

SUPPLEMENTAL INFORMATION - SURVEY

Manuscript title: Health Benefits from Nature Experiences Depend on Dose

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MY LIFE, MY CITY

Discovering ways to improve our city's open spaces.

Project information sheet

Many of us spend most of our time in cities. But how do city spaces influence our life-styles and wellbeing? The answer to this question will help identify ways that could make Brisbane better.

This survey is part of a research project that takes a closer look at this question. You will be asked about your use of different kinds of spaces and also about your lifestyle and wellbeing. The survey will take about 15 to 20 minutes to complete.

We do not ask for your name so you will remain anonymous. You will be asked to indicate where you live (for example, provide your address or the nearest street corner) to help characterise the open spaces in your neighborhood. Once this characterisation is done, any address information will be destroyed and it will not be passed on to anyone else.

Remember:

- Your participation is completely voluntary. If you agree to participate please fill in the consent form on the next page.
- You can withdraw from the process at any time.
- Feel free to ask any questions about the research (contact the project coordinator).

This study adheres to the Guidelines of the Ethical Review Process of the University of Queensland. If you would like to speak to an officer of the University not involved in the study, please contact the University Ethics Office on 07 3365 3924.

Consent form

Please take the time to read the project information that is provided on the previous page. Your participation is voluntary and you can choose to withdraw at any point.

You will not be asked to give your name so any information you provide is completely anonymous.

Should you wish to clarify any aspect of your potential participation or need more information you can also speak directly to a lead researcher before agreeing or disagreeing to take part in the evaluation.

If you understand the purpose of the My Life, My City research project and the nature of your involvement then please complete the following:

- I have read the information provided about the My Life, My City research project and understand the nature of my involvement. I understand any information I provide is completely confidential. I agree to take part and understand I can withdraw at anytime.
- I am over 18 years of age.

You, your home and your work

1. What is your age range?

- 18-20 years
- 21-25 years
- 26-30 years
- 31-35 years
- 36-40 years
- 41-45 years
- 46-50 years
- 51-55 years
- 56-60 years
- 61-65 years
- 66-70 years
- 70+ years

2. What is your gender?

- Female
- Male

3. Do you reside in the Brisbane city council area? *(market research company survey only)*

- Yes
- No

4. Before tax, what is the *total* of all wages/salaries, government benefits, pensions, allowances and other income you *usually* receive? (please tick one)

- \$2000 or more a week (\$104,000 or more per year)
- \$1,500 - \$1,999 a week (\$78,000 - \$103,999 per year)
- \$1,250 - \$1,499 a week (\$65,000 - \$77,999 per year)
- \$1,000 - \$1,249 a week (\$52,000 - \$64,999 per year)
- \$800 - \$999 a week (\$41,600 - \$51,999 per year)
- \$600 - \$799 a week (\$32,200 - \$41,599 per year)
- \$400 - \$599 a week (\$20,800 - \$31,199 per year)
- \$300 - \$399 a week (\$15,600 - \$20,799 per year)
- \$200 - \$299 a week (\$10,400 - \$15,599 per year)
- \$1 - \$199 a week (\$1 - \$10,399 per year)
- Nil or negative income

5. What is your address?

Remember, your responses are confidential and anonymous. Your address will only be used to map your approximate location, and will be deleted from our system once this is done. The information will not be passed on to anyone.

Street number and name (if you prefer, provide the nearest street corner or indicate your address to the nearest ten houses, e.g. 90-100 Manly Road)

Suburb

Postcode

6. How long have you lived in your current home? (please write in number)

Years _____

Months _____

7. Was your previous home within about 10km of your current address?

Yes

No

8. Do you (tick any that apply):

Own the home you live in

Rent the home you live in

Live with parents or family

Board with others

Other _____

9. Including you, how many people live at your home who are: (please write in number)

Under 16 years _____

Over 16 years _____

10. What is the level of the highest qualification or schooling year you have completed?

(please tick one)

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent

Year 8 or below

Certificate 1, 2, 3, 4

Other (please specify) _____

Trade certificate

Bachelor degree

Associate diploma

Advanced diploma

Post-graduate degree

11. Do you speak a language other than English at home?

No

Yes

If yes, what other language do you speak most often?

Your experiences with nature – at home

12. On an average day, about how much time do you spend at home? Please exclude the time you are asleep.

On an average work day:

- Not applicable
- Less than an hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- 10-12 hours
- 12+ hours

On an average non-work day:

- Not applicable
- Less than an hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- 10-12 hours
- 12+ hours

13. Thinking about the view from the room where you spend most of your time at home, do you have a good view of trees, parks, bushland or waterways? (please tick any that apply)

	No good view	Trees	Parks	Bushland	Ocean, lake or river
Close-by (within about 500m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the distance (more than about 500m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. On an average day, about how much time do you spend in the room where you can see this view?

On an average work day:

- Not applicable
- Less than an hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- 10-12 hours
- 12+ hours

On an average non-work day:

- Not applicable
- Less than an hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- 10-12 hours
- 12+ hours

15. About how often do you usually spend more than 10 minutes in your own yard or on your deck? (please tick one)

- I don't have a yard or deck
- Never
- Less than once a month
- 2-3 times a month
- Once a week
- 2-3 days a week
- 3-5 days a week
- 6-7 days a week

16. Thinking about the last week, about how much time in total did you spend in your own yard or on your deck?

- No time
- 1-30 minutes
- 31 minutes to 1 hour
- 1-3 hours
- 3-5 hours
- 5-7 hours
- 7-9 hours
- 9+ hours

Your experiences with nature – at work

17. In a normal week, about how many hours do you spend at work?

- No time [GO TO QUESTION 22]
- 5 hours or less
- 6-10 hours
- 11-20 hours
- 31-40 hours
- 41-50 hours
- 51-60 hours
- 61-70 hours
- 71+ hours

18. How many days a week do you normally work?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

19. On an average week about how much of your work time do you spend outside as part of your job?

- Most of the time
- No time
- 5 hours or less
- 6-10 hours
- 11-20 hours
- 31-40 hours
- 41-50 hours
- 51-60 hours
- 61-70 hours
- 71+ hours

20. Where you work most often, do you have a good view of trees, parks, bushland or waterways? (please tick any that apply)

	No good view	Trees	Parks	Bushland	Ocean, lake or river
Close-by (within about 500m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the distance (more than about 500m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. On an average working day, for about how long are you in the location where you have the view mentioned above?

- Less than an hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- 10-12 hours
- 12+ hours

22. If you can see a park, bushland or waterway from where you work, can you name it or provide its location?

Your experiences with nature – outdoor greenspaces

23. In the last week did you spend more or less time outdoors than you usually do?

- About the same
- Less time
- More time

24. About how often do you usually visit or pass through outdoor greenspaces for any reason?

This includes, for example, beaches, bushland, playgrounds or picnic areas, dog off-leash areas, golf courses, beaches, the Brisbane River Walkway, national parks.

- Never
- Once a year
- Once every three months
- Once a month
- 2-3 times a month
- Once a week
- 2-3 days a week
- 3-5 days a week
- 6-7 days a week

25. Did you happen to visit or pass through any outdoor greenspace in the last week?

Please also think about places you may have passed through when traveling to or from places or exercising.

- No [GO TO QUESTION 26]
- Yes

26. Over the last week, what outdoor greenspaces did you visit or pass through? Can you estimate the total time you spent there? (please list up to seven of the places you visited for the longest time period).

This includes, for example, beaches, children's playgrounds, parks, bushland, bike-ways, picnic areas, beaches, golf courses, tennis courts and bowling greens.

Place name, location or landmark	1-29 minutes	30 minutes to - 1 hour	1-2 hours	2-3 hours	3-4 hours	4+ hours
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[GO TO QUESTION 27]

27. Can you recall which parks, bushland or other outdoor greenspaces that you visited most often in the last year? Please estimate about how many times you visited.

This includes, for example, beaches, picnic areas, children's playgrounds, national parks, golf courses, tennis courts, bike-ways and bowling greens. Please list up to seven locations. If you didn't visit any just leave this blank.

Place name, location or landmark	1-3 visits	4-6 visits	7-9 visits	10 or more visits	Multi-day visit	2+ multi-day visits
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Do any of the following factors prevent you from spending time in an outdoor location?
 (please tick any that apply)

Factor	Never	Sometimes	Often	Most of the time
I prefer to do other indoor activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lack of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magpies or other birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried about getting too much sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not safe during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not safe at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No appropriate facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities are too far away or inaccessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lack of transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical activity

These questions are about different activities you might do and how often.

29. In the last week, how many times did you do any moderate or vigorous physical activity that made you breathe harder or puff or pant? (please tick all the boxes that apply)

Activity	Not at all	1 time	2-3 times	4-5 times	5-6 times	7 or more times
Individual pursuit, <i>e.g. jogging, cycling, swimming, tennis, surfing etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking for more than 30 minutes at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team activities, <i>e.g. playing or training for rugby, cricket, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activities, <i>e.g. gardening, heavy work around the home or at work etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Excluding any walking or cycling you did for fitness or sport, in the last week how many times have you walked continuously for at least 10 minutes? (e.g. walking to the shops or around your local neighborhood)

_____ times

31. In the last week, on how many days did you exercise:

For more than 10 minutes:

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

For more than 30 minutes:

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

Your relationship with the environment

32. Please rate the extent to which you agree with each statement. Please tick the box that indicates how you really feel, rather than how you think "most people" feel.

	Disagree strongly	Disagree a little	Neither Agree nor Disagree	Agree a little	Agree strongly
I enjoy being outdoors, even in unpleasant weather.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some species are just meant to die out or become extinct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humans have the right to use natural resources any way we want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ideal vacation spot would be a remote wilderness area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always think about how my actions affect the environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy digging in the earth and getting dirt on my hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My connection to nature and the environment is a part of my spirituality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very aware of environmental issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take notice of wildlife wherever I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't often go out in nature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nothing I do will change problems in other places on the planet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not separate from nature, but a part of nature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The thought of being deep in the bush, away from civilisation, is frightening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My feelings about nature do not affect how I live my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals, birds and plants should have fewer rights than humans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even in the middle of the city, I notice nature around me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My relationship to nature is an important part of who I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conservation is unnecessary because nature is strong enough to recover from any human impact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The state of non-human species is an indicator of the future for humans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think a lot about the suffering of animals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel very connected to all living things and the earth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health and wellbeing

The next few questions are about aspects of your health and wellbeing.

33. Please rate your own health.

- Very good
- Good
- Average
- Poor
- Very poor

34. What is your height?

_____ cm OR _____ feet _____ inches

35. About how much do you weigh?

_____ kilograms OR _____ stone _____ pounds

36. Approximately how many times have you seen your general practitioner in the last 12 months? (please write in number)

_____ times

37. Have you ever been told by a doctor or a nurse that you have:

Condition	Yes/No		Currently under treatment or on medication?
High blood Pressure	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Kidney or renal disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Heart Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Stroke	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Arthritis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Cancer (excluding skin cancer)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Skin cancer	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Dementia	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Alzheimer's	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Psychosis or schizophrenia	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Depression	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Other serious disability (please specify) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

38. Please read each statement and check the box which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of time	Applied to me very much, or most of the time
I found it hard to wind down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was aware of dryness of my mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I couldn't seem to experience any positive feeling at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it difficult to work up the initiative to do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tended to over-react to situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I experienced trembling (e.g. in the hands)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I was using a lot of nervous energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was worried about situations in which I might panic and make a fool of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I had nothing to look forward to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found myself getting agitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it difficult to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt down-hearted and blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was intolerant of anything that kept me from getting on with what I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was close to panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was unable to become enthusiastic about anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I wasn't worth much as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I was rather touchy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt scared without any good reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that life was meaningless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Do you have any allergies?

- No Yes, I am allergic to: _____

40. How many serves of fruit do you usually eat each day?

(1 serving = 1 large fruit like apple or banana or 8 strawberries or 20 cherries or 2 smaller fruits such as kiwi fruit, apricot, plum, or 1/2 cup of juice or 4 dried apricots or 1.5 tablespoons of sultanas or 1 cup canned fruit)

- None
 Less than 1
 1
 2
 3
 4
 5
 6 or more

41. How many serves of vegetables do you usually eat each day?

(1 serving = 1/2 cup of cooked vegetables or 1 cup of salad or 1 medium potato)

- None
 Less than 1
 1
 2
 3
 4
 5
 6
 7 or more

Your community

These questions are about your neighbourhood and what it is like to live there.

42. Please mark the boxes that most closely reflect how you feel.

	Disagree strongly	Disagree	Agree	Agree strongly	Don't know
People in this community are willing to help their neighbours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a close-knit community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this community can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this community generally don't get along with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this community do not share the same values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Please mark the boxes that most closely reflect how you feel.

	Never	Rarely	Sometimes	Often	Don't know
About how often do you and people in your community do favours for each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When a neighbour is not at home how often do you and other neighbours watch over their property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often do you and people in your community ask each other advice about things such as child rearing or job openings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often do you and people in your community visit in each other's homes or on the street?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often do you and people in your community have parties or other get-togethers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often do you and people in your community spend leisure time together going out for dinner, to the movies, to a sporting event etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Please mark the boxes that most closely reflect how you feel.

	Yes, definitely	Sometimes	Not often	Not at all	Don't know
Do you feel safe walking alone down your street after dark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel valued by society?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel there are opportunities to have a real say on issues that are important to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you get help from friends, family and neighbours when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you help out a local group as a volunteer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think multiculturalism makes life in your area better?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<END>