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

μA lot μSome μA little μNot at all

93. How much can you open up to your partner about things that are really important to you?

μA lot μSome μA little μNot at all

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

μA lot μSome μA little μNot at all

95. How often do you have an unpleasant disagreement with your partner?

μOften μSometimes μRarely μNever

96. How often do things become tense when the two of you disagree?

μOften μSometimes μRarely μNever

97. How often does your partner say cruel or angry things during a disagreement?

μOften μSometimes μRarely μNever

98. How often do the two of you both refuse to compromise during disagreements?

μOften μSometimes μRarely μNever

99. Do you have a dog, cat or other pet that you can touch or talk to?

μYes
μNo (go to Q100)

99A. What kind of pet or pets do you have?

1 ocat
2 odog
3 obird
4 ofish
5 oother pet

99B. Are you the main carer for your pet?

μYes
μNo
If 99A not 'Other' go to Q100

99C. What other pet do you have?

If you are not currently employed, go to Q124

The next few questions ask about work your situation.

100. Do you have a choice in deciding how you do your job?

μOften μSometimes μRarely μNever

101. Do you have a choice in deciding what you do at work?

- μOften μSometimes μRarely μNever
- 102. Other take decisions concerning my work.**
μOften μSometimes μRarely μNever
- 103. I have a good deal of say in decisions about work.**
μOften μSometimes μRarely μNever
- 104. I have a say in my own work speed.**
μOften μSometimes μRarely μNever
- 105. My working time can be flexible.**
μOften μSometimes μRarely μNever
- 106. I can decide when to take a break.**
μOften μSometimes μRarely μNever
- 107. I have a say in choosing with whom I work.**
μOften μSometimes μRarely μNever
- 108. I have a great deal of say in planning my work environment.**
μOften μSometimes μRarely μNever
- 109. Do you have to do the same thing over and over again?**
μOften μSometimes μRarely μNever
- 110. Does your job provide you with a variety of interesting things?**
μOften μSometimes μRarely μNever
- 111. Is your job boring?**
μOften μSometimes μRarely μNever
- 112. Do you have the possibility of learning new things through your work?**
μOften μSometimes μRarely μNever
- 113. Does your work demand a high level of skill or expertise?**
μOften μSometimes μRarely μNever
- 114. Does your job require you to take initiative?**
μOften μSometimes μRarely μNever
- 115. Do you have to work very fast?**
μOften μSometimes μRarely μNever
- 116. Do you have to work very intensively?**

μOften μSometimes μRarely μNever

117. **Do you have enough time to do everything?**
 μOften μSometimes μRarely μNever
118. **Do different groups at work demand things from you that you think are hard to combine?**
 μOften μSometimes μRarely μNever
119. **How secure do you feel about your job or career future in your current workplace?**
 μNot at all secure
 μModerately secure
 μSecure
 μExtremely secure
120. **If you lost your present job, how difficult do you think it would be to get another job (with the same pay and same hours)?**
 μNot at all difficult
 μModerately difficult
 μDifficult
 μExtremely difficult
121. **For the work you do in your main job, how fair is the pay, benefits and conditions you receive?**
 μCompletely unfair μSomewhat unfair μSomewhat fair μCompletely fair
122. **How many hours do you work in a routine week (including unpaid overtime, work taken home, etc)?**
 hours/week
- 123a. **In the last 4 weeks have you stayed away from your work (or school or place of study) for more than half a day because of any illness or injury that you had?**
 μ Yes μ No
- 123b. **How many days in the last 4 weeks have you stayed away from your work (or school, or place of study)**
 days

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

- μNot at all
- μSome or a little of the time (about once a month or more)
- μOccasionally or a moderate amount of the time (about once a week or more)
- μOften or a lot of the time (about once a day)
- μFrequently (more than once a day)

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

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

- μYes, I am pregnant/my partner is pregnant
- μNo, I am not pregnant/my partner is not pregnant (go to Q126)

125A. When is the baby due?

- μJanuary μFebruary μMarch μApril μMay μJune
- μJuly μAugust μSeptember μOctober μNovember μDecember

If no children under 4 go to Q127

126. Have you been working full or part-time during the periods in between/since having your children?

- μYes, full-time
- μYes, part-time
- μNo (go to Q103)

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

- 1 oPartner
- 2 oRelative or friend
- 3 oChildcare centre
- 4 oFamily Day Care
- 5 oOther

If not 'other' go to Q103

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

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

 years old

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

years old

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

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

years old

If you have no children go to Q131

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

years old

131. Would you currently consider yourself to be predominantly:
μHeterosexual
μHomosexual
μBisexual
μDon't know

132. To what extent are you responsible for household tasks? (These include such activities as preparing meals, shopping for household items, cleaning, washing clothes and gardening).

μFully responsible (100%)
μ75% responsible
μ50% responsible
μ25% responsible
μNot at all responsible (0%)

If you have no children go to Q134

133. To what extent are you responsible for childcare in your household? (Children's care include activities such as making meals, organising activities, supervising homework, discipline).

μFully responsible (100%)
μ75% responsible
μ50% responsible
μ25% responsible
μNot at all responsible (0%)

134. To what extent are you responsible for financial management in your household? (Financial management includes paying bills, saving, planning investments or priorities in money use).

- μFully responsible (100%)
- μ75% responsible
- μ50% responsible
- μ25% responsible
- μNot at all responsible (0%)

135. To what extent are you responsible for providing the money for your household?

- μFully responsible (100%)
- μ75% responsible
- μ50% responsible
- μ25% responsible
- μNot at all responsible (0%)

We are now going to do some measures of physical health and memory. The main reason for doing these tasks is to get an idea of how younger people compare to older people. I have a card here on which I will write the results of some of the testing. When we get everyone's results we will send you the average results for this age group so that you can see how you went.

These measures will take about 20 minutes to do.

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

First, I am going to take your blood pressure twice in the next five minutes or so. I'll just position your arm. (Take blood pressure reading preferably in the sitting position, and preferably using the left arm).

I'll now just put the cuff around your arm. (The arm should be unrestricted by clothing, so roll up the sleeve.) Ensure that 'Inflation pre-set' is on 170).

The cuff will now automatically inflate when I press this button. Just remain calm and still.

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

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

140. The respondent was? μSeated μLying down μ*refused/not asked*

141. Which arm was used? μLeft μRight μ*refused/not asked*

We are now going to test your vision. First of all, I'll find the best place for you to view the chart. Find a good position for the eye chart to obtain the best light. Keep the chart covered until you are ready to do the test. Do not have the light coming from behind the chart. **The eye chart needs to be about 3 metres away from you so I will use this ribbon to measure the distance to you.** Move either the chart or the Respondent to get the correct distance. The chart should be at about eye level. **If you normally wear glasses for distance vision please put them on.** Uncover the chart. (*change screen*).

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

Mark if incorrect. Record errors on card.

- 142a-b. o all OK oP
- 143a-c. o all OK oT oU
- 144a-d. o all OK oA oN oX
- 145a-e. o all OK oF oD oH oT
- 146a-f. o all OK oN oU oP oT oF
- 147a-g. o all OK oZ oA oX oN oF oD
- 148a-h. o all OK oH oN oT oP oU oZ oA

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

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

- 149. SYSTOLIC READING

- 150. DIASTOLIC READING

- 151. PULSE

- 152. The respondent was? μSeated μLying down μ*refused/not asked*
- 153. Which arm was used? μLeft μRight μ*refused/not asked*

We are now going to try a very different task.

Let's suppose you were going shopping tomorrow. I'm going to read a list of items for you to buy. Listen carefully, and when I've finished I want you to say back as many of the items as you can. It doesn't matter what order you say them in - just tell me as many as you can. Are you ready? Before proceeding, make sure that Respondent understands the task. Then read stimulus words at a rate of *approximately one word per second, reading down the list.*

155a - 156q.

a odrill	b osweater	c ojacket
d oplums	e owrench	f onutmeg
g ovest	h ochives	i oapricots
j oparsley	k otangerines	l opliers
m ograpes	n ochisel	o oslacks
p opaprika	q oNone	

recalled

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

156. I would now like to test your hand strength. Stand and demonstrate as you say the following. **First of all, using the hand you write with, put your fingers through this opening here and your thumb around the black plastic moulding here. Now, you stand and hold the grip meter in the hand you write with, as I've shown. Put your arm down by your side. Now squeeze your fingers and thumb together as hard as you can.** Record first measurement and move the lever to zero.

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

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

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

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

158a - 158q

a odrill	b osweater	c ojacket
d oplums	e owrench	f onutmeg
g ovest	h ochives	i oapricots
j oparsley	k otangerines	l opliers
m ograpes	n ochisel	o oslacks
p opaprika	q oNone	

recalled

I am now going to ask you to do a task that can't be done on the computer.

First I will give you this sheet. Give Respondent Showcard B and use the printed instructions to explain the task.

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

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

We would now like to measure your lung capacity. (Insert the cardboard tube and push the switch to the FEV position). **I'm going to take 3 measures so that we can average them for a more accurate reading. I'll ask you to stand to do this. Breathe in until your lungs are completely full. Now, seal your lips around the mouthpiece and blow out as hard and fast as possible until you cannot push anymore out.** Record the first measure displayed under FEV. Now, push the switch upwards to the FVC position and record reading under FVC.

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

160.

FEV

161. FVC

Turn spirometer to 'OFF' position before turning it to FEV position for second reading. **Would you mind doing that again please?** If the Respondent complains of breathlessness or dizziness, wait for them to get their breath back before going on.

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

162.

FEV

163. FVC

Turn spirometer to 'OFF' position before turning it to FEV position for third reading. **And just once more?** Again, if Respondent complains of breathlessness or dizziness, pause for them to get their breath back. If you have already had to before the second reading, do not continue with the third reading.

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

164.

FEV

165. FVC

Now I am going to say some numbers. When I stop I want you to say them backwards. For example, if I say 7-1-9, what would say?

Pause for respondent to respond. If respondent responds correctly (9-1-7) say, **That's right** and proceed to item 1. If respondent fails the example, say,

No, you would say 9-1-7. I said 7-1-9, so to say it backwards you would say 9-1-7. Now try these numbers. Remember, you are to say them backwards. 3-4-8. Whether

respondent succeeds or fails with the second example (3-4-8) proceed to item 1. Give no help on this second example or on any of the items to follow.

Read at a rate of one number per second

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

166.	Item 1	2-8-3	μCorrect	μIncorrect
167.		4-1-5	μCorrect	μIncorrect
168.	Item 2	3-2-7-9	μCorrect	μIncorrect
169.		4-9-6-8	μCorrect	μIncorrect
170.	Item 3	1-5-2-8-6	μCorrect	μIncorrect
171.		6-1-8-4-3	μCorrect	μIncorrect
172.	Item 4	5-3-9-4-1-8	μCorrect	μIncorrect
173.		7-2-4-8-5-6	μCorrect	μIncorrect
174.	Item 5	8-1-2-9-3-6-5	μCorrect	μIncorrect
175.		4-7-3-9-1-2-8	μCorrect	μIncorrect

The next measure looks at your knowledge of words. You will be asked to decide which of *two items*, such as 'bread' and 'glot', is a real word and which is an invented item; 'bread', of course, is the real word.

Each of the pairs of items below contains one real word and one nonsense word invented so as to look like a word but having no meaning. Please mark the item in *each pair* that you think is a real word. Some will be common words, most will be uncommon and some will be rarely used. (Change screen)

176-181P

If you are unsure, guess. You will probably be right more often than you think. Before you begin the main test try the following word pairs on this screen.

Practice

176 μ kitchen	177 μ puma	178 μ plorium
μ harrick	μ laptess	μ levity
179 μ cuticle	180 μ flonty	181 μ craxent
μ andrinand	μ xylophone	μ sofa

Do you have any questions?

1-8. Mark correct words

182 μ broxic	183 μ pinnace	184 μ mannerism	185 μ daffodil
μ oasis	μ strummage	μ whitten	μ gombie
186 μ bellissary	187 μ vellicle	188 μ necromancy	189 μ narwhal

	μ cyan		μ sampler		μ ghomic		μ epilair
190	μ venady μ monad	191	μ plargen μ savage	192	μ clegger μ minim	193	μ knibbet μ mandrake
194	μ canticle μ grammule	195	μ threnody μ epigrot	196	μ brastome μ banshee	197	μ shako μ strubbage
198	μ paraclete μ elezone	199	μ froopid μ clod	200	μ rouse μ choffid	201	μ goblet μ prelly
202	μ flexipore μ viscera	203	μ agipect μ almond	204	μ tarantula μ hostent	205	μ treliding μ rafters
206	μ legify μ archaic	207	μ obsidian μ plassious	208	μ restance μ zombie	209	μ pimple μ brizzler
210	μ frellid μ static	211	μ hilfren μ domain	212	μ livid μ trasket	213	μ trash μ listid
214	μ holomator μ dross	215	μ orifice μ serple	216	μ phalanx μ distrivial	217	μ chloroleptic μ lapidary
218	μ biothon μ palfrey	219	μ archipelago μ zampium	220	μ groudy μ toga	221	μ moxid μ tangible
222	μ moralist μ florrical	223	μ quince μ bostry	224	μ lignovate μ epicene	225	μ gibbon μ wonnage
226	μ hipple μ osprey	227	μ element μ pargler	228	μ viridian μ psynoptic	229	μ glorvant μ onyx
230	μ plankton μ whippen	231	μ akimbo μ periasty	232	μ centaur μ tritonial	233	μ vinady μ bargain
234	μ prinodal μ mango	235	μ reticule μ fluxent	236	μ frembulous μ ontology	237	μ loxeme μ legerdemain
238	μ hoyden μ clinotide	239	μ aboriginal μ hostasis	240	μ clavanome μ bestiary	241	μ zando μ albatross

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

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

- A lot
- Somewhat
- A little
- Not at all
- No father figure

If 'No father figure' →245

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

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

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

- A lot
- Somewhat
- A little
- Not at all
- No mother figure

If 'No mother figure' →67

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

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

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

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

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

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

If 250A not 14 → 251

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

The following scale consists of a number of words that describe different feelings or emotions. Please read each item and indicate to what extent you have been feeling this way in *the past month*.

251.	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
Disgusted					
252.	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
Attentive					
253.	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
Strong					
254.	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
Scornful					
255.	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
Irritable					
256.	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
Inspired					
257.	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
Afraid					
258.	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
Alert					

259. Upset	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
260. Angry	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
261. Active	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
262. Guilty	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
263. Nervous	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
264. Excited	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
265. Hostile	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
266. Proud	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
267. Jittery	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
268. Ashamed	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
269. Scared	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
270. Enthusiastic	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
271. Distressed	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
272. Determined	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
273. Interested	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely
274. Loathing	μVery slightly or not at all	μA little	μModerately	μQuite a bit	μExtremely

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

In the past month:

- | | | | |
|-------------|---|-----|------|
| 275. | Have you felt keyed up or on edge? | μNo | μYes |
| 276. | Have you been worrying a lot? | μNo | μYes |
| 277. | Have you been irritable? | μNo | μYes |
| 278. | Have you had difficulty relaxing? | μNo | μYes |

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

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

μ Yes μ No

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

μ Yes μ No

If 'No' to both Q293 & Q294 →295

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

294A μ All day long

- μMost of the day
- μAbout half the day
- μLess than half the day →295

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

- μEvery day
- μAlmost every day
- μLess often

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

- μYes μNo

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

- μYes μNo

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

- μGain
- μLose
- μBoth lost and gained
- μStayed about the same
- μWas on a diet

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

294E1. kgs

OR

294E2. pounds

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

- μYes
- μNo →294G

294F1. Did that happen:

- μEvery night
- μNearly every night
- μLess often

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

μYes

μNo

294H. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

μYes

μNo

294I. Did you think a lot about death - either your own, someone else's, or death in general during those two weeks?

μYes

μNo

If 294C→294H all = 2(No) →297

To review, you had two weeks in a row during the past 12 months when you were sad, down or depressed and also had some other feelings or problems like (294D – 294I=yes).

294J. About how many weeks altogether did you feel this way during *the past 12 months*?

weeks (If all year, enter 52)

Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

294K.

μJanuary

μFebruary

μMarch

μApril

μMay

μJune

μJuly

μAugust

μSeptember

μOctober

μNovember

μDecember

294L.

μ1998

μ1999

294M. Did you tell a doctor about these problems?

μYes μNo

294N. Did you tell any other professional (such as a psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?

μYes μNo

294O. Did you take medication or use drugs or alcohol more than once for these problems?

μYes μNo

294P. How much did these problems interfere with your life or activities?

μA lot μSome μA little μNot at all

Go to Q297

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

μYes μNo

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

μYes μNo

If 'No' to both Q295 & Q296 →297

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

μAll day long
μMost of the day
μAbout half the day
μLess than half the day **→297**

296B. Did you feel this way:

μEvery day
μAlmost every day
μLess often

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

μYes μNo

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

μGain
μLose
μBoth lost and gained
μStayed about the same
μWas on a diet

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

296D1.

kgs

OR

296D2.

pounds

296E. Did you have more trouble falling asleep than you usually do during those two weeks?

μYes

μNo

296F→

296E1. Did that happen:

μEvery night

μNearly every night

μLess often

296F. During those two weeks, did you have a lot more trouble concentrating than usual?

μYes

μNo

296G. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

μYes

μNo

296H. Did you think a lot about death - either your own, someone else's, or death in general during those two weeks?

μYes

μNo

If 296C=296G all=2(No) →297

296I. To review, you had two weeks in a row during the past 12 months when you (296c-296H=yes)

About how many weeks altogether did you feel this way during the past 12 months?

weeks (If all year, enter 52)

Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

296J.

μJanuary

μFebruary

μMarch

μApril

μMay

μJune

μJuly

μAugust

μSeptember

μOctober

μNovember

μDecember

296K. μ 1999 μ 2000

296L. Did you tell a doctor about these problems?

μ Yes μ No

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

μ Yes μ No

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

μ Yes μ No

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

μ A lot μ Some μ A little μ Not at all

In the last year have you ever:

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

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

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

If 299='No' →220

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

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

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

μ Yes } →301A
 μ No

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

301. μ Yes
 μ No } →302

301A. Has this period ended?

μEnded

μIs still going on

→301B3

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

301B1. months

OR

301B2. years

→301C

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

301B3. months

OR

301B4. years

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

μYes

μNo

301D. Did/do you worry most days?

μYes μNo

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

μOne thing

μMore than one thing

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

μYes μNo

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

μYes μNo

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

μOften μSometimes

μRarely

μNever

301I. How often did/do you find it difficult to control your worry?

μOften μSometimes μRarely μNever

301J. What sort of things did/do you mainly worry about?

--

When you were worried or anxious, were/are you also:

301K. Restless? μYes μNo

301L. Were/are you keyed up or on edge? μYes μNo

301M. Were/are you more irritable than usual? μYes μNo

301N. Did/does your heart pound or race? μYes μNo

301O. Were/are you easily tired? μYes μNo

301P. Did/do you have trouble falling asleep or staying asleep?

μYes μNo

301Q. Did/do you feel dizzy or lightheaded? μYes μNo

If 301K→301Q all=2→302

301R. Did/do you tell a doctor about these problems?

μYes μNo

301S. Did/do you tell any other professional (such as a psychologist, social worker, counsellor, nurse, clergy, or other helping professional)?

μYes μNo

301T. Did/do you take medication or use drugs or alcohol more than once for these problems?

μYes μNo

301U. How much did the worry or anxiety interfere with your life or activities?

μA lot μSome μA little μNot at all

The purpose of the next few questions is to find out how your mood and behaviour change over time.

To what degree do the following change with the seasons?

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

In which month of the year do you:

Feel best

308.

μJanuary μFebruary μMarch μApril μMay μJune
μJuly μAugust μSeptember μOctober μNovember μDecember
μThere is no difference

Feel worst

309.

μJanuary μFebruary μMarch μApril μMay μJune
μJuly μAugust μSeptember μOctober μNovember μDecember
μThere is no
difference

310. Have you ever in your life been markedly depressed; that is, for several weeks or more, you felt sad, lost interest in things and felt lacking in energy?

μYes
μNo } → 311

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

μYes
μNo

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

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

μStrongly agree μAgree μDisagree μStrongly disagree

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

μStrongly agree μAgree μDisagree μStrongly disagree

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

μStrongly agree μAgree μDisagree μStrongly disagree

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

μStrongly agree μAgree μDisagree μStrongly disagree

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

μStrongly agree μAgree μDisagree μStrongly disagree

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

μ Strongly agree

μ Agree

μ Disagree

μ Strongly disagree

317. **There is little I can do to change many of the important things in my life.**

μStrongly agree μAgree μDisagree μStrongly disagree

People think and do many different things when they feel sad, blue or depressed. Please read each of items below and indicate whether you never, sometimes, often or always think or do each one when you feel sad, down or depressed. Please indicate what you generally do, not what you think you should do.

318. **I think about how alone I feel.** μNever μSometimes μOften μAlways

319. **I think about my feelings of fatigue and achiness.** μNever μSometimes μOften μAlways

320. **I think about how hard it is to concentrate.** μNever μSometimes μOften μAlways

321. **I think about how passive and unmotivated I feel.** μNever μSometimes μOften μAlways

322. **I think, "Why can't I get going?"** μNever μSometimes μOften μAlways

323. **I think about a recent situation, wishing it had gone better.** μNever μSometimes μOften μAlways

324. **I think about how sad I feel.** μNever μSometimes μOften μAlways

325. **I think about all my shortcomings, failings, faults and mistakes.** μNever μSometimes μOften μAlways

326. **I think about how I don't feel up to doing anything.** μNever μSometimes μOften μAlways

327. **I think, "Why can't I handle things better?"** μNever μSometimes μOften μAlways

**328. The next 3 questions ask about your attitude to religion.
How often did you attend regular religious services during the year?**

- μNever
- μA few times a year
- μOnce a month
- μMore than once a month
- μOnce a week
- μMore than once a week

329. Aside from how often you attended religious services, do you consider yourself to be?

- μAgainst religion
- μNot at all religious
- μOnly slightly religious
- μFairly religious
- μDeeply religious

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

- μNone
- μA little
- μSomewhat
- μA great deal

Here some questions concerning the way you behave, feel and act. Decide for each question whether 'YES' or 'NO' represents your *usual way* of acting or feeling. Work quickly, and don't spend too much time over any question.

331. Does your mood often go up and down? μYes μNo

332. Do you take much notice of what people think? μYes μNo

333. Are you a talkative person? μYes μNo

334. Do you ever feel 'just miserable' for no reason? μYes μNo

335. Would being in debt worry you? μYes μNo

336. Are you rather lively? μYes μNo

337. Are you an irritable person? μYes μNo

338. Would you take drugs which may have strange or dangerous effects? μYes μNo

339. Do you enjoy meeting new people? μYes μNo
340. Are your feelings easily hurt? μYes μNo
341. Do you prefer to go your own way rather than act by the rules? μYes μNo
342. Can you usually let yourself go and enjoy yourself at a lively party? μYes μNo
343. Do you often feel 'fed-up'? μYes μNo
344. Do good manners and cleanliness matter much to you? μYes μNo
345. Do you usually take the initiative in making new friends? μYes μNo
346. Would you call yourself a nervous person? μYes μNo
347. Do you think marriage is old-fashioned and should be done away with? μYes μNo
348. Can you easily get some life into a rather dull party? μYes μNo
349. Are you a worrier? μYes μNo
350. Do you enjoy cooperating with others? μYes μNo
351. Do you tend to keep in the background on social occasions? μYes μNo
352. Does it worry you if you know there are mistakes in your work? μYes μNo
353. Would you call yourself tense or 'highly-strung'? μYes μNo
354. Do you think people spend too much time safeguarding their future with savings and insurance? μYes μNo
355. Do you like mixing with people? μYes μNo
356. Do you worry too long after an embarrassing experience? μYes μNo

357. Do you try not to be rude to people? μYes μNo
358. Do you like plenty of bustle and excitement around you? μYes μNo
359. Do you suffer from "'nerves'"? μYes μNo
360. Would you like other people to be afraid of you? μYes μNo
361. Are you mostly quiet when you are with other people? μYes μNo
362. Do you often feel lonely? μYes μNo
363. Is it better to follow society's rules than go your own way? μYes μNo
364. Do other people think of you as being very lively? μYes μNo
365. Are you often troubled about feelings of guilt? μYes μNo
366. Can you get a party going? μYes μNo

Each of the following items is a statement that a person may either agree or disagree with. Indicate how much you agree or disagree with each statement.

Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, don't worry about being 'consistent' in your responses.

368. A person's family is the most important thing in life.

μVery false for me μSomewhat false for me μSomewhat true for me μVery true for me

369. Even if something bad is about to happen to me, I rarely experience fear or nervousness.

μVery false for me μSomewhat false for me μSomewhat true for me μVery true for me

370. I go out of my way to get things I want.

μVery false for me μSomewhat false for me μSomewhat true for me μVery true for me

371. When I'm doing well at something, I love to keep at it.

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

372. I'm always willing to try something new if I think it will be fun.

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

373. How I dress is important to me.

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

374. When I get something I want, I feel excited and energised.

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

375. Criticism or scolding hurts me quite a bit.

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

376. When I want something I usually go all-out to get it.

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

377. I will often do things for no other reason than that they might be fun.

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

378. It's hard for me to find the time to do things such as get a hair cut.

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

379. If I see a chance to get something I want I move on it right away.

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

380. I feel pretty worried or upset when I think or know somebody is angry at me.

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

381. When I see an opportunity for something I like I get excited right away.

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

382. I often act on the spur of the moment.

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

383. If I think something unpleasant is going to happen I usually get pretty 'worked-up'.

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

384. I often wonder why people act the way they do.

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

385. When good things happen to me, it affects me strongly.

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

386. I feel worried when I think I have done poorly at something important.

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

387. I crave excitement and new sensations.

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

388. When I go after something, I use a 'no holds barred' approach.

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

389. I have very few fears compared to my friends.

μVery false for me μSomewhat false for me μSomewhat true for me μVery true for me

390. It would excite me to win a contest.

μVery false for me μSomewhat false for me μSomewhat true for me μVery true for me

391. I worry about making mistakes.

μVery false for me μSomewhat false for me μSomewhat true for me μVery true for me

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

392. Mildly energetic (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing pool, general housework).

μ3 times a week or more μOnce or twice a week μAbout 1-3 times a month μNever/hardly ever

393. Moderately energetic (e.g. scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).

μ3 times a week or more μOnce or twice a week μAbout 1-3 times a month μNever/hardly ever

394. Vigorous (e.g. running, hard swimming, tennis, squash, digging, cycle racing).

μ3 times a week or more μOnce or twice a week μAbout 1-3 times a month μNever/hardly ever

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

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

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

397a,bVigorous (e.g. running, squash) hours minutes

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

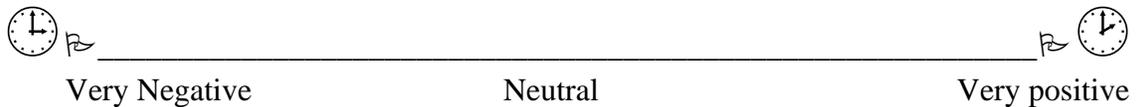
- | | | | |
|-------------|--|-----------|----------|
| 398. | Made or repaired clothes | μ Yes | μ No |
| 399. | Fixed mechanical things or appliances | μ Yes | μ No |
| 400. | Built things with wood | μ Yes | μ No |
| 401. | Driven a truck or tractor | μ Yes | μ No |
| 402. | Used metalwork or machine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

419. Practised a musical instrument μYes μNo
420. Gone to recitals, concerts, or musicals μYes μNo
421. Taken portrait photographs μYes μNo
422. Read literature μYes μNo
423. Read or written poetry μYes μNo
424. Taken an art course μYes μNo
425. Written letters to friends μYes μNo
426. Attended religious services μYes μNo
427. Belonged to clubs μYes μNo
428. Helped others with their personal problems μYes μNo
429. Taken care of children μYes μNo
430. Gone to parties or pubs μYes μNo
431. Gone dancing μYes μNo
432. Attended meetings or conferences μYes μNo
433. Worked as a volunteer μYes μNo
434. Discussed politics μYes μNo
435. Influenced others μYes μNo
436. Operated your own service or business μYes μNo
437. Taken part in a sales conference μYes μNo
438. Been on the committee of a group μYes μNo
439. Supervised the work of others μYes μNo
440. Met important people μYes μNo
441. Led a group in accomplishing some goal μYes μNo

- 442. Organized a club, group or gang μYes μNo
- 443. Typed papers or letters for yourself or for others μYes μNo
- 444. Added, subtracted, multiplied, and divided numbers in business or bookkeeping μYes μNo
- 445. Operated fax machines, PCs and printers μYes μNo
- 446. Kept detailed records of expenses μYes μNo
- 447. Filed letters, reports, records, etc. μYes μNo
- 448. Written business letters μYes μNo
- 449. Taken a business course μYes μNo
- 450. Taken a bookkeeping course μYes μNo
- 451. Done a lot of paperwork in a short time μYes μNo

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

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



Would you like to make any comments about the questionnaire?