

**The PATH Through Life Questionnaire  
60+ Wave 1 (2001)**

A *INTERVIEWER*. Please enter your own name here.

B. Enter Respondent's ID

Enter your ID number

C. Rate gender of Respondent.

Male

Female

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 30 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 →5
  - 2 μDe facto →5
  - 3 μSeparated
  - 4 μDivorced
  - 5 μWidowed
  - 6 μNever married →5

- 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 primary or secondary 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



**8B. At any time in the LAST FOUR WEEKS have you looked for a job in any of the ways listed?**

- Written, phoned or applied in person for work
- Answered a newspaper advertisement for a job
- Checked factory of Commonwealth Employment Service noticeboards
- Been registered with any other employment agency
- Advertised or tendered for work
- Contacted friends or relatives for work

μNo →8D μYes

**8B1. If you had found a job, could you have started last week?** μYes  
μNo  
→8D

**8C. What is your *main* activity if you are not in the work force?**

- μHome duties or caring for children
- μRetired or voluntarily out of work force
- μStudying
- μCaring for an aged or disabled person
- μRecovering from illness
- μVoluntary work
- μOther

**8D. Have you ever been employed in the past?** μYes  
μNo →9

**8E. What was your last MAIN job title?** For public servants, record official designation, eg. ASO3, as well as occupation. for armed service personnel, state rank as well as occupation.)

**8E1. What were your main duties or activities?**

**8F. Are/Were you** μEmployed by a government agency  
μEmployed by a profit-making business  
μEmployed by another organisation  
μSelf-employed/in business or practice for yourself →8I  
μWorking without pay in a family business →8I



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                               | μYes         | μNo        |             |
| 12. | Cancer                                      | μYes         | μNo        |             |
| 13. | Arthritis                                   | μYes         | μNo        |             |
| 14. | Thyroid disorder                            | μYes         | μNo        |             |
| 15. | Epilepsy                                    | μYes         | μNo        |             |
| 16. | Cataracts, glaucoma or<br>other eye disease | μYes<br>μYes | μNo<br>μNo |             |
| 17. | Asthma, chronic bronchitis<br>or emphysema  | μYes         | μNo        |             |
| 18. | Diabetes                                    | μYes         | μNo        | if 'No' →19 |

What treatment do you use to control your diabetes?

- |      |                   |      |     |
|------|-------------------|------|-----|
| 18A. | Diet and exercise | μYes | μNo |
| 18B. | Tablets           | μYes | μNo |
| 18C. | Insulin           | μYes | μNo |

19. Have you ever suffered a stroke, ministroke or TIA (Transient Ischemic Attack)?

μYes  
μNo

20. Have you ever had a serious head injury where you became unconscious for more than 15 minutes?

μYes  
μUncertain →21  
μNo →21

20A. Has this happened to you:

μOnce?  
μMore than once? → 20C  
μUncertain → 20C

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

years old → 21

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 →22

μUncertain →22

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')

22a.  cms

OR

22b.  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').

23a.  kgs

OR

23b.  stones  pounds

24. How would you describe your racial group?

- μCaucasian/white
- μAboriginal/Torres Straight Islander
- μAsian
- μOther

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:

- μExcellent
- μVery good
- μGood
- μFair
- μPoor

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. *Vigorous activities*, such as running, lifting heavy objects, participating in strenuous sports.

- μYes - limited a lot
- μYes - limited a little
- μNo - not limited at all

Does your health now limit you in:

27. *Moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- μYes - limited a lot
- μYes - limited a little
- μNo - not limited at all

28. **Lifting or carrying groceries?**

- μYes - limited a lot
- μYes - limited a little
- μNo - not limited at all

29. **Climbing *several* flights of stairs?**

- μYes - limited a lot
- μYes - limited a little
- μNo - not limited at all

30. **Climbing *one* flight of stairs?**

- μYes - limited a lot
- μYes - limited a little



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.**

**41. 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

**42. 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

**43. 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

**44. 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

**45. Do you feel you can remember things as well as you used to? That is, is your memory the same as it was earlier in life?**

- μNo
- μDepends, sometimes
- μYes

**If 'yes' go to 46**

**45A. Does this memory problem interfere in any way with your day to day life?**

- μNo
- μYes
- μDon't know

**45B. Have you seen a doctor about your memory?**

- μNo
- μYes

**46. In the last month, have you taken any vitamins, minerals or other natural supplements?**

μYes  
μNo →47

**46A1-8. What kind of vitamin, mineral or supplement 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                              |

**46b if not 'other'**

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

**46A9.**

**46A10.**

**46A11.**

**46B. How often do you usually take vitamins, minerals or supplements?**

μEvery day (6-7 days per week)  
μMost days (4-5 days per week)  
μ1-3 days per week  
μLess than once a week → 47

**46C. For how long have you taken vitamins, minerals or supplements regularly?**

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

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

μYes  
μNo → 48

**47A1-14. What are the names of the sleeping pills or medications you took in the last month?**

- |   |                                      |   |
|---|--------------------------------------|---|
| 1 <input type="checkbox"/> Alodorm                                  | 2 <input type="checkbox"/> Ducene    | 3 <input type="checkbox"/> Euhypnos                         |
| 4 <input type="checkbox"/> Mogadon                                  | 5 <input type="checkbox"/> Nocturne  | 6 <input type="checkbox"/> Normison                         |
| 7 <input type="checkbox"/> Serapax                                  | 8 <input type="checkbox"/> Temaze    | 9 <input type="checkbox"/> Valium                           |
| 10 <input type="checkbox"/> Xanax                                   | 11 <input type="checkbox"/> Valerian | 12 <input type="checkbox"/> Camomile or<br>"sleepytime" tea |
| 13 <input type="checkbox"/> Magnesium and/or<br>calcium supplements | 14 <input type="checkbox"/> Other    |   |

**→47b if not 'other'**

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

**47A15.**

**47A16.**

**47A17.**

**47B. 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      **→ 48**

**47C. 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

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

- Yes
- No      **→49**

**48A1-12. What are the names of the pain relievers you took in the last month?**

- |                       |                            |                        |
|-----------------------|----------------------------|------------------------|
| 1 oAspirin/Aspro      | 2 oCodral                  | 3 oDisprin             |
| 4 oDymadon            | 5 oPanadeine               | 6 oPanadol/paracetamol |
| 7 oCodeine            | 8 oDiclofenac              | 9 oBrufen or Nurofen   |
| 10 oOrudis or Oruvail | 11 oNaprosyn or Naprogesic | 12 oOther              |

**→48B if not 'other'**

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

48A13.

48A14.

48A15.

**48B. 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 **→49**

**48C. 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

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

- μYes
- μNo **→ 50**

**49A1-18. What are the names of the medications you took in the last month?**

- |                                |                          |                        |
|--------------------------------|--------------------------|------------------------|
| 1 oAlepm                       | 2 oAntenex               | 3 oDiazemuls           |
| 4 oDucene                      | 5 oEuhypnos              | 6 oMogadon             |
| 7 oMuralax                     | 8 oNormison              | 9 oSerapax             |
| 10 oTemaze                     | 11 oValium               | 12 oXanax              |
| 13 oKava Kava                  | 14 oVitamin B complex    | 15 oBrauer's Nervatona |
| 16oHypericum or St John's Wort | 17oMagnesium supplements | 18oOther               |

**→49B if not 'other'**

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

**49A19.**

**49A20.**

**49A21.**

**49B. How often do you usually take medications for anxiety?**

- Every day (6-7 days per week)
- Most days (4-5 days per week)
- 1-3 days per week
- Less than once a week → 50

**49C. For how long have you taken medications for anxiety this regularly?**

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

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

- Yes
- No → 51

**50A1-13. What are the names of the medications you took in the last month?**

- |                                       |  |   |
|---------------------------------------|--|---|
| 1 <input type="checkbox"/> Zoloft     | 2 <input type="checkbox"/> Prozac                          | 3 <input type="checkbox"/> Aropax                     |
| 4 <input type="checkbox"/> Efexor     | 5 <input type="checkbox"/> Serzone                         | 6 <input type="checkbox"/> Cipramal                   |
| 7 <input type="checkbox"/> Aurorix    | 8 <input type="checkbox"/> Prothiaden                      | 9 <input type="checkbox"/> Sinequan                   |
| 10 <input type="checkbox"/> Tryptanol | 11 <input type="checkbox"/> St John's Wort or<br>Hypericum | 12 <input type="checkbox"/> S-Adenosylmethionine(SAM) |
| 13 <input type="checkbox"/> Other     |  |   |

→50B if not 'other'

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

**50A14.**

**50A15.**

50A16.

-----

50B. 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 } →51

50C. 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

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

- μYes
- μNo → 52

51A1-6. What are the names of the medications you took in the last month?

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

→51 B if not 'other'

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

51A7. -----

51A8. -----

51A9. -----

51B. 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 →52

**51C. 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

**52. In the last month have you taken or used any medications (including herbal remedies) to lower your cholesterol?**

- μYes
- μNo →53

**52A1-14. What are the names of the medications you took for lowering your cholesterol in the last month?**

- |              |                     |           |
|--------------|---------------------|-----------|
| 1 Ausgem     | 2 DBL Gemfibrozil   | 3 Jezil   |
| 4 Lescol     | 5 Lipazil           | 6 Lipex   |
| 7 Lipitor    | 8 Lipobay           | 9 Lopid   |
| 10 Pravachol | 11 SBPA Gemfibrozil | 12 Vastin |
| 13 Zocor     | 14 Other            |           |

**52B if not 'other'**

**Which other medications have you taken to lower your cholesterol in the last month?**

52A15.

52A16.

52A17.

**52B. How often do you usually take medications to lower your cholesterol?**

- μEvery day (6-7 days per week)
- μMost days (4-5 days per week)
- μ1-3 days per week
- μLess than once a week →53

**52C. 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

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

μYes  
μNo →54

53A. What types of medication did you take or use? (Excluding contraceptive pills and hormone replacement therapy).

If gender=male go to Q58

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

years

55. Are you taking any contraceptive pills?

μYes  
μNo → 55D

55A. At what age did you first start?  years

55B. For how many years altogether have you taken contraceptive pills?

years

55C1-16. Which pill are you currently taking?

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

If not 'other' →56

55C17. What other contraceptive pill (or injection) are you currently using?

→56

55D. Did you ever take contraceptive pills?

μYes  
μNo }→56

55E. At what age did you first start?  years

55F. For how many years altogether did you take contraceptive pills?

years

55G1-16. Which pills did you take?

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

If not 'other'→56

55G17. What other contraceptive pill (or injection) did you take?

56. Have you ceased having your periods entirely? μYes  
μNo →57

56A. At what age did your periods cease?  years

56B. What was the cause of menopause?

μNatural menopause  
μHysterectomy  
μOther

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

μYes  
μNo →58

57A. How long have you had hormone replacement therapy?  
(If less than 1 year, enter 1).

years

57B. Are you still having hormone replacement therapy?

μYes

μNo

57C1-9. Which hormone replacement medications are you taking/have you taken?

- 1 oClimara
- 2 oFemoston
- 3 oMenoprem
- 4 oProvelle-14
- 5 oEstraderm
- 6 oKliogest
- 7 oMenorest
- 8 oTrisequens
- 9 oOther

If not 'other' →58

57C10. Which other type of HRT are you taking/have you taken?

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

Do you currently smoke?

μYes

μNo →58C

58A. Do you smoke cigarettes:

μAt least once a day?

→58B

μLess than once a day?

→58B1

μDon't smoke cigarettes

→59

58B. How many cigarettes do you usually smoke in one day?

→59

58B1. How many cigarettes do you usually smoke over a one month period?

→59

58C. Have you smoked at all over the last month?

μYes

μNo →58D

58C1. Approximately how many cigarettes have you smoked in the last month?

58D. Have you ever smoked regularly?

μYes

μNo



**65. 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

**66. 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

**67. 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

**68. 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

**69. 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

**70. How many standard drinks did you have on a typical day 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

**71A1-8. 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' →72**

**71A19. What other reasons do you have for not drinking?**

**→72**

**71B1-8. 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' →72**

**71B19. Other influences on your drinking?**

**→72**

**71C1-9. 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
- 17 Other

**If not 'other' →72**

**71B19. What other reasons caused you to give up alcohol?**

**→72**

**71D1-9. Why did you cut down on your drinking?**

- 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 cut down 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 cut down my drinking when I became pregnant
- 17 Other

**If not 'other' →72**

**71D19. What other reasons caused you to cut down on alcohol?**

**72. Have you ever tried marijuana/hash?**

Yes  
No →73

**72A. How old were you the first time you actually used marijuana/hash?**

Under 16    16-17    18-19    20-24    25 or more

**72B. Have you used marijuana/hash in the past 12 months?**    Yes    No

**If 'No' →73**

**72C. How often do you use marijuana/hash?**

Once a week or more  
Once a month  
Every 1-4 months  
Once or twice a year  
Less often, no longer use

**72D. In the last year have you ever used marijuana/hash more than you meant to?**

Yes  
No

**72E. Have you ever felt you wanted or needed to cut down on your marijuana/hash use in the last year?**

Yes  
No

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

**73. You yourself suffered a serious illness, injury or an assault.**    Yes    No

**74. A serious illness, injury or assault happened to a close relative.**    Yes    No

**75. Your parent, child or partner died.**    Yes    No

**76. A close family friend or another relative (aunt, cousin, grandparent) died.**    Yes    No

77. You broke off a steady relationship.  $\mu$ Yes  $\mu$ No
78. You had a serious problem with a close friend, neighbour or relative.  $\mu$ Yes  $\mu$ No
79. You had a crisis or serious disappointment in your work or career.  $\mu$ Yes  $\mu$ No
80. You thought you would soon lose your job.  $\mu$ Yes  $\mu$ No

If NOT married or in a de facto relationship go to Q84

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

81. Your partner thought he/she would soon lose his/her job.  $\mu$ Yes  $\mu$ No
82. Your partner had a crisis or serious disappointment in his/her work or career.  $\mu$ Yes  $\mu$ No
83. You had a separation due to marital difficulties.  $\mu$ Yes  $\mu$ No
84. You became unemployed or you were seeking work unsuccessfully for more than one month.  $\mu$ Yes  $\mu$ No
85. You were sacked from your job.  $\mu$ Yes  $\mu$ No
86. You had a major financial crisis.  $\mu$ Yes  $\mu$ No
87. You had problems with the police and a court appearance.  $\mu$ Yes  $\mu$ No
88. Something you valued was lost or stolen.  $\mu$ Yes  $\mu$ No

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

$\mu$ Yes, often  
 $\mu$ Yes, sometimes  
 $\mu$ No

90. Do you own the home in which you are currently living?  $\mu$ Yes  
 $\mu$ No  
 If 'yes' →91





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

μOften μSometimes μRarely μNever

**100. How often do family criticise you?**

μOften μSometimes μRarely μNever

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

μOften μSometimes μRarely μNever

**If NOT married or in a de facto relationship go to Q112**

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

μA lot μSome μA little μNot at all

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

μA lot μSome μA little μNot at all

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

μA lot μSome μA little μNot at all

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

μA lot μSome μA little μNot at all

**106. 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

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

μA lot μSome μA little μNot at all

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

μOften μSometimes μRarely μNever

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

Often  Sometimes  Rarely  Never

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

Often  Sometimes  Rarely  Never

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

Often  Sometimes  Rarely  Never

112. Do you have a dog, cat or other pet that you can touch or talk to?  Yes  
 No →113

112A. What kind of pet or pets do you have? 1 cat  
2 dog  
3 bird  
4 fish  
5 other pet →Q112C

112B. Are you the main carer for your pets?  Yes  
 No

112C. What other pet do you have?

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

years old

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

years old

If Q3=0 →116

115. How old were you when you first lived with a partner?

years old If Q10='No' →117

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

years old

**117. Would you currently consider yourself to be predominantly:**

μHeterosexual

μHomosexual

μBisexual

μDon't know

**118. 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 Q10='No' →120**

**119. 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%)

**120. 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%)

**121. 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 our three age groups compare. 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 30 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*

- |      |                   |  |
|------|-------------------|--|
| 123. | SYSTOLIC READING  |  |
| 124. | DIASTOLIC READING |  |
| 125. | PULSE             |  |

- |       |                     |         |             |                            |
|-------|---------------------|---------|-------------|----------------------------|
| 126.  | The respondent was? | μSeated | μLying down | μ <i>refused/not asked</i> |
| 127.. | Which arm was used? | μLeft   | μRight      | μ <i>refused/not asked</i> |

Once the cuff has automatically deflated say **that's great. I am going to leave the cuff on now to make it easier to take your blood pressure again in a minute.** (Loosen cuff but do not remove).

NB. If R complains of pain, remove cuff and do not retest.

**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.*

- 128a-b.    o all OK    oP  
129a-c.    o all OK    oT        oU  
130a-d.    o all OK    oA        oN        oX  
131a-e.    o all OK    oF        oD        oH        oT  
132a-f.    o all OK    oN        oU        oP        oT        oF  
133a-g.    o all OK    oZ        oA        oX        oN        oF        oD  
134a-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*

135.    SYSTOLIC READING    

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

  
136.    DIASTOLIC READING    

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

  
137.    PULSE    

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

138.    The respondent was?        μSeated        μLying down        μ*refused/not asked*  
139.    Which arm was used?        μLeft        μRight        μ*refused/not asked*

**That's great. I will take the cuff off now, thank you.**

**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.*

**141a - 141q.**

- |            |                          |             |
|------------|--------------------------|-------------|
| 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 o <i>None recalled</i> |             |

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

**143. 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.

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

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

**145a - 145q**

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

|            |               |             |
|------------|---------------|-------------|
| 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*

**147. 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)

148.  FEV                      149.  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)

150.  FEV                      151.  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)

152.  FEV                      153.  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".*

|      |               |               |          |            |
|------|---------------|---------------|----------|------------|
| 154. | <b>Item 1</b> | 2-8-3         | μCorrect | μIncorrect |
| 155. |               | 4-1-5         | μCorrect | μIncorrect |
| 156. | <b>Item 2</b> | 3-2-7-9       | μCorrect | μIncorrect |
| 157. |               | 4-9-6-8       | μCorrect | μIncorrect |
| 158. | <b>Item 3</b> | 1-5-2-8-6     | μCorrect | μIncorrect |
| 159. |               | 6-1-8-4-3     | μCorrect | μIncorrect |
| 160. | <b>Item 4</b> | 5-3-9-4-1-8   | μCorrect | μIncorrect |
| 161. |               | 7-2-4-8-5-6   | μCorrect | μIncorrect |
| 162. | <b>Item 5</b> | 8-1-2-9-3-6-5 | μCorrect | μIncorrect |
| 163. |               | 4-7-3-9-1-2-8 | μCorrect | μIncorrect |

Now, I am going to ask you a few more questions to check your concentration and memory. Most of them will be very easy.

165. **What year is this?** (exact answer only)       $\mu$ Correct       $\mu$ Incorrect
166. **What season is this?** (During last week of old season or first week of new season, accept either season).  
 $\mu$ Correct       $\mu$ Incorrect
167. **What month of the year is this?** (On first day of new month, or last day of previous month, accept either).       $\mu$ Correct       $\mu$ Incorrect
168. **What is today's date?** (Accept previous or next date).  
 $\mu$ Correct       $\mu$ Incorrect
169. **What day of the week is it?** (Accept exact answer only).  
 $\mu$ Correct       $\mu$ Incorrect
170. **What country are we in?**       $\mu$ Correct       $\mu$ Incorrect
171. **What state or territory are we in?**       $\mu$ Correct       $\mu$ Incorrect
172. **What city or town are we in?**       $\mu$ Correct       $\mu$ Incorrect
173. **What is the street address of this house?**       $\mu$ Correct       $\mu$ Incorrect
174. **What room are we in?**       $\mu$ Correct       $\mu$ Incorrect  
(exact answer only)
175. **I am going to name 3 objects. After I have said all 3 objects, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.** (Say slowly at approx 1 second intervals).

**Ball                      Car                      Man**

**Please repeat the 3 items for me.** Score 1 point for each correct reply on the first attempt. Allow 20 sec for reply. If Respondent did not repeat all 3, repeat until learned up to maximum of 5 times.

**Score**

176. **Spell the word WORLD.** You may help Respondent to spell 'world' correctly.

**Now spell it backwards please.** Allow 30 seconds to spell backwards.

Enter Respondents's answer.

If Respondent cannot spell 'world' even with assistance, score '0'. Refer to Sheet labelled 'WORLD' to determine score.

Score

**177. Now what were the 3 objects that I asked you to remember?**

**Ball                  Car                  Man**

Score 1 point for each correct response regardless of order. Allow 10 seconds.

Score

**178. Show wristwatch. Ask: What is this called?**

Accept 'wristwatch' or 'watch'. Do not accept 'clock', 'time' etc.  
Allow 10 seconds.

$\mu$ Correct                   $\mu$ Incorrect

**179. Show pencil. Ask: What is this called?** Accept 'pencil' only.

Allow 10 seconds.

$\mu$ Correct                   $\mu$ Incorrect

**180. I'd like you to repeat a phrase after me:**

**"No if's, and's or but's"**

Allow 10 seconds for response. Must be exact e.g. "no if's or but's" is incorrect.

$\mu$ Correct                   $\mu$ Incorrect

**181. Read the words on this page and then do what it says.** Hand Respondent the sheet with "CLOSE YOUR EYES" on it. If Respondent just reads and does not then close eyes - you may repeat: 'read the words on this page and then do what it says' to a maximum of 3 times. Allow 10 seconds and score 'correct' only if respondent closes eyes. The Respondent does not have to read aloud.

$\mu$ Correct                   $\mu$ Incorrect

Ask if the Respondent is right or left handed. (Have Respondent use non-dominant hand). e.g. If the Respondent is right handed say: Take this paper in your left hand. Take a piece of paper, hold it up in front of the respondent and say the following: **Take this paper in your (left/right) hand, fold the paper in half once with both hands and put the paper down on the floor.** Allow 30 seconds.

**182. Takes paper in correct hand**                   $\mu$ Correct                   $\mu$ Incorrect

**183. Folds it in half.**                   $\mu$ Correct                   $\mu$ Incorrect

**184.** Puts it on the floor.

μCorrect

μIncorrect

185. Hand Respondent a pencil and paper.

Say: **Write any complete sentence on that piece of paper.**

Allow 30 seconds. The sentence should make sense. Ignore spelling errors.

μCorrect      μIncorrect

186. Place design of intersecting pentagons, pencil, eraser and paper in front of the respondent.

Say: **Copy this design please.**

Allow multiple tries until the Respondent is finished and hands it back. The Respondent must have drawn a 4-sided figure between two 5-sided figures.

Allow maximum time of 1 minute.

μCorrect      μIncorrect

**I am now going to ask you to do another task. This is a exercise to see how quickly and accurately you can work with your hands. Before you begin each part of the test, you will be told what to do and then you will have an opportunity to practice. Be sure you understand exactly what to do.** Ask the Respondent which is their preferred hand and test this first.

**Pick up one pin at a time with your (*right/left*) hand from the (*right/left*) cup. Starting with the top hole, place each pin in the (*right/left*) hand row.**

Demonstrate by placing one pin in top hole.

**Now you may insert a few pins for practice. If during the testing time you drop a pin, do not stop to pick it up. Simply continue by picking another pin out of the cup.**

Correct any errors and answer any questions. When respondent has inserted 3 or 4 and appears to understand the task, say **Stop. Now take out the practice pins and place them back in the (*right/left*) cup.**

**When I say 'Begin', place as many pins as you can in the (*right/left*) - hand row starting with the top hole. Work as rapidly as you can until I say 'Stop'.** Use stopwatch to time for 30 seconds then say 'Stop'. Record number of pegs inserted.

188.  Number correct    Refused/Not asked=99    Couldn't comprehend/other=88

Now, I would like you to do this again using the other hand. Repeat test.

189.  Number correct    Refused/Not asked=99    Couldn't comprehend/other=88

**For this part of the test I would like you to use both hands at the same time. Pick up a pin from the right-hand cup with your right hand and at the same time pick up a pin from the left-hand cup with your left hand, and place the pins down the rows. Begin with the top hole of both rows. Demonstrate. Then replace the pins used for demonstration. Now you may insert a few pins with both hands to practice. After 3 or 4 pairs of pins have been correctly inserted, say:**

**Stop. Take out the practice pins and put them back in the proper cups.**

**190.** Then say: **When I say 'Begin', place as many pins as you can with both hands, starting with the top hole of both rows. Work as rapidly as you can until I say 'Stop'.**

**Are you ready?** Begin. Time for 30 seconds then say, **'Stop'**.

Record total number of pairs inserted.

Number correct    Refused/Not asked=99    Couldn't comprehend/other=88

**I am now going to give the computer back to you to complete another task, which looks at your knowledge of words.**

**After this there will be some more questions asking about how you are feeling and how you cope with problems and how you spend your time.**

**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.**

**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**

**191** μ kitchen  
μ harick

**192** μ puma  
μ laptess

**193** μ plorium  
μ levity

**194** μ cuticle  
μ andrinand

**195** μ flonty  
μ xylophone

**196** μ craxent  
μ sofa

**Do you have any questions?**

|                                      |                                       |                                       |   |
|--------------------------------------|---------------------------------------|---------------------------------------|---|
| <b>197</b> μ broxic<br>μ oasis       | <b>198</b> μ pinnacle<br>μ strummage  | <b>199</b> μ mannerism<br>μ whitten   | <b>200</b> μ daffodil<br>μ gombie       |
| <b>201</b> μ bellissary<br>μ cyan    | <b>202</b> μ vellicle<br>μ sampler    | <b>203</b> μ necromancy<br>μ ghomic   | <b>204</b> μ narwhal<br>μ epilair       |
| <b>205</b> μ venady<br>μ monad       | <b>206</b> μ plargen<br>μ savage      | <b>207</b> μ clegger<br>μ minim       | <b>208</b> μ knibbet<br>μ mandrake      |
| <b>209</b> μ canticle<br>μ grammule  | <b>210</b> μ threnody<br>μ epigrot    | <b>211</b> μ brastome<br>μ banshee    | <b>212</b> μ shako<br>μ strubbage       |
| <b>213</b> μ paraclete<br>μ elezone  | <b>214</b> μ froopid<br>μ clod        | <b>215</b> μ rouse<br>μ choffid       | <b>216</b> μ goblet<br>μ prelly         |
| <b>217</b> μ flexipore<br>μ viscera  | <b>218</b> μ agipect<br>μ almond      | <b>219</b> μ tarantula<br>μ hostent   | <b>220</b> μ treliding<br>μ rafters     |
| <b>221</b> μ legify<br>μ archaic     | <b>222</b> μ obsidian<br>μ plassious  | <b>223</b> μ restance<br>μ zombie     | <b>224</b> μ pimple<br>μ brizzler       |
| <b>225</b> μ frellid<br>μ static     | <b>226</b> μ hilfren<br>μ domain      | <b>227</b> μ livid<br>μ trasket       | <b>228</b> μ trash<br>μ listid          |
| <b>229</b> μ holomator<br>μ dross    | <b>230</b> μ orifice<br>μ serple      | <b>231</b> μ phalanx<br>μ distruvial  | <b>232</b> μ chloroleptic<br>μ lapidary |
| <b>233</b> μ biothon<br>μ palfrey    | <b>234</b> μ archipelago<br>μ zampium | <b>235</b> μ groudy<br>μ toga         | <b>236</b> μ moxid<br>μ tangible        |
| <b>237</b> μ moralist<br>μ florrical | <b>238</b> μ quince<br>μ bostry       | <b>239</b> μ lignovate<br>μ epicene   | <b>240</b> μ gibbon<br>μ wonnage        |
| <b>241</b> μ hipple<br>μ osprey      | <b>242</b> μ element<br>μ pargler     | <b>243</b> μ viridian<br>μ psynoptic  | <b>244</b> μ glorvant<br>μ onyx         |
| <b>245</b> μ plankton<br>μ whippen   | <b>246</b> μ akimbo<br>μ periasty     | <b>247</b> μ centaur<br>μ tritonial   | <b>248</b> μ vinady<br>μ bargain        |
| <b>249</b> μ prinodal<br>μ mango     | <b>250</b> μ reticule<br>μ fluxent    | <b>251</b> μ frembulous<br>μ ontology | <b>252</b> μ loxeme<br>μ legerdemain    |
| <b>253</b> μ hoyden<br>μ clinotide   | <b>254</b> μ aboriginal<br>μ hostasis | <b>255</b> μ clavanome<br>μ bestiary  | <b>256</b> μ zando<br>μ albatross       |

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

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

- μA lot
- μSomewhat
- μA little
- μNot at all
- μNo father figure

**If 'No father figure' → 260**

**258. Did your father (or father figure) suffer from nervous or emotional trouble or depression?**

μYes μNo

**259. Did your father (or father figure) have trouble with drinking or other drug use?**

μYes μNo

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

- μA lot
- μSomewhat
- μA little
- μNot at all
- μNo mother figure

**If 'No mother figure' → 263**

**261. Did your mother (or mother figure) suffer from nervous or emotional trouble or depression?**

μYes μNo

**262. Did your mother (or mother figure) have trouble with drinking or other drug use?**

μYes μNo

**263. How much conflict and tension was there in your household while you were growing up?**

μA lot μSome μA little μNone

**264. Did your parents divorce or permanently separate when you were a child?**

μYes μNo

**265A1-14. Which of the following applied to your childhood? (When we say "parent" we mean "parent or parent figure").**

- 1 I had a happy childhood
- 2 My parents did their best for me

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

**If 265A not 13→266P**

**265A16. In what other way were you mistreated by your parents?**

**The next series of questions are about how you have been feeling over the last two weeks, four weeks or one year.**

**As you read each question, note carefully whether it refers to two weeks, four weeks or one year.**

**Some of the questions are very similar but have been included because we want to be able to compare our results to other studies that have used the same questions.**

**Over the *last 2 weeks*, how often have you been bothered by any of the following problems?**

**266. Little interest or pleasure in doing things?**

μ Not at all    μ Several days    μ More than half the days    μ Nearly every day

**267. Feeling down, depressed or hopeless?**

μ Not at all    μ Several days    μ More than half the days    μ Nearly every day

**268. Trouble falling or staying asleep, or sleeping too much?**

μ Not at all    μ Several days    μ More than half the days    μ Nearly every day

**269. Feeling tired or having little energy?**

μ Not at all    μ Several days    μ More than half the days    μ Nearly every day

**270. Poor appetite or overeating?**

μ Not at all    μ Several days μMore than half    μNearly every day  
the days

**271. Feeling bad about yourself- that you are a failure or have let yourself or your family down?**

μ Not at all    μ Several days μMore than half    μNearly every day  
the days

**272. Trouble concentrating on things such as reading the newspaper or watching television?**

μ Not at all    μ Several days μMore than half    μNearly every day  
the days

**273. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?**

μ Not at all    μ Several days μMore than half    μNearly every day  
the days

**274. Thoughts that you would be better off dead or of hurting yourself in some way?**

μ Not at all    μ Several days μMore than half    μNearly every day  
the days

**275. In the last *FOUR* weeks, have you had an anxiety attack- suddenly feeling fear or panic?**

μNo  
μYes

**If 275 not 'Yes' →276**

**275a. Has this ever happened before?**

μ No    μ Yes

**275b. Do some of these attacks come *suddenly out of the blue*- that is, in situations where you don't expect to be nervous or uncomfortable?**

μ No    μ Yes

**275c. Do these attacks bother you a lot or are you worried about having another attack?**

μ No    μ Yes

**275d. During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, nausea or upset stomach?**

μ No   μ Yes

**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 last 4 weeks*.**

|                                 |                                 |           |             |              |            |
|---------------------------------|---------------------------------|-----------|-------------|--------------|------------|
| <b>276.</b><br><b>Disgusted</b> | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>277.</b><br><b>Attentive</b> | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>278.</b><br><b>Strong</b>    | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>279.</b><br><b>Scornful</b>  | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>280.</b><br><b>Irritable</b> | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>281.</b><br><b>Inspired</b>  | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>282.</b><br><b>Afraid</b>    | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>283.</b><br><b>Alert</b>     | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>284.</b><br><b>Upset</b>     | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>285.</b><br><b>Angry</b>     | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>286.</b><br><b>Active</b>    | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>287.</b><br><b>Guilty</b>    | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>288.</b><br><b>Nervous</b>   | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>289.</b><br><b>Excited</b>   | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>290.</b><br><b>Hostile</b>   | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>291.</b><br><b>Proud</b>     | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>292.</b><br><b>Jittery</b>   | μVery slightly<br>or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>293.</b>                     | μVery slightly                  | μA little | μModerately | μQuite a bit | μExtremely |

|                          |                              |           |             |              |            |
|--------------------------|------------------------------|-----------|-------------|--------------|------------|
| <b>Ashamed</b>           | or not at all                |           |             |              |            |
| <b>294. Scared</b>       | μVery slightly or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>295. Enthusiastic</b> | μVery slightly or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>296. Distressed</b>   | μVery slightly or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>297. Determined</b>   | μVery slightly or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>298. Interested</b>   | μVery slightly or not at all | μA little | μModerately | μQuite a bit | μExtremely |
| <b>299. Loathing</b>     | 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 last 4 weeks*

**In the last 4 weeks:**

- |   |     |      |
|---|-----|------|
| <b>300. Have you felt keyed up or on edge?</b>  | μNo | μYes |
| <b>301. Have you been worrying a lot?</b>   | μNo | μYes |
| <b>302. Have you been irritable?</b>  | μNo | μYes |
| <b>303. Have you had difficulty relaxing?</b>   | μNo | μYes |
| <b>304. Have you been sleeping poorly?</b>  | μNo | μYes |
| <b>305. Have you had headaches or neckaches?</b>  | μNo | μYes |
| <b>306. Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass water more often than usual?</b> | μNo | μYes |
| <b>307. Have you been worried about your health?</b>  | μNo | μYes |
| <b>308. Have you had difficulty falling asleep?</b>   | μNo | μYes |
| <b>309. Have you been lacking energy?</b>   | μNo | μYes |
| <b>310. Have you lost interest in things?</b>   | μNo | μYes |
| <b>311. Have you lost confidence in yourself?</b>   | μNo | μYes |
| <b>312. Have you felt hopeless?</b>   | μNo | μYes |

- |      |  |     |      |
|------|--|-----|------|
| 313. | Have you had difficulty concentrating?         | μNo | μYes |
| 314. | Have you lost weight (due to poor appetite)?   | μNo | μYes |
| 315. | Have you been waking early?                    | μNo | μYes |
| 316. | Have you felt slowed up?                       | μNo | μYes |
| 317. | Have you tended to feel worse in the mornings? | μNo | μYes |
- 

In the *LAST YEAR* have you ever:

- |      |   |     |      |
|------|---|-----|------|
| 318. | felt that life is hardly worth living?            | μNo | μYes |
| 319. | thought that you really would be better off dead? | μNo | μYes |
| 320. | thought about taking your own life?               | μNo | μYes |

If 320='No' →321

In the *LAST YEAR* have you ever:

- |       |                                   |     |      |
|-------|-----------------------------------|-----|------|
| 320A. | made plans to take your own life? | μNo | μYes |
| 320B. | attempted to take your own life?  | μNo | μYes |

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?

- |      |                           |  |
|------|---------------------------|--|
| 321. | <b>Your sleep length:</b> | μNo change<br>μSlight change<br>μModerate change<br>μMarked change<br>μExtremely marked change |
| 322. | <b>Social activity:</b>   | μNo change<br>μSlight change<br>μModerate change<br>μMarked change<br>μExtremely marked change |



**329A. Did you see a counsellor or a doctor for it at the time?**

$\mu$ Yes

$\mu$ No

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

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

$\mu$ Strongly agree       $\mu$ Agree       $\mu$ Disagree       $\mu$ Strongly disagree

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

$\mu$ Strongly agree       $\mu$ Agree       $\mu$ Disagree       $\mu$ Strongly disagree

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

$\mu$ Strongly agree       $\mu$ Agree       $\mu$ Disagree       $\mu$ Strongly disagree

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

$\mu$ Strongly agree       $\mu$ Agree       $\mu$ Disagree       $\mu$ Strongly disagree

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

$\mu$ Strongly agree       $\mu$ Agree       $\mu$ Disagree       $\mu$ Strongly disagree

**335. What happens to me in the future mostly depends on me.**

$\mu$ Strongly agree       $\mu$ Agree       $\mu$ Disagree       $\mu$ Strongly disagree

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

$\mu$ Strongly agree       $\mu$ Agree       $\mu$ Disagree       $\mu$ Strongly 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.**

**337. I think about how alone I feel.**

$\mu$ Never       $\mu$ Sometimes       $\mu$ Often       $\mu$ Always

**338. I think about my feelings of fatigue and achiness.**

$\mu$ Never       $\mu$ Sometimes       $\mu$ Often       $\mu$ Always

339. I think about how hard it is to concentrate.      μNever      μSometimes      μOften      μAlways
340. I think about how passive and unmotivated I feel.      μNever      μSometimes      μOften      μAlways
341. I think, "Why can't I get going?"      μNever      μSometimes      μOften      μAlways
342. I think about a recent situation, wishing it had gone better.      μNever      μSometimes      μOften      μAlways
343. I think about how sad I feel.      μNever      μSometimes      μOften      μAlways
344. I think about all my shortcomings, failings, faults and mistakes.      μNever      μSometimes      μOften      μAlways
345. I think about how I don't feel up to doing anything.      μNever      μSometimes      μOften      μAlways
346. I think, "Why can't I handle things better?"      μNever      μSometimes      μOften      μAlways

347. 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

348. 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



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

- μNone
- μA little
- μSomewhat
- μA great deal

**How are 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.**

- 350. Does your mood often go up and down?** μYes μNo
- 351. Do you take much notice of what people think?** μYes μNo
- 352. Are you a talkative person?** μYes μNo
- 353. Do you ever feel 'just miserable' for no reason?** μYes μNo
- 354. Would being in debt worry you?** μYes μNo
- 355. Are you rather lively?** μYes μNo
- 356. Are you an irritable person?** μYes μNo
- 357. Would you take drugs which may have strange or dangerous effects?** μYes μNo
- 358. Do you enjoy meeting new people?** μYes μNo
- 359. Are your feelings easily hurt?** μYes μNo
- 360. Do you prefer to go your own way rather than act by the rules?** μYes μNo
- 361. Can you usually let yourself go and enjoy yourself at a lively party?** μYes μNo
- 362. Do you often feel 'fed-up'?** μYes μNo
- 363. Do good manners and cleanliness matter much to you?** μYes μNo
- 364. Do you usually take the initiative in making new friends?** μYes μNo

365. **Would you call yourself a nervous person?** μYes μNo
366. **Do you think marriage is old-fashioned and should be done away with?** μYes μNo
367. **Can you easily get some life into a rather dull party?** μYes μNo
368. **Are you a worrier?** μYes μNo
369. **Do you enjoy cooperating with others?** μYes μNo
370. **Do you tend to keep in the background on social occasions?** μYes μNo
371. **Does it worry you if you know there are mistakes in your work?** μYes μNo
372. **Would you call yourself tense or 'highly-strung'?** μYes μNo
373. **Do you think people spend too much time safeguarding their future with savings and insurance?** μYes μNo
374. **Do you like mixing with people?** μYes μNo
375. **Do you worry too long after an embarrassing experience?** μYes μNo
376. **Do you try not to be rude to people?** μYes μNo
377. **Do you like plenty of bustle and excitement around you?** μYes μNo
378. **Do you suffer from "'nerves'?"** μYes μNo
379. **Would you like other people to be afraid of you?** μYes μNo
380. **Are you mostly quiet when you are with other people?** μYes μNo
381. **Do you often feel lonely?** μYes μNo
382. **Is it better to follow society's rules than go your own way?** μYes μNo
383. **Do other people think of you as being very lively?** μYes μNo





**393. Criticism or scolding hurts me quite a bit.**

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

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

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

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

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

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

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

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

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

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

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

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

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

**400. I often act on the spur of the moment.**

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

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

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

**402. I often wonder why people act the way they do.**

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

**403. When good things happen to me, it affects me strongly.**

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

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

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

**405. I crave excitement and new sensations.**

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

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

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

**407. I have very few fears compared to my friends.**

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

**408. It would excite me to win a contest.**

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

**409. I worry about making mistakes.**

$\mu$ Very false for me     $\mu$ Somewhat false for me     $\mu$ Somewhat true for me     $\mu$ Very true for me

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

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

$\mu$ 3 times a week or more       $\mu$ Once or twice a week       $\mu$ About 1-3 times a month       $\mu$ Never/hardly ever

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

$\mu$ 3 times a week or more       $\mu$ Once or twice a week       $\mu$ About 1-3 times a month       $\mu$ Never/hardly ever

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

$\mu$ 3 times a week or more       $\mu$ Once or twice a week       $\mu$ About 1-3 times a month       $\mu$ Never/hardly ever

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

**413.** Mildly energetic (e.g. walking, weeding)       hours  minutes

**414.** Moderately energetic (e.g. dancing, cycling)  hours  minutes

**415.** Vigorous (e.g. running, squash)       hours  minutes

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

**416.** Made or repaired clothes       $\mu$ Yes     $\mu$ No

**417.** Fixed mechanical things or appliances       $\mu$ Yes     $\mu$ No

**418.** Built things with wood       $\mu$ Yes     $\mu$ No

**419.** Driven a truck or tractor       $\mu$ Yes     $\mu$ No

**420.** Used metalwork or machine tools       $\mu$ Yes     $\mu$ No

**421.** Worked on cars, bicycles or motorbikes       $\mu$ Yes     $\mu$ No

**422.** Taken an engineering, woodwork or car mechanics course       $\mu$ Yes     $\mu$ No

**423.** Worked in the garden       $\mu$ Yes     $\mu$ No

**424.** Cooked meals       $\mu$ Yes     $\mu$ No

425. Read scientific books or magazines μYes μNo
426. Worked in a laboratory μYes μNo
427. Worked on a scientific project μYes μNo
428. Read about special subjects on my own μYes μNo
429. Solved maths or chess puzzles μYes μNo
430. Done troubleshooting of software packages on a PC μYes μNo
431. Taken a science course μYes μNo
432. Followed science shows on TV or radio μYes μNo
433. Participated in a science fair or conference μYes μNo
434. Sketched, drawn or painted μYes μNo
435. Gone to or acted in plays μYes μNo
436. Played in a band, group, or orchestra μYes μNo
437. Practised a musical instrument μYes μNo
438. Gone to recitals, concerts, or musicals μYes μNo
439. Taken portrait photographs μYes μNo
440. Read literature μYes μNo
441. Read or written poetry μYes μNo
442. Taken an art course μYes μNo
443. Written letters to friends μYes μNo
444. Attended religious services μYes μNo
445. Belonged to clubs μYes μNo
446. Helped others with their personal problems μYes μNo
447. Taken care of children μYes μNo

|             |   |           |          |
|-------------|---|-----------|----------|
| <b>448.</b> | Gone to parties or pubs   | $\mu$ Yes | $\mu$ No |
| <b>449.</b> | Gone dancing  | $\mu$ Yes | $\mu$ No |
| <b>450.</b> | Attended meetings or conferences  | $\mu$ Yes | $\mu$ No |
| <b>451.</b> | Worked as a volunteer   | $\mu$ Yes | $\mu$ No |
| <b>452.</b> | Discussed politics  | $\mu$ Yes | $\mu$ No |
| <b>453.</b> | Influenced others   | $\mu$ Yes | $\mu$ No |
| <b>454.</b> | Operated your own service or business   | $\mu$ Yes | $\mu$ No |
| <b>455.</b> | Taken part in a sales conference  | $\mu$ Yes | $\mu$ No |
| <b>456.</b> | Been on the committee of a group  | $\mu$ Yes | $\mu$ No |
| <b>457.</b> | Supervised the work of others   | $\mu$ Yes | $\mu$ No |
| <b>458.</b> | Met important people  | $\mu$ Yes | $\mu$ No |
| <b>459.</b> | Led a group in accomplishing some goal  | $\mu$ Yes | $\mu$ No |
| <b>460.</b> | Organized a club, group or gang   | $\mu$ Yes | $\mu$ No |
| <b>461.</b> | Typed papers or letters for yourself or for others                            | $\mu$ Yes | $\mu$ No |
| <b>462.</b> | Added, subtracted, multiplied, and divided numbers in business or bookkeeping | $\mu$ Yes | $\mu$ No |
| <b>463.</b> | Operated fax machines, PCs and printers                                       | $\mu$ Yes | $\mu$ No |
| <b>464.</b> | Kept detailed records of expenses   | $\mu$ Yes | $\mu$ No |
| <b>465.</b> | Filed letters, reports, records, etc.   | $\mu$ Yes | $\mu$ No |
| <b>466.</b> | Written business letters  | $\mu$ Yes | $\mu$ No |
| <b>467.</b> | Taken a business course   | $\mu$ Yes | $\mu$ No |
| <b>468.</b> | Taken a bookkeeping course  | $\mu$ Yes | $\mu$ No |
| <b>469.</b> | Done a lot of paperwork in a short time                                       | $\mu$ Yes | $\mu$ No |

